



edge

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Carolinas Rehabilitation

Restoring Quality to Life

Imagine for a moment that you're in the middle of an everyday activity – walking to the store, driving to work, typing an e-mail. Then, in the blink of an eye, a freak accident or traumatic event occurs. Suddenly you become unable to do many of the simple things you once took for granted.

For patients who enter into care at Carolinas Rehabilitation after a life-altering injury or illness, this is more than just an exercise in imagination. It is a reality to which, over just a few days time, they must learn to accept, adapt, and begin again.

Carolinas Rehabilitation's main hospital, located in Charlotte, N.C., is one of the largest non-profit academic rehabilitation hospitals in the nation. Situated adjacent to the Carolinas HealthCare System's flagship hospital, Carolinas Medical Center (CMC), the rehabilitation hospital has served patients since 1947 and cares for patients who have suffered brain injury, spinal cord injury, stroke, and other debilitating injuries and illnesses. In addition to the main rehabilitation hospital, Carolinas Rehabilitation offers four additional facilities including: a 39-bed inpatient rehabilitation unit on the 6th floor of CMC Mercy; a 40-bed free-standing hospital in Mount Holly; 10 rehabilitation beds at Stanly Regional Medical Center in Albemarle, NC; and 13 pediatric rehabilitation beds at Levine Children's Hospital, located on the campus of CMC. There are an additional 11 outpatient locations spread throughout North Carolina that meet the rehabilitation needs of patients after they return to their communities. From inpatient rehabilitative care to physician follow up and outpatient therapies, Carolinas Rehabilitation provides the full continuum of care.

Robert Larrison, Carolinas Rehabilitation's president, is humbled when he thinks about the important work done at the hospital each day. "You are talking about a person who was just like you and me today, but who is someone else tomorrow. Their lives have been changed forever and their families' lives have been changed forever and we try to restore quality to that new life," said Larrison. Given the severity of injury involved, it is not surprising to find patients somewhat negative about their circumstance. "We

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are talking about a patient who was walking around yesterday doing everything independently for themselves but today is a quadriplegic who is dependent on family and everyone else to do those basic things that you and I enjoy.” Adds Larrison, “Often, our patients are not in a great position mentally, physically or emotionally. So it’s a real challenge to figure out what excellent care means to that patient and family.”

The average length of stay for all rehab patients is about 15 days so the challenge to provide excellent care is even greater for Carolinas Rehabilitation. “For 15 days, patients are getting their rooms cleaned, getting meals in their rooms, adjusting to a roommate... during that time there are many encounters our staff is having with patients, their visitors, and family members. Compared to an acute care stay of around three to four days, it could be argued that many more opportunities exist to make mistakes.”

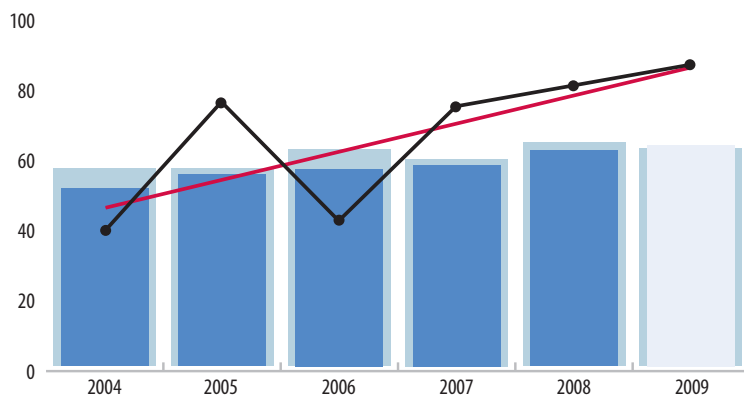
Focusing on opportunities

But, rather than dwell on the negative, Larrison and the Carolinas Rehabilitation team choose to focus on the many opportunities they have to impress patients and family every day through the care they provide. “Instead, we like to say that we have a lot of opportunities to provide excellent care; we really try to give patients and their families a ‘wow’ experience. When they come to our hospital we want them to feel as if they are getting an experience they’ve not found at any other hospital.”

And they do impress. Yearly trending since 2004 reveals a steady, upward increase in patient perceptions of overall quality of care at Carolinas Rehabilitation (from 50.7 percent excellent responses in 2004 to 63.2 percent excellent for YTD 2009). Larrison is proud to point out, “Not only are we improving, but we are improving at a faster rate than the national benchmark.”

Along with Larrison, Carolinas Rehabilitation’s service excellence coordinator Sandra Peterson keeps a close eye on the hospital’s scores and works hard to make sure department managers receive and understand their unit’s numbers. “Every two weeks, each of our leaders receives PRC’s Target Tracker reports on the scores that are nurse-, therapy- or doctor-related. In addition, individual unit managers get reminders covering Key Driver scores.” Another tool used to keep staff focused on performance improvement is the use of communication boards in each unit that post Target Tracker information so staff can tell at a glance how many patients they are lacking or how many patients they are ahead in terms of their predefined goals. “Making sure unit-level employees understand and use the data available to them is important to that process,” said Peterson, who also participates in and arranges site visits with every unit, conducts training in-services, and works to help find solutions. Included in her duties is the daily rounding on patients and their families to get first-hand perceptions of what is working and what isn’t. “I want to make sure our patients’ and families’ experiences here are excellent,” she adds.

Carolinas Rehabilitation Overall Quality Care



* Rankings are based on PRC Norm data.

	2004	2005	2006	2007	2008	2009
Inpt-Rehab Hosps Rank Trend Line*	46.5	53.5	60.4	67.4	74.3	81.3
Inpt-Rehab Hosps % Excellent Rank*	40.0	73.3	42.8	69.5	76.0	81.8
% Excellent	50.7	54.8	56.3	57.4	61.6	63.2
Inpt-Rehab Hosps 80th Percentile	56.2	56.2	61.9	60.3	63.2	62.7
Number of Cases	383	467	483	756	958	660
Norm Year	2004	2005	2006	2007	2008	2009

Accepting only “top-shelf” employees

To ensure that they provide excellent care and customer service, Carolinas Rehabilitation takes close and careful consideration when selecting applicants to join their healthcare team. Larrison says that the mentality is, “you really must be top shelf in order to join our team; we don’t settle for somebody who is going to be just good.” The selection process includes a rigorous series of peer interviews including members of leadership, nurses, therapists, environmental services, physicians and nurse aides. Once employees join the team, administration at Carolinas Rehabilitation devotes a great deal of time to maintaining a connection to and relationship with their employees. Getting to know the people who interface on

a day-to-day basis with patients has paid big dividends for Carolinas Rehabilitation. Says Larrison, “We have a lot invested in our employees and we want to be sure that they feel connected to our purpose and to our organization.”

