OO26: Patient satisfaction data at the unit level by measure for a 2-year period, including statistical levels of significance. Include a graphic display of the data that clearly identifies benchmarks. (EP35)

The following is an analysis and evaluation of Riverside Medical Center's patient satisfaction data aggregated for overall inpatient, emergency department, and outpatient surgery/cath lab, and then further delineated and analyzed by nursing unit/department for both outpatient and inpatient-surveyed area. A brief discussion of the resultant action plans which arose from analysis of the patient satisfaction data by unit is provided. The four areas of inpatient satisfaction to be targeted include:

- How Well Your Pain Was Controlled
- Nurses Kept You Informed
- Friendliness/Courtesy of the Nurse
- Promptness Response to Call

The discussions within the narrative below focus on explanations for positive and negative results and action plans are included for indicators and units where data do not outperform the national mean. For indicators where the Riverside scores outperform the mean greater than 50% of the time for the past two years, the background of the graph is colored green. Graphs indicating the patient satisfaction scores equaled or did not outperform the national mean 50% of the time for the past two years are colored with a red background.

The national mean score depicted on all graphs represents the mean score for the 50% percentile rank for that corresponding item. The reporting period is from the 1st quarter of 2008 through the 4th Quarter of 2009.

**Satisfaction Data for Inpatient Overall and Nursing Units**

Overall Hospital (All Inpatient Units excluding MHU/GSU/BSU) Aggregated Press Ganey Patient Satisfaction Results for the following questions:

- How Well Your Pain was Controlled
- Nurses Kept You Informed
- Promptness Return to Call
- Friendliness/Courtesy of the Nurses
How Well Your Pain Was Controlled
Hospital Overall

Mean Score

2008 - 2009

Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09

Data Source: Press Ganey
Exceeded the mean 8 of the 8 quarters (100% of the time)

Nurses Kept You Informed
Hospital Overall

Mean Score

2008 - 2009

Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09

Data Source: Press Ganey
Exceeded the mean 8 of the 8 quarters (100% of the time)
Data Source: Press Ganey
Exceeded the mean 7 of the 8 quarters (88% of the time)

Data Source: Press Ganey
Exceeded the mean 2 of the 8 quarters (25% of the time)
In all the Inpatient aggregated overall questions above compared to the national mean score for the same question, Riverside outperformed the national mean on 3 of the four questions 80% to 100% of the time. These results are excellent and indicative of the patient loyalty and market share we are fortunate to experience with over 2/3 of our local market choosing Riverside. On the final question, inappropriate behavior, compassion fatigue, and focus on task rather than empathy leads us to examine our patient comments on each survey and to do follow-up phone calls to our patients. We then performance manage those nurses who are unable or unwilling to demonstrate the science AND art of caring as evidenced in their clinical and behavioral aspects of care.

Ultimately, our focus in the inpatient setting is consistency of the following practices:

- Leader Rounding on Staff and Patients to promote employee and patient satisfaction
- Key Words at Key Times (scripting to connect our actions to keeping the patient informed and less anxious)
- Service Recovery Program (when our experience falls short of patient/family expectations, direct care nurses and all staff are empowered to apologize and offer a small token, without receiving leader approval, to the patient/family as part of making things right
- Hourly Rounding Consistency to reduce call lights, and assure that pain, toileting and comfort measures/environmental needs are consistently addressed
- Discharge Callbacks to prevent readmissions/complications and to capture opportunities to perform service recovery with a patient or recognize our staff positively.
- Retention of the Right Staff who are committed to the patient experience and practice the art and science of nursing care.
The Emergency Department (ED) mean scores for pain control outperformed the national mean for all of the last 8 quarters. One explanation for this success is the vigilant attention nurses and other staff pay to addressing their patients’ pain. ED nurse leaders respond to individual patient satisfaction comments. Concerns and recommendations are shared with individual staff members and at the departmental level via department meetings and postings on the unit. The ED nurses and physicians use the numeric pain scaled of 1 to 10, and have implemented the PAIN AD scale, a pain assessment scale for patients with advanced dementia. All staff use these scales for determining initial assessment and reassessment of pain. An acceptable level of pain is determined for each individual and the patient and nurse mutually establish an acceptable goal. Comfort is reassessed every 30 minutes after any intervention, such as medication.
The ED mean scores for sharing of information with patients were above the national mean scores for all 8 quarters in 2008 and 2009. Nurses and other staff have implemented scripting, use of standardized verbiage, to explain each step of care to their patients. If a delay in treatment occurs due to patient volumes and/or high acuity, nurses explain the nature of the delay. One improvement is the length of time to obtain lab test results. The results automatically appear on the ED Tracking Board, and abnormal results are flagged. An internal benchmark for door to doctor is 30 minutes or less, which is a measure all ED staff review regularly.
The ED mean scores for nurses’ courtesy are above the national mean score for 8 quarters in 2008 and 2009. Courtesy is a key factor that is assessed during peer and team interviewing of potential employees. Fundamentally, courtesy a core characteristic and expectation of the ED nursing staff. Interventions described for the previous ED indicators also contribute to the high scores related to nurses’ courtesy.
The ED mean scores for nurses attention to patient needs were above the national mean scores for the most recent 8 quarters. Nurses pride themselves on listening to their patient’s concerns. ED leaders acknowledge nurses and other staff who receive positive recognition from patients; all comments from patients are communicated to staff.

**Significance of these results:** The Emergency Department is the front door of our hospital with over 50% of patients admitted to the Inpatient units and receiving an inpatient survey passing through our Emergency Department. Thus, the Emergency Department collaboratively meets with the Inpatient Nursing Units to review Inpatient Patient satisfaction results as the actions taken by ED staff directly influence the inpatients’ perceptions of care and inpatient satisfaction survey results. In addition, in 2010, the Emergency Department and Educational Services Department conducted an analysis with Press Ganey of the survey response rate and identified that our Emergency Department’s response rate for ED patients discharged to home from the ED was at 7% compared to the national average of 12%. Thus, during Quarter 1, 2010, ED staff at all levels completed training on key words at key times, leader rounding and discharge callbacks, and specifically focused on increasing their response rate during the first quarter of 2010. The result of this action plan? Our ED ended the first quarter at the 94% percentile rank in our visit peer group AND our response rate moved up to 11.5% by the end of the quarter.
For the four quarters of 2008, the mean score for Outpatient Surgery was just below the national mean score. Perceptions of "controlling pain" for outpatients became more challenging with the new service line of chronic pain patients in the Special Procedures Lab (SPL). Patients with chronic pain have very different perceptions than those patients with acute pain, and interventions done in the SPL do not always have the intended effect. The challenge to the nurses is to alter the patient's perception to determine if the pain became more tolerable. Direct care nurses members were educated about the mental, emotional, and physical differences in patients with chronic versus acute pain. Scripting was changed pre-op and post-op to assure patients that their pain would be addressed, however may not be alleviated completely. Patients were treated for pain until the rating was below 5. Pillows and warm blankets were placed to painful areas as "comfort" measures, and scripted as such by staff. Post-op phone calls made the following day included a pain scale rating; these ratings averaged 96% below pain scale rating of 5, which demonstrates the interventions did help pain relief on the 1st post-procedure day.
And, these practices have been sustained moving forward in 2010 as shown by results currently above prior results and national Press Ganey comparative database.

