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'QAG' a new era in Quality Improvement at Mater Private Hospital - Brisbane

With ever increasing clinical loads and diminishing workforce numbers, healthcare workers could be forgiven for viewing Quality, and all it purports to be, with some level of cynicism and indifference. Where decision making has traditionally been 'top down' in relation to quality activities and projects, a new methodology is required to re-engage frontline employees to the Quality Cycle.

It is well understood and supported by current literature that improving the quality of care an organisation provides should not be viewed as the sole responsibility of a hospital's Quality Unit, but an integral component of all employees' everyday practice. The challenge isn't in understanding this concept; the challenge lies in the development of a system that encourages, empowers and supports staff that have traditionally been excluded from the quality process. The standard of care a patient receives is dependant upon a vast number of people throughout the patients' episode of care, therefore a 'top down bottom up', all-inclusive approach to Quality Improvement is needed if an organisation's Quality Improvement Program is to be successful.

Mater Misericordiae Health Services Brisbane (The Mater) is one of the largest providers of Catholic Healthcare in Australia. The Mater consists of seven hospitals (four private, three public) and associated clinical and non-clinical support services. The organisation's mission is guided by five core values – Mercy, Dignity, Care, Commitment and Quality, which have underpinned the delivery of healthcare services for over 100 years.

Old Habits Die Hard

It was identified at Mater Private Hospital – Redland and Brisbane sites that a deficit existed in quality planning and implementation. The traditional 'top down' approach to Quality Improvement supported a system, which was more reactive to external review processes rather than a proactive response to internal and organisational need. The Mater Health Services "Care Improvement Program" (CIP) was driven by unit managers with little or no involvement from frontline staff. Care improvement initiatives were implemented on an ad-hoc basis with limited success or sustainability. A multitude of 'data' was collected regularly and discussed at management level, however it was rarely shared at unit level, thus advocating the traditional 'management' decision-making process within the organisation.

In 2003, Mater Health Services engaged Press Ganey Associates to conduct an organisation wide Employee Perspective Survey. 'Customer focus and quality' and 'participation' were highlighted as the key issues employees considered should be the organisations' highest priorities, however the results revealed that:

- Less than 10% of staff at the Brisbane and Redland sites strongly agreed that they were 'satisfied with their involvement in decision-making'.
- Greater than 40% of staff disagreed that 'members of your work group are asked for opinions before decisions are made'.

Feedback from this survey along with the 'quality' issues the Mater Privates were experiencing provided further evidence that the current process was ineffective. If there were to be any success in implementing quality initiatives that were relevant to frontline staff, and met the needs of all stakeholders, then a radical new approach was required; and so the Mater Private Hospital "Quality Action Group" or the 'QAG Methodology' emerged.

Challenging Tradition – The Pilot

The 'QAG methodology' was introduced at the Redland site in May 2004. 'Frontline' representatives were sought from all service areas. Previous experience and/or qualifications in Quality Improvement were deemed not necessary as prerequisites for group membership. The only requirement sought was the enthusiasm and drive to make a difference. One hundred percent of service areas responded with nominated representation within two weeks of the release of the 'expressions of interest', indicating that this was a change staff welcomed and endorsed.

With full support from the hospital's Executive, terms of reference were developed to support extended decision making capabilities and facilitate 'ownership' within the group and service areas.

The major goals of the Quality Action Group are:

- To establish systems to continually evaluate and improve the quality of care and services provided
- To provide leadership at all levels in the implementation and evaluation of the Mater Health Services Care Improvement Program (CIP).
- Provide a forum to present initiatives for the CIP.
- To provide the drive and coordination at the 'frontline' for the CIP
- To support staff to recognise the quality components within everyday tasks and roles.
- Link everyday quality achievements and results to The Australian Council on Healthcare Standards (ACHS) EQuIP (Accreditation) Program.

Quality Action Group meetings are chaired by the Service Improvement Manager, the only 'manager' member. Quality issues are discussed, action plans developed, and completed activities showcased all within the meeting timeframe.

Emphasis is placed on 'action' rather than 'talkfest', with no idea or suggestion being declined until complete investigation of all the issues have occurred. For the first time "the good, the bad and the ugly" is openly discussed and acted upon at the 'frontline' level.

