Understanding Moments of Truth

The Key Link to Improve Patient Satisfaction

The goal of any patient survey instrument must be to help improve the quality of the patient's experience of care. But what is quality as perceived by patients?

Is quality the clinical ability of a nurse to administer an IV? Or is it communicating with compassion about the IV - what is it - what does it do - how long will it be in place - or what will happen if it runs out?

Is quality administering the right pain medication? Or is it communicating with compassion about pain management - what is pain - what dose - what to expect - what potential side effects - or when to finish?

The answer is that patients expect that their care providers know what they are doing clinically. The patient makes a judgement combining both perceptions of clinical skill, communication and most importantly emotional interaction.

How to improve patient satisfaction?

There are many tactics and strategies that improve patient satisfaction. This article provides advice on getting the groundwork covered first: understanding the patient's most important points of interaction: Their "Moments of Truth”

It provides an example of an Inpatient experience, and maps the key moments of truth as a patient makes the journey through a complex health care system.

More importantly, it profiles the patient expectations and requirements at each moment of truth.

The first step to improving patient satisfaction is to ensure that our staff deliver excellent clinical care - but also behave in a manner that provides emotive care - together making the moments of truth flawless in the eyes of the patient.
Recently, there’s been some talk about the supposed difference between surveys that measure the “experience of care” versus surveys that measure “patient satisfaction.” Those who espouse the “experience of care” survey claim that an “experience of care” survey asks patients to objectively report on actual events during their hospital stay. Thus, they claim this survey reveals what “really” happened. In contrast, a “patient satisfaction” survey asks patients to subjectively rate their care. “Rating” involves perception and evaluation.

In reality, all patients experience care. What we’re dealing with here is a rhetorical distinction with significant implications. We’re examining the difference between surveys that narrowly define and measure only the “experience of care,” and surveys that measure “patient satisfaction with the experience of care”. The two are constructed quite differently and examine care very differently. An “experience of care” survey typically asks patients to report very specifically on the occurrence of events, or the frequency of occurrence, or the timing of an event.

- Did something happen?
- Did the staff do XYZ?
- How often did doctors, nurses or other hospital staff do XYZ?

Here, the patients are asked to recall if a process occurred or the frequency of an action. It is assumed that patients have clear and accurate recollections of this, days, weeks or months after discharge.

More important than what’s being asked, is what isn’t. Patients are not being asked how well staff interacted or behaved with them.

Survey research literature is overwhelmingly critical of so-called “frequency of occurrence” surveys that are characteristic of “experience of care” instruments.

A key limitation of frequency scaling is that it lacks a subjective evaluative component, which is the essence of satisfaction ratings.

**Indicating how often something occurred is not the same as saying how it is perceived.**

The relationship between patient satisfaction and the frequency of a performed service is not always linear. What seems like immediate care to one patient seems like an eternity to another.

Common sense and our own personal experience and research over 25 years tell us that quality of care involves far more than speed and frequency of an action. The content of the action is important. The mode of delivery is important. Information delivered about the care is important. Information given to the patient about the care must be appropriate. The empathy and explanations that accompany care must be appropriate.

Even staff discussions with family members must be appropriate, as communication can subtly affect the family’s interaction and their subsequent tolerance.

All of these elements contribute to the patient’s experience of care. The experience of care is not a multitude of distinct or isolated events that can be clocked and then recalled with accuracy some time after discharge. The experience of care necessarily includes a host of factors that are sensed by the patient and that surround delivery of each element of care.
A survey that measures patient satisfaction with the experience of care recognises that care and its impact on the patient is complex. It affirms that the experience of care is always perceived, interpreted and evaluated in a personal and subjective manner.

For example, if a patient feels dissatisfied with pain control, it doesn't matter whether it "really" was handled speedily or according to the hospital’s established protocol. It means that the patient feels pain control was inadequate. Period.

The real experience of care is always personal and always subjective. Pretending that the patient’s experience of care can be objectively reported distracts attention away from the root causes of care problems - behaviour.

Satisfaction surveys recognise the subjective nature of the experience of care. Satisfaction surveys recognise, with realism and common sense, that the subjective evaluation of the hospital experience is all that’s available from the patient.

