

Inpatient Solutions Starter®

This Solutions Starter provides strategic and tactical ideas to consider when starting an improvement project. The Starter is organized by the standard survey sections and questions of the Press Ganey Inpatient Survey. Press Ganey research scientists developed the question definitions using published research, comment analysis, patient focus groups, and expert feedback from our Client Advisory Council. The suggestions are based on literature reviews of industry best practices, top-performer experience, and practical fieldwork.

Solution Starters promote greater patient centricity, improve performance, and reduce patient suffering. Improvement requires selecting tactics that are aligned with goals and implementing them consistently across your organization. For assistance, please contact your Press Ganey Account Team or partner with [Press Ganey Strategic Consulting](#) to design and implement a tailored action plan.

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Nurses

How well nurses explain your daily plan of care

QUESTION DEFINITION

This question asks patients to evaluate how well (using a Likert scale, 1-5, 1 – very poor, 2 – poor, 3 - fair, 4 - good and 5 – very good) with which nurses nursing staff [RNs, CNA, etc.] provided an easy-to-understand explanation. The patient will try to look back at each specific encounter with the nurses and recall whether the nursing staff effectively communicated the situation and resolved the patient's questions, reservations, and uncertainties while using plain language.


VOICE OF THE PATIENT

"Each nurse explained in detail everything I needed to know and did so with a wonderful attitude."

"I had unexplained bleeding during my labor, and my epidural did not work. I ended up having an emergency C-section. I still don't understand what exactly went wrong. It was never explained to me even though I asked."

IMPROVEMENT SOLUTIONS

Promote compassionate, connected care.

-  **VIDEO:** Reducing Suffering Through Compassionate, Connected Care
- Emotional care for patients is as important as physical care, and communication has a direct impact on the emotional experience in health care. Press Ganey addresses emotional care in the [Compassionate Connected Care™](#) (CCC) model. The model includes:
 - Acknowledge suffering: We should acknowledge that our patients are suffering and show them that we understand.
 - Body language matters: Non-verbal communication skills are as important as the words we use.
 - Anxiety is suffering: Anxiety and uncertainty are negative outcomes that must be addressed.
 - Coordinate care: We should show patients that their care is coordinated and continuous, and that we are always there for them.

- Caring transcends diagnosis: Real caring goes beyond the delivery of medical interventions to the patient.
- Autonomy reduces suffering: Autonomy helps preserve dignity for patients.
 - Use simple language: Avoid medical jargon or complex terms. Use everyday language that is easy to understand.
 - Break information into small chunks: Present information in small, manageable pieces rather than all at once. This makes it easier to process.
 - Use visual aids: Diagrams, charts, or pictures can help illustrate your points and make complex information more accessible.
 - Ask for feedback: After explaining, ask the person to repeat the information in their own words. This helps confirm they understood correctly.
 - Be patient and listen: Give the person time to ask questions and express any concerns. Listening carefully can help you address specific misunderstandings.
 - When a patient is expressing concern or questions, lean forward to show you are listening attentively.
 - Use nonverbal cues such as nodding to demonstrate listening.
 - Use analogies and examples: Relate new information to something the person already knows. Analogies and real-life examples can make abstract concepts more concrete.
 - Check for understanding: Periodically ask if the person understands or if they need further clarification. This ensures they are following along.
- Provide written materials: Handouts or written summaries can be helpful for reference later, especially if the information is detailed or complex. **Take care to ensure that the reading level of patient materials matches the reading skills.** Use the following guidelines to ensure that written educational materials are patient-friendly:
 - Materials should be written at or below the sixth-grade reading level.
 - Limit content to what patients really need to know. Avoid information overload. Use only words that are well known to individuals without medical training (i.e., plain language).
 - Highlight, underline, circle and/or number key points to help patients remember key information about caring for themselves at home, medications, side effects, contact information, etc.

- Draw supplemental pictures and write out steps and directions for individual patients. Be sure to send patients home with pictures as well as written steps and directions for future reference. Explain the pictures and written steps and directions to patients and family as you create them.
- Consider the patients' language needs. Offer information sheets in different languages to serve the needs of your patient population.
- Use clear headings/titles on each page to make it easier to find information.
- Be Repetitive if Necessary: Sometimes, repeating key points can reinforce understanding and retention. Use the teach-back method. Confirm that a patient understands an explanation by asking him or her to summarize what has just been said. It is not effective to simply ask a patient or family member if they understand because most will say they do without giving it much thought or because they are embarrassed for not knowing.
 - Train nurses on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by nurses. Studies show that 40 to 80% of the medical information patients receive is forgotten immediately, and nearly half of the information retained is incorrect. It helps nurses confirm that they have explained something to a patient in a manner the patient understands.
 - Communication tactics
 - Assess the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"
- Consider language, cultural, or educational barriers.
- Make it safe for the patient to ask questions.
 - Highlight the patient-centered principles of shared decision making.
- Ask probing questions to uncover patients' concerns about a proposed course of treatment.
- Address the patient's apprehension immediately and—if necessary—suggest other treatment options.
 - Encourage questions: Create an environment where the person feels comfortable asking questions at any time.
 - Reassure the patient that he or she has been heard. For example, "Let's talk more about your concern," and "I will make sure the doctor is aware of your questions."


- Provide answers and explanations in understandable language. Technical terms can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of information.
- Watch for cues that indicate a lack of understanding, for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.
- Train nurses on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by nurses. Studies show that 40 to 80% of the medical information patients receive is forgotten immediately, and nearly half of the information retained is incorrect. It helps nurses confirm that they have explained something to a patient in a manner the patient understands.
 - Speak slowly and use a gentle tone. Even when running behind schedule, the care team must ensure that patients feel they are receiving thorough explanations.
- Keep calm. If you feel harried because of a busy shift, take a few deep breaths or count to five before walking into a patient's room or answering the call button.
- Walk into the patient's room with a smile on your face. It may help change your attitude, and it will ease the anxiety of the patient.
 - Compose scripts or phrases designed to communicate to patients in a comforting manner how a procedure may feel, how you will care for them, etc.


Offer formal communication skills training programs.

- Communication courses should include simulations, skills practice and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician, nurse, and staff engagement by enhancing communication skills among clinicians and across health care teams and systems.
- Include your organization's communication tools, practices, and methods in the training (e.g., newsletters, intranet communications, brochures, even the structure and purpose of scheduled meetings).
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient's perspective, listening reflectively, and responding with compassion and empathy.
- Develop a system approach to developing essential core behaviors around communication, which is taught, coached, and validated with staff.



- One method of training is through relation-centered communication programs (such as Press Ganey's Compassionate Connected Care™ eLearning program). This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Train on the importance of communication and the power of positive language.
- Have staff members practice responding to requests with positive affirmations.
- Work with staff to develop a list of unacceptable responses (e.g., "Sure," "Yeah," "Okay," "I guess," etc.). Have them brainstorm about a plan of accountability.
- Practice how to respond quickly and with intention. The attitude of a nurse can be assessed based on various intended and/or reflexive actions. For this reason, several scenarios should be scripted and then practiced by the nursing staff during weekly meetings. If patient-focused reactions are a priority, the nurse is less likely to have a reaction to a patient that can be construed as exhibiting a bad attitude.
 - Train nurses to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate empathy, courtesy, and respect.
 - Ask staff members to participate in a role-play exercise.
- Develop various situations and ask the audience to review the interaction. Have them evaluate positive and negative behaviors.
 - Prepare staff members so they can tactfully, yet effectively and appropriately address:
 - Language barriers
 - Cultural differences
 - Disability issues, such as hearing loss, etc.
 - Provide ongoing, routine training such as booster educational sessions to maintain competencies.

Establish behavioral standards.

-  **VIDEO:** Set Specific Behavioral Standards
- Review the organization's set of behavioral standards.
- Define expected minimum behaviors. Align behavioral expectations with organizational values and your organization's definition of the patient experience.
 - Establish service behavior standards. Review your standards at least annually to ensure that they remain relevant and important.

- Engage all disciplines in the process to define or reevaluate service behavioral standards.
- Challenge staff members to brainstorm about how they would incorporate these standards into everyday work.
 - Include compassionate, connected care in behavioral expectations.
 - Hold staff accountable; include standards in job descriptions and performance evaluations.
 -  **VIDEO:** Peer accountability and culture change
 - Reinforce that patient-centered care involves caring for the whole person rather than focusing solely on treating the patient's acute condition. Help staff understand that service standards are not just about patients being satisfied, but about providing safe, high-quality care to obtain the optimal outcomes for all patients.

Conduct nurse leader rounds on staff.

-  **VIDEO:** Nurse leader rounds on staff
- Make this a part of an overarching rounding process and round on patients at the same time.
- Include discussions about expected behaviors. Include information about why the behavior is important for patient outcomes.
-  **VIDEO:** Communicate the why
- Recognize and reward service excellence.
- Discuss service behaviors during leader rounds on staff.
- Practice direct observation of staff to investigate and fully understand the current state.
- Create an observation checklist.
- Discuss findings with staff.
 - Provide service behavior reminders in follow-up communications (e.g., in newsletters and intranet posts).

Hire for fit.

- Hire staff members who exhibit excellent service behaviors. A natural inclination to provide compassionate and caring service to patients and family members will serve

as a strong predictor of success in demonstrating courtesy and respect. Hire staff members who consistently live service behaviors by:

- Conducting peer interviews.
- Asking prospective nurses, "What do you consider essential service behaviors?"
- Using behavioral-based questioning for every hire on the unit (e.g., say something such as, "A nurse is constantly multitasking, and sometimes that can be overwhelming. Give me an example of a time when you were very busy. How did you interact with the patient?")
 - Provide nursing staff with educational materials that they can distribute to patients while explaining tests and procedures. Use the following guidelines to ensure that written educational materials are patient-friendly:

Take care to ensure that the reading level of patient materials matches the reading skills of patients. Materials should be written at or below the sixth-grade reading level.

- Limit content to what patients really need to know. Avoid information overload. Use only words that are well known to individuals without medical training (i.e., plain language).

Highlight, underline, circle and/or number key points to help patients remember key information about caring for themselves at home, medications, side effects, contact information, etc.

Draw supplemental pictures and write out steps and directions for individual patients. Be sure to send patients home with pictures as well as written steps and directions for future reference. Explain the pictures and written steps and directions to patients and family as you create them.

- Consider the patients' language needs. Offer information sheets in different languages to serve the needs of your patient population.
- Use clear headings/titles on each page to make it easier to find information.
 - Train nurses on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by nurses. Studies show that 40 to 80% of the medical information that patients receive is forgotten immediately, and nearly half of the information that is retained is incorrect. The teach-back method helps nurses confirm that they have explained something to a patient in a manner the patient understands.
 - Conduct a bedside report at the shift change to allow for better care coordination and patient involvement. When the outgoing and oncoming nurses exchange information about a patient's care while at the patient's bedside, the

patient and family members can observe, listen, learn, and get involved if they have questions or concerns. Performing a report at the bedside instead of at a nurses' station improves the patient experience. Patients will be comforted by the awareness of care continuity and by being given the opportunity to ask questions and express concerns.

