Case Study Series on Hospital Patient Experience Measures: Improvement Strategies of Top-Performing Hospitals

The following synthesis of performance improvement strategies is based on a case study series published on The Commonwealth Fund Web site, WhyNotTheBest.org. The hospitals profiled in this series were identified based on their performance on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), as reported to the Centers for Medicare and Medicaid Services. Please see the case studies for a full description of the selection methodology.

The case studies describe the strategies and factors that appear to contribute to positive patient experiences. It is based on information obtained from interviews with key hospital personnel and materials provided by the hospitals.[*]

The hospitals profiled in the case study series are:

- Parkwest Medical Center, Knoxville, Tenn.

- Duke University Hospital, Durham, N.C.

- Valley Hospital, Ridgewood, N.J.

- Hutcheson Medical Center, Fort Oglethorpe, Ga.

- Munson Medical Center, Traverse City, Mich.

- Brigham and Women's Hospital, Boston, Mass.

Theme	Category	Strategy	Example
Management & Culture	**Leadership:** Strong message from CEO and board that patient satisfaction/service is a top priority. Leadership actions and policies set tone and expectations that all staff must contribute to excellent service to patients and their families.	Ensure **top leaders are visible and lead by example**; leaders engage directly with patients/families and patient service issues	• CEO and CFO make patient rounds, visit and talk with patients, families, and staff [Valley Hospital, Hutcheson Medical Center, Duke University Hospital] • The chief medical officer and the chief nursing officer lead improvement projects/committees together [Brigham and Women's Hospital]
		Incorporate patient satisfaction/service into **vision and high-level activities**	• Patient satisfaction/service is part of strategic plan [Hutcheson Medical Center] • Patient service is part of Balanced Scorecard [Duke University Hospital, Brigham and Women's Hospital] • Use Studer Group model based on five "pillars" by which to set goals and measure accomplishments: customer service, people, quality, growth, and finances [Hutcheson Medical Center] • Patient satisfaction/service is on agenda at all senior leadership meetings [Brigham and Women's Hospital] • At quarterly all-staff meetings, CEO reads patients' letters to drive home the importance of their experiences [Hutcheson Medical Center]
		Make **financial commitment to resources**; invest in data collection/management information systems as well as quality	• One hospital has a Center for Clinical Excellence, with 30 full-time employees who work throughout the institution on ongoing improvement efforts as well as special projects, such as launching new services and integrating care across sites; they conduct analysis and planning as well as provide

		improvement staff and processes	support to performance improvement and patient safety improvement work [Brigham and Women's Hospital]
		Adopt and communicate philosophy that patient satisfaction **results in good financial health**	· Message from leadership that if the patient is happy, and staff are happy, then the money will follow [Valley Hospital] · CEO learned from previous experiences that excellent customer service drives business and builds customer loyalty [Hutcheson Medical Center]
		Empower **frontline staff to lead** and/or participate in policymaking and improvement projects	· Shared governance organizational model in which staff nurses are given a voice in determining clinical practice, standards, and quality of care [Hutcheson Medical Center, Munson Medical Center] · Leaders provide management support and encouragement, but let hospital units lead improvement projects [Munson Medical Center]
		Focus on **collaborative relationships**	· "Relationship-based care": a model stressing relationships between care providers, patients, and their families; among care providers; and between care providers and themselves [Munson Medical Center]
	Hiring and Training Staff: Ensuring that staff and physicians share patient-centered approach	Implement **Leadership Training** for directors and managers focused on measuring, improving, and being accountable for standards in patient service	· Leadership Development Institute for managers [Parkwest Medical Center, Valley Hospital] · Patient Satisfaction University, with sessions on patient satisfaction data, online tools, and ways staff can improve interactions with patients [Duke University Hospital, Brigham and Women's Hospital] · Outside speakers emphasizing patient, physician, and

