

# St. Luke's Hospital Breaks Out of the Pack to Improve Patient and Physician Satisfaction

by Janet Jacobsen

### At a Glance . . .

- Faced with declining in-patient satisfaction scores, St. Luke's Hospital implemented an organization-wide strategic initiative to improve performance by changing the culture.
- The hospital selected the Malcolm Baldrige Criteria for Performance Excellence as an improvement framework and subsequently introduced its "breaking out of the pack" strategy to accomplish the organization's improvement goals.
- Utilizing lean tools along with behavioral-based initiatives, St. Luke's saw its in-patient satisfaction scores quickly rise from the 49<sup>th</sup> percentile to above the 90<sup>th</sup> percentile, while physician satisfaction scores rose from the 81<sup>st</sup> to the 95<sup>th</sup> percentile.
- As a result of its performance improvement initiatives, the hospital was named a Press Ganey Success Story recipient in 2007 as well as a Silver Award winner in the Iowa Recognition for Performance Excellence program.

In the fast-paced world of healthcare, small fluctuations in the quarterly patient (mean) satisfaction scores may not raise any red flags. But that quickly changed for St. Luke's Hospital in Cedar Rapids, Iowa, during a leadership retreat in spring 2004. Here, managers received a shocking surprise, the effects of which are still driving improvement efforts today. The hospital's in-patient satisfaction measures, which appeared flat, had actually dipped to the 64<sup>th</sup> percentile when compared to other hospitals in the country.

People were shocked because they thought St. Luke's should be in the 80<sup>th</sup> or 90<sup>th</sup> percentiles, explains Kent Jackson, director of children's specialty services and the leader of the hospital's patient and family experience team. "What became more significant was that in the second quarter of 2004 the hospital dropped to the 49<sup>th</sup> percentile [for in-patient satisfaction]. So, about the time that people were shocked, it was about to get worse," Jackson recalls.

### About St. Luke's Hospital

St. Luke's Hospital is a fully-accredited 560-bed hospital with more than 2,600 associates and 381 physicians who provide 24-hour coverage in east central Iowa. Founded in 1884 as the community's first hospital, today St. Luke's is a member of the Iowa Health System. The hospital offers a comprehensive array of in-patient services including medical/surgical, cardiology, oncology, neurology, in-patient and out-patient behavioral health, neonatal intensive care, and more; delivers a broad range of diagnostic and out-patient services; and provides a 24-hour trauma center and an air ambulance service.

### Selecting the Framework for Performance Excellence

Patient satisfaction scores were only one reason for change at St. Luke's; the other major influence was an influx of new leaders to the institution, including new CEO Ted Townsend. It was Townsend who challenged leaders to break out of the pack, set high goals, and not rely on past successes. Hospital leaders selected the Malcolm Baldrige Criteria for Performance Excellence as St. Luke's framework for performance improvement because it includes every part of the organization. And, as Mary Hagen, RN, MSN, director of quality management and clinical effectiveness, explains, the Baldrige Criteria aligned very closely with the hospital's new five-point strategic framework, as shown in Figure 1.

St. Luke's five-point strategy focused on:

- Demonstrating better quality
- Becoming the workshop of choice for physicians

- Partnering with associates
- Strengthening the core (making sure the hospital is financially sound)
- Establishing the hospital as a regional workshop of choice to better serve organizations and promote healthcare in the region

### Breaking Out of the Pack to Improve Satisfaction

With the Baldrige structure in place, leaders began brainstorming on ideas for creating teams to advance the Baldrige framework as well as the five coordinating strategies. Soon, seven “breaking out of the pack” teams were created, including:

- Patient and family experience
- Patient care practice council
- Clinical quality outcomes
- Process management
- Physician engagement
- Staff alignment
- Baldrige assessment

Here’s a closer look at how the efforts of two of these teams directly affected patient and physician satisfaction scores at St. Luke’s.