For 2008, this indicator outperformed the national mean 2 out of 4 quarters (50% of the time) and in 2010, is also above the current national comparative mean in the database. Rounding on pre-op patients was increased to every half hour when the patient’s procedure was delayed and families are given meal tickets to the hospital cafeteria. Scripting to reflect privacy, concern for comfort, and information was developed. Pre-op nurses began to "describe" the details of the happenings the patient would experience. These details included what might be expected from the pre-op nurse, intra-op and post-op; who else would see the patient prior to OR - such as intra-op nurse and anesthesia provider; and what the patient and family could expect post-op as far as potential length of stay, instructions, and pain control.
The results of this indicator in 2008 showed only 1 quarter (2nd quarter) was above the mean (25% of the time) and equaled the mean in 1 quarter or 25% of the time (4th quarter). Quarters 1 and 3 were slightly below the national mean. And, in 2010, results are currently above the national comparative mean. Rounding has been increased and scripting included to ask "Is there anything I can do for you to make you more comfortable?" Data and patient comments were reviewed with staff. On-stage behavior was reviewed and practiced. Smiley face signs were placed in nurses' view to remind them to smile when speaking with patients and families, and to treat others with the same kindness and respect one would want for their family member.
For 2 of the four quarters in 2008, the Outpatient Surgery score for this indicator exceeded the national mean. For the 4th quarter, the score was at the national mean. The 3rd Quarter mean score was below the national mean. And in 2010, the current mean score is 0.10 tenth of a point above the national comparative mean score. Scripting included pre, post-op areas to include "Do you have any concerns or complaints you would like to share at this time?" The Outpatient Surgery Manager rounds included business cards and asked patients to notify her if she could assist them in any way. Post-op patients were contacted by the manager if concerns / complaints were voiced. The Outpatient Surgery Manager would apologize, recognize the issue, and ask if there was anything she could do to restore their faith and trust in Riverside. Specific concerns are addressed with the individual nurse.
For Quarter 1 and 2 2008, Cardiac Cath Lab’s mean scores were above the national mean score and then dropped for Quarter 3 and Quarter 4, 2008. There was a change in Leadership in this department during the third week of November 2008 which may have had an indirect impact on the patient satisfaction scores. And in late 2009, a new manager and new Director assumed leadership of this area (both external hires to this area). In 2010, these new leaders have a strong emphasis on employee satisfaction which is expected in time to transfer to strong patient satisfaction results.
For Quarter 1, 2008, Cardiac Cath Lab’s mean score was above the national mean score and then went below the national mean score for Quarter 2 through 4, 2008. In Quarter 4, 2008, the score increased although remained below the national mean score and in 2010 quarter-to-date, remains above the national mean for this question. When the patient is being prepped for the procedure, nurses are reinforcing information for the procedure and what to expect during the procedure. If the patient is discharged to home from Cardiac Cath Lab, detailed discharge instructions are provided to the patient and family at discharge.
For Quarter 1, 2008, Cardiac Cath Lab’s mean score was above the national mean score and then decreased and remained below the national mean score for Quarter 2 through 4, 2008. Cath Lab nurses were unhappy with the department leader; some were considering voluntary termination. The literature has supported a correlation between employee and patient satisfaction. In 2009, a new manager and new director were hired, and nurse satisfaction began to increase. Although there is currently no formal measurement of patient satisfaction, the new Cardiac Cath Lab Manager, Kathleen Downey, R.N., reports that there has been an increase in positive employee recognition from patients during follow-up phone calls and in 2010 quarter-to-date results, patients appear more satisfied (above the national mean) as well.
For Quarter 1 through Quarter 3, 2008, Cardiac Cath Lab’s mean score was above the national mean score. It dropped below the national mean score during Quarter 4, 2008. Leadership changes were made in this department during November 2008. Follow-up phone calls are completed daily by the Cardiac Cath Lab staff and a script has been developed for these phone calls. This has resulted in positive feedback to the staff during these follow-up phone calls and is being sustained and reflected in positive 2010 quarter-to-date results outperforming the national mean currently.

The remainder of this report summarizes, by unit or area, the patient satisfaction mean score compared to the national comparative mean results for all areas/units receiving patient satisfaction surveys, and discusses the action plan for improvement.
The data reveals there was a dip slightly below the national mean for Quarter 3, 2009 but the remaining quarters were all above the national mean score for this question, showing we outperformed the mean for 7 of 8 quarters (88% of the time) for OB. The current action plan is to work closely with anesthesia to develop a streamlined response time to prevent a further decline in pain control for OB patients. Current nursing assessment for adult patients at Riverside Medical Center includes utilization of the subjective pain number scale of 0 to 10, where 0 represents no pain and 10 represents the worst pain a patient could have. This scale is used throughout Riverside Medical Center, except for pediatric patients (which will be described later in this source of evidence). The standardized number scale for adults supports consistency of pain assessments throughout the nursing staff. A recent change has been the addition of Ibuprofen to post partum selective order set for an additional choice for pain control for the OB population.
Nurses kept you informed

It was noted that Quarters 2 and 4, 2008 fell below the national mean score on this quest; otherwise, the data remained above the national mean. For 6 of the last 8 quarters (75%), we outperformed the mean. Nurses verbally keep patients informed of the plan of care for the day as part of their assessments. In the OB unit, it is important to include the plan for the baby as well. Through an emphasis on more frequent nurse manager rounding on patients, the nurse manager is assuring the patient feels well informed about the plan for the day and is providing immediate coaching or positive reinforcement to direct care nurses based on patients’ responses.
Friendliness/courtesy of the nurses

The data is consistently above the national mean for all eight quarters, showing we outperformed the national mean 100% of the time. Friendliness is discussed at all staff meetings and patient satisfaction scores are posted on the unit for nurses to review. If a complaint is received, it is addressed with the individual staff member. Due to recent construction, noise has become an issue. The staff nurses have become creative in ways to address patient satisfaction. For example, earplugs and white sound machines are available for patients in order to decrease construction noise. Moreover, the Nurse Director conducts rounds and distributes small gifts and provides a thank you for any inconvenience caused by the construction.
Promptness response to call.

