50 Ideas for Creating Excellent Patient Experiences

Study What's Working ▪▪

1. **Ask, "What's going right?"** *A culture of service excellence focuses on what's going right and tries to replicate that success. When so much of each day is spent on what went wrong, practicing service excellence means turning our attention to what went right.*

2. **Begin and end meetings with "examples of excellence."** *Excellence is our goal, not a number. Employees need constant reminders of what it looks like when we hit that goal. Stories of excellence allow us to learn from the great things happening in our organization and remind us we are capable of providing great experiences.*

3. **Utilize top performers as teachers.** *As a great form of recognition for high performers, ask them to share what they do well with others in the organization - at new employee orientation classes, with other units, etc.*

4. **Give standing ovations.** *The best way to encourage employees to continue to go above and beyond for patients is to reward them when they do. Publicly acknowledge when employees do a great job.*

5. **Use Voices for staff recognition.** *Using positive feedback from patients to learn what makes a visit excellent is essential. With the Voices application on PRCEasyView®.com, you are able to hear comments straight from patients regarding the outstanding aspects of their visit.*

6. **Find out why your staff chose to work at your hospital.** *Purpose isn't simply nice to have, it's nice to hear. When we talk about our purpose, work is more rewarding.*

7. **Don't punish small improvements.** *Not every unit or hospital is going to always make huge improvements, but that doesn't mean we can ignore the small ones. Find any excuse to recognize progress.*

8. **Focus on improvement, not just achievement.** *It is important to focus on our goal and celebrate it when we reach it, but we must also recognize all of our steps forward. Acknowledging improvement renews employees' drive and engagement in the quest for excellence.*

9. **Identify wins in times of struggle.** *Of course we need to respond when scores go down, but responding doesn't mean ignoring wins - it means working harder to identify them.*

Communicate Clearly with Employees ▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪

10. **Post data that is relevant.** *Not everything can be a top priority at once. If our goal is to improve perceptions of safety on your unit, we should post data from the safety question. Don't overwhelm staff with information.*

11. Share percent excellent with front-line staff. *If the goal is to reach the 75th percentile, for example, communicate it to staff in terms of percent excellent: "We need 57% of our patients to rate our care as excellent." It is much easier to understand percent excellent. Understanding the goal is an important step in reaching it.*

12. Make compassion the core. *Does our action plan help demonstrate to our patients how much we care about them? It should. The best action plans do.*

13. Talk stories, not just numbers. *If we want to change people's behavior, we have to do more than provide peer-reviewed research and show numbers. We have to make them feel something.*

Communicate Compassion with Patients ■

14. Focus communications on care & compassion, not measurement. *The last thing we want our patients to think is that we are caring for them so well because we are being measured. We want them to know we are caring for them so well because we care about them.*

15. Keep back-stage conversations REALLY back-stage. *Elevators, hallways, cafeterias, and nursing stations are not soundproof. Do not have conversations meant for certain ears in any of these public settings.*

16. Pay attention to non-verbal cues. *How we communicate involves more than words. Be cognizant of eye contact, whether or not you are smiling, and the myriad other cues you're sending to patients.*

17. Narrate your care. *Patients want and deserve to know who we are, what we will be doing, why we are doing it, what will happen next, etc.*

18. Begin preparing patients for discharge upon admission. *Providing patient-centered discharge instructions should be done while maintaining a connection and delivering information in a way that says, "This isn't about us. This is about you."*

19. Practice, practice, practice managing up. *Many organizations talk about the importance of managing up, but the ones who really see improvements from it spend time in staff meetings practicing how to manage up specific departments and individuals.*

20. Don't interrupt. *If we are trying to communicate compassion to our patients, we have to listen when they speak. Limit verbal and technological interruptions and maintain a connection with the patient.*

21. Repeat the mantra, "This is Likely His First _____." *While this may be the 100th time this week we've performed a certain task, it's a safe bet that the patient is not as experienced as us, the caregivers. Communicate to patients as if they are not the experts…because they are not the experts!*

Explore Simple Solutions ■

22. Wash your hands. *When we take the time to wash our hands in front of patients, it allows patients to see a measure we take for their safety and it allows us to take a deep breath to prepare to focus on that patient.*

23. Do something every day that you don't have to do. *When we take an extra minute to rub a patient's foot or chat about their favorite baseball team and exceed expectations, we create an experience that is memorable and an attitude that is easily transmitted.*

24. Fix your name badge so people can read it. *It is very difficult for patients to simply read the name of a caregiver when the badge is turned around, covered with stickers, positioned in a difficult place to read, etc. If people can't read it, why are we wearing it?*

25. Thank your physicians. *Most doctors really appreciate a specific and genuine hand-written note thanking them for their role in patient care. Too often, we only communicate with them when there are problems.*

26. Broaden the "team." *Delivering a great patient experience requires a team. The team involved in improvement sometimes means including those not in your department or in your managerial control.*

