Improving the Patient Experience Through Hospitalist and Nurse Engagement

Cathy Utne, Director of Patient and Guest Services
Fairview Southdale Hospital

Nancy DeZellar Walsh RN, MS, Principal/Owner
DeZellar Walsh Consulting LLC

April 17, 2013
Objectives

- Apply knowledge on methods to improve HCAHPS provider and nursing communication and behaviors with patients
- Employ rapid cycle measurement processes to recognize, coach, and embed best practice communication and behaviors
- Use sustainment strategies to assure ongoing success
Fairview Health Services

• 7 hospitals/medical centers (including University of Minnesota Academic Medical Center and U of M Physicians)
• Over 20,000 employees
• Over 3,000 credentialed physicians
• 40-plus primary care clinics
• 55-plus specialty clinics
• 47 senior housing locations
• 30-plus retail pharmacies
Fairview Southdale Hospital

- Licensed beds: 390
- Hospital admissions: 21,476
- Average length of stay: 3.63 days
- Employees: 1,851 FTE’s
- Physicians: 1,476
- Births: 3,406
- Surgical cases: 23,267
- ED visits: 44,629
- Sample of awards: One of *US News & World Report*’s “Best Hospitals,” “A” rating for safety from Leapfrog Group, JCAHO top performer for Key Quality Measures
The goal from the start

Fairview Health System Goal:
Ensure an exceptional patient & family experience

Fairview Southdale Hospital’s Vision Statement:
To be patient- and family- centered, creating a culture of excellence where Fairview Southdale Hospital is the best place for patients to receive care, the best place for physicians to practice and the best place for employees to work.
Hospital-wide work (2007 – 2013)

- Employee Rounding and Thank-You notes
- Standards of Behavior
- Service Recovery Program
- Reward and Recognition Program
- Hourly Quality Rounds on Patients
- Nurse Leader Rounding on Patients
- AIDET℠
- Patient Communication Boards
- Discharge Phone Calls
- Unit huddles
Result of those efforts

Fairview Southdale In-patient
Overall Rating of Care

% 9 & 10

2008 2009 2010 2011 2012
And then...

- VBP arrives with deeper understanding of the 8 domains and business implications, and:
  - realized we were improving overall but not fast enough.
  - identified the need to improve the nursing and physician domain with laser focus.
  - developed a plan to engage nurses and hospitalists (key drivers of the in-patient experience).
Hospitalists Improvement Work
Hospitalists action plan

- Hospitalists concerned about HCAHPS scores on “doctor communication” domain
- Requested assistance to improve
  - Strategy: Go where the energy is
- Met with medical and administrative leaders to forge a plan and buy-in
- Engaged hospitalists in design
- Utilized improvement model shown to be effective elsewhere in the system
## Improvement model used

<table>
<thead>
<tr>
<th>Design</th>
<th>Train</th>
<th>Measure</th>
<th>Reinforce</th>
</tr>
</thead>
</table>
| • Direct engagement with providers and staff  
• Behaviors demonstrating best practices adapted by providers and staff | • Training at each site, mandatory for all providers and staff | • Track HCAHPS trends  
• Use of rapid cycle feedback  
• Self-assessment survey | • Coaching those in need  
• Tip of the month  
• Recognize individual and team improvement |
Hospitalists data pre-training

Hospitalists
Overall Doctor Communication

<table>
<thead>
<tr>
<th>% Top Box</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Press Ganey HCAHPS 2012
Design component

• Recruited group of “champion” hospitalists lead by chief hospitalist

• Held 2-hour session: reviewed data, defined purpose and developed action plan

• Drafted verbal & nonverbal ways to demonstrate best practices

• Built training from design inputs
Training objectives:
• Review key drivers and best practices for verbal and nonverbal behaviors designed by colleagues (design team)
• Understand measurement and reinforcing strategies to improve the experience
• Goal: To measurably improve the patient experience as reflected in HCAHPS survey data

Process:
• Mandatory training held during the work day lead by design members
Chief hospitalists comments

“This initiative is important for our group because….”

- We want the hard work we do with care for our patients to be recognized and appreciated.
- We want our hospitalist group to have a great reputation.
- This initiative impacts our compensation.

