85.5 average inpatient satisfaction score in 2009 and counting

2010 Hospital Pulse Report
Patient Perspectives on American Health Care
In 2009 patient satisfaction with hospital care continued the slow but steady climb that began in 2005. It is notable that such continuity came amidst economic turmoil, the loss of insurance coverage and higher coinsurance for most Americans. Part of the increase in satisfaction is likely attributable to the recession having “recalibrated” patients’ expectations of health care providers, according to the Press Ganey Consulting Group. Patients seem to recognize that hospitals, like patients, are having to provide more care with fewer resources.

Another more quantifiable reason for the increase in patient satisfaction is the impact of the public reporting of data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. With 2% of Medicare payment at risk for failure to report, most hospitals have collected data and submitted it for posting on the HospitalCompare.gov web site. That means that hospitals’ standing on HCAHPS is available for everyone to see — particularly by patients making decisions about where to seek care. In response, hospitals have clearly stepped up their game in terms of improving the patient experience of care. The beginning of public reporting in March 2009 led to the largest increase in scores in the quarter century that Press Ganey has been collecting such data, a trend that has continued since.

Even with ongoing economic weakness and increasing stress on hospital reimbursements, the trend toward higher patient satisfaction with hospital care seems likely to continue. That’s because of the onset of value-based purchasing (VBP). The Patient Protection and Affordable Care Act of 2010 includes a provision that will turn public reporting into true pay for performance. It places a portion of virtually every hospital’s Medicare reimbursement at risk, beginning with 1% in fiscal year 2013 and growing to 2% in fiscal 2017, with hospitals having to win back the withheld payment through performance on a range of clinical care and HCAHPS measures. On average, U.S. hospitals will have from $500,000 to $850,000 at risk annually under VBP, according to Press Ganey calculations.

Health reform has another future implication for patient satisfaction: Starting in 2012 new models of care will be financially rewarded, including accountable care organizations (ACOs) and medical homes. In January 2012 a new Medicare Shared Savings Program will allow providers organized as ACOs that voluntarily meet quality thresholds to share in the cost savings they achieve for Medicare. Entities that can participate include partnerships of hospitals and physicians. ACOs and medical homes are designed to better coordinate patient care, which in theory should improve patient satisfaction. Press Ganey will be actively measuring the impact of these new provider organizations.

Today, the top priority of patients remains hospitals’ “response to concerns/complaints” made during the inpatient stay. Press Ganey notes that in today’s economic climate hospitals can’t simply ask staff and physicians to spend more time with patients; emphasis must be placed on educating staff and physicians on how to communicate more effectively and quickly with patients.

Such improvement activities have a clear payoff. For example, for the first time in four years, “promptness in responding to the call button” did not make the top five items in the Press Ganey National Priority Index, an amalgam of the concerns expressed by more than 3 million patients who answered Press Ganey inpatient surveys. Press Ganey consultants attribute this to the fact that the practice of hourly rounding by nurses has been embedded as a standard of care in most organizations.

The 2010 Hospital Pulse Report: Patient Perspectives on American Health Care also includes data on outpatient satisfaction and physician satisfaction.

Satisfaction with outpatient services is steadily rising as well. With the national mean score at 91.7 out of a possible 100, a hospital has to be a high scorer on outpatient care to stand out from the competition. And a minute change in scores can cause a huge jump — or fall — in a hospital’s national percentile ranking, a significant consideration given that each year outpatient care grows as a locale for care. Improving outpatient care clearly must be a top hospital priority.

Physician satisfaction, meanwhile, has also sustained an upward trend over the past several years. Hospitals’ work to implement changes designed to keep physicians engaged has paid off. Also, as with patients, Press Ganey consultants believe that the economic downturn has made physicians appreciate hospitals for having to do more with less.

Nevertheless, the National Priority Index does show that hospitals still have a long way to go to develop effective communication with physicians. As in recent years, these findings show that “relationship with leaders” lags behind other indicators of physician engagement.
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Average scores for overall inpatient satisfaction continued to rise from January 2005 through October 2009. According to the Press Ganey Consulting Group, reasons for the increase in satisfaction include the implementation of public reporting and value-based purchasing, which have heightened the visibility and resources being put toward patient satisfaction.
National Inpatient Priority Index

The top priority in the National Inpatient Priority Index continues to be “response to concerns/complaints made during the stay,” indicating that this area still requires a high level of attention from hospitals.

Many hospitals have some type of service recovery program in place, but the individual employee’s ability to implement service recovery initiatives from knowing how to apologize, listening with empathy, or even giving a gift card to the coffee shop varies by organization, according to the Press Ganey Consulting Group.

The top three priority index items share underlying themes of “effective communication,” “empathy,” and “relationship building.”

The Press Ganey Consulting Group notes that hospitals can’t simply ask staff and physicians to spend more time with the patients to resolve the top three opportunities. Hospitals must educate staff and physicians on how to communicate more effectively, show empathy and build a relationship quickly so the patient has an emotional connection to the caregiver. This is a challenging, but important opportunity for patient care providers.

For the first time in four years, “promptness in responding to the call button” did not make the top five items in the index. Press Ganey consultants attribute this to the fact that the best practice of hourly rounding has been embedded as a standard of care in most organizations. Most hospitals that have implemented hourly rounding programs have found a decrease in the utilization of call lights. Consistent hourly rounding programs help reduce patient anxiety as patients feel they will be checked on routinely by a nurse and/or nursing assistant.