#### Process Management Team

This team is charged with identifying, prioritizing, and participating in lean events to improve various processes at the hospital. St. Luke’s was first introduced to lean concepts in 2004 when it participated in a pilot project through the Iowa Business Council which sought to test whether lean could work in a healthcare setting. Through this experience, Michelle Niermann, vice president of operational effectiveness, says that

the hospital’s leaders realized there was room for lean as part of the organization’s toolkit.

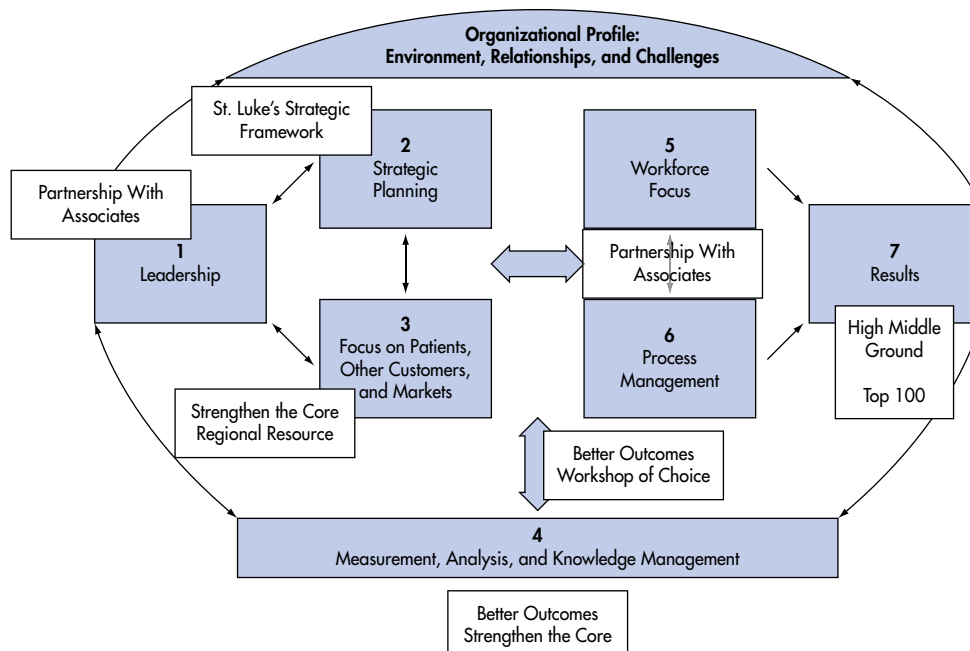
One of the first areas of focus for the process management team was turnaround times for blood testing in the lab. “To become a workshop of choice for physicians we needed to reduce our turnaround times in this area,” explains Hagen. She says the entire blood testing process was flowcharted to search for ways to streamline the process, focusing on early mornings because physicians want to have lab results available when they make their morning rounds with hospitalized patients.

The flowcharting activities helped staff to implement improved methods of collecting specimens. Hagen says that many changes were made, including physical adjustments to the lab environment to make the process more efficient. Another change introduced was the swarm technique, where a group of phlebotomists work as a team to quickly and efficiently draw blood samples from a large number of patients in a given area of the hospital. The swarm method is used between 4 a.m. and 8 a.m. In addition, technicians began processing specimens as soon as they arrived in the lab rather than processing them in batches. As shown in Figure 2, the percent of in-patient blood tests that were reported within just 23 minutes rose dramatically from 63% to 94% in six months when using the swarm method for collections.

Hagen reports that members of the lab staff visited other hospitals in the region that were willing to share their successes in using lean principles. “They were able to see the outcomes from lean, and then once they started to record their own results and outcomes it was very encouraging and motivating,” she says.

