Department of Health Services Administration
Healthcare Quality & Safety Graduate Programs

Poor Patient Satisfaction Scores: Uncovering the Root Cause

Devika G Das, Amy Jeffers, Ashley Cobb, Danielle Sylvester, Keith Wille, Miguel Harris, Scott Buchalter, Terrence Reed, Leslie W Hayes
University of Alabama at Birmingham, Health System

Background

As part of the UAB Medicine Quality Academy, an academic graduate certificate program in healthcare quality and patient safety, an inter professional team was assigned the task of improving patient satisfaction scores on one inpatient surgical unit. The unit selected struggled with low performance scores across the board in all HCAHPS categories. The categories with especially low scores included: communication with the hospital staff, pain management and communication with nurses and doctors. Using robust QI methodology, the team quickly discovered that the staff on the unit had low morale and poor engagement. In a study of Swedish healthcare, quality improvement initiatives were shown to have a positive correlation with employee satisfaction as well as client satisfaction (Kammerlind, et al., 2004)

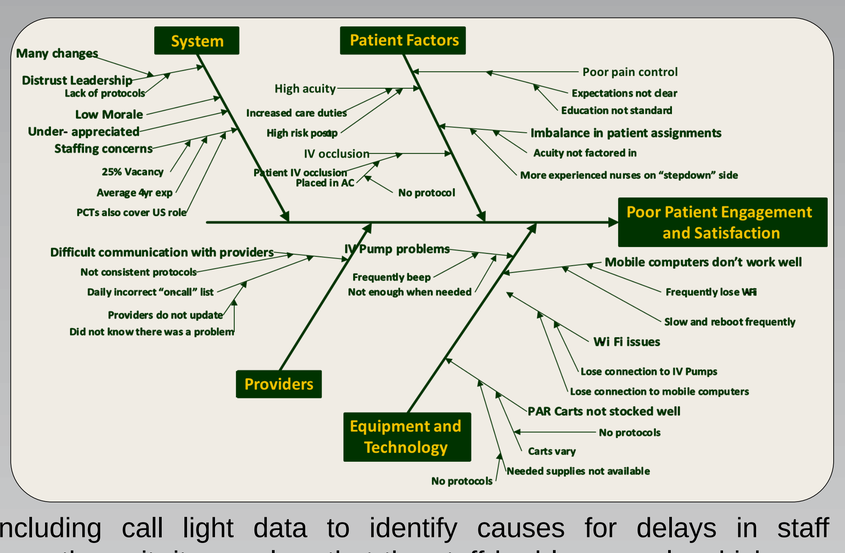
Project Aim

Our aim was to increase patient satisfaction scores by optimizing workflow and using data to improve employee engagement. Through development and implementation of a series of interventions, we aim to achieve the following interim goals by December 31, 2018:

1. Increase patient satisfaction scores by 20%
2. Improve staff satisfaction and engagement

Project Design

Key Stakeholders were identified (including unit staff, providers, IT, patient and staff experience office) to determine the root cause of patient and staff dissatisfaction. We met with the stakeholders and visited the unit to study the workflow.



We collected data including call light data to identify causes for delays in staff responsiveness. While on the unit, it was clear that the staff had low morale which was confirmed with data obtained from a recent employee satisfaction survey. We polled staff to identify the top issues that prevented them from delivering care and then held a brainstorming/affinity diagram/multi-voting session. We then performed an RCA to identify the sources of staff dissatisfaction.

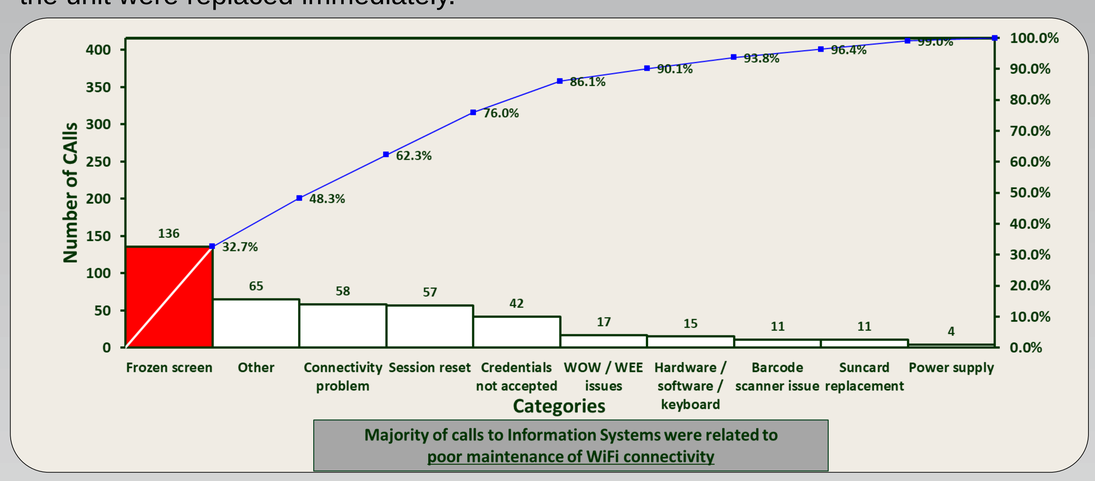
Action Plan

Key Leverage points for improvement:

- Poor Wi-Fi connectivity
- IV placement which increases occlusion risk
- Supply cart shortages
- Inaccurate provider on-call list

The hospital IT investigated the connectivity issue on our request and the problem was found to be secondary to work computer interface issues with the Wi-Fi causing EMR to shut down or slow down causing delays in critical workflow daily.