What do we control?

- We choose to improve communication and behaviors with our patients.
- We can commit to supporting our group in adopting best practices and coaching for improvement.
Physician best practices

1. Knock, wait for a response
2. Acknowledge patient and family, Introduce yourself, smile; apologize if patient kept waiting
3. Sit, face the patient, make eye contact
4. Break the ice
5. Listen and don’t interrupt patient
6. Paraphrase patient’s history to verify understanding; identify top priorities
7. Display empathy and personal manner
8. Give patient information as you go (think out loud) and thoroughly explain what is happening and give time frame if possible
9. Involve patient in care planning, agree on plan
10. Ask if patient or family needs more explanation after each major point and if there are any reservations or concerns about plan
11. Summarize treatment plan avoiding medical jargon
12. Manage-up colleagues, provide heartfelt, genuine close to the encounter with hand on shoulder, handshake
**Sample**

**Patient expectation:** My doctor is listens to me and shows kindness

**HCAHPS Q:** Did doctor listen carefully to you?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Listen and don’t interrupt patient</strong></td>
<td>Nod, say “uh huh”. “I see”, “Go on..” or “ok” or other statement of understanding If need to redirect the conversation say, “I’d really like to talk more about that later but for now I want to know …”</td>
</tr>
<tr>
<td><strong>6. Paraphrase patient’s history to verify understanding and identify/clarify on top priorities</strong></td>
<td>Demonstrate preparedness by stating, “I have reviewed your record. Let me tell you what I know about your history to be sure I haven’t missed anything important.”; ”I see Dr. xyz saw you yesterday, he’s an excellent physician” (manage up team/providers), make link to ED, “I spoke with Dr. xyz (the hospitalists from last night/the doctor you saw in the ED) about your care and we…”; “Here is my understanding…What is your understanding?”; “What I heard from you is…”; “What are you most worried about?”; ask, “What is your number one priority for this hospitalization?”; “What is most on your mind?”</td>
</tr>
<tr>
<td><strong>7. Display empathy and personal manner</strong></td>
<td>Ask, “How is this affecting you and others in your family?”; “This news must be difficult to hear.”; ask how patient is doing acknowledging their diagnosis/pain; never say “I understand” unless you really do Share or identify with patient where appropriate; acknowledge family members with patient, their occupation, etc. that differentiates them from others Regarding family concerns, “I’m sure your son is concerned. May I give him a call?”; be sure to communicate back to patient with your follow through; acknowledge, “The hospital stay can be stressful. Is there anything else we can do to make your stay more comfortable?”</td>
</tr>
</tbody>
</table>
# Self-assessment checklist

Check box below: “I (response) demonstrate this action”

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Knock, wait for a response</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Acknowledge the patient and family, introduce yourself, smile, apologize if patient kept waiting, use the patient communication board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sit, face the patient, make eye contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Break the ice with a general question or personalized one if you know them</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Listen and don’t interrupt patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Paraphrase patient’s history to verify understanding and identify/clarify top priorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Display empathy and personal manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give patient information as you go (think out loud) and thoroughly explain what is happening and give time frame if possible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Involve patient in care planning, agree on plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ask if patient or family needs more information after each major point and if there are any reservations or concerns about the plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Summarize treatment plan avoiding medical jargon</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Manage up colleagues, provide heartfelt, genuine close to the encounter with hand on shoulder, handshake</td>
</tr>
</tbody>
</table>

Top things I will improve:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
Hospitalist Information Sheet

Fairview Southdale Hospitalist Program
Comprehensive, Innovative, Patient-Centered Care

Providing award-winning care
Fairview Southdale Hospital is committed to taking exceptional care of patients. That's why our medical staff includes a full complement of hospitalists who care for patients with complex medical needs around the clock. We offer a 24-7 in-house hospitalist program with board-certified internal medicine physicians caring for you or your loved one.

Who is a hospitalist doctor?
A hospitalist is a primary care doctor who specializes in caring for patients in the hospital; he or she does not see patients in the clinic. Because of this, hospitalists have more experience in caring for complex medical conditions. Their extensive expertise helps them to recognize and diagnose unusual disorders, anticipate problems, and rapidly respond to crises or changes in a patient's condition.