Recently, all Carolinas Rehabilitation staff received a challenge to create a phrase that best describes what it is that they do at the hospital. The end result was the slogan, “I restore quality to life.”

According to Larrison, no matter what the role played – therapist, nurse, pharmacist, dietary services, environmental services, or patient account representative – “every team member at Carolinas Rehabilitation knows that they play a very important role in the noble work that we do to restore quality to life and that connects us and encourages excellence.”

This connection isn’t only felt among hospital staff, but also with the physicians who practice medicine at the hospital. Over the past three to four years, according to Larrison, the hospital really began to focus on becoming an employer of choice, but also a place where physicians would want to practice medicine. Not coincidentally, the hospital has seen parallels in the upward trending of employee engagement, physician satisfaction, and patient perception scores ever since.

“It has really been a concerted effort among our entire team to engage our employees and our physicians to make sure that we are creating the best work environment that we can; without a doubt, those efforts transcend to the care received by our patients,” said Larrison.

Helping patients adjust

Part of helping patients adjust to a new reality is helping them find ways to contribute after leaving the hospital. As with everything done at Carolinas Rehabilitation, teaching patients to return to living in the outside world is a team effort, and some staff members are more than qualified to understand the challenges ahead. With paraplegic and tetraplegic physicians on staff, as well as a tetraplegic financial officer, patients can see first-hand that recovery and life after injury is possible. Testimonials include stories of past patients who were so changed by the care they received at Carolinas Rehabilitation that they decided to come back as productive employees. While working in commercial HVAC, Ricky Gibson fell off a ladder and suffered a brain injury. During his treatment at Carolinas Rehabilitation, he worked with physical, occupational and speech therapists who helped him relearn how to perform

everyday tasks. After his injury, Ricky was unable to return to his prior job; but thanks to his experience at Carolinas Rehabilitation, he decided to stay, this time as

an employee. Ricky is now a rehab technician in the inpatient gym, which gives him the opportunity to meet with patients and watch them improve every day (see “Patient Stories” at www.carolinasrehabilitation.org).

In addition, Carolinas Rehabilitation provides innovative programs such as an Adaptive Sports and Adventures program to bring a greater quality to the lives of former patients. Programs like wheelchair basketball, wheelchair tennis, power soccer, adaptive water and snow skiing, golf, fishing, and a quadriplegic rugby team are some of the activities available to those who have ventured beyond the hospital’s walls after completion of treatment.

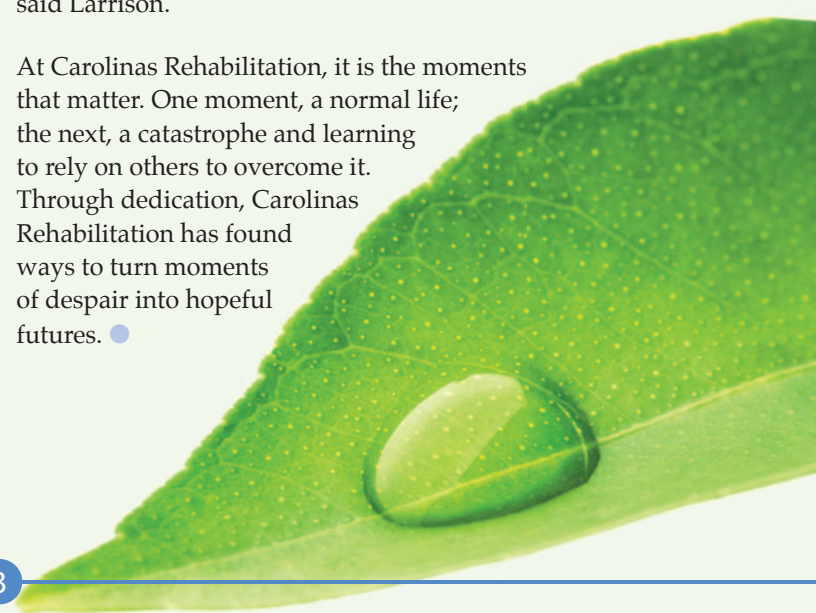
Making moments matter

“We feel strongly about the work that we do at Carolinas Rehabilitation. Without a doubt, a life-altering injury or illness is devastating to the patient and family. Through the recovery process, we are not only treating the patient, but also helping the family members to learn what they are going to need to do to cope with the future,” said Larrison.

At Carolinas Rehabilitation, it is the moments that matter. One moment, a normal life; the next, a catastrophe and learning to rely on others to overcome it. Through dedication, Carolinas Rehabilitation has found ways to turn moments of despair into hopeful futures. ●



Robert Larrison
President, Carolinas Rehabilitation





In 2010, PRC will celebrate its 30th anniversary. As I look back over the years, it is hard not to think about the many different measures that could be used to evaluate whether or not we are “successful.” I see increased revenue, increased production, increased capacity, increased office space needed to house our associates, and an increased number of users on PRCEasyView.com. I see a rising number of clients who are partnering with PRC for the first time, a rising number of clients who are repeating studies and conducting additional studies with us, rising Client Loyalty Study scores, and rising scores in the PRC Norms that indicate that our clients are improving and enjoying their own successes. I see a lot of success in these measures.

The measure of success that gives me the greatest pride, though, is the way I feel when I lay my head down at night. None of those other measures mean a thing if I don't feel good, if our associates don't feel good, and if you don't feel good, about the work we are doing. So let me share with you: I feel great; I feel excellent because of the people I work with. PRC's associates are the foundation of our success and the driving force that will lead to continued growth in the future.

A company that began as four friends sharing a passion for providing high-quality research and a mission to 'give something back' has grown into an organization of associates more than 700 strong who all share that same passion, that same mission. The guiding principles that shaped what PRC was when it began still permeate the culture of our organization top to bottom and guide everything we do. I can recall three major crossroads in the PRC journey of the last 30 years, and I feel great pride for the choices we made and implemented, knowing that they brought us to the great success we enjoy today.

Looking Back

What should we do?

