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The Satisfaction Snapshot features:
- relevant articles from healthcare industry experts
- case study success stories
- tips and tools for quality improvement
- patient satisfaction and other industry research findings
- articles with ideas to help achieve success in your role

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Understanding Moments of Truth

The Key Link to Improve Resident Satisfaction

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

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

How to improve resident satisfaction?

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

It provides the residential aged care experience, and maps the key moments of truth as residents make the journey through a complex aged care system.

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

The first step to improving resident 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 resident/family.
Recently, there’s been some talk about the supposed difference between surveys that measure the “experience of care” versus surveys that measure “resident satisfaction.” Those who espouse the “experience of care” survey claim that an “experience of care” survey asks residents to objectively report on actual events during their care and stay. Thus, they claim this survey reveals what “really” happened. In contrast, a “resident satisfaction” survey asks residents to subjectively rate their care. “Rating” involves perception and evaluation.

In reality, all residents 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 “resident satisfaction with the experience of care”. The two are constructed quite differently and examine care very differently. An “experience of care” survey typically asks residents 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 nurses, aides or other facility staff do XYZ?

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

More important than what’s being asked, is what isn’t. Residents 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 resident satisfaction and the frequency of a performed service is not always linear. What seems like immediate care to one resident 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 resident 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 resident’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 interaction. The experience of care necessarily includes a host of factors that are sensed by the resident and that surround delivery of each element of care.
A survey that measures resident satisfaction with the experience of care recognises that care and its impact on the resident 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 resident feels dissatisfied with pain control, it doesn't matter whether it “really” was handled speedily or according to the facility’s established protocol. It means that the resident feels pain control was inadequate. Period.

The real experience of care is always personal and always subjective. Pretending that the resident’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 aged care experience is all that’s available from the resident.

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 resident-centred.

The “real” experience of care is always in the eye of the resident 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 resident satisfaction is to ensure that our staff deliver excellent clinical care – but also behave in a manner that provides emotive care at our resident’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 resident or their family member and the aged care service provider that can leave a lasting, positive or negative impression on a resident.
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 an aged care organisation's residents is the key to understanding what IS resident care.

**Mapping Moments of Truth**

Understanding good care from a resident's viewpoint begins with mapping a generic resident'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 resident care, the view of each significant resident grouping must be understood to ensure that appropriate care is given at appropriate moments. For example, the journey of a high care resident is significantly different to residents experiencing low care, the service experienced by people in retirement living significantly differs to a person experiencing care or services in a high care environment.

Determining each moment of truth, for each resident group, and what impacts on the resident's perception and memory of the service is the key to providing good resident 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 residents.
- Conducting ‘mystery shopping’ where employees shadow roles of resident and/or families, without the knowledge of staff.
- Resident 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 resident 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.

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

The following pages provide a profile of the aged care experience, and maps the moments of truth as a resident makes the journey through a complex aged care system.

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*The key to resident satisfaction is to ask ourselves 'how do we perform in matching these resident 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.*
# Aged Care Moments of Truth

<table>
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<th>Moment of Truth</th>
<th>What are the residents’ and family expectations, needs and behaviours? What will they experience?</th>
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| Determining a need to go to a residential aged care facility                                                                   | High anxiety – fundamental change to lifestyle  
Questioning:  *What will this mean to me:*  
- my ability to live and function  
- how will it impact on my social life  
- how will it impact on my ability to do the activities I have always done  
- how will it impact on my family and friends  
What are my options  
Want the family to be involved in any decisions |                                                                                                                                                                                                 |
| Preparing for going to a residential aged care facility                                                                         | Anxious about leaving home, possessions and memories  
Anxious about getting to the facility, where is it, how to get there – is this a good location  
Worrying about what to bring |                                                                                                                                                                                                 |
| Reading a negative aged care news item prior to going to a residential aged care facility                                       | Worried about the health system in general  
High anxiety, particularly if not understanding all issues |                                                                                                                                                                                                 |
| Resident/Family’s first impression of the residential aged care facility                                                       | Want to feel in a safe environment  
Want a clean and sterile (and uncluttered) environment  
Want a homely environment  
Want décor to be pleasant  
Want lounge areas to be comfortable  
Want furniture and amenities to be modern  
Concerned about illnesses of other people in the facility  
Anxious about noises, alarms, other residents, vehicles  
Want to be proud of the facility in which they have decided to live and want friends and family to like choice as well |                                                                                                                                                                                                 |
| Resident/Family’s first interactions with facility administration staff                                                        | Want a friendly face when approaching staff  
Want any family members to be acknowledged  
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 be assured that any special needs (e.g.: cultural or religious needs) will be met  
Want fees and charges to be clearly explained and how payments will be coordinated  
Want to know what the fees cover  
Want to feel they are getting value for money  
Want to know who to talk to on an ongoing basis – where to go |                                                                                                                                                                                                 |
### AGED CARE MOMENTS OF TRUTH

