**Enhancing the Patient Experience**

**Question 1:** What are moments of truth in the hospital?

**Answer 1:** All interactions and experiences in the hospital are potential moments of truth. The patient does not recognize a meaningful distinction between technical and interpersonal experiences. To complicate matters, the number of experiences that form an evaluation could almost be doubled because experiences of family and friends affect the patients' overall evaluation of the institution and the care. Patient satisfaction is most often a result of consensus, rather than a solitary evaluation by the patient alone. Indeed, many times the spouse or mature child fills out the patient satisfaction survey. An experience becomes a moment of truth if it is particularly positive or negative and thereby makes an impression.

**Question 2:** How can paperwork requirements affect patient satisfaction?

**Answer 2:** Organizational rules can affect staff sensitivity to patient needs. For example, documentation is essential for many reasons; shift reports, coordination of care, to meet regulatory requirements, and to establish a paper trail for risk management, and so forth. Regardless of their functionality, paperwork requirements can result in slower staff response to patients. Patients do not think of paperwork as hands-on care, and place their care needs above this activity. In other words, paperwork is a part of hospital culture (and thus amenable to modification), not part of the technical act of healing.

**Question 3:** Is there such a thing as a "patient satisfaction culture"?

**Answer 3:** Yes. It consists of organizational values, beliefs, roles, and behaviors that encourage a special connection between caregivers and patients. This special connection facilitates the flow of empathy and information between patients and all caregivers in the organization. Like any culture, its members must believe in it for it to work. Patient satisfaction becomes automatic, it is simply the thing to do.

**Question 4:** Why can't you blame patients for lower satisfaction scores?

**Answer 4:** Whether the patients are predominantly sicker, older, younger, richer, or less affluent than the "average" does not matter. No excuse is valid for slower response to the call button, poorer pain management, cursory explanations, or apparent lack of empathy for the personal effects of the sickness. The point is the job to be done: patient satisfaction. To blame is to
justify inaction.

**Question 5:** What role does empowerment play in providing exceptional service?

**Answer 5:** Empowered staff feels permitted to spend more time with patients when they judge it to be necessary. If a patient expresses a need, staff can fill it, if it is within their abilities. The less empowered the employees, the greater the delay in satisfying the patient. Empowerment also entails recognition that turf boundaries can be crossed for the sake of patient satisfaction. For example, a housekeeping staff member can refill a patient’s ice water or make a phone call to a relative without feeling that it “is not in my job description” or “I’m stepping on someone else’s territory.”

**Question 6:** How does training relate to a patient satisfaction program?

**Answer 6:** Training is an absolute if a patient satisfaction program is to fly. First, the program must be active while staff members are being trained. If the CEO is not visibly and obviously committed to the program then the staff may not buy in to the program. The group dynamic must be geared to patient satisfaction or scores will stay in the basement no matter how many mandatory training sessions are conducted.