

## Broad Efforts Lead to Improvements in Patient, Employee, and Physician Satisfaction

Open to innovation wherever it comes from, Wythe County Community Hospital stops at nothing to make amazing improvements in patient, employee, and physician satisfaction.

Carolyn Gemmell, Chief Nursing Officer; Carolyn Rudzinski, Director of Clinical Effectiveness; Dale Clark, Assistant Administrator of Human Resources; and Lisa Anderson, Nursing Director for ICU and ED.

### IMPACT

Wythe County Community Hospital, in partnership with HealthStream Research for patient, employee, and physician survey research, made the following improvements in their national percentile rankings in HealthStream Research's national databases. The following improvements in patient satisfactions occurred over a two year period, whereas employee and physician satisfaction improvements occurred over a period of five years.

- Emergency Department improved by 28 percentile points
- Outpatient services improved by 25 percentile points
- HCAHPS improved by 30 percentile points
- Employee Satisfaction improved by 37 percentile points
- Physician Satisfaction improved by 41 percentile points

### BACKGROUND

Wythe County Community Hospital (WCCH) is located in Wytheville, Virginia. WCCH is a 100 bed facility which has earned the Joint Commission's Gold Seal of Approval. In operation since 1972, WCCH is the only hospital located in Wythe County and provides care to a primary service area of approximately 36,000 individuals living in Wythe and Bland counties. WCCH employs over 350 full time personnel and is staffed by 40 physicians and consulting/courtesy physicians. While never wavering from a focus on quality care, WCCH had survey results for HCAHPS, ED, Outpatient, Employee, and Physician Satisfaction that didn't meet their standards for excellence. "We hadn't been sharing the scores at all levels, so as a hospital we were not putting proper focus on the actions and behaviors that drive satisfaction. We knew about the surveys, but we weren't putting daily focus on the little things that can dramatically affect perceptions," said Carolyn Gemmell, Chief Nursing Office for WCCH.

Several years ago WCCH went through a period of constant leadership change, with several CEOs coming and going. More recently, construction played a role in lowering scores, as many hospitals across the nation have experienced. "While we were building our new emergency department, we knew there would be challenges. Depending on the stage of construction, the doors you would enter would change. Signage is certainly difficult during periods of construction, too," said Lisa Anderson, Nursing Director for the Emergency Department at WCCH.

"We knew that physician, employee, and patient scores are all tied together. If we were to improve, we had to improve everything," said Gemmell.

## APPROACH

One thing that is quite evident about WCCH is that they did not focus their efforts on one solution in one area; they took a comprehensive approach, implementing ideas in several areas, to holistically improve scores across all surveys.

“HealthStream Research’s Insights Online reporting system let us see exactly how we were doing in real-time. We didn’t have to wait for quarterly reports—we could see how we were doing right now,” said Carolyn Rudzinski, Director of Clinical Effectiveness. “We began looking at results every day, looking at the top box scores to see where we should celebrate and looking at the low scores to see where we should bring immediate focus. It’s not enough to know about the survey questions—you’ve got to understand what each question means and how to affect perceptions to drive higher scores.”

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**“By sharing all of our scores and our plans, the employees and physicians began to feel like a team. We never let up—customer service is not just about the survey scores; it is about building a culture of excellence.”**

—Carolyn Gemmell, Chief Nursing Officer

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Education and sharing results—at all levels of the organization—were key to their success. “We posted all of the scores—including verbatim comments—in the staff lounges. We shared the results in every meeting, whether it was a department meeting or a Board meeting. We posted bulletin boards with important verbatim comments, especially the comments from the HCAHPS surveys. We posted the actual survey questions in the lounges, as well,” said Gemmell. As a member of the LifePoint Hospitals family, WCCH also participated in monthly system-wide conference calls and distributed LifePoint’s quarterly newsletters to educate the staff as to what initiatives other hospitals were taking to improve survey results.

An example of targeted action based on survey results was seen in their HCAHPS scores on cleanliness. “The scores were not where we wanted them, but we knew our housekeeping staff was doing a great job. So, we asked them to start talking to the patients while they cleaned the rooms, bringing attention to exactly what they were doing to ensure the cleanest room possible. They also would ask the patients if there was anything they could help with. This had an immediate impact on cleanliness scores,” said Rudzinski. “We took the same approach with our scores on nighttime noise. We put up posters and used screensavers to remind our staff to be quiet. Bringing attention to an issue is one of the most effective ways to solve it.”

