

Medical Practice Solutions Starter[®]

This Solutions Starter is a compilation of strategic and tactical suggestions to consider as you begin your improvement journey. Suggestions are organized by the standard survey sections and questions of the Press Ganey Medical Practice Survey.

Press Ganey research scientists developed the question definitions using a combination of reviews of comments to previous surveys, literature reviews, client feedback, patient focus groups, and expert feedback from Press Ganey's Client Advisory Council. The solutions are informed by evidence, top-performer experience, and Press Ganey thought leadership. The high-value tactics support your ability to reduce patient suffering and elevate your capacity to be truly patient-centric.

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Transforming Your Medical Practice

Chrissy Daniels, Partner, Press Ganey Medical Practice Solutions,
presents three key tactics that can transform your medical practice.



Click to play.
Duration 1:24

Overall Assessment

Overall Assessment

Likelihood of your recommending our practice to others

QUESTION DEFINITION

A patient's judgment on this question likely depends on the issues and qualities measured by the rest of the questions on the survey. Because of this, it is often considered an outcome measure.

This question measures the extent to which patients say positive things about the medical practice as a whole. Marketing professionals refer to it as "positive word of mouth" and consider it associated with re-purchase intentions and perception of value. Patients who respond with ratings lower than "5" should be considered at risk.

This is a measure of loyalty for medical practices, especially larger medical practices within a health care system, where the experience at one office can influence perceptions of the entire organization.

VOICE OF THE PATIENT

- 👍 "Professional services, medical attention, and care. Everything is excellent—I recommend it highly."
- 👎 "I'd recommend my physician but not the practice. If I can't see my physician, I won't go because I don't have confidence in anyone else there."

IMPROVEMENTS

Focus on the Loyalty Formula.

- Press Ganey analyzed the experiences of approximately one million medical practice patients for differences in their likelihood to recommend a practice. The study reveals that 96% of patients are likely to recommend the medical practice if they perform well in all three of the following items:
 - Have confidence in the provider.
 - Perceive that the care team worked well together.
 - Feel that practice processes meet patient needs and concerns.
- Performing well across all three items is referred to as the loyalty formula. High scores in all three are predictive of a high score in Likelihood to Recommend. However, even when confidence in the provider is high, if patients perceived that their care team did not work well together, the percentage of patients selecting "strongly agree" for Likelihood to Recommend decreases. That percentage drops even lower if patients also felt that the practice was not organized to meet their needs.

Improve access to care.

- Access to care directly influences a patient’s likelihood to recommend. Furthermore, when access is challenging, it creates avoidable harm in the form of anxiety, frustration, and anger. It is a component of managing wait times that can influence not only patient loyalty but also patient compliance with care. Long wait times for appointments or difficulty obtaining information makes it difficult to obtain the care needed and creates a poor patient experience. Timely access is important for good clinical outcomes.
- Recognize this as a patient-centered care goal and commit to improving access to care.
- Use data to inform a formal improvement process.
 - Understand the average number of visits per provider per day, lag time for new patients and follow-up appointments, add-on averages, schedule utilization rates, no-show rates, and modes of patient contact.
 - Assess patient comments.
 - Directly inquire about access options using the patient portal and available survey tools.
- Consider open scheduling.
 - This tactic has been shown to help overcome limitations on the use of scheduled appointment times, frees office staff to focus on the patients in the office, and provides patients with an option to book appointments on their own time.
- Leverage advanced practitioners.
 - Allow Advanced Practice Nurses and Physician Assistants to practice at the top of license, including developing their own patient panels in collaboration with specific physicians.
- Consider alternative strategies based on the data findings.
 - **Patient portals** provide self-service registration and history-taking processes ahead of office visits.
 - **Expanded hours** or staggered physician hours can improve access for patients with family and work obligations.
 - **Telemedicine** provides additional options for receiving health care services without incurring a significant added cost. While telemedicine may not be appropriate for every patient situation, it is associated with positive experiences and outcomes.
 - **Telemonitoring** to collect daily information about vital statistics from patients with chronic conditions such as heart failure and diabetes. Telemonitoring contributes to lower hospitalization rates and improved outcomes.
 - **Urgent Care** and Walk-In Centers increase access points for add-ons that do not require an emergency room visit.

Improve the online patient experience.

- Offer patients the ability to schedule appointments online. Not only does this grant patients the convenience of scheduling their appointment whenever they like (instead of only during business hours), it also lessens the time burden on staff to manage calls for appointments.
- Leverage the patient portal to send appointment reminders and provide patients the ability to schedule or change appointments.
- Some scheduling systems allow staff to identify patients who repeatedly miss appointments or arrive late. This information can later be used to trigger a phone call to the patient the day before and/or the day of the appointment as a reminder.
- Optimize the digital patient journey and address consumerism head on.
 - Include a provider directory on your website with robust provider information, including contact data, bios, specialties, accreditation, and publications.
 - Digitally capture physical and virtual appointment requests.
 - To learn more about managing online bookings, online provider directories, or reputation management, contact your Advisor (or email info@pressganey.com) and ask about Press Ganey's customizable [Consumerism Solutions](#).

Emphasize communication skills and caring behaviors.

- What and how we communicate informs patients' perceptions of competence and caring. Improving providers' communication skills reduces errors, and improves care coordination, engagement, and patients' perceptions about the care experience—all important safety, quality, and experience considerations with an impact on the bottom line.
- For the patient to perceive compassion and concern, it must be visible in the caregivers' and staff members' behavior and body language. 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. For example, avoiding eye contact decreases a patient's perception of concern for the patient, and technical language may isolate and dissatisfy patients by causing confusion and anxiety.
- **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 CCC framework guides communication practices to address patients' inherent and avoidable sources of suffering in all health care settings. 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.

Include compassionate communication in expected behaviors.

- Focus on the patient. Listen and speak to the patient's concerns with knowledge and understanding. Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. For example:
 - Listen attentively to all of the patient's concerns without interruption.
 - Be respectful and courteous.
 - Do not rush patients in and out.
 - Always explain things in a manner the patient can understand.
 - 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 and look the patient in the eye while talking.
 - 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 she did not sleep well the night before because she was in pain.
 - Move closer to patients displaying extreme emotion or discussing difficult topics.
- 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. For example, "I can see that you're concerned."
 - If a patient is expressing or showing concern, offer reassuring phrases in order to display empathy. For example, "We are going to take great care of you," "Let's talk more about your concern," or "I will make sure the doctor is aware of your questions."

- 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 about medication.
 - 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?”
 - Consider language, cultural, and educational barriers.
 - Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
 - Technical language may isolate and dissatisfy patients by causing confusion and anxiety. Watch for cues that indicate a lack of understanding, such as patients who stop nodding, begin to fidget, frown, or display facial signs of confusion, such as furrowing the brow.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
 - 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.
 - 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 often necessary, but it significantly increases the need to acknowledge understanding.
 - Keep track of patients’ decisions about treatment in their records and mention these decisions in repeat or follow-up visits.

Recognize the relationship between documentation practices and communication.

- Set care team members up to use electronic charting successfully. A staff member’s focus on documentation should not be mistaken for lack of concern.
- Communicate the advantages of the electronic medical record to improve the patient’s perception of care coordination, for example, “I saw in your cardiologist’s notes from your last visit with him that he started you on a new medication to lower your cholesterol. Let’s talk about that. What questions or concerns do you have?”
- Help maintain essential behaviors (e.g., eye contact and nodding to acknowledge patient information) by positioning computers in optimal locations.
 - Consider using laptops so providers may move around freely or take advantage of moveable carts to allow providers to position themselves best in relation to patients.

- If computer placement forces nurses to have their backs to patients, have them to explain this to patients. For example, “As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk.”

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 clinician 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, de-escalation techniques, listening reflectively, and responding with compassion and empathy.
- Establish a system approach to developing essential core behaviors around communication which is taught, coached, and validated with staff.
- One method of training is through relationship-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. As needed, ask your Advisor about Press Ganey’s Strategic Consulting for additional customized communication skills training.
- 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. Attitudes can be assessed based on various intended and/or reflexive actions. For this reason, a number of scenarios should be scripted and then practiced by the staff routinely (e.g., during weekly meetings).
- Train staff to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate 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.

Implement provider-specific care teams.

- Team-based care is associated with better patient experience and outcomes.
- A provider-specific care team is a model for care delivery in the medical practice comprised of a few staff members dedicated to supporting one provider and that provider's patients. Depending on the practice, it may include advanced practice nurses, physician assistants, nurses, care managers, dietitians, pharmacists, social workers, technicians, and/or receptionists. Support staff may find themselves working with more than one provider in this model, but each provider will work only with specific practitioners and staff members.
- High-performing physicians (i.e., 80th percentile and above) report that a strong relationship with support team members is crucial to sustaining excellent performance.
- Dedicating team members to individual physicians improves patient safety, quality of care, experience, and team member retention—and reduces physician stress.
- Patients identified staff coordination as second only to confidence in the provider as a key driver of practice promotion (i.e., a rating of Very Good for Likelihood to Recommend).
 - Dedicate specific staff members to each physician.
 - Limit the number of staff members supporting each physician to a dedicated few.
 - Engage physicians in the restructuring process.
 - Hold individual meetings for each new team to introduce the structure and timing.
 - Communicate the shift to dedicated care teams to your patients in writing and verbally.

Establish an expectation for Shared Decision Making.

- Shared Decision Making (SDM) is a process of communication in which clinicians and patients work together to make optimal health care decisions that align with what matters most to the patient.
- SDM respects the expertise of both the clinician and the patient: the clinician as an expert of medicine, and the patient as an expert in their values and preferences. The SDM process is designed to honor patient autonomy and the right to be fully informed about care options.
- SDM helps clinicians make more informed, individualized recommendations. By taking the time to understand patients' values and preferences, clinicians are in a better position to help patients make the choice that is right for them.

- When implemented effectively, SDM promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about their condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.
- Start small.
 - Physicians who are interested in experimenting with the practice can try it with just one patient, or with their morning patients, for example.
- Use physician champions.
 - Physician champions can help other physicians understand SDM as a way to refocus the treatment decision process on the patient rather than the disease.
 - Use storytelling to describe situations where patients change their initial treatment decisions during the SDM process.
- Help patients explore and compare treatment options.
 - Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
 - Decision aids must be appropriate for the patient’s level of health literacy and primary language.
 - Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice
- Highlight the patient-centered principles of SDM.
 - 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.
- Consider using the **Elwyn three-step model**:
 1. Discuss available choices.
 2. Discuss details about each option.
 3. Discuss the patient’s decision.

Implement daily huddles.

- Daily huddles are brief meetings that occur at the beginning of every business day during which everyone on duty that day becomes familiar with the work ahead. The conversation ensures

everyone, in every role, is prepared to organize their practice and workflow around the needs of that day's clinic patients.

- Routinely conducting structured huddles aligns the team at the start of each clinic session. This improves communication for a more engaged workforce and helps proactively plan for patients who require extra time and assistance, and for staff, provider, or equipment changes.
- **VIDEO: [Why Have Daily Huddles?](#)**
- The daily huddle is the number one, most effective method to improve the patient experience by improving patient-centricity, quality, and safety in the medical practice setting.
- Daily huddles improve teamwork across disciplines.
- Daily huddles reduce communication barriers caused by a power distance—the extent to which a person of lower rank in an organization perceives inequality and is uncomfortable speaking up.
- Daily huddles are universally recognized as a practice of highly reliable organizations.
- **VIDEO: [How to Conduct a Daily Huddle](#)**
- Be consistent, understand why you have daily huddles, and adapt a structured model for holding huddles.
 - Designate a meeting location and time.
 - Meet in the same place at the same time every day (before the first patient).
 - Include providers, medical assistants, nurses, registrars, schedulers, and any other role in attendance that day.
 - Stand together. This keeps things brief and creates a unique attribute that becomes linked to the huddle's purpose.
 - Conduct a five to seven-minute huddle before the clinic opens each day.
 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Check in with the team. Ask these questions:
 - How is everyone doing?
 - Are there any staffing issues?
 - Are there any equipment or resource needs?
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges

- Assess for patients with special needs, such as:
 - Test results
 - Special education
 - Special room setup
 - Patients with needs beyond the reason for the visit
 - Share a win or positive story. For example:
 - Good patient outcomes
 - Positive patient feedback
 - Employees’ professional accomplishments
 - Personal stories and celebrations
 - Thank everyone for their hard work.
- **VIDEO:** [What Can Derail a Huddle?](#)

Use predictive analytics to identify targets for improvement.

- Using survey data to identify areas of low performance for targeted improvement is 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 the undesirable outcome.
- Use Press Ganey’s Priority Index report.
 - 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.
- Work with your advisor to go beyond the scores and identify key drivers of performance.
 - Your advisor can help you determine the most important drivers of overall outcomes using a combination of your data and Press Ganey aggregate data findings.
 - Regularly review performance in top drivers with local leadership. Make plans to address underperformance.

Use patient comments.

- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- **VIDEO:** [Using Data for Positive Reinforcement](#)
- The qualitative data from survey comments adds detail and valuable insight into the detractors of loyalty.
- The comments improve the understanding of what patients and families need and want.

- Leverage comments for individual and team success stories, for marketing initiatives, and for staff and clinician recognition and rewards.
- Share patient comments with staff, including positive, negative, and mixed comments.
- **VIDEO: [Using Comments to Tell a Story](#)**
- Categorize comments to identify common themes.
- Optimize technology—such as natural language processing and artificial intelligence—to capture process and system insights from patient comments. Ask your Advisor about [NarrativeDx](#), Press Ganey’s patented technology that provides comment data assessment and reports, eliminating the need for manual reviews of patient comments.

Understand the dependencies between your safety culture, team engagement, and patient experience.