- Offer patients a pen and notepad to use for jotting down notes and questions. Encourage nursing staff to check the notepad throughout a patient's hospital stay for any new questions or notes of importance.
- Consider using the following Press Ganey tools and products to improve listening. To learn more about these tools, please connect with your account team:
 - Compassionate connected care
 - Nursing engagement survey
 - iRound
 - NarrativeDX

How well the nurses kept you informed

QUESTION 2 DEFINITION

This question measures how well patients thought they were informed. The patient expects to understand what will happen, when it will happen, why it will happen, who will make it happen, where it will happen, how it will happen, and what the end result will be. Numerous studies have shown that the simple act of providing information is strongly, positively associated with patient satisfaction.

VOICE OF THE PATIENT

“I take several medications. When Doug came to give them to me, he told me exactly which pill I was taking. It felt great to be kept in the loop.”

“My nurse kept coming into my room at all hours of the night to check one of my monitors. I had no idea what she was doing, and it made me really nervous.”

IMPROVEMENT SOLUTIONS



Implement whiteboards | communication boards in patient rooms.

- Place communication boards—such as a wipeable board with a white surface, or a touch screen—in each patient room to communicate up-to-date, patient-specific information, goals, and clinical needs, facilitate patient and family engagement with care, and promote interprofessional communication.
- Ensure the content is in the patient's field of vision and is readable, especially when the patient uses glasses or other visual aids.
 - Standardize information to be included on communication boards.
- Explain the purpose of communication boards to team members and engage them in decisions about content for the communication boards. Include a discussion about potential barriers and encourage team members to identify ways to overcome those barriers.
- Educate team members on using common terminology (e.g., do not use abbreviations such as PRN, DNR, etc.) to ensure patients understand the information being shared. Consider educating team members on teach back technique with patients when using communication boards.
- Consider a section for patients and families to write questions and requests.

- Define whose responsibility it is to complete the communication boards. Set the expectations for what must be updated/filled out, by whom, when, and how often.
- Keep the resource supplied. Ensure markers and erasers are available for each communication boards if using wipe-able surface boards.
- Practice how to implement communication boards information during conversations with patients.
- Consider languages of patient populations (e.g., Spanish, Vietnamese).
- Review communication boards content with patients and families during purposeful interval rounds.


Conduct purposeful interval rounds.

In this process, nursing staff seek out patients and engage them in therapeutic conversations. When executed well, patients understand they are in a safe place and that they are receiving high-quality care from empathic caregivers.

-  **VIDEO:** Establishing standards and competencies for hourly rounds
 - Interval rounds create a therapeutic connection while addressing patient needs.
- Use opening key words (e.g., Hi, I'm John, and I'm doing hourly rounds).
- Ask about comfort needs (e.g., an extra blanket if cold).
- Survey environment for safety (e.g., if fall-risk, check for obstacles and proper footwear).
- Offer help and anticipate help requests (e.g., ask what more you can do for the patient).
- Relate the upcoming schedule of scheduled tests or therapies.
- Review communication boards content and update as necessary.
 - Ensure that the nursing staff understands why the practice is valuable. Tie the message back to the organization's mission and definition of patient experience.
 -  **VIDEO:** Communicate the why
 - If not yet established as a practice, pilot the process on a unit with highly engaged nursing staff.
- Involve nursing staff in the development of the process.
- Define responsibilities, steps, and what to cover when rounding.

- Conduct training/skills labs including simulations with peer feedback when possible.
 - If this is an existing practice, evaluate the process during leader rounds:
- Create a competency checklist.
- During leader rounds on staff, observe the nursing staff conducting interval rounds.
- During leader rounds on patients, ask the patients if they are receiving purposeful interval nursing visits and what occurs during that time?
- On admission, introduce patients and families to what it is and what they can expect with purposeful interval rounds.
- Commit to sit. During patient-caregiver interactions, the caregiver sits facing the patient at eye-level whenever possible. Make the connection—talk to the patient about something that is important to them. Practice the [56-second connection](#).
- Ensure that there is a connection made with the patient and family beyond the diagnosis or the reason they are seeking care. This practice makes the patient feel safe in a vulnerable and frightening environment.
 - During nurse leader rounds on patients, validate that the purposeful interval rounds process is being implemented effectively by asking patients:
 - Do you know what purposeful interval rounds are?
 - Did team members ask about your comfort?
 - Did team members ask about how your day was going?
 - Did any team members stand out as exceptional?
 - Is there anything we could be doing better?
 - Collect data during rounds using pre-determined questions relative to new processes, and organizational safety and patient experience improvement initiatives. Consider using an electronic tool to support improvement with real-time data collection and reports.

Conduct bedside shift reports.

-  **VIDEO:** Bedside shift reports
 - Transfer critical information about the patient's plan of care at the patient's bedside during nursing staff handoffs to promote patient safety and include the patient in the reporting process.
 - Include the patient and any family member the patient would like to be present.
- Pre-work:


- Patients should be informed about bedside reporting and its purpose.
 - Establish standard language to introduce the process to patients. Patients should understand that bedside shift report is a time for them to weigh in about what is happening with their care.

Give patients the option to participate in or opt out of bedside reporting if sleeping. For example, have the charge or admitting nurse ask the patient about their preference and document it in the record or on the communication boards.

- At least thirty minutes before shift change, outgoing nurses should notify patients and family members that bedside reporting will be taking place.
- Outgoing nurses should ask the patient who should be permitted to attend the bedside meeting.
- Outgoing nurses should check the patient's pain score and administer medication if needed.
- Process:
 - Use a standardized bedside shift report checklist, such as the checklist provided by the [Agency for Healthcare Research and Quality](#). Content includes:
 - Introduce the nursing staff, patient, and family, and invite the patient and family to participate.
 - Open the medical record or electronic workstation in the patient's room.
 - Conduct a verbal Situation-Background-Assessment-Recommendation (i.e., SBAR) report with the patient and family, using words they can understand.
 - Conduct a focused assessment of the patient.
 - Conduct a safety assessment of the room.
 - Review tasks that need to be done.
 - Identify the needs and concerns of the patient and family.
- Outgoing and oncoming nurses should hold a short huddle at the transition between each shift before bedside reporting begins. This huddle should be designated for sharing sensitive information, such as concerns about a patient's family or new diagnoses, or information nurses are uncomfortable sharing with the patient at the bedside.
- Form a triangle with the patient, the outgoing nurse, and the oncoming nurse at each point.

- Both the outgoing and oncoming nurses should greet the patient by name. The outgoing nurse should introduce the oncoming nurse. It will be important for the outgoing nurse to “manage up” — highlight the oncoming nurse’s qualifications and strengths.
- The oncoming nurse should update the communication boards with their name, the name of the nursing assistant (if applicable), and their contact number (if applicable).
- It is crucial at this stage in the bedside report for both nurses to encourage the patient to be involved, comment, and ask questions.
- Standardize an approach for “handoff” communications. Information including medical history, code status, vital signs, pending lab results, fall risk status, etc. should be discussed with the patient to promote transparency and a patient-centered culture.
- Check with the patient before concluding rounds to see if anything was missed/incorrect/if there are questions.
- Before the bedside report ends, oncoming nurses should ask patients three questions and listen carefully to the responses.
 - What are your greatest concerns?
 - What are your goals for the next __ hours?
 - Do you have any questions that I can answer before leaving the room?

Promote compassionate communication.

-  **VIDEO:** Reducing suffering through compassionate, connected care
- Include compassionate communication in expected behaviors.
- Build the patient's confidence in their caregivers with compassionate and respectful communication, listening, and behavior. Focus on the patient, listen, and speak to the patient's concerns with knowledge and understanding. For example:
 - Listen attentively to all of the patient's concerns.
 - Be respectful and courteous.
 - Do not rush patients in and out.
 - Always explain things in a manner the patient can understand – use teach back to confirm.
- Empower the staff to go the extra mile to find the appointment or resource that works best for the patient.

- Pay attention to body language.
- Sit at eye level, face the patient, and avoid having a computer between the nurse and the patient if possible.
- When a patient is expressing concern or questions, lean forward to show you are listening attentively.
- Use nonverbal cues such as nodding to demonstrate listening.
- Respond empathically to patient expressions of emotion.
- For example, say, "I'm sorry," to a patient who says they did not sleep well the night before because they were in pain. Consider including how you will help address that for them.
- Move closer to patients displaying extreme emotion or discussing difficult topics.
 - Validate the stress and emotions that are presented.
- Statements such as, "I'm sure it's nothing to worry about," are well-intended but may make a patient feel that their fears and anxiety are unfounded. Instead, use phrases that validate the patient. For example, "I can see that you're concerned."
- If a patient is expressing or showing concern, offer reassuring phrases to display empathy/sympathy. For example, "We are going to take great care of you", "Let's talk more about your concern", "I will make sure the doctor is aware of your questions", etc.
 - Apply patient-centric communication tactics.
- Provide answers and explanations in understandable language. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of information like information about tests, medication, or diagnoses.
 - Use the full name of tests (rather than acronyms).
 - Review lab results together, explaining what each lab test is for and what the results mean.
 - Use plain language (i.e., instead of saying a medication may cause fatigue, say that it may make the patient feel tired or sleepy).

Offer formal communication skills training programs.

- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician, nurse, and other team member engagement by

enhancing communication skills among clinicians and across health care teams and systems.

- Be sure to include your organization's communication tools, practices, and methods in the training (e.g., newsletters, intranet, brochures, even the structure and purpose of scheduled meetings).
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient's perspective, listening reflectively, and responding with compassion and empathy.
- Define essential core behaviors around communication that are taught, coached, and validated with staff.
- One method of training is through relation-centered communication programs (such as Press Ganey's Compassionate Connected Care™ eLearning program). This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Provide ongoing, routine training such as booster educational sessions to maintain competencies.
- Provide training in motivational interviewing skills. Expand the understanding and application of the four principles of motivational interviewing:
 - Expressing empathy and avoiding arguing
 - Developing discrepancy (helping patients identify the discrepancies between their goals and their behaviors)
 - Rolling with resistance
 - Supporting the patient's belief that they can successfully make a change.

Prepare nursing staff to use educational methods for patient instruction.

- Use the teach-back method. Confirm that a patient understands an explanation by asking them to summarize what has just been said. It is not effective to simply ask a patient or family member if they understand because most will say they do without giving it much thought or because they are embarrassed for not knowing.
- Train nurses on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by nurses. Studies show that 40 to 80% of the medical information patients receive is forgotten immediately, and nearly half of the information retained is incorrect. It helps nurses confirm that they have explained something to a patient in a manner the patient understands.

