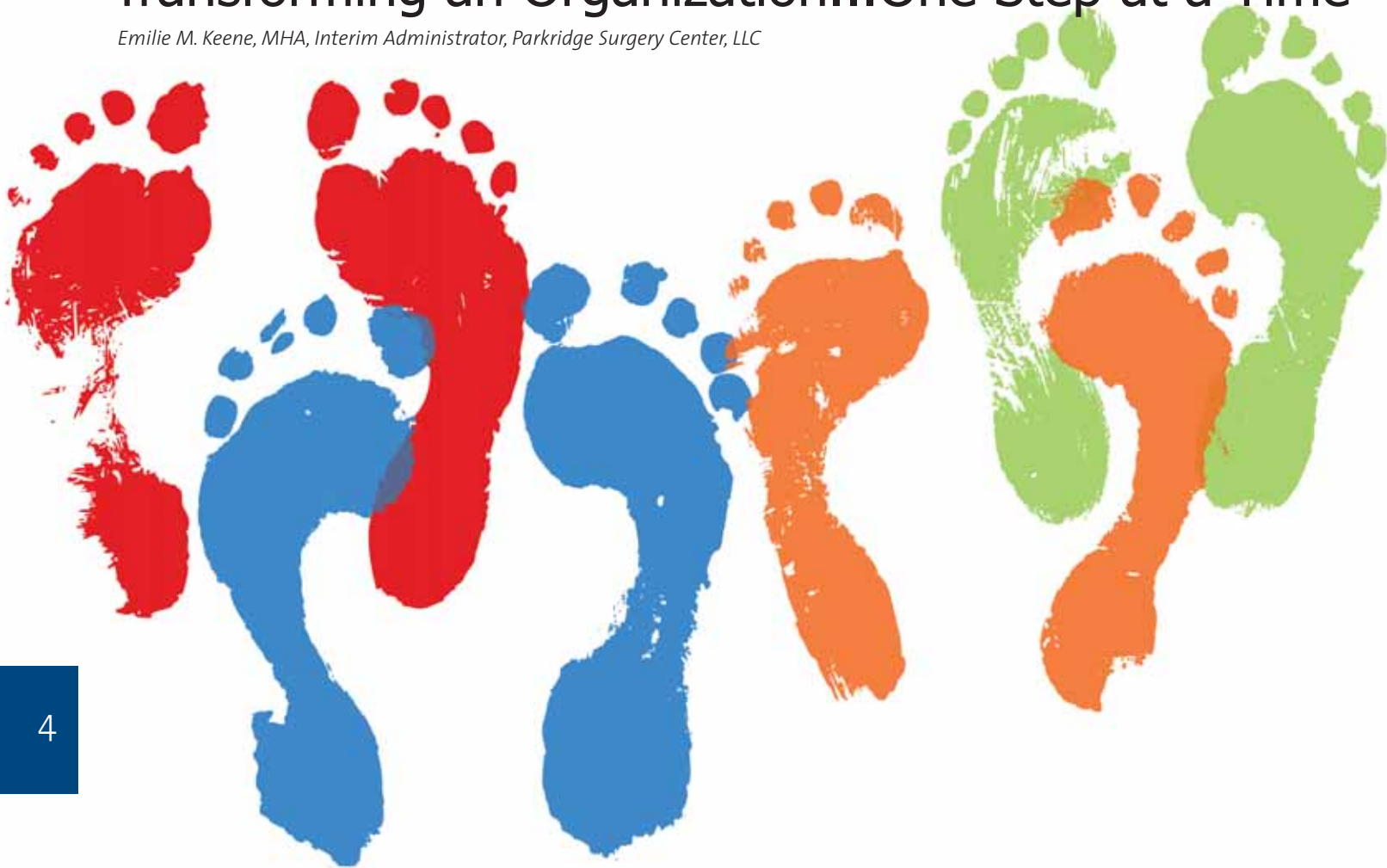


PARKRIDGE SURGERY CENTER

Transforming an Organization...One Step at a Time

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Parkridge Surgery Center was started in November 2003 as a joint venture with Palmetto Health, South Carolina's largest nonprofit health care system. We are a freestanding, multi-specialty ambulatory surgery center handling roughly 3,400 cases per year. During the past two years, we have recruited additional surgeons and increased the medical staff from 10 to 39 physicians. But our greatest achievement is our increased annual volume—from 730 cases to 3,413 in fiscal year 2007—despite competition from 15 surgery centers and 5 hospitals.

