

A Return to the “Friendly Faulkner”

Using Employee Engagement and Patient Satisfaction to Drive Continuous Improvement

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Partnering with a large health system and merging with another hospital in the late 1990s helped my facility, Boston’s Faulkner Hospital, grow its patient volumes and access new technologies. But patient satisfaction scores dropped significantly. Our hospital had gained in quality of care and technological capability, but had lost the “Friendly Faulkner” that longtime patients recalled—a sense of being a warm, welcoming hospital. So we embarked on a mission to shape a unique culture defined by service excellence and an abiding commitment to continuous improvement.

Organizational change of this magnitude is never easy; it takes time and commitment. That’s why it was essential to win over our employees to the cause of exceptional, patient-centered care. By assessing employees’ needs and interests, our executive leaders, managers, and supervisors discovered the synergy of employee engagement and patient satisfaction.

Growing Pains

In 1998, soon after we joined the newly formed Partners HealthCare System and merged with Brigham and Women’s Hospital, Partners decided that all hospitals should use the same inpatient survey instrument—Press Ganey’s—in an attempt to cross compare and share best practices. We had been using a state-based survey, which had found in the mid-90s that patients felt that Faulkner was a great place to get care. That perception soon changed.

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As was expected post-merger, the census and employee base began to grow due to the infusion of services offered and patient flow being directed from Brigham and Women’s. Despite the economic advantages of growth, the hospital quickly began to experience growing pains as the infrastructure needed to catch up with the increased volume. As a result, Press Ganey inpatient satisfaction survey scores declined and then leveled off in the 32 percent to 55 percent range.



David J. Trull
President of Faulkner Hospital

“We never felt that our Press Ganey scores were a true representation of the clinical quality or the one-on-one care we were so passionate about,” says Faulkner President David J. Trull. “Our service lines were growing and so was our volume, but the survey scores weren’t telling the whole story.”

In the fall of 2003, the Faulkner leadership team decided to study local and national best practice strategies to better understand some of the major factors of improving patient satisfaction scores. Leaders believed that with their recent growth, they were facing systems

issues, not “bad people” issues. As a result, key leaders, department managers, and vice presidents visited other hospitals and attended conferences to collect ideas for action.

Returning to the “Friendly Faulkner”

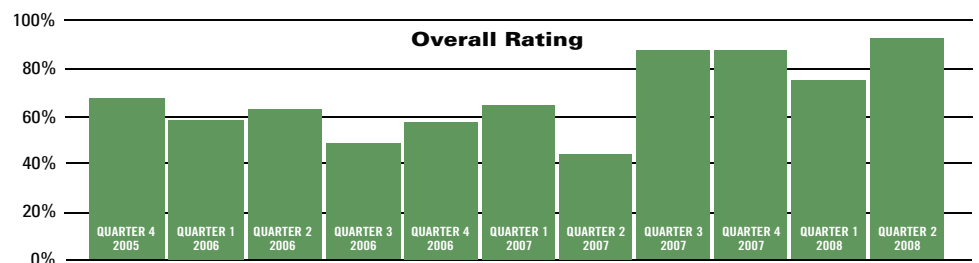
Early in 2004, Faulkner held the first of several service excellence/patient safety retreats, where the concept of “must haves” to improve the patient experience was first presented. Out of these original meetings, Faulkner implemented several new programs, including creating a greeting program at both entrances to the hospital in order to assist patients upon entry, establishing patient rounding for on-call administrators, and reviewing and responding to all patient comments monthly by key staff members. We developed the list of CARE (Communicate, Appearance, Respect, and Extend Yourself) Standards and added them to our annual hospital-wide performance appraisal process demonstrating accountability. One of the speakers at the retreat, Lolma Olson, president of Sage Consulting, introduced us to a practice model called First Touch.TM This model focused on the

staff/patient relationship using the organizational development approach called “appreciative inquiry,” designed by a team of line staff who focused on behaviors. The model also served as a reminder of what it would take to get back to being the “Friendly Faulkner.”