### INPATIENT PRIORITY INDEX

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Mean</th>
<th>Correlation</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to concerns/complaints made during your stay</td>
<td>84.0</td>
<td>0.804</td>
<td>1</td>
</tr>
<tr>
<td>Staff effort to include you in decisions about your treatment</td>
<td>84.4</td>
<td>0.798</td>
<td>2</td>
</tr>
<tr>
<td>Degree to which hospital staff addressed your emotional needs</td>
<td>84.4</td>
<td>0.798</td>
<td>3</td>
</tr>
<tr>
<td>Waiting time for tests or treatments</td>
<td>80.9</td>
<td>0.682</td>
<td>4</td>
</tr>
<tr>
<td>How well the nurses kept you informed</td>
<td>85.9</td>
<td>0.773</td>
<td>5</td>
</tr>
</tbody>
</table>
Satisfaction by Bed Size

Smaller hospitals have higher overall satisfaction on average than larger hospitals. This is likely due to the fact that smaller hospitals are generally located in smaller communities, and chances are the patient already knows their caregivers and physicians. Also, in small hospitals, some might argue that it is easier to create a sense of community and to implement patient satisfaction initiatives.

What can large organizations do to improve?

The Press Ganey Consulting Group recommends that large hospitals ensure that everyone in the organization has a clear vision of customer service standards of behavior and quality patient care. Staff and physicians must know the standards for customer service and quality and be held accountable to them. It’s up to senior leaders to establish this culture and to be a part of the culture by getting out of the office and seeing patients, getting to know the staff and physicians, and building a stronger sense of community in the organization.
Satisfaction by ED vs. Non-ED Admission

Patients who are not admitted to a facility through the emergency department (ED) have a higher level of satisfaction than those who are. In most cases, visits to the ED are unexpected and tend to be more stressful on patients thus making their admission to the hospital a less satisfactory experience. Furthermore, patient transfers from one care setting to another (e.g. the ED to an inpatient unit) and from one set of caregivers to another is an area of high safety and satisfaction consequence. According to Press Ganey consultants, hospitals can work on improving the admission/hand-off process to inpatient units via the ED by:

- Allowing the patient to engage in hand-off communications between the two areas
- Standardizing the transfer report with prioritized patient/care information
- Ensuring a safe physical transfer to the new unit
- Building collaborative, collegial relationships between transferring teams

INPATIENT SATISFACTION BY ED ADMISSION

Overall Satisfaction Score

<table>
<thead>
<tr>
<th></th>
<th>Admitted Through the ED</th>
<th>Not Admitted Through the ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Score</td>
<td>83.2</td>
<td>86.1</td>
</tr>
</tbody>
</table>

Satisfaction by Age

Elderly patients – those over the age of 80 – are the least satisfied while patients who range in age from very young all the way to age 79+ have a similar rate of satisfaction with inpatient services.

One reason older (80+) patients may not rate their experience higher is because this population has different expectations than other age groups, says the Press Ganey Consulting Group.

Patients in this age group do not want more tests and procedures and may get upset simply by the physician and staff performing more procedures and tests. In addition, this age group doesn’t like to plan for end of life care, which many of them are facing.

Many hospitals now employ hospitalists, which can also confuse patients in this age group since patients may not regularly see their primary care physician while in the hospital. Press Ganey consultants suggest that hospitals work on improving the experience for these patients by ensuring older patients know their primary care physician endorses the hospitalists at the hospital. Some ways to support this new relationship include:

- Have primary care physicians educate patients that they will be under the care of a hospitalist if admitted to the hospital.
- Hospitals should provide the physician office with a brochure explaining the hospitalist program and provide names and pictures as well.
- The primary care physician should ensure the patient is aware that the hospitalist will communicate to them during their inpatient stay and upon discharge and the patient will then return to the primary care physicians’ office for follow-up care.

**INPATIENT SATISFACTION BY AGE CATEGORY**

![Graph showing overall satisfaction scores by age category]
Satisfaction by Gender

In general, male patients are slightly more satisfied with their hospital stay than female patients. Research shows that women make most health care decisions -- typically around 85%. Given this, women have a high level of interest and may ask more questions and be more involved in the treatment process. Allowing the patient to engage in hand-off communications between the two areas.

INPATIENT SATISFACTION BY GENDER
Satisfaction by Race

Asian Americans have the lowest overall average satisfaction scores, followed by African American patients. The Press Ganey Consulting Group notes that one way to improve these scores is to ensure hospitals respect and take into consideration cultural differences.

Hospitals are required to provide diversity training to staff, but they can do more to learn about other cultures by recognizing cultural difference when planning hospital events, celebrating holidays and even sporting events.
Trend in Outpatient Satisfaction

Satisfaction with outpatient services continues to rise. According to the Press Ganey Consulting Group, the steady rise in satisfaction may reflect the increased priority health care organizations have placed on the outpatient organizations’ impact on hospitals’ financial health. Competition from freestanding outpatient providers may also be a reason for hospitals to work on improving the service experience in the outpatient environment.

Many of the hospitals in the Press Ganey database have spent time and money improving facilities to better accommodate outpatients. Efforts have been made to improve parking – such as valet parking, escorts to walk patients to the desired location, and facility redesign to improve access to outpatient areas. These efforts help the hospital affiliated facilities compete with freestanding centers.