The data reveals that promptness of response to call lights is above the national mean for all eight quarters. One key to OB’s success is that staff answers the call lights from the nurses’ station, to learn the patients’ needs. This can save time in taking requested items and medication to the patient at the bedside. The staff uses scripting to tell patients that the nurse will be right in to see them. They also ask the patient if the nurse needs to bring any comfort items with them to the room. The call lights are answered by any and all staff members in keeping with our Professional Standards of Behavior policy.
This patient satisfaction measure has been below the national mean for quarters 2, 3 and 4 of 2008 and 2\textsuperscript{nd} quarter of 2009. For 4\textsuperscript{th} quarter of 2009, our data equaled the mean. Thus, this unit outperformed the nation mean for 3 of the 8 last quarters, or 38\% of the time. An action plan to support an increase in Riverside’s mean score and the patient’s perception of care for this measure is the development of walking rounds, which were implemented at the end of 2009 and to continue to assure staff perform hourly rounds consistently on the 3 P’s. Walking rounds is done at the bedside during shift change for the nurses. When off-going and oncoming direct care nurses introduce themselves to their patients, they ask the patients to describe their pain, according to the 0 to 10 pain scale. The unit team leaders/charge nurses also assess patients’ pain level during their leader rounds on patients. The nurse team leaders/charge nurses are responsible for shift oversight of the unit. Patients are encouraged to ask to notify the team leader/charge nurse throughout the shift if their pain is not being controlled. The patient is assured that a nurse is available day and night to address pain and of the important to stay ahead of the pain and to not worry about addiction. Another program, developed to address pain levels, was Palliative care protocols, which include pain management and advanced care planning.
Quarter 1, 2008 and Quarter 2, 3, and 4 of 2009 scores for 2nd Medical-Surgical were above the national mean for the last 8 quarters (50% of the time), but the remaining 4 quarters were below the national mean. For the last three quarters, this score was above the national mean, which coincided with implementation of patient bedside boards, increased leader rounds and discharge callbacks, and implementation of walking rounds. As a product of the Lean Process initiated in the unit during 2009, nurses implemented patient bedside boards that include diet orders, test orders and activity levels for the day. Team leaders/charge nurses round daily. Staff nurses share with their patients the tests that will be performed for the day. During rounds, the team leader/charge nurse also asks patients if they have any questions or concerns. During walking rounds, staff nurses discuss the patient's care plan with each patient and family and provide clarification of any questions or concerns.
There has been a steady increase noted in the data for 2nd Medical Surgical over the previous 3 quarters resulting in scores above the national mean for all of 2009. For the last 8 quarters, we outperformed the mean in 5 quarters, or 63% of the time. The 2nd Medical-Surgical Unit Based Council (UBC) created a bulletin board where staff and patients can show appreciation to staff by giving them a “High Five”, which is a note of appreciation and post the Connection Card Nomination forms or handwritten notes. These notes are posted on the bulletin board located in the main hallway (see picture of board below). The Nurse Manager, Eileen Krach, RN, BSN, recognizes staff for positive patient comments on the Patient Satisfaction surveys or when staff are “caught” making a positive difference in their patients’ care. In addition, the admission packet was updated to include names of staff members so patients can recognize staff entering their room.
2nd Medical/Surgical dashboard, showing patient satisfaction and quality indicator data.
The data reveals that 2nd Medical-Surgical fell below the national mean for Quarters 1, 2008 to Quarter 1, 2009 and for the 4th quarter of 2009 for this patient satisfaction indicator. The data for quarters 2 and 3 of 2009 are above the national mean. Since the unit leaders began a friendly competition between shifts and started posting weekly data rather than monthly data, staff nurses have a better awareness of their data and are more attentive to call light response times. This remains an area of improvement for all of the nursing staff on the 2nd Medical/Surgical unit and consistency of hourly rounding on patients is the key practice to drive these results. The picture below is an example of weekly call light response data posted on 2 Med/Surg’s bulletin board.
3rd Medical/Telemetry

How well your pain was controlled

For the period reported, quarter 1 of 2008 through quarter 4 of 2009, this unit has always been above the national mean for this patient satisfaction measure. It is noted the patient population on this unit is mostly outpatient, for post cardiac catheterization recovery with hourly rounding practices hardwired in this unit along with key words/scripting, discharge callbacks, and leader rounding on patients. As in all Riverside units, pain is routinely assessed as the 5th vital sign. Implementation of Cardiac Cath Lab Post Procedure standardized order sets provides nurses with autonomy in treating patients’ pain.
The data reveals that 3rd Medical Telemetry is consistently at or above the national mean (100% of the time for the last 8 quarters). The 3rd Medical/Telemetry Unit Based Council (UBC) focused on this key indicator for their performance improvement project in 2009. The unit created a binder system with the most frequently used CareNotes so staff can easily access the teaching information for their patients. This has streamlined the patient education process. CareNotes is a standardized patient education database, which can be individualized for each patient. CareNotes can also be printed in other languages, such as Spanish. 3rd Med/Tele is one of the hospital units where nurses care for patients with strokes. The stroke education folders are also part of the easily accessible patient education folder system. Patient satisfaction scores are posted in the unit’s weekly communication newsletter.
These data reveal that 3rd Medical/Telemetry was above the national mean for friendliness and courtesy of staff for 7 of the last 8 quarters (88% of the time). Renee Hess, RN, BSN, Nurse Manager, stated she leads by example for her staff when working with patients, families, and physicians. She ensures that her nurses and CNAs/Techs maintain hourly rounding. This unit saw the greatest increase in mean scores for patient satisfaction after implementing hourly rounding winning the ice cream sundae contest. Of note, this unit had the most nurses completing specific formal training with the Education Dept. on this practice, hardwiring the why behind the technique and eliciting commitment and buy-in of the implementation.
Promptness response to call