			employee satisfaction; performance evaluation [Valley Hospital]
		Conduct **staff training** on responsibility for excellent patient service	· Patient satisfaction/service emphasized at new employee and physician orientations [Hutcheson Medical Center, Valley Hospital] · Periodic training sessions that educate staff on how to read and understand data [Duke University Hospital] · Communication Training - nurses and other frontline staff learn how to interact with patients and families and show respect, including use of appropriate language and eye contact and inquiring about their needs [Brigham and Women's Hospital, Munson Medical Center] · Training emphasizing that all hospital staff (not just those with direct patient contact) are responsible for customer service [Duke University Hospital]. For example, if visitors ask for directions, show them the way; don't just point it out [Valley Hospital]
		Establish **hiring practices** with careful selection of staff who fit patient-centered culture	· Frontline staff participate in peer interviewing to determine who would work well in their units and fit the patient-centered care philosophy [Parkwest Medical Center]
		Replace staff who do not meet patient-centered care standards (after trying to educate and modify their behaviors)	· Employee evaluation process identified high, medium, and low performers; high performers were recognized and encouraged to stay, medium performers were encouraged to improve, and low performers were encouraged to leave [Parkwest Medical Center]
	Promoting Staff/ Physician	Regularly inquire about and address **staff needs**	· Staff rounding across departments and to subordinates [Parkwest Medical Center]

	Satisfaction creates happier, more motivated staff with lower turnover, resulting in higher patient satisfaction		· Rounding to staff on units by top leadership [Hutcheson Medical Center] · Emphasis on staff taking care of themselves, for example by creating staff relaxation rooms [Munson Medical Center]
		Maintain high **nurse-to-patient ratios**	· Medical/Surgical units – 1:4 during days and 1:4 or 5 during nights; Critical care units – 1:1 or 1:2; Step-down unit – 1:3. [Munson Medical Center]
		Implement **recognition programs** that makes staff feel valued for their efforts	· Monthly staff recognition for exemplary behaviors, with annual book of stories highlighting monthly winners [Duke University Hospital] · Reward units meeting 90th, 95th, and 99th percentile on a given measure, and high improvement over previous scores [Duke University Hospital]
	Accountability & Incentives	Include patient satisfaction/customer service in **performance evaluations**	· Balanced Scorecard that includes customer service/patient satisfaction along with clinical quality, work culture, and finances [Duke University Hospital] · Balanced Scorecard that includes Quality and Efficiency of Care; Commitment to People, Teaching, and Research; Financial Performance; and Service Excellence and Growth [Brigham and Women's Hospital] · Staff evaluations depend in part on subordinates' performance [Duke University Hospital]

		Offer **financial incentives, and recognition** for staff showing exemplary patient service, and for units reaching top patient satisfaction scores and/or high improvement over prior scores	· "R 4 R" (Rewards for Results): if the hospital hits both patient satisfaction and financial targets in a quarter, all staff, including those not directly involved in patient care, receive $100. The program recognizes that every employee affects patient satisfaction [Valley Hospital] · Unit managers have financial incentives to improve: about 20 percent of their annual bonus, which is an additional 7.5 percent of salary, is tied to meeting goals for patient satisfaction [Munson Medical Center] · Monthly staff recognition for exemplary behaviors, with annual book of stories highlighting monthly winners [Duke University Hospital] · Reward units meeting 90th, 95th, and 99th percentile on a given measure, and high improvement over previous scores [Duke University Hospital]
Monitoring & Measurement	**Soliciting Patient Feedback** during and just after hospital stay: gives hospital timely information and opportunities to address problems; lets patients know the hospital is paying attention to their concerns	Conduct **hourly rounding by frontline nurses** to check on patient needs	· Nurse checks hourly on 4 "Ps": pain, potty, positioning, and privacy, based on Studer Group principal of patient rounding [Parkwest Medical Center, Vallley Hospital, Hutcheson Medical Center] · Staff ask patients and their families, "Before I leave, is there anything else I can do for you?" and tell them when they will check back [Hutcheson Medical Center] · Adherence to rounding schedules is tracked using a log kept at the bedside [Hutcheson Medical Center]
		Conduct **rounding** by clinical teams and senior leadership	· Daily rounding by nurse manager [Valley Hospital] · Senior staff (e.g., CEO, CFO, directors) visit patients upon admission or before discharge to inquire about their experiences [Duke University Hospital, Valley Hospital] · Weekly patient safety rounds: the administrator on call and

