Research and experience has shown time and again: sharing results of customer satisfaction surveys will help you get the results you want. Regularly providing information about customer satisfaction in a consistent manner will keep staff informed and connected to the process. The April Satisfaction Snapshot provides a guide to help you focus on sharing patient/resident satisfaction information within your healthcare organisation. The same strategies and tactics can be applied to the communication of any performance improvement data—including quality data, employee satisfaction, doctor satisfaction, and anything where results depend upon the behaviours of the audience.

This guide is designed to help you with the basics of information sharing: identifying which staff should receive results and how often, deciding what types of results to share, and forming the best ways to share survey results with your staff.

The information also includes edited discussions from Press Ganey’s client forum on the topic of communicating with staff about patient satisfaction along with several resources to assist in leadership and communication efforts.

**Communicating with Staff about Patient Satisfaction and Customer Service**

Whether you are a 600-bed or a 50-bed hospital, whether you treat 20 patients per week or 200, whether you serve 10 customers a day or hundreds, customer service is not the responsibility of one person or even one department. For these reasons, a variety of ideas are presented—not to overwhelm you, but to help you realise that you know what will work best for your organisation in light of your size, culture, staffing, and resources.

The Satisfaction Snapshot is a monthly electronic bulletin freely available to all those involved or interested in improving the patient/client experience. Each month the Snapshot showcases issues and ideas which relate to improving patient satisfaction and customer service, improving workplace culture and improving the way we go about our work in the healthcare industry.

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

If you would like your colleagues to receive the Satisfaction Snapshot please send us their names and email addresses. The Satisfaction Snapshot is published by Press Ganey Associates Pty Ltd. All material is copyright protected. Quotation is permitted with attribution. Subscribers are permitted and encouraged to distribute copies within their organisations.

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Who should be involved and how often?

Who should know about customer satisfaction? Everyone! Everyone at your facility contributes to patient/resident satisfaction. It’s not just receptionists, nurses, aides, doctors, technicians, and other clinical staff who affect customer satisfaction; everyone has the potential to make an impact:

• The information technology (IT) department member observed fixing a computer;
• The food services staff member who delivers or picks up a tray;
• Anyone who answers a phone call;
• The environmental services personnel who clean patient/resident rooms, offices, and reception areas, mow the grass, collect rubbish, or wash windows;
• Anyone who walks around the facility and can be identified as a member of the organisation;
• Anyone who aids in the ability of frontline staff to do their job effectively;
• Doctor and nurses who provide clinical care must incorporate competent care, courtesy and compassion.

Step 1: Introduce the reasons behind surveying

An effective introduction to the survey and survey process is an explanation of why you are surveying your customers. Telling your staff why this is important will help them to buy into the process and give credibility to the decision to measure customer satisfaction. Building trust and helping to relieve anxiety and the “fear of the unknown” will overcome potential obstacles to getting your staff interested in improving customer satisfaction. If they are well informed about the “how” and “why,” they will feel more comfortable and confident, ready to use the data to improve! Here are some reasons why facilities survey:

• Increasing patient satisfaction leads to improved clinical outcome;
• Increasing patient satisfaction leads to improved efficiency, ability to handle increased volumes;
• Increasing patient satisfaction leads to improved financial performance.
• Surveying offers a way to reward and recognise top performers (units, departments, service areas, and individuals).
• Satisfied customers are your best marketing tools—they will spread positive word-of-mouth about their experience.
• Surveying offers benchmarking opportunities—benchmarking allows you to see how you’re performing compared to others. If you want to improve, you need to measure to see if you have actually improved.

Step 2: Present the survey

Before you start sharing customer satisfaction scores, make sure staff know where these results are coming from. A good tip is to say - “we're not measuring patient satisfaction, we're measuring service quality as perceived by our patients”.

If staff are going to be held accountable for the results, they should be fully aware of the survey—the questions and format. A great way to get staff involved and familiar with the survey is to print sample copies of the survey and have them fill it out.

Step 3: Explain the survey process

After staff become familiar with the questions on the survey, it’s important for them to understand how the surveys are distributed and returned, and the timelines involved. Explain the process and offer the opportunity to ask questions. Follow up on the questions you can’t answer immediately.

