Can you believe that the Rolling Stones just finished their 50th year Anniversary tour and Mick Jagger just celebrated his 70th birthday? The band has made a long and profitable career singing about not getting enough satisfaction. You would think with all that success, in all those years, they might have had just a few moments where they were even a little satisfied!

At UTMB, we strive to provide satisfying experiences for all of our patients. The Sozo Firm, a marketing consulting group, produced a list of the most important characteristics of companies that consistently provide excellent customer service. The list included but was not limited to:

- User friendly website
- Accessibility: real people answer the phone; convenient hours
- Quick response time: minimize waiting on phone or in office, answer questions promptly
- Empowered employees: customer reps are capable to solve complaints on the spot
- “Thick skin”: complaints are seen as opportunity to improve, not avoided or defensive
- Surprises customers: consistently deliver more than expected
- Trust: builds long-term relationships with customers
- Accepts responsibility—doesn’t blame others or make excuses for bad service
- Recognition: thanks customers for suggestions, listens to employees with better ideas
- Patience: respects and provides polite treatment of all customers, even difficult ones

So what does customer satisfaction have to do with taking care of patients? Everything! Providing excellent patient satisfaction is how we are going to put the “care” back into health care. There are many reasons why having great patient satisfaction should be important to all of us.

**Word of Mouth**

A recent study reported that 91 percent of unhappy customers will just walk away and say nothing to the business establishment—and never come back! Another marketing study showed that after a positive experience, individuals would tell 5 other people about their experience. Meanwhile, after a negative experience, an unhappy client will tell 15 other people! This is an important point, since 65 percent of health care choices are influenced by word of mouth referrals.

**Branding**

In the next decade, 71 percent of business leaders believe that customer experience will be the next corporate battleground. Establishing a strong identity in the public that is firmly rooted in our mission, vision and values will allow UTMB to establish a recognizable brand. The red and white UTMB logo should illicit feelings of quality care, competency and trust to patients, vendors, staff and faculty. A strong brand starts with consistently excellent individual experiences.

**continued on page 2**
Patient satisfaction is driven by physicians

Physician care is listed as the single most powerful influence on patient satisfaction, ahead of compassion, helpfulness and promptness of staff members. If the physician experience is poor, the patient will not return.

Satisfied patients are more compliant, with better outcomes

Overall, patient compliance with medications and regimens is estimated at only 50 percent. A recent American Heart Association study estimated that 300,000 patients die annually due to noncompliance; a sobering figure in terms of morbidity and mortality. Another study in the Journal of Healthcare Management showed that physicians with better communication, empathy, and an engaged attitude had higher rates of patient compliance. Higher compliance was correlated with better outcomes. In short, we can improve our outcomes with better patient satisfaction.

Malpractice risks are lower with satisfied patients

Risk management consultants state that patients are less likely to bring lawsuits against physicians that “they like”. Legal action is more likely to result when patients are upset by results, compounded by unanswered questions, unreturned phone calls, rude behavior, or poor communications when the physician is perceived as “not listening” or “not caring”.

Patient satisfaction improves staff satisfaction

When patient satisfaction levels are high, staff satisfaction correlates positively. Respectful collaboration between physicians and staff improves patient safety and staff job satisfaction. On the other hand, increased staff turnover lowers patient care expertise, leading to less optimal outcomes. Retaining valued staff members not only retains valued patients, but is economically advantageous as well. Recruiting and retraining staff is expensive, and high turnover can lead to more patient safety errors, which also ultimately leads to higher costs.

Improved revenues result from patient satisfaction

Physicians with patient satisfaction scores in the top quartile have a 50 percent lower rate of patients leaving their practices. Established patients are more likely to refer other patients and advocate for their physician. Remember, it costs 10 times as much to attract a new patient than to retain an established one.

Your patient satisfaction scores are already public

At UTMB, we are already being graded on our performances by departmental reviews and Press Ganey scores. However, websites such as such as Hospital Compare, Yelp, Healthgrades.com, Vitals.com, Angieslist.com are providing public satisfaction scores on the internet.