WCCH gave a great deal of attention to the discharge process. “We improved our communication with patients and staff. For the patients, we made sure that our written materials were comprehensive and tailored to the patient’s needs. We also made follow-up calls to all post-op patients, all new mothers, and any patient where we had any post-discharge concerns. The patients also get thank you cards signed by the staff that treated them. For the staff, we did lots of training around different discharge possibilities, walking them through what to do with different patient conditions,” said Lisa Anderson, Nursing Director for the ICU and Emergency Department.

Improving survey results in the ED also required several initiatives, including how the staff manages patients’ expectations. “The surveys and our own experience showed us that patients were often frustrated when they saw other patients treated before them. Nobody likes to sit around not knowing what will happen next. We started giving letters to ED patients that explained all the steps of the triage process, and explained how some types of emergencies could take precedence. The patients have responded very positively to this approach,” said Anderson. In addition to providing the triage instructions, the staff also instituted an ER rounding program to check on every patient at least hourly.

The addition of a unit secretary and case manager to the ER staff also had a very positive effect on ER scores. “The secretary brought order to the chaos, and adding this position allowed for everybody else to do their jobs better. The physicians and nurses began to see the secretary as a lifeline. When the physicians and nurses are happier, patients can sense that,” said Anderson. A new case manager, an experienced ER nurse who relates well to both patients and physicians, also played a role in improving the ER survey scores.

The patient surveys also showed areas where the physicians needed to improve. “The scores for physician communication were low. The solution to this turned out to be quite simple: We showed the scores to the physicians. They were surprised, and they took immediate action to improve their communication with patients. They really thought they had been doing a good job in this area, but the patient surveys showed otherwise. Now, some physicians ask to see their scores. With HealthStream’s online reporting system, we can show them their scores in real-time,” said Gemmell. “The Medical Director actually asked us to follow up with the patients on physician communication, making sure that the patients actually understood what the physician had to tell them. We are diligent about following up on complaints about physicians.”

Among the most effective programs started by WCCH was their Patient Greeter Program. “Directors from all areas of the hospital rotate through the Greeter Program. We are right there in the ER/OP Registration entrance to greet incoming patients, and direct them to the ER or outpatient area where they need to go. We find them—we don’t wait for them to get confused, which could then lead to lower satisfaction,” said Anderson. “For patients coming in for outpatient surgery, we direct them right to the third floor where the outpatient surgical unit is located. Since we have now a dedicated patient registration for this area, they don’t have to wait with other patient populations to get registered. The physicians love this, since it means patients are on time for outpatient surgeries.”

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**“We like using HealthStream Research for all of our service lines. One great reporting system to learn instead of several different ones, and one central point of contact. It makes life simpler, and we love that.”**

—Dale Clark, Assistant Administrator of Human Resources

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## RESULTS

Over a five year period WCCH employee satisfaction improved by 37 percentile points, while physician satisfaction improved by 41 percentile points. “HealthStream Research’s employee survey helped us understand what the employees needed. This gave the employees a voice, and we listened,” said Dale Clark, Assistant Administrator of Human Resources. “The survey results were shared all the way down to the staff level, with total transparency. Department-specific results were explored in staff meetings, and we sought to follow up on verbatim comments to make sure we fully understood what they were asking for. For example, the verbatim comments showed the employees were concerned about communication and recognition, and we responded by creating teams dedicated to those concerns.”

“Employee satisfaction is tied to physician, and vice versa. We used the employee results to help educate the physicians on the needs of the employees, and we used the physician results to help educate the employees on the needs of the physicians,” said Gemmell. “This made a big impact.”

The reports, both cyclical and real-time, provided by HealthStream Research were heavily utilized in the sharing of results, especially in Board meetings. “We gave them (the Board) the HealthStream Research HCAHPS Impact Reports, the physician scores, the employee scores, outpatient, ED, everything. The Board, in return, shared insights they gleaned from the community,” said Gemmell.