5-YEAR TREND IN OUTPATIENT SERVICES SATISFACTION
National Outpatient Priority Index

The highest priorities in the outpatient environment tend to center around meeting the emotional needs of the patient. This is understandable in that outpatient services tend to be the entry into more intensive health care interventions. Health care workers need to provide reassurance to patients as they deal with the unknowns of their health and future, according to the Press Ganey Consulting Group. Ensuring that staff members are familiar with the demographics and diagnoses of the facility’s patients may help staff to better understand and empathize with patients.

**OUTPATIENT SERVICES NATIONAL PRIORITY INDEX**

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Mean</th>
<th>Correlation</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to concerns/complaints made during your visit</td>
<td>91.6</td>
<td>0.70</td>
<td>1</td>
</tr>
<tr>
<td>Our sensitivity to your needs</td>
<td>91.9</td>
<td>0.69</td>
<td>2</td>
</tr>
<tr>
<td>Staff’s concern for your questions and worries</td>
<td>92.9</td>
<td>0.64</td>
<td>3</td>
</tr>
<tr>
<td>How well staff worked together to provide care</td>
<td>93.5</td>
<td>0.76</td>
<td>4</td>
</tr>
<tr>
<td>Overall rating of care received during your visit</td>
<td>93.9</td>
<td>0.82</td>
<td>5</td>
</tr>
</tbody>
</table>
Overall Satisfaction by Age/Gender

Female patients in the 65-79 range are the most satisfied with their outpatient care. Both male and female patients in the 18-34 range tend to rate their experiences much lower. The Press Ganey Consulting Group suggests that one reason for this is because patients in the 18-34 category tend to have much higher expectations for their care. Patients in this category are more in tune with technology and they expect to be in and out quickly. They want the ability to register online and get test results via e-mail or text.

**OUTPATIENT SATISFACTION BY AGE AND GENDER**
Patients are the least satisfied with appointments scheduled on the weekend. Much of the time, facilities are not fully staffed over the weekend which could result in longer wait times. During the week, satisfaction levels are relatively similar and don’t vary much by day. Outpatient facilities should examine staffing levels and patient volume on the weekends and make appropriate scheduling adjustments to increase satisfaction levels.
Patients tend to be more satisfied early in the morning. According to the Press Ganey Consulting Group, delays in schedules tend to occur later in the day, which may contribute to longer wait times and lower satisfaction ratings. Organizations can work on keeping satisfaction levels up throughout the day by creating a plan to identify trends and adjust resources (staff, equipment, supplies) to address them.

**OUTPATIENT SATISFACTION BY TIME OF APPOINTMENT**

![Graph showing outpatient satisfaction by time of appointment](chart)

- 6:00am - 8:00am: 92.7
- 8:01am - 10:00am: 92.1
- 10:01am - Noon: 91.8
- 12:01pm - 2:00pm: 91.7
- 2:01pm - 4:00pm: 91.3
- 4:01pm - 6:00pm: 90.8
- 6:01pm - 8:00pm: 90.5
- 8:01pm - 10:00pm: 90.9
Satisfaction by Time Spent Waiting

Patients who wait more than one hour for treatment are the least satisfied. Patients who wait from zero to 15 minutes are the most satisfied. While waiting is inevitable, organizations that ensure waiting areas are comfortable may increase satisfaction. Simple ways to make the waiting areas more comfortable include providing up-to-date magazines, having a sufficient amount of comfortable seating and keeping the area clean and tidy.

The Press Ganey Consulting Group adds that organizations may also want to provide work stations or seating that can accommodate the use of a laptop and Wi-Fi connectivity for patients. Another idea is to provide computers that allow patients to research health topics and learn more about their diagnosis.

It’s also essential to provide patients with regular updates regarding their wait time and also to provide explanations as to why there are delays.

OUTPATIENT SATISFACTION BY TIME SPENT WAITING

<table>
<thead>
<tr>
<th>TIME SPENT WAITING</th>
<th>OVERALL SATISFACTION SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15 min</td>
<td>94.1</td>
</tr>
<tr>
<td>16-30 min</td>
<td>90.3</td>
</tr>
<tr>
<td>30-45 min</td>
<td>87.6</td>
</tr>
<tr>
<td>46-60 min</td>
<td>85.9</td>
</tr>
<tr>
<td>More than 60 min</td>
<td>84.7</td>
</tr>
</tbody>
</table>
This chart shows that patients wait the longest amount of time and the shortest amount of time on the weekend. Saturday has the shortest wait time at an average of 22 minutes while Sunday has the longest wait time at an average of 27 minutes. According to the Press Ganey Consulting Group, many patients don’t want to be seen on Saturdays, but choose to be seen on Sunday before going back to work. This combined with minimal staffing results in the longer wait time.