Step 4: Keep everyone informed

Once your staff are comfortable with the survey and understand what goes into the process of sending and receiving it, you are ready to start imparting data to them. Before sharing your data, however, think about the unit or department’s culture and how your message might be received.
Do past experiences indicate that staff will be fearful and obsessive? Or will staff be petulant, combative and unsupportive? By taking the time to think about the environment in which your performance data communication will be consumed, you can tailor your strategies to fit the particular needs of small groups. For staff to become engaged in customer satisfaction, there must be a culture that supports them. An organisation’s “culture” is an essential component of both customer and employee satisfaction.

To communicate effectively and create a culture of customer service excellence, you need to do more than post scores and ask staff to raise them. You need an environment that allows for communication exchanges and relationship building, rather than announcements and undefined goals and expectations. Many of the most successful healthcare organisations are those that focus on improvement of service through behaviours, rather than through scores. Organisational culture is a topic that can easily warrant a book on its own, and will not be covered at length in this guide.

Step 5: Share the results

One of the most difficult obstacles you’ll face when involving staff in your satisfaction measurement is their unwillingness to become involved. Much of this resistance stems from a lack of understanding of the data, a general feeling that data is “boring,” or a tendency to present results only when the scores are suboptimal—in effect, a tendency to “beat people over the head” with the data. How do you combat this feeling? Make the data real for your staff. Go beyond the numbers to make the data interesting. Data is more than just numbers. While mean scores and percentile ranks are an important and necessary part of satisfaction measurement, they can be made more interesting with relative ease.

The basics of the data

Many facilities post their reports with benchmarking information quarterly, annually, or semiannually to their Intranet or through other shared networks. Other facilities use e-mails with quick summaries or attachments containing a larger amount of data. While it’s important to have the information available, think about your staff’s time and level of understanding. Each unit or department can display dashboard data from Press Ganey’s infoEDGE system.

What are the best methods for sharing information?

Sharing information with both your staff and your customers can be a great way to bolster efforts to continue down the path to success. The method you choose to share information can be just as important as the information you share. Successful organisations have found that using different methods in conjunction with each other has the greatest effect. Different people take in information and save it differently, and having different methods for presenting data can help you to reach the most people.

The first thing to consider when thinking of methods of distribution are the people who will be delivering the information. Having the CEO of your organisation present information sends a very different message to your staff than having a unit manager present it. Successful organisations have found that using different people to deliver different types of data can help to show a unified front to staff—and send the message that the entire organisation is involved in, and sees the importance of, customer satisfaction.

Here are some examples of ways to share patient satisfaction data:

- **Newsletters**—Employee newsletters are one great way to recognise exceptional efforts, as well as a wonderful forum for disseminating information.
- **Web site/Intranet**—If your organisation has a web site or Intranet, this is another way to publicly recognise staff efforts.

**Formal presentations**

On top of all of the other methods you use to disseminate the information to your staff, you will most likely also make a formal presentation. You may even make several presentations—one for your frontline staff, one for your managers, and one for your executive team. When preparing your presentations, remember some of the things that we have already discussed:

- Keep your presentation focused. Look at the questions and sections that make up your improvement efforts, and omit the other numbers.
- Make the presentation interesting by including comments as well as the data points.
- Reward and recognise units and people that have contributed to the improvement of the entire group, especially when they are mentioned by name by the patients/residents.
- Include solutions as well as data.

There are a few other things to keep in mind when presenting at a formal meeting. The first is to keep it short and simple. Too much data for too long can lead to information overload, which can result in disinterest. To liven up your presentation, include some inspirational stories, especially those from your facility; use pictures and quotes to bring home your message.
The Press Ganey Client Forum is the world’s largest resource for networking between quality improvement professionals, (over 15,500 registered users). The following information provides edited client forum discussions on the topic of communicating with staff about patient satisfaction along with several resources to assist in leadership and communication efforts. It includes tips that can be used to develop the best strategy for your specific culture and based on staff’s previous experience with the topic of patient satisfaction.

Some challenges/solutions I’ve experienced when educating employees about patient satisfaction:

1. We’re not measuring patient satisfaction, we’re measuring service quality as perceived by patients. Big difference. With the former, many employees think “charm school” or that only those with direct patient contact have a role to play. With the latter, it’s everyone’s job, since everyone at the hospital provides some kind of service that ultimately traces back to the patient.