- 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 on 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 the interdependent work environment and culture of safety.
- 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 physician and staff engagement surveys.
 - Have senior leaders promote participation and explain why the surveys are being 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 discussions 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 those jobs or some responsibilities of those jobs?
 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 practice improve its processes and retain its valuable employees.
 - Encourage employees to share the reasons why they are leaving. There are many 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 practice could be a better place to work.

Implement safety culture interventions.

- Adopt a goal of **zero harm**.
 - Declare zero harm as a top initiative of the organization. Executive leadership must lead this effort with visible and frequent support for an organizational goal of zero harm to patients and staff.
 - Obtain verbal commitments from all leaders to champion a zero harm goal for patients and the workforce.
 - Openly discuss among executive leadership the value of a zero harm goal to fulfill the mission of the facility or unit.
 - Include safety in the mission, vision, and values statements.
 - Align organizational goals and metrics with the commitment to zero harm.
 - Question every initiative's impact on safety.
 - Develop the narrative for safety.
 - Cascade the goal for zero harm across the organization through frequent communications and ensure all caregivers and employees know their role.
 - Start all meetings with a safety message to reinforce the commitment to zero harm.
- Conduct daily huddles.
 - Conduct a five- to ten-minute staff huddle just before the clinic opens to identify problems in operations, assign ownership for issue resolution, and ensure a common understanding of priorities for the day.
- Proactively address concerns about safety.
 - Discuss safety concerns during daily huddles.

- Highlight safety as a priority by sharing safety stories and discussing safety at every meeting. Encourage staff to speak up for safety.
- Empower all staff to speak up for safety and support those who do.
 - **VIDEO: Overcome the Authority Gradient**
- Foster a Just Culture.
 - Define and communicate Just Culture principles across the enterprise—including determinants of culpability for discipline—and make them policy.
 - Recognize and reward individuals that report an event or speak up for safety.
 - Use safety event data to drive improvement and communicate the outcome of event reporting to the reporters, such as action plans for improvement or the acquisition of new resources.
 - All levels of leadership must model the expected safety behaviors.
- Make harm visible.
 - Track key safety metrics using a balanced scorecard that is routinely reviewed by executive leadership.
 - Share and discuss root cause investigations to inform improvement efforts. When appropriate, connect a face and a name to the safety issue to humanize the outcome.
 - Adopt full internal transparency of safety data and cause analysis determinations.
- Apply High Reliability principles.
 - **VIDEO: High Reliability to Improve the Safety, Quality, and Experience of Care**
 - Mandate training in high reliability principles.
 - Align process improvement efforts with high reliability principles.
 - Standardize care delivery and safety monitoring practices with checklists, care bundles, job aids, and technology.
 - Ensure units have the staff and equipment necessary for safe, highly reliable care. Are there resource requests outstanding or unaddressed?
- Consider participating in Press Ganey’s complimentary **Safety 2025 initiative** to support your goal of zero harm.
 - Press Ganey is proud to support industry-wide efforts to reduce avoidable harm and make care safer for patients and caregivers through its Safety 2025 initiative. Contact your advisor or [register online](#) to receive more information. This Press Ganey initiative is designed to help organizations build a strong safety foundation by providing complimentary access to the following:
 - A consistent, standard approach for classifying safety events and measuring harm.

- Membership in the HPI-Press Ganey PSO, a secure and confidential forum for sharing harm events and learning from the events of others.
- A webinar series on foundational safety and reliability principles led by industry thought leaders.

Understand the cultural dynamics of your patient populations.

- Identify prevalent patient populations of different cultures and ethnicities served by your practice.
- Understand the cultural diversity of your patients (e.g., communication styles, family, social relationships, health customs and practices, holidays/holy days, gender roles, etc.).
- Consider holding patient focus groups on cultural dynamics.
- Develop a formal cultural competency training process. Design a training session that shows employees (including leaders) how diversity, equity, and inclusion can improve the patient-centered experience and enhance the work environment and the workforce experiences, while unconscious biases can detract from it.
 - Include in-depth discussions of organizational values and facilitator-led activities and conversations about diversity and bias. Help staff and providers learn to recognize their own biases and respect and work with patients of various cultures, values, beliefs, practices, and rituals.
- Recognize and honor cultural diversity, strengths, and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational, and geographic diversity.
- Recognize and respect the different methods of coping.
- Implement comprehensive policies and programs that provide developmental, educational, emotional, environmental, and financial supports to meet the diverse needs of families.
- Consider joining Press Ganey’s complimentary [Equity Partnership](#) to address health care disparities and their impact on patients and caregivers.

Commit to a set of customer service behavioral standards.

- **VIDEO:** [Set Specific Behavioral Standards](#)
- Behavior standards must reflect the facility’s definition of patient experience.
 - Align all behavior and service standards with the facility’s mission, vision, and values statements.
 - All standards must be accessible and understandable by all staff.
 - Include standards in job descriptions and performance reviews.
- Behavior standards should be universal. Include expectations for:
 - Attending daily huddles
 - Communicating delays

- Phone, email, text, and in-person communication
- Professional courtesy and staff interactions
- Speaking up for safety, and reporting safety events (including near misses)
- Set clear expectations for managers to ensure consistent training, monitoring, and accountability for standards—especially relative to staff management and discipline, and communication.
- Some localized customizations may be warranted due to the needs of the patient population and the types of services rendered.
- Include standards related to meeting the needs of internal customers.
 - Reward staff that demonstrate expected behaviors and coach staff when behavioral expectations are not met. Ongoing noncompliance should not be acceptable and in a just culture has consequences.
 - Use staff meetings to reinforce standards.
 - Use simulation labs to teach and evaluate behavioral competency.
 - **VIDEO:** [Peer Accountability and Culture Change](#)
- Use defined Universal Relationship Skills, including:
 - Make a compassionate connection.
 - Invite participation.
 - Communicate with intentional language.
 - Follow up and follow through.
 - Define hand-off and care transitions.
- Incorporate service recovery into behavior standards. This provides people with tools to draw on when they need to apologize and/or recover service.

Implement a standard for service recovery.

- The staff's response and what they do for your customers after a service failure will either make patients highly loyal or push them away by augmenting their discontent.
- Define what service recovery is.
 - Share the definition and the program's purpose with staff.
- Establish a service recovery program policy.
 - Include recommendations for three stages of complaint management: collect, analyze, and act on the data.
 - Obtaining and acting on the data can occur concurrently. Empower staff with service recovery skills.
 - Use a database to track, trend, and analyze complaints.

- Create a toolkit that is easy to use and accessible.
- Categorize the issues into three levels:
 1. Resolved by the employee.
 2. Resolved by a manager/supervisor.
 3. Resolved at an administrative level.
- Regularly review the complaint-tracking log for common themes and do a deeper dive into those issues to prevent them in the future.
 - Share follow-up data regularly that show staff how the process is working and the impact it has had on patients and staff.
 - Continually seek ways to improve the program.
- Incorporate service recovery into behavior standards.
 - Empower all staff to use service recovery methods and skills to meet patients' needs when visits do not go as expected.
- Provide people with tools to draw upon when they need to apologize and recover service.
 - Provide examples of common complaints and examples of how to respond and apologize appropriately.
 - Acknowledge any suffering your practice's mistakes may have caused.
 - Adopt a strategy such as ACT:
 - APOLOGIZE for not meeting the customer's expectations.
 - CORRECT the service issue.
 - THANK the customer for bringing the issue to your attention and assure proper follow-through to prevent a recurrence.
 - Implement training for all staff with a plan for an annual course.
- Reward and recognize employees for using the service recovery process well.
 - Have champions follow up with each staff person who has used the process to thank them/seek input.

Overall

How well the staff worked together to care for you

QUESTION DEFINITION

This question measures patients' perceptions of the coordination of care.

Patients have a higher level of confidence in care coordination when information and instructions flow smoothly between physicians, nurses, and office staff. Long, unexplained wait times or the staff's inability to obtain resources or information can lessen patient perceptions of the staff's ability to work together. This question assesses the level of teamwork present in the practice.

VOICE OF THE PATIENT

👍 “The staff works very well together. This is what you call a team.”

👎 “No one seemed to understand why I was there. Everyone kept asking the same questions.”

IMPROVEMENTS

Establish a Shared Vision.

- Define the care team's vision using the Four-Question Coaching Model.
 - Advise physicians to follow these four steps:
 1. Choose three words they would want patients to use to describe them.
 2. Identify the behaviors that exemplify those values.
 3. Identify the barriers to consistently behave in ways that exemplify those values
 4. Communicate these descriptions, behaviors, and barriers to all dedicated team members at the same time in the same place.
 - Encourage physicians to communicate about the experience they want to create for patients and engage the team in contributing to that vision. Once the team understands the experience that the practice is trying to deliver on, they can advance the effort.
 - Create individual profiles for both employees and physicians to encourage familiarity and relationship building.
- **VIDEO:** [The Four-Question Coaching Model](#)
- Hire for fit.
 - Involve physicians in identifying key selection requirements for new team members.
 - Draft measurements of performance for 90-day and annual performance reviews.

- Obtain physician input regarding performance measures.
- Obtain physician input regarding team member performance ahead of each review.
- Hire staff and nurses who naturally exhibit excellent service behaviors. Their natural inclination toward compassion, as well as internal motivations to provide caring service to patients and family members, will serve as a strong predictor of success in demonstrating courtesy toward patients, families, and colleagues.
- Conduct peer interviews. This allows the team to determine if the potential new hire will fit into the culture.
- Ask prospective hires, “What do you consider essential service behaviors?”
- Use behavior-based questioning for every hire (e.g., “Tell me about a time when you went out of your way to demonstrate respect for a patient.”).

Develop teamwork.

- Sustained excellence in medical practice patient experience is built on a team that knows each other, trusts each other, and would not want to let each other down. Primary care physicians (PCPs) who report better primary care team dynamics also report higher levels of clinical work satisfaction. PCPs who report better primary care team dynamics also report better patient care coordination.
- Press Ganey research determined that the patient’s perception that the care team worked well together is the second most important variable driving Likelihood to Recommend (LTR). Confidence that a patient has in their clinician is the only item with a greater influence on LTR.
- One of the best competitive differentiators for provider organizations, from a strategic standpoint, is demonstrating exemplary teamwork and patient perceptions of teamwork beginning with the first contact.
- **VIDEO: [The Value of Teamwork](#)**
- Define behavior standards around teamwork.
 - Adopt universal behavior and service standards to promote both patient and colleague engagement.
- Offer teamwork training.
 - Team training enhances teamwork, reduces medical errors, and builds a culture of safety in health care.
 - Use formal programs to improve teamwork and communication. This improves the quality of patient care, increases patient safety, improves the safety environment, and enhances employee engagement.

- Incorporate training on Universal Relationship Skills, including:
 - Make a compassionate connection: introduce yourself, practice continuous listening, ask the patient their preferred name, use empathy generously.
 - Invite participation: smile and say hello.
 - Communicate with intentional language: narrate a positive intent.
 - Follow up and follow through: ensure effective hand-offs and transitions.
- Include training on Universal Reliability Skills (e.g., situational awareness, using repeat back, numeric clarification, and critical thinking) to improve communication, care quality, and patient and employee safety, and enhance employee engagement.
- Relationship and reliability skills are behavioral standards that must be clearly defined. Communicate to all clinicians and staff that they are expected behaviors that they will be held accountable to.
- Align behavioral standards with mission and value.
- Provide leadership coaching.
 - Have champions coach leaders on how to support teams. This is a critical strategy for the emergence of a team-based model of care.
 - Champions demonstrate leadership behaviors that foster care team behavior standards (e.g., huddles), and encourage care teams to operate as a real team.
- Hold regular interdisciplinary practice meetings (e.g., weekly).
 - Utilize meetings to identify and correct practice problems, reinforce current improvement initiatives, share patient experience scores, recognize staff members doing an excellent job, etc.
- Share stories of effective teamwork.
 - Stories help coworkers and colleagues to bond around a common mission, build trusting relationships, communicate, and resolve conflict, and better understand clinic protocols and one another's roles.
 - Share stories at daily huddles and team meetings that illustrate the positive impact of good teamwork on safety and patient experiences.
- Use patient comments to identify drivers of poor outcomes and gain insight into what aspects of teamwork are lacking.
- Manage up to promote solidarity among staff members and enhance teamwork visibility.
 - Train staff to speak highly of other team members and to refer to each other by name (e.g., "Janet will be drawing your blood for tests. She's the best at blood draws!").
 - There is no place for complaining, badmouthing, or blaming any team member within the practice. Practice issues are never blamed on other staff members.

- Educate, observe, and assess team communication and feedback skills.
 - Leaders may assess team communication through rounding.

Implement Provider-Specific Care Teams.

- Team-based care is associated with better patient experience and outcomes.
- A provider-specific care team is a model for care delivery in the medical practice comprised of a few staff members dedicated to support one provider and that provider's patients. Depending on the practice, it may include advanced practice nurses, physician assistants, nurses, care managers, dietitians, pharmacists, social workers, technicians, and/or receptionists. Support staff may find themselves working with more than one provider in this model, but each provider will work only with specific practitioners and staff members.
- High-performing physicians (i.e., 80th percentile and above) report that a strong relationship with support team members is crucial to sustaining excellent performance.
- Dedicating team members to individual physicians improves patient safety, quality of care, experience, and team member retention—and reduces physician stress.
- Patients identified staff coordination as second only to confidence in the provider as a key driver of practice promotion (i.e., a rating of Very Good for Likelihood to recommend).
 - Dedicate specific staff members to each physician.
 - Limit the number of staff members supporting each physician to a dedicated few.
 - Engage physicians in the restructuring process.
 - Hold individual meetings for each new team to introduce the structure and timing.
 - Communicate the shift to dedicated care teams to your patients in writing and verbally.

Implement daily huddles.