- Watch for cues that indicate a lack of understanding, for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.
- Assess the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"
 - Compose scripts or phrases designed to communicate to patients in a comforting manner how a procedure may feel, how you will care for them, etc.
 - Provide nursing staff with educational materials that can be distributed to patients while explaining tests and procedures. Use the following guidelines to ensure that written educational materials are patient-friendly:
 - Take care to ensure that the reading level of patient materials matches the reading skills of patients. Materials should be written at or below the sixth-grade reading level.
 - Limit content to what patients really need to know. Avoid information overload. Use only words that are well known to individuals without medical training (i.e., plain language).
 - Offer patients a pen and notepad or care journal for taking notes and jotting down questions. Encourage nursing staff to check the notepad throughout the patient's hospital stay for any new questions or notes of importance.
 - Read materials aloud. Whatever written materials are used, their effectiveness will be increased if the nurse reads them aloud with the patient.
 - Highlight, underline, circle and/or number key points to help patients remember important information about caring for themselves at home, medications, side effects, medical practice contact information, etc.
 - Draw pictures and write out steps and directions for individual patients when providing explanations. Explain the pictures and written steps and directions to patients and family as they are being created. Be sure to send pictures and written steps and directions home with patients for future reference.
 - Use visual aids or written instructions in addition to verbal explanations.
 - Consider broadcasting on-demand learning modules on patient TVs.
 - Take away documentation allows the patient to review the content at their own pace.
 - Written instruction is necessary for hearing impaired patients.
 - Repeat important information several times during a patient's stay.

- Consider language, cultural, and educational barriers. Offer information sheets in different languages to serve the needs of your patient population. Utilize translation services.
- Stop and focus completely on the patient. This sends a powerful message of respect and concern. Performing clinical duties while communicating with the patient is acceptable, but it significantly increases the need to acknowledge understanding.
- Speak slowly and use a gentle tone. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations. Providers can achieve this by maintaining a calm demeanor.
- Do not interrupt patients when they are speaking. Refrain from asking a question, voicing an opinion, or analyzing their symptoms until they are finished. Hear the patient out completely and do not rush your response. By doing this, you can better answer questions and help them feel informed.

Recognize the relationship between documentation practices and communication.

- Consider using laptops and other mobile technology so providers may move around freely or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
- Position computers or computer carts in a way that allows staff to face the patient while recording data.
- If computer placement forces nursing staff to have their backs to patients, require them to explain this to patients. For example, "As I document in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk."
- Utilize scribes when available.

Nurses took the time to answer your questions

QUESTION 3 DEFINITION

This question assesses the patient's perception of whether nurses took time to answer their questions. nurses' attitudes. In other words, how did the nurses project themselves while caring for the patient? Specifically, patients will focus on verbal and nonverbal behaviors, such as body position, tone of voice, hand and arm movement, and facial expressions.


VOICE OF THE PATIENT

"My questions and my family's questions were answered thoroughly. My nurse helped me understand my treatment."

"My nurse was the only staff (from top to bottom) who didn't take time with me. My nurse seemed overworked, stressed out, and bothered by requests to understand."

IMPROVEMENT SOLUTIONS

Promote compassionate, connected care.

-  **VIDEO:** Reducing suffering through compassionate, connected care
- Emotional care for patients is as important as physical care, and communication has a direct impact on the emotional experience in health care. Press Ganey addresses emotional care in the [Compassionate Connected Care™](#) (CCC) model. The model includes:
 - **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
 - **Body language matters:** Non-verbal communication skills are as important as the words we use.
 - **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
 - **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.
 - **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.
 - **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

Notice your body language – and your patient's.

- Sit at eye level, face your patient, and avoid having a computer or other obstacle between nurse and patient whenever possible. If the position of the computer cannot be changed, explain what you are doing as you enter patient information into their electronic file.
- When a patient or family member asks questions, listen attentively.
- Nonverbal cues such as nodding and using appropriate eye contact demonstrate listening.

Respond empathically to patient expressions of emotion.

- Move closer to patients displaying extreme emotion or discussing difficult topics.
- Demonstrate that you understand the expressed. For example, "I hear what you are saying, and I want to help you with your journey," or "please tell me more about your support team at home and the questions you and they have for me."
- Express an interest in what your patient shares by inquiring gently with questions like, "Please tell me, how has this experience been for you?"

Validate stress and emotions that are presented.

- Statements such as, "I'm sure it's nothing to worry about," are well intended but may make a patient feel that their fears and anxiety are unfounded. Instead, use phrases that validate the patient.
- Example: "I can see that you're concerned," or "You must have been so concerned when you received that difficult phone call."
- Sometimes the patient is not asking you to fix anything; rather, they want you to listen to his or her concerns and take time to answer their questions. Do not interrupt with an immediate solution.
- If a patient is expressing or showing concern, offer reassuring phrases.
 - Example, "Let's talk more about your concern," and "I will make sure the doctor is aware of your questions."
- Be specific about how you will communicate questions to the practitioner. Reassure the patient by mentioning the process in place.
 - Example, "I've added your questions and concerns to your health record, your will either call the practitioner or inform the physician of your questions during rounds."
- Ask open-ended questions —statements that require a response—to encourage patients and families to share their concerns and ask questions.

- Example, instead of asking, "Do you have pain?" prompt a patient with "tell me about your pain."

Apply patient-centric communication tactics.

- Stop and focus completely on the patient. This sends a powerful message of respect and concern.
- Assess the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"
- Recognize language, cultural, or educational barriers.
- Make it safe for the patient to ask questions by highlighting the patient-centered principles of shared decision making.
- Ask probing questions to uncover patients' concerns about a proposed course of treatment.
- Address the patient's apprehension.
 - Reassure the patient that he or she has been heard. For example, "Let's talk more about your concern," and "I will make sure the doctor is aware of your questions."
 - Provide answers and explanations in understandable language. Technical terms can be confusing for both patients and families. Using plain language supports better comprehension and retention of information.
 - Watch for cues that indicate a lack of understanding; for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, like furrowing the brow.
 - Use the teach-back method. Confirm that a patient understands an explanation by asking them to summarize what was just said. It is not effective to simply ask a patient or family member if they understand because most will say they do without giving it much thought or because they are embarrassed for not knowing.
 - Speak slowly and use a gentle tone. Even when running behind schedule, the care team must ensure that patients feel they are receiving thorough explanations.
- Keep calm. If you feel harried because of a busy shift, take a few deep breaths and count to five before walking into a patient's room or answering a call button.
- Walk into the patient's room with a smile or calm expression on your face to ease patient anxiety.

Offer formal communication skills training programs.

- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician, nurse, and staff engagement by enhancing communication skills among clinicians and across health care teams and systems.
- Include your organization's communication tools, practices, and methods in the training (e.g., newsletters, intranet communications, brochures, even the structure and purpose of scheduled meetings).
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient's perspective, listening reflectively, and responding with compassion and empathy.
- Develop a system approach to developing essential core behaviors around communication, which is taught, coached, and validated with staff.
- One method of training is through relation-centered communication programs (such as Press Ganey's Compassionate Connected Care™ eLearning program). This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Train on the importance of communication and the power of positive language.
- Have staff members practice responding to requests with positive affirmations.
- Practice how to respond quickly and with intention. The attitude of a nurse can be assessed based on various intended and/or reflexive actions. For this reason, several scenarios should be scripted and then practiced by the nursing staff during weekly meetings. If patient-focused reactions are a priority, the nurse is less likely to have a reaction to a patient that can be construed as exhibiting a bad attitude.
 - Train nurses to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate empathy, courtesy, and respect.
 - Ask staff members to participate in a role-play exercise.
- Develop various situations and ask the audience to review the interaction. Have them evaluate positive and negative behaviors.
 - Prepare staff members so they can tactfully, yet effectively and appropriately address:
- Language barriers

- Cultural differences
- Disability issues, such as hearing loss, etc.
 - Provide ongoing, routine training such as booster educational sessions to maintain competencies.

Establish behavioral standards.

- [▶] **VIDEO:** Set specific behavioral standards
- Review the organization's set of behavioral standards.
- Define expected minimum behaviors. Align behavioral expectations with organizational values and your organization's definition of the patient experience.
 - Establish service behavior standards. Review your standards at least annually to ensure that they remain relevant and important.
 - Engage all disciplines in the process to define or reevaluate service behavioral standards.
- Challenge staff members to brainstorm about how they would incorporate these standards into everyday work.
- Include compassionate, connected care in behavioral expectations.
- Hold staff accountable; include standards in job descriptions and performance evaluations.
- [▶] **VIDEO:** Peer accountability and culture change
- Reinforce that patient-centered care involves caring for the whole person rather than focusing solely on treating the patient's acute condition. Help staff understand that service standards are not just about patients being satisfied, but about providing safe, high-quality care to obtain the optimal outcomes for all patients.

Conduct nurse leader rounds on staff.

- [▶] **VIDEO:** Nurse leader rounds on staff
- Make this a part of an overarching rounding process and round on patients at the same time.
- Include discussions about expected behaviors. Include information about why the behavior is important for patient outcomes.
- [▶] **VIDEO:** Communicate the Why
- Recognize and reward service excellence.

- Discuss service behaviors during leader rounds on staff.
- Practice direct observation of staff to investigate and fully understand the current state.
- Create an observation checklist.
- Discuss findings with staff.
 - Provide service behavior reminders in follow-up communications (e.g., in newsletters and intranet posts).

Hire for fit.

- Hire staff members who exhibit excellent service behaviors. A natural inclination to provide compassionate and caring service to patients and family members will serve as a strong predictor of success in demonstrating courtesy and respect. Hire staff members who consistently live service behaviors by:
 - Conducting peer interviews.
 - Asking prospective nurses, "What do you consider essential service behaviors?"
 - Using behavioral-based questioning for every hire on the unit
 - Example: inquire, "Nurses are often multitasking and that can be overwhelming. Please share an example of a time when you were very busy. How did you interact with your patient?")

Amount of attention nurses paid to your special or personal needs

QUESTION 4 DEFINITION

This question assesses the effort patients believe that hospital staff made to understand and meet their minimum requirements for care. These needs may be unique and highly variable, necessitating an assessment, documentation, and integration into the care plan.

VOICE OF THE PATIENT


"I was made to feel like a special patient whose needs were important to all — especially the nurses who took care of me. For an experience I dreaded, everyone made me as comfortable as possible."

"The nurses did not respond to any of my needs. Horrible! I had to beg to walk, and they forgot one of my medicines."

IMPROVEMENT SOLUTIONS


Conduct purposeful hourly rounds.

In this process, nurses seek out patients and engage them in therapeutic conversations. When executed well, patients understand they are in a safe place and that they are receiving high-quality care from empathic caregivers.

-  **VIDEO:** Establishing standards and competencies for hourly rounds
- Hourly rounds create a therapeutic connection while addressing patient needs.
- Use opening key words (e.g., Hi, I'm John, and I'm doing hourly rounds).
- Ask about comfort needs (e.g., an extra blanket if cold).
- Survey environment (e.g., if fall-risk, check for obstacles and proper footwear).
- Offer help (e.g., ask what more you can do for the patient).
- Relate the upcoming schedule of scheduled tests or therapies.
- Review whiteboard content and update as necessary.
 - Ensure that the nursing staff understands why the practice is valuable. Tie the message back to the organization's mission and definition of patient experience.
 - If not yet established as a practice, pilot the process on a unit with highly engaged nurses.