For the last 5 quarters and the first 2 quarters of 2008 (88% of the time), response-to-call scores have been above the national mean. The nurse manager communicates the scores to staff on a weekly basis to ensure the 3rd Medical/Telemetry nurses are aware when scores have improved or declined. This data is posted on bulletin boards in the staff lounge. This information is also sent to staff via Riverside’s email system.
The data for all 8 quarters is consistently above the national mean (100% of the time). Pain is a primary focus on this unit, which has an orthopedic surgery and neurosurgery post-op population. The importance of pain assessment and management begins on day one of newly hired nurses’ orientation. Pain management is enculturated as a core skill for these nurses. Nurse education and training focus on pain prevention with non-pharmaceutical methods for this unit. And, like other units the nurse leaders complete patient rounding and discharge callbacks to identify opportunities for improvement and to reinforce their staff’s desired practices.
The data for 3rd Ortho/Neuro is above the national mean for all 8 quarters (100% of the time). Nurses on this unit consistently keep orthopedic surgery patients informed through use of a patient homework binder. This binder is given to the patient in the orthopedic surgeons’ office before admission to the hospital (see picture below). Patients are instructed to bring the binder with them to the hospital. Specific expectations, such as daily therapy, for each post op day are provided in the binder on a care path. Patients know what to expect. The daily care path is part of the nurse leader rounds. Patients are interviewed during these rounds regarding whether they know their daily plan and whether their nurse is keeping them informed. Frequent means of education for this unit include hallway mounted education posters, patient education handbook and daily joint news notes.
The data reveals 3rd Ortho/Neuro has remained above the national mean for 8 of the 8 last quarters (100% of the time). When questioning Cheryl Tyson, RN, BBA, Nurse Manager, about her success, she states: “If nurses are happy they feel that their work has value”. On the 2009 Riverside employee opinion survey, it was noted 100% of these nurses felt work was valuable. Taking pride in their work is evident in the positive interactions with their patients.
The data for 3\textsuperscript{rd} Ortho/Neuro is above the national mean for all eight quarters (100%). Metrics (dashboard) are posted on call response times visible to all staff in the break room. These metrics include room call and bathroom call times as well as broken down by shift response times to lights. It is emphasized on a daily basis that it is everyone’s responsibility to answer call lights in keeping with our Professional Standards of Behavior policy. Even the unit secretary is charged with the task to answer a call light if it has been going off for awhile. This dedication in response to patients is evident in the consistency of the data.
For the medical population, the data reveals we outperformed the national mean for only 2 of the last 8 quarters (25% of the time). Quarter 4 in 2008 and 2009 were above the national mean with remaining quarters below the national mean. For the pediatric population, the data from quarter 3 of 2009 has exceeded the national mean with remaining quarters below the national mean. Please note there is a low response rate for this unit. The nurse manager now posts survey data for staff nurses and performs discharge callbacks consistently. She also makes daily rounds on patients and includes pain/comfort as one of her assessments when interviewing patients and family members. The nurses are trained in both adult and pediatric pain scales.
For the medical population, the data was below the national mean for 6 of 8 quarters. For the pediatric population, the data fell below the national mean consistently prior to quarters 1, 2 and 3 of 2009. During the evaluation period of 2009, each staff member had a discussion with their leader regarding these outcomes. This creation of a 4th Medical/Peds patient satisfaction team was an outcome of these discussions. The team members distributed notepads to patients so that patients or families could write down questions and concerns for nurses and physicians. Nursing team members also encouraged the use of CareNotes, standardized patient education sheets, which can also be individualized. Hourly rounding helped to ensure that the staff nurses made a concerted effort to inform and communicate with patients and families. Patient satisfaction scores are posted on a bulletin board on the unit. And in 2010, the nurse manager and nurse team leader have conducted more frequent performance discussions with staff to reinforce desired performance and correct the undesirable performance concerns.
This indicator, for the combined medical and pediatric population was above the national mean for 4 of the last 8 quarters (50% of the time). The action plan for improvement is to make patient satisfaction scores available for direct care nurses to increase accountability and they are now posted visible and transparent to all nurses. It is noted the pediatric response rate to the survey is low. The current goal is to use scripting to increase the completion and return of the surveys for the pediatric population in addition to discharge callbacks and frequent nurse manager rounding on patients. Creation of the unit based patient satisfaction team and that nurse ownership is perceived to have contributed to scores above the mean for the last 2 quarters of 2009.
Promptness/Response to Call

The data for both the medical and pediatric populations are below the national mean for all of the last 8 quarters. An action plan was developed was to post call light response times for patient rooms and bathrooms. The staff established a response time of three minutes and two minutes respectfully as the targets. With the surveillance and posting of this data there has been an upward trend in the response time data, but our results remain below the national mean. In addition, the unit is beginning to focus on consistent hourly rounding practices in 2010.
For 6 of the last 8 quarters (75% of the time) the mean score for 5 telemetry to the question, “How well your pain was controlled,” was above the national mean. 5 Telemetry nurses include pain as a 5th Vital Sign in their assessments. Additionally, when a pain medication is given, the nurses ask patients within 30 minutes of administration of pain medication to rate their pain to determine if the medication was effective. Pain management is a primary focus with the cardiac patient population in addition to hourly rounding on patients assessing the 3 P’s (Pain, Potty, and Position).
For the last 6 of 8 quarters, the 5 telemetry indicator has remained steadily above the national mean. This indicator was above the national mean in 7 of the last 8 quarters (88% of the time). Nurse leaders for this unit implemented many processes to keep patients informed. In January of 2009 the patient satisfaction team suggested hourly rounding coupled with scripting for patients and the team leaders worked to implement this with their staff. This contributes to well-informed patients on topics such as procedures, medications, diets, and other tests. In addition to rounding and scripting, the ships (computers on wheels) provide a means for nurses to have readily accessible information about the patients’ upcoming tests and orders. Standardized scripting (see below) includes treatments, tests, concerns, service recovery and lastly, discharge planning.

**Treatments & Tests Scripting**

**If a patient is having a treatment/test, you may ask:** “Do you need any explanation about what will happen during your procedure/test?

**If the patient asks you about a treatment/test and you do not know the answer, please say:** “That’s a great question! The skilled technician performing your test will be able to explain that to you at the time of your test in the department. Here’s what I can do! I would be happy to pull a CareNote for you, or have your nurse discuss that further.”
Concerns/Complaints - Scripting

Response:
I’m sorry that happened and I’m glad you shared this concern/complaint with me. Here’s what I can do… (and then tell the person what action you can take to resolve the issue”)

*If the issue is small (NOT a patient fall for example), you can opt to give the patient/visitor a $5 Service Recovery voucher by saying…. “Please accept this coupon worth $5 as a token of how sorry we are that happened.”

If he/she is not satisfied or you feel the issue is more serious, then say: “We take your concern/complaint seriously. Would you like to speak with my supervisor or our Patient Liaison? I’m really glad you let me know your concern…and want to make it right for you!”

Discharge Scripting

On the day of discharge: “Please be aware that for your safety, all of the physicians involved in your care will want to discharge you. That means that they want to round and see you… so the process can take hours after our first physician says you may go home. I will work to speed up this process for you, but we do that to keep you safe and make sure you are ready.”

Discharge with Home Care: “I understand that you have arranged for home care services already with the home care dept. Do you have any questions about that process at this time? If so, I can connect you with them.

At discharge: “I’m here to review some instructions so that you can care for yourself at home.”

Discharging: “When you go home, you will receive a Press-Ganey survey asking you to rate your satisfaction with our care. We want to be very good in your eyes, which is a 5 on the survey. So please, if we have met that goal, send back to survey as it is important to us. You can help make our day! If we haven’t provided very good care, please let me know now so I can address it.”