<table>
<thead>
<tr>
<th>Day of Appointment</th>
<th>Average Time Spent Waiting (in Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>24</td>
</tr>
<tr>
<td>Tuesday</td>
<td>24</td>
</tr>
<tr>
<td>Wednesday</td>
<td>23</td>
</tr>
<tr>
<td>Thursday</td>
<td>24</td>
</tr>
<tr>
<td>Friday</td>
<td>24</td>
</tr>
<tr>
<td>Saturday</td>
<td>22</td>
</tr>
<tr>
<td>Sunday</td>
<td>27</td>
</tr>
</tbody>
</table>
Time Spent Waiting by Time of Appointment

The middle of the day tends to have the shortest wait times – between 12:00 and 6:00 p.m. Wait times dramatically increase after 10:00 p.m. likely due to minimal staffing and staff being required to triage acute, urgent and emergent patients to the top of the queue.
Helpfulness of the Person at the Registration Desk

Not surprisingly, patients who waited the shortest amount of time ranked the helpfulness of the registration desk personnel much higher. Patients who waited the longest gave them a lower ranking. As mentioned before, when longer wait times are inevitable, the registration desk personnel can play a big role in the satisfaction of the patients. If they regularly communicate with patients about delays, offer refreshments, and generally show concern and respect for patients’ time, patients tend to feel more satisfied.

The Press Ganey Consulting Group recommends that organizations set standards for acceptable wait times and be transparent – tell patients how long they can expect to wait and have a standard to update patients every 15 to 30 minutes.

**HELPFULNESS OF REGISTRATION DESK PERSONNEL BY TIME SPENT WAITING**

<table>
<thead>
<tr>
<th>MINUTES WAITED</th>
<th>OVERALL SATISFACTION SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15 min</td>
<td>94.1</td>
</tr>
<tr>
<td>16-30 min</td>
<td>90.4</td>
</tr>
<tr>
<td>30-45 min</td>
<td>87.9</td>
</tr>
<tr>
<td>46-60 min</td>
<td>86.2</td>
</tr>
<tr>
<td>more than 60 min</td>
<td>85.8</td>
</tr>
</tbody>
</table>
Trend in Physician Satisfaction

Physician satisfaction has sustained an upward trend over the last several years. As hospitals work to implement programs and changes to keep physicians engaged, it seems that physicians are responding well and are more satisfied. According to the Press Ganey Consulting Group, there are multiple reasons for this:

- The downturn in the economy has recalibrated physician satisfaction with the hospital and physicians are realizing hospitals have to do more with less.
- Historically, physicians have been the dominant force in medicine, but there are several social forces challenging physician dominance:
  - Consumer movement and the drive for self-care.
  - Growth of the for-profit health care industry.
  - Increasing involvement of government in regulating and bureaucratizing the profession.

More and more hospitals are employing physicians and providing a haven from the uncertainty of the current health care environment. Employed physicians tend to have a more positive view of the hospital vs. private practitioners.
National Physician Priority Index

The top priorities for physicians over the past several years are generally related to communication and other issues with administration. It seems that once the hospital-physician relationship is in a good place, the other aspects start to fall into place.

The Press Ganey Consulting Group advises that senior leaders should set communication standards related to response time to needs and requests of physicians. Hospital administration needs to be more accessible to physicians, more involved in what is going on in the organization and take action on physician requests. Being more visible in the organization will allow senior leaders to build relationships, which will in turn help build confidence and trust in administration. Senior leaders should also appoint physicians and staff to committees in order to help resolve process and quality issues.

**PHYSICIAN NATIONAL PRIORITY INDEX**

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Mean</th>
<th>Correlation</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response of Hospital Admin</td>
<td>64.1</td>
<td>0.55</td>
<td>1</td>
</tr>
<tr>
<td>Patient care made easier</td>
<td>73.6</td>
<td>0.66</td>
<td>1</td>
</tr>
<tr>
<td>Confidence in Hospital Admin</td>
<td>69.4</td>
<td>0.60</td>
<td>3</td>
</tr>
<tr>
<td>Administration deals with changes</td>
<td>70.9</td>
<td>0.61</td>
<td>3</td>
</tr>
<tr>
<td>Communication with Hospital Admin</td>
<td>66.8</td>
<td>0.53</td>
<td>5</td>
</tr>
</tbody>
</table>
Perspectives on Hospital Operations

As in recent years, these findings show that “relationship with leaders” significantly lags behind other indicators of physician engagement. This underscores the need to effectively communicate with physicians and to show empathy by understanding the issues physicians have.

The Press Ganey Consulting Group points out that physicians want to be involved and have a seat at the decision-making table. Hospitalists touch 80% of the processes in a hospital; however, they aren’t always asked or incentivized to work as a team with clinical staff on a unit to improve processes, patient satisfaction or quality. Leaders must establish a culture of collaboration that includes all stakeholders to improve quality and satisfaction.
Perspectives on Quality of Patient Care

Physicians continue to evaluate staff’s concern for patients the most favorably. The least positive aspect of quality care according to physicians is timeliness of orders which can have a meaningful impact on patient care. For example, if an antibiotic should have been started after the order was written and it wasn’t started until 12, 18 or 24 hours later, the physician loses valuable cure time for the patient. Given the current situation with reimbursement, this can not only impact the patient’s care, but the hospital’s reimbursement if the patient does not have a timely discharge. Organizations need to monitor the complete cycle in order to improve patient care:

1. Order written.
2. Order filled.
3. Patient receives care/procedure/medication/or treatment ordered.

**PHYSICIAN PERSPECTIVES ON QUALITY OF PATIENT CARE**

![Graph showing physician perspectives on quality of patient care]

- Staff’s concern for patients: 83.2
- Timeliness on written orders: 75.4
- Quality of nursing staff: 79.4
- Staff reports patients’ conditions: 77.2
- Rating of Emergency Department: 75.3

Physicians specializing in pathology, pediatrics and radiology are the most satisfied. Physicians specializing in general surgery, cardiovascular disease and hospitalists are the least satisfied.