- Involve nursing staff in the development of the process.
- Define responsibilities, steps, and what to cover when rounding.
- Conduct training/skills labs.
 - If this is an existing practice, evaluate the process during leader rounds:
- Create a competency checklist.
- During nurse leader rounds on staff, observe the nurses conducting hourly rounds.
- During nurse leader rounds on patients, ask the patients if they are receiving hourly nursing visits and what occurs during that time?
 - On admission, introduce patients and families to what it is, why they are important, and what they can expect during purposeful hourly rounds.
 - Commit to sit. During patient-caregiver interactions, the caregiver sits facing the patient at eye-level whenever possible. Make the connection—talk to the patient about something that is important to them. Practice the [56-second connection](#).
- Ensure that there is a connection made with the patient and family beyond the diagnosis or the reason they are seeking care. This practice makes the patient feel safe in a vulnerable and frightening environment.

Conduct nurse leader rounds on staff.


-  **VIDEO:** Nurse leader rounds on staff
- Practice direct observation of staff to investigate and fully understand the current state.
- Observe staff during hourly rounds.
- Huddle with the staff before (to check in) and after rounds (to provide feedback).

Conduct nurse leader rounds on patients.

- Introduce yourself with your name and title and tell the patient that you are interested in how his or her care has been, and how things are going in general.
- Discuss the care experience with patients.
- Listen, ask questions, respond honestly and openly to concerns, and ask for advice on how to improve services or add missing services.
- Collect data on common themes coming up across units.

- During nurse leader rounds on patients, validate that the hourly rounds process is being implemented effectively by asking patients:
 - Do you know what hourly rounds are?
 - Did staff ask about your comfort?
 - Did staff ask about how your day was going?
 - Did any staff members stand out as exceptional?
 - Is there anything we could be doing better?
- Collect data during rounds using pre-determined questions relative to new processes, and organizational safety and patient experience improvement initiatives. [Consider using an electronic tool](#) to support improvement with real-time data collection and reports.

Conduct bedside shift reports.

-  **VIDEO:** Bedside shift reports
- Transfer critical information about the patient's plan of care at the patient's bedside during nurse handoffs to promote patient safety and include the patient in the reporting process.
- Include the patient and any family member the patient would like to be present.
- Pre-work:
 - Patients should be informed about bedside reporting and its purpose.
 - Establish standard language to introduce the process to patients. Patients should understand that bedside shift report is a time for them to weigh in about what is happening with their care.
 - Give patients the option to participate in or opt out of bedside reporting if sleeping. For example, have the charge or admitting nurse ask the patient about their preference and document it in the record or on the whiteboard.
- Thirty minutes before shift change, outgoing nurses should notify patients and family members that bedside reporting will be taking place.
- Outgoing nurses should ask the patient who should be permitted to attend the bedside meeting.
- Outgoing nurses should check the patient's pain score and administer medication if needed.
- Process:

- Use a standardized bedside shift report checklist, such as the checklist provided by the [Agency for Healthcare Research and Quality](#). Content includes:
 - Introduce the nursing staff, patient, and family, and invite the patient and family to participate.
 - Open the medical record or electronic workstation in the patient's room.
 - Conduct a verbal Situation-Background-Assessment-Recommendation (i.e., SBAR) report with the patient and family, using words they can understand.
 - Conduct a focused assessment of the patient.
 - Conduct a safety assessment of the room.
 - Review tasks that need to be done.
 - Identify the needs and concerns of the patient and family.
- Outgoing and oncoming nurses should hold a short huddle at the transition between each shift before bedside reporting begins. This huddle should be designated for sharing sensitive information, such as concerns about a patient's family or new diagnoses, or information nurses are uncomfortable sharing with the patient at the bedside.
- Form a triangle with the patient, the outgoing nurse, and the oncoming nurse at each point.
- Both the outgoing and oncoming nurses should greet the patient by name. The outgoing nurse should introduce the oncoming nurse. It will be important for the outgoing nurse to “manage up” — highlight the oncoming nurse's qualifications and strengths.
 - It is crucial at this stage in the bedside report for both nurses to encourage the patient to be involved, comment, and ask questions.
- The oncoming nurse should update the whiteboard with his or her name, the name of the nursing assistant (if applicable), and his or her mobile number (if applicable).
- Standardize an approach for “handoff” communications. Information including medical history, code status, vital signs, pending lab results, fall risk status, etc. should be discussed with the patient to promote transparency and a patient-centered culture.
- Check with the patient before concluding rounds to see if anything was missed/incorrect/if there are questions.
- Before the bedside report ends, oncoming nurses should ask patients three questions and listen carefully to the responses.

- What are your greatest concerns?
- What are your goals for the next ___ hours?
- Do you have any questions that I can answer before leaving the room?

Commit to a patient-centric approach.

- Set goals with the patient. Elicit the hierarchy of which goals matter most to the patient. Ask the patient, “What is your goal for the day?” With the patient's permission, write the goal(s) on the whiteboard and communicate this information to other staff members. Remember to help the patient create a realistic goal.
- Inquire about the patient's personal preferences and promote autonomy. Enlist nurses in the development of a standard admission process for collecting information regarding patients' special or personal needs.
- Develop a list of standard questions. Staff members can select questions from this list to solicit information from patients.
- Establish a time frame for acquiring the information (e.g., on admission).
- Decide how best to share information. Ask staff members for ideas; some common ways to share information is through:
 - Bedside shift reports
 - Leader rounds
 - Team huddles
 - Whiteboards

Determine if your organization can offer amenities to patients to make the stay less stressful and reduce their suffering. Consider offering:

- Massages
- Skin lotions
- Free newspapers
- Eye masks, earplugs, and headsets
- Empower the nursing staff to go the extra step to meet special needs. For example, if the hospital/floor/unit typically gives out a bottle of lotion to patients, and a patient has a specific need for a specialized cream or lotion, do what it takes to obtain it, even if it means sending someone to the closest store to make the purchase. The patient will feel catered to and that his or her needs are heard.

Doctors

Doctors took the time to answer your questions

QUESTION 1 DEFINITION

This question measures the degree (very poor, poor, fair, good, very good) to which doctors took time to answer your questions. It is an inquiry about whether the doctor was attentive and thorough in addressing patient concerns, asking the patient to reflect on whether the doctor provided clear, detailed responses and made them feel heard and understood.

This measure considers both the patient's subjective evaluation of time with the physician and the objective, clock-measured time with the physician. The actual number of minutes is not as important as whether the patient was able to discuss his or her concerns with the physician and had the impression that the physician was listening. Patients also will consider the time of day and convenience of the physician's visit times. The physician's manner during patient visits is critical to this variable because a rushed visit is likely to be rated less satisfactory than a more leisurely one, even if the clock-measured time is the same for the two visits.

Taking the time to answer patient questions is closely related to both safety and quality of care. Here are some key reasons:

- **Improved understanding:** When doctors take the time to answer questions, patients gain a better understanding of their condition, treatment options, and care plans. This reduces confusion and helps patients make informed decisions about their health.
- **Enhanced safety:** Clear communication can prevent misunderstandings that might lead to medical errors. For example, if a patient fully understands how to take their medication, they are less likely to make mistakes that could result in adverse effects.
- **Increased adherence:** Patients are more likely to follow treatment plans and adhere to prescribed medications when they understand the reasons behind them. This can lead to better health outcomes and reduced hospital readmissions.
- **Building trust:** Taking time to answer questions helps build a strong doctor-patient relationship based on trust and respect. This can make patients feel more comfortable sharing important information, which can be crucial for accurate diagnosis and effective treatment.

- **Patient satisfaction:** Patients who feel heard and understood are generally more satisfied with their care. High patient satisfaction is often linked to better overall health outcomes and can also positively impact hospital ratings and reputation.
- **Emotional support:** Addressing patient concerns and questions can provide emotional support, reducing anxiety and stress. This is particularly important in a hospital setting where patients may already feel vulnerable.

By fostering clear, compassionate communication, doctors can significantly enhance both the safety and quality of patient care.


VOICE OF THE PATIENT

"The cardiologist sat down with me and took the time to explain what was going on. He even spent a significant amount of time answering my questions."

"I feel like sometimes physicians rush in and rush out without taking the time to fully explain what the medical issues are and take the patient into consideration. Physicians on the hospital floors should not have the demeanor of emergency room treatment."

IMPROVEMENT SOLUTIONS

Focus on compassionate communication.

-  **VIDEO:** Reducing suffering through compassionate, connected care
- Compassionate communication goes far beyond the verbal exchange of information. What we say, how we say it, how we listen, our body language, and how we present information in writing are critical components of good communication skills. Press Ganey addresses emotional care in the Compassionate Connected Care™ model. The model includes:
- **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
- **Body language matters:** Non-verbal communication skills are as important as the words we use.
- **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
- **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.
- **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.

- **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

Apply patient-centric communication tactics.

- Stop and focus completely on the patient. This sends a powerful message of respect and concern.
- Greet the patient by name; introduce yourself; acknowledge people accompanying the patient.
- Greet the patient using the appropriate name and title (Mr., Ms., Mrs., or Miss). If unsure how to pronounce the name, apologize and inquire (e.g., "I'm sorry, I don't know how to pronounce your name. Would you help me?").
- If the patient is represented by someone else, extend the same greetings to the patient's representative, but always direct questions and explanations to the patient himself or herself.
- Introduce your role on the care team and what that means (e.g., attending, consultant, resident, intern, etc.) Explain your role in simple terms, avoid medical terminology.
 - Listen attentively to all the patient's concerns. Let the patient speak without interruption.
- Allow the patient to tell their story without interruption. Actively listen to the patient.
- Be aware of who is doing the majority of the talking. During the early part of the visit, the patient should be speaking more, and during the latter part, the physician.
- If family members are attempting to speak for the patient, be sure to re-direct the questions to the patient to ensure that patient has the same point of view.
 - Convey attentive listening through body language. Patients care more that their concerns and issues are heard, and less about the actual amount of time the providers spend in the room.
- Make eye contact (if medically/culturally appropriate) whenever talking to patients.
- Sit down. Physicians who sit during their visits are rated by patients as having spent more time than those who remain standing.
- Watch things such as crossing your arms or leaning back, which could make you look closed off or unapproachable.
- Refrain from looking at your watch or keeping one hand on the doorknob. These behaviors imply that the patient in the room is not as important as the one you will

visit next. It is important to make each patient feel as if he or she has your full attention.



