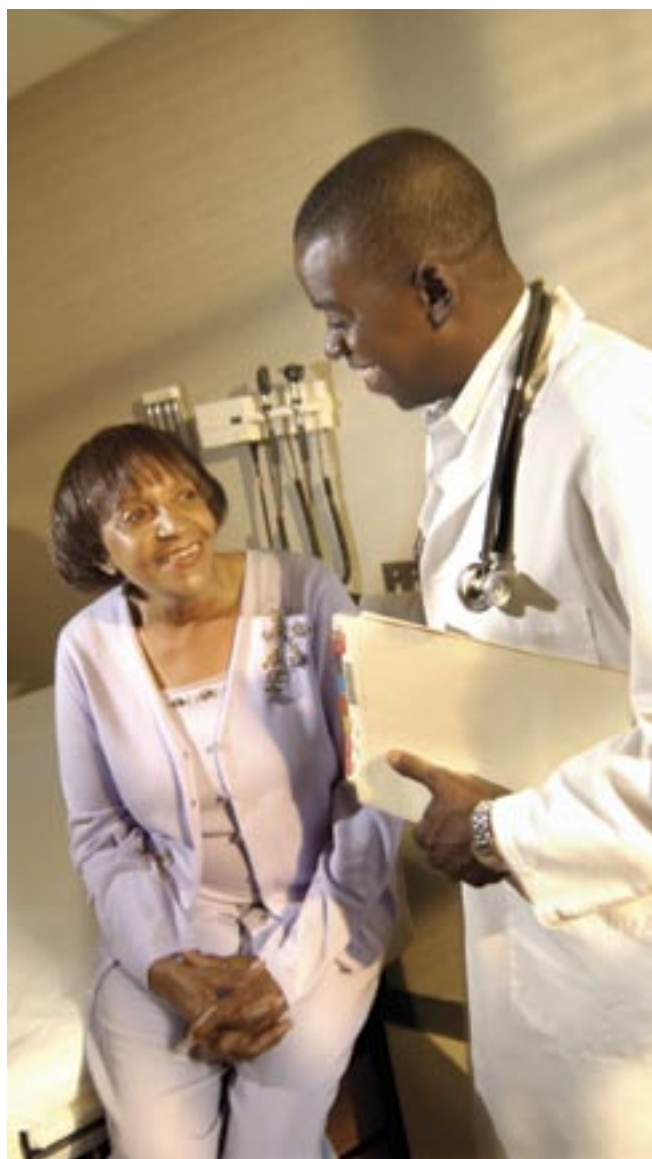


# Boost Patient Satisfaction Without Burdening Your Budget

*Patient satisfaction and staff satisfaction go hand in hand. A few simple steps can help improve both.*

BY GAIL BOYLAN, RN



Imagine a cancer center where the employees view coming to work as fun, where patients are “very satisfied” with their care, and where their families and friends talk to others about how skilled and friendly the staff is.

Do such facilities exist? You bet they do.

Maybe your cancer center fits the description above on all counts. Perhaps your organization has room for improvement. Whether your cancer program already experiences high patient satisfaction or it is striving to improve, creating the best cancer center possible can be within your organization’s reach.

Where to start? The answer is simple: Begin with your staff.

## *Why Staff Satisfaction Matters*

Patient satisfaction measurement companies say that high patient satisfaction is difficult to achieve without high employee satisfaction. The unavoidable truth is that patients, families, and physicians know when staff is not satisfied. Dissatisfaction is not only obvious, sometimes it’s contagious!

Employee satisfaction is a must—not only for your patients, but also for your organization’s well-being. Your treatment staff must trust each other not only as valuable team members but also as each other’s customers. We must remember that every hospital clinic, treatment center, and physician office has four customers: the patient, the patient’s family, the staff, and our physicians. A well-functioning team focuses on all four.

## *Back to Basics*

One effective way for cancer program leaders to raise staff morale is through reward and recognition.

Two things happen when you reward behavior that goes above and beyond the actual requirements of the job. First, the “rewarded” behavior will be repeated. Second, the “rewarded” behavior will be copied by others.

Recognition is the key component. We have learned that while negative feedback is best given privately, positive recognition should be given publicly. Simply put, it feels good to be recognized. A public, positive message about a peer being rewarded for doing a great job can make all staff feel better.