This was identified as a serious patient safety concern and the work computers in the unit were replaced immediately.

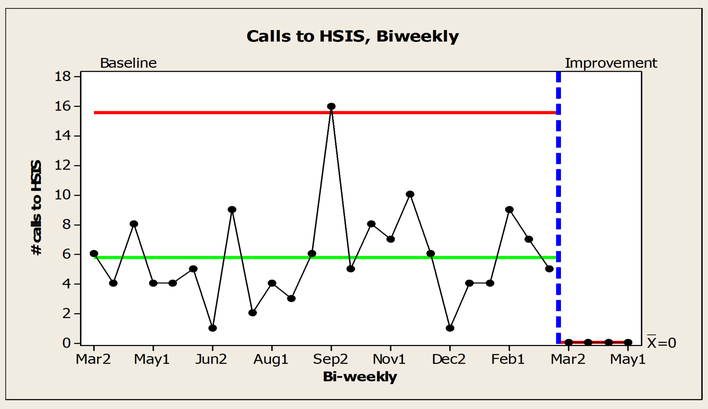


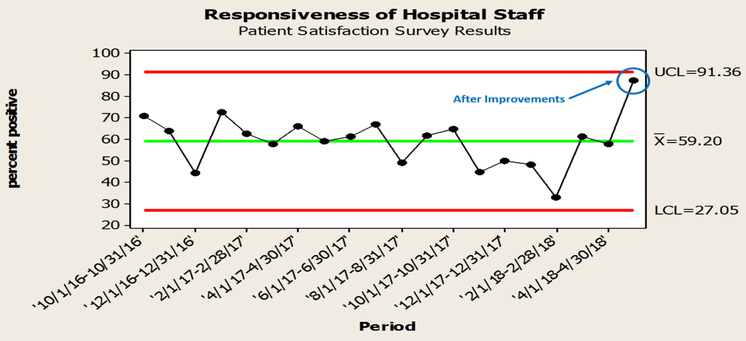
Majority of calls to Information Systems were related to poor maintenance of WiFi connectivity

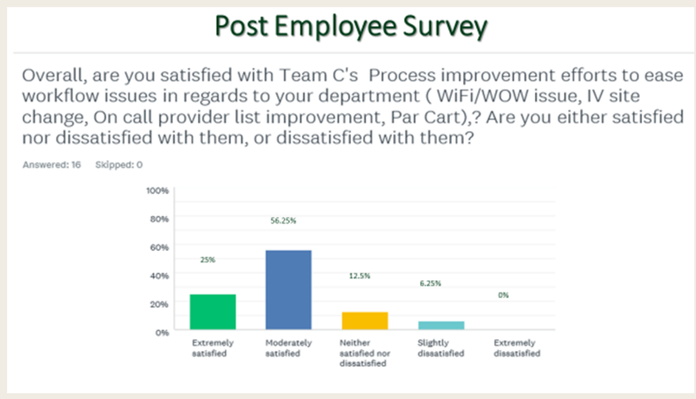
Early Outcomes

In parallel we also worked on the supply cart change. Through partnership with the supply chain, the carts were updated over the next month. The goal is to maintain consistency with supply availability throughout the entire unit. In the meantime, 11 specific items requested by nursing staff have been added to one of the carts, and the feedback has been positive. As IV occlusion was a common source of call light activation (due to IV placement in the antecubital [AC] vein), we worked with the pre-operative unit to discuss alternative IV sites for a certain subset of patients. The assistant manager reports more patients arriving on the unit with IVs in the hand instead of the AC vein, which has decreased IV occlusions on the unit.

The resident physicians on the unit report that the call schedule process was updated to contain correct information, with plans to move to an online calendar.







Return on Investment

- Reduced the time spent on call lights related to IV pumps.
- Total savings of $38,325 annually for pilot unit.
- 9 additional post-operative units represents potential $383,250 annual savings
- Establishment of a Clinical Nurse Leadership student to help enhance workflow and productivity of the unit (no cost).
- Culture Change:
- Previously unengaged workforce are now champions for improvement

5 nurses will assume responsibility for the interventions

Next Steps

We continue to collaborate with the unit leadership to continue to review the patient and employee satisfaction scores.

Lessons Learned

- Understand the actual problem: Avoid confirmation bias
- Right stakeholders
- Right use of data
- Poor culture among staff=poor patient satisfaction.

References

1. Kammerlind, Peter & Dahlgaard, Jens & Rutberg, Hans. (2004). Climate for Improvement and the Effects on Performance in Swedish Healthcare—a Survey in the County Council of Östergötland. Total Quality Management & Business Excellence - TOTAL QUAL MANAG BUS EXCELL. 15. 909-924. 10.1080/14783360410001681917

Acknowledgement

This project was made possible with the support of the University of Alabama School of Health Professionals, HQS Program