- Do not appear rushed, even if you are.
- Speak with a calm pace and tone of voice. Occasional pauses allow patients to ask questions, as well as have a moment to absorb what you said.
- Do not be afraid of a silent pause. Sometimes it takes a patient a moment to gather his thoughts and articulate what he is feeling.
- If a patient is dominating the conversation, redirect the conversation (e.g., "Let's slow down and address the concerns one by one.").
- The average amount of time a physician allows a patient to speak before interrupting with a question or observation is only approximately 20 seconds. Patients do not feel this is an adequate amount of time to explain their situation fully. Actively listening to the patients, allowing them their full voice does not take additional time. In fact, it may take less time in the long run.
 - Review all available information about patients, such as new symptoms, pain level, test results, vitals, etc., before seeing the patient in person. Being prepared with this information will allow more time to discuss treatments and answer patients' questions.
 - Involve the patient in care decisions. Make sure to provide a variety of explanations and options for treatment. Respect the patient's beliefs, wants, and needs, and try to work with the patient to develop a treatment that is right for him or her.
 - Spend a minute connecting with the patient. Talk about non-medical topics, such as children or jobs. Use items in the room as cues to initiate conversation.

Provide resources to support physician-patient communication.

- Encourage patients and/or families to write down "Questions for the Doctor."
- Provide notepads with this headline and pens or pencils, or a space on the whiteboard.
- Include "The Top Three Questions You Should Ask Your Doctor" with/on notepads or in welcome/information packets distributed on admission. Work with physicians in your organization to develop the questions.
- Make it a standard for nurses to ask patients and family members for these questions before the provider arrives. Sharing the questions ahead of time will demonstrate the coordination of care and allow the provider to be prepared with answers.

- Create awareness among physicians. Design and print a flyer or brochure that explains the importance of the time spent with patients. Place the reading material in physicians' lounges as a thought-provoking reminder.
- Recognize physicians who score well on this question. Search for positive comments from the patients' surveys and forward them to the respective physicians. If a doctor is recognized personally by name, have the care team send a thank-you note recognizing this positive feedback. Track this activity so the team can identify which physicians are consistently singled out for excellent patient service.

Include compassionate communication in expected behaviors.

-  **VIDEO:** Set specific behavioral standards
- Collaboratively establish customer service behavioral standards. Review your standards to ensure that they remain relevant and important.
- Tie behavioral expectations to the organizational mission and the care team's shared vision for patient care.
- Hold providers accountable for the same behavioral standards as the rest of the staff.
- Use scripting to standardize interactions with patients.
- Build expectations into job descriptions and annual reviews. Include standards and patient experience in performance evaluations.
- Recognize and reward service excellence.
-  **VIDEO:** Peer accountability and culture change
- Provide service behavior reminders in facility communications (e.g., in newsletters and intranet posts).
- Understand the link between care provider engagement and patient experience. Significant increases in the work experience of medical staff and other employees are strongly associated with increases in patient experience.
- Raise awareness among physicians of your organization's commitment to becoming more patient-centered. Physicians are invested in patient care and service quality. Actively solicit opinions as to what can be improved.
- Leverage physician champions to promote compassionate communication and active listening.

Offer formal communication skills training programs.

- Select a communication program that best suits your organization's needs.
- One method of training is through relation-centered communication programs such as Press Ganey's Compassionate Connected Care™ eLearning program. This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient's perspective, listening reflectively, and responding with compassion and empathy.
- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician engagement by enhancing communication skills among clinicians and across health care teams and systems.
- Employ actors to role-play difficult situations with physicians. Have the physician participate in the role-play activity and take part in a 360 review. The goal of this review is to help the physician identify opportunities for further development and to improve his or her skill set. The reviewers, who consist of fellow colleagues, observe the physician participating in the role-play activity. Then the reviewers are asked to comment and rate the physician's professional skills. The team provides written feedback for the physician.
- Consider having actors perform all scenarios and ask a group of physicians to evaluate. What would they do differently? What was done correctly?
 - Have doctors use the teach-back method to evaluate patients' understanding.
 - Provide ongoing, routine training such as booster educational sessions to maintain competencies.
 - Ask physicians to self-evaluate how they communicate with patients and families.
- Do you connect with patients about a personal topic before moving onto the purpose of your visit by asking at least one question about the patient's life outside of hospitalization? Patients who feel comfortable personally will open up more regarding sensitive medical issues.
- Do you use open-ended questions to better understand concerns the patient may have? Examples include:
 - "What were you most hoping to accomplish today?"
 - "Is there anything in particular you were hoping I would do today?"

- "How were you hoping I could help you with your concern?"
- "Before we go any further, is there anything else that's on your mind?"
- Do you assess the patient's comprehension of the information given? Consider saying, "We have given you a lot of information. What questions do you have?" Provide answers in understandable, nontechnical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues to indicate lack of understanding, such as if the patient stops nodding, begins fidgeting or frowning, exhibits facial signs of confusion such as furrowing the brow, etc.
- How do you respond to patients' questions? Do not answer a patient's question with another question. Instead, obtain more information. It is helpful to use phrases such as, "Well, that depends. Do you notice when that happens?" or, "I can give you an answer after I get a little more information from you. Can you tell me more about that?"
- How do you empathize with patients? Compose phrases designed to communicate to the patient in a comforting manner about how a procedure may feel, how you will care for the patient, etc.
- Do you take notes about patient conversations? Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits. This provides continuity between visits.
 - Engage physician leadership in the development or selection of communication training programs to ensure the teachings will resonate with the physicians.

Understand the physician work environment.

- Monitor workforce trends using annual safety culture and engagement surveys. Use the information to identify areas to target improvement efforts.
- Have senior leaders promote participation in surveys and explain why they are conducted and how the data are going to be used.
- Use the results to inform engagement and culture improvement strategies based on provider readiness for change, leadership development opportunities, and coaching and readiness planning for leaders and teams with low engagement.
- Include measures of burnout and address resilience if results indicate high risk.
- Be transparent about results. Share the findings with all providers and employees.

- During leadership rounds, encourage patients to provide feedback about their experience with their doctors. Offer non-judgmental responses. Take note of the issues and thank the patient for the feedback.

Establish standards for involving practitioners in quality and process improvement.

- In high reliability organizations, leaders seek out subject matter experts and individuals with experience in the area targeted for improvement or review, regardless of rank or status.
- Executive leadership should defer care delivery decisions and improvement plans to the experts, the people delivering care.
- Embed physicians in executive- and board-level meetings to share ideas for improving quality, safety, and patient experiences, and communicate action plan details. This allows the board to hear regularly from physicians and for the physicians to understand the perspective of the laypersons on the board of directors.
- Involve physicians on committees that evaluate new technology, new medical equipment, new pharmaceutical additions to the formulary, and any other changes under consideration to existing resources.
- Consider pulse surveys circulated as needed among all providers to obtain input on proposed and active initiatives.
- Be proactive and transparent with providers about anticipated decisions regarding staffing, ancillary services hours, and the financial impacts to the organization.

Doctors' concern for your questions and worries

QUESTION 2 DEFINITION

This question measures the extent to which the physician's behaviors met the patient's expectations for the display of concern. In varying degrees, patients expect physicians to share in their uneasiness, trepidation or worry about a condition, procedure, or symptom, rather than dismissing them outright.

Patients respond positively to physicians who can put aside the medical agenda and encourage the patient to disclose feelings. They also respond positively to physicians who elicit and respect all of their concerns, who acknowledge their fears, and who do not avoid unpleasant subjects. Patients respond negatively to physicians who ignore or seem uncomfortable with patients' emotional expressions.


VOICE OF THE PATIENT

"All the physicians showed concern and listened to me — even promises that I forgot were followed up on."

"I had never met this doctor before, and while he asked a couple of questions, he seemed to dismiss any concerns. He never introduced himself!"

IMPROVEMENT SOLUTIONS

Focus on compassionate communication.

-  **VIDEO:** Reducing suffering through compassionate, connected care
- Compassionate communication goes beyond the verbal exchange of information. What we say, how we say it, how we listen, our body language, and how we present information in writing are critical components of good communication skills. Press Ganey addresses emotional care in the Compassionate Connected Care™ model. The model includes:
 - **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
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 - **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
 - **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.

- **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.
- **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

Respond empathically to patient expressions of emotion.

- If appropriate, move closer to patients displaying emotion or discussing difficult topics.
- Never dismiss patient concerns. Offer reassuring phrases if a patient is expressing or showing concern, such as, "Let's talk more about your concern."
- Make at least one empathic statement during each visit. Examples include:
 - "I understand that this can be a stressful time. Is there anything I can do to help alleviate your stress?"
 - "Are you getting everything you need from me and other staff members to help you manage your situation?"
- Respond to stated worries by providing information and, whenever appropriate, reassurance.
- Empathy offered to patients will not be effective if body language or tone of voice does not match. Speaking too quickly can be misconstrued as a lack of concern.

Validate stress and emotions that are presented.

- Train physicians on how to validate stress and emotions that are presented.
- Use phrases that validate the patient. For example, "I can see that you're concerned," or "I understand you have concerns about your medication."
- If a patient is expressing or showing concern, offer reassuring phrases to display empathy/sympathy. For example, "We are going to take great care of you," and "Tell me more about your concern."

Pay attention to body language.

- Sit at eye level, face the patient, and avoid having a computer between the provider and the patient if possible.
- When a patient is expressing concern or questions, lean forward to show you are listening attentively.
- Use nonverbal cues such as leaning forward or nodding to demonstrate listening.
- Avoid body language that indicates you are in a rush, such as looking at a watch or keeping a hand on the doorknob.

- In many organizations, physicians feel overbooked, and in a hurry to get on to the next task. It is essential to be aware of one's own body language, facial expressions, and eye contact to avoid conveying a lack of attention to the patient in the room.

Practice active listening.

- Avoid interrupting patients; it is a sign of disrespect and disregard. Allow patients to "tell their story." The average amount of time that a physician allows a patient to speak before interrupting with a question or observation is only approximately 20 seconds. Patients do not feel this is an adequate amount of time to explain their story fully.
- If a patient is dominating the conversation, redirect the conversation (e.g., "Let's slow down and address the concerns one by one.").

Offer communication skills training.

- Select a communication program that best suits your organization's needs.
- One method of training is through relation-centered communication programs such as Press Ganey's Compassionate Connected Care™ eLearning program. This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
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- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician engagement by enhancing communication skills among clinicians and across health care teams and systems.
- Employ actors to role-play difficult situations with physicians. Have the physician participate in the role-play activity and take part in a 360 review. The goal of this review is to help the physician identify opportunities for further development and to improve his or her skill set. The reviewers, who consist of fellow colleagues, observe the physician participating in the role-play activity. Then the reviewers are asked to comment and rate the physician's professional skills. The team provides written feedback for the physician.
- Consider having actors perform all scenarios and ask a group of physicians to evaluate. What would they do differently? What was done correctly?
 - Have doctors use the teach-back method to evaluate patients' understanding.

