

Hearing Patients Tell Their Stories

by Ronette Wiley

A patient forum can yield performance improvement opportunities.

Hospital staff often greet poor patient satisfaction scores with anger or denial. But these scores are a valuable tool for appreciating care from the patient's perspective—and using that information to improve. That's why a little over a year ago a decision was made at Bassett Medical Center, a 180-bed acute care teaching hospital in upstate New York, to begin conducting monthly inpatient focus groups.

Bassett needed a new approach to improving patient care. Some of the hospital's patient satisfaction scores, concerning communication and noise for example, were perplexing. Staff members worked hard at doing better in these areas, and while it seemed patients were more than satisfied, the scores sometimes told a different story. It was Executive Vice President and Chief Operating Officer Bertine McKenna, Ph.D., who noted that perception is reality, so what better way to learn than to hear directly from the patients about what Bassett is doing right and what it can do better.

McKenna also knew that for there to be buy-in at all levels of the organization, and for the focus groups to have credibility, there needed to be broad participation. She took her idea to the hospital's acute care committee, which gave it the green light.

How the Process Works

Patients asked to participate in the monthly focus groups are selected randomly from a list of inpatients who were at the hospital the prior month and live within a 40-minute drive. Their length of stay is three to 12 days. Half are from the surgical unit and half from the medical unit. The patients who accept the invitation have the opportunity to discuss their experience with about a dozen hospital personnel, all of whom have key roles in the patient's continuum of care. They include chief physicians, hospitalists, nursing leaders, administrators and the director of service excellence.

The atmosphere of the meeting is informal and friendly. The group is seated in a circle, and after the hospital representatives introduce themselves, they spend an hour or more listening to patients talk about the good and bad of their experiences as inpatients. There is an opportunity for hospital staff to ask clarifying questions and for patients to have their questions answered. Typically each meeting allows staff to hear from and interact with two to three patients.

Once the meeting is over, the hospital team takes the lessons back to colleagues. Specific items identified for investigation, dialogue and action are brought to the acute care committee. In the year since focus groups were implemented, the committee has taken a number of steps to improve processes and procedures for patient care.

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In addition, the sessions with the former inpatients are videotaped, and vignettes of the patients' experiences go to the performance improvement committee of the board of trustees each quarter for viewing. It's a powerful way for the board to hear the voice of the patient.

What We've Learned

In compiling the results of more than a dozen focus groups, we heard some common concerns. Plans to address those concerns have been relatively simple and inexpensive to implement.

Concern #1: While staff thought they were telling patients what to expect during their stay, patients repeatedly said they didn't have an overall sense of what would happen and when. Solution: A "plan of the day" was implemented. A team composed of doctors, nurses and case managers visits each patient to explain the group's plan for that patient's care and the goals for that day. Because it happens at the bedside, everyone is on the same page and it reduces gaps in communication.

Concern #2: Patients want a better understanding of who is providing their day-to-day care. Solution: Whiteboards were installed in each patient's room. Nurses and patient care assistants introduce themselves to patients and write their names on the whiteboard for the patient to see. The whiteboard information is updated as staffing changes.

Concern #3: Patients don't understand why they're seeing so many different doctors and they don't know who they are. Solution: This is not an uncommon issue in teaching hospitals. Bassett developed patient brochures to explain what a teaching hospital is; how an attending physician, resident, intern, medical student and subspecialist differ; and why Bassett uses a team approach to patient care.

Concern #4: Patients don't understand why they have to keep telling their story over and over. Solution: Providers are educated about this issue and asked to acknowledge to patients that they know it's frustrating, but that having patients repeat their stories can be a good tool for uncovering something that may have been missed previously.

Concern #5: Staff conversations at the nurses' station keep some patients awake at night. Roommates' televisions also limit opportunity for sleep. Solution: Noise meters were set up at nurses' stations to alert staff to higher than acceptable noise levels as part of an overall "Silent Hospitals Help Heal" campaign. Quiet hours were instituted, and earplugs and eye masks are made available to patients whose sleep patterns are disrupted by a roommate.

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Has the Process Worked?

The price tag for Bassett's patient focus group initiative has been minimal and the results well worth the investment. It will take more time to see if the processes and improved performance can be sustained, but the focus groups have yielded a fresh look at the patient experience and are contributing to better patient satisfaction scores. They allow physicians, nurses and administrators to drill down, find out what patients feel and why, then figure out how to fix things that contribute to poor satisfaction.

Bassett's Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) scores for doctor communication jumped 10 percent between the second quarter of 2008 and third quarter of 2009—from 67.2 to 77.9 percent. There was also a 10 percent reduction in nighttime noise from the third quarter of 2008 to the second quarter of 2009.

Additionally, patient surveys reveal a positive trend in improving the issues that were identified by the focus groups. Probably the most common hurdle to sustaining some of the improvements has been consistent implementation and use of the processes on all inpatient floors. But because the results of the action plans are reviewed quarterly by the acute care committee, and because the focus groups involve so many key stakeholders, there is accountability that demands success.

In fact, COO McKenna says, "Putting the patient at the center of what we do is an important part of our approach to improving the quality of medical care. This initiative has already yielded promising results in our quest to be a patient-centered organization. In fact, it's been so well received by patients and staff, that we're expanding it to the outpatient side this year."

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