Advantages of a hospitalist program
A hospitalist is always at the hospital so that he or she can respond quickly to changes in a patient's condition and answer questions immediately. Hospitalists know and work consistently with all of the members of the patient's care team, including physician specialists, physical therapists, occupational therapists, nurses, and others. Our hospitalists are leaders in innovation, quality improvement, and systems development, providing our patients with the highest quality care possible.

Working together with your primary care doctor
Our hospitalists work with your primary doctor to ensure the best possible care for you or your loved one. Our hospitalists will discuss your necessary treatments, testing, follow-up appointments and medication prescriptions with your primary doctor upon your discharge. When you go home from the hospital, your primary doctor resumes care and answers your questions.

Meet our Hospitalists
At Fairview Southdale Hospital, our hospitalists are board-certified internal medicine doctors. They care for patients who are 18 years or older and work with all members of the patient care team to help improve the quality and effectiveness of care.

Fairview Southdale Hospital One Call
A service for referring physicians
For quick and easy patient placement and transfer, call Fairview Southdale One Call at 952-924-8000.
Measurement components

- Monitored HCAHPS communication with doctor domain. During this hospital stay, how often did:
  - doctors treat you with courtesy and respect?
  - doctor listened carefully to you?
  - doctors explained things in a way you could understand?
- Real-time feedback linked to hospitalist
- Self-assessment survey
- Observation via shadowing
Measurement components

Real-time feedback linked to individuals

Patient Ambassador:

• Asks patients about hospitalist behaviors that are most important to creating an exceptional patient experience.

• Documents patient feedback using a hand-held computer tablet (TruthPoint® device).

• Captures patient feedback on the day, evening and weekend shifts.

Results and patient comments emailed to individual hospitalist weekly. Group summary complied monthly and emailed to the group.
TruthPoint® questions sample

• My doctor introduced themselves to me.  Yes - No

• Please rate how well:
  - your doctor explained all tests and treatments in a way you could easily understand.
  - your doctor took the time to listen and answer your questions.
  - your doctor treated you with kindness, respect and dignity.
  - your doctor explained what was going to happen and when.

• Please rate how pleased you are with the care provided by your doctor.
  Excellent - Very Good - Good - Fair - Poor
Sustainment components

- Reinforce use of behaviors with each other (hospitalists)
- Hold each other accountable for the results
- Provide coaching as needed
- Reinforce the behaviors during huddles and rounding
- Review and regular discussion of the data and progress
- Build into compensation system
- Reward and recognize individuals and teams
Hospitalists progress

Overall Physician Communication

% Top Box

Training

Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan

50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90
Nursing Improvement Work
Purpose

• Hospitalists training completed with good engagement
• Nursing communication top driver of in-patient satisfaction
• Replicated same process used with hospitalists
• Used same best practices, but verbal and non-verbal behaviors changed to reflect nursing practice
• Goal was to create synergy between nurses and physicians
HCAHPS domain: Communication with nurses

During this hospital stay, how often did
1. nurses treat you with courtesy and respect?
2. nurses listen carefully to you?
3. nurses explain things in a way that you could understand?
Nursing pre-training scores

Communication with Nurses (2012)
**HCAHPS Question:** During this hospital stay, how often did nurses treat you with dignity and respect?

