Seven Practical Steps to Performance Improvement

By Teri Hegarty, Manager of Marketing and Public Relations, Saint Vincent Hospital

Geologists, astronomers and theologians have long known the magic associated with the number seven. (Think the Seven Wonders of the World or the Seven Sisters Constellation.) For MetroWest Medical Center, a 319-bed regional health care system with hospital campuses and outpatient facilities in the adjacent towns of Framingham and Natick, Mass., it was just the right number of tactics needed to put its outpatient scores where they belonged – at the top. In fact, throughout fiscal year 2011, MetroWest’s outpatient scores have consistently remained above the 96th percentile.

“I realized early on that we could not be competitive in the health care arena if we did not fix the customer satisfaction part of the equation,” says Andrei Soran, MetroWest Medical Center’s president and CEO. “Organizational-level directional changes require leadership, personal commitment and resources. At MetroWest Medical Center, the ‘A-Team’ (senior staff) members are the co-chairs of satisfaction improvement teams, and the hospital is sponsoring training for all our employees. Now there is an attention to detail and our outpatient services will not tolerate anything but the 99th percentile. Every variance is acted upon with a great sense of urgency.”

“Just a few years ago, we were continuously in the bottom percentile with our Press Ganey outpatient scores,” adds Deborah Bitsoli, BS, MBA, CPA, who led the improvement campaign while she was COO at MetroWest Medical Center. “But we chose to look at it as a learning opportunity. When you are at the bottom there’s only one way to go, and that is up. We just needed to put together a series of guideposts for the journey. Call it magic if you like, but in the end our final map included seven key landmarks that showed us the way to success.” (Bitsoli is now COO of a sister facility also owned by Vanguard Health Systems: Saint Vincent Hospital in Worcester, Mass.)
Stepping Back to Move Forward
Throughout fiscal year 2008, MetroWest Medical Center’s outpatient scores were floundering. With rankings as low as the 2nd and 6th percentiles, it had to take action – and fast. Following a preliminary meeting with Press Ganey that provided some much-needed guidance and advice, MetroWest Medical Center was ready to move forward. An initial assessment revealed that outpatient services had no follow-up with the patients, lacked the leadership and accountability of staff at the front lines, and that staff members seemed confused about the data.

“Some managers didn’t even believe we had a service issue,” Bitsoli says. “So we had a variety of problems to contend with. First we had to educate the staff about the misconceptions and the problems at hand. Then we had to implement some immediate action steps to jump-start the process and put us back on track.”

This process included focusing on the areas with the highest sample size and the lowest scores. That put MetroWest Medical Center’s Mammography and Phlebotomy departments and, ultimately, the Patient Registration Department, in the spotlight.

Walking in the Patient’s Footsteps
For the staff members and leadership of Patient Registration, coming to the realization that they were at the bottom of the barrel and that their department affected every single patient was truly a major turning point. They knew they had a variety of challenges ahead of them. They also knew that something had to change.

“There was no other way to go but up,” says Dave MacNair, director of Patient Registration at MetroWest Medical Center. “There were three key (procedures) I put into place to jump-start my process. The first was to blow up the existing process, the second was to change the culture and the third was to break down the silos.”

That “blowing up” starts with a critical look at existing processes, MacNair says. “We needed to do this through a fresh pair of eyes and through a non-biased observer. And this was where the Lean process (a patient-focused management philosophy where processes and physical spaces are designed with the patient in mind) came in. With the Lean process, (we) observed not only the patient flow, but the employees’ workflow as well. We not only counted the number of steps to process the patients, but also the number of footsteps of the employees to complete the process and everything in between.”

Bitsoli adds: “‘Everything in between’ included gathering our patients’ perspectives on our service. We made it a point to call our discharged patients, especially those who had not given us fives on the Press Ganey survey. You might think you are doing something the right way, or the best way, or the only way, but until you hear it from your customer, you can’t assume anything. These calls gave us plenty to think about and to work with.”

Changing the culture, MacNair says, started at the top. There were weekly meetings with managers and directors where surveys and scores were discussed, but scores did not really start rising until his supervisors got involved. That facilitated ownership of the scores and broke down silos so that every department in the hospital felt like part of a team, and needed changes could be made.
One of the most noteworthy changes brought about by the department’s introspective analysis was the development of a pre-registration process.

Previously, all registration, whether for scheduled or walk-in patients, came through the Patient Registration Department, where average wait times were from 15 to 30 minutes. The pre-registration process now included the advanced generation of paperwork – including the pre-appointment verification of insurance – and enabled all scheduled patients to report directly to the ancillary area for their tests or treatments.

After streamlining the process, wait times were reduced to fewer than five minutes.

“But this alone was not enough,” Bitsoli says. “The patient registration experience needed to be consistently clear and explained.” This is where scripting came in.

MacNair provides a bit more detail.

“For those patients who still had to go to registration – these were our walk-in patients – we were able to introduce ourselves and to identify the process: ‘Mrs. Jones, my name is Dave. I am going to register you for your lab work today.’ And at the end of the process: ‘Mrs. Jones, your lab work is now completed. Is there anything else I can do for you?’ It gave a beginning and an end to the process.”

