

Improving Patient Experience & Satisfaction Within the Radiology Department:

Review of a Success Story

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Disclosures: None

Background

- In 1985, Press Ganey developed a validated survey measuring patient perceptions of hospital care to help facilities better understand those perceptions and how to improve them.
- Our passion for patient care was not being reflected in the feedback obtained through the Press Ganey Experience Surveys.
 - Scores in the 20th and 30th Percentile of all hospitals.

Intervention

- In August 2016, our institution engaged Press Ganey’s consulting team to implement a transformative program called “IMPACT Connections.”
- The program would help ensure:
 - our caregivers had the **necessary resources** for change.
 - our leaders were **committed** to the program.
 - our team was held **accountable** for its progress.

Key Initiatives

- **Key initiatives** were identified in transitioning to IMPACT Connections.
 1. Defining Expectations.
 2. Providing Feedback.
 3. Aligning rewards with an incentive program.
 4. Simplifying IMPACT behaviors.

- **“IMPACT”** served as an acronym for the 6 different behaviors targeted at the core of the program.

IMPACT Behaviors

I	Introduce	<i>Self to Patient/Family</i>
M	Make a Connection	<i>Patient Specific/Personalized Conversation</i>
P	Positive Intent	<i>Narrate Care While Assessing Patient's Needs</i>
A	Anticipate	<i>Use of Empathy & Listening</i>
C	Communicate	<i>Using Powerful Words</i>
T	Thank	<i>Thank you</i>

Radiology “Champions”

- Multiple Radiology **Champions** were selected in order to keep staff members accountable for performance changes.
- Champions were responsible for IMPACT behavior education. Served as mentors within their respective imaging modalities and subspecialties.

Defining Expectations

- Champions attended two training classes hosted by the Press Ganey consultant team early in the process.
- All other participating staff attended an IMPACT meeting where the IMPACT behaviors and goals of the program were introduced.

Feedback

- Champions were assigned to monitor staff interactions with patients using a checklist (right).
- Feedback was provided in a 5:1 ratio (5 positive comments for every 1 negative critique).

Evaluator:	Evaluator	
	Yes	No
Introduce: <i>Self to Patient/Family</i>		
1. Introduced self with name, position/role prior to test/ procedure	<input type="checkbox"/>	<input type="checkbox"/>
2. Used eye contact; conveyed purpose (safety, comfort, and desire to understand/meet needs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Asked patients preferred name	<input type="checkbox"/>	<input type="checkbox"/>
Make A Connection		
1. Engaged in patient-specific/personalized conversation (find out one personal thing about patient besides dx)	<input type="checkbox"/>	<input type="checkbox"/>
2. Used soft touch	<input type="checkbox"/>	<input type="checkbox"/>
Positive Intent: <i>Narrate care while assessing patient's needs;</i>		
1. Informed of delays (if inpatient notify patient's nurse, if outpatient communicate to patient)	<input type="checkbox"/>	<input type="checkbox"/>
2. Explained exam timeline (start to finish)	<input type="checkbox"/>	<input type="checkbox"/>
3. Explained test or procedure to patient in terms they could understand	<input type="checkbox"/>	<input type="checkbox"/>
4. Explained how to get results of test (if outpatient)	<input type="checkbox"/>	<input type="checkbox"/>
5. At completion, walked patient back to lobby exit if outpatient.	<input type="checkbox"/>	<input type="checkbox"/>
Anticipate: <i>Use of Empathy and Listening</i>		
1. Used empathy statement and planned solution to need when situation presents itself	<input type="checkbox"/>	<input type="checkbox"/>
2. Used silence appropriately, avoided interrupting patient; active listening (reflection/paraphrase).	<input type="checkbox"/>	<input type="checkbox"/>
3. Used teach-back technique to validate patient's understanding/capability. Clarified/Conveyed understanding of patient need.	<input type="checkbox"/>	<input type="checkbox"/>
Communicate: <i>Using Powerful Words</i>		
1. Used 'Powerful Language' (I will, My pleasure, You are welcome, I'd be happy to, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Probed with open ended questions	<input type="checkbox"/>	<input type="checkbox"/>
3. Asked patient "What is one thing I can do for you before I leave?"	<input type="checkbox"/>	<input type="checkbox"/>
Thank		
1. Thanked patient for allowing you to participate in their care, perform their procedure, etc.	<input type="checkbox"/>	<input type="checkbox"/>
2. Welcomed patient's gratitude ("you're welcome")	<input type="checkbox"/>	<input type="checkbox"/>

Rewards and Recognition

- IMPACT cards (right) allowed staff to recognize those who were providing exceptional patient experiences.
- Five staff members were selected every two weeks to receive small prizes for outstanding behaviors.
- Aligned the goals of IMPACT Connections with staff goals.