This tremendous growth is due in part to our partnership with Press Ganey for our Ambulatory

Surgery Survey. Parkridge's leadership chose to partner with Press Ganey for several reasons:

- The only way to understand and improve patient satisfaction is to use an independent and objective measurement tool.
- Objective patient satisfaction information can be a powerful resource in shaping the organization's culture.
- Organizational culture affects not only patient satisfaction scores but also the satisfaction of physicians and employees. The use of such a tool is critical to successfully recruiting and retaining both physicians and employees in a competitive marketplace.

Although we have made many improvements based on our Press Ganey data, four survey areas have shown significant improvement:

1. Skill of the nurse starting the IV
2. Physicians
3. Helpfulness of the phone personnel
4. Information about delays

SKILL OF THE NURSE STARTING THE IV

IVs often cause anxiety among patients. In May 2005, our mean score in this category was 90.5, placing us in the 22nd percentile in the large database and the 12th percentile in South Carolina. Although not on our Priority Index, we saw this as an opportunity for quality improvement, as well as a way to engage the nursing staff by using patient feedback. Our anesthesiologist referred us to a training nurse at one of our partner hospitals and we scheduled all of our pre-operative nurses to spend one shift with the trainer nurse. Despite some initial resistance, every nurse completed the training. They came back with a new appreciation for technique, as well as a recommendation that we purchase a softer, more pliable, non-latex tourniquet. This appreciation and dedication has continued to remain a top priority for our nursing staff. Our most recent quarterly report shows our mean score for this procedure at 94.4, putting us in the 88th percentile in the large database and the 51st percentile in South Carolina. We have made significant progress, but there is still room to improve. We continue to use Press Ganey's Solution Starters™ and the *Online Forum*® for improvement ideas.

PHYSICIANS

Changing physician behavior is a unique challenge. Our overall scores were in the 60th percentile for most of 2005 but dipped to the 26th percentile during the first quarter of 2006. We noticed there was considerable variation between each physician in the “confidence in the skill of physician” and “friendliness of physician” sections. Through conversations with our Press Ganey Consultant, we learned how to identify the patient surveys by physician and began giving the physicians both their individual data and the organization's overall scores each month. Providing this data to physicians served as a conversation starter within the physician group. Their dedication to their patients allowed them to dig deeper to understand why their

scores fell below the norm and they began to search for ways to improve. As a result, our overall physician scores jumped to the 82nd percentile in the large database during the second quarter of 2006 and have consistently remained at or above this level ever since.

HELPFULNESS OF PHONE PERSONNEL

A number of our staff interact with patients on the phone, including the front desk, financial counseling, scheduling, and pre-operative nursing. Our 2005 first quarter results showed a raw score of 88.9, which was in the 10th percentile nationally. By using the patients' survey comments, we determined that one area of frustration was that our pre-op nurses were often unavailable during busy hours at the center. Often, the patient had to leave a message for the nurse and wait for a return call. If a message was left for the patient and the patient returned the call that night, there would be no one at the facility to receive his or her call. During the third quarter of 2006, we dedicated a staff nurse to this job full time and implemented a script that we use on every call. The last line in the script is “How can I help you?”, which prompts the patient to make a positive connection between the phone call and the survey. This question moved Parkridge from the 10th percentile in the large database in the first quarter of 2005 to the 72nd percentile in the third quarter of 2006. The mean score for this question continues to fluctuate, but by monitoring our Press Ganey Dashboard, using feedback from patient comments, and making friendly reminders to staff, it has begun to level off and become more consistent.

INFORMATION ABOUT DELAYS

Despite the best planning, delays can and do take place in any health care facility. For Parkridge, this item's score was in the 41st percentile in the overall database during the second quarter of 2005 and was chosen as another area of focus. Our receptionist had been charged with acting as a liaison to the waiting room; however, it became increasingly difficult for her to effectively answer phone calls, register patients, and interact with patients' family members. We converted one of our front-desk personnel to a waiting room liaison. It was this individual's job to monitor the waiting room, learn the names of the family members, and keep them updated on any delays. Over time we noticed this survey question had a low response rate so we implemented scripting in order to increase the response rate and, presumably, the score—“We want you

to have very good information about any delays that may occur.” Surprisingly, our scores declined. As a result, we spent a lot of effort analyzing our actions in order to understand what adjustments were needed. It was decided that we should eliminate the waiting room liaison and redeploy this person full-time to the main switchboard. The pre-op nurse fielding patient calls was asked to also monitor the waiting room and update families about delays. During our research into this area, we realized that while family members in the waiting room were being kept up-to-date about delays, we were failing to give the patients in the pre-op holding area the same information. The nurses in pre-op began informing their patients about delays and by the fourth quarter of 2006 our score had increased to the 89th percentile.