- Daily huddles are brief meetings that occur at the beginning of every business day during which everyone on duty that day becomes familiar with the work ahead. The conversation ensures everyone, in every role, is prepared to organize their practice and workflow around the needs of that day's clinic patients.
- Routinely conducting structured huddles aligns the team at the start of each clinic session. This improves communication for a more engaged workforce and helps proactively plan for patients who require extra time and assistance, and for staff, provider, or equipment changes.
- **VIDEO:** [Why Have Daily Huddles?](#)
- The daily huddle is the number one, most effective method to improve the patient experience by improving patient-centricity, quality, and safety in the medical practice setting.
- Daily huddles improve teamwork across disciplines.

- Daily huddles reduce communication barriers caused by a power distance—the extent to which a person of lower rank in an organization perceives inequality and is uncomfortable speaking up.
- Daily huddles are universally recognized as a practice of highly reliable organizations.
- **VIDEO:** [How to Conduct a Daily Huddle](#)
- Be consistent, understand why you have daily huddles, and adapt a structured model for holding huddles.
 - Designate a meeting location and time.
 - Meet in the same place at the same time every day (before the first patient).
 - Include providers, medical assistants, nurses, registrars, schedulers, and any other role in attendance that day.
 - Stand together. This keeps things brief and creates a unique attribute that becomes linked to the huddle’s purpose.
 - Conduct a five to seven-minute huddle before the clinic opens each day.
 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Check in with the team. Ask these questions:
 - How is everyone doing?
 - Are there any staffing issues?
 - Are there any equipment or resource needs?
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges
 - Assess for patients with special needs, such as:
 - Test results
 - Special education
 - Special room setup
 - Patients with needs beyond the reason for the visit
 - Share a win or positive story. For example:
 - Good patient outcomes
 - Positive patient feedback

- Employees’ professional accomplishments
 - Personal stories and celebrations
 - Thank everyone for their hard work.
- **VIDEO:** [What Can Derail a Huddle?](#)

Use patient comments.

- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- **VIDEO:** [Using Data for Positive Reinforcement](#)
- The qualitative data from survey comments adds detail and valuable insight into the detractors of loyalty.
- Patient comments improve the understanding of what patients and families need and want.
- Leverage comments for individual and team success stories, for marketing initiatives, and for staff and physician recognition and rewards.
- Share patient comments with staff, including positive, negative, and mixed comments.
- **VIDEO:** [Using Comments to Tell a Story](#)
- Categorize comments to identify common themes.
- Optimize technology—such as natural language processing and artificial intelligence—to capture process and system insights from patient comments. Ask your Advisor about [NarrativeDx](#), Press Ganey’s patented technology that provides comment data assessment and reports, eliminating the need for manual reviews of patient comments.

Conduct annual safety culture and engagement surveys.

- Have senior leaders promote participation and explain why the surveys are being conducted and how the data is going to be used.
- Use the results to inform engagement and safety improvement strategies based on workforce readiness for change, leadership development opportunities, and coaching and readiness planning for leaders and teams with low engagement.
- Engage staff for input into and reactions to improvement plans.
- Include measures of burnout and address resilience if results indicate high risk.
- Be transparent about results. Share the findings with all clinicians and employees.
- Consider participating in Press Ganey’s complimentary Safety 2025 initiative to support your goal of zero harm.
- **VIDEO:** [Safety 2025: Accelerate to Zero](#)

- Press Ganey is proud to support industry-wide efforts to reduce avoidable harm and make care safer for patients and caregivers through its Safety 2025 initiative. Contact your advisor or [register online](#) to receive more information. This Press Ganey initiative is designed to help organizations build a strong safety foundation by providing free access to the following:
 - A consistent, standard approach for classifying safety events and measuring harm.
 - Membership in the HPI-Press Ganey PSO, a secure and confidential forum for sharing harm events and learning from the events of others.
 - A webinar series on foundational safety and reliability principles led by industry thought leaders.
 - Safety 2025 Supports the [National Action Plan to Advance Patient Safety](#).

Access

Access

Ease of scheduling your appointment

QUESTION DEFINITION

This item measures how easy it was for the patient to schedule their visit to the doctor's office. A patient decides how easy it was to obtain an appointment based on many things. These include how easy it was to obtain the phone number, the amount of coordination the patient was responsible for, and how polite, helpful, and knowledgeable the phone personnel were thought to be.

Patients also consider how long they had to wait for an appointment, and how convenient the operating hours are relative to their work and home life schedules.

The availability of a trusted care provider is crucial to the patient experience. When combined with worry and a sense of urgency, the ease of scheduling an appointment has an even greater impact on patient experience.

VOICE OF THE PATIENT

- ① "I was there with an emergency injury, so I was worked into the schedule. I was very impressed with how well I was treated by everyone, and I was never made to feel like an inconvenience who disrupted the flow."
- ② "This clinic canceled an appointment I had waited three months for and then rescheduled me three months after that. Waiting six months for an initial visit was a long time. They told me my condition was stable and therefore I would wait. I'm not sure how they would know I was stable when they had never seen me."

IMPROVEMENTS

Commit to improving access to care.

- Recognize this as a patient-centered care goal. Access to care directly influences a patient's likelihood to recommend. Furthermore, when access is challenging, it creates avoidable harm in the form of anxiety, frustration, and anger. It is a component of managing wait times that can influence not only patient loyalty but also patient compliance with care.
- Long wait times for appointments or difficulty obtaining information makes it difficult to obtain the care needed and creates a poor patient experience. Timely access is important for good clinical outcomes.
- Train all staff members to schedule appointments accurately by following defined standards.
 - Create a flow chart and checklist that indicate each required step in the scheduling process.

- Offer two to three suggested times to patients when scheduling an appointment. Offer patients both morning and afternoon appointment times so they can select the best time of day for their schedule. If a patient suggests a time that is unavailable on a certain day, look for and offer similar times on that day or adjacent days.
- Keep patients on an active phone line. Patients should never be placed on hold when they are scheduling an appointment due to the generally short nature of a scheduling call. If a patient must be placed on hold for an extended period, offer to call the patient back within a defined time frame.
- Telephone encounters regarding scheduling are very predictable and can be heavily scripted to ensure consistency and high standards.
- Cross-training allows anyone (the nurse, physician assistant, nurse aides, etc.) to step in if the usual person is temporarily unavailable or away.

Process map the existing scheduling process.

- Create a flow chart and checklist that indicate each required step in the scheduling process.
- Review your scheduling policies and procedures to determine what is and is not working.
- Review your scheduling information technology systems together with staff members who use the system every day. Have an open discussion and be receptive to all feedback. Ultimately, any electronic system should make it easier for both staff and patients, not more difficult.
 - Is the system user-friendly, efficient, and meeting your needs?
 - Do you find your staff uses a complex system of redundancies, paper workarounds, and other methods to muddle through a suboptimal system?
- Conduct a time audit. When do you receive the most patients and appointment requests? This will allow you to schedule more efficiently and staff accordingly. Use data available through information systems, or have staff track and record the data manually for two weeks.

Use data to inform a formal improvement process.

- Understand the average number of visits per provider per day, lag time for new patients and follow-up appointments, add-on averages, schedule utilization rates, no-show rates, and modes of patient contact.
- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- Use patient comments from the comments report in Press Ganey Online to understand your process from the patient's perspective.
- Compare patient comments to staff perceptions.
- Directly inquire about access options using the patient portal and available survey tools.

Consider alternative strategies based on the data findings.

- **Open scheduling** overcomes limitations on the use of scheduled appointment times.
- **Leverage advanced practitioners.** Allow Advanced Practice Nurses and Physician Assistants to develop their own patient panels in collaboration with specific physicians.
- **Patient portals** provide self-service registration and history-taking processes ahead of office visits.
- **Expanded hours** or staggered physician hours can improve access for patients with family and work obligations.
- **Telemedicine** provides additional options for receiving health care services without incurring a significant added cost. While telemedicine may not be appropriate for every patient situation, it is associated with positive experiences and outcomes.
- **Telemonitoring** to collect daily information about vital statistics from patients with chronic conditions such as heart failure and diabetes. Telemonitoring contributes to lower hospitalization rates and improved outcomes.
- **Urgent Care** and Walk-In Centers increase access points for add-ons that do not require an emergency room visit.

Improve the online patient experience.

- Offer patients the ability to schedule appointments online. This gives patients the convenience of scheduling their appointment whenever they like (instead of only during business hours) and lessens the time burden on staff to manage calls for appointments.
 - Leverage the patient portal to send appointment reminders and provide patients the ability to schedule or change appointments.
 - Some scheduling systems allow staff to identify patients who frequently miss appointments or show up late. This information can later be used to trigger a phone call to the patient the day before and/or the day of the appointment as a reminder.
- Optimize the digital patient journey and address consumerism head on.
 - Include a provider directory on your website with robust provider information, including contact data, bios, specialties, accreditation, and publications.
 - Digitally capture physical and virtual appointment requests.
- Contact your Advisor or email info@pressganey.com for information about Press Ganey's suite of customizable **Consumerism Solutions** for managing online provider directories, online booking, reputation management, and more.

Discuss scheduling challenges and improvement opportunities in daily huddles.

- Daily huddles are brief meetings that occur at the beginning of every business day during which everyone on duty that day becomes familiar with the work ahead. The conversation ensures everyone, in every role, is prepared to organize their practice and workflow around the needs of that day's clinic patients.
- **VIDEO:** [Why Have Daily Huddles?](#)
- Conduct a five to seven-minute huddle before the clinic opens each day.
 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges

Manage wait times.

- Wait time is the interval between when a service is needed or expected and when it occurs. In the medical practice setting, this pertains to how long a person is on hold on the phone, the length of time to get an appointment, how long a person sits in the waiting room, the amount of time between entering the exam/procedure room and being seen by a provider, and the amount of time between the end of the exam/procedure and discharge.
- Being kept waiting is perceived as being disrespectful, especially when that wait is unacknowledged. It can cause anger and anxiety—forms of avoidable suffering—and influences the patient's impression of the care provider and the care received.
- **VIDEO:** [Managing Wait Times](#)
- Assess wait times.
 - Involve the entire team in discussions about wait times, their causes, and potential solutions.
 - Conduct a time audit. Ask, for example, when do you receive the most patients, appointment requests, emergencies? This can lead to more efficient scheduling. This data may be available through your information systems, or you may need staff to track and record the data manually for two weeks.
 - Review your scheduling information technology systems together with front-line staff who use the system every day. Is the system user-friendly, efficient, and does it meet their needs? Do you find your staff members use a complex system of redundancies, paper workarounds, and other

methods to muddle through a suboptimal system? Ultimately, any electronic system should make it easier for both staff and patients.

- For very high volume practices with consistent delays, consider queueing theory (e.g., [University of Utah Health](#)) to better understand underlying system causes.
- Start the first visit on time.
 - Measure start times and set benchmarks for how many days in a row first visits start on time.
 - Discuss the ability to start on time at the daily huddle.
 - Celebrate the wins.
- Schedule add-ons at the end of the session, not the beginning.
 - Add-on appointments are common and necessary but have a ripple effect on wait times. Aim to add them as late as possible to minimize the number of patients impacted by long waits.
 - Leave time slots available every day for same-day or next-day appointments for those patients who call due to illness or unexpected conflicts. This should primarily include afternoon slots, as patients are most likely to call in the morning.
 - If early appointments cancel, call patients scheduled for later in the day to ask if they would like to move up their appointments. Patients appreciate the offer, and this can free up afternoon slots for walk-in or same-day appointments.
- Stagger new patients across providers.
 - An equal distribution of the work among providers in the practice improves patient access by maximizing the available appointments on any one day at any one time.
- Stagger appointments for new patients throughout the day.
 - A more even distribution of new patients alleviates the wait at registration because you do not have multiple new patients (with longer registration times) all at the front desk at once.
- Leverage pre-registration processes.
 - Utilize call center staff, pre-appointment registration, and electronic portals to gather pre-registration information. Minimize the information collected at the registration desk to limit the amount of time between arrival and exam room.
- Acknowledge wait time when it happens.
 - Keep patients informed about wait times—repeatedly as necessary so they know they have not been forgotten (e.g., update the patient every 15 minutes).
 - Apologize for unexpected or lengthy wait times.
 - Verbalize respect for their time and let people know efforts are being made to meet their needs.

Access

Ease of contacting (e.g., email, phone, web portal) the clinic

QUESTION DEFINITION

Technology now provides many ways to communicate. This question measures the patient's perception of how easy it was to reach someone at the medical practice through any means available.

Patients expect it to be easy to communicate with their provider. This is true at any time, not just when scheduling an appointment. Impressions of skill, competence, and patient-centeredness are impacted by how easy it is to connect, how quickly they receive a response, and how thoroughly their concerns are addressed.

Providing easy access to the clinic is an opportunity to demonstrate service excellence.

VOICE OF THE PATIENT

- ① "I use the portal to communicate with my doctor about non-urgent matters. Dr. S. is excellent. She always gets back to me with a day if not that same day."
- ② "I wish they had weekend hours or at least a call line after 5 pm. Their hours are in direct conflict with my work hours."

IMPROVEMENTS

Commit to improving access to care.

- Recognize this as a patient-centered care goal. Access to care directly influences a patient's likelihood to recommend. Furthermore, when access is challenging, it creates avoidable harm in the form of anxiety, frustration, and anger. It is a component of managing wait times that can influence not only patient loyalty but also patient compliance with care. Long wait times for appointments or difficulty obtaining information makes it difficult to obtain the care needed and creates a poor patient experience. Timely access is important for good clinical outcomes.
- Use data to inform a formal improvement process.
 - Understand the frequency and modes of patient contact.
 - Assess patient comments.
 - Directly inquire about access options using the patient portal and available survey tools.

Consider alternative strategies based on the data findings.

- **Open scheduling** overcomes limitations on the use of scheduled appointment times.