Scripting was also used during key patient interactions to tout and reinforce the efforts of the staff.

“Since a lot of the patients were now going directly down to the (ancillary) areas,” he says, “they needed to know all the hard work we had put in: ‘Oh, Mrs. Jones, we’re expecting you today. I have your paperwork right in front of me. You have already been registered.’ It didn’t happen overnight. Ongoing maintenance was essential to develop the culture.”

A Pledge to Patients

“My biggest challenge with my staff was getting them to accept ownership of this problem,” says Sheryl Kelley, manager of the Mammography Department at MetroWest. “In the beginning, I felt alone with this issue. I felt like it was just my problem and I needed to find a way to get my staff to accept ownership. We had lots of excuses why we couldn’t do it, and most staff felt that they were doing the very best that they could.”

Kelley’s staff is a veteran crew, many of whom have worked for MetroWest for
as long as 25 years. They had been doing things the same way for a very long time, so she had to get the message out loud and clear that it was a new day and their job descriptions had changed.

She designed a pledge that employees wear on their ID badges, 10 “best practices” for patients. Her team decided as a group what would be part of the pledge, and everyone signed it.

“It was an agreement that we would live up to these expectations to improve care for our patients. When we did this, we saw some momentum in our scores,” she says.

Kelley organized patient satisfaction data for her staff into report cards. At first she posted data on individual caregivers without revealing names, and then wound up posting all reports by name for everyone to see, including the average of everyone’s scores.

“This became a really useful tool,” she says. “And now, because we’re doing so well, people are excited to see their scores. We have traveled from a good department to a great department. Our staff are really doing this from their heart, and the patients know it.”
Exporting a Best Practice

After leading the dramatic turnaround in outpatient satisfaction scores at MetroWest Medical Center, Deborah Bitsoli moved on in the summer of 2010 to lead another Vanguard Health Systems facility – Saint Vincent Hospital in Worcester, Mass. There she implemented one of the MetroWest best practices: The daily huddle.

The implementation of the huddles at Saint Vincent is a bit different, she notes. “While the daily huddles at MetroWest were department-specific, the Saint Vincent practice encompasses a more hospital-wide approach. In about 15 minutes, we are able to provide all the nursing units and the ancillary department with an overview of the patient census and any concerns regarding patient flow and staffing for the day. Patient safety and throughput are everyone’s responsibility.

“The daily huddle, no matter what its format or overall scope, helps to reinforce this and encourages ownership and accountability for everyone involved.”

Seven Magic Strategies for Higher Outpatient Satisfaction

Deborah Bitsoli has boiled down the keys to higher outpatient satisfaction to seven tactics:

1. The daily huddle. “This information-sharing session has been directly linked to service excellence and employee engagement,” she says.
2. The right person on the bus. “Hiring smart from the start sets the foundation for future growth and success.”
3. Patient phone calls. “Customers know what they want. Our job is to listen to them.”
4. Performance management. “Ensure that each patient encounter focuses on kindness and caring. Develop service standards as a team, and look to scripting to help deliver the message.”
5. Organization of data. “All the different statistics can be confusing. Organize and present the scores in a fashion that is consistent and easy to understand by staff.”
6. Weekly outpatient meetings. “Your department is just one piece of a larger team that needs to work like a well-oiled machine. Be sure to regularly reach out to other outpatient departments.”
7. Recognition. “Celebrate successes and show your staff they are appreciated for their efforts. Saying ‘thank you’ never goes out of style.”
**Buses, Huddles and Stars**

“For my department,” remarks Maryann Treveloni, manager of MetroWest’s Phlebotomy Department, “we realized early on it was getting the right people on the bus to achieve this goal.”

Simply put, Treveloni understood the importance of hiring the right person for the job from the onset, a process made easier by the need for new employees because of the strong growth in the department.

But once the team was in place, it was the daily huddle – a group meeting that encourages communication, interaction among employees and the dissemination of information – that helped to reinforce the standards of performance and the department’s service expectations.

“When we have staff all together, they’re engaged,” Treveloni says. “And they’re engaged in the day-to-day process. They’re involved when we review Press Ganey scores. The huddle is always positive.”

Reward and recognition was another important piece of the process. Employees who are mentioned positively on a survey are entered into a monthly drawing for a $50 gift certificate. They also get a “You’re a Star” card for a free lunch in the cafeteria. “We’ve found that praise is very important and very rewarding to the department.”

**Building Patient Loyalty**

“The research is clear,” Bitsoli says. “Only very satisfied patients remain loyal. It is our job to keep our patients satisfied and our employees engaged.”

While continuing to work on outpatient satisfaction scores, MetroWest continued to train its employees in all hospital areas (inpatient, outpatient and the emergency department) with a special customer service training program.

“Developing a service culture is what it’s all about,” she says. “There’s truly nothing mystical or magical about the process. It just takes a commitment to caring, compassion and service excellence.”

*Bitsoli leads a daily huddle.*