



# Providing the First Class Patient Experience: Purposeful Interventions to Achieve Sustained Increases in Patient Satisfaction

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## Introduction

### Background

- Inconsistent and lower than desired patient satisfaction with nurse communication

### Objectives

- To increase patient satisfaction with nurse communication as measured by HCAHPS scores
- To become centers of excellence for provision of Orthopedic and Spine patient care

## Materials and Methods

### Design

- Designed based on airline industry to provide a "first class" patient experience

### Procedures

- Obtained direct customer input – key to success<sup>3</sup>
- "What makes a difference?" patient conversations with answers tracked, trended, and reviewed in staff meetings
  - What could we do today to improve your care?
- Staff education focused on:
  - Meeting the patient "where they were at"
  - Considering patient needs beyond clinical presentation
  - Hourly rounding<sup>1</sup>
- Messaging to staff based on consistency
- Used marketing principles and tools to enhance patient discharge experience
  - Standardized discharge education, dressings, medications<sup>2</sup>
  - Tote for "secure" and "organized" messaging (Fig. 1)
  - Supplies targeted to population and procedure



Fig. 1: Discharge tote

### Management Process Changes

- Unified manager partnership established with daily communication between managers
- Redesigned leadership rounding to integrate formal structure with scripted questions
- Intentional and thoughtful manager interactions
  - Manager presence on unit every shift
  - Rounding done on staff to assess needs (Fig. 2)
  - What do you need to do your job?
  - What is working well today?
  - Just-In-Time coaching and mentoring to enhance nurse competence



Fig. 2: Unit clinical staff

## Abstract

Patient choice drives elective surgical services and patient satisfaction is crucial to future business. Implementation of new structures and processes on Orthopedic and Spine units provides a "first class" patient experience, likened to airline first class, complete with customized ice packs and logo-embroidered blankets. Results demonstrate 1 year sustained increases in patient satisfaction with nursing communication (Orthopedic from 50% to 92%, Spine from 44% to 84%). Verbal conversations were initiated with inpatients to find "what made a difference". Patients identified call light response, need anticipation, and pain management. Input provided direction for action-planning which focused on consistency in patient approach: establishment of core key staff; elimination of float personnel; and implementation of daily staff and manager patient rounding. Scripted rounding questions solicited issues of patient concern. Results have been surprising and led to uniquely-targeted interventions. A unified manager partnership structure ensures consistent staff messaging and daily partner communication. Managers influence staff through presence, availability, careful listening; emphasize immediate concern sharing; provide scripting to be "present to patients in the moment"; and facilitate crucial conversations. Manager assessment of nurse/patient interaction, followed by real-time feedback, builds nurse confidence and competence. There is emphasis on the human connection (manager to staff, staff to patient), reflection on "What is the right thing to do for this patient at this moment?", and maximization of peer accountability.

## Results

- Patient satisfaction increases have been maintained for over 1 year

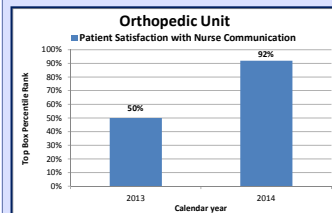


Fig. 3: Orthopedic unit increased patient satisfaction with nurse communication from 50% to 92%. This reflects percentile rank of "Top Box" – patients who answered "Usually" or "Always"

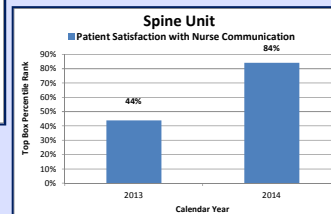


Fig. 4: Spine unit increased patient satisfaction with nurse communication from 44% to 84%. This reflects percentile rank of "Top Box" – patients who answered "Usually" or "Always"

## Discussion and Conclusions

### Discussion

- Patient satisfaction remains a key quality outcome indicator
- Providing support for nurses resulted in their ability to provide more patient support

### Challenges

- Complacency
- Hiring to desired customer service level
- Consistent implementation of rounding
- Sustaining cultural change

### Conclusions

- Nurses learn to "hear" the patient from a clinical perspective
- Nurses must learn to "hear" the patient in a way that is meaningful to the patient
- When the patient feels heard, this translates to feeling cared for and drives increased satisfaction

### Implications for Practice

- Integration into orientation
- Call lights are answered within 3 rings
- No pass zone (stop at any room with the call light on)
- Culture is inclusive – staff are assigned to certain patients but are responsible for all unit patients
- Interdisciplinary white board enhances team coordination and clarifies care for patient and family
- Establishing standards, integrating human connections, and holding staff accountable for actions and results drives successful culture change

## Literature Cited

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- <sup>3</sup>Wanzer, M. B., Booth-Butterfield, M., & Gruber, K. (2004). Perceptions of health care providers' communication: relationships between patient-centered communication and satisfaction. *Health communication*, 16(3), 363-384.

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