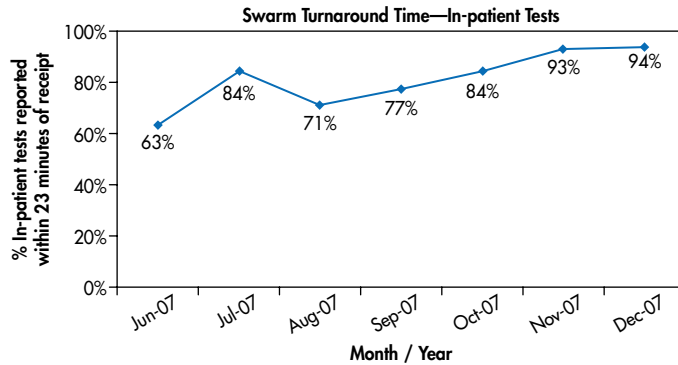
Improvements in lab processing time served as an important catalyst in raising physician satisfaction measures between 2004

**Figure 1—St. Luke’s Strategic Framework and the Baldrige Health Care Criteria for Performance Excellence**



## Figure 2—Improvements in Lab Reporting

The turnaround time for in-patient lab testing improved quickly once the swarm method was implemented.



and 2006. As shown in Figure 3, satisfaction scores among physicians practicing at St. Luke's rose from 81% to 95%.

## Patient and Family Experience Team

With weekly meetings starting in the summer of 2004, the patient and family experience team studied best practices from Baldrige Award-winning organizations and developed standards of excellence, as well as a set of tools to ensure that patient and family experiences at St. Luke's Hospital would consistently be perceived as excellent.

The standards included:

- A sense of ownership
- Positive attitude
- Responsiveness
- Communication
- Commitment to co-workers
- Privacy/confidentiality
- Safety/awareness
- Compassion (added in 2006)

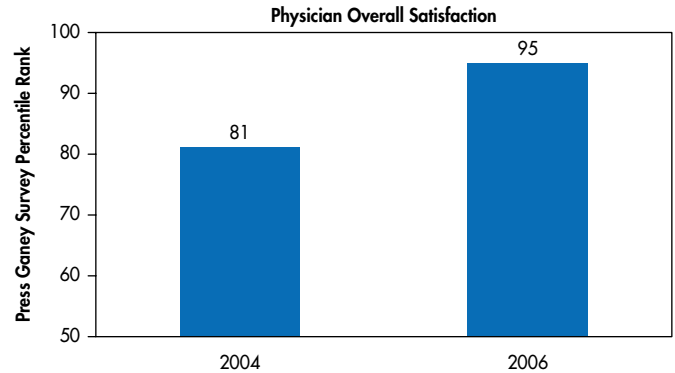
Once the standards of excellence, or behavioral expectations, for all associates were introduced, the team created posters and other visual prompts, written toolkits, and videos focusing on them. The standards are now an integral part of each associate's annual performance review.

The team introduced four "tools" to St. Luke's associates, all designed to enhance the patient and family experience:

1. Manager rounding on every patient—A manager takes the time to ask patients about their experiences and how the staff could better serve them.
2. Scripted messages for associates to include in every encounter—Scripts might include, for example, asking patients, "Is there anything else that I can do for you?" If feasible, the associate then completes the request.

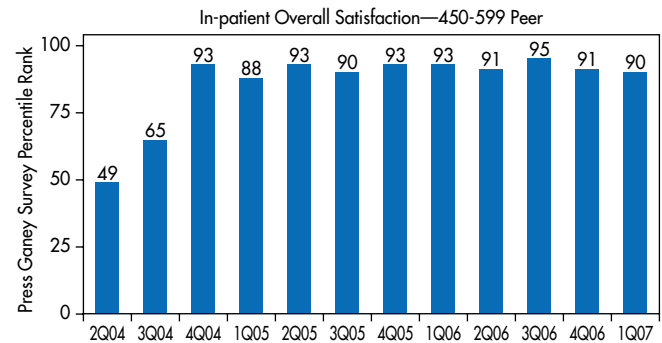
## Figure 3—Physician Satisfaction Scores

Physician satisfaction scores at St. Luke's Hospital have increased significantly in recent years, due in part to the hospital's "breaking out of the pack" strategy.



