



Case Study

High-Performing Health Care Organization • May 2009

Parkwest Medical Center: Focusing on Patient and Staff Satisfaction

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Vital Signs

Location: Knoxville, Tenn.

Type: Not-for-profit community hospital, nonteaching

Beds: 462

Distinction: Top 5 percent of more than 700 large hospitals (300+ beds) in the portion of patients who gave a rating of 9 or 10 out of 10 when asked how they rate the hospital overall.

Timeframe: October 2006 through June 2007. To be included, hospitals must have reported at least 300 surveys. See the [Appendix](#) for full methodology.

This case study describes the strategies and factors that appear to contribute to high patient satisfaction at Parkwest Medical Center. It is based on information obtained from interviews with key hospital personnel and materials provided by the hospital during October and November 2008.



SUMMARY

Eighty-seven percent of patients recently discharged from Parkwest Medical Center said they would recommend the hospital to a family member or friend—a patient satisfaction level 19 percentage points higher than the national average. Like other hospitals in this case study series, Parkwest has focused on hiring and supporting staff who subscribe to its vision of providing excellent patient care and sharing responsibility for doing so. The hospital's goals for quality care and patient satisfaction are spread through the Leadership Evaluation Module, through which the performance goals and standards for administrators, managers, and staff are aligned and managers are held responsible for the performance of the staff who report to them. Performance-based rewards and recognition help to reinforce the standards.

Parkwest's leaders believe that staff satisfaction is a predictor of patient satisfaction. For this reason, Parkwest uses rounding techniques on patients as well as frontline and support staff. Nurses visit patients at least once an hour to address their needs and help ensure coordination of care among team members. Supervisors round on their own staff weekly, and department heads round on their staff biannually. Hospital leaders report that employees feel responsible both to patients and to each other, creating a strong teamwork culture. Their evidence is a very low staff turnover rate. In a state where rates of nursing turnover are in the mid-teens, Parkwest experienced turnover of less than 3 percent during 2008.

Finally, Parkwest has begun to solicit feedback from patients and families after discharge. They check to see if patients need any follow-up information or care and solicit ideas for ways to improve.

ORGANIZATION

Parkwest Medical Center is a 462-bed acute care facility in Knoxville, Tennessee. It began operations in 1973 as a joint venture between physicians and the Hospital Corporation of America. In 1990, it joined the not-for-profit Fort Sanders Health System, which in 1996 became Covenant Health. The Covenant system includes seven hospitals and 11 outpatient and specialty facilities. Parkwest is West Knoxville's largest medical center.

Parkwest's CEO, Rick Lassiter, joined the hospital in March 2008. He is carrying on the quality agenda begun in May 2006 under the leadership of Covenant Health and former Parkwest President and Chief Administrative Officer Barbara Blevin.

STRATEGIES FOR SUCCESS

Parkwest Medical Center uses personnel policies, rewards, and management tools to align staff conduct with its organizational goals. It also relies on quality data and clinical guidelines to improve performance, but these tools are secondary to the other strategies. According to Missy Sanford, director of clinical effectiveness and quality improvement, patients recognize

the hospital's commitment to teamwork and care coordination, contributing to their high scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

Leadership and Training

Parkwest's commitment to patient service began at the health system level. Around 2006, Covenant Health executives and the board of directors began to research the business case for quality. They learned of the experience of Baptist Hospital in Pensacola, Florida, where improving patient satisfaction led to a dramatic growth in admissions and revenue. In 2006, Covenant hired the Studer Group, a consulting firm started by Baptist Hospital's former president, Quint Studer, to conduct leadership training in their system and see if they could achieve similar results. Covenant chose Parkwest Medical Center as the pilot site.

Parkwest's leaders and their advisors began by defining their expectations for achieving high levels of patient satisfaction. They created a Leadership Development Institute, first enrolling top managers, executives, and even the board of directors, and eventually training over 200 managers at all levels. They adopted processes to improve satisfaction based on proven strategies from Baptist Hospital, including the Leadership Evaluation Module and rounding on staff and patients. Training continues quarterly to reinforce successful strategies and identify new ones.

"Our patients feel they are well cared for, and it's reflected in how they score us."

-Missy Sanford, Director of Clinical Effectiveness and Quality Improvement

Motivating Staff Performance

One of Parkwest's most effective interventions has been its use of the Leadership Evaluation Module, through which the performance goals and standards of the organization and its administrators, managers, and staff are aligned. Evaluation criteria are established from the top down, and everyone's successes—

and failures—contribute to the performance ratings of their superiors.

Progress toward meeting the standards is reviewed quarterly, and action plans are developed and revised to keep on track. All staff, from frontline care providers to administrators, are scored on their performance, and their scores are used to determine merit increases. Unlike some hospitals, where there is little variability in merit pay, Sanford says these are “real rewards. Doing one’s job is defined as meeting expectations. But exceeding expectations by getting a four or a five (on a scale of one to five) is rewarded.”