The “experience of care” survey purports to capture what “really” happens with respect to specific aspects of the official care protocol. Such an approach is facility-centred, not patient-centred.

The “real” experience of care is always in the eye of the patient and is subjectively sensed and evaluated. As such, any measure of the care experience must accommodate its broad and subjective nature.

The first step to improving patient satisfaction is to ensure that our staff deliver excellent clinical care – but also behave in a manner that provides emotive care at patient’s moments of truth.

What is a Moment of Truth?

Moments of Truth was coined by Jan Carlzon's while president and CEO of Scandinavian Airlines System (SAS). SAS experienced low profitability, negative customer feedback and poor market position. SAS was able to become a high performing, customer-oriented company, organised for change. Carlzon's strategies focused on the customer, encouraging risk-taking, delegating more authority to front-line employees, and eliminating vertical levels of hierarchy for a more horizontal organisation. He achieved this by instilling a culture that identified the key moments of truth between SAS customers and SAS employees, then ensuring that each interaction was flawless.

Carlzon's work has a universal message for health care.

Why Map Moments of Truth?

In the healthcare industry, there are a minimum of twenty or thirty moments of truth in the provision of care and service. A moment of truth is when an interaction occurs between a patient/resident or family member and the healthcare service provider that can leave a lasting, positive or negative impression on a patient.
Moments of truth in a hotel, for example, will undoubtedly include, but not be limited to, booking the room, check-in, check-out, dinner reservations, in-room dining, and response to requests.

Understanding the moments of truth that are important to a health care organisation's patients is the key to understanding what IS patient care.

Mapping Moments of Truth

Understanding good care from a patient’s viewpoint begins with mapping a generic patient’s experience and determining their moments of truth. It is insufficient, however, to only have a generic organisational view of the map. To make use of the map to improve patient care, the view of each significant patient grouping must be understood to ensure that appropriate care is given at appropriate moments. For example, the journey of an inpatient is significantly different to a patient experiencing a day surgery procedure, the experience of a mother having a child is significantly different to a person experiencing outpatient oncology treatment.

Determining each moment of truth, for each patient group, and what impacts on the patient’s perception and memory of the service is the key to providing good patient care.

In identifying the moments of truth a number of good practices can be used:

- Conducting psychometric tests on survey data identifies which issues are important to patients.
- Conducting ‘mystery shopping’ where employees assume roles of patients and/or families, without the knowledge of staff.
- Patient complaints are a source of extra material but given that only a small percentage of customers who are dissatisfied actually fill them out, they cannot be the sole source of information.
- The organisation’s employees are also a good source of information to determine the moments of truth. Employees see first hand the body language, the tone and pace of voice and the circumstances.

What impacts on each Moment of Truth?

Research by Liljander and Mattson (2002), revealed three personal factors (and the general environment) impact on perceptions of service. The personal factors are:

- The level of concern shown for the individual customer
- The level of friendliness shown towards the customer
- The level of civility shown towards the customer

Having someone wait in an emergency department can cause a negative impression. Showing genuine concern at the length of their wait and helping to make the next interaction easy in a friendly and helpful manner can reduce that negative impact to zero.

By understanding what each patient group requires at their moments of truth enables organisations to develop and execute plans to improve the perception and the memory of the interactions that are important.

Patients are then more likely to be genuinely satisfied with the care and service provided.

The following pages provide an example of an Inpatient experience, and maps the key moments of truth as a patient makes the journey through a complex health care system.

The key to patient satisfaction is to ask ourselves 'how do we perform in matching these patient expectations?' Once we have identified the gaps, we can then commence implementing improvement strategies.