## Figure 4—In-patient Satisfaction Scores

Soon after St. Luke's implemented the standards of excellence of the four tools centered on the patient and family experience, in-patient satisfaction scores improved dramatically.



3. The "no point policy"—Associates are expected to offer assistance to those who may appear lost and then take them, not just point the way, to their destination.
4. Direct feedback to the chief operating officer—Every patient receives a letter from the hospital's chief operating officer with his personal cell phone number to call if the patient has feedback to share.

Jackson notes that these four tools were introduced in November 2004 and the hospital's Press Ganey in-patient satisfaction scores immediately skyrocketed from the 49<sup>th</sup> percentile in the second quarter to the 93<sup>rd</sup> percentile for the fourth quarter of that year. As shown in Figure 4, St. Luke's in-patient satisfaction scores have consistently remained at or above the 90<sup>th</sup> percentile.

Not content to rest on their early success, the patient and family experience team subsequently introduced several new initiatives focusing on the use of advanced communication skills and service recovery. Jackson says the team developed kits filled with giveaways such as gift certificates, coupons, cash cards, and gas cards. Associates are empowered to give these items to patients who have encountered an unusually long wait or service issue. St. Luke's has also found success with its Stories of Excellence program, where weekly, monthly, and yearly winners are selected and rewarded for their exemplary service.

Realizing that the patient experience is inextricably linked to the experience of the entire family, St. Luke's Hospital in Cedar Rapids, Iowa, made a commitment to family-centered care in support of its "breaking out of the pack" strategy. This focus led to a two-pronged initiative: the introduction of skills centering on the emotional needs of patients and families, and the addition of new amenities to provide a more comfortable atmosphere for patients and their families.

### Improving Skills to Address the Emotional Needs of Patients

Kent Jackson, leader of the hospital's patient and family experience team, says that after studying the hospital's Press Ganey patient satisfaction priority indexes, leaders noticed there were typically multiple items about giving information to patients and families and dealing with their emotional experiences. He says that St. Luke's wanted new and more advanced tools for addressing these personal issues but could not locate appropriate materials on the subject. Instead, his team took on the challenge of creating new tools, and Jackson says that the four-part series of tools/skills represents some of this team's unique and most important work. The tools or skills include:

1. *Training on how to form a basic connection with people, called "look up, hook up."* Jackson notes that healthcare workers often have just a few minutes to make a connection with patients, so it's vital to make eye contact, smile, and try to engage them in conversation to help put them or their family members at ease.
2. *Dealing with anxiety and fear.* As Jackson explains, every patient has some level of anxiety about what will happen during his or her hospital stay. Patients can be fearful of pain, test results, humiliation, or even death. St. Luke's trains all associates to help alleviate anxiety

by talking with patients about their feelings, answering questions, and providing information to reduce the fear of the unknown.

3. *Responding with anger-cycle management techniques.* Staff members are taught how to respond effectively to an angry person. Key techniques include active listening, apologizing, and talking through issues or concerns.
4. *Teaching on what compassionate behavior looks like.* Jackson describes two parts to this skill: understanding someone's feelings and emotions and then showing that you care and want to help. "What is often perceived as compassion is when you understand someone well enough to do unexpected, meaningful things, or to meet special needs they have," he says.

### Offering New Amenities for a Homelike Environment

The second part of St. Luke's family and patient-centered care initiative involved providing more amenities. The hospital's clinical areas are designed to accommodate families who, in many cases, can stay with their loved ones overnight. With the goal of making a patient's time at St. Luke's more homelike, the hospital now distributes newspapers to all in-patients. Wireless Internet access is available, and laptop computers are provided on a check-out basis. Waiting rooms are stocked with activity carts filled with games, puzzles, Game Boys, portable DVD players, and movies. St. Luke's also has 14 guest relations staff members who manage large waiting areas and interact with those who are waiting to ensure their needs are met.