Furthermore, in October 2012, Value-based Purchasing was introduced. Medicare performance quality and service ratings are already being used for 30 percent of the calculation of Medicare hospital reimbursement. Patient satisfaction will continue to be a key factor in determining how we will be paid as hospitals and as physicians in the foreseeable future.

Satisfied patients produce satisfied staff and physicians

We all want to play on a championship team. We all want to be competent, caring, and successful in our mission to provide excellent patient care. Satisfied patients will improve our level of care, increase our career satisfaction, and bring us back to the values that attracted us to medicine in the first place: caring for patients!

So what exactly do our patients want?

A 2004 Harris Poll identified that patients seek the following traits in a personal physician: the physician is willing to spend time with the patient, is easy to talk to and listens to the patient’s health concerns, taking concerns seriously, and treats the patient with dignity and respect—the physician truly cares about the patient and their health. This may sound like a very high ideal for real doctors to live up to—our real world is based in the harsh realities of changes in charting and coding, adapting to electronic medical records, teaching, research and administrative duties. Our time with patients is being squeezed by many other demands. Do we have time for all this communication? There is not enough time to do everything, so we must work for the healthiest balance we can find.

At the most basic level, our patients deserve clinical and surgical competence, from physicians and staff who are qualified and well trained. Our patients deserve an opportunity for respectful communication, with kindness, care, and compassion throughout the entire patient experience. There should always be a respect for time, with access, clinic visits, and adequate physician/patient time. The goal should always be to build on an ongoing patient health partnership, with coordination of care between specialists.

This is the basis of our fundamental level of service. The bigger question is how can we increase patient satisfaction? The answer: delivering a level of service that consistently exceeds the fundamental level of service.

What do we need to do now?

• Consistently use AIDET in clinics and services
• Identify processes that produce low patient satisfaction—and fix them!
• Identify clinical processes with the highest potential for increasing patient satisfaction—and maximize them!
• Cultivate a service attitude and culture within our department

We need everybody on our care teams to look for new ideas, to find better ways of doing our jobs every day in order to provide the highest levels of patient satisfaction. We must think outside the box! The secret of our present and future success is not in a book, or a consultant, or a survey score—it is in the people and experience that are in our department and within UTMB.

We can utilize Lean Management techniques to streamline our patient care processes. We must identify and remove barriers that inhibit delivery of outstanding patient experiences. Remember to treat our patients in the way that we would want to be treated and the most cherished of our loved ones to be treated. Finally, we must always work to understand what our patients want and need, and then plan our patient experiences to exceed that with every patient and every visit. That is how we will achieve patient satisfaction.

It will not be a single event, but a journey. It will not happen in a split second, but through constant attention and effort.
UTMB recently refreshed its relationship with Press Ganey to assure that the data we currently receive is the data that will best help us to understand and improve our performance as health care providers. Standardizing the way we report our results is important in order to assure that we all share the same focus in our approach to attaining our patient satisfaction goals.

Changing the measures alone for satisfaction isn’t enough. We need to continuously improve our patient experience in order to attract and retain loyal patients. That can only be accomplished by attending to processes in our control and by addressing the experience of the patient. We believe that by better understanding the aspects of the experience that our patients find important, we can shift our focus to the right areas.

Changes made to the survey, such as new distribution methods, the addition of new surveys and some the addition of customized questions to some existing surveys should help accelerate the return of survey responses as well as increase the amount of feedback we receive from our patients. New guidelines are available (http://intranet.utmb.edu/patientexperience/satisfaction/guidelines.asp) for running reports and will help ensure we are all using the same data and metrics to measure our performance.

What aspects of the survey are changing?

We are adding new surveys.

These new surveys will help us to reach patient populations we’ve never assessed before:
- Radiation Oncology
- Ambulatory Surgery (Day Surgery & Victory Lakes)
- Radiology
- Rehab & Urgent Care (these areas were previously surveyed under the umbrella of an entire clinics before; they will now be assessed using their own unique survey)

We are converting to a mixed survey method.