**Intent:** This is about treating patients and their families as individuals and making a connection

<table>
<thead>
<tr>
<th><strong>Best practice</strong></th>
<th><strong>Verbal &amp; nonverbal interaction/communication</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knock, wait for a response, offer a warm welcome</td>
<td>Wait to be invited in; ask, “Hi. May I come in?”; “May I interrupt you for a few minutes?”; “Hi!”; “Good morning/afternoon/evening &lt;name&gt;. How are you today?”; “How are things going today?”; smile</td>
</tr>
<tr>
<td>2. Introduce, apologize if kept patient waiting</td>
<td>Introduce yourself; ask patient how they would like to be addressed (document on white board); if difficult to pronounce name, ask, “Am I pronouncing your name correctly?”; if known, use patient’s preferred name; acknowledge patient and all family and visitors in the room; write your name on the whiteboard. Apologize if needed; “I am sorry to have kept you waiting”; “I appreciate your patience”; use service recovery tools if needed; offer explanation for delay without blaming others or making excuses</td>
</tr>
<tr>
<td>3. Make eye contact, sit if possible based on tasks, focus on patient first</td>
<td>Have a pleasant, interested look on your face; lean forward; observe patient and their level of eye contact to determine appropriate eye contact; facial expression is key; establish a presence with the patient before starting tasks. Describe what you are doing and involve the patient in the care, “Is it ok if I use your right arm for your IV?”; set expectations, “I’m going to do everything I can to assure we have a good morning/evening together.”; pass personal information on shift to shift (e.g. dog just died)</td>
</tr>
</tbody>
</table>
While we’re at it...

- Communication about medications presented an opportunity for improvement.
- Correlate analysis supported this addition.
- Training was mandatory for all staff.
- Our thought: “Let’s get a “two-for.””
Top correlates, in addition to nursing communication

<table>
<thead>
<tr>
<th>Question</th>
<th>Top Correlate Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff describe medicine side effect</td>
<td>1</td>
</tr>
<tr>
<td>Staff do everything to help with pain</td>
<td>2</td>
</tr>
<tr>
<td>Call button help soon as wanted it</td>
<td>3</td>
</tr>
<tr>
<td>Tell you what medicine is for</td>
<td>3</td>
</tr>
<tr>
<td>Doctors listen carefully to you</td>
<td>3</td>
</tr>
</tbody>
</table>
Best practices: Communication of medications

- Write medication name and time of next dose on patient communication board.
- Encourage patient to take an active role in medication use.
- Repeat name of medication and reason for taking the medication with every dose.
- Highlight side effects on patient education sheet.
# Patient Communication Board (medication section)

<table>
<thead>
<tr>
<th>Current pain rating: (circle rating #)</th>
<th>Pain/Comfort Goal: (write goal #)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rating Icons" /></td>
<td></td>
</tr>
<tr>
<td>0  1  2  3  4  5  6  7  8  9  10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain Medication</th>
<th>Last Given</th>
<th>Available Again At</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Medication</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communication about medications (sample)

**HCAHPS Questions:** Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

**Intent:** Ensure patient safety with their understanding and compliance with medication care plan

<table>
<thead>
<tr>
<th>Best practice</th>
<th>Verbal &amp; non-verbal interaction/communication</th>
</tr>
</thead>
</table>
| Encourage patient to take an active role in medication use | • Ask patient to share all known symptoms, allergies, sensitivities and current medication use. “For your safety, let’s talk about medications you have taken or are currently taking. Please tell me what allergies or sensitivities you have to medicine. Is this a good time?”  
• Ask patient to describe their current self-medication practices (types, frequency, etc.) “How do you organize your medications at home to make sure you are taking them properly?”  
• Encourage patient to ask questions: “Please tell me again and write down the name of my medication. Why do I need this? What will this medication do for me? How long do I need to take this medication? What are possible side effects of this medication?”  
• Provide a list of patient medications. Encourage patient to maintain a personal list including nonprescription drugs, home remedies and medical foods. Utilize preprinted medication list. |
Measurement components

- Real-time patient feedback obtained by Patient Ambassador
- Rounding on patients and staff to acknowledge what’s working right and coach for improvement
- 30 and 90 day action plans
- Semi-annually, use of self-assessment survey
- Overall indicator is HCAHPS
TruthPoint® questions for nursing

Please rate how well your nurse:

• shows kindness and understanding
• shares and explains information
• does everything to help keep you comfortable
• explains your medications and their side effects
• responds to your personal care needs
• spends the right amount of time caring for you

Overall, how would you rate the care you received from your nurse?