2. Mean ratings or percentile rankings? Use one or the other as your goal, but make sure employees understand both. Our biggest initial challenge was convincing employees that an 11th percentile ranking doesn’t mean patients are saying you’re doing a poor job.

3. “That’s not statistically valid.” Boy, nothing presses my buttons more than hearing someone say that. Every survey tells a story about your hospital and your employees. Whether it’s one survey or one thousand doesn’t make the story any more or less valid. Here’s a general statistical rule of thumb you can follow: Once you get to the level of at least 30 surveys, you can identify trends with some degree of certainty. In other words, those trends are going to be there whether you have 30 surveys or 3,000 surveys. Maybe the scores will be different, but the same trends will be there. In any event, be prepared to deal with the “not statistically valid” push-back from employees (and management and doctors).

4. Keep it simple. Don’t throw too much at them. It’s important to let them know that all patient satisfaction is open to them, but it’s not important that they know every single bit of it (such as standard deviation, t-test results, how means are calculated, the difference between the national database and the bedsize database, etc.). We find that our employees most often want to know what their percentile ranking is, how that compares to prior periods, and how it compares to other units in the hospital (oh, yes, competition between units is a good thing).

5. Patient satisfaction is not just a number. Personalise the data. Print and share a sampling of actual surveys. An extremely useful exercise is to print five of your surveys with “good” comments, and five surveys with “bad” comments.

6. During your next employee or leader meeting, pick 10 people and give them each one of the surveys. Ask them to read aloud the comments, alternating between good and bad. I’ve done this three or four times with various groups, and it’s never failed to make a huge impact on employees and how they view the importance of service quality as perceived by patients (do this at an executive team meeting -- watch the impact).

We are planning a kick off event as part of introducing our patient satisfaction initiative “Touching Lives” to the entire staff. We will have a 6 hour open house/drop in type event, titled “Passport to Patient Satisfaction”. There will be 5 interactive learning stations; each station/table will be decorated in a theme from a foreign country. Our tables will include:

- Hospital goal for patient satisfaction and service standards, which have been developed as a contract for employees to sign;
- Service Recovery Program;
- Patient satisfaction survey results and what do they mean;
- Nutrition services will share their recent changes to improve patient satisfaction; and
- HR department will have a table about the recent Employee Satisfaction Results and action plans being formulated to improve employee satisfaction.

Each of these tables will have interactive learning projects and treats for completion (eg, write a thank you note to a coworker and receive a small gift, chocolate or jeopardy like games). As the employees “travel” to the 5 different “ports of call” they will get their “passport” stamped which wins them a trip to our “Dessert Island”. Those with completed passports will also be entered into a drawing for dinners for 2 at local restaurants that match our countries being showcased (eg, Mexican, Italian).*

Given that there were a significant number of new employees, we needed to explain the survey process and reading the scores before we could start talking about the scores. The first several slides were about how the process works. We talked about IT data transmission to the survey company. We then talked about the development and validation of the survey, sending out the survey, receiving survey, and data entry.
The difficult discussion then comes when we talked about percentile scoring and why this is important. We talked about how a small improvement will result in huge differences in ranking, for example in a marathon if you are close to the middle of the pack. We then put up images from our quarterly survey report. We also handed out two pages of all the questions, our scores, and the means of the databases we are compared to. Talk about the differences between bottom 10 percentile hospitals and top 10 percentile hospitals.

We then talked about our current situation. We showed the scores from the most recent report, what was good, and what needed improvement.

We showed positive and negative comments from returned surveys of the most recent quarter. We then handed out a few customer service awards based on demonstrated acts of service excellence by staff. We finished the meeting with a list of things to remember and fielded additional questions. Common questions from the front line people / nurses that we tend to see are ones like:

1) that's not my department; that has nothing to do with me; why should I care?

2) That's the doctor's responsibility. That's not us (in regards to our priority index question "staff effort to include you in decisions about your treatment").

During the presentation, it will be easy to cause people to be insecure and defensive. It is important to remember to emphasise that this is usually not a separator between bad and good. Instead, it is a measure between "good" and "great".