- Provide ongoing, routine training such as booster educational sessions to maintain competencies.
- Ask physicians to self-evaluate how they communicate with patients and families.
- Do you connect with patients about a personal topic before moving onto the purpose of your visit by asking at least one question about the patient's life outside of hospitalization? Patients who feel comfortable personally will open up more regarding sensitive medical issues.
- Do you use open-ended questions to better understand concerns the patient may have? Examples include:
 - "What were you most hoping to accomplish today?"
 - "Is there anything in particular you were hoping I would do today?"
 - "How were you hoping I could help you with your concern?"
 - "Before we go any further, is there anything else that's on your mind?"
- Do you assess the patient's comprehension of the information given? Consider saying, "We have given you a lot of information. What questions do you have?" Provide answers in understandable, nontechnical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues to indicate lack of understanding, such as if the patient stops nodding, begins fidgeting or frowning, exhibits facial signs of confusion such as furrowing the brow, etc.
- How do you respond to patients' questions? Do not answer a patient's question with another question. Instead, obtain more information. It is helpful to use phrases such as, "Well, that depends. Do you notice when that happens?" or, "I can give you an answer after I get a little more information from you. Can you tell me more about that?"
- How do you empathize with patients? Compose phrases designed to communicate to the patient in a comforting manner about how a procedure may feel, how you will care for the patient, etc.
- Do you take notes about patient conversations? Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits. This provides continuity between visits.
 - Engage physician leadership in the development or selection of communication training programs to ensure the teachings will resonate with the physicians.

Doctors' efforts to include you in decisions about your treatment

QUESTION 3 DEFINITION

The question measures the effect (very poor, poor, fair, good, very good) whether the doctors made an effort to involve the patient in the decision-making process regarding their medical care. It aims to assess if the doctors:

- Explained treatment options clearly and thoroughly.
- Discussed the potential benefits and risks of each option.
- Asked for patient preferences and opinions.
- Respected their choices and incorporated them into the treatment plan.
- Ensured patient understood the information provided and felt comfortable making informed decisions.

This question is important because when doctors work together to involve patients in their treatment decisions, it can lead to better health outcomes, increased satisfaction, and a greater sense of control over their own healthcare.

VOICE OF THE PATIENT

"The doctor took all of my concerns into account and helped me make the best decisions for my health and the health of my baby."

"I was unsure what Dr was making decisions on my care."

IMPROVEMENT SOLUTIONS

Focus on patient centered communication tactics.

- **Shared** decision-making: Shared decision-making (SDM) in a hospital setting is a collaborative process where doctors and patients work together to make healthcare decisions that best align with the patient's preferences, values, and needs. It follows these basic principles:
 - **Information exchange:** The doctor provides the patient with detailed, evidence-based information about their condition, possible treatment options, and the associated risks and benefits. This information is presented in a way that is easy to understand, considering the patient's health literacy level.

- **Discussion of preferences:** The patient shares their values, preferences, and concerns regarding the treatment options. This might include their lifestyle, personal beliefs, and any previous experiences with healthcare.
- **Deliberation:** Both the doctor and the patient discuss the options in depth. The doctor helps the patient weigh the pros and cons of each option, considering the medical evidence and the patient's personal context.
- **Decision making:** Together, they arrive at a decision that feels right for the patient. This decision is based on a combination of the doctor's medical expertise and the patient's personal preferences.
- **Implementation:** Once a decision is made, the doctor and patient work together to implement the chosen treatment plan. This might involve scheduling procedures, arranging follow-up appointments, or coordinating with other healthcare providers.
- **Example scenario:** A patient is diagnosed with a chronic condition like diabetes. In a shared decision-making process:
 - **Step 1:** The doctor explains the condition, potential complications, and treatment options such as lifestyle changes, medications, or insulin therapy.
 - **Step 2:** The patient expresses their preference for managing the condition through diet and exercise due to concerns about medication side effects.
 - **Step 3:** They discuss the feasibility of this approach, considering the patient's daily routine and support system.
 - **Step 4:** They decide to start with lifestyle changes, with a plan to reassess in three months.
 - **Step 5:** The doctor provides resources and referrals to a dietitian and a fitness program.
 - **Step 6:** Regular follow-ups are scheduled to monitor the patient's progress and make adjustments as needed.
- This approach ensures that the patient's voice is central to their care, leading to better satisfaction and outcomes.
- **The five As model:** A structured approach that includes:
 - **Ask** about the patient's concerns and preferences.
 - **Advise** by providing clear, evidence-based recommendations.
 - **Assess** the patient's understanding and readiness to make a decision.

- **Assist** by helping the patient weigh the options.
- **Arrange** follow-up to support the patient's decision.
- **FRAMES model.** A structured approach that includes:
 - **Feedback** on the patient's condition.
 - **Responsibility** of the patient in making the decision.
 - **Advice** to change based on medical evidence.
 - **Menu** of options for treatment.
 - **Empathy** to understand the patient's feelings.
 - **Self-efficacy** to encourage confidence in the patient's ability to make decisions.
- **Involving family members:** Sometimes, including family members in discussions can help, especially if the patient values their input.
- **Decision aids:** Tools like brochures, videos, or web-based resources can help patients understand their options and the potential outcomes.

Establish education and training programs led by providers.

- Doctors should receive various types of training focused on building relationship-centered communication. Developing a standard practice that centered on improving/enhancing communication skills that improve relationship between themselves and the patients they serve. These training methods aim to equip doctors with the skills needed to effectively communicate with patients, ensuring that their preferences, needs, and values are respected and integrated into their care. This education should be tailored to suit individual organizational needs. Here are a few common approaches:
 - Workshops and seminars: These are often short-term, intensive training sessions that cover strategies for effective communication, such as active listening, empathy, and shared decision-making.
 - Simulation training: This involves role-playing scenarios with actors or using virtual simulations to practice communication skills in a controlled environment.
 - Online courses and modules: Many institutions offer online training programs that doctors can complete at their own pace. These courses often include interactive elements like quizzes and case studies.
 - Mentorship and coaching: Experienced clinicians shadow and mentor newer doctors, providing feedback and guidance on improving their expected communication skills.

- Continuous professional development: Ongoing education through conferences, workshops, and other professional development opportunities helps doctors stay updated on best practices in patient communication.
- One method of training is through relation-centered communication programs such as Press Ganey's Compassionate Connected Care™ eLearning program. This provides foundational, interactive education for learning skills to build relationships. The model includes:
 - **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
 - **Body language matters:** Non-verbal communication skills are as important as the words we use.
 - **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
 - **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.
 - **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.
 - **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

Provide resources to support physician-patient communication.

- Encourage patients and/or families to write down "Questions for the Doctor."
- Provide notepads with this headline and pens or pencils, or a space on the whiteboard.
- Include "The Top Three Questions You Should Ask Your Doctor" with/on notepads or in welcome/information packets distributed on admission. Work with physicians in your organization to develop the questions.
- Make it a standard for nurses to ask patients and family members for these questions before the provider arrives. Sharing the questions ahead of time will demonstrate the coordination of care and allow the provider to be prepared with answers.
- Create awareness among physicians. Design and print a flyer or brochure that explains the importance of the time spent with patients. Place the reading material in physicians' lounges as a thought-provoking reminder.

- Recognize physicians who score well on this question. Search for positive comments from the patients' surveys and forward them to the respective physicians. If a doctor is recognized personally by name, have the care team send a thank-you note recognizing this positive feedback. Track this activity so the team can identify which physicians are consistently singled out for excellent patient service.
- During leadership rounds, encourage patients to provide feedback about their experience with their doctors. Offer non-judgmental responses. Take note of the issues and thank the patient for the feedback.

Establish standards for involving practitioners in quality and process improvement.

- In high reliability organizations, leaders seek out subject matter experts and individuals with experience in the area targeted for improvement or review, regardless of rank or status.
- Executive leadership should defer care delivery decisions and improvement plans to the experts, the people delivering care.
- Embed physicians in executive- and board-level meetings to share ideas for improving quality, safety, and patient experiences, and communicate action plan details. This allows the board to hear regularly from physicians and for the physicians to understand the perspective of the laypersons on the board of directors.
- Involve physicians on committees that evaluate new technology, new medical equipment, new pharmaceutical additions to the formulary, and any other changes under consideration to existing resources.
- Consider pulse surveys circulated as needed among all providers to obtain input on proposed and active initiatives.
- Be proactive and transparent with providers about anticipated decisions regarding staffing, ancillary services hours, and the financial impacts to the organization.

Acknowledge and address challenges

- Implementing patient-centered care tactics can be challenging due to several factors:
- Time constraints: Doctors often have limited time with each patient, making it difficult to engage in thorough discussions about treatment options.
- Communication barriers: Differences in language, health literacy, and cultural backgrounds can hinder effective communication between doctors and patients.

- Health literacy: Patients may have varying levels of understanding about medical information, which can make it challenging for them to participate fully in decision-making.
- Cultural differences: Diverse cultural beliefs and practices can affect how patients perceive their role in the decision-making process.
- Differing perspectives: Sometimes, there can be a mismatch between what patients prioritize and what clinicians consider important, leading to conflicts in decision-making.
- Policy and system limitations: Hospital policies and the healthcare system's structure may not always support patient-centered approaches. This includes issues like lack of resources, rigid protocols, and insufficient training for healthcare providers.
- Financial constraints: Budget limitations can impact the availability of decision aids and other resources needed to support patient-centered care.

Despite these challenges, many healthcare providers are finding ways to overcome these obstacles and prioritize patient-centered care. Continuous efforts to improve communication, education, and system support are essential for making these tactics more effective.

Appendix: Supporting Tactics

Data Use and Learning: Learning collaboratives

A Learning Collaborative is a quality improvement tool promoted by the [Institute for Healthcare Improvement](#) (IHI). This is an educational process that expands on the concept of cross-functional improvement teams to engage physicians, nurses, and other health care workers to learn about successful practices from each other—either within the same facility or in broad collaboration with other facilities and services within the community.

Identifying and promoting internal best practices is the quickest and most efficient approach to system-wide improvement. Sustainable patient experience success is dependent on local continuous improvement organized around the specific needs of patients. Learning Collaboratives provide an opportunity to learn from practices and sites with similar patient populations and structure, and to spread evidence-based practices to advance care standards system wide, even regionally.

The IHI has demonstrated a great deal of success in reducing waiting times, worker absenteeism, ICU costs, and hospitalizations for patients with congestive heart failure through their support of Learning Collaboratives. This model is applicable in all health care settings.

Create a forum for sharing lessons learned from successful and unsuccessful efforts.

- Schedule time for formal, routine collaboration across locations.
- Engage cross-functional improvement teams from across a system or community. To be truly cross-functional, there must be representation from various areas of expertise, including providers and other practitioners, nurses, therapists, schedulers, receptionists, billing, and other staff.

Use a system improvement model to standardize language and accelerate adoption.

- Obtain executive leadership buy-in.
- Identify physician champions.
- Define the purpose, goals, roles, and responsibilities.

- Routinely discuss the collaborative's efforts at standing meetings.
- Embrace high-reliability principles and commit to continuous process improvement.

Include participation in Learning Collaboratives in job descriptions.

- Provide incentives for participation.
- Recognize leaders for contributing knowledge gains – both through success and failure.
- Recognize and reward innovation and the adoption of evidence-based strategies.