27. Ask employees for solutions. Ask again. *Our front line employees, especially, have great ideas about how to improve the patient experience. We just have to listen to them.*

28. Ask for help! *For the brave among us, we will go and observe a high performing area in our organization, take notes, see what they do. For the very brave, we will ask a high performer to come and observe our unit and share their thoughts.*

Identify Opportunities for Improvement

29. Focus on the tactical, don't worry about the strategic. *Analyzing the big picture is certainly warranted, but not warranted every minute of every day. What can we do RIGHT NOW that will improve the patient experience?*

30. Sit in your waiting room for 45 minutes. *If the average wait time is 45 minutes, sit in your waiting room for 45 minutes. Put yourself in the patients' shoes. How would they perceive care?*

31. Do a white board audit. *White boards are great tools for delivering information to patients and caregivers, yet many times we enter patient rooms and see the white board information is incomplete, outdated, hard to read, etc.*

32. Measure your processes. *It is hard to know if hourly comfort rounds, bedside shift reports, or any initiative is really working to improve the patient experience unless we can accurately measure our success in implementing them.*

33. Assess the quantity AND quality of an activity. *HCAHPS surveys have caused us to focus on how often we are doing something, but we cannot overlook the importance of how well we are doing something. Consistency is cheapened when we are not performing activities with compassion.*

34. Listen for "fine." *When rounding on patients, if we ask a specific question about a caregiver and get a generic response like "fine," that may indicate that we have not truly connected with the patient. We need to listen for more than red flags while rounding.*

35. Don't assume middle performers are doing what high performers are doing. *Just because everyone is doing the same thing, doesn't mean everyone is doing the same thing! As a manager, it is important to round on your staff and evaluate the level at which certain activities are being conducted.*

36. Do something! *Waiting for peer reviewed research or more data is no excuse for inaction.*

37. Do it now! Don't delay! *If we wait until the "after," (i.e. after the new EMR, after we fill the nursing vacancies, etc.) we'll find another reason to wait. There will always be something else.*

Coach for Excellence ■

38. Appoint a leader. *Without leadership support, patient experience efforts from directors and managers can only go so far. The best performing organizations always have a strong leader that makes patient experience a high priority in the organization.*

39. Own the data. *If we are constantly spending our energy pushing back on the validity of the patient experience data we have, our staff will take that cue and have a very hard time buying into patient experience initiatives we want them to implement.*

40. Understand the difference between 1st and 3rd party feedback. *A third-party vendor calling a patient the week after the experience will get different feedback than what patients will give us while they are still in our care.*

41. Design structure for observation and feedback. *When are we supposed to observe? Who are we supposed to observe? What types of activities should we be paying close attention to? How do we give feedback? To whom do we give feedback? If we believe in the power of coaching, we need to design a structure for it.*

42. Make "always" efforts memorable. *The HCAHPS surveys focus on a top box of "Always," but patients remember more about how they feel during the visit than whether or not staff "always" did something. If we make their experience positive and memorable, higher HCAHPS scores are sure to follow.*

43. Empower everyone to fix service shortfalls. *When we fall short of excellence, our staff should be equipped to handle the situation. All staff members should be trained in exceeding a patient's expectations even when everything doesn't go according to plan.*

44. Use service recovery opportunities as service excellence opportunities. *We need to stop aiming for recovery. Recovery just means the customer isn't mad. We need to aim for more-than recovery.*

45. Don't focus on the Nth case. *There is always a potential "what if" we can ask that will stop an initiative: "Let's smile at our patients when we enter the room." "What if my patient doesn't like me smiling?" "Well, that could happen so let's not ask our staff to smile when entering the room." These "Nth cases" shut down plenty of otherwise great initiatives.*

46. Focus on one thing at a time. *When it comes to patient experience initiatives, the general rule is: the fewer at once, the better. The best practice is to implement one new action plan at a time, and work on it until we have strong compliance and have achieved success before we move on to another action plan.*

47. Escape the monthly rollercoaster. *Look at your data weekly; don't look at weekly data. N sizes are too small with weekly and monthly breakouts which make it harder to gauge if we are really improving. Data segmented by quarter or year-to-date provides a clearer picture of how we are doing overall.*

48. Pick a code word to convey back-sliding. *It takes time for staff to adjust to and implement new action plans, and back-sliding or non-compliance is inevitable. Pick a code word that staff can use to help each other remember to implement the new behavior: Pineapple!*

49. Lead by example. *Your staff will first look to you to implement new ideas. Don't simply talk about what we should be doing to deliver great experiences, do it! Close the gap between language and action.*

50. Be deviant! *If we do everything everyone else is doing, and do it the same way they do it, we shouldn't be that surprised if we find out we are average. We can't be afraid to try new ideas and new initiatives, including best practices from outside of health care.*