Providing patient-centered care not only is helping St. Luke's Hospital to break out of the pack to achieve exceptional patient satisfaction scores, but it also speaks directly to the heart of the hospital's mission: "To give the healthcare we'd like our loved ones to receive."

These outstanding stories are highlighted in internal publications and the winning employees receive prizes, up to \$3,000 for the annual Star of Excellence recipient.

Jackson explains that extensive education with associates was key to gaining buy-in and overcoming any initial resistance to this cultural change. His team provided managers with talking points on how to address resistance among staff. Jackson reports that the most common resistance he heard was, "I don't have time to do these new things," to which he responded, "I say you don't have the time *not* to."

### Improvement Efforts Lead to National and State Recognition

St. Luke's "breaking out of the pack" strategy has led to both national and statewide recognition. In 2007, the hospital was honored by Press Ganey, a national patient and physician satisfaction company, as a recipient of its Success Story Award. Only six hospitals in the country earn this coveted recognition. St. Luke's captured this honor for creating and implementing one of the most innovative programs in the country for improving patient satisfaction.

Also in 2007, the hospital earned a second consecutive Silver Award in the Iowa Recognition for Performance Excellence (IRPE) program administered by the Iowa Quality Center. The IRPE program is based on the Baldrige Criteria and includes

both a written application and an on-site visit from a team of independent examiners. Eight St. Luke's employees, including Hagen and Niermann, have served as IRPE examiners, an experience that both find highly beneficial. In fact, Hagen says, "You'd be hard pressed to help advance your organization unless you've gone through the examiner process."

### Continuing the Performance Improvement Journey

Leaders at St. Luke's have learned much from their lean events and from the use of the Baldrige Criteria and are now applying that knowledge as the hospital continues its performance excellence journey. Niermann stresses the importance of committed leadership at the department level. "While you can support from a central level, it's critical that the true owners of the process really have buy-in and can move forward because they are the only ones who can make the operational changes necessary to get the process changes to hold," she says.

The organization utilizes written feedback reports provided by examiners in the IRPE awards process as well as feedback from its first Baldrige Award application, which was submitted in 2007, to further its quality journey. Niermann notes that a renewed focus on staff alignment has been an important take-away from St. Luke's Baldrige experience. The feedback reports have also prompted hospital leadership to put more discipline into action plans and to work on collecting better evidence of

what customers (both patients and physicians) have to say and then using that information to further improve processes.

As St. Luke's moves forward with its "breaking out of the pack" strategy it will continue to participate in the Baldrige Award process and apply the criteria throughout the organization. "If you can make your way through the six process categories then you really should be able to have results. Baldrige is so foundational to being a good organization," states Niermann.

#### *For More Information:*

- For full details on the Malcolm Baldrige Criteria for Performance Excellence go to: <http://www.baldrige.nist.gov/>.
- To learn more about St. Luke's performance improvement journey, contact Mary Hagen at [kalkhome@crstlukes.com](mailto:kalkhome@crstlukes.com).
- Contact Kent Jackson at [jacksoka@crstlukes.com](mailto:jacksoka@crstlukes.com) for more information on the tools and techniques created by the patient and family experience team.
- Read more about St. Luke's Hospital at: <http://www.stluke-scr.org/>.
- Details on the Iowa Recognition for Performance Excellence program, Iowa's statewide program based on the Baldrige Criteria, are available at: <http://www.iowaqc.org/irpe.asp>.
- For a variety of resources on quality in healthcare visit ASQ's Web site: [www.asq.org/healthcare-use/why-quality/overview.html](http://www.asq.org/healthcare-use/why-quality/overview.html).

#### *About the Author*

**Janet Jacobsen** is a freelance writer specializing in quality and compliance topics. A graduate of Drake University, she resides in Cedar Rapids, Iowa.