QAG meeting agenda items include:

- Strategic Issues – arising from the organisations' Strategy Map.
- Patient/Staff/VMO satisfaction surveys.
- ACHS Clinical Indicators.
- ACHS Internal Review/ Self-Assessment.
- Care Improvement Program (CIP) – presentation of completed activities, review of current activities.
- 'In-house' clinical and non-clinical audits.
- Quality Education.

The staff commitment to this new process and the increase in the number and type of quality activities attended within the first twelve months supported the expansion of the QAG methodology to the Mater Private Brisbane site in May 2005. (See Graph below)

Engaging and Empowering the Masses

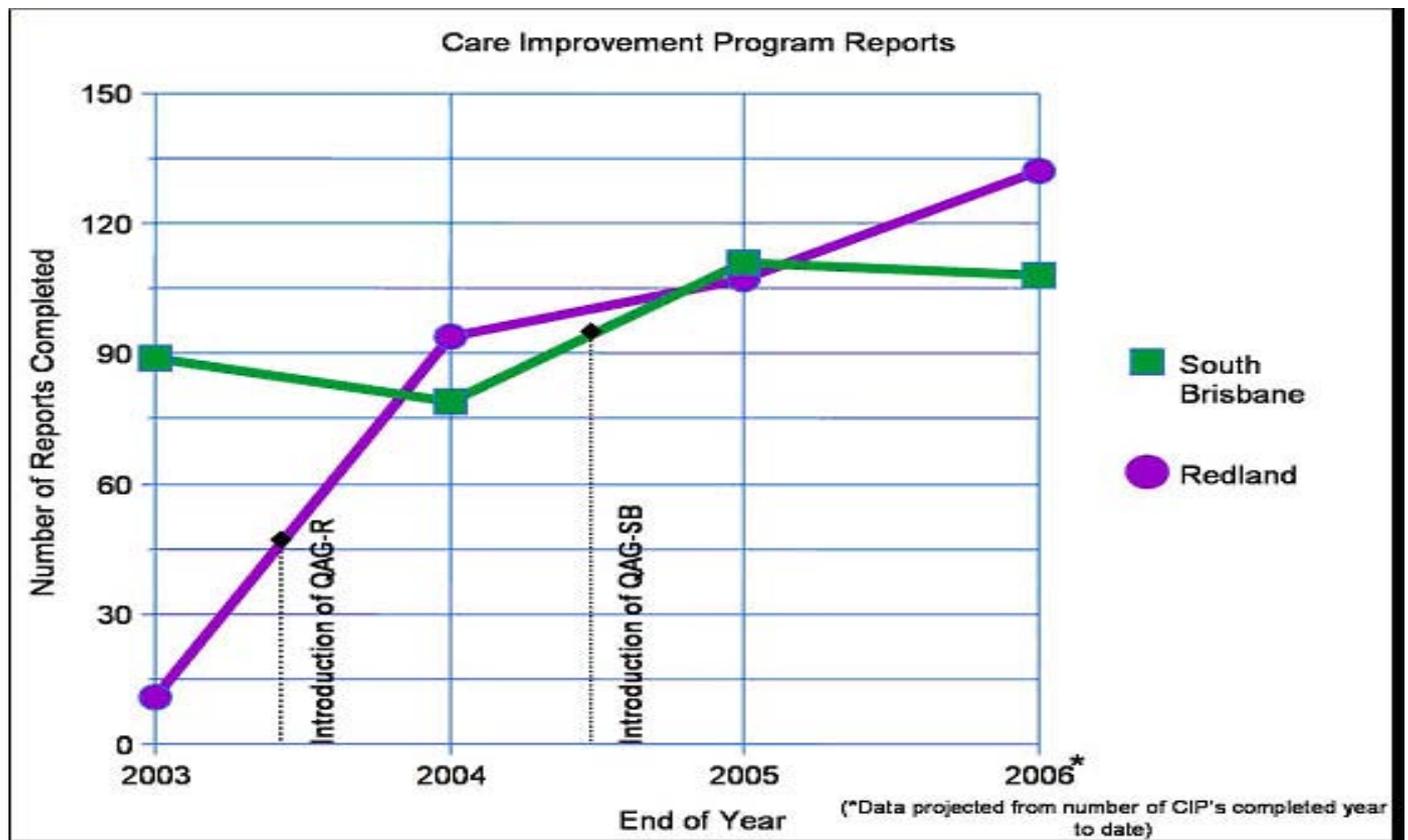
Providing services that not only meet, but also exceed the needs of all healthcare consumers, underpin most healthcare organisations' quality programs. However, at Mater Health Services 'Quality' is a core value upon which the organisation's mission and philosophy was

built, therefore, embedding 'Quality' into the culture of the Mater Private Hospitals is more than just a service delivery imperative.