By Terry Grundy, Managing Director
Press Ganey Associates - Australia and New Zealand

Edited Extracts from 'Experience of Care vs Satisfaction With Experience of Care', by Irwin Press Ph.D.
## MOMENTS OF TRUTH AND PATIENT PERCEPTIONS – INPATIENT JOURNEY

<table>
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<tr>
<th>Moment of Truth</th>
<th>What are the patient expectations, needs and behaviours?</th>
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<tbody>
<tr>
<td>Decision to admit - OPTION 1:</td>
<td></td>
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</table>
| Hearing news from GP or specialist about their medical issue and need to be admitted to hospital | High anxiety  
Question (why me)  
**What will this mean to me:**  
- my ability to live  
- ability to function  
- how will it impact on my family  
- my job  
- my income  
What will I be going through  
What are my options  
Want the family to be involved in any decisions  
Is this facility the right place to be admitted |
| Decision to admit - OPTION 2:                                                 |                                                                                                                                                                                                                                                         |
| Admitted after attending Emergency Department                                  | High anxiety  
Does my family know this is happening  
Question (why me)  
**What will this mean to me:**  
- my ability to live  
- ability to function  
- how will it impact on my family  
- my job  
- my income  
What will I be going through  
What are my options  
Want the family to be involved in any decisions |
| Asking friends and relatives and looking up the internet about their condition | Want to know about other experiences  
Want to know about the issues they will face, the possible outcomes  
Will check on the information provided by doctor or specialist (most likely use the internet) – what if it conflicts |
| Phone call to the healthcare organisation                                      | High anxiety, particularly if first time  
Want a quick answer to the call  
Want to speak to the correct person  
Want to receive call back in acceptable time (if this is required)  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to know what is going to happen  
Want to know how long it will take  
Want to know how to get there, and the parking options |
| Optional: Attending a pre-admission clinic                                     | High anxiety, particularly if first time  
Waiting for an appointment  
Finding a parking space  
Worrying about being on time |
| Preparing for going into hospital                                              | High anxiety, particularly if first time  
Finding a parking space  
Worrying about what to bring  
Worrying about being on time |
| Reading a negative healthcare news item prior to a scheduled facility visit   | Worried about the health system in general |
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| Patient/Family’s first impression of the facility    | High anxiety, particularly if first time  
Want a friendly face  
Want to be greeted with sincerity and warmth  
Want any family members to be acknowledged  
Want to be on the list for the day  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want privacy when giving information  
Want paperwork to be easy to complete  
Want to know what is going to happen next  
Want to know how long before going to the ward/unit  
Want to know how to get their ward/unit  
Want to know when family and visiting times are  
Want to be assured that any special needs (eg: cultural or religious needs) will be met  
Want to know if they will be escorted |
| Patient/Family’s waiting to be admitted              | Want to be comfortable  
Concerned about general pleasantness of the area  
Concerned about other people in the area, (eg children)  
Concerned there is enough seats for family  
If wait will be long – want to know where to get refreshments  
If wait will be longer than expected – worried about family’s parking  
Want to be informed about any delays  
Concerned about cleanliness of the area and toilets  
Concerned about people in area who are coughing |
| Escort to the ward/unit                               | High anxiety, particularly if first time  
Want family acknowledged  
Want friendliness and courtesy  
Want to be put at ease as the journey begins  
Watch surroundings for cleanliness  
Watch other staff and patients as they walk by  
Listen to all noises  
Want to be confident in the skill of the team |
| Arrival at the ward  
First interaction with ward staff, particularly nurses | High anxiety, particularly if first time  
Want to be greeted with sincerity and warmth  
Want any family members to also be acknowledged  
Want to be expected  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to know what is going to happen  
Want to be assured that all staff (doctors, nurses, other clinical staff and all admin staff) work as a team |
| Impressions of the room/bed                          | Concerned about who else is in the room (other patients)  
Concerned about cleanliness of the room and clean toilets  
Concerned there is enough comfortable seats for family  
Concerned about privacy (modesty) when changing  
Want to be assured all things work (call button, TV)  
Want to be able to reach everything  
Want to know where to put personal belongings  
Notices distance to the toilet  
Want to be sure personal valuables are safe  
Want noise levels to be kept to a minimum  
Looks at all the machines, cords and wires |
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| **Initial interaction with nurses** | Want a friendly face  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to know what is going to happen  
