Patient safety, satisfaction rise to top of priority list

OR leaders have always been committed to patient safety, but an increased focus on quality has them redoubling their efforts. With the recent initiatives linking patient satisfaction to reimbursement, it’s not surprising that OR leaders are emphasizing patient safety and satisfaction, as reflected in comments from the 24th annual OR Manager Salary/Career Survey (sidebar, p 13) and interviews.

Keeping patients safe
“The Affordable Care Act speaks a lot to quality, which we have been addressing in multiple forums,” says Kevin Behrns, MD, chair of surgery at the University of Florida (UF) Health in Gainesville. Managers at UF encourage all OR staff to think about how they can make the OR environment as safe as possible.

They do this by setting clear expectations and auditing performance, explains Diane Skorupski, MS, RN, NE-BC, CNOR, assistant vice president for perioperative services at UF. Every 6 months, the OR closes for 2 hours so that everyone who works in the OR, including surgeons, nurses, anesthesiologists, surgical technologists, residents, and support staff—500 to 600 people—can hear the results of the audit, which is conducted by nurses.

Examples of audit results include opportunities identified regarding elements of the briefing/time out/debriefing process and compliance with the prevention of retained surgical item policy.

The UF team also makes adjustments as needed. For example, instead of simply using a presurgery checklist, they have found it is more valuable to follow a list of discussion points as the team huddles with the patient.

Enhancing satisfaction early on
Marian McCann, MBA, BSN, RN, CNOR, a healthcare consultant and director of the OR at Long Beach Memorial Medical Center in Long Beach, California, says customer satisfaction “starts way back on the food chain at the physician offices.” This strategy includes providing educational materials—videos, classes, workbooks, or a combination of resources—for patients so they know what to expect before arriving for their preadmission testing. “Patients are most satisfied when they have the information they need for their recovery,” she says.

Working more effectively with physician offices requires outreach. McCann leverages surgeons’ desire for fewer postoperative phone calls. “The more calls they get, the less productive they are, so I tell them, ‘I have some ideas on how I can make your life easier,’” she says. “Nine times out of 10, they want to talk.” Once she has buy-in from the surgeons, McCann works primarily with the office staff to establish processes that improve patient satisfaction.

Embedding a customer service approach
A sharper focus on customer service has led many organizations to rethink every aspect of their practice, says Judy Pins, MBA, BSN, RN, vice president
of Pins Productions, LLC, in Chicago. “In the past, hospitals used volunteers in surgical waiting areas. Sometimes the communication was good, and sometimes it was not,” she says. “Now hospitals are hiring people from the hospitality industry and offering concierge-type service.”

At UF, Skorupski says, “We provide hospitality and service education for all staff.”

Some organizations have turned to scripting to ensure consistency, but McCann cautions, “Scripting can come across as too paint-by-number and plastic. You have to say that this is an idea of what you can say.”

She prefers using role-play, whereby she is the nurse and the staff member is the patient. McCann begins with a scenario to illustrate how staff can inadvertently offend patients, such as by failing to make eye contact or calling older patients by their first names, and then she repeats the role-play from a positive approach.

“The experience makes such a difference,” McCann says. “They see that it took the same amount of time or less to treat the patient more humanely.”

Sheryl Michelson, MS, RN, BC, manager of perioperative education at Stanford University Medical Center, Stanford, California, says the organization uses the C-I-CARE framework (http://stanfordhospital.org/clinicsmedServices/medicalServices/nursing/patients/cicare.html) to ensure a consistent approach with customers:

- Connect with people by addressing them by the name they prefer.
- Introduce yourself and your role.
- Communicate what you are going to do, how long it will take, and how it will impact the patient.
- Ask permission before entering a room, examining a patient, or undertaking an activity.
- Respond promptly to patient questions or requests, and anticipate patient needs.
- Exit courteously with an explanation of what will come next.

“It’s not rocket science, but it’s a whole-hospital effort to improve patient and family satisfaction,” Michelson says. She adds that “way finding” is another initiative. “We train everyone to be alert for people who look lost and offer to take them where they need to go, even if it means being a little late.”

**Tending to the basics**

Achieving patient satisfaction doesn’t have to be complicated. Colleen Becker, MSN, RN, CCRN, director of perioperative services at Barnes-Jewish Hospital in St Louis, Missouri, says her facility has a patient experience committee made up of staff from the OR and postanesthesia care unit (PACU).

One initiative has been to avoid bringing patients to the OR too early. Another has been to give families a business card with the name of the circulator in the room where their loved one is having surgery and the number of the surgery front desk, so they can call with questions.

The volume of calls has not been a problem, and this system “puts a little bit of power back in the patient’s family’s hands,” Becker says.