“The first round of change was all about behaviors and relationships,” says Cori Loescher, assistant vice president of Nursing. “We tried a number of strategies to create an environment where staff would have the time to spend with their patients and get to know them better, which is what both patients and staff told us they wanted.”

These initial changes very slowly began to make an impact, and Faulkner saw a gradual rise in its Press Ganey scores. In fact, in the fourth quarter of 2005, Faulkner Hospital received its highest Press Ganey score ever—the 67th percentile of the national database. We were thrilled with the progress we made but, at the time, our goal was to get to the 75 percent mark. We knew we still had work to do.

Faulkner Hospital’s Overall Press Ganey Inpatient Survey Scores on the Rise



Modeling a Commitment to Improvement

One of the “must haves” Faulkner had not implemented was an employee survey. Staff members who were knowledgeable about the patient survey results began asking when their opinion about the hospital would become a resource for implementing change. “I was always concerned that a staff survey would generate a list of perceptions or needs that we might not be able to accommodate,” Trull says. “As a leadership group, we needed to change our mindset and begin to think about all the positives that could come out of an employee survey.”

Faulkner leaders quickly recognized that the middle management group is critical to a successful employee survey process, as well as improvement over time. Staff engagement was a key “must have” that was identified by other hospitals when we sought best-in-class strategies to improve the patient experience.

“Employees are emotionally and cognitively engaged when they know what is expected, have resources they need, perceive that they are part of something significant with co-workers whom they trust, and have chances to improve and develop,” Trull says.

In December 2005, all Faulkner Hospital employees were given the opportunity to participate in the employee survey, and 48 percent responded. From the results of the survey, several key areas for improvement were identified, including more and better communication, more collaborative problem-solving, and ensuring the competitiveness of the work environment.

As a follow-up to the survey, Trull began holding quarterly “town meetings” designed to communicate current priorities and next steps, and address any concerns about strategies, workflow, or professional development. Staff

meetings were held in all departments with a consistent agenda. New internal communication vehicles, including newsletters, were introduced. All of these changes were done with active employee participation, and staff members knew that these changes were a direct result of their input.

“In an effort to create an infrastructure that allowed for formal input by the staff on our units, a Unit Council structure was put into place,” says Judy Hayes, CNO. “This allowed each nurse manager the right access and ability to communicate to staff as we began to make changes.



Judy Hayes
Chief Nursing Officer

“Staff now had direct input into technology purchases, quality improvement initiatives, and the operations of their units,” Hayes says. “Although this work was extremely

effective and garnered positive feedback from staff in terms of their own engagement and accountability, we were still not receiving the patient feedback scores we expected.” The hospital then worked with a consultant to help better utilize patient feedback and improve the care on units and relationships among staff.

Transparency and Patient Experiences

Faulkner’s continued commitment to improvement and transparency was highlighted when we began educating staff about public reporting for clinical outcome data, as well as the soon-to-be reported HCAHPS data. “Some of our clinical data now appear on the Internet and show progress over time,” says Edward Liston-Kraft, Ph.D., vice president of Professional and Clinical Services.

Senior leadership at Faulkner Hospital has striven for transparency as a key factor in quality and patient safety improvements. The dissemination of quality and safety data to patients, families, physicians, and employees is an important feature of the hospital’s ongoing journey to improvement. “We have found transparency to be a cornerstone in creating a culture of safety,” says Liston-Kraft. “In being candid about areas where improvement is needed, we find staff rallying to make improvements.”

As an example, until recently, there was great variability in smoking cessation scores due to lack of a hospital-wide approach to the problem. Effective collaboration between the nursing and respiratory departments led to a model of intervention that has improved smoking cessation care and driven quality scores up to 90 percent hospital-wide.

Additional action items identified and implemented by staff included: enhancing the Chaplaincy Program, training Information Desk staff to better meet patient needs, creating a patient liaison for the Emergency Department, hiring a maintenance mechanic to round in patient rooms daily so that any areas of concern by the patient could be immediately addressed, and establishing consistent service language that gave employees key words for key times. Introduction of new technology at the bedside allowed staff to interact more with patients and families.