The Centers for Medicare and Medicaid Services (CMS) accepts only the results for the compulsory Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) from mailed, hard copy surveys. Surveys are mailed out on a continuous basis to randomly-selected patient populations (mailings go out in two separate batches to ensure the population samples are not biased). Should Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) also become mandatory, as it is expected, it is presumed the same method will apply.

Beginning in September, all remaining patients for whom we have an email address on file will receive surveys distributed electronically within 24 hours of the patient encounter. With 25% of ambulatory patients' accounts already associated with an email address and more than 30,000 MyChart users who are willing or prefer the convenience of electronic communication, it is anticipated that the number of survey responses received will increase and the collection of responses will be expedited. We anticipate this will give us more robust reporting capabilities at the provider level.

Inpatient surveys will be converted exclusively to HCAHPS.

In the past, patients who have been hospitalized have received both the mandatory HCAHPS survey and an additional Press Ganey survey. Moving forward, these patients will now instead receive a single survey that combines the HCAHPS survey with several additional questions from the former Press Ganey survey. By combining the two surveys, we hope to gain a greater, more specific understanding of areas that overlapped between the two previous surveys and increase convenience for the patient. In addition, special survey questions were selected for OB, ISCU and a few specialty areas.

Ambulatory surveys will be converted exclusively to CG-CAHPS.

Earlier this year, the CG-CAHPS (Clinician & Group) survey was piloted in UTMB Family Medicine clinics in order to measure patients’ perception of care in the physician office setting (some UHC academic peers also conducted pilots). It is anticipate that using the CG-CAHPs survey will eventually become mandatory, because federal health care reform legislation has mandated that, similar to Hospital Compare website, the Physician Compare website will ultimately include these patient experience ratings.

To help directors and managers (both new and experienced in using Press Ganey reports and using InfoEdge) better understand the changes made to the Press Ganey survey and how to properly run reports in the future, a series of Information Sessions will be held on September 5 & 6, 2013. The complete course schedule and registration information can be accessed on the Patient Experience website: http://intranet.utmb.edu/patientexperience.
Commit to Sit Campaign Coming Soon!

An exciting patient engagement project currently in progress at UTMB Health, Commit to Sit, began with Drs. Lindsay Sonstein, Saleh Elsaid, Olugbenga Ojo and Michael Underbrink in the Physician Leadership Academy (PLA). Commit to Sit underscores patient satisfaction as a priority for excellent clinical care and was initiated to help improve physician engagement with patients. The project began after a review of HCAHPS survey responses within the category that addresses “physician communication”.

After identifying common survey responses, the PLA group devised a simple and effective method to improve engagement with patients and families – by placing chairs in med/surg rooms, providers will be able to sit comfortably and converse with patients and families at eye-level, thereby demonstrating good listening skills and creating an atmosphere of friendliness, comfort and patience. This method also helps to address another element of engagement measured by the HCAHPS survey, the length of time physicians spend speaking with the patient and family.

Creative Concept by Cassi Boatwright, Assistant Training Manager/Coordinator, Family Medicine
Moving the Needle: A Message from the Chair of Orthopaedic Surgery and Rehabilitation, Ronald W. Lindsey, MD

This message originally ran the April-June 2013 issue of the Department of Orthopaedic Surgery and Rehabilitation Newsletter.

“Where we haven’t transformed rapidly enough, we struggled.” – Virginia Rometty, CEO IBM

UTMB is clearly in the midst of a major transformation. From our clinical enterprise, research endeavors, educational missions, to the administration…every sector of the institution seems to be under scrutiny and/or subjected to restructuring. These reforms, although often agonizing, are welcomed if they truly position us to be successful as we go forward. My concern, however, isn’t our ability to change, but our inability, historically, to expedite this process.

However, I also earnestly believe that everyone fully understand the urgency of the challenges we confront. Gone are the days where we can spend funds that we don’t have, and then hope to be subsidized by an outside source. As members of an industry that consumes almost 20 percent of America’s Gross National Project (GNP), one can safely assume that any past enthusiasm for expanding academic medical facility subsidies has waned. Frankly, we have to be willing and able to work in a manner that will permit us to take care of ourselves.

