Introduction

Service recovery results in renewed and greater customer satisfaction and loyalty. In the world of Emergency Medicine, service failures threaten the Patient Experience and can result in increased patient/family dissatisfaction, increased risk and med-mal exposure and influence the Value Based Purchasing financial impact on hospital in-patient HCAHPS scores and the anticipated ED PECS (2017).

At our hospitals, 65-70% of admissions come from the Emergency Departments. Additionally, patients admitted through our EDs score much lower on HCAHPS surveys in all domains versus those electively admitted to our hospital. Improved and sustained HCAHPS performance remains a high priority that places the Patient Experience squarely in the crosshairs of every CEO.

The In-Patient Rounding Pilot Program developed by CEP Medical Director Dr. Edward Pillar was designed to assess the Emergency Department experience of the admitted patient and family and provide early identification of service failures. Once identified, service fails were acted upon by an institutional service recovery response team.

Program Goals

- Learn about patients’ transition of care (TOC) experience and identify opportunities for improved ED and Inpatient integration
- Real-time service recovery
- Gain feedback on initiatives and outstanding providers
- Exceed the expectations of patients and their families

The Team

- ED Physician
- ED Nurse Manager/Director
- Administration Representative (Associate CNO/COO, Risk/PI, Marketing)
- Patients primary ED nurse or alternate (Charge Nurse, House Supervisor, etc.)
- Hospitalist
- Case Manager

The Pilot

From the first day of the pilot, it became apparent that this process provided feedback about the patients and families experience that was overwhelmingly positive.

Any feedback, positive or negative, was circulated back to the individual provider, nurse, tech, etc. to further hard-wire our culture of caring and reinforce positive behavior or provide counseling and support for negative behavior.

Negative patient experiences were communicated in concept without mention of provider or nurse name, in our daily shift huddles.

Service Failure Identification

During the 6 month pilot period, multiple service fails were identified and recovered. Most service fails were recovered by intervening real-time with the patient and/or family by the rounding team to the satisfaction of the patient and family.

Types of service fails included:
- Communication between physician, patient & family
- Proper physician/staff identification
- Inappropriate conversations at ED nursing stations
- Concerns regarding cleanliness of the ED / hospital
- Delays in the admitting process (not kept informed)
- Noise levels in the hospital
- Adequate comfort measures/pain control

The Results

Once successfully implemented, sites can expect the following:
- Enhanced quality of care
- Increased patient satisfaction
- Higher provider/nurse job satisfaction
- Improved sense of individual purpose and teamwork

Our data suggests that an In-Patient Rounding and Service Recovery program can positively influence not only the ED patient experience and satisfaction (2017 ED PECS), but also the in-patient hospital HCAHPS scores.

Conclusions

Maximizing the Patient Experience requires providing authentic connections at every touch point throughout the patient’s journey. Maintaining a culture of caring environment requires constant feedback to staff. Timely patient feedback as well as stories of patients and their families’ perceptions about their experience (both positive and negative) gathered from an In-Patient Rounding and Service Recovery program are powerful tools to maintain / increase loyalty of patients and their families while educating and maintaining an empathetic and engaged staff.