We faced a key decision very early on when we began conducting research for others: would we do mail surveys, or telephone surveys, or both? As company founders, Ken Livingston, Tom Schreff, my wife Joyce, and I knew that this one basic question was going to have a monumental impact in the direction of our new company. The choice of one methodology over the other would dictate a host of other decisions down the road, such as staffing, equipment, pricing, etc. More importantly, the “why” of that choice would set the precedent for how such decisions would be made for years to come. We could have saved a lot of money by sending out surveys through the mail, and we could have made a lot of money using that methodology. But a cheaper product and more money in our pockets was not the measure of success we sought. We wanted to do what was right for our clients: we wanted to provide them with accurate data based on a representative sample of their patients, their physicians, their employees, and their community. Selling a product that would NOT help healthcare organizations take steps toward their own improvement and growth was not of interest to us.

We faced another defining moment in the mid-1990's regarding the scale we use in our surveys. PRC began measuring respondent satisfaction using a three-point

scale (very, somewhat and not satisfied) when hospitals were primarily interested in a quarterly or annual report card of how they were doing. This scale served our clients well for several years, until more and more hospitals began to engage in continuous quality improvement (CQI) activities. Their research objective changed, and clients began asking us to help them improve their scores, not just report them. Because the majority of experiences tended to be positive, we needed to make an across-the-board change to our surveys to employ a scale that offered more differentiation at the positive end. It would have been much easier to just keep everything the way it was, but we wanted to do what was meaningful to our clients: we wanted to provide them with actionable data that would give them a more fine-tuned picture of how their patients, their physicians, their employees, and their community felt about their care and services. Maintaining the status quo was not of interest to us.

In the early 2000's, the pressure for health-care organizations to demonstrate quality and truly differentiate themselves from the competition became more intense. These organizations, in turn, came to PRC and asked, "What can you give us that will separate us from the pack, that will make us stand out?" We talked to clients, we talked amongst ourselves, we read the literature, and one message emerged: Loyalty. With the loyalty of your patients, your physicians, your employees, your community, your organization can weather, and even thrive in, the substantial change and uncertainty that continues to loom over the healthcare industry today. But it wasn't enough to simply preach this message, we had to do what would be effective for our clients: we had to develop analyses, the PRCEasyView® application, and a training program and resources for this message. Most importantly, we had to develop a staff and an infrastructure to support this message. If you look at everything we have created or enhanced about our products and services over the last 10 years, you would be hard-pressed to find anything that wasn't done in support of our message that loyalty is the key to success and growth. Suggesting a strategy without offering the tools to deploy that strategy is not of interest to us.

How do we do it?

We have an amazing team of associates at PRC. Each and every day, I hear interviewers on the phones, I see senior staff mentoring members of their teams, I witness the productive

collaboration of smart people who share the same values that Ken, Tom, Joyce and I shared when we got together to form PRC. At each of these major crossroads, the choice made was never colored by a fear that the thing we wanted was something we could not deliver. We knew we only had to make the decision that we felt was right and in our clients' best interest, and then we could turn it over to this outstanding group of associates who would make it happen, and who almost always bring our vision to life in ways that greatly exceed our expectations.

We also have an amazing group of clients. We are honored to work with each and every one of you, knowing that we are entrusted with a very important assignment: giving a voice to your patients, physicians, employees, and your community. You are so giving of your time, your insights and your experiences, and we seek to do justice to these contributions by using them to enhance the day-to-day service that we provide to all of our clients. We rely on you to continue challenging us to be the best research firm we can be, and we are

grateful every day for the opportunity to collaborate with you to improve the quality of everything you do.

PRC's next 30 years

I know that the road ahead for PRC is not a straight line that we can just follow without thought. We will come to more crossroads and face additional decisions that will significantly impact us and our clients. But while uncertainty can be unnerving, I am not intimidated. I know that the people I work with, both within PRC and at our client organizations, will come together as a remarkable team to provide guidance as we consider the choices ahead of us and thoughtful effort as we work to execute the vision of those choices. Our values will continue to lead us in the right direction, our hard work and innovation will continue to be a valuable asset to our clients along their own journeys, and together, our efforts will continue to bear the fruit of improved healthcare for patients, improved places for physicians to practice, and improved places for employees to work. And for me, I will continue to feel great when I lay down each night, knowing that I am part of an organization that is doing what is right, doing what is meaningful, and doing what is effective.

On behalf of my fellow associates at PRC, thank you for accompanying us on this amazing journey. I hope you will join us in our next 30 years! ●



Joe M. Inguanzo
President & CEO, PRC

Making Patient Experience Initiatives Stick A Roundtable Discussion

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A patient experience initiative can fail for many reasons. For starters, you can treat it like just another initiative – a fad that will inevitably fade from favor with the next change in the weather – or the C-suite. It can die from simple neglect – a lack of time, money, and attention – even if everybody understands and agrees how important it is. On the other hand, there are plenty of ways to make patient experience more than just another initiative, to weave it into the very fabric of your organization’s culture, and ultimately to reap the rewards of a healthier bottom line and a reputation that people will talk about with anyone who will listen. *HealthLeaders* magazine recently convened a panel of experts who shared their best tactics not only for making patient experience a priority, but also for maintaining the momentum.

Panelist Profiles



Sean Keyser

VP, Operational Improvement & Service Excellence
Novant Health
Charlotte, NC



John Gnida

Consultant, Client Education
Professional Research Consultants, Inc.
Omaha, NE



Rick Henvey

Regional COO-Community Hospitals
Parkview Health System
Fort Wayne, IN



Gienna Shaw

Senior Marketing Editor
HealthLeaders Media
Marblehead, MA
Moderator



Janet Nystrom

HR Director
Progress West HealthCare Center
O’Fallon, MO

Are patient experience initiatives here to stay, or just another fad? This panel of experts discussed ways to make sure your efforts aren’t “here today, gone tomorrow.”

Roundtable Highlights

HealthLeaders What is patient experience and, perhaps more important, what is it not?

Janet Nystrom Patient experience is about the individual connections that our employees make with our patients every day. Regardless of your position, you want to create a story for that patient, something positive they will remember. Satisfaction is a lot different than experience. Satisfaction is meeting, not exceeding expectations. When we exceed expectations, we create loyalty. That is what we strive for.



Rick Henvey Patient experience is what happens at every touch point, from when you get out of the car to when you get your bill. So many healthcare organizations think it's about turning lemons into lemonade or smile school. It's about creating those "wow" experiences at every touch point. We send thank-you notes throughout the health system to 100% of our discharged patients from the inpatient units. This year, managers started including their business card with a personal note. Our cath lab director got a call from a man who had her card and wasn't feeling well. They called an ambulance, brought him in, and he ended up having a catheterization done. She walked him through it and now we have that great story about their experience to share.