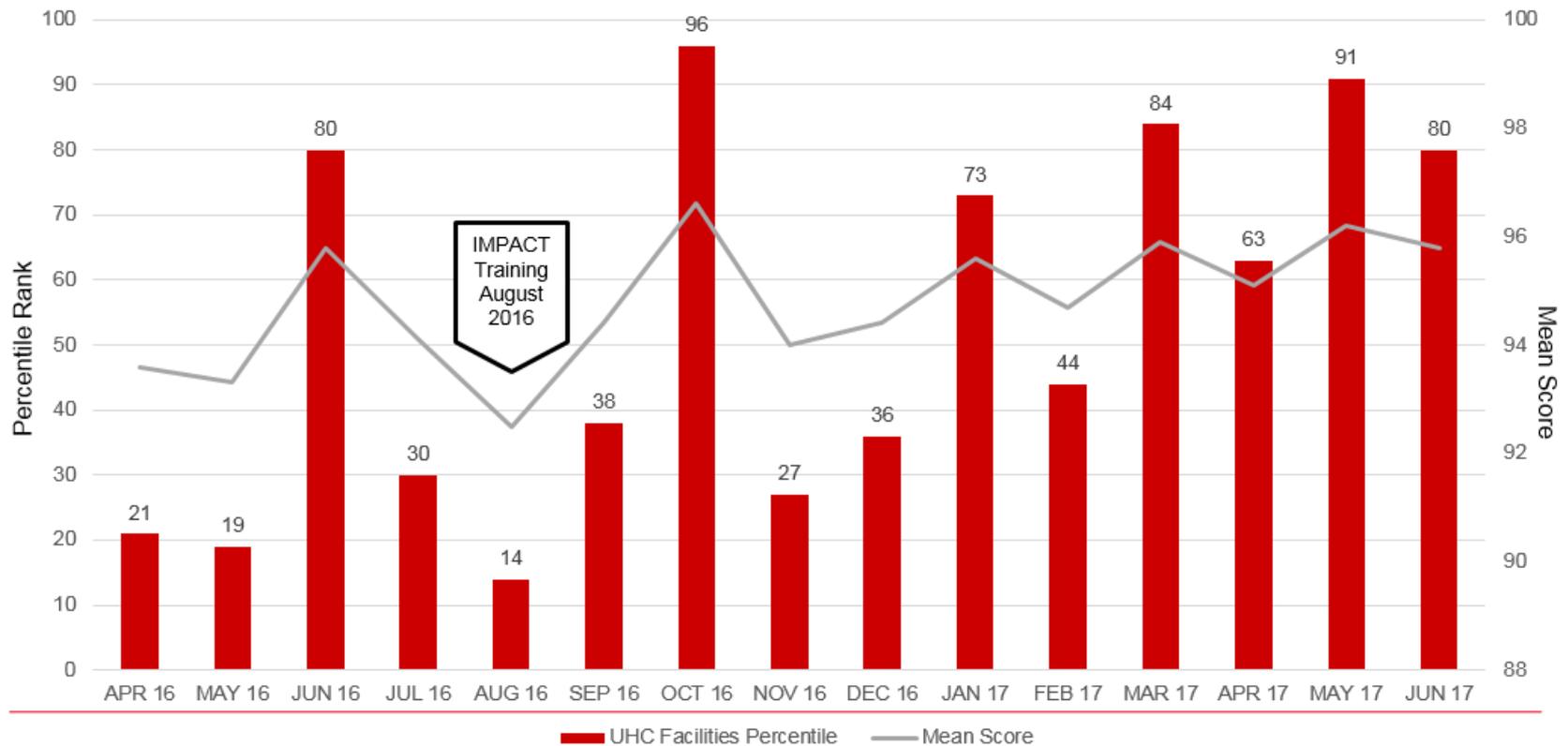


Results

- From August 2016 to June 2017, our Dashboard percentile ranks increased compared to competing hospitals in all categories.
- Categories included:
 - Likelihood of Recommending: 14th to 80th Percentile
 - Test or Treatment Domain: 29th to 93rd Percentile
 - Staff Concern for Comfort: 24th to 90th Percentile
 - Staff Concern for Worries/Concerns: 28th to 97th Percentile

