

All for one care-delivery system

An initiative to unify service standards for clinical employees taps into the power of teamwork.

Ten years ago, Johns Hopkins Department of Medicine administrator Patti Engblom merged two management policies into one set of guidelines for health system and university frontline clinical and scheduling staff. Her goal was to upgrade patient service in the department's Adult Medicine and Moore clinics. To Engblom's delight, the staff overcame their differences to embrace the change.

In fact, the employees, including patient service coordinators and certified medical assistants, endorsed Engblom's initiative with a mission statement of their own that promoted the importance of smiling, appropriate eye contact and a host of other patient-friendly gestures.

Today, the mission statement remains in the Department of Medicine employee handbook, a reminder that the delivery of compassionate patient care depends on teamwork, and that teamwork depends on consistent management policies.

Now, the Johns Hopkins University Clinical Practice Association is gearing up to establish a common set of service excellence standards for all clinical employees, whether they're employed by the university or Hopkins Hospital.

Under the new management policy, written by the CPA Staffing Task Force, all employees involved in direct patient care will be held to the same high standards set by the Johns Hopkins Health System for performance and attendance. As another part of the initiative, all prospective employees will be screened through a Web-based assessment tool currently used by the Health System to gauge their patient service skills and aptitude for teamwork and other performance qualities.

Eventually, every clinical staff member will clock into work using an electronic time-keeping system called Kronos, which places identical expectations for attendance and promptness on all clinical employees. Also on the horizon are enhancements to the orientation program for new employees on the university side.

Although these changes are still a work in progress and undergoing review by the university legal team, they eventually will be incorporated into the new patient- and family-centered care model shaping treatment across numerous Hopkins entities and in the new clinical buildings.

"It's designed to enhance patient care and improve the patient experience," notes orthopedic surgeon Lee Riley III, a member of the staffing task force and the CPA Practice Management Committee.

All about the patient

The plan to adopt a single, consistent set of management policies for all clinical employees grew out of recommendations made by the Practice Management Committee, based in part on a 2008 faculty survey that found ample room for improvement in health care delivery across the health system. One of the responses that frequently appeared on the survey as a chief hindrance to better care was the separate management systems that divide Johns Hopkins School of Medicine and Hopkins Hospital employees, many of whom work side by side and perform similar clinical duties.

For example, the university has vague attendance policies, whereas the health system has well-defined attendance policies. The difference becomes crucial, says Kelly Cavallo, administrator for Johns Hopkins's East Baltimore Ambulatory Services, "when you're running a clinical operation, and, say, need patient service coordinators to check in a patient: You have to have people who are there when they're needed."

During last year's blizzards, the distinctions between university and hospital policies were on stark display. University employees could opt to stay home or receive time-and-a-half pay for coming in. Meanwhile, their colleagues hired by Hopkins Hospital were required to come to work or lose Paid Time Off hours. The two policies made for tension rather than teamwork under arduous conditions.

"It's very difficult," says Engblom, "to be fair and equitable when there are two approaches."

Internist John Flynn, who, like Riley, is a member of the staffing task force and the CPA Practice Management Committee, carries around a thick sheath of patients' stories of poor service that serve as his inspiration for this initiative. One account concerns a staff person who left a recorded message on a phone line used by patients that went like this: "I'm having a bad day. I'll get back to you when things get better."

Then there was this from a family member: "My 90-year-old mother was brought into the presurgery prep room and

Going undercover on behalf of the patient

Mystery health care shoppers find ways to improve service.

Waiting 2 hours and 15 minutes for a simple follow-up visit is "entirely too long," reported Mystery Shopper 45293 after visiting an outpatient clinic at The Johns Hopkins Hospital.

"Until the schedule is better managed, the staff should regularly update patients on the expected wait time."

Meanwhile, Mystery Shopper 45493 heaped praise on Pediatric Surgery: "I was so impressed that I would like to nominate everyone for an Extra Mile Award. Sure, there were a few scuff marks on the floors and the signage could have been a little more direct, visible and clear, but overall, everyone here seemed committed to helping children and they put everyone at ease."

These observations are among the first evaluations from a mystery shopping study that's under way at outpatient areas of Hopkins Hospital. Intended to find ways to improve patient satisfaction—a goal shared by leaders across the institution—the program uses health care mystery shoppers, people paid to impersonate patients and their fam-



Kelly Cavallo

ily members, to record the quality of their hospital experiences.

Approved by the American Medical Association, such undercover reporting reveals how clinic staff members and appointment schedulers interact with patients, providing information that is more detailed than Press Ganey's national patient satisfaction surveys. Kelly Cavallo, administrator of East Baltimore ambulatory services, says the program is an effective way to identify barriers to delivering patient-centered care.

"We need to create a more engaged culture amongst our staff," she says. "Just because you're technically good at your work—say your job requires good computer skills—you can't neglect service. You also have to do a good job of taking care of the patient on the other side of that computer."

Perception Strategies Inc., a health care mystery shopping company, holds the contract to evaluate the "people skills" of Hopkins outpatient health care providers, clinic staff and telephone schedulers. The program, which runs until 2012, concentrates on such areas as communication,



JHHS employee Willie Myers, a clinical associate in the outpatient urology clinic, and clinic supervisor Patricia Young, a JHU employee.

treated impersonally, and referred to as 'her.' This treatment made my mother feel more apprehensive than she already was about the impending procedure."