If possible recognize the commended employee with something tangible—a handwritten “thank you” note, a certificate, a service pin, or even something as whimsical as a candy bar. When you recognize an employee and publicly commend his or her performance by saying, for example, “Wow, you have really made a difference in Mrs. Jones’s life today,” you are saying to all

*continued on page 36*

## Measuring Patient and Employee Satisfaction

BY JUDY McFARLIN, CTR, MHCA, CCRA, AND PAT CHRISTY, RN, HNC

### *Genesis Medical Center*

in Davenport, Iowa, is a two-campus, 502-bed, acute-care hospital.

All Genesis Cancer Center components are on the West Campus except the Center for Breast Health, which is located on the East Campus. The cancer program includes outpatient and inpatient care, radiation therapy, an infusion center, a gamma knife center, administrative offices, clinical offices, a cancer registry, resource center, and education and support services. Genesis Cancer Center sees 950 new analytic cancer cases each year.

Genesis has used patient satisfaction surveys for about 10 years. Each department of the cancer program has created individualized Press Ganey surveys.

When and how often patients are surveyed depends on the type of service they've received. The Center for Breast Health, for example, surveys about 10 percent of patients.

The hospital pays close attention to the patient satisfaction surveys and continually strives to refine the survey process. For example, in 2004, the manager, director, and vice president of the cancer program met and decided that some of the survey questions were too broad. As a result, Genesis conducted focus groups to obtain additional information and has developed a more customized questionnaire. The challenge is that radically customized patient satisfaction surveys reduce and may even eliminate the opportunity to compare data

with other cancer programs.

From the focus groups, the cancer program learned that when patients are dissatisfied, most prefer to receive an immediate, one-on-one response. The cancer program administrator tries to respond personally to any patient complaint, asking the patient to share concerns and discuss how the cancer program might better meet patient needs and expectations.

This focus on one-on-one responses is also carried out by the center staff. Instead of using "scripted" responses, staff members are encouraged to respond in their own words. At staff meetings, everyone has the opportunity to talk about any patient concerns and ways to respond.

Employee satisfaction is a priority at Genesis Medical Center. Genesis conducts formal employee satisfaction surveys every three years. Survey results are shared with each manager and director. More than that, at Genesis managers then work with employees to verify and validate the data gathered and to identify specific goals. This practice allows staff to verbalize their concerns and validate that improvements are being made.

Employee satisfaction is a standing item in departmental staff meetings. The organization has a range of employee recognition/reward programs. The PEP (Planning Excellent Performance) review program is a formal recognition process that occurs at the time of the employee performance review. Staff that have exceeded expectations and met established criteria are eligible for a bonus at the time of their PEP. This pro-

gram is available to all staff.

The cancer center participates in the Genesis Medical Center reward and recognition programs, "Take a Bow" and "WOW." The "Take a Bow" program allows an employee to recognize a co-worker immediately for a special act of kindness, lending a hand in a difficult situation, or just being there to make the day special. It is another way for an employee to say to a colleague, "Thanks for being here!" The "Take a Bow" card recognizing the employee is placed in a container and winners are drawn monthly to receive an ice cream or gift certificate to the hospital gift shop.

The "WOW" program is for external as well as internal recognition. The WOW program rewards employees who have demonstrated performance above and beyond the job description. A WOW award recognizes exceptional work in support of the hospital's mission. For example, a WOW award was presented to a nurse who drove 20 miles to return a pair of glasses that a patient had forgotten. Five WOW certificates can be redeemed for a \$25 gift certificate.

"Thank you" cards are another simple but powerful way the program supports its staff. At Genesis staff can also send printed "thank you" cards to physicians on the team. We have found that it doesn't take a lot to make people feel good about the work they do. ■

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*Judy McFarlin, CTR, MHCA, CCRA, is cancer program administrator and Pat Christy, RN, HNC, is cancer program manager, at Genesis Medical Center in Davenport, Iowa.*

staff: I like this behavior and I will reward it.

Rewarding the group as a whole is fine, but rewarding individual behavior will change behavior more quickly.

Your cancer program needs to create heroes, recognize examples of laudable behavior, and publicly commend those staff members who demonstrate such behavior.