Nystrom When patients write to us about their experiences, we call it "fan mail." We communicate our fan mail regularly. One story I can share to illustrate that employees are empowered to do whatever it takes to make the patient's experience an excellent one involves one of our maintenance mechanics. It was a Sunday afternoon – a really hot day. There was a family whose grandmother was in our hospital and she was dying. This employee was doing his rounds and saw there were a lot of kids in the family room. He brought them all ice cream bars – it was unexpected, and was a memorable experience for that family. We didn't train this employee to do that, we hired the right person.

Sean Keyser Our vision is to deliver the most remarkable patient experience in every dimension, every time. We've pulled off customer service in a big way. We've pulled off quality in a big way. We've demonstrated excellent financial stewardship. How do we go beyond? It's the touch points. We ask "What happens here, what happens here, what happens here?" If you keep asking that question, you won't concentrate on customer service or quality or stewardship discretely. You're going to look at what's important at every point. Experience is holistic.

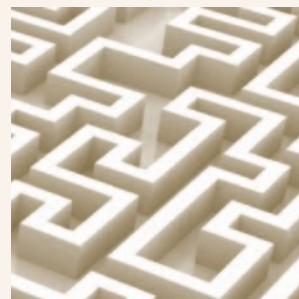
John Gnida I've been to almost 400 hospitals now in 10 years with PRC and about 95% of the hospitals are on top of the latest buzzwords. So if you talk about patient experience, they've got it. Service excellence? They've got it. But do they really? When we talk to managers who are writing action plans or directors who are frustrated that they can't move their scores or grow their market, it turns out that they're not really doing service excellence work, which is creating remarkable experiences. Usually they're doing service recovery work instead. I don't want

to denigrate service recovery, but it's a whole other strategy – it's not patient experience.

Creating the Culture

HealthLeaders **How do you create a culture of service excellence?**

Gnida Make your mission part of everything you do. It's amazing how often you'll walk into a room and even though they say, "We're all about patient-centeredness," patient care is nowhere on the agenda. When the very first thing on the agenda is about care, it sends a message to everybody. People will start to buy the mission when our currency, our attention, and our time show our devotion to it.



Nystrom We have four service priorities, in order of importance: safety, courtesy, expertise, efficiency. Everything that we do is structured around those four priorities. Because they're in order of importance, you can make decisions and know that you're doing the right thing for the organization and, more importantly, for the patient. Efficiency, where finance lies, is our fourth priority. Courtesy and compassion, where service excellence falls, is ranked second under safety.

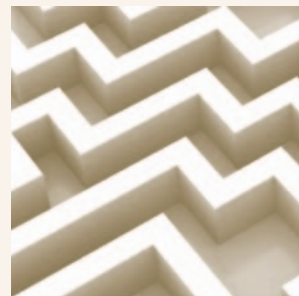
Gnida When I walk through the doors of a client who's scoring in the 90th percentile, I see it immediately. Everyone who wears a name tag, whether clinical or nonclinical, impacts patient experience. Because my perceptions of care are not just my nurse or my doctor, it's also how the person walking down the hall looked at me, how the people standing over by the elevator are talking, whether they appear to be interested in helping people or not.

Nystrom In our pre-postop area if one nurse doesn't feel like she's connecting with a patient, she'll say to a fellow nurse, "We're not connecting, I'm not feeling a relationship here, can you try?" Recognizing this is very important. Their scores reflect their commitment to creating excellent experiences.

Bottom Line Impact

HealthLeaders **How does patient experience relate to the bottom line? What's the business case for creating "wow" experiences?**

Gnida There's a tremendously strong relationship between quality and survey respondents who say they are likely to recommend a hospital. Based on that data, we can predict that clients with a lot of patients who say the care was excellent are going to be okay financially, even in this crisis. It's remarkable how



many of our clients who are in the top percentiles are reporting that they're weathering the storms pretty well. If you get positive buzz from your community and your patients, not only do they have memorable experiences, but they talk about these experiences to other people, they recommend you to their family, their friends. That's how we grow. That's how we succeed.

Henvey We know excellence builds loyalty, which drives market share. I don't care if you're for-profit or not-for-profit. You're about market share when it comes to business. The numbers that PRC ran said that of the patients who ranked our care excellent, 80% were loyal to Parkview. Of those who said we were very good, only 20% said they were loyal to Parkview. If we're about building loyalty, excellence does that, which drives market share, period.

Keyser Reform or not, environmental changes or not, consumerism will have an incredibly strong presence in healthcare. As long as people are making choices about their care and making choices about where they want to receive care, then we owe it to them to create something extraordinary. Our vision isn't fashionable; it's not just rhetoric. It's intended to drive a business strategy – to create a remarkable experience that's going to lead people to tell other people "I wouldn't choose anyone else." That's the business case.

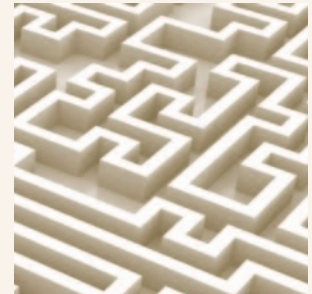
"If we're about building loyalty, excellence does that, which drives market share, period."

HealthLeaders What is the role of leaders in the patient experience?

Henvey It's all about leadership and it starts with them. Are they transparent with the data? Are they as passionate about this as they are everything else that they do? Are they living it? Are they genuine about what they're doing with that? The CEO has to lead it in a genuine way along with board members. For us, it starts with the board chair for the health system and cascades down through the other system boards. After that, it comes down to the CEO for the health system. Then it breaks down to everybody. In our case, that's 7,000 coworkers. My goal is to create 7,000 senior VPs of service excellence.

Keyser The board and executive team are the champions. You find out if leaders are serious by looking at their calendars and checkbooks. At the operational level there are a host of strategy leaders. My role as an executive is to create and connect tactics that people can deploy every day.

Gnida One of the changes we've seen is the commitment from leadership at the board level and the CEO level to create positions like Sean's and Rick's: someone at the VP or senior VP level who has authority to implement patient experience initiatives. It used to be one person in marketing trying to get all the nurses involved – and the results were mixed at best. The best practice model is to build



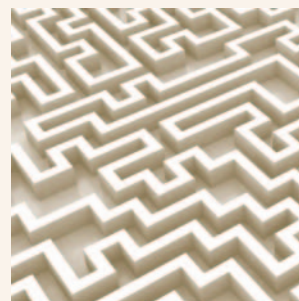
a team that's capable and tasked with doing these things.