Call Light Scripting

Response:
⇒ How may I help you?

If complains about the wait time for a response:
⇒ Our goal is to respond promptly to all calls. I apologize for any delay. How may I help you?

Continue to complain about delayed response:
⇒ I’m sorry… the delay was unavoidable. May I help you? If you like, you may speak with our supervisor or the Patient Liaison.

Before leaving the room:
⇒ Are you having any pain? Can I assist you in using the restroom? Is there anything else I can do to make you comfortable? I have the time!
The Friendliness and Courtesy indicator for 5 Telemetry is above the national mean score for all of the last 8 quarters (100% of the time). This accomplishment is contributed to implementation of hourly rounding, scripting, and increased accountability for behavior. Nurses have a clear expectation to hold each other accountable for their behavior. These actions have assisted (and continue to assist in 2010) the direct care nurses to maintain outperformance of mean scores for friendliness and courtesy of the nurses.
The data shows a dip below national mean during quarters 2 and 3 of 2008, but for the last 2 years has remained above the national mean 75% of the time). Nursing leaders monitor call light data weekly and benchmark the results against other internal units as well as between shifts on the 5th Telemetry Unit. Call light data is disseminated to staff nurses. Sharing this information ensures enculturation into practice and maintains our focus on the hourly rounding technique.
For 6 of the last 8 quarters, 5 ICU’s scores are above the national mean. Selective Orders for the Cardiovascular Surgery and Post Coronary Intervention population address pain control and allow for nurse autonomy in addressing postoperative pain immediately. Hourly rounding allows nurses to continuously assess pain and discuss plans with patients for medication administration timing. Patient satisfaction data are posted in the staff lounge along with a flip chart of examples of key words to include in their patient interactions. In addition, a focus on hourly rounding key words with patients (Pain, Potty, and Position) in 2009 is reflected in the increased improvements.
For all of the last 8 quarters (100% of the time), the 5ICU scores were above the national mean. LaRee Shule, RN, MSN, CNS/APN, meets with all patients and their family members, prior to each cardiovascular surgery. During this visit, they discuss pre-op, inter-op and post-op expectations. Patients also receive a Heart Owner's manual as a resource and reference upon discharge which is personalized to the patient's care and our organization. Nurses give patients CareNotes on common procedures and diagnoses. Many of these CareNotes are pre-printed for nurses’ easy access. Frequent continuing education is provided for direct care nurses so they can stay current on diagnoses and interventions, which they can, in turn, share with their patients and their patients’ families.
With the exception of quarter Q4 2008 and Q3 2009, 5ICU scores were above the national mean for friendliness and courtesy of the nurses. For 6 out of the 8 last quarters, this unit outperformed the national mean (75%), and equaled the national mean in 1 quarter (13% of the time). Patient satisfaction scores are posted in the nurses’ lounge and are addressed during unit updates at department meetings to reinforce and sustain the desired performance.
Promptness/Response to Call

5ICU is consistently above the national mean for this indicator – 8 out of the last 8 quarters (100% of the time). One explanation for the recent increase is the addition of a CNA to the skill mix to help provide with direct care nurses vigilance in maintaining prompt answering of call lights.
4th Rehabilitation and 2ICU

We do not have unit-specific patient satisfaction data for 4th Rehabilitation as patients are discharged from other units and re-admitted in our hospital to this unit given its special designation as a rehabilitation center. Our patient survey mailing process sends out surveys to all patients based upon their discharge from another unit, so in this unique situation, patients discharged from all other units and readmitted to 4Rehab receive a patient satisfaction survey before ever receiving (or even perhaps being discharged) from our 4Rehab unit.

The patient will receive one patient satisfaction survey - for the inpatient unit where s/he was cared for prior to the admission to 4th Rehabilitation. We do occasionally see comments related to the 4Rehab stay on other inpatient units’ survey results such as 5Tele or 3Ortho-Neuro but are unable to provide individual results for 4Rehab as a result. To receive a Press Ganey benchmarking report per quarter, we need 7 responses specific to the unit. In the case of 4Rehab, this has not happened in well over 2 years. Although we mail out a second survey to these inpatients on their 4Rehab stay, we have received only one returned survey in the past four quarters which is not enough data from which to benchmark or draw conclusions for this unit. The survey response from one patient in this case was a mean score of 100 which outperformed the national mean for this single survey.

In the case of 2ICU, these patients are transferred to other units and rarely discharged to home from this unit. Thus, this unit’s survey response rates have been below the minimum response rate of 7 for the last two years consecutively (actually longer) necessary in order to receive a Press Ganey quarterly comparative report. We have in Quarter 2 2010, received one survey from a patient discharged to home from the unit and as in the case of 4Rehab, the survey respondent rated the unit all 5’s on every questions, resulting in a mean score of 100 which outperforms the national mean. Given our survey mailing response of mailing surveys to patients based upon the unit they are discharged from, 2ICU results like 4Rehab are embedded in the results of primarily 3Ortho-Neuro and 2Med-Surg and are able to be extrapolated and recorded solely to the efforts of 2ICU.

MHU

The Mental Health Unit conducts a separate quarterly survey each year for both the adult and child/adolescent side of this unit compared to the national CQI+ psychiatric inpatient national comparative database. The questions from this brief survey do not correspond exactly to the items requested on page 31 of the Magnet Recognition Program manual so the closest four questions have been selected and are depicted below.

Adult MHU Patient Survey Results Extracted from the External Benchmarking Report

As described below compared to the national CQI database for the past 24 months (2008 and 2009), the percentile rank for helpfulness of staff (closest match to topics of respect from nurses) and helpfulness of treatment (closest to subject of education) along with the overall satisfaction with this treatment program outperform the national mean for the past two years. Management of physical pain is a continued focus for the unit balanced with
managing psychological pain and addiction as part of treatment. All nurses on this unit are trained in therapeutic listening and establishing rapport in addition to treating pain as the 5th Vital Sign.

Child/Adolescent MHU Patient Survey Results Extracted from the External Benchmarking Report

As described below compared to the national CQI database for the past 24 months (2008 and 2009), the percentile rank for helpfulness of staff (closest match to topics of respect from nurses) and helpfulness of treatment (closest to subject of education), management of physical pain, along with the overall satisfaction with this treatment program outperform the national mean for the past two years. Like the nurses on the adult side of the MHU, these nurses are trained in therapeutic listening and establishing rapport in addition to treating pain as the 5th Vital Sign.

Girls Specialty Unit (Chrysalis Unit)

Internally designed and unbenchmarked Client Satisfaction Surveys have been given to girls at discharge since the opening of the Chrysalis program in 2006. The data shown
below covers January 1, 2008 through December 31, 2008. With a 92% return rate of all surveys sent (131 out of 143), these results are significant in helping to measure our program’s success and increase our referrals. The table below shows the distribution across the survey ratings for the entire 2008 year.

