

We C.A.R.E: Service Excellence Training

The Problem

There is no standard process around greeting patients and families at BIDMC. The practices around the medical center are extremely inconsistent! Why is this so important?

1. Providing exceptional service is the right thing to do for our patients and families who are likely experiencing a stressful time in their lives.
2. Reimbursement money is now tied to how well BIDMC performs on the HCAHPS measures of patient satisfaction. By elevating the patient experience through service excellence, we will also improve our patient satisfaction scores and increase our opportunity for greater reimbursement.

Aim/Goal

We developed a service excellence curriculum/workshop to provide training to our Unit Coordinators (UCOs) to improve our first impressions with our patients and their families. Our goal is to have all staff speaking from our mission statement: To Provide Extraordinary Care, Where the Patient Comes First, Supported by World-Class Education and Research.

The Team

Anissa Bernardo, LICSW

Barbara Donovan, RN, MSN, NP-C

Rachel Hutchinson, RN, MHA

Jane Foley, RN, BSN, MHCA, Assoc. Chief Nurse

Alison Small, RN, BSN

Phyllis West, RN, MSN, Assoc. Chief Nurse

Donna Clarke, RN, MSN

Susan Holland, RN, MS, CNML

Heidi Jay, LICSW

Kerri Petraitis

BB Wood, BSN, CAPM

The Interventions

We provided staff with tools to improve service excellence.



10/ 5 Rule

- Eye Contact at 10 feet
- Proper Greeting at 5 feet

We C.A.R.E. Service Excellence Program



We
C.A.R.E.

Clarify and listen

Acknowledge and Apologize

Respond and Deliver

Empower to Problem Solve

The Results/Progress to Date

We conducted 13 sessions over 4 weeks, training more than 150 staff members. The UCOs believed that the service excellence training positively affects how they behave.

"I appreciate this program being put together for us because sometimes we do forget how important we UCOs are. Big shout out and thanks again for the support and empowerment."

"I liked that the presentation was a discussion and not a lecture. I liked how solutions were given to various issues and problem solving skills were discussed."

Lessons Learned

1. Training should be held for all unit staff in a multi-disciplinary workshop.
2. Consider keeping the workshop to two hours; 4 hours may be too long.
3. Engage a patient or family in the training design, development, and roll-out.

Next Steps/What Should Happen Next

We will be reviewing and revising the curriculum to spread the service excellence tools to unit staff, piloting on one unit in FY13.

"Just make sure that every person involved in patient care gets a chance to experience the WE CARE training so that the patients benefit from a team and not an individual."

"I tried to share some of the info (which I thought was valuable) with my co-workers. Most were not receptive...comments were "that's corny" and "we know that." So I thought this would be a great workshop to do as a unit...then my co-workers (mostly RNs) could experience it the same way I did..."

For more information, contact:

**Susan Holland, RN, MS, CNML, Nurse Manager Finard 4
sholland@bidmc.harvard.edu**