"All of us in some form come to work to serve, care and offer comfort to the patient," Flynn says. "That's what we need to keep focused on throughout this process."

Managing the change

Before any policy shift takes place, the staffing task force is compiling a list of different job titles that will be affected by the change, and from this creating a master list of some 250 new job descriptions that will apply across the university and hospital clinical workforce. Each description will outline job function as well as patient service essentials, such as proper phone etiquette, teamwork and empathy that are presently missing from university descriptions. All employees "will be measured on that as part of their annual performance review," Cavallo says. "Those are core values we'll expect of every employee no

matter what their position is."

Fortunately, Cavallo says, managers on both sides who will have to monitor patient service standards, evaluate staff and carry out discipline have been very supportive of the reasons behind the change.

Most affected by the policy shift will be about 2,250 school of medicine employees, including medical office coordinators, nurses, patient service coordinators and medical assistants—anyone who has a direct impact on a patient when they come into a clinical outpatient setting. Gloria Bryan, school of medicine senior director of human resources, recognizes the challenges ahead. "It's important to note that transition management experts are on the task force," she says, "and they'll use their resources to help university staff through this and to make them aware of what assistance will be there for them."

To ensure as smooth a transition as possible, task force members are planning a series of workshops, focus groups and meetings where affected employees will learn about the new management policies, receive training in

customer service skills and have an opportunity to voice questions and concerns.

One positive outcome for university employees adapting to the policy is newfound clarity about their responsibilities, Bryan says. "Most everyone prefers to know what the expectations and consequences are," she says. "That's an advantage that a health care management model brings."

Ultimately, the transition to a standardized management policy will raise service standards for all clinical employees across the hospital and the school of medicine, and it will place the welfare of patients and their families at the forefront of all they do. By erasing the barriers between university and hospital employees, the policy encourages teamwork and can give each person a renewed sense of purpose, affirming, in Bryan's words, "I am part of something important."

—Stephanie Shapiro
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courtesy, professionalism and empathy, as well reporting on wait times, attention to patient privacy and the nature of the physical environment. Supported by Hopkins' Clinical Practice Association, the initiative is funded by Johns Hopkins Service Excellence and Ambulatory Services.

During the first part of the study, from September 2008 to October 2010, 15 mystery shoppers made 77 clinic visits and 102 telephone calls to set up appointments. The departments they "shopped" included anesthesiology, dermatology, radiology, medicine, neurology, neurosurgery, obstetrics/gynecology, physical medicine and rehabilitation, ophthalmology, orthopedics, lab services, otolaryngology, pediatrics, surgery and urology.

Courtesy and empathy

While 88 percent of the shoppers were completely, or mostly, satisfied with their in-person encounters, only 62 percent felt that way about making an appointment by telephone.

"One of our goals is getting the phones answered, getting people to answer them pleasantly and also sound as if they care about the patient," says Becky Zucarelli, senior director of service excellence for

Johns Hopkins Health System. She says while inpatient satisfaction relies largely on patients' perceptions of individual nurses and support staff, outpatient satisfaction depends on their impressions of the process of obtaining care.

Departments participating in the mystery shopping program were selected because they had received low scores on the Press Ganey surveys. Those evaluations show that although outpatients generally feel well treated by Hopkins' health care providers, they often find other employees to be dismissive. Many complain about the quality of their phone conversations.

Robert Oakley, clinic manager for dermatology, is already using mystery shopper feedback to reduce the number of telephone transfers that frustrate patients. Along with consolidating departmental phone numbers, he plans to simplify the phone line's menu options, dedicating one button to cancelling appointments.

"I expected the survey to show that wait times in the waiting room were an issue, but we've learned patients are more frustrated with having to call multiple phone lines and not getting the answers they need," he says. "It reminds you that the patient experience is not just about their

time in the clinic, it's about the phone calls, call backs, the letters in the mail, the transfer of information. It's making sure we're all on the same page throughout every aspect of a patient's visit."

Based in Indianapolis, Perception Strategies has performed more than 50,000 mystery shops for clients, including such academic medical centers as Baylor and the Cleveland Clinic as well as the Henry Ford and MedStar health care systems. The company hires Baltimoreans ages 25 to 55 who reflect the local demographic profile and possess good writing skills to serve as mystery shoppers.

When making appointments by phone, shoppers use their own names and identify themselves as "self-paying." For in-person visits, they often play the part of a "silent family member," accompanying actual patients to observe what kind of treatment they receive.

Ethical considerations

The Hopkins program observes all guidelines offered by the AMA's Council on Ethical and Judicial Affairs. A 2008 report on the practice states that physicians have an ethical responsibility to engage in activities that contribute to continual improve-

ments in patient care.

The council recommends that relevant parties be notified that mystery shoppers will visit, that any data gathered not be used for punitive action, that such feedback not serve as the only data for evaluating clinical performance, and that "secret shopper" patients not adversely affect legitimate patients' access to medical care.

Hopkins went one step further. Not only were all participating clinics informed of the mystery shopping program, but all staff members received instruction about the criteria on which they would be judged—such as whether they smiled and offered to help patients and whether their name badges were visible.

Clinic managers met recently to discuss the mystery shoppers' first findings and decide how best to bring about desired changes in attitude and behavior.

"Some of the same people will be shopped again to see if anything has improved," Cavallo says. Meanwhile, she says the program has also helped spur interest in identifying and promoting those behaviors that will most benefit the overall work culture as departments move into the new clinical buildings.

—Linell Smith