- Keyser** It helps to have one person whose only agenda is experience. We can say that everybody owns it. But you need somebody who gets up every day and asks themselves, "What did we do today that was a part of the operational implementation of this experience?" Someone's got to be thinking about the steps and the plans and the timelines and the human beings and the materials and the resources.
- Henvey** For years we've had a CFO and a chief quality officer. So those got the attention. Now we know that to focus on service and patient experience, you have to have somebody taking charge of it, someone who knows operations.

Engaging Physicians


HealthLeaders **How do you engage physicians in patient experience, especially those who might be reluctant to embrace it?**

- Henvey** You can't just walk in and talk to a physician about changing everything. A lot of leaders and board members think you can just tell doctors what to do. You can't unless you have a relationship. I'm 110% behind physician champions. But you've got to develop them. Every six months I take a group of physicians to a conference put on by physician leaders to drive excellence. Everyone I've taken out there, every one of them, has had some sort of spike in their outcomes. And they had more buy-in.
- Nystrom** On the floor, we've changed a lot of the processes. It's not your traditional way of delivering care. We do multidisciplinary rounds. We have charts in the room. Our pharmacists are interacting with the patients. There's a certain workflow that the physician has to be involved with in order for it to run smoothly and effectively. There's been a lot of resistance but we're making steps in the right direction. Physicians start to embrace it when their patients tell them about their experiences and their patients have better outcomes.
- Keyser** We have to have a philosophical shift from thinking of physicians as customers to thinking of them as partners. Two of the seven members of our system executive team are physicians. There is a physician leader in every market along with the market presidents. That's a symbolic statement of the partnership with physicians. If we have physician leaders talking to physicians there's a greater chance they'll have some degree of engagement. We're starting conversations with, "We want the same thing – a remarkable experience for your patients. Getting there is not going to be easy. It's going to mean that we're going to have to support you more effectively at the system level. It's going to mean that you work to understand and respond to their expectations. It's going to mean making some tough choices." We weren't making the best strides with the physicians before we started having meaningful conversations about what a remarkable experience looks like and agreeing that this is not going to be easy work to do.



“Physicians are skeptical of some of our programs because we change them often and we’re not consistent with promoting and engaging with them.”

HealthLeaders Are physicians starting to recognize that patient experience is not a fad?

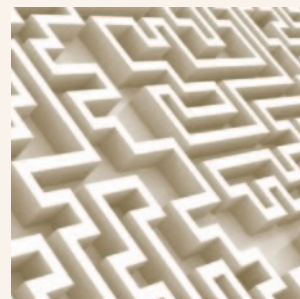
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- Gnida** It’s not so much that physicians are against us as much as they’re just not informed. We’ve never really included them in terms of what we’re doing, our strategy. Also, they need to see tangible results and hear the stories from their patients. Ultimately, there’s nobody who cares more about our patients than the doctors. Physicians push back at first but once they get it, they are the best champions you have. They’re the ones who help drive this.
- Keyser** Experience isn’t part of medical training. That doesn’t mean they don’t innately understand that patient care is about experience. But it requires behaviors, processes, and systems. We’re asking them to consider an entirely new body of knowledge. They have to be introduced to it and understand what that means in terms of behavioral change. For many of them it’s natural, but for some it’s not.
- Nystrom** For nonemployed physicians, we hold orientation where they’re walked through everything we do to improve the patient experience from our physician services team. Some buy in, some don’t. Our physician services team works hard on this.
- Keyser** One core strategy is called the Distinctive Care Model. It has a host of knowledge changes, skill sets, behavioral changes, and systems and process changes that we believe lead to a remarkable experience. There is a lot to learn out there. Learning is often limited to the standard operations leadership team and not to doctors. Well, who influences more than they do? One event, “The Physician’s Role in Service Excellence,” teaches that the simplest behaviors can make a difference. Sitting down, making eye contact, and asking open questions – things that are so simple that some organizations won’t teach them to their doctors because they think it would be rude. But physicians – although not all of them – will say, “That’s a good idea. I can do that today.”
- Gnida** It’s rare that we present in front of a room of physician leaders and they say, “Oh, we’ve heard all this” or “That’s not going to change anything I do.” Mostly the reaction has been, “Now I understand what you’re trying to do here.” Physicians are skeptical of some of our programs because we change them often and we’re not consistent with promoting and engaging with them. Someone new comes in and they take the hammer out and start swinging. That impacts the relationship between the physicians and the next group that tries to put in an experience program. We have to be consistent and build trust. Then they can be not just partners, but leaders.

Keyser One of our core values is compassion. People often worry compassion is not something you can teach. It absolutely is. We had a nurse say, "I'm not fuzzy-wuzzy. How can I be compassionate?" We asked her what she's good at. She said "I'm one of the nurses they call when they can't get the IV in the patient." I told her that her ability to prevent more pain is a very compassionate act.

The Employee's Role

HealthLeaders **What is the role of employees in creating the patient experience?**

Nystrom We created a selection process to ensure we were hiring people who can create excellent experiences for our patients. In every interview, regardless of whether the position is directly involved with patient care, we ask candidates what patient-centered care means to them. Even if they're in the finance department or in HR, they need to connect the dots to see how they can affect the patient's experience in their particular role. If a person cannot articulate how they affect the patient experience, it's probably not the right place for them.



Keyser Storytelling is really important to us and has been for a good time now. Two years ago we started a program called cascading. We taught every executive to tell their story – why they got into and remain in healthcare. Each told their personal story to their reports. Those reports created their story and told it to their reports. We are training leaders in the art of storytelling because your ability to tell the experience of your patients and of you as a staff member engaging those patients has a very strong impact in the organization. People remember stories. They don't remember bar charts and awards.

Nystrom We also rely on stories, and our employees are huge promoters of patient experiences. When Progress West opened, we heard people say, "Of course they're going to get great patient loyalty survey scores. They're a new facility. They've got top-of-the-line equipment." I told every single person I interviewed that we could have the best processes, the most beautiful facility, and the latest technology, but if we hire the wrong people we could fail.