To introduce the new, and re-engage the existing workforce to the MPH Quality Program has required a multi-tiered approach. Staff members are introduced to the values of the organisation in a five-day 'Welcome Program'. Each day, the program focuses on one of the core values. It is through this program that 'Quality', in terms of 'service' and 'mission' delivery, is introduced to both new and current staff.

The Mater Privates' approach to 'Quality' is presented in a three-hour workshop on day four and links closely with the other values of 'Care' and 'Commitment'. During the workshop, staff are introduced to the QAG methodology and are given a 'hands on' opportunity to address real quality issues, utilising patient data, previously examined in the other 'values' workshops. From the onset of employment, staff are not only made aware of the Mater Private's expectation of their individual role in Quality Improvement, but also their responsibility in perpetuating the Mission and Philosophy of the Sisters of Mercy.

The development of QAG has empowered staff to become decision makers and change agents, acting upon issues that are relevant to all in their work environments.



Unit Managers support QAG members and staff to make pertinent changes within their work environments without the 'roadblocks', which previously led to disinterest and apathy. Complete disclosure of all clinical and non-clinical information has been paramount in gaining members trust and commitment to the quality process - in essence there is 'no stone left unturned'.

Reports and results are shared with all, in all service areas. QAG members are trained to access patient satisfaction databases, analyse results and develop patient demographic reports, so as to track quality improvement activities on a monthly basis. This allows for a proactive, timely response to issues as they occur. As a result, quality activities are finally focused on patient/customer needs and are thus relevant to 'frontline' staff. More and more staff have become involved in quality activities, with smaller 'satellite' QAG's being set up throughout the hospital.

Leadership qualities have been cultivated within the group, thus reinforcing that leadership is not synonymous with a 'management position' within The Mater Private. QAG members are viewed as the 'Quality Leaders' within the organisation; their ideas, expertise and enthusiasm sought by their managers and peers across the campus. Members have played key roles in the development and communication of the organisation's Strategy Map, providing valuable insight into the needs and expectations of our patients, customers and staff.

Making the Grade

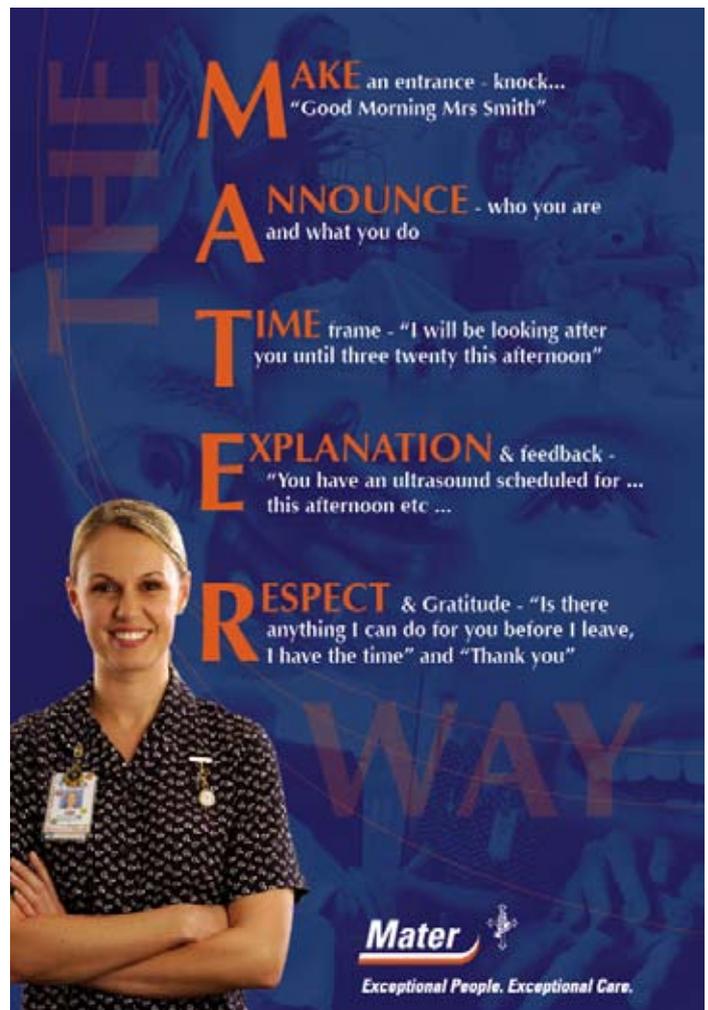
Press Ganey have been surveying patient satisfaction within the Mater Private Hospitals on a continuous basis since March 2004. Like other clinical and non-clinical data, the results of the surveys were previously discussed only at management level. Now with the QAG methodology firmly entrenched in each site, results are analysed, discussed and improvement initiatives developed at the fortnightly meetings. Quality activities initiated by the group in response to the analysis of patient satisfaction data have been many. One significant activity resulted from patient feedback regarding 'promptness of response to call bell' and led to a major internal survey of over 600 patients. The survey assisted to determine what the real issues were and expand upon the feedback received in patient surveys. Results showed that eighty-five percent of patient call bells were answered within one to five minutes indicating that timeframe was not the real concern. Patient dissatisfaction centred on not 'receiving what they had requested in a timely manner' and 'courtesy and friendliness of staff' once their call bell had been answered.