- **Leverage advanced practitioners.** Allow Advanced Practice Nurses and Physician Assistants to develop their own patient panels in collaboration with specific physicians.
- **Patient portals** provide self-service registration and history-taking processes ahead of office visits.
 - Patient portals are an opportunity for patients to provide or to access information without calling the clinic or provider. Portals may include patient-specific education resources, clinical/discharge summaries, prescription refill requests, appointment scheduling, access to personal health information, and the ability to make payments. Patients may also contact the clinic through the portal, reducing the volume of phone calls. Response time for web encounters is faster compared to telephone requests.
- **Expanded hours** or staggered physician hours can improve access for patients with family and work obligations.
- **Telemedicine** provides additional options for receiving health care services without incurring a significant added cost. While telemedicine may not be appropriate for every patient situation, it is associated with positive experiences and outcomes.
- **Telemonitoring** to collect daily information about vital statistics from patients with chronic conditions such as heart failure and diabetes. Telemonitoring contributes to lower hospitalization rates and improved outcomes.
- **Urgent Care** and Walk-In Centers increase access points for add-ons that do not require an emergency room visit.

Create a structured and integrated workflow around telemedicine offerings.

- Align clinicians and staff across the organization to support and advance virtual care offerings with a focus on improving quality, safety, patient experience, and cost-effectiveness.
- Avoid deprioritizing telemedicine as a secondary or less valuable option for patient visits. It should be discussed, perceived, and managed as importantly as any in-person visit.
- Integrate the service into your overall practice plan. Those who treat the technology as a separate offering are more likely to lose support.
- Create the infrastructure to support the vision, including human, financial, educational, and technological resources.
- Delivering care with telemedicine should be as similar to delivering care without telemedicine as possible. The telemedicine approach is inherently different. However, the more familiar the new process, the more likely it will be successfully adopted.
 - Process map the current workflow; then build telemedicine practices into a revised workflow.
 - The American Hospital Association provides this example of a [telemedicine workflow](#).
 - Engage your experts—the care team, IT, and patients—in designing the workflow. Consider establishing a patient advisory board.

- Establish standard protocols for equipment use, symptoms and reasons appropriate for virtual visits, visit length, typical visit agendas, and documentation needs. Telemedicine protocols should follow the standard protocols used in non-telemedicine as much as possible. For example:
- Develop a team to support telemedicine visits.
 - For new patients, have a telemedicine coordinator or scheduler contact the patient a day or two ahead of the visit to test the technology with the patient, walk them through the process for logging on, discuss the content of any pre-visit documentation provided to the patient, and answer questions/address concerns.
 - Medical Assistants can contact the patient ahead of the visit to conduct a medication reconciliation. At that time, they can also identify family members that need to be present and arrange for them to join the conference.
 - A coordinator can contact the patient at the appointment time to assist them with login and get them ready to see the doctor.
 - Consider conducting a daily huddle specific to virtual appointments consistent with those held ahead of in-person visits, or incorporate telemedicine visits into the daily huddle discussions.
 - Pay attention to teamwork. Just like in-office visits, telemedicine involves much more than the actual televisit. The process involves scheduling, getting the patient ready for the visit, technology, pulling charts and room preparations for the doctor to conduct the televisit, follow-up immediately post visit, and billing.
 - Provide easy-to-use tools and processes for scheduling, documentation, measurement, and billing protocols and systems to help sustain the use of telemedicine.
 - Train the entire team at the same time, so roles and responsibilities are clear.
 - Enable workflow, clinical process design, and integration with senior leadership commitment.
 - Have each care team member refer to the telemedicine visit as they would an office visit.
- Monitor patient feedback about telemedicine visits.
 - Create a plan to track progress and utilization of telemedicine visits.
 - Review patient comments for feedback and make improvements when necessary.
 - Segment patient telemedicine survey data to identify disparities in care.
 - Please contact your Advisor or call 800-232-8032 to learn more about Press Ganey's Telemedicine Solutions that enable medical practices to measure and improve the patient experience for telemedicine encounters.

Establish customer service standards.

- Set the expectation for how quickly your practice will respond to patients. Common response time standards include within four hours, within twenty-four hours, and by the end of the business day

(e.g., if the patient calls by 11 am, return the call by 3:00 pm). The shorter the time frame the practice can meet, the better.

- Communicate service standards to patients through multiple venues. Include reminders about service standards on phone message systems, signs in the clinic, in introductory materials for new patients, and in automated email responses.
- Clearly state on answering systems and/or automated email replies when patients will receive test results and the time frame for when prescription refills will be completed and sent to the patient's pharmacy on record.
- Conduct phone mystery shopping to monitor staff adherence to call standards.
 - Time how long it takes to get your need met, including how many selections patients must make before reaching a scheduler or the desired party. Evaluate opportunities to eliminate non-value-added steps.
- Monitor call-back times.
- Consider scripting to relay gratitude for patients' business and patience; also acknowledge that patients may be anxious about problems and issues. Although patients are evaluating the ease of reaching the clinic, strong communication skills will start the interaction in a positive way.
- Evaluate staff adherence to phone scripts.
- Ensure staff is covering the phone system shortly before the practice or clinic opens. Many patients call first thing in the morning, and any lack of coverage, however small, can lead to unanswered calls and messages that are needlessly placed in the queue.
- Install multiple phones to ensure that several callers can reach the clinic simultaneously. It is important that callers do not receive a busy signal when trying to reach the clinic.
- Give patients access to a live person 24 hours a day to provide them with the opportunity to ask questions or to leave a message for a physician. Take this a step further by providing a 24-hour automated prescription refill line.
- Have doctors and nurses return messages in small batches throughout the day. This cuts down on the length of response times and helps prevent concerned or anxious patients from calling the office more than once during the day for the same issue.
- Enable patients to reach the clinic or answering system. Have an email address or portal messaging system available for patients to request appointments and ask questions. Establish a promised response time, such as a statement that all emails from patients will be responded to within two hours. Consider an automated response to each email within the promised response time.

Use patient comments.

- High performers monitor patient comments weekly.

- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- Track negative patient comments regularly in Press Ganey’s online tools by filtering negative comments.
- **VIDEO: [Using Data for Positive Reinforcement](#)**
- The qualitative data from survey comments adds detail and valuable insight into the detractors of loyalty.
- Patient comments improve the understanding of what patients and families need and want.
- Leverage comments for individual and team success stories, for marketing initiatives, and for staff and physician recognition and rewards.
- Share patient comments with staff, including positive, negative, and mixed comments.
- **VIDEO: [Using Comments to Tell a Story](#)**
- Categorize comments to identify common themes.
- Optimize technology—such as natural language processing and artificial intelligence—to capture process and system insights from patient comments. Ask your Advisor about [NarrativeDx](#), Press Ganey’s patented technology that provides comment data assessment and reports, eliminating the need for manual reviews of patient comments.
- Follow up with patients who leave negative comments related to clinic phone access in order to understand pain points and opportunities for improvement.
- If comment cards are used, follow up with concerns regarding phone access. Consider adding a question that is specific to access.

Moving Through Your Visit

Moving Through Your Visit

Degree to which you were informed about any delays

QUESTION DEFINITION

This question measures how patients feel about the information they received about delays.

Patients want to know that there is a delay, how long it is expected to be, and what other options they may have (e.g., rescheduling appointments). Patients that have to wait can still be very satisfied with the experience if they are kept informed, given reasons for delays throughout the visit, and shown empathy for the lack of timeliness.

VOICE OF THE PATIENT

- 👤 “Even though there were delays during my visit, the staff updated me regularly in a professional manner.”
- 👤 “I waited about 35 minutes after the scheduled time of my appointment before I was called. No one gave me a reason for this delay.”

IMPROVEMENTS

Emphasize communication skills and caring behaviors.

- What and how we communicate informs patients’ perceptions of competence and caring. Improving providers’ communication skills reduces errors, and improves care coordination, engagement, and patients’ perceptions about the care experience—all important safety, quality, and experience considerations with an impact on the bottom line.

Apply patient-centric communication tactics.

- 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 often necessary, but it significantly increases the need to acknowledge understanding.
- 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 about medication.
- 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.
- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.

- Compose scripts or phrases designed to communicate to patients in a comforting manner how long the wait will be and why.

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 clinician 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, de-escalation techniques, listening reflectively, and responding with compassion and empathy.
- Establish a system approach to developing essential core behaviors around communication which is taught, coached, and validated with staff.
- One method of training is through relationship-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. As needed, ask your Advisor about Press Ganey's Strategic Consulting for additional customized communication skills training.
- 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. Attitudes can be assessed based on various intended and/or reflexive actions. For this reason, a number of scenarios should be scripted and then practiced by the staff routinely (e.g., during weekly meetings).
- Train staff to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate 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.

Conduct waiting room and exam room rounds.

- Reception area and exam room rounds can be effective tactics for communicating with patients during waits. This also is an opportunity to ensure that the patients are comfortable, attend to their needs, and survey the tidiness and organization of the reception area.
- Have a clinical or non-clinical staff member walk through waiting rooms or reception areas every 15 minutes to acknowledge the patients that are still waiting and provide updates as to when they should expect to be seen.
- Similarly, a clinical member of the care team should check on patients who are in exam rooms but have not seen their physician yet at regular intervals (e.g., every 10-15 minutes).
- They should also make certain the provider is aware that the patient is waiting. A physician who respectfully apologizes for keeping the patient waiting will start the patient-provider interaction off on the right foot by recognizing that the patient's time is important.
- Although waiting room rounds are effective communication tactics, they should not become a substitute for addressing the root cause of extended waits.
- Apply the principles of Press Ganey's High Reliability Rounding™ model to these and all rounding types:
 - Connect with patients, families, and staff.
 - Check/Can Do
 - Assess the environment and behaviors.
 - Identify what the patient, family, and staff are capable of doing and what the rounder can do to improve performance and safety.
 - Collect/Correct Concerns
 - Gather input and feedback, ideally using an electronic tool such as iRound.
 - Correct misinformation.
 - Act on concerns, follow through, and follow up.
 - Commit/Communicate
 - Establish the standardization of rounds as a priority to improve their impact and effectiveness.
 - Communicate the purpose and methods broadly and often, including to patients and families.

- High Reliability Rounds™ is not one rounding practice but one model for standardizing the practices across all rounds to help ensure rounding practices are not a random collection of disparate activities. All rounds should be part of a coordinated effort to achieve the same goal.
- **VIDEO: High Reliability Rounding**
- **VIDEO: Implementing High Reliability Rounds**
- Create competency and behavioral checklists relative to expected rounding practices and behaviors. Conduct simulated rounds to train and coach leaders to conduct High Reliability Rounds.
- Education and implementation support is available through Press Ganey's Consulting Services. Contact your Advisor for details.

Define behavioral expectations for managing wait times.

- Identify a staff member who will be responsible for communicating delays to patients. If responsibilities and expectations are not assigned and defined, updating patients on delays will get lost among other work responsibilities.
- Designate an appropriate staff member based on the situation. In waiting areas, this is typically a front office staff member. In the exam room, the nurse typically provides an update. If a patient has been waiting an extended period in the exam room, consider having the provider step in to apologize and explain the long wait.
- Appoint a greeter or rounder for your waiting area. This person will be responsible for greeting patients when they arrive, providing updates every 15 minutes on the status of any delay, offering explanations for the reason for the delay, and making patients and family members comfortable while they wait. The greeter can offer beverages, magazines, and other distractions to patients to give them something to do while they wait.
- Consider new technology for updating patients. An electronic board, like boards seen in surgical centers or airports, can offer real-time updates on delays and expected wait times for individual providers.
 - If an electronic board is not an option, consider a board that is updated manually. Wait times may be handwritten on a whiteboard, or wait time cards may be posted next to individual providers' names.
- Ensure that staff members in the back of the office regularly communicate physician delays to the front desk staff (e.g., whenever the physician is running more than 15 minutes behind). Often, delays are not communicated to patients in the waiting area because the information is not communicated to the front of the practice. Test this by regularly asking the front desk about current provider wait times. Troubleshoot the potential cause if staff members do not know the answer.

- Use an internal instant-messaging system to allow communication among the care team. Instant messaging enables fast updates and eliminates the need for staff to spend time physically moving around the office to discuss delays.

Include compassionate communication in expected behaviors.

- Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. The provider must 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.
 - Empower the staff to go the extra mile to find the appointment or resource that works best for the patient.

Incorporate service recovery into behavior standards.

- Empower all staff to use service recovery methods and skills to meet patients' needs when visits do not go as expected.
- Provide people with tools to draw upon when they need to apologize and recover service.
- Provide examples of common complaints and examples of how to respond and apologize appropriately.
- Acknowledge any suffering your practice's mistakes may have caused.
- Adopt a strategy such as ACT:
 - APOLOGIZE for not meeting the customer's expectations.
 - CORRECT the service issue.
 - THANK the customer for bringing the issue to your attention and assure proper follow-through to prevent a recurrence.
- Implement training for all staff with a plan for an annual course.
- Reward and recognize employees for following the process well.
- Continually seek ways to improve the program.

Connect recognition and incentives to expected behaviors and the clinic's mission, vision, and values.

- **VIDEO:** [Recognizing Excellence](#)

- Make recognition personal, specific, meaningful, and timely.
- Leverage patient comments for individual and team success stories.
- Incorporate positive feedback into daily huddles.
- Write notes to employees identified in the survey comments.
- Publish the positive comments in newsletters or intranet communications, or on a bulletin board dedicated to a recognition process.
- Celebrate with food and fun.
- Identify available funds for financial incentives.

Moving Through Your Visit

Wait time at clinic (from arriving to leaving)

QUESTION DEFINITION

This question measures patients' perceptions of the amount of time spent at the office from arrival to departure. It is not asking how much time was spent waiting; rather, it determines perceptions of the appropriateness of the length of the visit. This is influenced by patients' expectations about what an appropriate wait time should be.

