

## A Measure of Success

### Baylor Regional Medical Center at Grapevine Scores Big in Patient Satisfaction

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In December 2006, the emergency department at Baylor Regional Medical Center in Grapevine, Texas measured patient satisfaction at the 28<sup>th</sup> percentile (*Press Ganey*, 2008). This score did not sit well with the physician, nursing or administrative staff at the hospital. So the team, led by Dr. Ronald Jensen, Kris Powell R.N., and Rob Morris, VP of Operations, decided to make some changes. The group held an offsite retreat in December 2006 and required all ED physicians and charge nurses to attend. The purpose of the retreat was to review current operations, formulate a plan for making positive improvements and build a nursing and physician leadership team who could work together to improve operations. The department was experiencing several other challenges at the time. The ED was transitioning in a new Medical Director, the ED Manager had retired in February 2006 and the position had been unfilled for almost a year, and the department was also in the middle of an 18-month major renovation and construction project that was due to be completed in November 2007.

Despite these challenges, the emergency department had already started taking some positive steps. Through a partnership with the *StuderGroup*, the ED had recently participated in an hourly rounding research study that had demonstrated a moderate, though temporary, improvement in patient satisfaction. This knowledge provided some momentum for continuing the hourly rounding and implementing other patient satisfaction initiatives promoted in the book *Hardwiring Excellence* by Quint Studer. Several key concepts provided the foundation for the ED service excellence plan including a “back-to-the-basics” customer service approach, a higher emphasis on patient throughput and the belief that front line staff engagement was essential to the team’s success.

Shortly after the ED Leadership Retreat, all clinical staff participated in mandatory education that focused on basic communication and patient satisfaction skills. Specific actions for nursing and technical staff included special training in basic patient communication skills (acknowledge, introduce, duration, explanation and thank you), hourly rounding (including the ED Reception Area) to keep patients and families informed, and keeping dry erase boards in every treatment room updated with the date, the nurse’s name, and the physician’s name.

The physicians agreed to sit down when talking with patients and also to have an opening and closing discussion with every patient. The charge nurses agreed to round on at least 25% of all patients and a patient rounding log was added to the Charge Nurse Shift Report. The physicians and

charge nurses also committed to developing and carrying out a process for discharge phone calls. The Director and Supervisors were rounding on all staff every month and were also rounding on patients while in the department. Patient satisfaction scores were consistently posted in the staff lounge and reports were discussed at all monthly ED Staff, Charge Nurse and Division meetings.

In April 2007, The ED Director and Medical Director attended a rapid cycle improvement training program sponsored by Baylor Health Care System. The decision was made to focus a rapid cycle improvement project on improving ED patient throughput by reducing door-to-exam time by 20%. A team of frontline clinical staff was pulled together to develop a plan and the result was an organized 3-phased approach called *Push to Full*.

The first phase focused on reducing door-to-room time by implementing direct bed placement when treatment rooms were available and also by assigning the “next bed” to equally distribute incoming patients among the nursing staff. A mini-stoplight was placed in the department to identify when the department was at low, moderate or high census and to keep all staff aware of the urgency to move patients as quickly as possible into treatment rooms. Phase 2 focused on expediting quick registration through active involvement of the Access Services staff and Phase 3 focused on reducing time taken by the ED physicians to evaluate the patient once they were placed in a treatment room. The ED staff and physicians proactively engaged in the process and results were posted weekly. The Push to Full team met a few more times to discuss the results and make minor revisions to the program. After four weeks, door-to-exam times had been reduced 10% from a baseline of 60 minutes to 54 minutes. At the end of 8 weeks, the ED demonstrated a 40% reduction and was averaging 36.5 minutes for door-to-exam time.

In July 2007, in direct response to the customer service initiatives, improvements in patient throughput, and, most importantly, staff buy-in and active engagement, patient satisfaction scores soared to the 90<sup>th</sup> percentile (*Press Ganey* overall database) for the first time. In November 2007, the ED renovation and expansion project was completed and the newly renovated department provided just the extra nudge needed to push the scores to the 96<sup>th</sup> percentile in November 2007 and 97<sup>th</sup> percentile in December 2007. Additional benefits were also realized. Over this same time frame and while experiencing a concurrent 19% increase in overall volume, the Left Without Treatment rate dropped from an average of 5.4% to less than 2% and the total ED length of stay dropped 19%.

A strong emphasis on accountability is key to ongoing success. Hourly rounds are tracked weekly, staff and patient rounding logs are tallied and reported to Administration monthly and updated reports are posted for the ED staff. ED physicians receive individual patient throughput reports from the ED Medical Director. An Emergency Department Patient Satisfaction Team conducts monthly meetings to review and discuss processes and results and to make ongoing recommendations. The team is co-chaired by the ED Director and ED Access Services Manager and is made up of ED front line staff, supervisors, physicians and other partners in care from Laboratory Services, Radiology, Cardiopulmonary, Inpatient Nursing, Environmental Services, and Nursing Administration. The administrative lead for the team reports weekly at Senior Leadership meetings. The team also reports directly to a hospital-wide Patient Satisfaction Steering Team and reports monthly to the hospital Board of Trustees and Grapevine Leadership Team. It is this level of accountability and transparency that will sustain results. Reward and recognition is also essential to ongoing success. The ED team has held several celebrations along the way and team members are now starting to

reward and recognize each other more at a frontline level. The Emergency Department was also recognized as the hospital Team of the Month for March 2008 for the efforts and results demonstrated over the previous year.

Recently, the ED held its 2008 Leadership Retreat. The focus of this retreat was on sustaining results in all areas, ongoing performance improvement, surfacing and addressing challenges and barriers, and enhancing relationships with our partners in care. The feeling of the ED team at the 2008 retreat was much different from that of the 2007 Leadership Retreat. Comments from the group noted that “the physicians and nurses have become a true team, the ER is more patient-focused, and employee and patient satisfaction have improved.” “My job is easier now,” stated one charge nurse while the others nodded in agreement. Frontline staff members have stated that they deal with angry patients less often, that the ED Reception Area is more often empty than full, and that patients seem more satisfied and happy when they are discharged or admitted. Armed with strong patient satisfaction scores and improved patient throughput, the team now feels empowered, confident and proud and feels ready to take on the challenges of 2008.

#### References

ED Patient Satisfaction Report for Baylor Regional Medical Center at Grapevine – December 2006. Retrieved from [www.PressGaney.com](http://www.PressGaney.com) on January 5, 2007.

Studer, Q. (2003). *Hardwiring Excellence*. Gulf Breeze, FL: Firestarter Publishing.

*Baylor Regional Medical Center at Grapevine is a 233-bed, full-service, fully-accredited not-for-profit hospital, serving residents in more than 20 cities throughout the Dallas/Fort Worth Metroplex. For more information about Baylor, visit [www.BaylorHealth.com](http://www.BaylorHealth.com).*