Gnida There's this idea that a new hospital is going to be a savior for a patient satisfaction program or all of a sudden scores are going to go up. I always laugh, because when you look at the survey and what's important to patients, it's not about the waterfall in the atrium. We're asking, "Did your nurses connect with you, did they have compassion, did you understand what your physician was telling you?" Quality care comes from people.

Keyser One of our hospitals was intended to be different from the beginning. We brought staff in with significant lead time prior to opening and trained them. It was a big investment. But opening day went off pretty much without a hitch. It gets down to vision. The executives said this place is going to be different; it's going to feel right, people are going to be trained; they're going to understand what their responsibilities

are; we're not going to spend our first six months figuring out what to fix. Well, if you're going to say that you better be ready to pony up, because traditional leaders may say, "I have to have people on the payroll way before we open? Are you kidding me?"

**"Are patient experience efforts measurable?
Definitely. The more we embrace measurement,
the more we can use it to our advantage."**

HealthLeaders **How do you measure the impact of patient experience efforts?**

Keyser We look at our service measurement as a story. We have a significant intentional effort around trying to humanize our data. When all leaders are talking about are scores and targets, they're blowing it. When they talk about what the data are trying to tell us about what patients are going through, then we're making progress. It would be easier just to spit out the data every week and post it and say, "Oh, bad dog, no biscuit," or, "Things are going really well." No. If there's a gap between where you are and where you want to be, talk to people and try to understand what's happening. Are their perceptions different? Are the drivers not what we thought they were? Are they having a rough day? Let's look into it.

Gnida The more we embrace measurement, the more we can use it to our advantage. One way to do that is to understand it better. Managers often underestimate the percentage of patients who score the hospital as "excellent" on surveys. I could be at the top hospital in the world or at a low performer. They all think the top answer is "very good" or "good." Yet "excellent" is by far the number one answer on patient surveys. If you collect data about problems, that's what you're going to see. That puts you in the mode of service recovery. Healthcare professionals are experts at diagnosing and fixing problems. From a patient experience point, that's not the best strategy. We need to figure how we make something that already works pretty well even better. That's harder. ●



"When all that leaders are talking about are scores and targets, they're blowing it. When they talk about what the data are telling us about what patients are going through, we're making progress."

AtlantiCare

2009 Malcolm Baldrige National Quality Award Winner

Organization one of only five in the nation to achieve prestigious honor for 2009



“Part of our responsibility as a recipient of the Baldrige Award is to share our performance excellence strategies and practices with other organizations.”

Health Plans, AtlantiCare Behavioral Health (ABH) and the AtlantiCare Foundation. It is the largest health-care provider and the largest non-casino employer in southeastern New Jersey. More than 5,000 AtlantiCare physicians, staff, trustees and volunteers provide services at more than 60 locations.

The award is traditionally presented by the President of the United States. Representatives of AtlantiCare will attend the awards ceremony in Washington, D.C. in 2010.

“This recognition has great meaning for our organization because it affirms our 22-year quest for excellence,” said David P. Tilton, president and chief executive officer (CEO), AtlantiCare. “That quest has been driven by the extraordinary vision, commitment and hard work of our trustees, our staff, physicians, leadership team, volunteers and our community. We believe a commitment to quality and continuous improvement is imperative in the health care field. Part of our responsibility as a recipient of the Baldrige Award is to share our performance excellence strategies and practices with other organizations.

EGG HARBOR TOWNSHIP, N.J., Dec. 8 / PRNewswire/ President Barack Obama and United States Department of Commerce Secretary Gary Locke named AtlantiCare one of only five winners of the 2009 Malcolm Baldrige National Quality Award (MBNQA) December 7. AtlantiCare includes AtlantiCare Regional Medical Center (ARMC), AtlantiCare Health Services, AtlantiCare Surgery Center, AtlantiCare

We humbly look forward to serving as mentors and role models for those who wish to join us on our quality journey.”

There were 70 applicants for the 2009 Baldrige Award, 42 of which were in the Health Care category. AtlantiCare was one of only two health care organizations to receive the recognition this year. Eight applicants in the Health Care category and 15 applicants in all six Baldrige categories received a site visit by Malcolm Baldrige National Quality examiners in 2009. The examiners held comprehensive interviews with nearly 1,000 AtlantiCare physicians, staff, trustees and volunteers during visits to many AtlantiCare locations.

“The comprehensive Baldrige Award process ensures recognition of only the most outstanding organizations and the people behind them,” said Michael Neustadter, chairman, AtlantiCare Board of Trustees. “AtlantiCare has maintained a relentless pursuit of excellence.”

Congress started the Baldrige National Quality Program in 1987 to recognize organizations for achievements in quality and business performance and to raise awareness about the importance of quality and performance as a competitive edge. Named after Malcolm Baldrige, the 26th secretary of Commerce, it is the nation’s highest presidential honor awarded to organizations for quality and organizational performance excellence. Each year, the Department of Commerce can recognize up to three organizations in each of the following categories: education, health care, manufacturing, service, nonprofit and small business. The Department of Commerce’s National Institute of Standards and Technology (NIST) manages the Baldrige National Quality Program in conjunction with the private sector.

Baldrige criteria are acknowledged worldwide as the standard for performance excellence. Organizations striving for excellence measure their efforts in leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; process

management and results. Baldrige winners demonstrate increased market share, greater customer satisfaction, improved employee relations and enhanced operating performance.

“AtlantiCare is proud to be among the respected organizations the Malcolm Baldrige National Quality Award has recognized, and we congratulate all of the 2009 recipients,” said Joan Brennan, DNP, RN, Vice President of Quality and Performance Excellence, AtlantiCare. “At AtlantiCare, we frequently ask, ‘How can I personally contribute to AtlantiCare’s vision of creating healthy communities?’ We will continue our journey of excellence by asking and answering this question as we strive to exceed quality benchmarks in our more than 60 locations throughout our organization.”

For more information about AtlantiCare being named a winner of the 2009 Malcolm Baldrige National Quality Award please visit <http://www.atlanticare.org/about/baldrige.php>, the NIST web site at www.nist.gov, or AtlantiCare’s web site at www.atlanticare.org.

AtlantiCare is a regional healthcare organization based in Egg Harbor Township, New Jersey, whose more than 5,000 employees serve the needs of the community at more than 60 locations. It includes AtlantiCare Regional Medical Center (ARMC), the AtlantiCare Foundation, AtlantiCare Health Plans, AtlantiCare Behavioral Health and AtlantiCare Health Services. ARMC became the 105th hospital in the nation to attain status as a Magnet[™] designated hospital in March of 2004 and was redesignated a Magnet[™] hospital in 2008. ●

Professional Research Consultants, Inc.