			five other senior hospital leaders visit a unit and ask staff to identify issues that may harm a patient or impede care [Hutcheson Medical Center]
		Conduct **pre-discharge surveys and/or post-discharge phone calls**	· Unit managers ask a sample of patients prior to discharge five questions that mirror ones from the HCAHPS survey; goal is to elicit views from 30 percent of patients before they leave the hospital. The data go to the chief quality officer, and are included in unit and division reports. Managers have results on their desktop daily [Hutcheson Medical Center] · Phone calls within 24 to 48 hours after discharge by nurse, case manager, or unit administrator to see how patients are doing, ask whether they received all the information they needed, and solicit ideas for how the hospital could improve [Parkwest Medical Center, Valley Hospital]
		Establish **advisory councils** that include patients and/or families	· Patient and Family Advisory Council in the NICU: two parents of former NICU patients work with unit's physician, nursing, and administrators to identify ways to better serve patients and families. Has led to including families in daily rounds, revising visiting policies, and establishing a Web tool for families [Brigham and Women's Hospital]
	Tracking and review of patient satisfaction data	**Contract with outside organization to measure, assess, and provide recommendations** for improving satisfaction at patient, employee, and physician levels; include	· Press Ganey conducts surveys to collect detailed information for multiple parts of patients' care experiences, and has a large database of clients for comparisons/benchmarking [Brigham and Women's Hospital, Munson Medical Center, Duke University Hospital, Valley Hospital] · Studer Group model based on five "pillars" by which to set goals and measure accomplishments: customer service,

		use of HCAHPS surveys	people, quality, growth, and finances [Hutcheson Medical Center]
			·
		Establish **dedicated committees** that focus on data and strategies to improve and sustain optimal patient experiences	· Measurement Team, Patient Satisfaction Council [Valley Hospital]
	Targets and Goals	Set **hospital-wide and unit-specific targets**, based on both **historical data and national benchmarks**	· Units have targets for patient satisfaction scores, based on historical data and national benchmarks [Valley Hospital] · Aim for every hospital unit to be in the top 10 percent nationwide in patient satisfaction, measured by Press Ganey and HCAHPS; for units not in the top decile, establish incremental goals [Munson Medical Center]
	Feedback to Staff and Physicians	Provide **tools for easy access** to data	· User-friendly management information systems that provide access to data, benchmarks [Brigham and Women's Hospital] · Nurse managers receive a monthly e-mail with a link to a variance report assessing performance on their unit and outlining areas of improvement [Valley Hospital]
		Provide **frequent, regular feedback** to staff on patient satisfaction data	· Weekly report cards to all departments help them track progress against their own goals and other hospital units. Results are discussed at all meetings and posted on the hospital's internal Web site, enabling managers to compare their unit to others and promoting learning opportunities [Hutcheson Medical Center] · Measurement Team determines the two lowest-scoring Press

			Ganey questions and the lowest-scoring HCAHPS question per unit. Nurse managers receive a monthly e-mail with a link to a variance report assessing performance on their unit and outlining areas of improvement [Valley Hospital] · Quarterly all-staff meetings include sharing and discussion of most recent patient satisfaction scores and trends [Hutcheson Medical Center] · Physicians pay more attention to survey reports after hospital demonstrated that patient dissatisfaction as measured on Press Ganey surveys tracks consistently with complaints lodged directly to the hospital as well as with malpractice claims against individual physicians [Brigham and Women's Hospital]
Problem Identification & Solving	**Performance Improvement Infrastructure**	Establish **improvement departments** with adequate staff and budgets	· One hospital has a Center for Clinical Excellence, with 30 full-time employees who work throughout the institution on ongoing improvement efforts as well as special projects, such as launching new services and integrating care across sites. They conduct analysis and planning as well as provide support to performance improvement and patient safety improvement work [Brigham and Women's Hospital]
		Create ongoing and ad hoc **improvement teams & committees with accountability**	· A Measurement Team meets twice monthly to examine and submit trend data to the nurse managers by service line. It reports to a Patient Satisfaction Council, which monitors scores weekly and meets monthly to review data, strategies, and progress [Valley Hospital] · Ad hoc improvement teams, including frontline staff, address low scores on particular issues or complaints [Valley Hospital]