Hospital medicine is a new and emerging field. As stated earlier, hospitalists touch 80% of the processes in an organization and only have the hospital as their focus.

The Press Ganey Consulting Group says that senior leaders should engage hospitalists in process improvement, quality and satisfaction initiatives. Typically, hospitalists are young – the mean age is 37 – and they have about 3.7 years of experience. Individuals in this group should be connected to a mentoring physician to help them grow as physicians and caregivers.
Satisfaction by Percentage of Referrals

Physicians who refer the most patients to a facility are the most satisfied, with physicians who refer 80% or more of their patients to the same hospital averaging a satisfaction score of 75.77.

According to Press Ganey consultants, physicians who refer more patients are more satisfied because many hospitals cater to higher volume physicians, taking extra steps to accommodate them. One former hospital administrator reports keeping extra scrubs in her office for the OB chief. If the chief’s size was not available on that campus, he knew could pick up some scrubs from the administrator’s office. In another example, the former administrator would get to work early on days that a high-volume plastic surgeon had cases scheduled to have coffee ready. That way, the surgeon stopped by administration for his coffee on the way in from the physicians’ parking lot and could enjoy it on the way to the OR.

High-volume physicians also typically receive more frequent communication from hospital leaders to keep them “in the loop.”

**Physician Satisfaction by Percentage of Referrals**

![Bar graph showing physician satisfaction scores by percentage of referrals.](image-url)
Satisfaction by Length of Time with Admitting Privileges

According to this data, newcomers and “old-timers” are relatively happier than their mid-career colleagues.

One way to increase satisfaction among mid-career physicians is to get them involved and engaged in the organization, notes the Press Ganey Consulting Group. Administrators should determine sources of physician frustration (e.g., ease of practice, parking, OR delays) and work to resolve the issues.
Satisfaction by Years of Practice

Physicians who have practiced five years or fewer and those who have practiced for more than 20 years tend to be more satisfied than their colleagues who have practiced from six to 20 years.

According to the Press Ganey Consulting Group, newer physicians are more eager and excited to work. Those with more than 20 years of experience are likely to be partners in their group, have reduced call requirements and may be moving to the outpatient setting. This puts the call burden and inpatient burden on the physicians with 6-10 years and 11-20 years of experience.
The Relationship Between Physician and Patient Satisfaction

The chart below represents the strong (.537) database-level correlation between inpatient likelihood to recommend scores and physician likelihood to recommend scores.

This strength of this relationship highlights the importance of creating an organizational culture that allows staff and physicians to provide great customer service and great quality care.

RELATIONSHIP BETWEEN PATIENT AND PHYSICIAN LIKELIHOOD TO RECOMMEND HOSPITAL

R = .537
Empowered Employees, Satisfied Patients at Baptist Easley Hospital

Vitals
Baptist Easley Hospital in Easley, S.C., is a 109-bed, not-for-profit, general acute-care facility. The largest care provider in Pickens County, it is affiliated with Greenville (S.C.) Hospital System. It provides services such as surgery, lithotripsy, advanced imaging, and emergency and outpatient care, as well as cardiopulmonary services. It has a 40,000-square-foot outpatient services facility, a 4,000-square-foot diagnostic cardiac catheterization laboratory and a large network of primary care medical practices.

Challenge
In 2004 hospital leaders wanted to become the provider of choice in their region, but they knew they had some issues with dissatisfied employees and physicians. “We had to start from within,” said Dale Garrett, the 109-bed hospital’s director of quality. “You cannot fix things unless you know what is wrong. We knew what our goals were, but we needed to know how to get there. Conducting a survey on our employees and physicians allowed them to voice their opinions.”

Solutions
The hospital uses measurement tools and improvement resources from Press Ganey’s Performance Satisfaction Suite™ to improve patient satisfaction with care in inpatient units, the emergency department, ambulatory surgery and outpatient care. It also utilizes Press Ganey’s Employee Partner and Physician Partner products to assess its relationship with employees and doctors.

Performance and Outcomes
With recent employee satisfaction score at the 98th percentile nationally and physician satisfaction scores above the 90th percentile, highly engaged caregivers have led to patient satisfaction scores at the 99th percentile for surgery, 96th percentile for inpatient, 97th percentile for outpatient, 83rd for the emergency department and 96th for physician practices. The hospital had an 87% employee retention rate for 2009, along with a registered nurse vacancy rate of 0.7% compared to a national vacancy rate of 8.1%. The quality of care provided by Baptist Easley Hospital is well above the South Carolina state average; it remains close to 100% compliance in all core measures for the Center of Medicaid and Medicare Services. Infection rates are continuously lower than national average. Its standardized mortality rate has remained below the national average since 2005.

As a result of those achievements, Baptist Easley in November 2010 became the only two-time winner of Press Ganey’s Partner of Choice Award.

How can a hospital succeed in serving patients if its employees and physicians aren’t happy with their jobs? It’s a simple question, and yet many health care providers fail to ask it. Six years ago, Baptist Easley Hospital did. Its response has been a top-to-bottom commitment to addressing the physical, emotional and spiritual needs of everyone who works at the hospital, which in turn has paid off in better care for patients and more satisfied patients.