Want to know how soon before a doctor will see them  
Want to feel OK that they can ask for help whenever needed  
Want to know how often they will see the nurse  
Want to know when meals come  
Want to know if they will receive help with toileting, if needed  
Want to know if any tests are done and why and when  
Want to know how they should behave, what are their responsibilities, what rights do they have as patients  
Want to know, if a problem and concern, how to voice this  
Expect that any issues will be addressed quickly  
Want to be assured that any special needs (eg: cultural or religious needs) are being met  
Want to know when family or friends can visit  
Want to be confident that all staff (doctors, nurses, other clinical staff and all admin staff) work as a team  
Want to be reassured that this is the best place for their care  
*(all of the above may not be verbalised)* |
| **Interaction with doctors** | High anxiety, particularly if first time, or do not know the doctor  
Want a friendly face  
Want to be greeted with sincerity and warmth  
Want any family members to also be acknowledged  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want privacy when discussing their history  
Want to know what is going to happen  
Want the doctor to spend appropriate time with them  
Want to be confident that all staff (doctors, nurses, other clinical staff and all admin staff) work as a team  
Want to know how soon before they will go home  
Want to know about any medications  
Want to know how any pain will be controlled  
*(all of the above may not be verbalised)* |
| **Interaction with other clinical staff** | Basically the same as above |
| **Ongoing interactions with clinical staff (nurses and doctors)** | Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to know where they are in their care plan  
Want to know what is going to happen next  
Want any pain well managed  
Want medications to be what was ordered and on time  
Want to feel OK that they can ask for help whenever needed  
Want to know how often they will see the nurse, doctor  
Want to know what any tests are done – why and when  
Want an update on how soon before they will go home  
Want to be assured that special needs (eg: cultural or religious) are met  
Want to know when the nurse or doctor will be back |
| **Interaction with housekeepers** | Want a friendly face  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to be asked permission for the room to be cleaned  
Want to know how long it will take  
Want the cleaning to be done well  
Want to feel OK that they can ask for help whenever needed |
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| Interaction with food and food service  | Want a friendly face  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want the food to arrive at the expected time  
Want to be asked permission to deliver the food  
Concerned about infection and hygiene  
Want to know how long before tray will be taken away  
Want to enjoy the food  
Want to feel they have had enough food  
Want hot food to be hot and cold food to be cold  
Want tea or coffee to be hot  
Want to know if some food can be saved for later  
Want to know that any dietary needs have been met  
If placed on a special diet, want to know why, how long and what to expect |
| Preparing for any test or treatment     | High anxiety, particularly if first time  
Want to understand the reason for the test  
Want to know when test will happen  
Want to understand what will happen, what to expect  
Want to know if being escorted or need to make own way  
Matching expectation of time with their perceived wait  
Want to be informed about any delays |
| Administering of test, treatment or    | All of the above +  
Want privacy if needing to change  
Concerned about the noise of any machines  
Watches the skill of person doing the test  
Anticipating news while being examined  
Concerned about infection and hygiene  
Want to be comfortable and put at ease  
Want to know about the equipment used  
Want to know what is happening throughout the test  
Want to know when results will be available and to their doctor  
Want to know - if results cannot be shared now – why not |
| medications                              |                                                                                                                                                                                                                                                        |
| Dealings with family and visitors       | Want family/visitors to be treated with dignity and respect  
Want family/visitors to feel OK that they can ask for help whenever needed  
Want family/visitors to know how to contact them  
Want family/visitors to know how to get to their room  
Want family/visitors to be comfortable when visiting  
Want family/visitors to know if able to use room toilet |
| Leaving the facility                    | Want their health to have improved as much as expected  
Wants to feel confident that not leaving too early  
Expects to just pack up and go when told by doctor, (often forgets about medications coming from pharmacy)  
Matches time from doctor (can go home) to actual time leaving the room  
Want the arrangements for next phase of care to be clear  
Want to know about any medications  
Want to know how to care for themselves at home  
Want written instructions about care at home  
Want to know of any home care organisations  
Want to know who to call on if needed  
Want the family to be involved in any decisions  
Want the family to know their role in home care  
Want to know when to see their doctor as a follow up  
Want thank-you  
Want to feel they have had a great experience with the care and want to be able to recommend to family and friends  
Expect a phone call from the facility to check on them |