These and other Press Ganey results relative to customer service throughout all disciplines, in all areas of the hospital, highlighted the need for a hospital wide approach to service delivery. Armed with this information and enthusiasm (resultant of the attendance at a Press Ganey Customer Service Workshop in February) the

Quality Action Group set about developing a framework which would address the above issues, boost staff morale and could be implemented across the hospital.

The development and implementation of "The Mater Way" - a customised version of Studer Groups' 'AIDET' tool, has enabled the uniform approach to customer communication.

The framework facilitates open communication and is tailored to suit individual service areas. The key components of the "The Mater Way" - 'Make, Announce, Time, Explanation & Respect', were incorporated into the framework to address the customer service issues raised over two years of patient surveying and to ensure alignment with the Mater Mission and Values. The framework was designed to allow for incorporation of unit specific 'key words at key times' to address their customer specific issues.



Introduction to the framework occurs during the Welcome Program as part of the 'Delivering Exceptional Service' and 'Quality' workshops. Posters and training DVD's have been produced to facilitate rollout and engagement throughout the hospital. The training DVD showcases real hospital employees who already utilise the framework in their own practice, demonstrating how easy it is to incorporate into all interactions. Plans are currently under way to film staff members from all service delivery areas including Allied Health and Visiting Medical Officers.

"The Mater Way" developed for inpatient care areas incorporates the script "Is there anything I can do for you before I leave?" These key words were included to alleviate dissatisfaction with 'response to call bell', and to make sure the organisation's 'value' of 'delivering compassionate care' was evident in all patient/carer communication.

Interim results have indicated a significant reduction in 'call bell' use, thus saving an average of forty-five minutes of clinical time per eight-hour shift, for each staff member utilising the framework.

Since the introduction of the Quality Action Groups and development of the many quality strategies, such as The Mater Way, patient satisfaction results support that the QAG methodology is impacting on care and service at the front line. Mater Redland has seen the 'overall rating of care' increase from the 77th (Mar/May 04) to the 98th percentile (Mar/May 06) and 'response to call bell' improve from the 65th to the 95th percentile rank for the same periods in the Private 51-100 bed benchmark group. (See Graph 2 next page).

Similar results are evident in the Brisbane Emergency Department where The Mater Way and other quality activities relative to 'wait time' and 'continuity of communication' issues have been embraced. The multi-disciplinary 'acceptance of accountability' has assisted to address the department's patient/customer concerns. This all-inclusive approach to quality improvement within the department has resulted in an improvement in patient satisfaction across all areas of concern as seen in the graph. (See Graph 3 next page).

The Challenges

There have been many issues that have challenged the QAG methodology over the last twelve months. Engaging staff and key stakeholders in the process in some service areas has been difficult. Staffing and fluctuating morale, common issues in the current health care environment, has impacted on the rollout in these departments. This has in turn affected the implementation of 'hospital wide' quality activities, which has impacted on 'overall' patient satisfaction results for the Brisbane site. However, in

spite of these challenges the core Quality Action Group has remained enthusiastic, motivated and committed to the new quality process.

