

August 22, 2013

Dear Friends and Colleagues,

In the final analysis, our hospital is only as good as the experiences of our patients. That's why measuring and assessing patient experience is a critical part of how NCH improves.

One part of the equation is the direct feedback we receive, most of which is reassuringly positive. (And positive feedback is all too rare in today's often-critical society.) At the same time, we must be equally cognizant of and responsive to those whose experiences with us are not as good as they would like.

The other part is analytical, as our patient experience scores, compiled by Press Ganey, are based on feedback gleaned by randomly surveying 50% of discharged in-patients from NCH and 100% of patients cared for by the NCH Physician Group. While we have steadily trended upward, we are still below the 50th percentile compared to the rest of the nation (www.nchmd.org/PatientSatisfaction). Hence the motivation for our "Be Nice" campaign.

Press Ganey compares these anonymous surveys to more than 1,700 other systems. The Centers for Medicare and Medicaid (CMS) also use these scores in determining how much they will pay individual healthcare systems for the care provided to Medicare patients. So beyond being motivated because it is the right thing to do, we also have a financial motivation, stimulated by the government's oversight of the Medicare program.

Straight Talk on June 13 (www.nchmd.org/Straight-Talk-June-13-2013) reviewed the importance of the language we should use in patient conversations. Critical for proper patient experience is starting with empathy, then addressing the concern, and closing by reconnecting to the human side of caring. This is the so-called "heart-head-heart sandwich."

As a next step in the patient-caring continuum, we are introducing the *Language of Caring* program (<http://www.languageofcaring.com/>) as a way to further our communication with patients. This program is underpinned by the following belief. "*Presence is the gift of giving undivided, respectful attention. Your mind is not wandering, nor are you thinking about something else. You make the other person you are caring for the center of your universe for the precious moments you are with them.*" So our assignment—all of us—as part of the Language of Caring program is to make sure that with patients, we are always "present."

To illustrate our challenge, I recently received two unsolicited emails—one positive, one negative—about how we treat patients. One cautioned that "caring providers" were missing throughout the NCH system and implored us to improve. The other commended us for requiring employees to go through the *Road to Wellness*, which includes colonoscopies. The writer was shocked to learn that three polyps were found and two removed during the procedure. As she awaits a surgical procedure to deal with the remaining polyp, she wrote, "*The North Naples Hospital Recovery nursing staff could not have been more AMAZING to comfort me with this dramatic news—I was a mess—they deserve a "Big Thank You"—the Heart, Head, Heart is really working.*"

Now that's the kind of patient feedback we like to receive. And I'm confident that as we intensify our focus on serving our patients and communicating with them as thoughtfully and compassionately as possible, the experiences of those patients at NCH will continue to improve.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. DO YOU HAVE A COLLEAGUE OR FRIEND WHO WOULD BE INTERESTED IN THESE UPDATES?

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Present Reader's Email Address:

Name:

Please add my colleague or friend to your distribution: His/her name and email address is:
