



Case Study

High-Performing Health Care Organization • May 2009

The Valley Hospital: Leaders Set the Tone for Patient Service and Satisfaction

SHARON SILOW-CARROLL, M.B.A., M.S.W.
HEALTH MANAGEMENT ASSOCIATES

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

For more information about this study, please contact

Sharon Silow-Carroll, M.B.A., M.S.W.
Health Management Associates
ssilowcarroll@healthmanagement.com

To download this publication and learn about others as they become available, visit us online at www.commonwealthfund.org and register to receive Fund e-Alerts.

Commonwealth Fund pub. 1259
Vol. 16

Vital Signs

Location: Ridgewood, N.J.

Type: Nonteaching, not-for-profit hospital owned by Valley Health System, which also includes a home care service and six multi-physician care centers

Beds: 451

Distinction: Top 5 percent of more than 700 large hospitals (300+ beds) in the portion of patients who gave a rating of 9 or 10 out of 10 when asked how they rate the hospital overall. Timeframe: October 2006 to June 2007. To be included, hospitals must have reported at least 300 surveys. See the [Appendix](#) for full methodology.

This case study describes the strategies and factors that appear to contribute to high patient satisfaction at The Valley Hospital. It is based on interviews with key hospital personnel and materials provided by the hospital from September 2008 through February 2009.¹



SUMMARY

At The Valley Hospital, hospital leaders exemplify on a daily basis the hospital's dedication to patient service. Each morning, the chief executive officer and chief financial officer visit patients. Valley closely tracks patient satisfaction data on a hospital-wide and unit basis, with each unit given a performance target.

Leadership Institutes for frontline supervisors through top executives emphasize accountability for reaching and maintaining high standards. In addition, nurses and other staff members solicit feedback from patients through rounding and post-discharge calls. Valley rewards extraordinary staff behavior through recognition and reward programs.

ORGANIZATION

The Valley Hospital is a not-for-profit hospital serving more than 440,000 people in the mostly suburban, northern New Jersey region. It has 451 licensed beds, and is the second busiest hospital in the state in terms of admissions. In 2008, more than 52,400 patients were admitted and more than 71,200 were treated in the Emergency Department. Valley has nearly 4,000 employees, over 900 admitting physicians, and 3,700 volunteers. The Valley Hospital is part of the Valley Health System, which also includes Valley Home Care and Valley Health Medical Group. The hospital is an affiliate of New York–Presbyterian Healthcare System.

STRATEGIES FOR SUCCESS

The Valley Hospital has been tracking patient satisfaction through Press Ganey surveys since 1998. In 2000, with consumer-driven health care a growing trend, hospital leaders realized they would have to make a deliberate effort to improve patient satisfaction.² To help them, Valley hired the Studer Group, an outcomes-based consulting firm.³

Hospital Executives Set the Tone

According to Mitch Rubinstein, M.D., vice president for medical affairs, nearly every aspect of the culture at The Valley Hospital illustrates dedication to patient service. Patient service is emphasized at orientations for all new employees. If a visitor asks for directions, employees are encouraged to escort them where they need to go, rather than simply point and give them directions. Most important, “top leadership live that message; they walk the walk,” says Rubinstein. For example, the CEO and CFO make daily rounds, visiting and talking with both staff members and patients.

“At Valley you hear, see, and feel it—there’s no corner of the organization, from the Chairman of the Board to the newest employee, who doesn’t know this is our culture,” adds Rubinstein.

LEADERSHIP INSTITUTES

In 2002, Valley introduced Leadership Institutes, which, according to Linda Lewis, vice president,

patient care services and chief nursing officer, have catalyzed efforts to improve patient satisfaction. Three times each year, the Institutes bring together hospital leaders, from frontline supervisors to top executives, for two days of educational sessions, discussions, and talks by guest speakers. Participants discuss Valley’s five standards—Service, Excellence, Respect, Value, and Ethics—and leaders’ responsibility for reaching and maintaining them; strategies for doing so are reviewed monthly. Past Leadership Institutes have focused on patient, physician, and employee satisfaction; performance evaluation; and organizational improvements.

Measurement and Tracking

Valley strives to satisfy three groups of stakeholders: patients, employees, and physicians. Press Ganey surveys measure Valley’s performance among all three audiences.

Two groups, the Measurement Team and the Patient Satisfaction Council, examine Press Ganey and HCAHPS patient satisfaction data and develop strategies to improve and sustain optimal patient experiences. The Measurement Team includes a data analyst, nurse managers, nurse directors, a nurse educator, a nurse patient safety clinical analyst, an assistant vice president, and a manager. The team meets twice each month to evaluate and submit trend data to the nurse managers for each service line.

The Measurement Team reports to the Patient Satisfaction Council, including a data analyst, nurse directors, nurse managers, nurse supervisors, an assistant vice president, a manager of marketing, a facilities manager, and others. The Council monitors scores weekly and meets to review progress monthly. These two groups have overlapping staff and co-chairs, helping to ensure that problems are identified and addressed.

Each hospital unit sets its own targets for patient satisfaction scores, based on their historical data and national benchmarks. If scores in a particular area dip, unit managers and members of the Measurement Team review patient comments and visit the unit to identify the root causes. Next, they explore

best practices to see what practices could be adopted in the unit or made a standard throughout the hospital. Working with unit staff, they develop and implement improvement strategies.

For each unit, the Measurement Team determines the two questions on the Press Ganey survey and one question on the HCAHPS survey for which patient satisfaction scores were lowest. A variance report identifying specific areas for improvement is posted on the Press Ganey site (and linked to the hospital's intranet) and updated each month to review trends and progress. Nurse managers review the variance reports and discuss them at monthly Patient Satisfaction Council meetings. Since creating the variance reports in early 2008, scores on the identified questions have improved.

Inpatient satisfaction scores dipped in early 2008, when two other local hospitals closed and Valley's patient volume suddenly increased. In response, hospital leadership set a new, temporary target of reaching the 90th percentile on Press Ganey measures. Their long-term objective is to reach and sustain performance at the 95th percentile.

Soliciting Feedback Through Rounding and Post-Discharge Calls

Through rounding and conversations with recently discharged patients, Valley leaders demonstrate that they care about patient experiences and glean ideas for ways to improve them. Patient satisfaction scores have increased since these practices were implemented in the summer of 2008.

- **Rounding** occurs on three levels:
 - a. *Hourly rounding by frontline nurses.* The nurses ask whether the patient needs anything, particularly regarding the "3 Ps"—pain, potty, and positioning. These frequent checks make patients feel safe and let them know their priorities will be addressed proactively. The nurses are trained to use effective communication strategies. For example, instead of saying to a patient, "Are you having any pain?" a nurse might say, "It's normal to feel pain, and it's okay to take medication."

- b. *Daily rounds by nurse managers.* The nurse manager in each unit confirms with patients that the hourly rounds are occurring and all their needs are appropriately addressed.
 - c. *Leadership team.* Managers contact employees each month to ensure they have the right tools and working environment to provide the best possible care.
- **Informal and ad hoc rounding** also occurs:
 - a. Both the chief executive officer and the chief financial officer visit patients and staff each morning—setting an example of the importance placed on their satisfaction. According to leaders, the message from the chief financial officer seems to be: "If the patient is happy, and staff are happy, then the money will follow."
 - b. If a problem is identified, the Measurement Team may conduct patient rounds to better understand the specific issues. For example, as discussed below, members of the Measurement Team talked to patients to learn about the nature, sources, and frequency of a noise problem that had been identified on HCAHPS patient satisfaction surveys.
 - **Discharge calls.** Within 48 hours of discharge, a hospital nurse calls patients at home to see how they are doing, ensure they received all the information they needed, and ask how the hospital could have improved their care. All patients who grant permission at the time of their discharge are contacted. The nurses document responses and follow up if any issues arise.

Interventions: Policy and Practice Changes

These practices have led to numerous policy and practice changes. For example, reviewing HCAHPS scores revealed a need to reduce noise levels. After the Measurement Team elicited information about the specific issues, the hospital launched a comprehensive noise reduction campaign in the fall of 2008. In addition, a "Bright Ideas Team" solicits ideas from clinical and nonclinical staff on ways to reduce noise. Awards are given to staff members whose ideas are implemented.

Valley is also working on ways to have faster call bell response rates, particularly during shift changes when nurses are finishing their duties or making patient rounds. The hospital has begun placing associates from its business office at the call bell desk during shift changes to watch for calls and notify nurses.

Recognizing and Rewarding Extraordinary Staff Behavior

When patient satisfaction became a high priority, hospital leaders began looking for patient-friendly traits when hiring new staff; they even replaced some staff members who did not meet certain standards.

Several programs recognize employees who excel, whether in patient service, clinical care, or other areas. "We have found that when we recognize our staff who do extraordinary work and share it in the organization, their stories inspire others," said Lewis. For example:

- the CEO and managers at all levels send notes of appreciation to employees who have been nominated by their colleagues;
- a "Service Star" program identifies staff who go beyond the scope of their duties, and their names are announced at an annual recognition dinner;
- through "R 4 R" (Rewards for Results), all non-management staff (both part time and full time), including those not directly involved in patient care, receive between \$100 and \$200 if the hospital hits both patient satisfaction and financial targets in a quarter. This program explicitly recognizes that every employee has an influence on patient satisfaction. Valley reached its patient satisfaction and financial targets in the third and fourth quarters of 2008, spending nearly \$1.6 million in staff rewards over the two quarters.

These programs both reflect and instill a culture in which patient service is a top priority. They also help to improve employee satisfaction by making staff feel valued for their efforts. Indeed, leadership is aware of the link between employee and patient satisfaction.

RESULTS

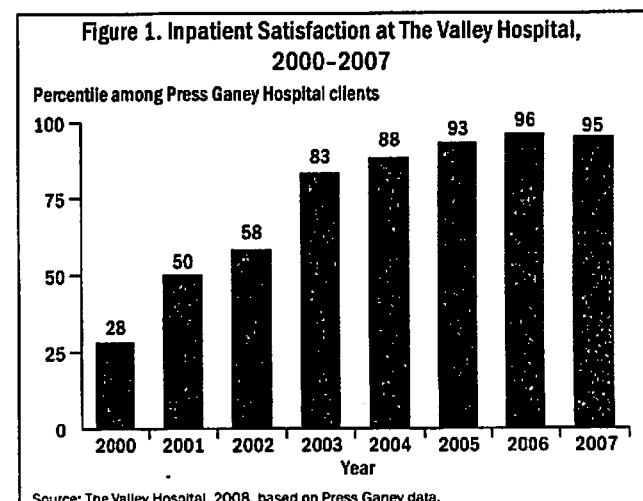
Table 1 illustrates that Valley's HCAHPS scores are higher than, or on par with, national averages for nine of 10 measures in 2007. The one outlier concerns the noise level, which Valley is actively addressing. The hospital is also trying to raise its average score on the measure of responsiveness (patients "always" receiving help as soon as they wanted) through efforts to speed up nurses' responses to call bells, as described above.

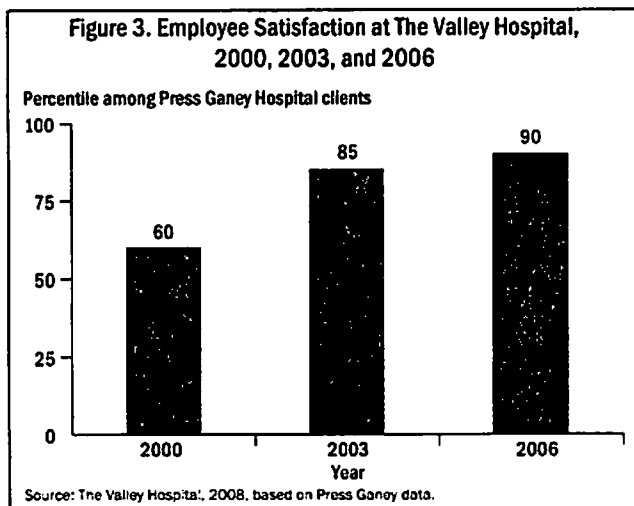
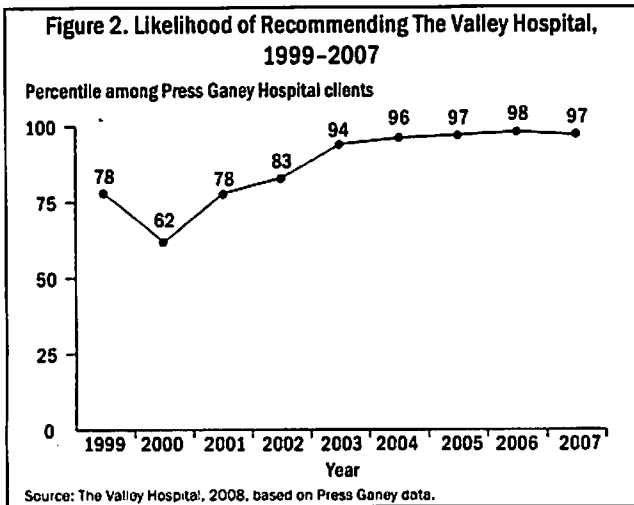
"We have found that when we recognize our staff who do extraordinary work and share it in the organization, their stories inspire others."

Linda Lewis, Vice President, Patient Care Services
and Chief Nursing Officer

Levels of inpatient satisfaction as measured on Press Ganey surveys have increased significantly since Valley implemented Leadership Institutes in 2002 (Figure 1). Similar trends were seen for patient satisfaction in the emergency department, ambulatory surgery, and outpatient units. In addition, since 1999, patients have been increasingly likely to say they would recommend the hospital to others (Figure 2).

Notably, employees and physicians have become increasingly satisfied with their jobs, likely a reflection of the hospital administrator's efforts to elicit staff concerns, ensure their needs are met, and recognize and reward their efforts (Figure 3).





Valley’s focus on performance measurement and improvement extends to other quality indicators, including process-of-care measures reported to the Centers for Medicare and Medicaid Services. Their quality improvement efforts have been rewarded with distinctions by such nationally recognized organizations as the Joint Commission.

LESSONS LEARNED

Lessons gleaned from The Valley Hospital’s experience include the following:

- Leaders must demonstrate their hospital’s patient-centered priorities through such activities as daily rounding by chief executive officers, chief financial officers, and other administrators.

- It is critical to measure patient satisfaction, monitor the data regularly, and communicate results to staff.
- It is helpful to get admitting physicians on board early. For example, Valley held small group discussions with admitting physicians to inform them of their plans to focus on patient satisfaction and elicit their input. Valley encouraged the physicians to incorporate some improvement strategies in their own practices.

FOR MORE INFORMATION

For more information about The Valley Hospital’s patient satisfaction efforts, please contact: Andrew Deraney, Data Analyst, Strategic Planning and Market Research, aderane@valleyhealth.com.

NOTES

¹ This study was based on publicly available information and self-reported data provided by the case study institution(s). The Commonwealth Fund is not an accreditor of health care organizations or systems, and the inclusion of an institution in the Fund’s case studies series is not an endorsement by the Fund for receipt of health care from the institution. The aim of Commonwealth Fund-sponsored case studies of this type is to identify institutions that have achieved results indicating high performance in a particular area of interest, have undertaken innovations designed to reach higher performance, or exemplify attributes that can foster high performance. The studies are intended to enable other institutions to draw lessons from the studied institutions’ experience that will be helpful in their own efforts to become high performers. It is important to note, however, that even the best-performing organizations may fall short in some areas; doing well in one dimension of quality does not necessarily mean that the same level of quality will be achieved in other dimensions. Similarly, performance may vary from one year to the next. Thus, it is critical to adopt systematic approaches for improving quality and preventing harm to patients and staff.

- ² Press Ganey offers hospital-specific patient and consumer experience surveys, reporting, training, and consultation. For more information, see: <http://www.pressganey.com/>.
- ³ The Studer Group offers services to help health care organizations improve employee retention, patient satisfaction, financials, and other indicators through evidence-based tools and processes. For more information see: http://www.studergroup.com/about_studergroup/about_studergroup.dot.
- ⁴ Further examination and analysis may reveal reasons for this.

Table 1. Valley HCAHPS Scores Compared with National Average

Percent of patients who reported that:	Valley	National Average
Their nurses "always" communicated well.	80%	74%
Their doctors "always" communicated well.	81%	80%
They "always" received help as soon as they wanted.	64%	62%
Their pain was "always" well controlled.	74%	68%
Staff "always" explained about medicines before giving it to them.	64%	59%
Their room and bathroom were "always" clean.	79%	69%
The area around their room was "always" quiet at night.	51%	56%
Yes, they were given information about what to do during their recovery at home.	77%	80%
Gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	75%	64%
Yes, they would definitely recommend the hospital.	84%	68%

Source: Hospital Compare, 2008 (<http://www.hospitalcompare.hhs.gov>), based on surveys from patients with overnight hospital stays from April 2007 through March 2008.

APPENDIX. SELECTION METHODOLOGY

Selection of hospitals for inclusion in this case study series is based on data voluntarily submitted by hospitals to the Centers for Medicare and Medicaid Services (CMS). Between October 2006 and June 2007, hospitals or their survey vendors sent a survey to a random sample of recently discharged patients, asking about aspects of their hospital experience. The survey instrument, called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), was developed with funding from the Agency for Healthcare Research and Quality (AHRQ). CMS posts the data on the Hospital Compare Web site (www.hospitalcompare.hhs.gov).

The survey contains several questions about nurse and physician communication, the physical environment, pain management, and whether the patient would recommend the hospital to family or friends. One question inquires about the patient's overall experience: "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"

HCAHPS is a relatively new survey, and hospitals across the country are not yet achieving very high scores across all of the questions. Nevertheless, some hospitals are scoring significantly better than others. By profiling hospitals that score within the top 5 percent (among those that submitted at least 300 surveys) on the question concerning overall experience, this case study series attempts to present factors and strategies that might contribute to and/or improve patient satisfaction.

An initial list of top scorers among all hospitals submitting HCAHPS data contained a disproportionate number of very small, southern hospitals.⁴ Concerned about the ability to generalize experiences and lessons and replicate strategies, we profiled one hospital from this list but chose to then examine high scorers among larger hospitals that were more diverse in: region of the country, urban/suburban/rural setting, and teaching/non-teaching status. We thought that such diversity would provide lessons that would be useful to a broader range of U.S. hospitals.

Therefore, for this case study series, most hospitals were selected from among 736 large hospitals (300 or more beds), primarily based on their ranking in the percentage of survey respondents giving a 9 or 10 rating on the "overall" HCAHPS question. In the future, we will present case studies of hospitals of different size, ownership status (e.g., public, private), and other peer groupings.

While high HCAHPS ranking was the primary criteria for selection in this series, the hospitals also had to meet the following criteria: ranked within the top half of hospitals in the U.S. on a composite of Health Quality Alliance process-of-care measures as reported to CMS; full accreditation by the Joint Commission; not an outlier in heart attack and/or heart failure mortality; no major recent violations or sanctions; and geographic diversity.

ABOUT THE AUTHOR

Sharon Silow-Carroll, M.B.A., M.S.W., is a health policy analyst with nearly 20 years of experience in health care research. She has specialized in health system reforms at the local, state, and national levels; strategies by hospitals to improve quality and patient-centered care; public-private partnerships to improve the performance of the health care system; and efforts to meet the needs of underserved populations. Prior to joining Health Management Associates as a principal, she was senior vice president at the Economic and Social Research Institute, where she directed and conducted research studies and authored numerous reports and articles on a range of health care issues.

ACKNOWLEDGMENTS

We wish to thank Linda Lewis, vice president, patient care services and chief nursing officer; Mitch Rubinstein, M.D., vice president for medical affairs; and Andrew Deraney, data analyst, planning and marketing, for sharing their time, information, and perspectives about The Valley Hospital's patient satisfaction efforts and achievements.

Editorial support was provided by Martha Hostetter.

This study was based on publicly available information and self-reported data provided by the case study institution(s). The Commonwealth Fund is not an accreditor of health care organizations or systems, and the inclusion of an institution in the Fund's case studies series is not an endorsement by the Fund for receipt of health care from the institution.

The aim of Commonwealth Fund-sponsored case studies of this type is to identify institutions that have achieved results indicating high performance in a particular area of interest, have undertaken innovations designed to reach higher performance, or exemplify attributes that can foster high performance. The studies are intended to enable other institutions to draw lessons from the studied institutions' experience that will be helpful in their own efforts to become high performers. It is important to note, however, that even the best-performing organizations may fall short in some areas; doing well in one dimension of quality does not necessarily mean that the same level of quality will be achieved in other dimensions. Similarly, performance may vary from one year to the next. Thus, it is critical to adopt systematic approaches for improving quality and preventing harm to patients and staff.