The introduction of the Mater Private Hospital Quality Council and the development of a Strategy Map underpinned by quality and patient centricity, has involved stakeholders in the quality process, whilst providing additional support to the QAG. Quality Action Group membership on the Quality Council has facilitated a 'top down, bottom up' communication from the Executive to the frontline level.

Executive endorsement of quality activities through the Council has reinforced the 'Quality' values of the organisation whilst encouraging frontline staff to continue to be involved in the quality improvement process. It is anticipated that this developing, collaborative relationship between Executive and frontline service areas will encourage those departments yet to be involved to 'come on board'.

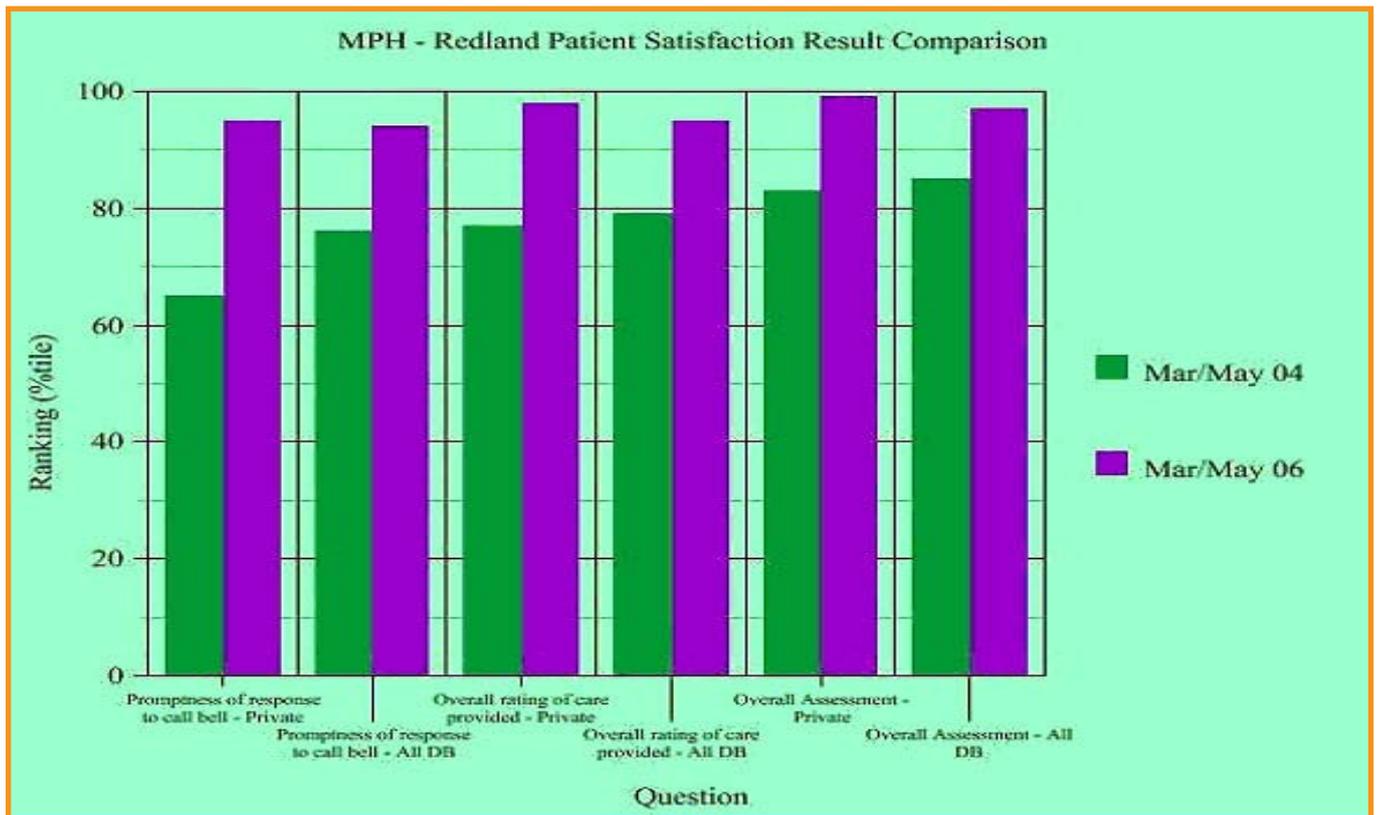
What Lies Ahead?