There are five types of performance measures in the Leadership Evaluation Module:

- Quality—including performance on publicly reported quality measures (e.g., Centers for Medicare and Medicaid Services core measures and patient safety indicators)
- Service—including measures of patient and staff satisfaction, such as HCAHPS
- People—including retention and turnover rates of one’s staff
- Finance—including length of stay on the unit, for unit-based staff, and operating budget
- Growth—including the number and type of services provided by Covenant Health institutions

This system took time to implement and to train managers and supervisors to use. Staff are given tools to monitor their own progress, as well as to develop and track plans for improvement. Further details of the hospital’s philosophy are shared with staff in the “Standards and Behaviors Guide.” Just two years after implementation, the system is regarded as a success. Patients rate the hospital highly, and staff have a very positive view of their work environment.

Not all of Parkwest’s employees flourished under this model of patient-centered care. Staff who received low evaluations were encouraged and supported in their efforts to improve. Eventually, some

left the hospital. Parkwest has incorporated their expectations about patient-centered care into the interviewing process. Frontline staff interview prospective new hires to help determine if they would work well in their units.

Rounding on Patients and Staff

Parkwest employs rounding for patients as well as frontline and support staff—whom they collectively describe as their “customers”—to monitor their satisfaction and make improvements as needed.

Patients are visited every hour by a nurse, who asks if they need anything and checks on three key issues, often called the “three Ps”: pain, potty, and positioning. Nurses alert patients to upcoming changes, especially discharge. Care plans are discussed often so that patients’ education and follow-up needs are addressed during their stay, not in a rush before they leave. Nurses also discuss safety concerns, and advise patients to be prepared with questions when their physician rounds.

Parkwest managers use a rounding technique with their subordinate staff. In monthly one-on-one meetings, managers talk with their staff about their plans and goals, how work is going, and what changes might be needed. They ask staff to point out colleagues who should be recognized and rewarded for providing superior care. Managers seek to ensure staff have the tools and training they need and staff, in turn, make suggestions for system and process improvements. The findings from these monthly rounds are reported to the vice president for that business line. Improvements may be made at the unit level or more broadly at the executive level.

In addition, the hospital uses rounds to check in with staff in departments that support frontline care, such as the quality department, food and nutrition, patient transport, and housekeeping. Nurses and other frontline staff fill out surveys scoring the people who provide these support services, and biannual meetings are held with each group. This has led to more teamwork between the frontline and support staff and a greater sense of commitment to improvement. There

has been a noticeable shift in culture, with staff commonly asking the questions, “What can I do to help you?” and “What can I do to get better?”

Post-Discharge Feedback

Parkwest solicits patients’ views on their care through post-discharge calls, made within the first 24 to 48 hours after their discharge. A nurse, case manager, or unit administrator asks patients or their family members if they have any questions about their hospital stay, and invites them to recognize personnel who deserve special recognition. Patients and family members are also encouraged to identify opportunities for improvement. This information is then fed back to the unit, the quality improvement department, and, if it is related to a physician, the credentialing office.

This process has identified lapses much more quickly than a typical patient satisfaction survey. During a recent construction project to expand the surgical area, calls with patients revealed dissatisfaction with the flow of information. The unit was able to diagnose what had changed in their process as a result of the construction and create a short-term workaround to meet patients’ information needs.

Shared Learning

There is a culture of collaboration and sharing of best practices both within Parkwest and the Covenant health system. Parkwest managers review patient feedback from rounds and surveys on a monthly basis. Shared learning is encouraged, and ideas that work in one unit are spread to others.

Three years ago, Covenant initiated a system of performance excellence awards. Hospitals submit applications in as many areas as they wish, focusing on processes they believe worth replicating. Awards are given in four categories: bronze, silver, gold, and the President’s Award. Forty-two judges from throughout the health system review proposals and nominate

winners. The ideas presented are then considered by the other sites for adoption. One of the recent winners from Parkwest was the Rapid Response Team, which sends physicians to the bedside of any patient who appears to be deteriorating and requires urgent attention. Data from this initiative showed a reduction in the number of heart attacks occurring on the regular inpatient units, as opposed to in the intensive care unit, where high-risk patients are meant to be; it also led to greater nurse and physician satisfaction. Parkwest’s Rapid Response Team won the President’s Award for their efforts.

RESULTS

Parkwest was selected for inclusion in this case study series on High-Performing Health Care Organizations based on its high score on the question: “Would you recommend this hospital to a family member or friend?” As shown on the table, 87 percent of respondents said they would definitely recommend the hospital, exceeding the national average by 19 percentage points. Parkwest also scored above the national average on nearly all other HCAHPS measures. Its average score on a measure of nurse communication was particularly high, though its performance on a measure of discharge communication was the same as the national average.

Notably, though, exceeding the national average does not equate to very high scores on many HCAHPS measures. On specific measures such as receiving timely help, pain control, and explanations about medication, Parkwest’s scores show considerable opportunities for improvement.

Nurses report that the hospital leaders listen to them and care about their concerns. They also say that they value the hospital’s patient-centered culture. Parkwest has had very low nursing turnover—below 3 percent in 2008—compared with statewide turnover in the mid-teens. Turnover costs money, and these high staff retention rates improve the hospital’s bottom line.