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| Resident/Family's first impression of the resident’s accommodation | Residents want an environment that is calm, peaceful, pleasant and cheerful. The first impression can evoke cognitive, emotional, and physiological responses.  
Want the room to be not only clean but also sanitary  
Want all room amenities to function correctly: beds, lights, bathroom, television and other amenities.  
Want support in the operation for any items  
Want ease of access within the room and to other locations within the facility  
Want adequate living space and appropriate locations for placement of important items.  
Want storage space for personal belongings  
Want to feel that their family will like the environment for visits  
Want quality linen, elements include: texture, presentation, colour, selection, etc. Residents will judge these attributes against the standards they have come to expect in everyday life (e.g. home, hotels, etc.).  
Want the temperature in their room and other areas, such as the reception areas, visitor’s rooms, to be comfortable. A person's “comfort range” is highly individual. Each resident will have a relatively narrow range of physical temperatures in which he or she is most comfortable.  
Want noise to be kept to a minimum. Due to the diminished hearing of residents, the stress of noise and not being able to discern what the noise is or where it is coming from can be a source of anxiety. External noise from construction, traffic, deliveries, sirens, etc. should be considered as part of the residents’ total sound environment.  
Want to live in a facility that has attractive outside grounds.  
Want internet access, if capable |
| Interactions with nurses | Want a welcoming and friendly face  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to be involved in decisions about their care  
Want nurses to allow input and suggestions  
Want to know what is going to happen  
Want to feel OK that they can ask for help whenever needed  
Want to know when they will be checked  
Want to be assured that any special needs (e.g.: cultural or religious needs) are being met  
Want to know when family or friends can be with them  
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 living and care  
Want to know, if a problem or concern exists, how to voice this and expect that any issues will be addressed quickly  
Want to know how they should behave, what are their responsibilities, what rights do they have as residents |
# AGED CARE MOMENTS OF TRUTH

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| Interaction with doctors | High anxiety, particularly if not their own doctor  
Want a friendly face  
Want to be treated with dignity and respect  
Want to be treated with courtesy and compassion  
Want to be included in the decisions about the care/treatment  
Want to be assured of the knowledge and skill of the doctor  
Want privacy when discussing their history  
Want to know what is going to happen  
Want to know what any tests are to be done – why and when  
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 go to the next phase of care, (e.g. test)  
Want to know about any medications  
Want to know how any pain will be controlled  
Want the outcome of treatment to be as expected, or if not, want to understand the implications of current health status  
Want to know when the doctor will be back | |
| Interaction with allied health or other clinical care providers | Most of above in relation to interactions PLUS  
Want to know the type of care/treatment to be provided  
Want to know why the type of care/treatment is recommended  
Want to know what the possible outcomes will be  
Expect outcomes to be good | |
| Resident/Family’s interactions and experience with the food and dining areas | Residents want quality food (e.g. flavour, variety, meal size)” served to them regardless of whether it is delivered in their room or in the dining room/areas.  
Want food that looks appetising, has taste, texture, aroma  
Want hot foods hot and cold foods cold (tea/coffee must be hot)  
Want assistance at meals if required  
Want the dining room/areas to be clean  
Want food to meet any special diets.  
If placed on a special diet, residents may not expect that the food may have less taste.  
Want food staff to be courteous and friendly  
Want food staff to be respectful and patient | |
## AGED CARE MOMENTS OF TRUTH

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| Resident/Family’s involvement in activities | Want a selection of recreational, educational and religious activities available. Residents have come from an environment (home) where they have participated in various activities and want to continue these in some way.  
Want activities that bring a sense of fun to the facility.  
Want activities that are helpful to their well-being. Some may find activities overwhelming and daunting, while others find them unnecessary or even condescending.  
Want to feel they have spent the appropriate amount of time doing activities. Some residents may prefer to do a minimal amount of activities, while others prefer constant activity.  
Residents want their ideas and suggestions for activities to be considered, respected and/or honored by the staff. | |
| Interactions with family and friends   | Want visitors to be treated with courtesy and respect  
Want visiting time with family and friends to be adequate.  
Want staff to respect privacy and confidentiality when dealing with family and visitors. When residents have visitors during their stay, certain information about the resident may be blatantly obvious. However, visitors may not be aware of many details relating to the residents and their health. Residents may be sensitive to any information being given out - even things that seem insignificant can offend residents if shared. | |
| Impressions of ongoing upkeep and maintenance | Want everything to work and if something breaks down, want it fixed quickly and effectively.  
Want to have friendly grounds staff and be treated with respect by the staff or maintenance contractors, both in handling any request on the phone or when on site. | |
| Dealings with management               | Want to be confident that their rights are being maintained  
Want to know the processes they can follow in raising a concern or making a complaint regarding their living environment. And that the management will do something to handle their disquiet.  
Want management to be both proactive and responsive. To meet needs.  
Want to feel that they are given opportunities to be involved in facility-wide decision making. Because residents lose much of their autonomy upon entering the facility, the restoration of as much decision making to the resident is an important goal.  
Regardless of whether the complex has on or off-site management, residents often need to make contact for a variety of reasons:  
- A maintenance issue for their room/unit  
- To query an account  
- To lodge a complaint  
- To suggest an improvement  
Being receptive includes active listening by management, (over the phone or by returning emails) and giving appropriate and timely follow-up. |