			· Teams make special rounds to better understand the specific nature, frequency, and source of problems [Valley Hospital]
	Drill down into the data	Ongoing, careful analysis of data to **identify variances by unit and root causes**	· If scores in an area dip, unit managers with assistance of the Measurement Team visit the units and drill down in the data, including reviewing actual patient comments, to identify the root causes [Valley Hospital]
	Improvement methods	Utilize effective **problem-solving model or framework**	· Root cause analysis [Valley Hospital] · Six Sigma – staff trained in the Define, Measure, Analyze, Improve, and Control problem-solving model lead the improvement projects [Duke University Hospital] · Lean concepts and tools adapted from the Toyota Production System to encourage frontline staff to be critical thinkers, identify problems, and get help fixing them and to teach supervisors to encourage them in these efforts [Brigham and Women's Hospital]
		Solicit improvement **ideas from frontline staff**	· "Bright Ideas Team" solicits ideas from all staff on how to reduce noise; awards are given to those whose ideas are accepted and implemented [Valley Hospital]
		Investigate and Implement **Best Practices** through literature review, educational staff retreats,	· Baptist Leadership Institute in Pensacola, Florida, teaches hospital leaders a strategy for quality improvement based on the experiences of Baptist HealthCare, Inc. [Hutcheson Medical Center]

		national and regional conferences, Web sites	· Explore best practices to see what could be adopted in a unit or made a standard throughout the hospital [Valley Hospital]
		Share strategies across units and hospital system	· Shared learning is encouraged, and ideas that work in one unit are spread to others [Parkwest Medical Center]
Practice Improvements	**Patient Care and Comfort**	Maintain **high nurse: patient ratios** to better meet patient needs and establish relationships with patients and families	· Ratios are: Medical-Surgical units – 1:4 during days and 1:4 or 5 during nights; Critical care units – 1:1 or 1:2; Step-down unit – 1:3 [Munson Medical Center]
		Institute **hourly rounding**	· Nurse checks hourly on "4 Ps": pain, potty, positioning, and privacy, based on Studer Group principal of patient rounding [Parkwest Medical Center, Valley Hospital, Hutcheson Medical Center] · Staff ask patients and their families, "Before I leave, is there anything else I can do for you?" and tell them when they will check back [Hutcheson Medical Center]
		Minimize patient transfers through **acuity-adaptable care** in specially designed **"universal rooms"**	· Patient stays in the same private room from admission through discharge; eliminating most patient transfers reduces medical errors, falls, missed treatments, and lost belongings; also improves staff and patient satisfaction, clinical outcomes, and efficiency. While this model entails cross-training of nurses to accommodate a range of acuity levels and a substantial investment in equipment, it has been shown to enhance staff efficiency [Munson Medical Center]
		Reduce noise to promote patient rest	· "Quiet Time" from 2 p.m. to 4 p.m. every day, during which lights are dimmed and noises kept to a minimum [Munson

			Medical Center]
		Personalize care through **intake forms**	· Initial report sheet, completed upon admission, asks basic questions about patients' treatment preferences and priorities [Munson Medical Center]
	Keeping Patient Informed	Provide information on **whiteboards** in each patient room	· Display name of that day's nurses, physician, plan of care, and supervisor [Duke University Hospital, Hutcheson Medical Center, Munson Medical Center]
		Implement **new shift nurse visits**	· At the beginning of every shift, each nurse spends three to five minutes at bedsides to establish rapport with patients, discuss the goals for the day (e.g., get out of bed two times and walk independently to the end of the hall), and elicit their priorities and concerns [Munson Medical Center]
		Institute **shift-to-shift bedside reports**	· When nurses finish their shift, they give verbal reports to incoming nurses in front of patients and their families. The new nurse is introduced, patient goals and progress are reviewed, and the incoming nurse establishes or renews a connection with the patient and family [Munson Medical Center]

studies are intended to enable other institutions to draw lessons from the studied institutions' experience that will be helpful in their own efforts to become high performers. It is important to note, however, that even the best-performing organizations may fall short in some areas; doing well in one dimension of quality does not necessarily mean that the same level of quality will be achieved in other dimensions. Similarly, performance may vary from one year to the next. Thus, it is critical to adopt systematic approaches for improving quality and preventing harm to patients and staff.