

Rural Healthcare *Quality* Network

RHQN Newsletter, June 2008
Randy Benson, Executive Director

Introductions

The RHQN is pleased to announce the availability of an infection control practitioner for consultation on issues related to infection control policies and protocols, standardized isolation guidelines as proposed by the WSHA Patient Safety Committee, IC practitioner competency/mentoring, and continuing staff education. Sandy Kangas, RN, BSN, PhD is from Snoqualmie Valley Hospital where she has been their Infection Control Coordinator for the past three years.

From our May 8 RHQN Member Conference Call on DOH Survey Preparedness we learned that DOH survey teams are citing facilities for incomplete, outdated or inconsistent infection control policies, outdated or inconsistent isolation guidelines, improper or poor implementation of posted isolation guidelines and lack of a trained/competent infection control practitioner.

Sandy is available to help hospitals update infection control policies, train and mentor infection control practitioners, assist in implementing the new statewide standardized isolation policies and provide consultation and assistance with reporting hospital acquired infection rates to the CDC and Washington State Department of Health.

Sandy can be reached by contacting Randy Benson, RHQN Executive Director at 206 577-1821 or via email at randyb@wsha.org.

Highlights from Executive Director Hospital Visits

Over the past two and a half months I have had the opportunity to visit twenty eight of our thirty nine RHQN member hospitals. Getting to see the facilities, meet the administrator/CEO, Director of Nursing, Quality Leader and in some cases even the president of the medical staff is truly the highlight of my job.

I have been warmly welcomed by each of you and have offered the RHQN's assistance in areas where you need help. The beauty of your communities, the obvious pride you have in your facilities and the strong commitment you demonstrate to teamwork and quality are awe inspiring.

When I first accepted the position of Executive Director several friends and acquaintances thought I had lost my mind to want a job that required traveling to small hospitals from one end of the state to the other. For twenty three years I worked to improve quality, safety, and infection

control for two hospitals in Spokane. I believe that my work for them was highly successful. Now, I have the same opportunity and privilege (and that is truly how I look at it) of offering the same assistance to support and improve quality, safety, and infection control for thirty nine of the best hospitals in the state.

My friends and acquaintances were so very wrong about the travel piece of my job. Yes, sitting in a car for hours is not the ideal picture of anyone's existence. But, I get great satisfaction and such a 'high' from meeting and visiting with you, touring your facility and offering my services in support of your quality, safety and satisfaction goals.

I LOVE MY JOB! I love my job because I get to help you. I'm not here to make Randy look good, I'm here to make you look good. Please, let me help! We have a wealth of resources available; all you need to do is ask. Feel free to contact me at 206 577-1821 or via email at randyb@wsha.org.

RHQN Commentary – Outpatient Surgery Satisfaction Scores

How do your outpatient surgery patient satisfaction scores look? Do you have a 92–94% overall satisfaction rate? Many facilities would be jumping for joy with a satisfaction rate that high in any area of patient care. But, in outpatient surgery a 92-94% satisfaction rate is substandard. In fact, a 92-94% satisfaction rate in outpatient surgery puts you in the 26th to 28th percentile across the state. In other words, 72-74% of the hospitals in the state are doing a better job of communicating with the patient and family before the scheduled procedure, answering the patients questions before they arrive at the hospital, providing reassurance and comfort before the procedure, providing pain management after the procedure, moving the patient to a timely discharge and following up with the patient and family the next day.

Our June “Members Conference Call” spent time talking about the ‘Good, Bad, and Ugly’ aspects of patient satisfaction as we operationalize the many suggestions and tools available for elevating patient satisfaction scores, yes, even in outpatient surgery. Scripting for staff has been found to make a significant impact on patient satisfaction scores. In many situations it is not what the staff said or did not say, but how it was said or how it was perceived by the patient and their family.

To that end, the RHQN website includes a link to a variety of tool kits which we have assembled for member use. In the tool kits will be one on Staff Scripting for enhanced patient satisfaction. This tool kit includes specific examples for use by outpatient surgery staff. We invite you to take a look and consider whether some of the examples may be used to help push your outpatient surgery satisfaction score into the 95th to 97th percentile. Positive changes in percentile rank are not difficult. In reality, large percentile changes can be accomplished by a 2-3% change in your overall patient satisfaction score.

If you need assistance, additional scripting resources, a referral to other facilities that have achieved high levels of outpatient surgery patient satisfaction or just need to ‘talk it through’, please contact me at 206 577-1821 or via email at: randyb@wsha.org.