So often it seems that it takes an inordinate amount of time for us to finally determine what to do, and even longer to actually do it. We struggle with putting together perfect or fair solutions, while windows of opportunity open and close. We are usually more sensitive to individual group/department/service self-interests than we are committed to what will provide the fastest substantial return on investment. We often encourage caution for fear of failure more than we promote action for fear of indecision.

As opposed to our honorable quest for a “perfect” UTMB plan, I favor something more basic. To ensure our timely success, everyone (individuals, groups and the institution) should declare what they can do right now to “move the needle”…and do it. We may stumble, or maybe even fail at times; but we will do so being proactive and can modify our efforts accordingly. Conversely, and perhaps most importantly, anything (or anyone) perceived to impede these new initiative standards should be quickly identified and promptly addressed.

Our major transformations may be conceived at the top, but they can only be realized by the individuals and programs responsible for implementing them. Theodore Roosevelt, when facing a plethora of potentially catastrophic military obstacles, once defiantly urged his troops to “do what you can, where you are, with what you have”, and his emphasis was on “do”. This deed-oriented strategy has exemplified the foundation of the DOSR’s simple operating approach over the past six years, and it has served us well. Whenever one delays action in deference to deciding the best thing to do, it should be acknowledged that to not act is also a decision.

Introducing Epic Care Everywhere

Clinical Information Services will introduce a new functionality in Epic known as Care Everywhere beginning this fall. The new feature will only require a minimal change in workflow, but will yield a great deal of useful information about patients who may have recently received care from a provider outside of the UTMB Health network. Simultaneously, should a circumstance arise in which a UTMB patient requires care and is unable to reach a UTMB location, their medical information would be available to providers also on Electronic Medical Record (EMR) exchanges that comply with industry standards.

The first phase of the implementation will occur in early October 2013. This part of the rollout will enable UTMB to instantly receive and share confidential medical records (using encrypted connections via the Internet) with other participating medical groups and hospitals that use the Epic Electronic Medical Records (EMR) system. Epic includes strong security features that ensure patient information is secure and private at all times.

Care Everywhere will give treating physicians real-time access to their patient’s medical history, family medical history, previous diagnoses, lab tests, medications, allergies, physician’s notes and other crucial information — without having to wait for paper medical records to be transferred from one facility to another. This information can be pulled by the Patient Services Specialist before the patient’s visit begins, but should a physician find it necessary to request records that were not identified at the time of registration, he/she may do so.

Other nearby institutions on the Epic system include: Baylor College of Medicine, Texas Children’s Hospital, St. Luke’s Health System and Harris County Hospital District. UT Southwestern is also currently on the Care Everywhere Network. A complete list of organizations on the Epic Care Everywhere Network can be viewed here: http://www.epic.com/CareEverywhere/

In January 2014, UTMB’s EMR exchange capabilities will be extended to also include organizations on non-Epic EMR exchanges that comply with industry standards. For patients, this means that wherever they go, whether between health care systems in the same town or across state and national borders, the clinicians providing care can access the information they need.

More information on this exciting functionality is coming soon. Information on training, which will be facilitated via Blackboard, will also soon be announced.
DSRIP Update: Implementing Care Transitions Program between EMS, UTMB Emergency Department, and Greater Houston Healthconnect Health Information Exchange

In June’s issue, we discussed the Delivery System Reform Incentive Payments (DSRIP) Pool, which are incentive payments to hospitals and other providers that develop programs or strategies to enhance access to health care, increase the quality of care, the cost effectiveness of care provided and the health of the patients and families served. UTMB was approved for various projects under the Category 2 stage of the DSRIP process.