When You’re Ready to Embrace Excellence... ...You’re Ready for PRC.

Creating excellent patient experiences isn’t easy. It takes dedication, hard work and the commitment of every single person at your hospital. But it’s worth it.

By partnering with PRC, you’ll have an experienced friend helping you on this journey. From our proven excellence-based patient loyalty surveys to our consulting and resources, we are here to assist you every step of the way.



Are Your Community Health Initiatives Hitting the Mark? We'll Soon be Finding Out

What once was just the right thing for hospitals to do may soon be changing to what hospitals must do in order to comply with emerging pressure to prove that community health programs are doing what they were intended to do: direct resources toward identified areas of need. For non-profit hospitals that rely on tax-exempt status to survive, this pressure may be felt even more stringently in the days to come.

As with many facets of healthcare, a new era of transparency and accountability is here. It isn't enough to just offer wellness seminars or host free mammogram clinics; if healthcare strategists succeed, it will soon be necessary to prove that these hospital-sponsored programs were based in some identified need.

In many ways, perhaps this new emphasis on accountability is overdue. No matter how well-intended, not all community initiatives are positioned to make a real difference. To truly improve community health, hospitals must first quantify the impact, magnitude and severity of critical local health issues, as well as understand the consequences of inaction.



Bruce Lockwood
Director - Community Health, PRC

organization must assess community health, it certainly implies that a planned and methodical approach is required, and that health needs assessments should be factored into strategy and policy development."

The PRC Community Health Assessment certainly satisfies – and surpasses – the expectations of IRS Form 990 and Schedule H. The PRC Community Health Assessment is data-driven, statistically sound, geographically scalable, comprehensive in scope, and sensitive to high-need populations. It addresses many of the Healthy People 2010 objective areas and offers state and/or national benchmarking for most of the indicators, allowing hospitals to identify and justify areas of specific need in the communities they serve.

Not only is the PRC Community Health Assessment compliant with what is asked for in Schedule H, but much more importantly, can offer hospitals and health systems a truly valuable tool in addressing community health needs throughout their service areas.

– Bruce Lockwood

IRS Form 990 and Schedule H

One development affecting hospitals and the reporting of community benefit was the Internal Revenue Service's release of final instructions for the redesigned Form 990 and 16 related schedules (including Schedule H—Hospitals), designated solely for tax-exempt hospitals. While Schedule H is optional for tax year 2008, it is required for 2009 tax year filings (see www.aha.org/aha/issues/Tax-Exempt-Status/irs.html).

Bruce Lockwood, PRC's Director of Community Health weighs in by saying, "As with the language of community benefit legislation in several states, the reporting requirements of IRS Form 990, Schedule H as they relate to community health needs assessment are fairly non-descript, simply asking for narrative to 'Describe how the organization assesses the health care needs of the communities it serves.' While it doesn't detail how or how often an

Healthcare Reform

While none of us yet knows exactly which turn health care reform will take, it is important to acknowledge that accountability and transparency as it relates to community health planning is sure to be included in any forthcoming language.

In fact, the latest bill to pass the Senate included a requirement to assess community health needs on a regular basis. While the outcome of this proposed legislation is uncertain at this point, it is fair to say that the trend toward more federal reporting requirements will likely continue in future discussions on this topic.

American Hospital Association's "Summary of the Senate Health Care Reform Bill: The Patient Protection and Affordable Care Act (H.R. 3590)" released November 24, 2009 included the following language:

continued on pg.18

2010 • San Diego Excellence in Healthcare Conference

Make plans now to attend the 2010 PRC Excellence in Healthcare Conference to be held June 6-9 in San Diego, California! Best known for its near-perfect climate, natural beauty and a bevy of fun-filled outdoor recreational activities, San Diego is consistently rated among the nation's top leisure travel and convention destinations.

Opening Keynote Speaker, Liz Jazwiec

Continuous workplace negativity saps the energy out of an organization and distracts everyone from work and productivity. It is not okay to come to work every day in a bad mood because the job is hard! Liz knows that "if you don't like your customer, you won't like your job," but she also knows what works to improve both! This is the message that Liz Jazwiec will discuss by telling her personal story, laced with her notorious humor and effective tools to manage morale, eliminate victim thinking, and eradicate judging. Using real-life examples from her 25 plus years in healthcare leadership, she will provide a straightforward approach to the connection between customer and staff satisfaction, having fun at work and choosing to be happy.



Toolkit Identifies Key Benefits of Attending

In tough economic times, travel and education budgets are often the first to be cut. We understand your dilemma and have made every effort to keep costs down. If you need help justifying your trip to the 2010 PRC Excellence in Healthcare Conference, take a moment to look through our Justification Toolkit. You'll find resources including budget-friendly advice and tips on how to get the most value for your money from our extraordinary educational sessions. Let us help you gain funding to attend this year's conference!

Justification Tips:

- **Return on investment.** Spend some time selecting the breakouts you will attend and focus on what you can bring back to help improve your organization.
- **Shared knowledge opportunities.** Upon returning from the conference, arrange a training session to share what you've learned with co-workers.
- **Obtain the full conference CD at a seriously reduced rate.** Take advantage of the attendance discount to

purchase the conference CD. This can be used to share handouts and recorded audio from each session with others in your organization.

- **Get one-on-one PRCEasyView®.com training.** If there is something you want to learn or need to brush up on skills, the PRCEasyView®.com Learning Lab is open throughout the conference during regularly-scheduled breakout session hours.
- **Learn and earn!***

Cost-Saving Tips:

- **Be an early-bird.** Register on or before April 30, 2010 to take advantage of the lower conference rate.
- **No need for a rental car.** Use SuperShuttle to take you to and from the airport at the discounted conference rate.
- **Book early and save.** Book your hotel room before the cut-off date to ensure a special negotiated conference rate.
- **Save on lodging.** Share a room with a co-worker to save on expenses.
- **Don't go hungry or spend a fortune on meals.** Take advantage of the breakfasts, lunches and award dinner that are included as part of your conference registration.
- **Earn continuing education credits.***



What Are You Waiting For?

