

6 Mistakes Hospitals Make In Patient Satisfaction Efforts



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Hospitals' and health systems' efforts to raise patient satisfaction scores take more than good intentions. In fact, these efforts can be riddled with management mistakes if not implemented thoughtfully and deliberately. Chad Carden, president and owner of Carden Group, an organizational improvement firm based in Jefferson City, Mo., says hospital managers must make time to ensure internal improvement efforts remain logical and measurable after they're launched.

"A lot of times, hospitals are moving so fast and changes are happening so fast that managers aren't calling timeouts to ensure they're on the right path," says Mr. Carden. "I know they don't have three months to call a time out, but best thing they can do is take a step outside and ask if what they're doing still makes sense."

Here are six common mistakes hospital leaders make when driving employee improvement efforts, particularly those relating to boosting patient satisfaction. Mr. Carden also shares strategies leaders can implement to resolve their blunders.

1. Problem: Management does not maintain a clear focus on standards and expectations. There's excessive noise in healthcare — and that goes beyond the hustle and bustle in hospital hallways. Hospital employees may find themselves involved with or concerned about problems that do not directly affect their role, such as the transfer of medical records or high-level strategic plans, says Mr. Carden.

"All the change occurring in the industry right now shouldn't make hospitals lose their focus on the most important person, which is the patient," he says. "If there are not proper expectations, standards of excellence or a clear focus to ensure the spotlight remains on the patient, then it's easy for noise to take over. Every situation becomes an emergency and everyone is running around with their hair on fire."

Solution: Create a top-down approach that is executed from the bottom-up. The hospital's top leadership team should break through the noise and create clarity around patient satisfaction. What metrics should staff prioritize? How can employees track their improvements and performance? How does each role — from technicians to cafeteria workers to nurses to physician assistants — fit into the patient experience? Each time a patient walks through the hospital's door, employees should know the ultimate goals to ensure that patient has a positive experience.

"It's not something you put on the wall or print in a document," says Mr. Carden. "It must become part of the organization's culture and DNA." Also, the hospital's patient satisfaction philosophy must be initially communicated from the top but implemented from the bottom up. "It has to be executed on the frontline on a daily basis. Ultimately, the person in front of the patient is [the individual with whom] the patient will feel either a positive or negative experience."

2. Problem: Employees don't understand how or where they fit into the hospital's overall strategic plan or mission. This understanding requires more than the traditional job description. Employees may know what tasks are required of them, but they may underestimate how their work contributes to the success of the larger organization and the broader patient experience. "When employees don't understand what is expected of them, they begin to make their own rules and set their own standards for how patients should be handled," says Mr. Carden. "Then all of a sudden you have 3,000 people on staff and 3,000 people treating patients differently."

Solution: Require every department and individual employee to establish their own mission and value premise. Mr. Carden says there is something extraordinary about employees creating their own missions and visions. It's doubly effective when employees connect their individual missions to the goals of their respective department and, ultimately, to the organization.

Ideally, hospitals should define their organizational vision for patient care and communicate this to departments. Then, departments will create their own respective mission, vision and standards of excellence — and these must relate to the broader organizational vision. Finally, department managers will ask employees to create their own mission statements. Individuals' visions must connect to those of their department and organization. This way, each vision is connected and aligned.

Before frontline employees can create their own mission statements, they must understand their departments' and their organizations'. Then, they must discuss their personal statements with their manager to ensure alignment and establish accountability. This creates a unified mission throughout the hospital, but also breaks down any grandiose or vague language into specific, employee-driven goals that translates to their duties.

3. Problem: Management doesn't emphasize accountability and fails to follow up with employees. Patient experience and satisfaction must be routinely examined and defined, and employees must be held accountable to constantly improve it. "If this is going to be a check-the-box exercise, hospitals might as well not do it," says Mr. Carden. "It won't become part of the culture that way."

Solution: Regularly reward and recognize employees — and write a thank-you card the right way. Initiatives as simple as routine thank-you cards or a "we noticed" program — in which managers point out employees' individual positive actions — can foster accountability among employees.