For outpatients, the circulator and scrub personnel sign a thank you card and mail it to the patient and family after surgery. One group even has its photo on the front of the card.

**Anticipatory satisfaction**

Patient concerns are addressed on an ongoing basis at Stanford. For example, patients order room service instead of having to eat at the same time as everyone else.
"Patients can go on TV and pick what they want from a menu, and it’s delivered within 45 minutes,” Michelson says.

Managers like Michelson also make monthly rounds and quarterly evening rounds on units they are not familiar with, taking time to speak with employees, patients, and families to discover what is and isn’t working.

Customer-focused initiatives were started 3 years ago, and patient satisfaction scores since then have soared, with some areas hitting 100%. Benefits also spill over to employees; they are happy with the focus on satisfaction, according to Michelson.

Donna Doyle, MS, RN, NE-BC, CNOR, administrative director for surgery and anesthesia at Grant Medical Center, a level 1 trauma center that’s part of the Ohio Health system in Columbus, agrees that a proactive approach to customer satisfac-

Small steps can make big strides

The Affordable Care Act and value-based reimbursement have sharpened the focus on patient safety and satisfaction. Survey participants were asked to comment on, “What steps has your hospital taken or will it take in 2014 to increase patient safety and satisfaction while still meeting its revenue goals?”

Patient safety
- Hired a performance excellence engineer for perioperative services, leading to process mapping and Lean techniques.
- Use technology to prevent patient falls, and offer staff and physician training on use of surgical safety checklist to prevent errors.
- Hold a daily safety meeting with all administration and managers.
- Audit and use tools similar to those used in high reliability organizations.
- Use bed alarms, no-slip strips on floor, yellow slippers to prevent falls.
- Continue to work with our safety ambassadors and on Joint Commission standards.
- Require ACLS (Advanced Cardiac Life Support) for all OR nurses, and end tidal CO₂ monitoring.
- Implemented a fall prevention program.
- Use infection prevention measures.
- Follow national protocols.
- Use safety calls, safety huddles; report on safety concerns; continue to cross-check each other.
- Offer a high reliability and safety program for all staff.
- Use a staffing skills matrix, and increase educational opportunities.
- Increase patient teaching, improve antibiotic stewardship.
- Increase education for patients and staff.
- Redesign time-out and retention of foreign objects campaigns.
- Initiate electronic tissue tracker.
- Use smart IV pumps.
- Hold staff accountable.
- Conduct patient safety rounds and respond to identified issues; these rounds are held with staff by nursing and physician members of executive management.
- Use several patient safety fellows along with checklists for surgical site infections and hand-offs.

Customer satisfaction
- Require 100% staff training for patient experience. Patient safety and patient satisfaction committees meet monthly, go over data, and improve processes.
- Provide patient experience, service recovery training for staff.
- Conduct administrative rounding on patients.
- Focus on HCAHPS.
- Use director incentives to meet patient satisfaction and safety goals.
- Reduce noise.
- Improve communication.
- Initiated a website for patients to access their medical records for test results, make office appointments.
- Implemented a “catch the call” campaign, focusing on information conveyed to all patients on day of surgery.
- Scripted key words at key times regarding medications, privacy, procedures, and patient and family involvement in care.
tion is essential, including ensuring that the right types of beds are available. “We’re increasing the number of intermediate beds to help drive down PACU holds, which increases patient and family satisfaction,” she says.

Time is another important component of customer satisfaction. “You can’t have a good relationship with patients and families if you don’t offer timely service,” says Dr Behrns. In addition, ongoing measurement of satisfaction is key. Dr Behrns says that when patients return to the clinic after surgery, they take an electronic survey on an iPad, answering questions such as, “How well did the surgeon prepare you for the OR?” Data are shared with the individual surgeons and factored into their annual performance reviews.

Service recovery
Despite everyone’s best efforts, sometimes problems arise, such as when surgery is delayed because of an emergency. “When there are misses, we try to do rapid service recovery so the patient and family know that if our service doesn’t meet the mark, we want to correct the problem,” Dr Behrns says.

In these situations, service recovery helps mitigate patient and family frustrations. “The basic rule is that you always apologize, but sometimes you can do a little something extra, whether it’s offering a free parking pass or lunch, or giving patients who are delayed in the PACU a warm blanket,” Michelson says. “It’s amazing how people appreciate the simple things.”

Value of relationships
Whether it’s patient safety or satisfaction, what’s clear is that interprofessional relationships and consistency are vital. “The key to our success is the alignment of anesthesiology, surgeons, and nurses,” Skorupski says. “All three get the same message and are held to the same standards.”

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