Quality and safety *is* the patient experience

a visit from Rich Bluni, RN, of the Studer Group

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Recently, we were fortunate to enjoy a visit from Rich Bluni, RN, of the Studer Group, a consulting firm that employs an evidence-based approach to help healthcare organizations achieve greater patient- and customer-satisfaction, attain higher employee retention, and improve quality indicators across the board. Rich met with Patient Care Services staff and leadership (including Excellence Every Day champions) in a variety of forums throughout the day.

The over-arching theme of Rich's message was that by diligently attending to quality and safety issues, healthcare organizations can, by extension, improve clinical and operational outcomes. Ensuring that quality and safety standards are met ensures a positive experience for patients and families. And if you think about it, it makes sense.

In his push to have clinicians think about quality and safety in tandem with patient-satisfaction, Rich used a phrase that resonated with me. He talked about 'worthwhile work.' Clinicians and support staff need to feel connected to the positive outcomes they help to achieve—they need to be reminded that their daily practice makes a difference in the lives of their patients and families. Every employee in every role group makes a contribution to the patient experience, no matter how far away from the bedside that employee may be.

In making the point that patients and families should be *involved* in quality and safety efforts, Rich shared a parable about a rhinoceros. It seems a team of veterinarians in the wilds of Africa, in an effort to save the rhinoceros population, tranquilized one of the enormous creatures and performed medical procedures on him while he was unconscious. They 'tagged' the rhino's ear so they could continue to track his progress then scurried away before the rhino awoke. Rich wondered if that rhinoceros woke up only to think he'd had a dream in which a team of veterinarians accosted him and pierced his ear!

The point being: we shouldn't keep our quality and safety efforts a secret from patients. Do patients know when they're on fall precautions? How would fall-prevention data differ if hospitals enlisted the aid of patients and families in their fall-prevention efforts? The more people aware of, and actively engaged in, quality and safety activities, the safer the environment of care and the happier patients are.

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All these strategies give patients a feeling of confidence in their caregivers and a real sense that they're part of the healthcare team. I'm happy that so many of our staff had an opportunity to hear Rich's presentation. It was a wonderful reminder of the 'worthwhile work' we do and the power we all have to make a difference in patients' lives.

Rich advocated the use of 'employee rounding' as part of any safety strategy. Employee rounding is when unit or department leaders survey their staff periodically to ask questions such as:

- Were you able to care for your patients this week as safely as possible? And if not, why not?
- How did communication between caregivers either enhance or inhibit safe care on your unit?
- Tell me about a 'near miss' scenario that might have caused harm to a patient, but didn't
- Have you seen anything in our environment that could be harmful to your co-workers or patients?
- Tell me one way we can help create a safer environment
- Would you feel comfortable having one of your loved-ones treated here? And if not, why not?

In alignment with our own '7Ps' strategy, Rich also recommends hourly rounding on patients. While some organizations employ a loosely 'scripted' dialogue to accompany rounding, Rich prefers an approach that allows clinicians to be themselves while making sure they cover some key points. He suggests each rounding visit consist of:

- comforting language to reduce anxiety
- the performance of scheduled tasks
- an assessment of the 7Ps (Person, Plan, Priorities, Personal Hygiene, Pain, Position, and Presence)
- an assessment of the environment for safety as well as patient-experience issues
- asking the patient, "Is there anything else I can do for you?"
- informing patients when you'll be back
- documenting the visit in the patient's chart

At several of the forums, discussion centered around the use of follow-up phone calls after patients have been discharged. In addition to bolstering patient-satisfaction, follow-up calls have been shown to reduce re-admissions and return visits to the Emergency Room and prevent complications due to early detection of symptoms or problems. Follow-up calls should express concern for the patient while at the same time solicit feedback on quality and safety issues. A typical follow-up call might include comments such as:

- I wanted to call and see how you're doing
- Do you understand your discharge instructions?
- What does your surgical site looks like? Do you see any redness or drainage?
- Do you feel that your caregivers did their best to make sure you got excellent, safe care while you were in the hospital?

Similarly, pre-admission phone calls have helped eliminate misunderstandings among patients and reduce the number of no-shows and late arrivals. All these strategies give patients a feeling of confidence in their caregivers and a real sense that they're part of the healthcare team.

I'm happy that so many of our staff had an opportunity to hear Rich's presentation. It was a wonderful reminder of the 'worthwhile work' we do and the power we all have to make a difference in patients' lives. These are important concepts to consider as we begin to craft our strategic plan for 2010 and beyond.

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