Many health care organizations struggle to improve the patient experience. For many years, the leadership team of a central California hospital has attempted a variety of strategies to improve patient satisfaction, with minimal results. In particular, this leadership team’s focus was on the Centers for Medicaid & Medicare publicly reported data in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. Improvement measures have included patient experience committees, CARE (communication, attitude, respect, and education) classes for staff education, implementation of the nursing bundle, and leadership teams that weekly addressed scores and strategized improvements. Despite having a stable management team who are successful in meeting other goals such as financial, growth, and other quality targets, this team has been unable to generate a sustainable system to improve patient satisfaction scores. One challenge that the leadership team failed to solve was the necessary cultural shift needed, both in their staff and themselves, to improve scores. One recommendation that seemed promising to meet this challenge was using the transformational leadership approach to implementing a consistent practice of daily senior leader rounds. This method refocuses efforts on the most important factor in health care today: the patient. Whether the leader is a clinical director, the financial controller, or the head of housekeeping, implementation of senior leader rounds redirects time and energy to the patient, with amazing outcomes!

BACKGROUND

Patient Satisfaction Scores
The US Department of Health and Human Services launched its research on the Hospital Compare website in 2008 as the first large-scale, standardized survey of patients’ perspectives of inpatient care. The results were the culmination of several years of data gathering from over 2,500 hospitals throughout the country, through which came the development and implementation of the HCAHPS survey. Although initially executed on a voluntary basis, the process became tied to hospital reimbursement in the fiscal year.
Transformational leadership emerged in the writings of Burns,14 who described the concept as an influencing process between individuals to reach higher goals for both the leader and the follower. Yukl15 states this impelling practice not only involves superior–subordinate relationships, but also functions as the influence of the transforming leader with peers and higher leaders. Northouse16 states that transformational leadership is concerned with the emotions, values, ethics, and standards, and encourages followers to accomplish more than just doing their job. Northouse defines 4 factors of transformational leadership.16 The first aspect is idealized influence in which the ethical leader is a strong role model for followers. The second feature includes inspirational motivation that inspires members to a shared vision and enhances team spirit. Intellectual stimulation is the third concept in stimulating the members, depending on the average census and needs of the unit. Leaders share the responsibilities of seeing each patient on the unit and visit between 5 and 10 patients on a typical day. If one patient has a concern, the leader can sit and spend time with the individual, knowing that there are other members of his cohort who are seeing the remaining patients. In the implementation of this program, the senior director of quality and patient engagement uses idealized influence and inspirational motivation to teach and enthuse each member of the leadership team. An individual orientation is set up with each leader to ensure that they know the key words to welcome patients warmly and perform the behaviors such as sitting down, asking open-ended questions, and giving business cards to every patient. Leaders are encouraged to develop a connection with the patients and to role model excellent listening and caring skills for staff. With daily visits, members of the team get to know patients well and establish trusting relationships. Also, each day, staff members encounter leaders who focus on what is most important to them—their patients. Leaders are taught to be a part of the patient care team. If a patient or family has a request, the manager attempts to fulfill it, communicating with the nurse about the action. In this way, the staff sees administration helping them and working together with the goal to improve the patient experience.

Debrief and Resolutions
Bennis17 discusses that transforming leaders have a clear vision of the future that is simple, understandable, and energizing. This concept is operationalized by the team in the implementation of senior leader rounds. Following daily rounds, each day the team meets for a 15-minute debrief in which the entire focus is on the patients in the hospital. The discussion centers on the individual issues, and if a concern is brought up, resolution and accountability for follow-up are established at the moment. Some matters that arise are relatively easy to fix, like a food request, or a cleanliness issue in the restroom. Other problems are related to the patient or family not knowing the plan of care or an instance of disrespect. These situations are addressed immediately with the generation of a plan for service recovery. The next day the resolution and follow-up with the patient is discussed and logged.

In the month of January 2016, there was a total of 248 issues brought up at rounds, and over 80% were resolved successfully before the discharge of the patient (Figure 1). Another 9% required service recovery with a phone call or other follow-up action after discharge. Some issues that arose
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