The commitment starts with new employee orientation where hospital CEO Roddey Gettys instills the idea of the importance of customer service and teamwork. He meets again with them 90 days later to review their experiences. Twice a year Gettys speaks before all employees on what the hospital is trying to achieve. And once a year all employees get together to share the “3 Is”—information, inspiration and ideas.
Baptist Easley's unique team structure drives improvement. Twenty-two service teams made up of leaders and employees address core issues such as employment, standards of behavior, inpatient satisfaction, emergency department satisfaction and rapid response. Each team monitors its service area for performance and whether it is meeting the hospital's strategic goals.

Ensuring adequate communication has also been a hallmark of Baptist Easley's success. Leaders routinely round on employees, seeking their input on key decisions and finding out what issues they confront. Employees participate in bi-annual forums and annual meetings with Gettys, at which they have the ability to share their experiences, questions, concerns, issues and ideas. From these interactions, trends are identified and changes can be made as appropriate.

Communication boards are displayed throughout the main corridors of the hospital and within individual departments. These communication boards are filled with information for employees and physicians divided into the six focus areas of Baptist Easley Hospital – people, service, quality, finance, growth and community. A weekly newsletter, Easley Communications, is also e-mailed to all employees to disseminate hospital information, education opportunities and events.

The hospital also works hard on streamlining communications between physicians and other employees. When someone leaves a message for a doctor, the person taking the information is instructed to let the doctor know what the call or page was about, find out what information the doctor might need to respond to the inquiry and be prepared to get that information. White boards at nurses' stations say when doctors paged a nurse and what they were looking for.

One idea that bubbled up from employees was ending the use of external nurse staffing agencies, despite problems in recruiting new nurses to the area. In 2004, Baptist Easley was spending about $1.5 million annually on agencies, using them throughout the hospital, except for obstetrics. “There was a lot of concern among nurses about the quality and the commitment of patient care from the people we were bringing in,” says Mary Ann Hunter, director of nursing services. “So we formed a nursing team of nursing/front-line staff. Staff really became engaged and developed a comprehensive initiative to really make things better for a nurse working in a front-line position. And it has worked; since 2006 we have not had an agency nurse here and we have actually had to turn away qualified people simply because we did not have any openings.”

Employee feedback to leadership also was crucial in solving a major issue of safety and quality. Leadership safety rounding had nurses providing an earful about overnight pharmacy access. From every nursing group, leaders heard that the pharmacy was inconveniently closed at night, and getting morning doses in a timely fashion was difficult. Gettys responded, and despite budgetary pressures, the hospital now has 24/7 pharmacy, which has improved patient care and nursing and physician satisfaction.

Front-line staff members even hire new employees. Baptist Easley uses a peer-interview process where managers perform the initial screening of job candidates, but the final interview and decision making is made by peers.

The same peer interview process was brought into the physician arena, with a slightly different twist. Physician candidates are first vetted by leaders and recruiters, but then the peer interview team meets and decides whether to hire or not.

Keeping physicians involved in improvement initiatives is an important driver of the hospital’s success. The hospital has a Quality Coordinating Council led by physicians. Every quality initiative goes through the committee and then through the hospital's medical executive committee, the CEO and the board of directors. Improvement processes are continuously shared with physicians, supported with evidence based details, and initiated in a way to ease physician compliance and allow them to remain focused on patient care.

Gettys reaches out about twice a month to meet with all clinical departments. These structured meetings offer the opportunity to find out how to improve quality and safety and make the patient experience of care better. "Several years ago when we would go to medical executive committee meetings, there would be a lot of feelings of ‘Why am I here?’ and general feelings of confrontation and ‘us versus them,’” Garrett says.
CASE STUDY

Gettys also spends time reaching out to physicians in private practice, who might otherwise feel excluded from hospital decision-making. He drives out to a dozen or so practices regularly, trips called “Roddey on the Road.” At each office, he asks physicians what issues they are confronting and shares updates on hospital news and business issues with them.

Providing the engaged staff with data is critical to patient satisfaction. All executive leaders, medical directors and department managers have access to Press Ganey Online. Hospital supervisors and coordinators are also granted access to Press Ganey Online by the request of their managers. Departments report patient satisfaction scores to their employees as frequently as weekly, while others report monthly or quarterly.

As part of its employee empowerment campaign, Baptist Easley created a number of formal recognition programs, including Employee of the Month; Volunteer of the Month; Employee of the Year; and, in March 2008, a quarterly recognition program for physicians, which has been a huge success. Garrett says. “It really gained credibility because the first award went to a physician who was in private practice, which showed how inclusive it is.”

As with any high-quality improvement effort, Baptist Easley’s is ongoing. “We review our internal priority index on a quarterly basis in order to continuously monitor what matters most to our patients. Not only do we focus on the top 10 priorities, but we also monitor how often that priority has been in our top 10,” Garrett says. “The close monitoring of our internal priority index allows us to focus our attention and develop action items on those areas that matter most to the population we serve.”
Mary Boustani, MHA, Managing Consultant
Boustani brings more than 20 years of experience in short- and long-term acute care hospitals, where she has served as a CEO, administrator and consultant. This wide-ranging leadership experience has led to Boustani’s particular expertise in improving operational performance and the development of new programs and services for women and children. Boustani credits the ability to understand and work closely with physicians as an integral part of her success.