Draft innovation into a replicable improvement process.

- Document improvement efforts and processes from the identification of an improvement need through follow up and monitoring.
- Draft procedures to capture and reapply successful process improvement efforts.

Data Use and Learning:

Predictive analytics

Predictive analytics are statistical models that assess historical data to determine the probability that one variable has a positive or negative impact on another. Predictive analysis provides evidence of cause and effect. It highlights patterns that determine areas of risk and opportunity and can be used to determine the likelihood of future outcomes. Press Ganey's Priority Index is an example of predictive analytics.

Using data to identify areas of low performance for targeted improvement is just the first step. Data, in the form of predictive analytics, can greatly improve the ability to sustain improvements by identifying and targeting the behaviors leading to undesirable outcomes, or even behaviors related to the desired outcome.


Use the Priority Index.

- Determine the most important drivers of overall outcomes, using an updated priority index.
- Compare current performance against the Priority Index findings to identify drivers for improvement.

Identify key drivers.

- Work with Press Ganey to go beyond the scores and identify key drivers of performance at your facility or on your unit. They can help you determine the most important drivers of overall outcomes using a combination of your hospital's data and Press Ganey aggregate data findings.

Use patient comments.

- The qualitative data from patient comments adds detail and invaluable insight into the detractors of loyalty.
- The comments improve the understanding of what patients need and want.
- Leverage patient comments for individual and team success stories.
- Take advantage of the "Hot Comments" feature in Press Ganey survey products to track key words in patient comments—positive or negative.
-  **VIDEO:** Using Data for Positive Reinforcement

Target processes and behaviors for improvement.

- Regularly review top drivers with local leadership.

- Maintain a focus on the indicators associated with the organization's top priorities for improvement.
- Engage staff in data reviews and improvement discussions.

Share and discuss the good and the not so good performance areas.

- Practice direct observation of staff to investigate and fully understand the current state.
- Use what is learned to inform an improvement plan.

Data Use and Learning:

Safety culture and engagement assessments

Safety culture and engagement assessments involve the use of survey data from employees and caregivers to learn about attitudes and perceptions relate to safety and to better understand employee and caregiver needs for delivering an excellent patient experience.

An engaged workforce drives sustainable excellence. Individuals who feel connected to the mission and vision of the organization, supported by their managers, and appreciated by their colleagues tend to be more engaged than those who lack such attachments. In addition, feeling like they are part of a cohesive, aligned team striving toward a shared goal leads to the delivery of safer, higher-quality care.

Routine assessment of safety perceptions and engagement provides a straightforward and consistent process for interpreting data, identifying strengths and concerns, setting priorities for action, and measuring progress. Engagement data identifies targets for investment and improvement that resonate across patient experience, workforce, safety, operational, and clinical outcomes.

Understanding the factors influencing practitioner and employee engagement and safety perceptions is the first step toward improving performance across interdependent domains, including work environment, culture of safety, and patient experiences.

Monitor workforce trends using culture and engagement surveys and stay and exit interviews. Use the information to identify areas to target improvement efforts.

Conduct annual safety culture and engagement surveys.

- Have senior leaders promote participation and explain why the surveys are conducted and how the results will be used.
- Use the results to inform engagement and culture improvement strategies based on workforce readiness for change, leadership development opportunities, and coaching and readiness planning for leaders and teams with low engagement.
- Include measures of burnout and address resilience if results indicate high risk.
- Be transparent about results. Share the findings with all providers and employees.

Conduct stay interviews.

- Structured 1:1 discussion led by a manager or other leader to learn ways to strengthen an employee's or a physician's engagement and retention and to build trust.
- These should be held separately from annual reviews with a sole focus on what leadership can do for the employee or provider.
- According to the Society for Human Resource Management, there are five key questions for conducting a Stay Interview. Each question has additional probing questions to get the most out of the employee's feedback.
 1. What do you look forward to about your work?
 - Give me an example.
 - Tell me more about...
 - Who do you look forward to working with the most?
 2. What are you learning here, and what do you want to learn?
 - Which other jobs here look attractive to you?
 - What skills do you think are required for those jobs?
 - What skills would you have to build to attain your goals?
 3. Why do you stay here?
 - Tell me more about why that is so important to you.
 - Is that the only reason you stay, or are there others?
 - If you narrowed your reasons to stay to just one, what would it be?
 4. When is the last time you thought about leaving us, and what prompted it?
 - Tell me more about how that happened. Who said what?
 - What's the single best thing I can do to make that better for you?
 - How important is that to you now on a 1-10 scale?
 5. What can I do to make your job better for you?
 - Do I tell you when you do something well?
 - Do I say and do things to help you do your job better?
 - What are three ways I can be a better manager for you?

Conduct exit interviews.

- Although exit interviews do not improve the retention of that employee, they inform opportunities to improve, including improvements in how engaged and valued physicians and employees feel.
- Explain that the purpose of the interview is to help the hospital improve its processes and retain its valuable employees.
- Encourage employees to share the reasons why they are leaving. There are controllable reasons employers can address with improvement initiatives: insufficient training, no opportunity for advancement, feeling underappreciated, unfair treatment, or inappropriate distribution of tasks.
- Ask how the hospital could be a better place to work.

Data Use and Learning: Advancing nursing excellence


A sound nursing strategy is a necessary component of efforts to be patient-centric and to achieve organizational goals for patient experience. Nursing communication and leadership skills, teamwork, and the adoption of evidence-based practices in nursing shape the framework necessary for transforming performance.



Additionally, nursing is the greatest component of labor in most health care organizations. It is the largest budgetary line item and is at the bedside more consistently than any other care team member.

Leverage nursing-sensitive data using a database with national benchmarking—such as the National Database of Nursing Quality Indicators® (NDNQI®)—to evaluate operational and clinical performance in nursing at unit and facility levels.

A nursing Professional Practice Model (PPM) rooted in a Shared Governance Model is a powerful tool for clinical and operational excellence. Shared Governance is defined as total leader-associate collaboration. It is not a series of meetings. Shared Governance is a mindset that removes the power gradient and promotes open discussion and collaboration between leaders and staff. It involves empowering nurses to participate in organizational decision making about clinical practice standards, quality improvement, staffing, and professional development. Integrating a shared governance standard into the PPM gives nurses across service lines and care settings a voice in—and accountability for—nursing practice and patient care.

Survey nurses about their work environment and job satisfaction and monitor their level of engagement.

-  **VIDEO:** Finding meaning in nursing
- Evaluate nurses' perceptions of their work environment and job satisfaction levels using the National Database of Nursing Quality Indicators® (NDNQI®) Practice Environment Scale (PES) and Job Satisfaction Scales-revised (JSS-R) nursing surveys.
- Assess nurses' perceptions of organizational value for nursing, and their level of involvement with decision-making, process development, and improvement with an employee engagement survey.
- Use town hall meetings and leader rounds on staff to obtain insight into caregivers' perceptions of their work environment.

- Make informed improvements to the nursing strategy with a comprehensive assessment of nursing metrics including nurses' job satisfaction, engagement, and perceptions of the safety environment.
- Consider nursing vacancy and turnover rates. If experiencing high vacancy or turnover rates, your organization and management may not be creating a satisfying and attractive work environment.
- Measure, monitor, and mitigate burnout and build resilience.
-  **VIDEO:** Building nurse resilience
 - Assess the nursing practice environment and monitor nursing-sensitive quality outcomes using valid measures from a national database that offers comparative data—such as the National Database of Nursing Quality Indicators® (NDNQI®).
 - Empower top-of-scope practice in nurses.
- Considering mentoring and developing career ladders to better engage the nursing staff in owning quality and outcomes.
- Prepare all nurses to be leaders, mentors, and educators.
 -  **VIDEO:** Develop your nurse managers
 - Understand your nursing structure for staffing, skill mix, education, and specialty certification as compared to peers and as compared to top performers in nurse sensitive metrics. High use of agency or floating nurses can be detrimental to patient experiences.
 - Assess clinical quality and patient perceptions of care.
 - Assess NDNQI and clinical core measure performance to target areas that would benefit from improvement efforts.
 - Routinely administer patient experience surveys and take advantage of opportunities to add custom questions to address priority improvement initiatives.
 - Use pulse surveys and point of care surveys to integrate real-time data for faster and more targeted improvement efforts.

Identify the common causes of underperforming clinical metrics.

- Use all of the above data to identify work units and cultural elements for targeted improvement.
- Employ quality professionals trained in cause analysis to analyze data across all domains to identify the common causes of poor performance.

Process Improvement:

Continuous process improvement

Continuous Process Improvement (CPI) is the ongoing effort to improve services by increasing the quality of those services or by reducing unnecessary or redundant steps. It is the core principle behind every structured improvement model, such as the commonly recognized Lean, Six Sigma, Kaizen, and Robust Process Improvement models. It involves the adoption of a structured process for ongoing assessment and improvement.

Continuous improvement supports patient-centricity. It reflects a high level of interest in meeting patient needs and for providing a work environment that improves the delivery of compassionate, patient-centric care.

Care delivery is incredibly dynamic. Science, technology, equipment, personnel, and patient needs are constantly changing. Even hospitals with high levels of performance across all metrics can only be sure of performance excellence through ongoing monitoring—a key component for continuous improvement. In fact, to become a high-reliability organization, you must develop a preoccupation with failure and conduct routine and ongoing self-assessment.

Everyone has room for improvement, even high performers. Engaging in continuous process improvement indicates there is a formal program for routine self-assessment, and there are dedicated resources to identify areas of under-performance and areas with declining performance, and to implement improvement plans. Continuous improvement processes allow an organization to identify low quality or care problems before safety events or harm can occur.

Continuously improving is also the only way to maintain the highest possible level of reimbursement under quality-based payment models. Attaining and sustaining top-performer status becomes more challenging each year because providers from across the nation are improving their performance year over year.




Adopt a formal, proven method for continuous improvement, such as (in alphabetical order):

- Kaizen
- Lean
- Robust Process Improvement
- Six Sigma


Implement continuous improvement across all locations in a system.

- Implement and utilize the same high-reliability framework for all improvement initiatives.
- Define roles for all clinicians and staff—everyone plays a role in CPI.
- This is supported by the Learning Collaborative approach for standardizing best practices.
- Press Ganey's Clinical Improvement Consulting group can offer additional services.

Include all stages of a continuous improvement approach.

- Collect data to assess the quality of the patient experience and workforce experience.
- Act on data findings with targeted improvement efforts.
- Monitor data trends to assess success and sustainability.
-  **VIDEO:** Elements of a data strategy
-  **VIDEO:** Selecting a key performance indicator
-  **VIDEO:** Identify barriers to success

Include metrics reflecting the mission and values statements in a balanced scorecard for routine executive review.