One of the projects, Implementing Care Transitions Program between EMS, UTMB Emergency Department (ED), and Greater Houston Healthconnect Health Information Exchange (HIE), involves collaboration with the Greater Houston Healthconnect Health Information Exchange (GHH) and local EMS providers to share select EMS clinical data elements with UTMB’s EMR while the patient is in transit to the emergency department. Specific key clinical outcome information is then communicated from the emergency department/hospital back to Greater Houston Healthconnect HIE.

Emergency departments benefit from a partnership with Greater Houston Healthconnect HIE, as they have access to query the master patient index and thereby obtain continuity of care documents (historical clinical information) for the patient from those providers also participating in the 20-county GHH exchange.

A partnership with the Greater Houston Healthconnect Health Information Exchange will benefit Emergency Departments, EMS and partnering providers in numerous ways:

- The system will improve “hand-off” communications between EMS and Emergency Departments, and participating providers will also benefit from this information that is shared within the system.

- Patient safety is increased as the patients medication history is shown, helping to prevent medication contraindications and duplications.

- The patient’s allergies, problem summaries, and past treatment information is also available, thereby increasing quality of care.

- Recent tests and imaging records are shown, also helping reduce duplications and thereby reducing acute care costs.

- Finally, the system aids greatly in the ability to track and improve outcomes and other follow-up data points for the participating providers of the Greater Houston Healthconnect.

2013 Volunteer Appreciation Reception

UTMB honored its volunteers at the 2013 Volunteer Appreciation Reception on August 22 at Open Gates. Volunteer Jim Stricklin was recognized this year for 7,000 hours of service to UTMB.

Pictured from left to right are Chief Operating Officer, Health System, Deborah McGrew; Volunteer Jim Stricklin; Volunteer Services Coordinator, Mary Moody; Director of Patient Services, Martha Livanec; and Chief Quality, Safety & Clinical Information Officer, Mark Kirschbaum.

FRIDAY FLASH

stay tuned... ... coming to an inbox near you.
The Power is in your Hands!

In early spring of 2012, UTMB kicked off a hand hygiene campaign, *Protect Our Patients!* to help increase compliance with hand hygiene guidelines in all UTMB hospitals and clinics. The campaign was successful in increasing overall compliance to 75 percent, but we cannot stop there! A new bar has been set, and 85 percent compliance is the new target for FY2014.

Increased hand hygiene prevents the spread of Hospital Acquired Infections (HAIs), such as pneumonia and sepsis, which cause up to 98,000 deaths annually. By increasing hand hygiene compliance by just 5 percent in one year, a 200-bed hospital can avoid four MRSA infections and $200,000 in added treatment costs. Providing a sanitary environment to avoid the transmission of infections and communicable diseases is absolutely crucial for both our staff and our patients at UTMB.

Hand hygiene is one of the most important ways to prevent the spread of infection. Gel-in and gel-out every time you enter and leave a room, and hold your fellow coworkers accountable, as well. In our June issue, we featured J5D for their “You’ve Been Caught!” initiative. By holding each other accountable, they increased their compliance to 95 percent!

Correctional Managed Care Holds Annual Summer Conference

Correctional Managed Care held its annual Summer Conference on August 13 at Moody Gardens Hotel. Executive Vice President & Chief Executive Officer of the Health System, Donna Sollenberger, kicked off the event, followed by remarks from Chief Operating Officer, Health System, Deborah McGrew; Senior Vice President for Health Policy & Legislative Affairs, Ben Raimer; and Vice President, CMC, Owen Murray. The morning was filled with presentations by CMC leadership followed by a series of afternoon Breakout Sessions.

Spotlight on.... Hien Nguyen Diagnostic Cardiac Sonographer

Hien Nguyen, RDCC, Diagnostic Cardiac Sonographer in the Echocardiography Laboratory, presented the poster, “Impact of Dobutamine Stress on Three-dimensional Global Longitudinal Strain,” at the American Society of Echocardiography 24th Annual Scientific Sessions on July 1, 2013 in Minneapolis. The work was done under Dr. Massod Ahmad’s supervision and with full support of the entire Echocardiography laboratory staff.

