

The Patient Experience Post

Healthcare's Resource for
Service Excellence
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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

Listen to Your Patients in Stereo

by Kristin Baird, RN, BSN, MHA

You've conducted a very extensive patient satisfaction survey and you've just received the results. You've gathered your leadership team together and you're diving into the data. There's a lot of information—and you've paid a lot to attain it. But what does it mean? And what do you *do* with the information? With HCAHPS scores driving reimbursement, as well as the movement toward value-based purchasing, patient satisfaction is no longer the “nice” thing to do—it's essential.

As I work with hospitals around the country, I often see a situation where, faced with mounds of data, healthcare leaders scratch their heads and wonder, “What should we do now?” For example, one situation revealed data that 35 percent of the survey respondents scored communication with nurses low. Obviously, that was a concern for the leadership team, but staff members were left wondering what to do about it. What does this really mean? What encounters were less than satisfactory? What behaviors caused patients to feel that nurses were not communicating effectively? Was it limited to one or two people or across the entire staff?

This is an example of “Data, data everywhere, and not a drop of information.” When leaders know there is a problem, they need more specific information about *what* needs to change in order to remedy the situation. This is a time when it's important to do a deeper dive into the situation to gather more information. Here, there were some fairly simple changes that could have been made involving both the physical environment and staff behaviors, but no one would have known enough to make the changes without delving deeper.

Although quantitative surveys are important for benchmarking and providing comparative data, quantitative information alone is not enough. In addition to surveys, it is still important to find other ways to listen to patients who will provide a broader context of their experience. Fortunately, in the healthcare industry, we have the opportunity to listen to patients in many ways, each and every day. Some of the additional qualitative methods include:

- Intercept Interviews: “Man-on-the-street” interview approach generates feedback in real time.
- [Mystery Shopping](#): Provides thorough documentation of snapshot experiences, including verbatim comments, patient perceptions, and emotional reactions to situations.
- Rounding: Allows first-hand interaction to gather real-time feedback from patients and families so that you can address issues while they are still in your care.
- In-depth Interviews: Encourages subjects to elaborate on the experience, giving rich details about their thoughts and feelings in a one-on-one scenario.
- Focus Groups: Generates discussion and draws out stories and examples of real situations. Stories can be recapped and used for training.

- [Discharge Phone Calls](#): Help gather information about the experience and can be used for quality improvement and recognition.

All of those methods help to uncover more evidence behind data and provide the qualitative depth about the current reality while offering insight about what you actually need to *do* to improve the patient experience.

Having multiple inputs is important because we all know that patients can be hesitant to share their candid opinions while still in the facility for care. It's not uncommon to hear patients say, "I didn't want to say anything because I was afraid they would take it out on me." So we need to find many methods of getting inputs, both through what patients are saying and through what we can observe.

And, of course, quantitative inputs like patient satisfaction surveys allow us to put numbers to the experience to help guide efforts and let you know when you've made a difference.

As a healthcare leader, I want my team to be able to fix things in real time. I want them to be empowered to improve the patient experience. Applying new research methods to change old ways can give them the tools to do just that. Don't listen with just one ear—like surveys. Listen in stereo—use multiple inputs to really hear what your patients have to say.

Learn more about ways you can ensure that all of your customer interactions, including over-the-phone interactions, support your healthcare organization's brand, as in [Living Your Brand Promise](#), featuring Kent Seltman, co-author of Management Lessons From Mayo Clinic. As the former Director of Marketing at Mayo Clinic, Seltman was charged with managing the brand for this world-renowned organization. During this 90-minute presentation, you'll hear about crucial elements in aligning the brand promise with the patient experience in order to build trust and credibility with customers. For only \$89, you'll receive all this: pre-session worksheets, a session workbook, webinar slides, and an audio CD of the 90-minute webinar, complete with the Q&A session.

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*Nurse, author, and consultant Kristin Baird, "Healthcare's Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader's Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000).*