-  **VIDEO:** Set the right goals
- An improvement strategy is part of a broader data strategy and must align with organizational goals.
- Select a key performance indicator (KPI) that reflects organizational goals for the patient experience.
- Set facility-, department-, and unit-level goals that directly improve the KPI.
- Set individual facility-, department-, and unit-level goals based on their unique performance.
- Identify key drivers and leading indicators reflecting the process or behavioral changes being targeted, and track performance on those indicators with routine board-level reviews.
- Routinely review data trends with executive leaders and board members.

Identify areas of low or poor performance.

- Conduct root cause analyses to identify the underlying process or human factors.
- Focus your efforts on two or three priority initiatives.
- [▶] VIDEO: Focus your efforts

[▶] Adopt a High Reliability operating system.

- Focus on the process failures and aim to build processes that overcome the tendency for human error.
- Employ cross-functional improvement teams with representation from physicians, other practitioners, nurses, reception, billing, technicians, human resources, and other staff.
- Define action plans with roles, responsibilities, and deadlines.
- Identify outcome measures for continuous tracking to assess the success and sustainability of the improvement plan.

Do you often say or hear that you “can’t” do things?


- Take a closer look at the obstacles impeding improvement and identify ways to eradicate or get around them.
- Continuous process improvement is part of an overall data strategy. In addition to identifying and improving on areas of underperformance, it informs the identification of existing best practices.
- Standardize the adoption of best practices within a facility and system wide.

Sustainability:

Behavior and service standards



Culture is shaped by how the providers and staff behave toward patients and colleagues across the organization. The resulting environment influences patient, workforce, and operational outcomes—including safety, quality, and patient experience. Formally drafted behavior and service standards set the tone for culture and are essential to upholding accountability.

Establish clear behavior expectations.

-  **VIDEO:** Set Specific Behavior Standards
- Behavior standards must reflect the organization's definition of patient experience.
- Align all behavior and service standards with the organization's mission, vision, and values statements.
- All standards must be accessible and understandable by all staff.
- Behavior standards should be universal. Include expectations for:
 - Attending daily huddles
 - Communicating delays and room turnover
 - Phone, email, text, and in-person communication
 - Professional courtesy and staff interactions (e.g., address cell phone use in the presence of patients and other staff members)
 - Speaking up for safety, and reporting safety events (including near misses)
 - Customization may be warranted due to the needs of the patient population and the types of services rendered.
 - A clear set of manager expectations must exist to ensure consistent training, monitoring, and accountability for standards—especially relative to staff management and discipline, and communication.
 - Service recovery must be incorporated into behavior standards. This provides people with tools to draw upon when they need to apologize and/or recover service.

Train employees and providers.

- Set the tone for the importance of service in new employee orientation. Help new employees understand the importance service holds in your organization.


- Conduct Service Behavior Training on a regular basis. Refer staff who are not upholding service standards for additional training.
- Develop a formal training program:
 - Apply a project management process to communicate action items, responsibilities, and deadlines, and to track progress.
 - Define trainer criteria and identify trainers.
 - Train the trainers.
 - Design interdisciplinary learning sessions.
 - Include attendees from various departments and disciplines at each training, such as physicians, care providers, nurses, medical assistants, registrars, schedulers, and billing.
 - Set a schedule of training offerings to ensure everyone can attend both modules. Create a calendar.
 - Track attendance.
- Embed training in orientations for new employees and physicians and in leadership training.
- Have senior leaders initiate trainings with a 15-minute presentation about the purpose, including why service behaviors matter for our patients.
- Develop a communication plan to distribute the message about the training and its purpose (who what when where and why) enterprise wide using all mediums for communication at your disposal.
-  **VIDEO:** Communicate the why
- Involve marketing to develop materials that will build enthusiasm for the effort.
- Provide mandatory annual courses.
- Assess the effectiveness of the training. Can front-line employees describe the organization's behavior standards and why they are important?
- Promote the standards on an ongoing basis.
- Mention behavioral expectations during daily huddles.
-  **VIDEO:** Model expected behaviors
- Use multiple modes of communication to share reminders and prompts (e.g., intranet posts and newsletters).

Create a formal recognition program with incentives for staff that meet behavior expectations.

- Hold everyone accountable for behavior and service standards.
- Build expectations into job descriptions and annual reviews
- Recognize and reward service excellence.
- Discuss service behaviors during leader rounds on staff.
- Conduct observations and discuss findings. Create an observation checklist.
- Provide service behavior reminders in follow-up communications (e.g., in newsletters and intranet posts).
- Measure provider and employee compliance.
- Include an evaluation of behavior and service standards in provider and employee annual performance reviews.
- Use an Appreciative Inquiry approach—empower staff to identify successful solutions to known issues.
- Present service standards as guidelines to achieve desired outcomes for each patient.
- The resulting ownership of problem solving can solidify service and behavior expectations.

Sustainability: Data transparency

There are two principal components to data management: data collection and data use. Data transparency is an attribute of data use. It refers to highly accessible data that is easy to use for decision making.

-  **VIDEO:** Supporting patient choice through transparency
- What gets measured gets improved. Data is crucial to identify current performance, set meaningful goals, and focus improvement efforts.
- External transparency is a powerful consumerism tool. Organizations that can quickly, accurately, and consistently provide patients with the information they need to make informed decisions—including both cost and quality data—have the edge over their competitors.
- Adopt internal and external transparency of key safety, quality, experience, and culture/engagement metrics.

Identify strong physician and leadership champions.

- Set an expectation that the data collected will be used transparently.
- Leverage data and transparency, but do not let providers hijack the improvement discussion by arguing against the data.

Review a balanced scorecard that includes safety, quality, experience, and culture/engagement metrics with leaders and board members routinely.

- Standardize the measures assessed, the report formats, and the communication strategy across services and business units.
- Engage physicians and obtain input on measure selections from all stakeholders.

Introduce transparency in three stages: (1) share with leaders, (2) share with physicians, and (3) share with the public.

- Each stage needs to be given time for all parties to grow comfortable with how the data is viewed and used.
- Provide anonymous data initially, so each physician can see how they score relative to their peers.
- Unblind the data when the data processes and data use are accepted.

- Ask about Press Ganey's Transparency Solution to view online feedback and patient experience survey data and utilize all comments to identify key themes that provide the context necessary to reinforce or adjust behavior.

Create a physician-led arbitration panel to review patient comments before posting them publicly.

- Define exclusion criteria.
- Formalize an appeal and arbitration process

Sustainability: Physician champions

Physician champions are physicians that actively promote a value, a principle, or a tactic for health care delivery. As a champion, the physician accepts a leadership role to verbally advocate for the adoption of a cause, increase the understanding of why it is important and why it should be done, and model the necessary behavior.

Leverage physician champions to connect to other physicians, subgroups of physicians, and disciplines within the system. Physician champions are critical to strategy rollout because physicians listen to other physicians. Physician champions accelerate the buy-in of a concept or process among physicians and other disciplines.

The use of physician champions also elevates physician engagement in the continuous improvement of safety and patient and workforce experience.

Identify your champions.

- Leverage self- and peer-nomination processes to identify the right fit.
- Employ physicians with leadership experience, the respect of their clinical colleagues, and strong communication skills as physician champions.

Be sensitive to clinical workloads.

- Offer compensation for the additional work hours.

Engage Human Resources to create a formal title with a job description.

- Define responsibilities and objectives.
- Identify milestones and deadlines for each objective.
- Include a discussion of champion responsibilities in annual performance reviews.

Coordinate and align physician champion efforts.

- Provide a forum for all champions to routinely meet and discuss successes and barriers.
- Include champions on local and executive committees to participate in decision-making and to act as a liaison between clinical staff leadership.

Sustainability: Rewards and recognition programs



Rewards and recognition programs are structured systems that provide incentives to employees to meet or exceed behavioral standards. Rewards are typically monetary in nature while recognition generally provides a psychological or emotional uplift. They are often combined into one program, but the two components meet different needs and are addressed in different ways.

Caregivers experience a steady stream of stressors and rewards. When stress compounds unmitigated, it takes a toll on clinicians' wellness, leaving them emotionally exhausted and struggling to find a sense of meaning and accomplishment. This leads to burnout, which is highly prevalent among physicians and nurses and poses a significant threat to safe, high-quality patient care. Rewards and recognition programs help ensure the stressors are balanced with a sense of value and purpose.

Rewards and recognition programs are crucial for strong safety cultures and a highly engaged workforce. Amplifying the rewards of the work and creating opportunities for interaction through celebration can improve collegiality and enhance resilience.

Rewards and recognition programs should be developed and managed by a cross-functional team comprised of nurses, physicians, nonclinical operational leaders, human resources, organizational development personnel, and marketing and communications professionals.

Align rewards and recognition with the facility's mission, vision, and values.

-  **VIDEO:** Recognizing excellence
- Connect recognition and incentives to expected behaviors.
- Leverage patient comments for individual and team success stories.
- Write notes to employees identified in the survey comments.
-  **VIDEO:** Using comments to tell a story
- Share positive feedback during daily huddles, department meetings, and leader rounds.
- Publish positive comments in newsletters, intranet communications, or on bulletin boards dedicated to a recognition process.
- Make recognition personal, specific, meaningful, and timely.
- Publicly acknowledge accomplishments, including innovation.

- Engage the team in peer recognition, such as a nomination process for awards or daily huddle kudos.
- Include notes in staff members' personnel files so they may be formally recognized during the performance review process.
- Celebrate with food and fun.
- Identify available funds for financial incentives.

Sustainability: Talent management

Talent management is the process of identifying and planning for the needs of the employees at every stage in the employment life cycle. Strategic talent management considers every element of the talent life cycle from recruitment through onboarding, to development and performance management.

A prepared, confident, fulfilled workforce improves engagement and job satisfaction—two drivers of safety and patient experience. Talent management efforts impact every employee of an organization and influence clinical, operational, and cultural outcomes. Furthermore, ensuring that every element of the mission, vision, and values statements are integrated into each step of the talent life cycle ensures alignment of the strategy with the mission.

Align talent with strategy.

- Clearly articulate the mission, vision, and values of the organization, and ensure that everyone understands their role in supporting them.
- Make sure each step of the talent management life cycle incorporates the organization's themes around safety, quality, experience, engagement, and financial stewardship.

Apply process improvement methods.

- Build a strategic talent management infrastructure to evaluate and support the talent management strategy and identify gaps in recruitment, hiring, onboarding, performance management, leadership development, and recognition programs.
- Measure, monitor, and mitigate burnout to build resilience.
- Collaboratively design for any identified gaps—do not make Human Resources the sole owner.

Prepare leaders and staff.

- Purposefully define the desired organizational culture and the behaviors leaders would need to exhibit to create that culture (e.g., we need leaders who can build trust with their teams, to collaborate well).
- Set clear expectations for managers and leaders on their roles and responsibilities, and how their performance will be monitored, evaluated, and recognized.

Develop career ladders for every clinician, nursing, and employee role.

- Ensure all caregivers and staff understand the opportunities for growth and progress in their careers. Ensure that career development conversations are occurring on a regular basis.
- Provide employees, managers, and leaders with continuous development opportunities to strengthen individual and team competencies that contribute to a healthy culture.