Hien has been an integral member of the Echocardiography Laboratory team for the past 18 years and his instructional ultrasound technique has been an asset to the lab. The corresponding abstract, “Impact of Dobutamine Stress on Three-dimensional Global Longitudinal Strain,” was published in the *Journal of the American Society of Echocardiography* (JASE) June 2013 issue (volume 26, number 6). The authors are Hien Nguyen, RDCC, Meneleo Dimaano, Rosario Mercado-Young, MS, RDCC, FASE, Tianrong Xie, RDCC, and Masood Ahmad, MD, FASE. Appreciation is extended to all Echocardiography staff members for assisting in the screening process during this strain imaging project.
Deidra (Dee) Brantley, a Patient Affairs Specialist, recently shared the following patient story about an encounter he had with a staff member while leaving the Emergency Room.

The patient, an elderly gentleman, had just arrived in the parking garage when he realized he had forgotten where he had parked. He couldn’t find anyone to assist him, and he began to feel overwhelmed by the heat of the day. He didn’t know what to do. He said that a man in scrubs walked by and he called to him and asked if he worked here; the man said he did, and in fact had been up for 24 hours.

The patient explained his predicament to the man in scrubs, who proceeded to run all the way back to the ER to get a token for the patient. He then got him a wheelchair and wheeled him around until they found his car. He stayed with the patient to make sure he got out of the garage safely.

This hero was Dr. Gurinder Luthra (Gastroenterology).

Recent Press Ganey Survey Comments:

Dr. Peter VanDelden was superb! (Emergency Medical Group)

I have another baby I will definitely come to this hospital to deliver, it was a very nice experience. (Obstetrics)

Dr. Elgene Mainous is great and his residents are skilled and helpful. (Oral Surgery)

In the ER, Jackie Lua (Mental Health Associate) was awesome and so were the attending physicians.

Lisa Moore and Josette George were wonderful getting my mom into therapy. (Care Management)

Dr. Guillermo Gomez went above and beyond to make sure I had all the nutrition required before I went home.

(General Surgery)

All the Pediatric nurses made my son, and my husband and me, feel very supported and confident that he was in the best of hands. The nurses were very friendly, courteous and made us feel like family. (Pediatrics)

Dr. Mary Haver is the best, very friendly and positive throughout labor even during stress. (Ob-Gyn)

I want to thank Pam Bradley, Care Manager. She was wonderful! She called 17 places in the Dallas area to find what we needed and had it delivered so it would be there when we came home. I would like to thank the nurses in Trauma who really calmed our daughter’s fear. I would also like Susan Clawson in Trauma. She answered every question and let us be there to comfort our child. She was extremely knowledgeable and sensitive to our situation. UTMB was the best place we could have been for our daughter! The OR team was great too!

Everyone who works with Dr. Colleen Silva is wonderful. She accepts nothing less than the best! (Victory Lakes Breast Health Center)

I have been a diabetic for over 40 years. Dr. Lisa Abbott has always been very concerned and helps me more than any other doctor. (Victory Lakes Town Center, Nephrology)

Dr. Cynthia Judice is an exceptional provider. My oldest child is 23 and we have been coming to her since she was 18 mos. old. (Friendswood Pediatrics)

Dr. Charanjeev Mann is great and I have already referred my friends to her. (Friendswood Internal Medicine)

Dr. Susannah Perkins, Dr. Monica Aida Prado: excellent doctors, excellent attention. (CBC Dickinson Family Health)

It is a pleasure to be a patient of Dr. Barbara Thompson. (Stewart Road Family Health)

Dr. Michael Wilkerson in Dermatology is awesome. He addressed all of my concerns, and took my treatment preferences into account. (UHC Specialty Clinics)

I love Dr. Anika Bell-Gray and staff. She is very concerned about my well-being. She never talks down to me, nor does she scold me when I don’t take meds, and she should! (Texas City Family Medicine)

My son had a wonderful stay. Dr. Roger Thronson was absolutely wonderful as was his team! The nurses at the hospital were very nice and patient. Our experience was great! Thank you! (Oral Surgery)