The implementation of the QAG methodology throughout the Mater Private Hospital has not only resulted in significant improvements in patient care and staff satisfaction, but has seen a 60% increase in the number of Care Improvement Program (CIP) initiatives reported in response to other clinical and non-clinical data since the Quality Action Groups' inception. The groups continue to move from strength to strength, engaging and exciting more staff across both the Redland and Brisbane sites.

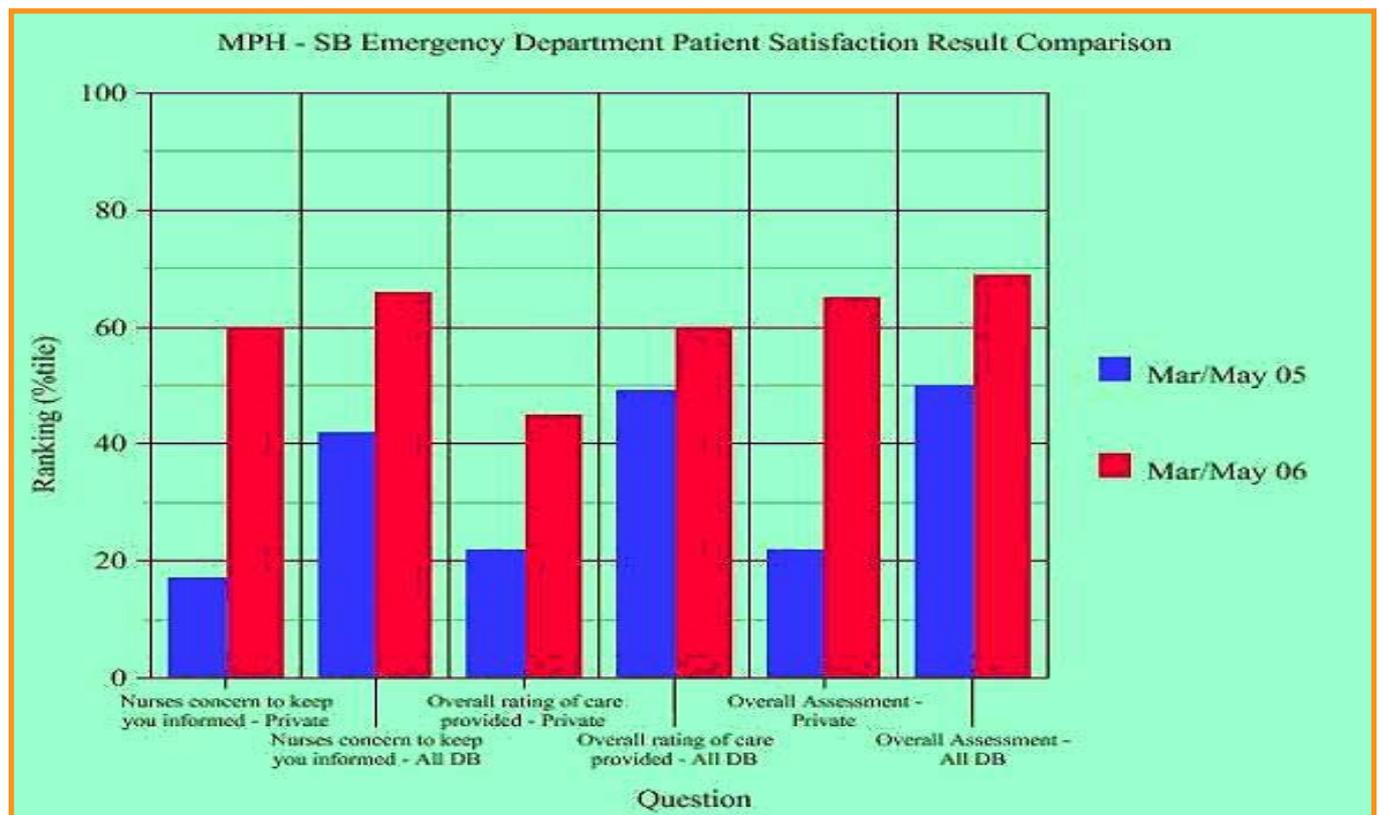
The success of the Mater Private's Quality Action Groups has been the impetus for the rollout of the QAG methodology across the campus with Mater Adults Hospital in November 2005, and Mater Mother's and Children's Hospitals to follow suit in the not too distant future. What does the future hold for Mater Health Services? A collaborative, frontline approach to Quality.

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Graph 2



Graph 3