I've given a number of these informational type talks. I'd start with background on the survey company and the survey tool itself, for example:

The hospitals in our peer groups, the survey is sent via mail, randomly selected patients receive surveys one week after a visit or discharge. The typical person returns their survey within two weeks. Inpatient wise - about 50% of people return their surveys. The Inpatient survey has a number of questions broken down into 8 or 9 dimensions or subscales. After each section of the survey patients can make open ended comments about their experiences. The surveys conclude with a couple of very important questions - Overall rating, and would you recommend this facility. Patients can leave a name and number if they so desire. If they do, we have an opportunity to call about their visits, particularly if service recovery is needed. Laminate a survey or two and have them with you at meetings etc...

Then, you've got to educate people on your reports, scores and where you stand vs. comparison databases. The report will show a mean score and a percentile rank. Some simple maths will give you an idea of how many facilities are ahead of you and how many are behind you.

Pay special attention to the recommended priorities for attention - things you may not be doing that well on and are highly correlated to overall satisfaction. Whatever your scores or percentile rank show, don't come down hard on the employees. Typically, hospitals do health care well. In these cases it's just that many others are doing it better.

You'll need to report your scores to the employees if you can. Group Email, facility newsletters and cafeteria postings work well. Keep it simple. Line graphs work well, showing progress or lack there of along the way. Monthly should be fine. Don't forget your positive comments. People love reading these.

Set some goals. Don't get carried away here. Progress can be slow. Then set out on giving team members improvement ideas and suggestions. There is a wealth of information and tips to improve, particularly from Press Ganey's Solution Starters - these all work well. Celebrate successes. People do want to do better and love good news on this stuff. I'm a hero when things are going well. But the last guy they want to see when things are stagnant.

To help our managers and staff understand the scoring process, one thing we do is distribute the actual survey to those in the room and ask them to take the survey based on how well they think we do as an organisation on the questions (or as a department, etc.) After they've completed their scoring, we then go through the averaging process -- let them know that 1's are 0, 2's are 25, 3's are 50, 4's are 75 and 5's are 100. We translate the circles into numbers and average the sections, then average the averages to come up with a raw score for their survey.

We then have them look that number up on a ranks and means list to determine the percentile ranking. We make the point that if we got 4's across the board on every survey, our mean score would be 75, which is the bottom of the percentile ranking. (We use the example of grades in classes (75 being a C, 100 being an A, and class rank to help explain this.) This was very eye opening for our managers and was an important step in going forward.
The following is a simple way on how you can use the distribution of patient responses analysis to your staff to understand how they can change their behaviour. Basically for whatever survey question you want to increase the score ask yourself some of the following questions...

- What is a 3 experience?
- What is a 4 experience?
- 5 experience?
- What changes can I make to the experience to make it a 5?
- Or what can I do to change someone from answering a 5 instead of a 4?

Using this approach it is easier for staff to understand how to make a better experience and track the % change than it is to think about how do I increase a mean score.

Print and share copies of your returned surveys, especially the ones with comments on them. We do this routinely (also with the comments from our post-discharge phone calls) with our staff. Managers tell me this really makes an impression on the staff, especially if the comment is about them. We’ve also had them read the comments aloud at staff meetings -- it has a VERY powerful effect. Also, in orientation, we give a survey question to the staff and ask them to describe the clinical purpose of that statement (e.g., “courtesy of nursing”: helps establish a rapport with the patient, making it easier for the patient to vocalise health needs, ask questions, comply with instructions, etc.).

One thing I’ve tried is to have one or two patients come back to the hospital for one of our staff meetings, and interview them about their experience.

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Hi - my facility is in its 5th year of culture change. This is not something that can be done in a hurry. You have a couple of pockets of resistance, which is normal. Perhaps you need to look at the management on those units. Have they bought into why a culture change is expected to happen. Do they know into the change that is happening around them - making it clear that the culture change is expected to happen. Do they know how to make this happen on their units? Sometimes people are uncomfortable with the new leadership style, they will either get used to it and learn - or they may actually leave.

You need to counsel, coach and give gentle criticism - not an easy task. Praise things that they are doing right. A good reference that we use is The Leadership Challenge by Kouzes and Posner that looks at the components of leadership and how those components interact when leadership is good and when it is bad. Good service and positive culture are a philosophy that underscores everything that we do and that comes from the heart. The 'job' doesn't change, it's the way we go about the job that changes.

We are also in our 5th year of culture change... and I think we finally figured out how to impact it! The big key for us began with "Standards of Behaviour." We had staff develop them, including: teamwork, sense of ownership, appearance, attitude, safety, prompt service, privacy & confidentiality, communication.