Lorren Pettit, MBA, Managing Consultant
Pettit is a seasoned health care strategist with over 20 years of experience in health care operations and corporate planning. He has held strategic planning roles in various acute and non-acute health care settings, as well as within the hospital group purchasing and hospital services industries. His extensive background and experience in health care provides a solid foundation for Press Ganey’s clients. Pettit also serves on the faculty of Indiana University South Bend’s Sociology Department, teaching Medical Sociology and Gerontology.

Julie Samuelson, RN, MSN, Principal Consultant
Samuelson has over 12 years of administrative, clinical and operational leadership at a 500+ bed regional medical center. During her career in health care quality and performance, she has been a coach, consultant and project leader using data analysis and change leadership skills to drive effective and efficient improvement efforts. She has experience driving process re-engineering, facility design and program and product development within a health care system.
Methodology

INPATIENT

Press Ganey’s Inpatient Survey gives recently hospitalized patients the opportunity to provide feedback about their hospital stay. The survey is used by acute care hospitals across the United States to improve the quality of the service and care they deliver. Highly valid and reliable, Press Ganey’s survey consists of 38 standard questions organized into 10 sections: Admission, Room, Meals, Nurses, Tests and Treatments, Visitors and Family, Physician, Discharge, Personal Issues, and Overall Assessment.

How Surveys are Distributed

Patients are surveyed soon after their discharge from the hospital, while their hospital experiences are still fresh in their mind. Upon receipt by Press Ganey, completed surveys are processed and added to a national database. Press Ganey complies with the Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for the security and privacy of health data.

Definition and Calculation of Mean Score

Once surveys are returned to Press Ganey, surveys are processed and added to the client hospital’s electronic data storage area. Processing of surveys takes place immediately so that clients can have up-to-the-minute information about their service quality. Responses to survey questions are converted to a series of 100-point maximum scales so that clients can compare different aspects of their performance on a common yardstick. First, for each person who took the survey, responses to the survey questions are transformed from a 5-point scale to the 100-point scale. Items rated “Very Good” are awarded 100 points; those rated “Good,” 75 points; items rated “Fair,” 50 points; “Poor,” 25 points; and any items rated “Very Poor” are awarded zero points. Next, each respondent’s individual item scores within a survey section (see above) are averaged to become scores for each section. Finally, section scores are averaged to become that respondent’s overall satisfaction score. The average of all respondents’ overall satisfaction scores is called the client’s Overall Mean Score and is stored electronically and made available to the client.

Definition of Correlations

A correlation reveals how much a change in one variable (e.g., an item score) is associated with a concurrent, systematic change in another variable (e.g., overall satisfaction). A correlation represents the strength and direction of the relationship between two variables numerically, expressed using a correlation coefficient (called r) that can range from −1.0 to +1.0. The greater the distance from 0, the stronger the relationship is between the two correlated items. A positive correlation coefficient indicates that as the value of one variable increases, the value of the other variable also increases. A negative correlation coefficient indicates that as the value of one variable increases the value of the other variable decreases. It is important to recognize that when two variables are correlated it means that they are related to each other, but it does not necessarily mean that one variable causes the other.

Priority Index Calculation

The Priority Index is an ordered list of survey items that shows the areas needing the most improvement. In the Priority Index, survey items are arranged from the “first item to work on” to the “last item to work on.” The Priority Index reflects service issues that clients are performing relatively poorly on that are important to their patients. It is calculated by looking at two aspects of each survey item’s data: its average score and how well it mirrors the respondent’s overall satisfaction score, as determined above. Survey items that have low average scores, indicating that the facility’s quality for that aspect of its care is lacking relative to other care aspects, and faithfully mirror the respondent’s overall satisfaction score, will have high Priority Index scores.
Methodology

OUTPATIENT
Press Ganey’s outpatient services and surgery surveys give patients who have been treated in various outpatient settings the opportunity to provide feedback about their experiences. The surveys are used by medical practices, ambulatory surgery centers, and outpatient facilities across the United States to improve the quality of the service and care they deliver.

Highly valid and reliable, each Press Ganey survey consists of a set of standard questions organized into sections. The outpatient services survey contains seventeen standard questions within five sections: Registration, Test or Treatment, Facility, Personal Issues, and Overall Assessment. The Outpatient Surgery survey contains 29 standard questions within six sections: Registration, Nursing, Physicians, Facility, Personal Issues, and Overall Assessment.

Distribution of Surveys
Surveys are mailed to patients soon after discharge, while their experiences are still fresh in mind. Upon receipt by Press Ganey, completed surveys are processed and added to a national database. Press Ganey complies with the Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for the security and privacy of health data.

Definition and Calculation of Overall Mean Score
Once surveys are returned to Press Ganey, surveys are processed and added to the client’s electronic data storage area. Processing of surveys takes place immediately so that clients can have up-to-the-minute information about their service quality. Responses to survey questions are converted to a series of 100-point maximum scales so that clients can compare different aspects of their performance on a common yardstick. First, for each person who took the survey, responses to the survey questions are translated from a 5-point scale to the 100-point scale. Items rated “Very Good” are awarded 100 points; those rated “Good,” 75 points; items rated “Fair,” 50 points; “Poor,” 25 points; and any items rated “Very Poor” are awarded zero points. Next, each respondent’s individual item scores within a survey section (see above) are averaged to become scores for each section. Finally, section scores are averaged to become that respondent’s overall satisfaction score. The average of all respondents’ overall satisfaction scores is called the client’s Overall Mean Score, and is stored electronically and made available to the client.

