### Strategic Alignment:

**Aim Statement**
To improve patient satisfaction scores on the inpatient Family Medicine Unit (6West) by 20% or greater by March 1, 2015. The process begins when a patient arrives for care at University Hospital and ends when the patient completes and returns a HCAHPS survey. This is important because satisfied patients have better health outcomes and Value-Based Purchasing has the potential to have a large financial impact on the organization.

**Plan**
- Acknowledge that Patient Satisfaction results factor into Value-based purchasing and impact hospital finances.
- Identify key drivers as reported by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys.
- Post weekly updates of results of patient satisfaction scores in easy view of unit staff.
- Patient Satisfaction Huddle is launched in an effort to identify potential problems and make necessary corrections prior to patient discharge.
- Patient satisfaction results (HCAHPS) are reviewed prior to and after initiation of the huddle to compare scores and check for improvement.

**Do**
- Each day at 1400, the unit’s nursing staff on duty each report to the designated location in the public view. Huddle is lead by a Service Line Specialist on duty, the Performance Improvement Professional or the Clinical Manager.
- The huddle begins with asking someone to state the unit’s current patient satisfaction score and percentile rank.
- Next, the nurses are asked to name at least 2 action steps the unit is taking to improve patient satisfaction scores.
- The huddle asks each nurse: What went well? What could be better? Which physicians were you able to round with today? How many of your patients had good pain control today?

**Study**
- Patient satisfaction (HCAHP) results for the Family Medicine inpatient unit had been consistently below hospital goal and national average (Figure 1).
- The lowest point came in October, 2014 when we reached a Percentile Rank of 2. (Scale of 1-100 with 100 being best).
- Unit action plan was launched in mid-November, 2014.
- HCAHPS scores were monitored weekly with results displayed on the unit (see Figures 1, 2, 3).
- Comments obtained in daily huddles were categorized and placed on a fishbone diagram (see Figure 4)

**Act**
- Patient satisfaction (HCAHP) results for the Family Medicine inpatient unit had been consistently below hospital goal and national average (Figure 1).
- The lowest point came in October, 2014 when we reached a Percentile Rank of 2. (Scale of 1-100 with 100 being best).
- Unit action plan was launched in mid-November, 2014.
- HCAHPS scores were monitored weekly with results displayed on the unit (see Figures 1, 2, 3).
- Comments obtained in daily huddles were categorized and placed on a fishbone diagram (see Figure 4)

**For Now:**
- Continue current plan.

**Next Steps:**
- Devise a “cue card” list of items to be addressed by nursing during physician/nurse beside rounds.
- Crew Resource Management Training. This 4 hours session will have attending physicians, residents, nurses and ancillary staff working together to enhance teamwork, communication and coordination.

---

### Action Plan

**Increase patient satisfaction (HCAHP) survey scores through action plan of:**
- Doctor/nurse bedside rounding
- Staff awareness of survey results
- Staff awareness of action steps to achieve patient satisfaction goals.
- Involve patient in care during shift report and during physician rounding
- **Daily patient satisfaction huddle**
- Focus on Care And Serve (Culture of Yes) behaviors

---

### Graphics / Data

- **Figure 1**
- **Figure 2**
- **Figure 3**
- **Figure 4**