Mr. Carden says thank-you cards, or really any recognition initiative, should do three things:

Point out the positive action.

Explain how it impacted the hospital's mission or standards of excellence.

Encourage the employee to continue the behavior each time he or she engages with a patient.

Hospital CEOs should be notified about one manager who earned recognition each week, and express his or her thanks and praise. "The CEO should consciously make an effort to comment or add onto a thank-you card each week. And it can't be an email — it has to take some thought," says Mr. Carden. "There is something magical when I know the CEO might have an opportunity to see my recognition for performance. It creates more awareness throughout the organization."

4. Problem: Management takes a punitive approach when employees don't improve performance. Another way hospitals can defer accountability is by implementing a punitive approach when employees' improvement efforts are stalled. A culture of fear and retribution will encourage employees to avoid managers. Consequently, obstacles hindering employees' improvement will not be addressed, and the organization will continue to stagnate.

Solution: Hold help sessions instead. In these sit-down meetings, managers and supervisors will ask how they can help the employee get back on track. They identify a lack of progress and present resources to help the employee change that. "When we notice people aren't on the bus with the organization's vision, then their leader or a group of leaders will pull them into a room and say, 'Obviously, something isn't clicking for you,'" says Mr. Carden. Although this is a strategy to foster mutual trust, managers must be careful that they do not act spinelessly. Some instances call for disciplinary action. "If people are doing everything they can to hurt the organization, those people just need to be off the bus," says Mr. Carden.

5. Problem: The hospital piques excitement when rolling out an improvement initiative. Then the initiative hits a plateau and the hospital scraps it for a new improvement initiative. There's a reason employees often call improvement programs "flavors of the month." Hospital management can roll them out hastily, implement them for a few months, not record desired results and scrap the program to launch another one. When executed this way, the "launching" of the program becomes the main event — not the improvement.

"If hospitals don't see results immediately, they scrap that plan and start a new one. They never water it or give it time to grow. They don't give employees time to develop it," says Mr. Carden. Much of this is due to the fast-paced nature of hospitals and a lack of a "clear-cut plan to see the whole initiative come to fruition," he says. Some hospitals launch initiatives without deciding beforehand on the length of time to dedicate to the program before abandoning it.

Solution: Hold alignment meetings to ensure all stakeholders are engaged and committed to the plan. When hospitals begin a new cultural or patient satisfaction initiative, the first thing they must do is create alignment with everyone involved, says Mr. Carden. The way to ensure this engagement is through an alignment meeting. "That's where [hospital leaders] figure out how much time to commit before scrapping it or making mid-course adjustments," he says. This is also a prime-time to identify any employees or managers who may resist the initiative. "If you have five stakeholders and one isn't on the bus, [the initiative will] be sabotaged somewhere in the organization."

The CEO might not lead this meeting, but it's important that the initiative has his or her sign-off. "The CEO can kick off the meeting by saying, 'I'm 100 percent behind this, and if you're not, we need to figure out why now or remove you from the equation,'" says Mr. Carden. "It almost needs to be that direct, because if it doesn't matter at the top, it won't matter to other key stakeholders."

6. Problem: Employees don't understand their priorities and key responsibilities. As a result, they feel bogged down. Most hospitals don't effectively create filters for their employees, says Mr. Carden. "A lot of times, people on the frontlines worry about things they should not be worrying about," he says. Ideally, communication should be focused and simple among frontline staff, with a continual emphasis on the patient. "Come to work with a good attitude, take care of the patient and make sure they're satisfied. Frontline staff should not be worried about the strategic initiative of the hospital's health information technology," says Mr. Carden.

Solution: Help employees center their attention and efforts on tasks most critical to their respective roles. Managers and frontline supervisors must create filters to help employees feel more structured. Realign the focus back to their specific roles within the organization and how they influence patient satisfaction. Remind them of what they can control and how critical that is to the success of the hospital and its patients. "We burden frontline employees with things they shouldn't be burdened with," says Mr. Carden. "All the different initiatives happening at the top of the hospital do not impact frontline employees directly. Don't keep them in the dark, but don't burden them with things they can't change."