BUILDING BUY-IN

Prior to contracting with Press Ganey, Parkridge had begun a concerted effort to build trust throughout the employee staff by encouraging, and acting on, staff input. We looked for opportunities to ask open-ended questions of the staff and implemented their suggestions. In staff meetings, we brainstormed solutions to ongoing problems with trust, excellence, and fairness as our guiding themes. We realized that superior patient satisfaction results could only be obtained with a well cared for and committed staff.

When we first partnered with Press Ganey, our account manager traveled to our facility to present our first quarter’s data to our staff. The initial reaction was mixed—the pre-op and PACU nursing staff was somewhat skeptical and the front-office staff was enthusiastic about the feedback. Our next step was to hard-wire the survey into our culture.



*Operating
Room
Staff*

We formed three employee committees to help integrate a service culture: Standards, Measurement, and Rewards & Recognition. The Standards Committee created a Standards of Behavior document that all current and new employees sign. The other two committees never fully developed and, rather than force a structure that did not fit, those functions reverted to a smaller management team. This circumstance pointed to a major difference between the hospital culture and the ambulatory surgery center’s culture—because Parkridge is much smaller, there are not as many people to participate on committees and in planning.

Physician buy-in was somewhat different. Initially, the buy-in came from the physicians who were scoring well, while those that scored lower questioned the survey’s validity. However, one physician who scored poorly on the item “friendliness of the physician” engaged the staff by bringing a nurse with him when talking to patients’ families. He then asked the nurse to critique the interaction. Within one month he moved from the 10th to the 99th percentile. The largest overall change in this area came from scores relating to information given by the physician before and after the surgery. Despite our goal of quick turnaround times between surgeries, the physicians refocused themselves and spent more time providing information.

CELEBRATING SUCCESSES

One of our earliest and most unique celebrations came after a dramatic increase in our score for “Skill of the nurse starting the IV.” We contacted a singing telegram company that wrote a song especially for our nurses titled “A Thank You from Those Less Punctured.” The singer was a surprise guest at one of our staff meetings and helped us celebrate our success (22nd to 88th percentile in the overall database).

On a regular basis, the clinical staff is asked to “manage up” their employees by notifying their administrator about specific employee accomplishments. The administrator then sends a handwritten thank-you note to the employee’s home. This practice enforces our culture of recognizing employees’ achievements and rewarding desired behavior. Parkridge also holds celebrations in conjunction with National Nurses’ Week and other events during which patient satisfaction accomplishments are highlighted. Celebrations have

included catered meals, cookouts, gift certificates, and having a massage therapist on site for a day.

In order to reach the 90th percentile for the Ambulatory Surgery Survey, 80% of responses must be “very good.” Therefore, climbing from the top 10% into the top 1% in the survey is very challenging. With a recent change in administration, our Press Ganey scores have dropped slightly. Our leadership team anticipated this and convened to discuss how to “get back on track.” We continue to focus on areas that have been successful and use Press Ganey solutions to assist us in implementing changes for new areas. Our belief is that change should be driven from top management, have employee buy-in, and be implemented by the entire staff. As we move our efforts to the next level, we continue to use coaching and incentives. Patient comments are reviewed and names of staff that have been specifically noted are highlighted and posted on our communication board for all to see. Monetary recognition is also provided through bonuses, and we thank exemplary employees with items such as restaurant gift cards and movie tickets.

With twenty-five full-time employees and an average of twelve PRN staff, our employee base is stable and functions at a very high level. To continue this trend and provide the best patient care, we spend a lot of effort during the hiring process attracting individuals who share our vision, mission, and goals—we hire the right person for the right position.

Our surgical case volume is 400% greater than when we started this journey, and despite a great deal of regional competition, our annual volume has increased by more than 78%. While working to create permanent change in our culture, our organization has been transformed.

Read more about Parkridge Surgery Center’s patient satisfaction efforts in the January 2007 issue of FASA Update—a national ambulatory surgery center industry magazine. 📖