LESSONS LEARNED

With leadership support and improvement efforts, Parkwest Medical Center has achieved relatively high levels of patient satisfaction. The alignment of staff and organizational goals and the reinforcement of outstanding performance are factors that appear to have shifted the organizational culture. Further, listening to and responding to patients’ concerns reassures patients that the hospital is paying attention to their needs and striving to deliver high-quality, well-coordinated care.

FOR MORE INFORMATION

Contact Missy Sanford, director of clinical effectiveness and quality improvement, (865) 373-1951.

Table. Parkwest HCAHPS Scores Compared with National Average

Percent of patients who reported that:	Parkwest	National Average
Their nurses “always” communicated well	83%	74%
Their doctors “always” communicated well.	85%	80%
They “always” received help as soon as they wanted.	70%	62%
Their pain was “always” well controlled.	75%	68%
Staff “always” explained about medicines before giving it to them.	67%	59%
Their room and bathroom were “always” clean.	72%	69%
The area around their room was “always” quiet at night.	69%	56%
Yes, they were given information about what to do during their recovery at home.	80%	80%
Gave their hospital an overall rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	79%	64%
Yes, they would definitely recommend the hospital.	87%	68%

Source: Hospital Compare (www.hospitalcompare.hhs.gov), based on surveys from patients with overnight stays from July 2007 to June 2008 (most recently available data).

APPENDIX. SELECTION METHODOLOGY

Selection of hospitals for inclusion in this case study series is based on data voluntarily submitted by hospitals to the Centers for Medicare and Medicaid Services (CMS). Between October 2006 and June 2007, hospitals or their survey vendors sent a survey to a random sample of recently discharged patients, asking about aspects of their hospital experience. The survey instrument, called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), was developed with funding from the Agency for Healthcare Research and Quality (AHRQ). CMS posts the data on the Hospital Compare Web site (www.hospitalcompare.hhs.gov).

The survey contains several questions about nurse and physician communication, the physical environment, pain management, and whether the patient would recommend the hospital to family or friends. One question inquires about the patient's overall experience: "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"

HCAHPS is a relatively new survey, and hospitals across the country are not yet achieving very high scores across all of the questions. Nevertheless, some hospitals are scoring significantly better than others. By profiling hospitals that score within the top 5 percent (among those that submitted at least 300 surveys) on the question concerning overall experience, this case study series attempts to present factors and strategies that might contribute to and/or improve patient satisfaction.

An initial list of top scorers among all hospitals submitting HCAHPS data contained a disproportionate number of very small, southern hospitals.¹ Concerned about the ability to generalize experiences and lessons and replicate strategies, we profiled one hospital from this list but chose to then examine high scorers among larger hospitals that were more diverse in: region of the country, urban/suburban/rural setting, and teaching/non-teaching status. We thought that such diversity would provide lessons that would be useful to a broader range of U.S. hospitals.

Therefore, for this case study series, most hospitals were selected from among 736 large hospitals (300 or more beds), primarily based on their ranking in the percentage of survey respondents giving a 9 or 10 rating on the "overall" HCAHPS question. In the future, we will present case studies of hospitals of different size, ownership status (e.g., public, private), and other peer groupings.

While high HCAHPS ranking was the primary criteria for selection in this series, the hospitals also had to meet the following criteria: ranked within the top half of hospitals in the U.S. on a composite of Health Quality Alliance process-of-care measures as reported to CMS; full accreditation by the Joint Commission; not an outlier in heart attack and/or heart failure mortality; no major recent violations or sanctions; and geographic diversity.

¹ Further examination and analysis may reveal reasons for this.

ABOUT THE AUTHOR

Jennifer N. Edwards, Dr.P.H., M.H.S., is a principal with Health Management Associates' New York City office. Jennifer has worked for 20 years as a researcher and policy analyst at the state and national levels to design, evaluate, and improve health care coverage programs for vulnerable populations. She worked for four years as senior program officer at The Commonwealth Fund, directing the State Innovations program and the Health Care in New York City program. She has also worked in quality and patient safety at Memorial Sloan-Kettering Cancer Center, where she was instrumental in launching the hospital's Patient Safety program. Jennifer earned a Doctor of Public Health degree at the University of Michigan and a Master of Health Science degree at Johns Hopkins University.

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This study was based on publicly available information and self-reported data provided by the case study institution(s). The Commonwealth Fund is not an accreditor of health care organizations or systems, and the inclusion of an institution in the Fund's case studies series is not an endorsement by the Fund for receipt of health care from the institution.

The aim of Commonwealth Fund–sponsored case studies of this type is to identify institutions that have achieved results indicating high performance in a particular area of interest, have undertaken innovations designed to reach higher performance, or exemplify attributes that can foster high performance. The studies are intended to enable other institutions to draw lessons from the studied institutions' experience that will be helpful in their own efforts to become high performers. It is important to note, however, that even the best-performing organizations may fall short in some areas; doing well in one dimension of quality does not necessarily mean that the same level of quality will be achieved in other dimensions. Similarly, performance may vary from one year to the next. Thus, it is critical to adopt systematic approaches for improving quality and preventing harm to patients and staff.