Registration is now open! To see more reasons why you can't afford to miss this conference, visit the official 2010 PRC Excellence in Healthcare conference blog at PRC10conference.wordpress.com

* The Creighton University School of Medicine designates this educational activity for a maximum of 13.25 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

* This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Creighton University School of Medicine and Professional Research Consultants, Inc. The Creighton University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

* Nursing contact hours have been applied for through Creighton University Medical Center and are pending. Creighton University Medical Center is an approved provider of continuing nursing education by the Nebraska Nurses Association, an accredited approved by the American Nurses Credentialing Center's Commission on Accreditation.

Please visit our website at <http://www.prconline.com/conference/additionalinfo/>



PRC's Client Loyalty Survey

Service Excellence Starts at Home

PRC strives to provide the highest quality product and the best service experience possible. From our orientation and training programs to the ongoing education that our associates gain working as part of a team, we seek to keep every team member focused on the goal of creating an excellent experience for our clients.

Our Client Loyalty Study is a valuable tool in helping us monitor our efforts toward this goal, and if you have completed a telephone interview with Client Loyalty Survey manager, Bobbie Peters, at any time in the past, we sincerely appreciate your time and feedback.

At PRC, we track our results by two study schedules: point-in-time studies (generally consumer, CHA, employee and medical staff studies) and ongoing studies (mostly patient, with some medical staff and employee studies). Because the needs and expectations of each of these types of clients are different, we use two sets of Key Drivers when we discuss internal process improvement efforts.

Overall Experience

We are very proud to share that our scores for Overall Experience with PRC increased for both of these client

PRC's Overall Key Drivers of Excellence		
	Point-in-Time	Ongoing
Key Driver #1	PRC Representatives' Professionalism	PRC Representatives' Courtesy
Key Driver #2	Report and Analyses Reviewed	Value of Service Relative to Cost
Key Driver #3	PRC Representative's Advising on Study Design	PRC Representatives' Advising on Study Design

Overall Experience with PRC*		
	2008	2009
Point-in-Time	54.0%	61.4%
Ongoing	72.4%	73.0%

* Percent "Excellent" Responses.

groups from 2008 to 2009. We will continue to work hard for you in the coming year, placing special emphasis on the aspects of service highlighted in our overall Key Drivers of Excellence.

As always, we thank you for the privilege of being a partner in your efforts to improve the quality of your organization in the eyes of your patients, physicians, employees, and community. ●

Community Health Initiatives Legislation *continued from pg. 16*

"Tax-Exempt Hospital Requirements (Sec. 9007) – New requirements would apply to section 501(c)(3) hospitals in addition to, and not in lieu of, the requirements otherwise applicable for tax exemption. The requirements generally would apply to any section 501(c)(3) organization that operates at least one hospital facility.

Needs Assessment – Each hospital facility would be required to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community needs identified through the assessment."

How Can We Help?

PRC is here to help by answering any questions you may have about the future of community benefit legislation. We will be watching this closely and report any new information to you promptly.

If you would like to talk more about the community health measurement options available from PRC, please contact Bruce Lockwood at Bruce@PRConline.com ●

What's going on?



● **PRC Resource Archive** – We are always thankful for client requests and suggestions as they inspire new developments at PRC. Case in point, requests for a central location to hold all of PRC's resources has led to the creation of the new PRC Resource Archive. The archive is offered exclusively to PRC clients and contains:

- Recordings and Downloads
- Articles and White Pages
- PRCTv Episodes
- Conference Resources

Clients can now access our educational materials at any time online at <http://archive.prconline.com>

● **PRCTv Launches** – October 2009 marked the official launch of PRCTv, a new and innovative way to educate and communicate with clients. Using streaming online video, PRCTv provides another channel of communication that allows us to share information and knowledge using a different platform. PRC directors and consultants will be delivering information that, to some audiences, may be easier to understand by seeing, rather than reading, the written word.

PRCTv episodes created specifically for clients will be hosted in the PRC Resource Archive. As we continue to build this library, you will gain access to episodes covering a variety of educational topics to help you gain the most benefit from your partnership with PRC.

Additionally, the **PRCTv YouTube Channel** (<http://www.youtube.com/prctvonline>) hosts episodes that are intended for a public audience. Here you will learn about topics ranging from the latest Home Health CAHPS Updates to what makes PRC's interviewers Excellent.



● **Educational CyberSeminars and PRC WebChats** – Watch your email for registration information about upcoming educational CyberSeminars and/or WebChats. Or, you can always find the latest session calendar and register from our website at www.PRConline.com/newsandevents

These are always offered at no cost to you and require no travel. Participate from the comfort of your own office or conference room!



PRC Portfolio

- Consumer Focus Groups
- Employee Loyalty Study
- Employee Exit Interview Study
- Patient Loyalty Study
- CG-CAHPS Loyalty + Study
- HCAHPS Study
- HCAHPS Loyalty + Study
- Medical Staff Loyalty Study
- Nursing Retention Study
- **Community Health Assessment**
PRC's Community Health Needs research studies help health departments, healthcare providers and civic organizations promote community health and development by connecting people, ideas and resources. PRC can measure the pulse of your community on important factors such as healthcare access, preventive healthcare, modifiable health risks, and health status.
- Referring Physician Study
- Consumer Perception Study
- Healthcare Publication Audit
- Home Health Care CAHPS Study
- Quality of Life Assessment
- EMS Quality Monitor – PRC Patient Perception Study
- Fully Customized Market Research



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Have You Joined PRC's Client Connection Forum?



Since PRC introduced the Client Connection Forum in November 2009, over 200 members signed up, logged in and connected with other healthcare professionals from across the nation. If you haven't joined the growing community, what are you waiting for?

I've never heard of PRC's Client Connection Forum

Client Connection is an online forum. All you need is a computer with internet access and you can participate. The forum is the perfect place to discuss topics, ask questions, and debate issues. You'll have exclusive access to other healthcare professionals who share similar challenges and successes. This kind of networking, idea and information exchange creates healthy conversation and generates energy and excitement for the work you do every day.

I don't have time to participate

Of course, we hope you'll weigh in and share your experiences with others. But, even if you sign up just to read what others have shared, you're sure to find something in the forum that helps or inspires you. By not joining, you will be missing out on a valuable resource contained in the many comments

from other healthcare professionals and PRC experts. The forum is also the source for the latest-breaking news and developments from PRC.

I can't afford membership

Membership in the PRC Client Connection Forum is exclusive to PRC Clients and approved guests, but there is absolutely NO charge to belong.

I don't know how to join

Simply go to forum.PRCOnline.com and complete the easy registration process. You will receive a confirmation e-mail granting access to the forum, and you're in!

No more excuses. Your voice matters. Join Today!