We rolled it out to all the staff and had them sign that they would comply, and all who apply for jobs have to sign it. Just having them didn't help much, though. We included it in performance appraisal meetings. This still didn't help much until we finally trained the staff in peer to peer accountability on the behavioural standards and trained the managers on truly holding people accountable - how to address the rolling eyes/folded arms/sighs etc in a way that can be included in the disciplinary process. We are finally starting to see a difference.

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We have developed service focused behavioural standards that address the following areas: attitude, acknowledgement, accountability, confidentiality, making No Excuses and 'going the extra mile.' We hardwired this into our organisation by creating a staff recognition program around these standards, made the standards part of the application, pre-hire, interview, orientation, 90 day evaluations and annual evaluations.

The standards are framed and posted throughout the organisation. Our new employee orientation was revised to include a 30 minute presentation on "How We Serve" and is presented by our Director of Patient and Guest Relations. Awards are presented quarterly to those areas that achieve the highest percentile rank, highest "Very Good" response rate as well as the greatest point increase in overall mean score. Patient satisfaction is now a standard agenda item on all meetings throughout the organisation. While we continue to go one step forward and two steps back and at times feel like we've hit a wall, the overall trend is positive. I’ll list a few of the things we have found valuable over the past five years:

1. Commit to change from the top. You're sunk if your CEO just hands the job to you and says, "make it happen." The CEO has to lead the charge, and has to commit the appropriate resources (time, money, manpower) to make it happen. That doesn't mean the CEO does everything, or handles the day-to-day stuff, but it should be at the top of his agenda every day, week and month. You'll know you're there when your executive team talks about patient/employee satisfaction as much as they talk about finances.

2. Take your time and get it right. Take the best people in your organisation and really figure out what you want your organisation to look like five years from now. Put it into tangible terms, goals and objectives. Our system developed a fairly large and complex model over the course of a year before we rolled it out to our 14,000 employees. It included a "learning institute" for employee training, action teams at the system level for developing accountabilities, standards and 'behaviours' and hospital-level teams to focus on satisfaction, communication, measurement, doctors, reward and recognition, etc.
3. Focus on employee satisfaction first. Make sure you measure it at least once a year, if possible. Build your bank of trust with your employees, but you're going to be asking them to do things that they will be very skeptical about. Concentrate on getting them the tools, equipment and skills they need to do their jobs, remove systemic barriers from their everyday routine, and make a strong and visible effort to remove low-performing employees from your organisation.

4. Frequently measure and report your progress to all employees. Good or bad. At my hospital, we report out to all employees at least once a week. People will pay attention to what's being measured.

5. Celebrate often. Management typically overestimates the recognition they provide employees, and employees frequently underestimate the recognition they receive. There's a huge gap there. When you think you've done enough to close it, think again.

6. One of the problems we had when we first started was with our action teams. We were committed to involving our employees at all levels. We had over 400 employees from our hospital apply for 90 positions spread over 10 action teams. We had huge enthusiasm the first year, but little real progress in patient satisfaction scores. The reason? Patient satisfaction became the responsibility of our 10 action teams, rather than the responsibility of all our employees. We disbanded the action teams, and made each unit responsible for developing its own action teams and incorporating whatever outside departments (pathology, housekeeping, etc.) were necessary to achieve their goals. In one year, we went from the lower quartile to the upper quartile in patient satisfaction (we won a Press Ganey Success Story Award that year), and we have had progressively higher scores in each of the past four years.

7. Start with baby steps. For instance, start with just wanting to improve satisfaction with "how well your pain was controlled." That's a nice clinical aspect to start with, rather than the gimmicky "we're here because we care for you."

Don't expect change overnight. It'll start slow, you may even stumble, but eventually it will pick up momentum.

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**Sample of leadership communication about patient satisfaction (facility newsletter item)**

The message from our Chief Executive Officer

At St. John’s Mercy Hospital, our goal as an organisation is to achieve a rating of 5 from our patients on each question within our Patient Satisfaction Survey. Achieving a 5 rating means that patients believe the care they have received is "very good.”, and will recommend our care and service. I want you to understand why this goal is imperative to our success as an organisation. Patients have five response options when they complete a patient satisfaction survey:

- 1 or “Very Poor”
- 2 or “Poor”
- 3 or “Fair”
- 4 or “Good”
- 5 or “Very Good”

When we dissect each of these responses, we can further understand the meaning behind the rating.