As time went on and the changes became hardwired into the culture, Faulkner’s Press Ganey scores, which had leveled off, were now exceeding our expectations. In the third and fourth quarters of 2007 we achieved an 87 percent overall rating on inpatient satisfaction.

Around this same time, Faulkner Hospital was embarking on another employee survey. “We felt that we had made such significant strides following the employee

survey in 2005 that another survey would give us the opportunity to measure how successful we were in the eyes of our employees,” Trull says.

This time, 51 percent of hospital employees responded. More important than the response rate was what those responses ultimately showed: the progress of staff engagement. In fact, the 2007 employee survey showed that all of the items that are the best predictors in terms of engagement and commitment were significantly increased over the 2005 survey.

Based on the 2007 employee survey feedback, Faulkner Hospital once again went to work on continuing to meet staff needs by focusing on internal newsletters designed to communicate in a timely and effective manner with input from staff, introducing a hospitalwide intranet site to facilitate enhanced communication, offering better career development opportunities, allowing staff to be involved with the selection of new equipment, and enhancing benefits. In fact, the 2007 employee survey showed that the questions representing the best predictors in terms of engagement and commitment were significantly increased over the 2005 survey. The needle was moving in the right direction.

Accountability

“Of all the changes we made, the most significant change was our commitment to enhancing management and employee accountability,” Trull says. “Consistent with our focus on patient-centered care and continuous improvement, leadership was trying to model this message: ‘If you are not improving, you are not keeping up.’” It was a difficult process, but reducing our tolerance of poor performance was one of the most fruitful areas for improvement. We enhanced the expectation of better performance management with our managers and as a result saw an increase

in the survey response “Poor performance not tolerated” by 10 percent.

A good example of the commitment to better performance management was the addition of line managers in the Department of Nursing. Managers were now more available to better handle many of the day-to-day operations and be an available resource for day-to-day staff. This ultimately allowed the nurses to better focus on their priority—patient care.

The hospital also added a significant amount of new technology, including smart pumps for infusion; bed management software for patient placement, transfer, and discharge; and an additional telemetry unit. “Smart pumps have made a real difference,” says Jeannie Hutchins, a registered nurse and clinical leader on a medical unit. “We had input into the selection, setup, and design of the system. Before it felt like the decision was made top down. The pumps and other changes give me more time with my patients and that is a real satisfier. My manager makes sure that we all perform at a high level and things get addressed right away. We take great care of patients and treat them like family.”

After three impressive Press Ganey scores from the third quarter of 2007 to the first quarter of 2008, Faulkner received a firm confirmation that its efforts were paying off with an increase in Likelihood to Recommend and overall satisfaction score to the 92nd percentile ranking in the national database of 1,053 institutions in the second quarter of 2008. We now had a 12-month period of sustained improvement as defined by better than the 75 percent rank.

“It was a day for all of us to be very proud of the work we had accomplished,” Trull says. “We began this journey because we wanted to make certain that our patients were our first priority. But our journey has taught us more than just the

importance of patient satisfaction. It has reinforced in us that our employees have made the difference and they are our most important asset.”



Judith Mercer, RN, programs a smart pump to properly dispense intravenous medication to a patient.

Reflections and Next Steps

While empirical studies on the link between patient and employee satisfaction are growing, there is still a lot to learn. We recognize that sustaining these results is as much an art as a science and needs to be a continuous process.

To that end, Faulkner recently revised its admitting and discharge process in order to better meet patient needs and has given staff more time to concentrate on other responsibilities. Plans are also underway to implement a new Patient Advisory Council and new career development opportunities for staff.

People may expect the storyline to go like this: low employee morale and actions taken improves employee satisfaction, which leads to better patient satisfaction. Faulkner Hospital's experience suggests that the relationship between improved leadership and increased performance on outcomes is not linear, rather it's cumulative.

“It has taken all of us working together each and every day to get to this point,” Trull says. “Regardless of their specific roles, our employees’ willingness to put the patient first is helping us reach new heights as a community hospital—a hospital where patients want to come for their care and staff want to work.” **PG**