Wait time has an important influence on the overall medical practice patient experience. Press Ganey research shows that patients who reported spending less time waiting to see their primary care physicians are more satisfied with their office visit than those patients who report longer wait times.

VOICE OF THE PATIENT

- 👍 "Wait times are always no more than 15 minutes, coming here is not stressful."
- 👎 "The wait time and the sloppy process of getting to the doctor are very annoying and unnecessary."

IMPROVEMENTS

Manage wait times.

- In the medical practice setting, wait times can pertain to how long a person is on hold on the phone, the length of time to get an appointment, how long a person sits in the waiting room, the amount of time between entering the exam/procedure room and being seen by a provider, and the amount of time between the end of the exam/procedure and discharge.
- Being kept waiting is perceived as being disrespectful, especially when that wait is unacknowledged. It influences the patient's impression of the care provider and the care received.
- **VIDEO:** [Managing Wait Times](#)
- Waiting can cause anger and anxiety—forms of avoidable suffering.
- The likelihood of recommending the provider is negatively impacted by wait.

Assess wait times.

- Involve the entire team in discussions about wait times, their causes, and potential solutions.
- Identify systems/processes that are contributing to delays.
 - Conduct a time audit. Ask, for example, when do you receive the most patients, appointment requests, emergencies? This can lead to more efficient scheduling. This data may be available

through your information systems, or you may need staff to track and record the data manually for two weeks.

- Review your scheduling information technology systems together with front-line staff who use the system every day. Is the system user-friendly, efficient, and does it meet their needs? Do you find your staff members use a complex system of redundancies, paper workarounds, and other methods to muddle through a suboptimal system? Ultimately, any electronic system should make it easier for both staff and patients.
- For very high volume practices with consistent delays, consider queueing theory (e.g., [University of Utah Health](#)) to better understand underlying system causes.

Start the first visit on time.

- Measure start times and set benchmarks for how many days in a row first visits start on time.
- Discuss the ability to start on time at the daily huddle.
- Celebrate the wins.

Schedule add-ons at the end of the session, not the beginning.

- Add-on appointments are common and necessary but have a ripple effect on wait times. Aim to add them as late as possible to minimize the number of patients impacted by long waits.

Stagger new patients across providers.

- An equal distribution of the work among providers in the practice improves patient access by maximizing the available appointments on any one day at any one time.

Stagger appointments for new patients throughout the day.

- A more even distribution of new patients alleviates the wait at registration because you do not have multiple new patients (with longer registration times) all at the front desk at once.

Leverage pre-registration processes.

- Utilize call center staff, pre-appointment registration, and electronic portals to gather pre-registration information. Minimize the information collected at the registration desk to limit the amount of time between arrival and exam room.

Acknowledge wait time when it happens.

- Keep patients informed about wait times—repeatedly as necessary so they know they have not been forgotten (e.g., update the patient every 15 minutes).
- Apologize for unexpected or lengthy wait times.

- Verbalize respect for their time and let people know efforts are being made to meet their needs.
 - Be comfortable saying “I’m sorry” in response to extended wait times.
 - Offer explanations if patients are experiencing a delay. If there is a significant delay (15 to 30 minutes or more), ask the patient if they would like to wait, go to a walk-in clinic, or offer the option to come again at another time.
- Provide routine updates about anticipated wait times to those in the reception area.
- Complete a wait time activity with staff to simulate the feeling of wait times. Ask staff members to sit in the waiting area and note when they believe ten minutes have passed. Ten minutes feels longer than most people expect, and this feeling is amplified when patients feel stress and anxiety.

Implement daily huddles.

- Daily huddles are brief meetings that occur at the beginning of every business day during which everyone on duty that day becomes familiar with the work ahead. The conversation ensures everyone, in every role, is prepared to organize their practice and workflow around the needs of that day’s clinic patients.
- Routinely conducting structured huddles aligns the team at the start of each clinic session. This improves communication for a more engaged workforce and helps proactively plan for patients who require extra time and assistance, and for staff, provider, or equipment changes.
- **VIDEO: Why Have Daily Huddles?**
- The daily huddle is the number one, most effective method to improve the patient experience by improving patient-centricity, quality, and safety in the medical practice setting.
- Daily huddles improve teamwork across disciplines.
- Daily huddles reduce communication barriers caused by a power distance—the extent to which a person of lower rank in an organization perceives inequality and is uncomfortable speaking up.
- Daily huddles are universally recognized as a practice of highly reliable organizations.
- **VIDEO: How to Conduct a Daily Huddle**
- Be consistent, understand why you have daily huddles, and adapt a structured model for holding huddles.
 - Designate a meeting location and time.
 - Meet in the same place at the same time every day (before the first patient).
 - Include providers, medical assistants, nurses, registrars, schedulers, and any other role in attendance that day.
 - Stand together. This keeps things brief and creates a unique attribute that becomes linked to the huddle’s purpose.

- Conduct a five to seven-minute huddle before the clinic opens each day.
 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Check in with the team. Ask these questions:
 - How is everyone doing?
 - Are there any staffing issues?
 - Are there any equipment or resource needs?
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges
 - Assess for patients with special needs, such as:
 - Test results
 - Special education
 - Special room setup
 - Patients with needs beyond the reason for the visit
 - Share a win or positive story. For example:
 - Good patient outcomes
 - Positive patient feedback
 - Employees’ professional accomplishments
 - Personal stories and celebrations
 - Thank everyone for their hard work.
- **VIDEO:** [What Can Derail a Huddle?](#)

Define the care team’s vision using the Four-Question Coaching Model.

- **VIDEO:** [The Four-Question Coaching Model](#)
- Advise physicians to follow these four steps:
 1. Choose three words they would want patients to use to describe them.
 2. Identify the behaviors that exemplify those values.
 3. Identify the barriers to consistently behave in ways that exemplify those values

4. Communicate these descriptions, behaviors, and barriers to all dedicated team members at the same time in the same place.
 - Encourage physicians to communicate about the experience they want to create for patients and engage the team in contributing to that vision. Once the team understands the experience that the practice is trying to deliver on, they can advance the effort.
 - Create individual profiles for both employees and physicians to encourage familiarity and relationship building.

Nurse/Assistant

Nurse/Assistant

How well the nurse/assistant listened to you

QUESTION DEFINITION

This question measures patients' perceptions of the quality of their communication with the nurse or medical assistant.

Patients expect the information they share to be taken seriously. The caregiver's body language (e.g., relaxed, sitting near the patient, and making eye contact) reveals a lot about how well they are listening.

To be patient-centered, the patient must believe their voice has been heard and that they have an active role in their own care. Patients will likely be less satisfied with caregivers who hurry them through interactions, disregard the information they provide, or do not allow them to actively participate in the exchange of information.

VOICE OF THE PATIENT

- 👍 "The nurses are kind and professional. D. is especially thorough. She's very kind and patient and understanding."
- 👎 "No one introduced themselves. They were very rude and dismissive. I don't even know if there was a nurse."

IMPROVEMENTS

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.

Include compassionate communication in expected behaviors.

- Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. The provider must focus on the patient, listen, and speak to the patient's concerns with knowledge and understanding.

Pay attention to body language.

- Sit at eye level and look the patient in the eye while talking.
- 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 she did not sleep well the night before because she was in pain.
- Move closer to patients displaying extreme emotion or discussing difficult topics.

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 anxieties 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 in order to display empathy/sympathy. For example, "We are going to take great care of you," "Let's talk more about your concern," and "I will make sure the doctor is aware of your questions."

Apply patient-centric communication tactics.

- 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 often necessary, but it significantly increases the need to acknowledge understanding.
- 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?"
- Consider language, cultural, and educational barriers.

- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
- 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.

Recognize the relationship between documentation practices and communication.

- Set care team members up to use electronic charting successfully. A staff member's focus on documentation should not be mistaken for lack of concern.
- Communicate the advantages of the electronic medical record to improve the patient's perception of care coordination, for example, "I saw in your cardiologist's notes from your last visit with him that he started you on a new medication to lower your cholesterol. Let's talk about that. What questions or concerns do you have?"
- Maintain essential behaviors (eye contact, nodding to acknowledge patient information, etc.) by positioning computers in optimal locations.
 - Consider using laptops so providers may move around freely or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
 - If computer placement forces nurses to have their backs to patients, require them to explain this to patients. For example, "As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk."

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 clinician 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, de-escalation techniques, listening reflectively, and responding with compassion and empathy.
- Establish a system approach to developing essential core behaviors around communication which is taught, coached, and validated with staff.
- One method of training is through relationship-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. As needed, ask your

Advisor about Press Ganey’s Strategic Consulting for additional customized communication skills training.

- 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. Attitudes can be assessed based on various intended and/or reflexive actions. For this reason, a number of scenarios should be scripted and then practiced by the staff routinely (e.g., during weekly meetings).
- Train staff to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate 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.

Connect recognition and incentives to expected behaviors and the clinic’s mission, vision, and values.

- **VIDEO:** [Recognizing Excellence](#)
- Incorporate positive feedback into daily huddles.
- Publicly acknowledge accomplishments, including innovation. Publicly acknowledge accomplishments, including innovation. However, it is important to know your staff; not everyone likes public recognition.
- Make recognition personal, specific, meaningful, and timely.
- Identify available funds for financial incentives or small gifts such as gift cards.

Use patient comments for improvement.

- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- **VIDEO:** [Using Data for Positive Reinforcement](#)

- The qualitative data from survey comments adds detail and valuable insight into the detractors of loyalty.
- Patient comments improve the understanding of what patients and families need and want.
- Leverage comments for individual and team success stories, for marketing initiatives, and for staff and physician recognition and rewards.
- Share patient comments with staff, including positive, negative, and mixed comments.
- **VIDEO:** [Using Comments to Tell a Story](#)
- Categorize comments to identify common themes.
- Optimize technology—such as natural language processing and artificial intelligence—to capture process and system insights from patient comments. Ask your Advisor about [NarrativeDx](#), Press Ganey’s patented technology that provides comment data assessment and reports, eliminating the need for manual reviews of patient comments.

Leverage patient comments for individual and team success stories.

- Write notes to employees identified in the survey comments.
- Publish the positive comments in newsletters or intranet communications, or on a bulletin board dedicated to a recognition process.

Nurse/Assistant

Concern the nurse/assistant showed for your problem

QUESTION DEFINITION

This question assesses how well the nurse or nursing assistant showed concern when responding to problems presented by the patient. Patients have better experiences when staff members express genuine concern for patients' well-being.

Concern is demonstrated through words and body language. However, a distracted nurse may be unaware that they appear unconcerned, nonchalant, or frustrated. People automatically recognize and register these clues, and they have a lasting impact on perceptions of a caregiver's concern for their problems.

VOICE OF THE PATIENT

- 1 "My nurse was so professional, patient, and helpful with all my questions."
- 2 "He never introduced himself and kept working on the computer--no eye contact or concern!"

IMPROVEMENTS

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- 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.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
- 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, and educational barriers.
- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
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- 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.

Conduct leader rounds on staff.

- Senior executive and leadership rounds on staff are useful tools for breaking down the power gradient that hinders communication and trust, and advancing engagement and safety initiatives. Use these opportunities to coach and to model expected behaviors.
- **VIDEO:** [Model Expected Behaviors](#)
- Practice direct observation of staff to investigate and fully understand the current state.
- Huddle with the staff before (to check in) and after rounds (to provide feedback).
- Take the opportunity to provide 1:1 coaching, and to ask staff about what is going well and what their challenges are. Make this an appreciative coaching experience—positive and supportive.
- Make this a safe space for staff to share without the fear of penalty.
- 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.
- Adopt the High Reliability Rounding™ model for all rounding types.
 - High Reliability Rounding is rooted in the High Reliability Organization principles of sensitivity to operations, preoccupation with failure, reluctance to simplify, commitment to resilience, and deference to expertise. It is a driver of organizational health across safety (establishing psychological safety and a just culture), quality (improving operational efficiency and clinical

outcomes), and patient and workforce experiences (open communication, service recovery, and bi-directional understanding of challenges and opportunities).

- This is not one rounding practice, but one model for standardizing the practices across all rounds to help ensure rounding practices are not a random collection of disparate activities. All rounds should be part of a coordinated effort to achieve the same goal.
- **VIDEO: High Reliability Rounding**
- **VIDEO: Implementing High Reliability Rounds**
- Establish the following expectations for all rounds:
 - Connect with patients, families, and staff.
 - Check/Can Do
 - Assess the environment and behaviors.
 - Identify what the patient, family, and staff are capable of doing and what the rounder can do to improve performance and safety.
 - Collect/Correct Concerns
 - Gather input and feedback, ideally using an electronic tool such as iRound.
 - Correct misinformation.
 - Act on concerns, follow through, and follow up.
 - Commit/Communicate
 - Establish the standardization of rounds as a priority to improve their impact and effectiveness.
 - Communicate the purpose and methods broadly and often, including to patients and families.
- **VIDEO: Model the Behavior**
- **VIDEO: Improve Adoption and Sustainability of Rounds**
- Create competency and behavioral checklists relative to expected rounding practices and behaviors. Conduct simulated rounds to train and coach leaders to conduct High Reliability Rounds.
- Capture real-time data during rounds with an **electronic rounding tool** to ensure data-driven decision making and action planning.
- Education and implementation support is available through Press Ganey’s Consulting Services. Contact your Advisor for details.

Leverage patient comments for individual and team success stories.

- Write notes to employees identified in the survey comments.

- Publish the positive comments in newsletters or intranet communications, or on a bulletin board dedicated to a recognition process.

Connect recognition and incentives to expected behaviors and the clinic's mission, vision, and values.

- **VIDEO:** [Recognizing Excellence](#)
- Incorporate positive feedback into daily huddles.
- Publicly acknowledge accomplishments, including innovation. Publicly acknowledge accomplishments, including innovation. However, it is important to know your staff; not everyone likes public recognition.
- Make recognition personal, specific, meaningful, and timely.
- Identify available funds for financial incentives or small gifts such as gift cards.