Another effective tool to help change staff morale is to include staff in your organizational growth. A great leader will ask staff, "What can I do to be a better leader for you?"

When staff satisfaction increases and program leaders model great standards of behavior, your facility will be well on its way to higher patient and physician satisfaction.

### *What Patients Want*

Too often the American public is frightened to enter our cancer centers. Why? The news media reports the unfortunate errors and/or mistakes made in healthcare facilities. Many patients attribute these errors and/or mistakes to a "staff that is too busy." Other patients may feel that "staff is not as skilled" as they could be. Cancer centers must address these feelings early on in the care of their patients. Show your "customers" that you are "not too busy" to give them safe, skilled care.

Staff must also identify the needs of their cancer patients and do their best to meet those needs. What do most patients want? At a minimum, all patients and their family members want and expect to be treated courteously by a skilled and caring person who has enough time for them.

Patients also want to be treated with respect. Most people coming to a cancer center for treatment understand that there will be waiting times. What staff often

of several weeks. The Cancer Center at Ocean Medical Center in Brick, N.J., offers new patients "car pool" options and all new patients personally meet the medical director.

Perhaps the most frequent "personal need" voiced by cancer patients is the need for assistance with the financial ramifications of cancer care. Many cancer centers employ a financial counselor to assist cancer patients and their families with a myriad of issues from helping find affordable daycare options to helping procure assistance to pay for expensive therapies.

Cancer patients need and want empathy. They want to know that their cancer treatment staff understands how the disease is affecting their lives. Of particular concern to many cancer patients is the debilitating pain that often goes hand in hand with cancer. Patients want to know that their treatment team will be "proactive" in treating pain and other side effects from cancer (i.e., nausea, fatigue).

Finally, cancer patients want to know that their caregivers are good, skilled, and caring. Patients need to hear this from the cancer center staff themselves. Patients need to hear that their cancer treatment team does a great job of managing other departments and caregivers.

### *What You Say Matters*

Your words can help assure patients that staff is working to respond to the needs of patients. "Key words" or scripting can help staff give patients a clear message that their needs are understood and that staff is working to meet them. Here are some examples:

- "Mrs. Jones, you'll be having blood drawn on your visits, and we have the best lab in the state."
- "Mrs. Jones, is there anything else you need? I certainly have the TIME for you."
- "I am covering you or closing your door, because I am concerned for

your PRIVACY."

■ "While you are here, we want you to have excellent and very SKILLED care. I have been drawing blood for over five years, and I'm very good at it."

■ "Let's discuss your HOME CARE. What questions might you have?"

■ "I am so sorry that you are waiting. The doctor is with another patient, and he should be ready for you in about 30 minutes. Can I do anything for you?"

■ "I see that your pain medication is scheduled for 4 pm. I wanted to see if you will need it, so that I can have it here promptly."

To help your cancer center be the best healthcare facility possible, you will need to go back to the basics. A successful cancer center takes proactive steps to focus on its staff, to develop the best leaders possible (and not be afraid to ask for staff input), and to understand the needs of its patients. In other words, go back to the reasons most of us went into cancer care to begin with—to do the right thing for the right reasons. 📌

*Gail Boylan, RN, vice president of Patient Care Services at the Studer Group, lives in Gulf Breeze, Fla.*

## **Your cancer program needs to create**

**heroes...and publicly commend those staff members who demonstrate such behavior.**

fails to do well is update patients on "how long the wait will be" and tell patients "why are they waiting."

Patients also want their privacy to be respected. Private infusion rooms or a secluded, separate entrance to the cancer center can help meet such needs. The Pluta Cancer Center in Rochester, N.Y., uses an innovative yet simple and inexpensive way to meet their patients' privacy needs. At the first appointment, a digital photo is taken of the patient and saved in that individual's electronic chart. When it's time for the patient's treatment, a nurse or therapist looks at the photo and identifies the patient without having to announce the patient's name in the waiting area.