The questions displayed were selected as the survey’s closest match topics to the requested items in the Magnet Recognition Program manual, pg. 31, as follows:

- My view was important to staff (represents courtesy and respect by nurses)
- I was included in the treatment process (represents careful listening by nurses)
- I felt safe (represents the pain management questions of both physical and psychological pain)
- I would recommend this program to others (other nurse-related question given the unit leadership of care provided by nurses)

In each instance below, the distribution of positive ratings for all of 2008 were at or above 80% of all survey responses.

<table>
<thead>
<tr>
<th>N = 131</th>
<th>Return Rate = 92%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>My view was important to staff.</td>
<td>Definitely</td>
</tr>
<tr>
<td></td>
<td>60% (78)</td>
</tr>
<tr>
<td>I was included in the treatment process.</td>
<td>60% (79)</td>
</tr>
<tr>
<td>I felt safe.</td>
<td>60% (79)</td>
</tr>
<tr>
<td>I would recommend this program to others.</td>
<td>55% (72)</td>
</tr>
</tbody>
</table>

For January 1-December 31, 2009, Client Satisfaction Surveys have been given to girls at discharge from the Chrysalis program with 135 of 154 surveys returned with this internal survey process for a return rate of 88%. As displayed in the table below, 2009 positive ratings improved over 2008 ratings. This is attributed to mandatory training for all GSU employees as a team on HeartMath completed by the end of December 2008 and Crisis Prevention Institute training implemented in July 2009 for all staff to provide for improved therapeutic listening and rapport building skills in addition to providing physical skills training for safely managing violent aggression by the patients.
| N = 135  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Return Rate = 88%</td>
<td>Yes Definitely</td>
<td>Yes Generally</td>
<td>No Not Really</td>
<td>No Definitely Not</td>
</tr>
<tr>
<td>My view was important to staff.</td>
<td>68% (91)</td>
<td>29% (38)</td>
<td>3% (4)</td>
<td>0</td>
</tr>
<tr>
<td>I felt safe.</td>
<td>73% (98)</td>
<td>24% (32)</td>
<td>2% (3)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>I was included in the treatment process.</td>
<td>74% (100)</td>
<td>23% (31)</td>
<td>1% (2)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>I would recommend this program to others.</td>
<td>67% (91)</td>
<td>27% (36)</td>
<td>3% (4)</td>
<td>3% (4)</td>
</tr>
</tbody>
</table>

**Boys Specialty Unit (Bolder)**

This unit only opened in late December 2009/early January 2010 so there are not patient satisfaction results currently available.

**Summary of Patient Satisfaction Data for Inpatient Units using the Press Ganey Inpatient Patient Satisfaction Survey**

For inpatient satisfaction, in regard to “How Well Your Pain Was Controlled,” the average of all units (excluding 2ICU, 4Rehab) outperform the national mean 71% of the time or six of the last quarters when averaged together—a majority of the time period. For the measure, “Friendliness and Courtesy of the Nurse,” 79% of the time for the last two years, the aggregated average of all these inpatient units exceeded the national benchmark. In regards to the question Promptness Response to Call, 70% of the time for the last two years, the aggregated average of all these inpatient units also exceeded the national benchmark. For the last two years, 77% of the time these units combined were above the national mean for the Nurses Kept You Informed survey question. This supports the excellent patient education that nursing provides at Riverside Medical Center. This data supports Riverside meets the standard to outperform the mean of the national database for inpatient satisfaction for these nursing-related patient satisfaction survey questions and has ongoing action plans to continue their improvement. What is also significant about this data is that those units who have enculturated across their unit: hourly rounding practices, key words at key times (scripting), nurse manager rounds and discharge callbacks on these specific questions since Quarter 2 2009 have seen upward trends in their individual results within the quarter of implementation or changes on the majority of these questions. Perhaps more than any other practice or action taken, the implementation of hourly rounding has clearly demonstrated a unit by unit improvement trend post-implementation in 2009 that is being sustained in 2010.

Our most challenging unit to manage patient satisfaction currently is the 4Med-Peds unit which is a combined unit of adult and pediatric patients cared for by the same nurses given our typically small pediatric patient population during the year. This unit has worked diligently over the last quarter of 2009 and in the first half of 2010 to improve their patient
satisfaction through dedicated and consistent leader rounding, discharge callbacks, and focus on hourly rounding and key words.

As a result of these actions, we can see continued improvements. As of May 17, 2010, 4Med-Peds as a unit had achieved an overall 85.5 mean score which places them based upon 4/30/2010 benchmarks at the national percentile rank = 83%--an improvement over the last two years and indicative that the action plan is working. And, enculturation of practices to drive improvements of these results are also reflected in our overall Inpatient Patient Satisfaction results. As of 5/17/2010, Riverside has a Mean Score - 87.6 (above Quarter 1 2010 results again) which places them based upon 4/30/2010 benchmarks at the national percentile rank of 90% for the entire Press Ganey national database and 94% in our bed size peer group.

And, our mental health inpatient staff in all the behavioral services’ areas also maintain high satisfaction with their psychiatric patients, resulting in continued referrals (including having to direct patients for admission elsewhere due to the unit being at maximum bed capacity in 2010).

**Outpatient Satisfaction**

For the outpatient nursing departments of Cardiac Rehabilitation, Cardiac Cath Lab and Outpatient Surgery, Riverside used the Press Ganey patient satisfaction surveys for Outpatient Services and Outpatient Surgery in 2008. Due to budget constraints in 2009, our executive leaders decided to forego the Press Ganey surveys for Outpatient Surgery and Outpatient Services for 2009. An outpatient surgery satisfaction survey is being completed during the 2nd quarter of 2010, and final quarterly results are pending (quarter ends June 30, 2010). The analysis of the patient satisfaction results below for Cardiac Rehabilitation, Cardiac Cath Lab, and Outpatient Surgery were for the 2008 data and include preliminary 2010 data for the Cath Lab and Outpatient Surgery.