Establish a service recovery program policy.

- The staff's response and what they do for your customers after a service failure will either make patients highly loyal or push them away by augmenting their discontent.
 - Define what service recovery is.
 - Explain the benefits of having a program in place.
- Include recommendations for three stages of complaint management: collect, analyze, and act on the data.
 - Obtaining and acting on the data can occur concurrently. Empower staff with service recovery skills.
 - Use a database to track, trend, and analyze complaints.
 - Create a toolkit that is easy to use and accessible.
- Categorize the issues into three levels:
 1. Resolved by the employee.
 2. Resolved by a manager/supervisor.
 3. Resolved at an administrative level.
- Regularly review the complaint-tracking log for common themes and do a deeper dive into those issues to prevent them in the future.
 - Share follow-up data regularly that show staff how the process is working and the impact it has had on patients and staff.

Incorporate service recovery into behavior standards.

- Empower all staff to use service recovery methods and skills to meet patients' needs when visits do not go as expected.
- Provide people with tools to draw upon when they need to apologize and recover service.
 - Provide examples of common complaints and examples of how to respond and apologize appropriately.
 - Acknowledge any suffering your practice's mistakes may have caused.
 - Adopt a strategy such as ACT:
 - APOLOGIZE for not meeting the customer's expectations.
 - CORRECT the service issue.
 - THANK the customer for bringing the issue to your attention and assure proper follow-through to prevent a recurrence.
 - Implement training for all staff with a plan for an annual course.
- Reward and recognize employees for following the process well.
- Continually seek ways to improve the program.

Care Provider

Care Provider

Explanations the care provider gave you about your problem or condition

QUESTION DEFINITION

This question assesses how well the care provider shared information about the illness, symptoms, or medical problems.

Whether a patient is seeking a diagnosis or confirmation of a diagnosis, the care provider's ability to clearly explain the problem and the treatment is critical for gaining patient trust and compliance with care. Further, compassionate and thorough communication of medical issues can improve the patient experience by reducing the anxiety, confusion, and fear associated with the unknown or a perceived lack of control.

VOICE OF THE PATIENT

- 1 "Explanations were clear, concise, and included use of x-rays to point out precisely the anatomical structures involved."
- 2 "The doctor's lack of explanations only INCREASED my anxiety."

IMPROVEMENTS

Set a standard for Shared Decision Making.

- Shared Decision Making (SDM) is a process of communication in which clinicians and patients work together to make optimal health care decisions that align with what matters most to the patient.
- SDM respects the expertise of both the clinician and the patient: the clinician as an expert of medicine, and the patient as an expert in their values and preferences. The SDM process is designed to honor patient autonomy and the right to be fully informed about care options.
- SDM helps clinicians make more informed, individualized recommendations. By taking the time to understand patients' values and preferences, clinicians are in a better position to help patients make the choice that is right for them.
- When implemented effectively, SDM promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about their condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.

- Start small.
 - Physicians who are interested in experimenting with the practice can try it with just one patient, or with their morning patients, for example.
- Help patients explore and compare treatment options.
 - Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
 - Decision aids must be appropriate for the patient’s level of health literacy.
 - Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice
- Consider using the [Elwyn three-step model](#):
 1. Discuss available choices.
 2. Discuss details about each option.
 3. Discuss the patient’s decision.
- Highlight the patient-centered principles of SDM.
 - 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.

Use physician champions.

- 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 buy-in of a concept or process among physicians and other disciplines.
- Physician champions can help other physicians understand SDM as a way to refocus the treatment decision process on the patient rather than the disease.
- Use storytelling to describe situations where patients change their initial treatment decisions during the SDM process.
- The use of physician champions also elevates physician engagement in the continuous improvement of safety and patient and workforce experience.

- Identify your champions.
 - Use 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.

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 about medication.
- 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.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
- 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, and educational barriers.
- Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits.
- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
- 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.

- 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 often necessary, but it significantly increases the need to acknowledge understanding.

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 clinician 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, de-escalation techniques, listening reflectively, and responding with compassion and empathy.
- Establish a system approach to developing essential core behaviors around communication which is taught, coached, and validated with staff.
- One method of training is through relationship-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. As needed, ask your Advisor about Press Ganey's Strategic Consulting for additional customized communication skills training.
- 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. Attitudes can be assessed based on various intended and/or reflexive actions. For this reason, a number of scenarios should be scripted and then practiced by the staff routinely (e.g., during weekly meetings).
- Train staff to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate 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.

Connect recognition and incentives to expected behaviors and the clinic’s mission, vision, and values.

- **VIDEO:** [Recognizing Excellence](#)
- Measure and recognize results.
- Make recognition personal, specific, meaningful, and timely.
- Publicly acknowledge accomplishments, including innovation.
- Incorporate positive feedback into daily huddles.
- Leverage patient comments for individual and team success stories.
- Identify available funds for financial incentives.
- Celebrate with food and fun.

Care Provider

Concern the care provider showed for your questions or worries

QUESTION DEFINITION

This question measures how well the provider met the patient's expectation for a display of concern.

Patients want their suffering to be acknowledged. In varying degrees, patients expect the primary care provider (usually a physician) to show they understand the anxiety and worry a condition or symptom can cause. Patients respond positively to physicians who:

- Encourage them to disclose feelings.
- Seek to understand all of their concerns.
- Show respect for their concerns.
- Do not avoid unpleasant subjects.

Patients respond negatively to physicians who dismiss or ignore concerns or seem uncomfortable with patients' emotional reactions.

VOICE OF THE PATIENT

👤 “Dr. R. always takes the time it needs with me and my conditions. I usually leave there feeling that someone listened to my own concerns. He cares, which is the most important quality that a personal doctor needs in my book.”

👤 “Consistently brushed me off when I raised a concern, made me feel like all questions are stupid.”

IMPROVEMENTS

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.

Include compassionate communication in expected behaviors.

- Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. The provider must 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.
 - 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 and look the patient in the eye while talking.
- 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 she did not sleep well the night before because she was in pain.
- Move closer to patients displaying extreme emotion or discussing difficult topics.

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. For example, "I can see that you're concerned."
- If a patient is expressing or showing concern, offer reassuring phrases in order to display empathy/sympathy. For example, "We are going to take great care of you," "Let's talk more about your concern," and "I will make sure the doctor is aware of your questions."

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 about medication.
- 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.
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- Assess the patient’s comprehension of the information given. For example, “We have given you a lot of information. What questions do you have?”
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- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
- 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.
- 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 often necessary, but it significantly increases the need to acknowledge understanding.

Recognize the relationship between documentation practices and communication.

- Set care team members up to use electronic charting successfully. A staff member’s focus on documentation should not be mistaken for lack of concern.
- Communicate the advantages of the electronic medical record to improve the patient’s perception of care coordination, for example, “I saw in your cardiologist’s notes from your last visit with him that he started you on a new medication to lower your cholesterol. Let’s talk about that. What questions or concerns do you have?”
 - Maintain essential behaviors (eye contact, nodding to acknowledge patient information, etc.) by positioning computers in optimal locations.
 - Consider using laptops so providers may move around freely or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
 - If computer placement forces nurses to have their backs to patients, require them to explain this to patients. For example, “As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk.”

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 clinician and staff engagement by enhancing communication skills among clinicians and across health care teams and systems.
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- Train staff to respond with empathy before jumping in with a solution; it can be an excellent way to demonstrate 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:
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 - Cultural differences
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- Provide ongoing, routine training such as booster educational sessions to maintain competencies.

Use physician champions.

- 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 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.
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Connect recognition and incentives to expected behaviors and the clinic's mission, vision, and values.

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- Make recognition personal, specific, meaningful, and timely.
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Set a standard for Shared Decision Making

- When implemented effectively, Shared Decision Making (SDM) promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about their condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.
- Highlight the patient-centered principles of SDM.
 - 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.
- Help patients explore and compare treatment options.
 - Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
 - Decision aids must be appropriate for the patient's level of health literacy.
 - Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice
- Consider using the **Elwyn three-step model**:
 1. Discuss available choices.
 2. Discuss details about each option.
 3. Discuss the patient's decision.

Care Provider

Care provider's efforts to include you
in decisions about your care

QUESTION DEFINITION

This question measures the extent to which patients feel that the provider encouraged their participation in decisions about their plan of care.

Not all patients want the same level of involvement in care decisions. However, all patients expect that, when they state a preference, the provider will demonstrate respect and value for the patient's views and concerns.

Care providers who seek a patient's response to the diagnosis and care plan will be better perceived to have involved them in care decisions.

VOICE OF THE PATIENT

- 👍 "The doctor described my options and involved me in the decision-making process of my care."
- 👎 "The doctor did not ask me questions; he didn't even try to understand the problem. He just prescribed treatment without talking to me."

IMPROVEMENTS

Set a standard for Shared Decision Making.

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- When implemented effectively, SDM promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about their condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.
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- Start small.
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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.

Include compassionate communication in expected behaviors.

- Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. The provider must 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.
 - 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 and look the patient in the eye while talking.
- 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.

Apply patient-centric communication tactics.

- Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits.
- 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 about medication.
- 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.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
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 - Consider language, cultural, and educational barriers.

- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
- 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.
- 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 often necessary, but it significantly increases the need to acknowledge understanding.

Care Provider

Care provider's discussion of any proposed treatment
(options, risks, benefits, etc.)

QUESTION DEFINITION

This question assesses how well information offered by the provider met patient expectations about the impact of the care and treatment offered.

Providing information about how the care options affect a patient's physical, mental, and social well-being (e.g., family life, hobbies, and employment) can help meet this need. Information about care plans should be easy to understand.

Patient perceptions are influenced by the provider's ability and willingness to respectfully address the patient's questions and feedback about care recommendations and the patient's own ideas for care.

VOICE OF THE PATIENT

- ① “Dr. O. talked with me about the onset of symptoms, she reviewed all my test results with me, and she made connections with my personal history, then we decided on a course of treatment together. This was the best experience I've ever had with a doctor by far!”
- ② “He didn't tell me what happens after the surgery and I wasn't given any alternatives. Basically, he just told me what I was going to have to do and then left the room. In retrospect, I feel railroaded.”

IMPROVEMENTS

Help patients explore and compare treatment options.

- Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
- Decision aids must be appropriate for the patient's level of health literacy and primary language.
- Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice

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.
- Consider using the **Elwyn three-step model**:
 1. Discuss available choices.
 2. Discuss details about each option.
 3. Discuss the patient's decision.

Establish clear behavioral expectations.

- 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 across the enterprise.
 - Include service expectations for phone, email, text, and in-person communication.
 - Include service expectations for communicating wait times and room turnover.
 - Include behavioral expectations for attending daily huddles, speaking up for safety, and reporting safety events (including near misses).
 - Include behavioral expectations for professional courtesy and staff interactions.
- Some localized customizations 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.
- Incorporate service recovery processes into behavioral expectations.
- Promote the standards on an ongoing basis.
 - Mention behavioral expectations during daily huddles.
 - 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.
- 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.

Connect recognition and incentives to expected behaviors and the clinic's mission, vision, and values.

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 - Write notes to employees identified in the survey comments.
- Engage the team in peer-to-peer recognition, such as a nomination process for awards, or daily huddle kudos.
- Celebrate with food and fun.
- Identify available funds for financial incentives.

Apply patient-centric communication tactics.

- 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 often necessary, but it significantly increases the need to acknowledge understanding.
- 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 about medication.
- 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.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
- 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, and educational barriers.

- Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.
- 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.
- Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits.

Care Provider

Likelihood of your recommending this care provider to others

QUESTION DEFINITION

A patient's judgment on this question likely depends on the issues and qualities measured by the rest of the care provider questions on the survey. Because of this, it is often considered an outcome measure.

This question measures the extent to which patients say positive things about the provider. Marketing professionals refer to it as "positive word of mouth" and consider it associated with re-purchase intentions and perception of value. Patients who respond with ratings lower than "5" should be considered "at risk."

VOICE OF THE PATIENT

- 👍 "I recommend her to all of my friends. She is very thorough, but what I love most of all ... she is a person who listens and learns from her patients."
- 👎 "I do not feel comfortable or have confidence in this doctor. In fact, I'm going to a different doctor."

IMPROVEMENTS

Improve access to care.

- Recognize this as a patient-centered care goal. Access to care directly influences a patient's likelihood to recommend. Furthermore, when access is challenging it creates avoidable harm in the form of anxiety, frustration, and anger. It is a component of managing wait times that can influence not only patient loyalty but also patient compliance with care. Long wait times for appointments or difficulty obtaining information makes it difficult to obtain the care needed and creates a poor patient experience. Timely access is important for good clinical outcomes.
- Use data to inform a formal improvement process.
 - Understand the average number of visits per provider per day, lag time for new patients and follow-up appointments, add-on averages, schedule utilization rates, no-show rates, and modes of patient contact.
 - Assess patient comments.
 - Directly inquire about access options using the patient portal and available survey tools.
- Consider open scheduling. This helps overcome limitations on the use of scheduled appointment times.

- Allow Advanced Practice Nurses and Physician Assistants to practice at top of license, including developing their own patient panels in collaboration with specific physicians.
- Consider alternative strategies based on the data findings.
 - **Patient portals** provide self-service registration and history-taking processes ahead of office visits.
 - **Expanded hours** or staggered physician hours can improve access for patients with family and work obligations.
 - **Telemedicine** provides additional options for receiving health care services without incurring a significant added cost. While telemedicine may not be appropriate for every patient situation, it is associated with positive experiences and outcomes.
 - **Telemonitoring** to collect daily information about vital statistics from patients with chronic conditions such as heart failure and diabetes. Telemonitoring contributes to lower hospitalization rates and improved outcomes.
 - **Urgent Care** and Walk-In Centers increase access points for add-ons that do not require an emergency room visit.