5: Very Good

*What it really means:*

- The patient will return to St. John’s Mercy Hospital
- The patient will speak favourably of our hospital and the care received
- Patients will have received “WOW” service
- Patients will have returned home believing we have provided exceptional care
- Co-workers will be living out Mercy Values of Service and Excellence
- St. John’s Mercy will experience an improvement in efficiency, retention and financial outcomes

4: Good

*What it really means:*

- The patient might return to St. John’s Mercy Hospital
- The patient might talk favourably about St. John’s Mercy if asked

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In my role with PG, I am fortunate to visit many healthcare facilities. The overwhelming majority of people I encounter are believers in patient satisfaction. However, from time to time, there are some staff in their organisations who need a little more convincing. So, I would like to offer some rebuttals to common objections given by disbelievers with the hope that my tips will serve as a guide for anyone who is trying to defend the virtues of patient satisfaction.

Something I often hear is, “we don’t have time for patient satisfaction.” Hospital employees are certainly busy people. Sometimes improving patient experiences does take a little more time. Often, though, and the evidence proves, hospitals become more efficient when they improve patient satisfaction. We find that hospital staff time becomes more effective and efficient when satisfaction increases. Don’t think of satisfaction as something in addition to the norm. I sometimes give the analogy that if patient satisfaction is viewed as, “icing on the cake,” it’s the first thing to go when things get busy. So, think of patient satisfaction not as icing on the cake, but a part of the way things are always done. Measures to improve satisfaction will actually be time savers in the big picture.

Sometimes, the objection is that survey data is invalid or unreliable. It’s very important to use satisfaction data in appropriate ways. Having some perspective and understanding of the data is necessary to use it effectively. While it is true many surveys in the public domain cannot prove that they have been psychometrically tested for reliability and validity, that is not the case for Press Ganey surveys.

Unfortunately, data can be misused as well. Make sure that decisions are based on sufficient sample sizes. I’ve sometimes heard that only dissatisfied patients or extremely satisfied patients are the only ones who complete surveys. A simple review of the distribution of patient responses can quickly debunk that myth. The other tip I would offer is that, when numbers aren’t getting the points across, use patient comments. Patient comments are insightful because of the details patients offer as to what they like and dislike.

Every now and then, someone will tell me that patients are already satisfied, and there is no point in efforts to further improve satisfaction. In many cases, it is true that patients are generally satisfied. Press Ganey databases show that most patients are not dissatisfied. Don’t forget, satisfaction means that a positive expectation was generally met, it does not mean that the patient will be loyal and recommend your care. In order to realise the full benefits and return on investment, the key difference is between generally satisfied and very satisfied, or what we call the difference between ‘good and great’.

When we talk about improving patient experiences, seldom are we trying to fix something that is “broken,” we’re trying to make improvements that take patient experiences from average to memorable. These improvements can turn patient attitudes from indifference to loyalty.

Some take this objection even further. They would have us believe that since they are saving patients’ lives, there is no need to worry about whether patients are satisfied or not. The great body of recent research clearly demonstrates that patient satisfaction and outcomes are not mutually exclusive. Providing a satisfactory experience contributes to the healing process. Likewise, patients who are more satisfied become partners, or greater shareholders, in their own care. We find that the hallmarks of patient satisfaction (such as communication and education) also contribute to clinical quality and improved outcomes. Also communicate that patients expect more from healthcare than meeting technical standards.

Would you try a restaurant if the message they advertised was that they met health code standards? Certainly not! Patients certainly appreciate the health benefits that come with high quality technical care, but they cherish the experiences and interactions that caregivers provide. I once heard an expression that, “converts are the truest believers.” Hopefully these tips will help convince some disbelievers to be firm advocates of the importance of patient satisfaction.

Resources

Leadership from the H-E-A-R-T

Success Story – Slidell Memorial Hospital, Slidell, LA

Kings’ Daughters’ Medical Center, Ashland, KY

Southern Ohio Medical Center Portsmouth, OH

Leading a Patient Centered Care Culture
http://www.pressganey.com/products_services/readings_findings/satmon/article.php?article_id=7

Jeanes Hospital, Temple University Health System, Case Study