Cancer patients want to be asked if they have any "personal needs" that staff might help with while they are receiving treatment. Today, many cancer centers are meeting these personal needs by opening onsite boutiques that feature wigs, scarves, and other special items. Some cancer centers offer take-out meals for the convenience of their patients and families. St. Luke's Mountain States Tumor Institute in Boise, Idaho (see ACCC member profile, page 17) has the unique option of RV parking for its patients. The ability to travel for care and bring the comforts of home along can make all the difference to patients who have to receive treatment over a period

# Patient Satisfaction Matters

BY ELAINE GOEHNER, PHD, RN, CPHQ, QUALITY RISK AND REGULATORY MANAGEMENT

The City of Hope National Medical Center, in Duarte, Calif., is an NCI-designated cancer center and a 165-bed licensed inpatient hospital. City of Hope sees 1,440 new analytic cancer patients per year.

Patient satisfaction is important to the City of Hope National Medical Center, we report and reference it frequently. Each patient care area that can be identified is given its own results, and we exhibit data trends graphically so staff can see a “snapshot” of how they are doing. In 2004 we started considering satisfaction information as part of the executive staff’s compensation packages. This strategy will soon be used in the performance considerations of middle management.

## How We Do It

While our cancer center uses Press Ganey’s Standard Inpatient Oncology Survey, we also participate in the Patient Evaluation of Performance in California (PEP-C III). The two surveys have a slightly different focus. The Press Ganey survey asks patients to rate their satisfaction; the PEP-C III survey asks patients to rate their experience. For example, the PEP-C survey asks patients to identify if the nurses checked the patient’s ID band prior to administering medications. The patient can choose one of the following responses: yes, always; yes, sometimes; and never. The desired response is, of course: yes, always. If the patient responds with either of the other two responses, we have an area for improvement.

We conduct patient satisfaction surveys once a quarter. Inpatients and outpatients who were seen within the calendar quarter may receive a survey. Our patient satisfaction survey response rate has been between 20 and 30 percent.

We are now testing a method of mailing to a randomized selection of patients.

Following up these patient satisfaction surveys is an ongoing process. A Patient Advocate reviews our patient surveys two to three times per week. When commendations are expressed, she copies them and shares them with the employee and supervisor. If the patient identifies himself or herself, the Patient Advocate or manager follows up on any comments that express concerns. These comments are also tabulated in our occurrence reporting system.

The problems we have encountered performing patient satisfaction surveys are mostly related to maintaining patient anonymity. Our patients are very sensitive to any identifiers on the questionnaires, which sometimes makes it difficult to obtain demographic information. City of Hope is also faced with the conundrum that either very satisfied or very dissatisfied patients complete most of the surveys. This scenario makes it difficult to get surveys from the “median” of patient experience. In addition, since our patient population is very stable, most patients see the surveys multiple times and some become tired of completing them.

## How We Use the Information

City of Hope has received useful information from its patient satisfaction surveys and made positive changes based on survey results. Tangible examples include:

- Replacing the thermostats in patient rooms because of low scores on room temperature
- Improving our television service, which increased patient satisfaction scores
- Changing our food service process to a room service program. Eating is traditionally problematic for cancer patients, and we were excited to see a significant improvement in the scores with the new food delivery service.


Findings from the patient surveys are presented to the Medical Executive Committee and the Medical Center Board on a semi-annual basis. Using trended data, we identify issues and areas where improvement is needed, as well as areas of strength that have been rated highly by our patients. Our Board is very interested in patient satisfaction.

The PEP-C patient satisfaction evaluation is also available to the public. Patients and payers can consider these findings when making decisions about medical care.

## How We Rate

City of Hope is one of the comprehensive cancer centers that Press Ganey uses for benchmark comparisons with other cancer centers, and our results have been very positive. We also look at how we compare to non-comprehensive centers on the Outpatient Oncology Survey.

Participating in the PEP-C III allows City of Hope to compare our results to other California hospitals. While City of Hope patients have rated us very highly on the PEP-C survey, we are always striving to improve. City of Hope focuses on specific questions on the patient survey. For example, when the surgery department was made aware that patients did not always understand a surgeon’s explanation, they tried to be more clear and really “listen” to patient questions. The scores on that question increased significantly the next time the PEP-C survey was conducted.

The City of Hope is building a new inpatient care facility that will be ready for occupancy in 2005. We are eager to see how this enhanced care setting will affect our patient satisfaction scores, especially in the environmental category. 

*Elaine Goehner, PhD, RN, CPHQ, is director of Quality Risk and Regulatory Management at City of Hope National Medical Center in Duarte, Calif.*