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.

Include compassionate communication in expected behaviors.

- Build the patient's confidence in their provider with compassionate and respectful communication, listening, and behavior. The provider must 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.
- 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 and look the patient in the eye while talking.
 - 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 she did not sleep well the night before because she was in pain.
 - Move closer to patients displaying extreme emotion or discussing difficult topics.
- 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. For example, “I can see that you’re concerned.”
 - If a patient is expressing or showing concern, offer reassuring phrases in order to display empathy. For example, “We are going to take great care of you,” and “Let’s talk more about your concern.”
- 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 about medication.
 - 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?”
 - Consider language, cultural, and educational barriers.
 - Speak slowly, use a gentle tone, and maintain a calm demeanor. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations.

- Technical language may isolate and dissatisfy patients by causing confusion and anxiety. Watch for cues that indicate a lack of understanding, such as patients who stop nodding, begin to fidget, frown, or display facial signs of confusion, such as furrowing the brow.
 - Use take-home instructions or visual aids in addition to verbal explanations. Takeaway documentation allows patients to review the content at their own pace.
- 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.
- 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 often necessary, but it significantly increases the need to acknowledge understanding.
- Keep track of patients' decisions about treatment in their records and mention these decisions in repeat or follow-up visits.

Implement daily huddles.

- Daily huddles are brief meetings that occur at the beginning of every business day during which everyone on duty that day becomes familiar with the work ahead. The conversation ensures everyone, in every role, is prepared to organize their practice and workflow around the needs of that day's clinic patients.
- Routinely conducting structured huddles aligns the team at the start of each clinic session. This improves communication for a more engaged workforce and helps proactively plan for patients who require extra time and assistance, and for staff, provider, or equipment changes.
- **VIDEO: [Why Have Daily Huddles?](#)**
- The daily huddle is the number one, most effective method to improve the patient experience by improving patient-centricity, quality, and safety in the medical practice setting.
- Daily huddles improve teamwork across disciplines.
- Daily huddles reduce communication barriers caused by a power distance—the extent to which a person of lower rank in an organization perceives inequality and is uncomfortable speaking up.
- Daily huddles are universally recognized as a practice of highly reliable organizations.
- **VIDEO: [How to Conduct a Daily Huddle](#)**
- Be consistent, understand why you have daily huddles, and adapt a structured model for holding huddles.
 - Designate a meeting location and time.
 - Meet in the same place at the same time every day (before the first patient).
 - Include providers, medical assistants, nurses, registrars, schedulers, and any other role in attendance that day.

- Stand together. This keeps things brief and creates a unique attribute that becomes linked to the huddle’s purpose.
- Conduct a five to seven-minute huddle before the clinic opens each day.
 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Check in with the team. Ask these questions:
 - How is everyone doing?
 - Are there any staffing issues?
 - Are there any equipment or resource needs?
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges
 - Assess for patients with special needs, such as:
 - Follow up on test results
 - Special education
 - Special room setup
 - Patients with needs beyond the reason for the visit
 - Share a win or positive story. For example:
 - Good patient outcomes
 - Positive patient feedback
 - Employees’ professional accomplishments
 - Personal stories and celebrations
 - Thank everyone for their hard work.
- **VIDEO:** [What Can Derail a Huddle?](#)

Establish Provider-Specific Care Teams.

- Team-based care is associated with better patient experience and outcomes.
- A provider-specific care team is a model for care delivery in the medical practice comprised of a few staff members dedicated to support one provider and that provider’s patients. Depending on the practice, it may include advanced practice nurses, physician assistants, nurses, care managers, dietitians, pharmacists, social workers, technicians, and/or receptionists. Support staff may find

themselves working with more than one provider in this model, but each provider will work only with specific practitioners and staff members.

- High-performing physicians (i.e., 80th percentile and above) report that a strong relationship with support team members is crucial to sustaining excellent performance.
- Dedicating team members to individual physicians improves patient safety, quality of care, experience, and team member retention—and reduces physician stress.
- Patients identified staff coordination as second only to confidence in the provider as a key driver of practice promotion (i.e., a rating of Very Good for Likelihood to recommend).
 - Dedicate specific staff members to each physician.
 - Limit the number of staff members supporting each physician to a dedicated few.
 - Engage physicians in the restructuring process.
 - Hold individual meetings for each new team to introduce the structure and timing.
 - Communicate the shift to dedicated care teams to your patients in writing and verbally.
 - Define the care team’s vision using the Four-Question Coaching Model.
 - **VIDEO: [The Four-Question Coaching Model](#)**
 - Advise physicians to follow these four steps:
 1. Choose three words they would want patients to use to describe them.
 2. Identify the behaviors that exemplify those values.
 3. Identify the barriers to consistently behave in ways that exemplify those values.
 4. Communicate these descriptions, behaviors, and barriers to all dedicated team members at the same time in the same place.
 - Encourage the physician to communicate about the experience they want to create for patients and engage the team in contributing to that vision. Once the team understands the experience that the practice is trying to deliver on, they can advance the effort.
 - Create individual profiles for both employees and physicians to encourage familiarity and relationship building.
 - Hire for fit.
 - Involve physicians in identifying key selection requirements for new team members.
 - Draft measurements of performance for 90-day and annual performance reviews.
 - Obtain physician input regarding performance measures.
 - Obtain physician input regarding team member performance ahead of each review.

Implement Shared Decision Making.

- Shared Decision Making (SDM) is a process of communication in which clinicians and patients work together to make optimal health care decisions that align with what matters most to the patient.
- SDM respects the expertise of both the clinician and the patient: the clinician as an expert of medicine, and the patient as an expert in their values and preferences. The SDM process is designed to honor patient autonomy and the right to be fully informed about care options.
- SDM helps clinicians make more informed, individualized recommendations. By taking the time to understand patients' values and preferences, clinicians are in a better position to help patients make the choice that is right for them.
- When implemented effectively, SDM promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about their condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.
- Start small.
 - Physicians who are interested in experimenting with the practice can try it with just one patient, or with their morning patients, for example.
- Use physician champions.
 - Physician champions can help other physicians understand SDM as a way to refocus the treatment decision process on the patient rather than the disease.
 - Use storytelling to describe situations where patients change their initial treatment decisions during the SDM process.
- Help patients explore and compare treatment options.
 - Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
 - Decision aids must be appropriate for the patient's level of health literacy and primary language.
 - Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice
- Highlight the patient-centered principles of SDM.
 - 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.
- Consider using the [Elwyn three-step model](#):
 1. Discuss available choices.
 2. Discuss details about each option.
 3. Discuss the patient’s decision.

Understand the cultural dynamics of your patient populations.

- Identify prevalent patient populations of different cultures and ethnicities served by your practice.
- Understand the cultural diversity of your patients (e.g., communication styles, family, social relationships, health customs and practices, holidays/holy days, gender roles, etc.).
- Consider holding patient focus groups on cultural dynamics.
- Develop a formal cultural competency training process. Design a training session that shows employees (including leaders) how diversity, equity, and inclusion can improve the patient-centered experience and enhance the work environment and the workforce experiences, while unconscious biases can detract from it.
 - Include in-depth discussions of organizational values and facilitator-led activities and conversations about diversity and bias. Help staff and providers learn to recognize their own biases and respect and work with patients of various cultures, values, beliefs, practices, and rituals.
- Recognize and honor cultural diversity, strengths, and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational, and geographic diversity.
- Recognize and respect the different methods of coping.
- Implement comprehensive policies and programs that provide developmental, educational, emotional, environmental, and financial supports to meet the diverse needs of families.
- Consider joining Press Ganey’s complimentary [Equity Partnership](#) to address health care disparities and their impact on patients and caregivers.

Set a standard for service recovery.

- The staff’s response and what they do for your customers after a service failure will either make patients highly loyal or push them away by augmenting their discontent.
- Define what service recovery is.
 - Share the definition and the program’s purpose with staff.

- Establish a service recovery program policy.
 - Include recommendations for three stages of complaint management: collect, analyze, and act on the data.
 - Obtaining and acting on the data can occur concurrently. Empower staff with service recovery skills.
 - Use a database to track, trend, and analyze complaints.
 - Create a toolkit that is easy to use and accessible.
 - Categorize the issues into three levels:
 1. Resolved by the employee.
 2. Resolved by a manager/supervisor.
 3. Resolved at an administrative level.
 - Regularly review the complaint-tracking log for common themes and do a deeper dive into those issues to prevent them in the future.
 - Share follow-up data regularly that show staff how the process is working and the impact it has had on patients and staff.
 - Continually seek ways to improve the program.
- Incorporate service recovery into behavior standards.
 - Empower all staff to use service recovery methods and skills to meet patients' needs when visits do not go as expected.
- Provide staff with tools to draw upon when they need to apologize and recover service.
 - Provide examples of common complaints and examples of how to respond and apologize appropriately.
 - Acknowledge any suffering your practice's mistakes may have caused.
 - Adopt a strategy such as ACT:
 - APOLOGIZE for not meeting the customer's expectations.
 - CORRECT the service issue.
 - THANK the customer for bringing the issue to your attention and assure proper follow-through to prevent a recurrence.
 - Implement training for all staff with a plan for an annual course.
- Reward and recognize employees for using the service recovery process well.
 - Have champions follow up with each staff person who has used the process to thank them/seek input.

Personal Issues

Personal Issues

How well the staff protected your safety
(by washing hands, wearing ID, etc.)

QUESTION DEFINITION

This question measures patients' perceptions of the staff's efforts to protect them from error, injury, accident, and infection.

Patients expect every attempt will be made to protect their medical and personal well-being. Staff demonstrate concern for safety through actions like hand hygiene, clear communication—including staff identification—and a clean, well-ordered facility.

VOICE OF THE PATIENT

- ① “This is a very clean, safe medical facility. I feel safe and confident that they do everything they can to stay safe.”
- ② “I wish they put on gloves or washed hands.”

IMPROVEMENTS

Focus on safety.

- Adopt a goal of **zero harm**.
 - Obtain clinic leadership commitment to a goal of zero harm.
 - Openly discuss among executive leadership the value of a zero-harm goal to fulfill the mission of the practice.
 - Include safety in the mission, vision, and values statements.
 - Align clinic goals and metrics with the commitment to zero harm.
 - Declare zero harm as a top initiative of the practice.
 - Obtain verbal commitments from all clinic leaders to champion a zero-harm goal for patients and the workforce.
 - Question every initiative's impact on safety.
 - Develop the narrative for safety.
 - Cascade the goal for zero harm across the practice through frequent communications and ensure all caregivers and employees know their role.
 - Start all meetings with a safety message to reinforce the commitment to zero harm.

- Assess the safety culture.
 - Determine a baseline for patient safety events and employee harm.
 - Use all sources capturing safety event, patient harm, and employee harm data from internal and external reporting.
 - Include job-related injuries such as needle sticks, infection, back injury, and burnout.
 - Include harm due to assaults on workers from patients and others.
 - Put systems in place to measure improvement over time.
 - Assess the incidence and frequency of employee harm.
 - Perform a Safety Culture evaluation.
 - Assess employees' perceptions about the safety of the organization and whether employees feel empowered to speak up for safety.

Implement safety culture interventions.

- Foster a Just Culture.
 - Define and communicate Just Culture principles across the enterprise—including determinants of culpability for discipline—and make them policy.
 - Recognize and reward individuals that report an event or speak up for safety.
 - Use safety event data to drive improvement and communicate the outcome of event reporting to the reporters, such as action plans for improvement or the acquisition of new resources.
- Make harm visible.
 - Track key safety metrics using a balanced scorecard that is routinely reviewed by executive leadership.
 - Share and discuss root cause investigations to inform improvement efforts. When appropriate, connect a face and a name to the safety issue to humanize the outcome.
 - Adopt full internal transparency of safety data and cause analysis determinations.
- Proactively address concerns about safety.
 - Discuss safety concerns during daily huddles.
 - Highlight safety as a priority by sharing safety stories and discussing safety at every meeting.
 - Encourage and empower all clinicians and staff to speak up for safety and support those who do.
 - **VIDEO: [Overcome the Authority Gradient](#)**
- Adopt high-reliability principles.
 - **VIDEO: [High Reliability to Improve the Safety, Quality, and Experience of Care](#)**
 - Mandate training in high-reliability principles.

- Align process improvement efforts with high-reliability principles.
- Standardize care delivery and safety monitoring practices with checklists, care bundles, job aids, and technology.
- Consider participating in Press Ganey’s complimentary Safety 2025 initiative to support your goal of zero harm.
 - **VIDEO:** [Safety 2025: Accelerate to Zero](#)
 - Press Ganey is proud to support industry-wide efforts to reduce avoidable harm and make care safer for patients and caregivers through its Safety 2025 initiative. Contact your advisor or [register online](#) to receive more information. This Press Ganey initiative is designed to help organizations build a strong safety foundation by providing complimentary access to the following:
 - A consistent, standard approach for classifying safety events and measuring harm.
 - Membership in the HPI-Press Ganey PSO, a secure and confidential forum for sharing harm events and learning from the events of others.
 - A webinar series on foundational safety and reliability principles led by industry thought leaders.

Implement daily huddles.

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 - Designate a leader to pull up the schedule, identify access needs, and assemble the group.
 - The lead role can be rotated.
 - Check in with the team. Ask these questions:
 - How is everyone doing?
 - Are there any staffing issues?
 - Are there any equipment or resource needs?
 - Assess potential scheduling issues, including:
 - Same Day capacity
 - Urgent Care requests
 - Cancellations
 - Hospital discharges
 - Assess for patients with special needs, such as:
 - Test results
 - Special education
 - Special room setup
 - Patients with needs beyond the reason for the visit
 - Share a win or positive story. For example:
 - Good patient outcomes
 - Positive patient feedback
 - Employees’ professional accomplishments
 - Personal stories and celebrations
 - Thank everyone for their hard work.
 - **VIDEO:** [What Can Derail a Huddle?](#)

Develop accountability systems.