Definition of Correlations
A correlation tells us how much a change in one variable (e.g., an item score) is associated with a concurrent systematic change in another variable (e.g., overall satisfaction). A correlation represents the strength and direction of the relationship between two variables numerically, expressed using a correlation coefficient (called $r$) which can range from $-1.0$ to $+1.0$. The greater the distance from 0, the stronger the relationship is between the two correlated items. A positive correlation coefficient indicates that as the value of one variable increases, the value of the other variable also increases. A negative correlation coefficient indicates that as the value of one variable increases, the value of the other variable decreases. It is important to recognize that when two variables are correlated it means that they are related to each other, but it does not necessarily mean that one variable causes the other.

Priority Index Calculation
The Priority Index is an ordered list of survey items that shows the areas needing the most improvement. In the Priority Index, survey items are arranged from the “first item to work on” to the “last item to work on.” The Priority Index reflects service issues that clients are performing relatively poorly on that are important to their patients. The index is calculated by looking at two aspects of each survey item’s data: its average score, and how well it mirrors the respondent’s overall satisfaction score, as determined above. Survey items that have low average scores (indicating that the facility’s quality for that aspect of care is lacking relative to other care aspects) and faithfully mirror the respondent’s overall satisfaction score will have high Priority Index scores.
Methodology

PHYSICIAN

Press Ganey’s Medical Staff Survey consists of twenty questions organized into four sections: Quality of Patient Care, Ease of Practice, Relationship with Leadership, and Overall Assessment. Client hospitals supply Press Ganey with a list of physicians on their active medical staff. Press Ganey mails a survey to each physician on the list. The physician may choose to complete and return the printed survey or may complete it on the Internet.

Definition and Calculation of Mean Score

Upon receipt by Press Ganey, completed surveys are processed and added to a national database and to the client’s electronic data storage area. Responses to survey questions are converted to a series of 100-point maximum scales so that clients can compare different aspects of their physicians’ satisfaction on a common yardstick. First, for each physician who took the survey, responses to the survey questions are transformed from a 5-point scale to the 100-point scale. Items rated “Very Good” are awarded 100 points; those rated “Good,” 75 points; “Fair,” 50 points; “Poor,” 25 points; and any items rated “Very Poor” are awarded zero points. Next, each respondent’s individual item scores within a survey section (see above) are averaged to become scores for each section. Finally, section scores are averaged to become that respondent’s overall satisfaction score. The average of all respondents’ overall satisfaction scores is called the client’s Overall Mean Score and is stored electronically and made available to the client.

Definition of Correlations

A correlation tells us how much a change in one variable (e.g., an item score) is associated with a concurrent, systematic change in another variable (e.g., overall satisfaction). A correlation represents the strength of the relationship between two variables numerically, expressed using a correlation coefficient (called \( r \)), which can range from -1.0 to +1.0. The greater the distance from zero, the stronger the relationship between the two correlated items. A positive correlation coefficient indicates that as the value of one variable increases, the value of the other variable also increases. A negative correlation coefficient indicates that as the value of one variable increases, the value of the other variable decreases. It is important to recognize that when two variables are correlated it means that they are related to each other, but it does not necessarily mean that one variable influences or predicts the other.

Priority Index Calculation

The Priority Index is an ordered list of survey items that shows the areas that need improvement. In the Priority Index, survey items are arranged from the “first item to work on” to the “last item to work on.” The Priority Index reflects issues that clients are performing relatively poorly on that are important to their physicians. It is calculated by looking at two aspects of each survey item’s data: its average score and how well it mirrors the respondent’s overall satisfaction score. A survey item that has a low average score (indicating that the facility’s quality for that aspect of its care is lacking relative to other care aspects) and that mirrors the respondent’s overall satisfaction score will have a high Priority Index score.
About Press Ganey

Recognized as a leader in performance improvement for 25 years, Press Ganey partners with more than 10,000 health care organizations to create and sustain high performing organizations, and, ultimately, improve the overall health care experience. The company offers a comprehensive portfolio of solutions to help clients operate efficiently, improve quality, increase market share and optimize reimbursement. Press Ganey works with clients from across the continuum of care – hospitals, medical practices, home health agencies and other providers – including 50% of all U.S. hospitals. For more information, visit pressganey.com.

All data and findings represent surveys returned by patients and physicians to Press Ganey clients.

Contact information for questions or concerns:
Abby Szklarek
Public Relations Manager
404 Columbia Place
South Bend, IN 46601
574.309.7961
aszklarek@pressganey.com

Press Ganey gives acknowledgment and thanks to the following individuals who contributed to this report:
Mary Boustani, Managing Consultant
Drew Chuppe, Marketing Segment Manager
Bradley Fulton, Researcher
Deanna Garcia, Research Analyst
Dennis Kaldenberg, Senior Vice President, Chief Scientist
Cathi Kennedy, Corporate Communications Editor
Jessica Langager, Manager, Custom Research
Donald Malott, Manager, Research and Development
Kristopher Morgan, Researcher
Deirdre Mylod, Vice President, Hospital Services
Lorren Pettit, Managing Consultant
Kathleen Riley, Graphic Designer
Julie Samuelson, Principal Consultant
Todd Sloane, Senior Writer