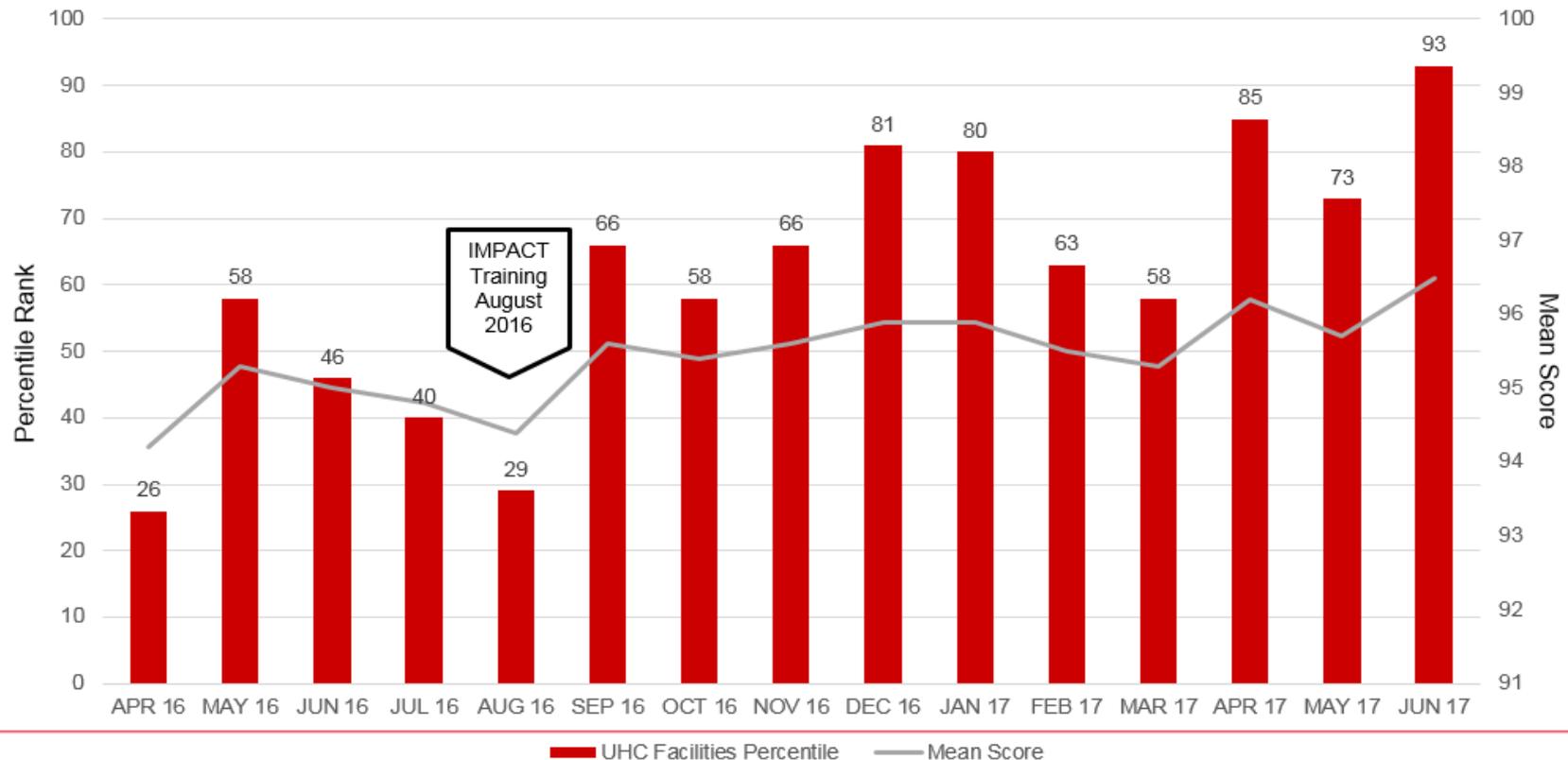
Dashboard Results

UCMC Radiology FY16-17: Likelihood of Recommending



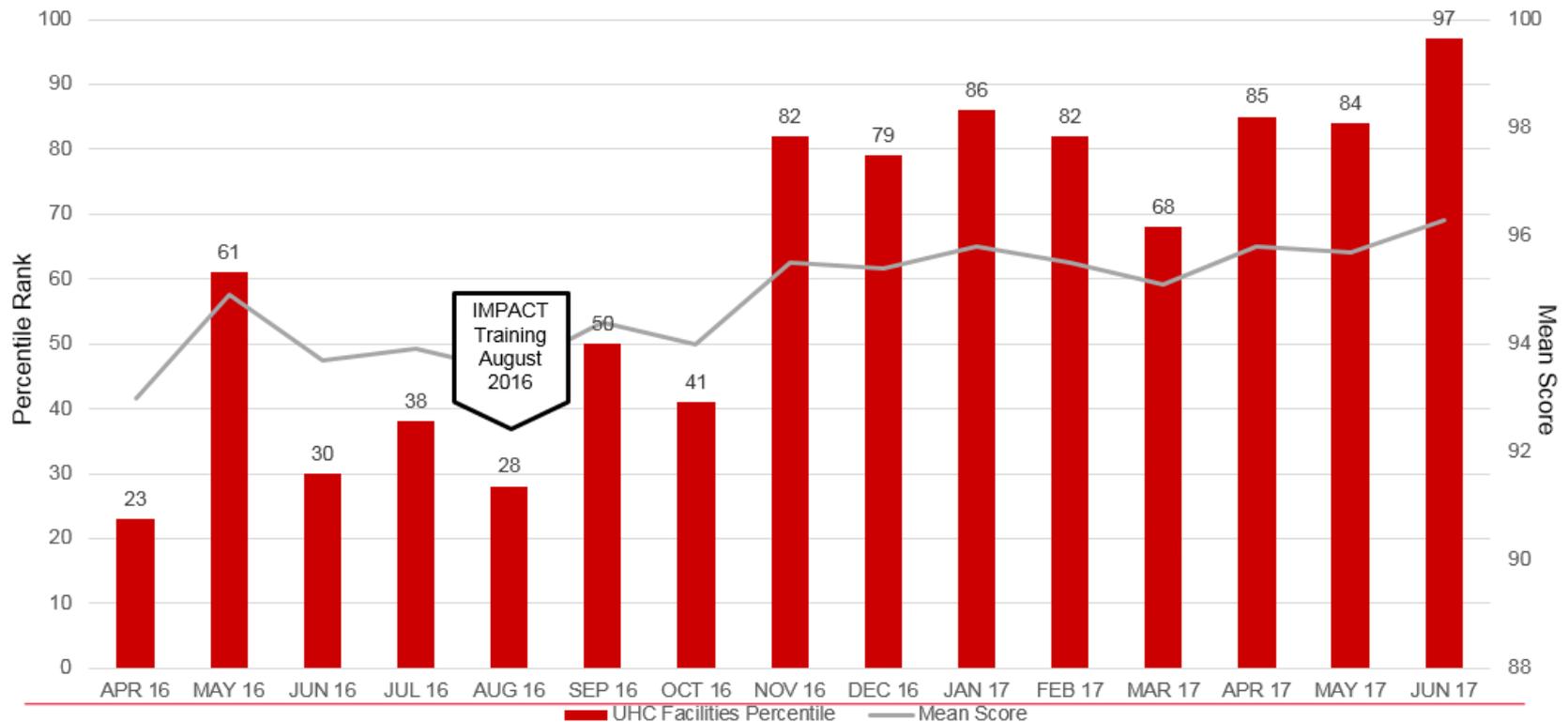
Dashboard Results

UCMC Radiology FY16-17: Test or Treatment Domain



Dashboard Results

UCMC Radiology FY16-17: Staff Concern for Worries/Concerns



Conclusion and Future Goals

- By implementing the IMPACT program, our department saw significant increases in Press Ganey Patient Experience Surveys **within 10 months**.
- IMPACT training at the Physician level has yet to be implemented. By doing so we hope to further improve the patient experience at the patient-physician interaction.