Excellent – Very Good – Good – Fair - Poor
TruthPoint® questions (continued)

How can your nurse or nursing assistant improve?
• Free Text

Are there any nurses, nursing assistants or doctors you want to recognize for always providing quality care and service?
• Yes
• No
• Free Text
Nursing Progress

Nursing Communication

% Top Box

60 65 70 75 80 85 90 95 100

Jan  Feb  Mar  April  May  June  July  Aug  Sept  Oct  Nov  Dec  Jan

Training
Medication Communication Progress

Communication about medications

% Top Box

Jan Feb Mar April May June July Aug Sept Oct Nov Dec Jan

Training
Sustainment strategies

• Tip of the month
• Self-assessment individual review discussion
• 30, 90 day action plan
• Coaching – shadowing and patient comments
• Use of TruthPoint and ability to change questions based on need
• Topics at huddles/standing agenda item at staff meetings
• Reward and recognition strategies
• Transparency of survey results
• Focus!
## Sample: Tip of the month

### January 2013 Tip of the Month

**Goal:** To ensure an exceptional experience for each patient and family, every day.

**HCAHPS Question:** How often did nurses explain things in a way you could understand?

**Intent:** Reduce anxiety, improve communication and create partnership with the patient in their care.

| Give information on assessment or process as you go (think out loud) | • Always tell the patient who you are and what you are doing in the room  
• Explain what you are doing in layman terms while you are performing the procedures  
• Narrate your assessment, “Your blood pressure is 110/72 which is in the normal range.”, tell the patient what you are doing/thinking as you work with them  
• Tell the patient what you are thinking, “I know this IV pump alarm can be irritating but it is letting us know to check the pump and make sure the tubing is not kinked. It looks fine and may be going off when your arm bends. I’ll reset the alarm or if you straighten your arm it may reset the alarm too.” |
# Self-assessment checklist (nursing)

Check box below: “I (response) demonstrate this action”

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Knock, wait for a response, offer a warm welcome</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Acknowledge patient and family, Introduce yourself (AIDET), smile, apologize if patient kept waiting, use white board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. Make eye contact, sit whenever possible, focus on patient first</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4. Break the ice, display personal manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5. Respect privacy, listen and don’t interrupt patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6. Identify and confirm reason for hospitalization, paraphrase patient’s questions and concerns to verify understanding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7. Express empathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8. Give information on assessment or process as you go (think out loud)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9. Use AIDET (Duration and Explanation), give simple explanations – no lingo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10. Be specific, ask if they need more explanation after each major point</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11. Verify understanding by asking patient to repeat care plan or teaching, determine if plan is reasonable/feasible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12. Manage up your colleagues and team, use AIDET (Thank the patient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13. Encourage patient to take an active role in medication use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14. Repeat name of medication and reason for taking the medication with every dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15. Highlight side effects on patient education sheet</td>
</tr>
</tbody>
</table>

Top things I will improve:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

---

FAIRVIEW
# Accountability: 30 day work plan

<table>
<thead>
<tr>
<th>90 Day Goal: Describe the metric and target to be achieved</th>
<th>30 day tactics to drive improvement</th>
<th>Team Lead</th>
<th>Measures</th>
<th>Status &amp; Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lessons learned: Physicians and Nursing staff

• Design and training are the easy part; execution is the hard part.
• This requires behavior change.
• Daily attention is essential.
• It’s important to use improvement methodology.
• Develop a specific plan to support the work.
• Connect the dots for people to clinical outcomes, growth and financial success.
• It’s all about purpose—why we are working in healthcare in the first place.
Critical success factors

• Leadership starts at the top; we need visible role models
• Communication of purpose and linkages to other work
• Use of evidence based best practices
• Engagement of those who do the work in design
• The work was not optional – mandatory training
• Reinforcement of behaviors
• 30- and 90-day accountability plan for leaders
• Measurement: real-time feedback and HCAHPS, analysis, regular discussions
• Unrelenting focus
Best practice sources


• Press Ganey, *CAHPS Hospital Survey Solutions Starter*, 2011


Vision of a leader

“The first responsibility of a leader is to define reality. The last is to say ‘thank you.’ In between, the leader is a servant.”

~ Max DePree
For further information

Cathy Utne, Director of Patient and Guest Services
Fairview Southdale Hospital
(o) 952.924.5268
cutne1@fairivew.org

Nancy DeZellar Walsh RN, MS, Principal/Owner
DeZellar Walsh Consulting LLC
(o) 651.330.4444
nancydwalsh@comcast.net