Riverside uses the Emergency Department Press Ganey patient satisfaction tool for Emergency Department visits that are treated and released. The Emergency Department and analysis will include the most recent 8 quarters of data. Although the survey questions for these populations may not precisely match the inpatient population, the chosen questions are similar to the inpatient population questions in intent. As in the case of the Inpatient Satisfaction results, if there were fewer than 7 responses in a quarter, Press Ganey does not formally report in the quarterly report the comparative results due to the effect of low sample size.
For the four quarters of 2008, the mean score for Outpatient Surgery was just below the national mean score. Perceptions of "controlling pain" for outpatients became more challenging with the new service line of chronic pain patients in the Special Procedures Lab (SPL). Patients with chronic pain have very different perceptions than those patients with acute pain, and interventions done in the SPL do not always have the intended effect. The challenge to the nurses is to alter the patient's perception to determine if the pain became more tolerable. Direct care nurses members were educated about the mental, emotional, and physical differences in patients with chronic versus acute pain. Scripting was changed pre-op and post-op to assure patients that their pain would be addressed, however may not be alleviated completely. Patients were treated for pain until the rating was below 5. Pillows and warm blankets were placed to painful areas as "comfort" measures, and scripted as such by staff. Post-op phone calls made the following day included a pain scale rating; these ratings averaged 96% below pain scale rating of 5, which demonstrates the interventions did help pain relief on the 1st post-procedure day. And, these practices have been sustained moving forward in 2010 as shown by results currently above prior results and national Press Ganey comparative database.
For 2008, this indicator outperformed the national mean 2 out of 4 quarters (50% of the time) and in 2010, is also above the current national comparative mean in the database. Rounding on pre-op patients was increased to every half hour when the patient’s procedure was delayed and families are given meal tickets to the hospital cafeteria. Scripting to reflect privacy, concern for comfort, and information was developed. Pre-op nurses began to “describe” the details of the happenings the patient would experience. These details included what might be expected from the pre-op nurse, intra-op and post-op; who else would see the patient prior to OR - such as intra-op nurse and anesthesia provider; and what the patient and family could expect post-op as far as potential length of stay, instructions, and pain control.
The results of this indicator in 2008 showed only 1 quarter (2nd quarter) was above the mean (25% of the time) and equaled the mean in 1 quarter or 25% of the time (4th quarter). Quarters 1 and 3 were slightly below the national mean. And, in 2010, results are currently above the national comparative mean. Rounding has been increased and scripting included to ask "Is there anything I can do for you to make you more comfortable?" Data and patient comments were reviewed with staff. On-stage behavior was reviewed and practiced. Smiley face signs were placed in nurses' view to remind them to smile when speaking with patients and families, and to treat others with the same kindness and respect one would want for their family member.
For 2 of the four quarters in 2008, the Outpatient Surgery score for this indicator exceeded the national mean. For the 4th quarter, the score was at the national mean. The 3rd Quarter mean score was below the national mean. And in 2010, the current mean score is 0.10 tenth of a point above the national comparative mean score. Scripting included pre, post-op areas to include “Do you have any concerns or complaints you would like to share at this time?” The Outpatient Surgery Manager rounds included business cards and asked patients to notify her if she could assist them in any way. Post-op patients were contacted by the manager if concerns / complaints were voiced. The Outpatient Surgery Manager would apologize, recognize the issue, and ask if there was anything she could do to restore their faith and trust in Riverside. Specific concerns are addressed with the individual nurse.
For Quarter 1 and 2 2008, Cardiac Cath Lab's mean scores were above the national mean score and then dropped for Quarter 3 and Quarter 4, 2008. There was a change in Leadership in this department during the third week of November 2008 which may have had an indirect impact on the patient satisfaction scores. And in late 2009, a new manager and new Director assumed leadership of this area (both external hires to this area). In 2010, these new leaders have a strong emphasis on employee satisfaction which is expected in time to transfer to strong patient satisfaction results.
For Quarter 1, 2008, Cardiac Cath Lab’s mean score was above the national mean score and then went below the national mean score for Quarter 2 through 4, 2008. In Quarter 4, 2008, the score increased although remained below the national mean score and in 2010 quarter-to-date, remains above the national mean for this question. When the patient is being prepped for the procedure, nurses are reinforcing information for the procedure and what to expect during the procedure. If the patient is discharged to home from Cardiac Cath Lab, detailed discharge instructions are provided to the patient and family at discharge.
For Quarter 1, 2008, Cardiac Cath Lab’s mean score was above the national mean score and then decreased and remained below the national mean score for Quarter 2 through 4, 2008. Cath Lab nurses were unhappy with the department leader; some were considering voluntary termination. The literature has supported a correlation between employee and patient satisfaction. In 2009, a new manager and new director were hired, and nurse satisfaction began to increase. Although there is currently no formal measurement of patient satisfaction, the new Cardiac Cath Lab Manager, Kathleen Downey, R.N., reports that there has been an increase in positive employee recognition from patients during follow-up phone calls and in 2010 quarter-to-date results, patients appear more satisfied (above the national mean) as well.
For Quarter 1 through Quarter 3, 2008, Cardiac Cath Lab’s mean score was above the national mean score. It dropped below the national mean score during Quarter 4, 2008. Leadership changes were made in this department during November 2008. Follow-up phone calls are completed daily by the Cardiac Cath Lab staff and a script has been developed for these phone calls. This has resulted in positive feedback to the staff during these follow-up phone calls and is being sustained and reflected in positive 2010 quarter-to-date results outperforming the national mean currently.
Cardiac Rehabilitation (Rehab) nurses care for inpatients and outpatients. These survey results were embedded within our Outpatient Services’ survey results - with Cardiac Rehab the only nursing area with results within that service line. There were several reasons why our executive leaders decided to forego measuring patient satisfaction for this area after 2008. First, the response rate was very low; as seen in the 2008 data, there were only enough responses for a valid measure of satisfaction and receipt of a comparative report from Press Ganey in the first and fourth quarters. Secondly, Cardiac Rehab is part of our inpatient, interdisciplinary continuum of care and the scores for patients who were in our ICUs, Telemetry units, or medical-surgical units was included in those unit patient satisfaction scores. Finally, our organizational leaders evaluated budgetary priorities and decided tracking unit-specific satisfaction for Cardiac Rehab outpatients was an expense that could be cut.