- Hire for fit.
 - Incorporate safety behavior expectations into hiring practices through expectation-based interviewing.
- Uphold behavioral expectations based on core values.
 - Share safety success stories to recognize and reinforce expected work practices.
 - Institute peer support practices such as peer checking and peer coaching.
 - Hold leaders accountable for championing zero harm as an organizational goal.
- Incorporate behavioral expectations in job descriptions and performance reviews.
 - Align goals, metrics, and performance incentives to reinforce expected safety behaviors.
 - Integrate behavior expectations into the performance review process.

Establish clear behavior expectations.

- 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 across the enterprise.
 - Include service expectations for phone, email, text, and in-person communication.
 - Include service expectations for communicating wait times and room turnover.
 - Include behavioral expectations for attending daily huddles, speaking up for safety, and reporting safety events (including near misses).
 - Include behavioral expectations for professional courtesy and staff interactions.
- Some localized customizations 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.
- Conduct Service Behavior Training
 - 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 inter-disciplinary learning sessions.
 - Include attendees from various departments and disciplines at each training, such as physicians, care providers, nurses, 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.
 - Senior leaders initiate trainings with a five- to ten-minute presentation about the purpose, including why service behaviors matter for our patients.
- 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.
 - 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.

Identify physician champions.

- Use 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.

Connect recognition and incentives to expected behaviors and the clinic’s mission, vision, and values.

- **VIDEO:** [Recognizing Excellence](#)
- Measure and recognize results.
- Make recognition personal, specific, meaningful, and timely.
- Leverage patient comments for individual and team success stories.
- Publicly acknowledge accomplishments, including innovation.
 - Incorporate positive feedback into daily huddles.
 - Publish the positive comments in newsletters, intranet communications, and on a bulletin board or other public area dedicated to a recognition process.
 - Engage the team in peer-to-peer recognition, such as a nomination process for awards, or daily huddle kudos.
 - Write notes to employees identified in the survey comments.
- Celebrate with food and fun.
- Identify available funds for financial incentives.

Personal Issues

Our concern for your privacy

QUESTION DEFINITION

This question addresses confidentiality and physical privacy. Perceptions of privacy are influenced by staff actions—including attitudes and the manner in which these actions are taken.

Patients perceive a higher concern for privacy when staff members carefully and cautiously handle patients' personal information. Staff should share patient information only with those who have a need to know and should always be aware of others within hearing distance. Knowing personal information was shared willingly or unwillingly with inappropriate parties reduces perceptions of concern for privacy.

The physical environment and how well patients feel they are free from being observed can improve or reduce perceptions of privacy. It is important to demonstrate respect for modesty by providing appropriate exam room attire and knocking before entering, for example.

VOICE OF THE PATIENT

- 🗣️ “My medical needs and privacy are always protected. They're very discrete.”
- 🗣️ “Those waiting can over-hear birth dates, social security numbers, and other personal health information being provided.”

IMPROVEMENTS

Respect patients' privacy.

- Demonstrate respect for modesty. Never leave the patient's body exposed. Use extra blankets and johnnies or other coverings, and draw curtains and close doors during an exam or interview.
- Ask patients or family spokespersons who the physicians and staff can share information with. Document the level of sharing allowed with others based on privacy agreements.
- Ensure that conversations with patients and family members cannot be overheard.
- Handle the patient's belongings with care and respect. Offer safes or lockboxes for valuables if belongings cannot be taken into an exam room or test and verbalize the alternative to leave items with family members or friends.

Protect patient privacy.

- Provide written and verbal disclosures to patients and family members about privacy policies.

- Use every opportunity to verbalize the importance of patient privacy. Staff should be trained to communicate how privacy is upheld and enforced. For example: “I am going to close this door/curtain for your privacy” or “Would you like your family member to wait outside the room while I conduct this test?”
- Communicate quietly about private information. Be aware that others are often nearby, and that there are consequences if protected health information is not handled correctly.
- Provide patients with a clear recourse should they feel their privacy has been compromised. Refer them to a Patient Advocate, Privacy Hotline, Ombudsman, etc.
 - “Your privacy is important to us. If you have issues with privacy during this visit, please call our privacy hotline.”
- Encourage a private environment within the physical layout and dynamics of the office.
 - Place chairs for waiting visitors away from the registration desk, where private information is often discussed.
 - Adapt the registration layout so that lines form several steps behind the patient at the desk.
 - Play soft music in the waiting area to fill the silence with noise that will minimize the chance that conversations between patients and staff will be overheard.
 - Consider using restaurant-style pagers to let patients or families know when you are ready for them. The pagers eliminate the need to call out patient names in the waiting area. They also reduce patients’ anxiety that they will not hear the staff member call their name.
 - Close the door before discussing the patient’s medical care, treatment, condition, and other aspects of illness with them. If such a discussion must take place in an exposed area, take precautions. For example, ask the patient to sit down with you, as this adds to the feeling of privacy.
 - If you call a patient on the phone and need to discuss symptoms or the condition, ask if it is a good time to talk. A patient may need a minute to move to a private location to talk to you openly.
 - Keep staff who engage in calls with patients away from high traffic areas.

Provide patients and families the Patients’ Bill of Rights.

- Post the Patients’ Bill of Rights where it can be seen by all (e.g., on the facility website, in registration areas, waiting rooms, and hallways).
- Ensure that patients are confident in and comfortable with staff members’ desire to provide for their rights. Staff members should provide polite, compassionate, and clear explanations of their rights, listen, and respond to questions thoughtfully, and aid patients in receiving their rights in the health care setting.

- Patients should also be made aware of their right to a copy of Health Insurance Portability and Accountability Act practices, the right to discuss alternative treatment or procedure options, and their right to refuse treatment.
- Provide patients and families with a physical copy of the Patients' Bill of Rights on arrival for the first visit. With respect to privacy, the document should provide an explanation about the disclosure of treatment.

Connect recognition and incentives to expected behaviors.

- **VIDEO:** [Recognizing Excellence](#)
- Incorporate positive feedback into daily huddles.
 - Make recognition personal, specific, meaningful, and timely.
- Leverage patient comments for individual and team success stories.
 - Write notes to employees identified in the survey comments.
 - Publish the positive comments in newsletters or intranet communications, or on a bulletin board dedicated to a recognition process.
- Incorporate service recovery into behavior standards.
 - Empower all staff to use service recovery methods and skills to meet patients' needs when visits do not go as expected.

Appendix: Supporting Tactics

Consider partnering with Press Ganey's
[Strategic Consulting Solutions](#)

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 practitioners, caregivers, and health care workers to learn about successful practices from each other—either within the same practice or in broad collaboration with multiple medical practices.

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 success in reducing wait times, worker absenteeism, ICU costs, and hospitalizations for patients with congestive heart failure through their support of Learning Collaboratives.

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 all practices in a system or community. To be truly cross-functional, there must be representation from various areas of expertise, including physicians and other practitioners, nurses, 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 Insights Strategy

Data allow us to tell the story of performance and assess our progress over time. Establishing and following a consistent set of actions to use data to drive change is essential to manage the large volume of data now available to health care organizations. A data strategy results in purposeful data use that advances an organization toward the attainment of its goals.

Press Ganey recommends each organization first define the patient experience, rather than jumping immediately to data assessment. Creating your organization's definition of patient experience provides clarity on the goal. Furthermore, doing so improves the ability of providers and staff to directly associate patient experience with their overall purpose.

Press Ganey also recommends an Insights Strategy that includes eight building blocks to support an approach that incrementally expands the focus across all domains of quality. Guiding the data assessment from high-level views to more granular measures, locations, and patient cohorts allows an organization to implement targeted actions that support the mission and are fully aligned with operations-level improvement goals.

1. **Select Your Key Performance Indicator (KPI)** or top-level metric and the data format you will use to track your performance at the highest level.
2. **Know Your Status** (i.e., your current level of performance).
3. **Track Your Trend** in performance and understand your trajectory.
4. **Identify Priorities** (i.e., the key drivers, key behaviors, and practices to focus on).
5. **Investigate Variation** in performance across subgroups (e.g., site, provider, or patient cohort).
6. **Set Goals** that align with your strategy and are challenging but realistic.
7. **Take Action** and set expectations for data review and response.
8. **Implement Consistent Board Reporting** aligned to your larger strategy.

The Priority Index Report, Key Drivers Report, and patient comments all play a role in identifying the key behaviors and leading indicators of performance on selected KPIs. These are important for tracking progress and may be customized (e.g., by practice site or provider) depending on individual performance.

- **VIDEO: Elements of a Data Strategy**
- **VIDEO: Selecting a Key Performance Indicator**
- **VIDEO: Identify Barriers to Success**

Use the Priority Index.

- 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.
- Determine the most important drivers of overall outcomes, using the most current Priority Index Report in Press Ganey Online.
- Compare current performance against the Priority Index findings to identify drivers for improvement.

Identify key drivers.

- Look beyond the priority index annually or biannually with a practice-specific Key Driver Report. This analysis measures the strength and direction of the associations between two variables allowing each facility the ability to identify the drivers of their top box scores and the best targets for measurable improvement.
- Work with your Advisor to go beyond the scores and identify key drivers of performance at your facility or on your unit.
- Your advisor can help you determine the most important drivers of overall outcomes using a combination of your facility-specific data and Press Ganey aggregate data findings.

Use patient comments.

- Take advantage of the comment reports provided with all Press Ganey survey products to track keywords in patient comments—positive or negative.
- 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.
- **VIDEO:** [Using Data for Positive Reinforcement](#)
- Optimize technology—such as natural language processing and artificial intelligence—to capture process and system insights from patient comments. Ask your Advisor about [NarrativeDx](#), Press Ganey's patented technology that provides comment data assessment and reports, eliminating the need for manual reviews of patient comments.

Identify areas of low or poor performance.

- Conduct root cause analyses to identify underlying process or human factors.

- Focus your efforts on two or three priority initiatives.
- **VIDEO:** [Focus Your Efforts](#)

Set goals.

- **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.

Target processes and behaviors for improvement.

- Segment data by provider type to get a clearer picture of services benefiting from 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.

- Be transparent. Routinely review data and discuss findings and improvement plans with all stakeholders.
- Use what is learned to inform an improvement plan.
- Consider partnering with Press Ganey's [Strategic Consulting Solutions](#).

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 on 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 the interdependent work environment and culture of safety.

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 survey is being 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 discussions led by a practice 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 those jobs or some responsibilities of those jobs?
 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 is 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 practice improve its processes and retain its valuable employees.
- Encourage employees to share the reasons why they are leaving. There are many 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 practice could be a better place to work.

Process Improvement

Continuous Process Improvement

Continuous improvement 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 practices 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. Engaging in continuous process improvement indicates there is a formal program for routine self-assessment, and there are dedicated resources to identify areas of underperformance and to implement improvement plans. Continuous improvement processes allow a practice 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):

- The Joint Commission's Robust Process Improvement
- Kaizen
- Lean
- Six Sigma

Contact your Advisor to learn more about Press Ganey's [Strategic Consulting Services](#).

Implement continuous improvement across all practices 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 provider-level goals that directly improve the KPI.
- Set individual facility-, department-, and provider-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 underlying process or human factors.
- Focus your efforts on two or three priority initiatives.
- **VIDEO:** [Focus Your Efforts](#)

Adopt a High Reliability operating system.

- **VIDEO:** [High Reliability Is the Foundation](#)

- 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 practice 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 Behavioral 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)
- Some localized customizations 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.

- Train everyone on Universal Relationship Skills (i.e., smile and say hello, introduce yourself, practice active listening, and state your positive intent) and Universal Reliability Skills (e.g., situational awareness, using repeat back, numeric clarification, and critical thinking) to improve communication, care quality, and patient and employee safety, and enhance employee engagement.
- 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.
 - Schedule training offerings to ensure everyone can attend all 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.
- Develop a behavioral competency checklist to coach and develop accountability.
- Use Appreciative Coaching methodology to observe and hold managers accountable for coaching in a positive and supportive manner. This should be a structured, scheduled process.
- Mention behavioral expectations during daily huddles.
- **VIDEO:** [Model Expected Behaviors](#)
- Use multiple modes of communication to share reminders and prompts (e.g., intranet 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.
- 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.
- Consider partnering with Press Ganey’s [Strategic Consulting Solutions](#).

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 your advisor 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.

Improve the online patient experience with a consumerism strategy.

- Provide a public-facing provider directory, including contact data, bios, specialties, accreditation, and publications.
- Digitally capture physical and virtual appointment requests.
- Monitor, analyze, and improve patient reviews on third-party sites.
- Publish provider and facility data across major third-party patient destinations.
- Publish patient surveys on your directory to build patient trust.
- To learn more about managing online bookings, online provider directories, or reputation management, contact your Advisor (or email info@pressganey.com) and ask about Press Ganey's customizable [Consumerism Solutions](#).

Champions

Champions actively promote a value, a principle, or a tactic for health care delivery. This is a leadership role that models desired behavior, mentors colleagues and staff, and verbally advocates for the adoption of a cause. Their goals are to increase the understanding of why an initiative is important and why it should be done.

Leverage champions to connect to colleagues within the same profession. For example, physician and nurse champions are critical to clinical strategy rollout because these leaders have a strong influence on their peers.

The use of nurse and physician champions also accelerates the buy-in of a concept or process among other disciplines, and elevates nurse and 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.

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 universal relationship 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, and in break rooms.
- 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 personnel files so staff may be formally recognized during performance reviews.
- Celebrate with food and fun.
- Identify available funds for financial incentives.

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 is more engaged and perceives a higher level of job satisfaction—two drivers of safety and patient experience. Talent management efforts impact every employee 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.

- Design a 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 with an aim 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 collaborative leaders who can build trust).
- 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.