For Quarter 1 and Quarter 4, 2008, Cardiac Rehabilitation’s mean score was 100 and above the national benchmark. For Quarters 2 and 3, 2008, there were less than seven responses for this survey question so there were no results. The Cardiac Rehabilitation staff members ask at each visit if the patient has any pain and specifically if they have had any chest pain. The staff members continue to ask if the patient is having pain during the entire time they exercise. They pay particular attention if they notice any clinical changes with the patients. The staff also adjusts the room temperatures and the different machines on which the patients exercise so there is no reason for them to have an injury.
In reviewing the 2008 data, for 1st quarter of 2008, Cardiac Rehab’s mean score was 100 and above the national benchmark. For Q4 2008, Cardiac Rehabilitation’s mean score was 96 and above the national benchmark. There were fewer than 7 responses to this survey question in Quarters 2 and 3 and the response rate was not large enough to be included in unit-specific data. The RNs in the Cardiac Rehab department devote a lot of time to explaining the program to patients. Each patient attends three initial classes, which include explanations and individualized discussions about target heart rate, diet, risk factors, and exercising. If a patient has a weight gain, nurses ask the patient about dietary habits. When patients are halfway through their rehab program, at their 18th visit, nurses have one-on-one sessions to assess and provide for their informational needs. At each visit, nurses ask patients if they need more information.
For Quarter 1, 2008 and Quarter 4, 2008 Cardiac Rehabilitation’s mean score was 100 and above the national benchmark. There were less than 7 responses to this question in Quarters 2 and 3, 2008. Because the cardiac rehab program involves multiple visits, nurses develop close relationships with their patients, and it is unsurprising that patients find our nurses to be very friendly.
For Quarters 1 and 4, 2008, Cardiac Rehabilitation’s mean score was 100 and above the national benchmark. Again, for Quarters 2 and 3, 2008, there were less than 7 responses to this survey question. Patients perceive the nurses as helpful and attentive to their needs; if a patient presents a question that nurses cannot answer, the RNs will look for the answer during the patient’s visit. Riverside is the only certified Cardiac Rehab unit in the area, and nurses truly care for the well-being of their patients and are effective in building a long-term relationship of caring with these patients. This is evidenced by the fact that there are currently patients who had heart surgery 9 years ago, and continue to return to this area to exercise or when in the building, to stop by and interact with these trusted nurses.
The Emergency Department (ED) mean scores for pain control outperformed the national mean for all of the last 8 quarters. One explanation for this success is the vigilant attention nurses and other staff pay to addressing their patients’ pain. ED nurse leaders respond to individual patient satisfaction comments. Concerns and recommendations are shared with individual staff members and at the departmental level via department meetings and postings on the unit. The ED nurses and physicians use the numeric pain scaled of 1 to 10, and have implemented the PAIN AD scale, a pain assessment scale for patients with advanced dementia. All staff use these scales for determining initial assessment and reassessment of pain. An acceptable level of pain is determined for each individual and the patient and nurse mutually establish an acceptable goal. Comfort is reassessed every 30 minutes after any intervention, such as medication.
The ED mean scores for sharing of information with patients were above the national mean scores for all 8 quarters in 2008 and 2009. Nurses and other staff have implemented scripting, use of standardized verbiage, to explain each step of care to their patients. If a delay in treatment occurs due to patient volumes and/or high acuity, nurses explain the nature of the delay. One improvement is the length of time to obtain lab test results. The results automatically appear on the ED Tracking Board, and abnormal results are flagged. An internal benchmark for door to doctor is 30 minutes or less, which is a measure all ED staff review regularly.
The ED mean scores for nurses’ courtesy are above the national mean score for 8 quarters in 2008 and 2009. Courtesy is a key factor that is assessed during peer and team interviewing of potential employees. Fundamentally, courtesy a core characteristic and expectation of the ED nursing staff. Interventions described for the previous ED indicators also contribute to the high scores related to nurses’ courtesy.
The ED mean scores for nurses attention to patient needs were above the national mean scores for the most recent 8 quarters. Nurses pride themselves on listening to their patient’s concerns. ED leaders acknowledge nurses and other staff who receive positive recognition from patients; all comments from patients are communicated to staff.

**Significance of these results:** The Emergency Department is the front door of our hospital with over 50% of patients admitted to the Inpatient units and receiving an inpatient survey passing through our Emergency Department. Thus, the Emergency Department collaboratively meets with the Inpatient Nursing Units to review Inpatient Patient satisfaction results as the actions taken by ED staff directly influence the inpatients’ perceptions of care and inpatient satisfaction survey results. In addition, in 2010, the Emergency Department and Educational Services Department conducted an analysis with Press Ganey of the survey response rate and identified that our Emergency Department’s response rate for ED patients discharged to home from the ED was at 7% compared to the national average of 12%. Thus, during Quarter 1, 2010, ED staff at all levels completed training on key words at key times, leader rounding and discharge callbacks, and specifically focused on increasing their response rate during the first quarter of 2010. The result of this action plan? Our ED ended the first quarter at the 94% percentile rank in our visit peer group AND our response rate moved up to 11.5% by the end of the quarter.

**Outpatient Satisfaction Summary**

As demonstrated above, Riverside nurses in the Emergency Department and Cardiac Rehab have consistently outperformed the national comparative mean in their database.
for all the questions selected. This is attributed in investment by the leaders of the areas and their staff in the implementation of discharge callbacks, an emphasis on key words and managing delays including reducing through LEAN the turnaround times for lab results and setting a wait time expectation managed via the visible ED tracking board. In Cardiac Rehabilitation, we attribute these positive results to the competence and caring of our nurses that due to the program length, allow our nurses to establish long-term caring relationships with these patients combined with the expectation of their leaders to put the patient first in word and actions at all times.

In the Outpatient Surgery and Cath Lab areas, we see for the 2010 results an improvement in both areas compared to 2008 results overall. Their results were not consistently outperforming the national mean as depicted in this narrative, and we attribute that to employee dissatisfaction with their manager and during 2008, lack of consistency in implementation of key words, discharge callbacks, leader rounding and the techniques that we have implemented in all other inpatient and outpatient settings to achieve our patient satisfaction results described in this narrative (such as the Inpatient units). With our new leaders hired to both Outpatient Surgery and Cath Lab in late 2009 and their engagement and desire to capture patient satisfaction data to help provide nurse feedback on the care experience, we see that leadership and shared governance are improving our Cath Lab and Outpatient Surgery results in 2010 compared to our last Press Ganey-surveyed period in 2008. We anticipate and expect that these evidence-based practices proven in so many other organizations including our own to improve and sustain optimal patient satisfaction will continue to support the best possible experience for our patients.

**Summary**

Whether inpatient or outpatient areas, the significance of our patient satisfaction results are that we can see in our data that when we implement certain behaviors—we see measurable improvements in our survey data almost immediately. For example, in the ED we implemented very good key words to increase our response rate and we increased our survey response rate during that same quarter. When we implemented hourly rounding in the second quarter of 2009 with training, we see that 2Med-Surg, 3Ortho-Neuro, 3Med-Tele, 5ICU and 5Tele all experienced improved results during that same quarter. We also see that those areas that didn't hardwire this practice for consistency such as in 4Med-Peds did not improve their results.

Ultimately, there is extensive research in the literature on the psychology of managing and improving the patients' perceptions of care; the challenge for us like any organization is incorporating these simple techniques into our nursing practice and routines of care on a consistent basis, across all shifts and care areas. Involving our direct care nurses from UBCs to understand the evidence behind the practices we ask them to implement along with generating engagement to have them develop new practices based upon our patients' results has helped us to move towards and exceed in some areas the 90% percentile rank in our comparative national database for our overall results. Our goal remains—sustainment of these results.