Dignity Health’s “Amazing Race to Patient Experience” Increases Nurse Awareness of Improvement Strategies

To move the needle on key nursing-sensitive patient experience outcomes, the San Francisco-based health system harnessed the spirit of competition to create excitement and energy around the patient experience.

Situation

Dignity Health as a system was falling behind in advancing the patient experience. While its scores were improving slightly, they were not improving as quickly as the rest of the country, and there was considerable variation across the system’s 39 hospitals. Of particular concern was performance in the areas of Nurse Communication (40th percentile in FY 2017) and Staff Responsiveness (27th percentile in FY 2017). Nursing and patient experience leaders were having difficulty isolating the source of variation that was preventing the experience scores from improving more quickly and decided that some type of disruption was needed to engage and align the staff to drive the improvement their patients deserved.

Solution

Having recently read “The Rising Tide Measure: Communication with Nurses” report, which describes the benefits of increased consistency in nurse communication and responsiveness, patient experience and nurse leaders at Dignity Health began to identify and work with key inpatient departments that cared for a large volume of patients and had lower patient experience scores. Realizing that unit managers were highly competitive, the system leadership team of nursing and patient experience developed a competition, “Dignity Health’s Amazing Race to patient experience,” to create excitement and energy around patient experience. They believed that competition often leads to innovation, shakes off complacency and makes people more goal-oriented. The race was designed around nurse communication and staff responsiveness, as these composite measures needed the most improvement.

The rules of the competition were as follows.

- Participants would include 90 high-volume, lower-performing inpatient units.
- The outcomes of interest would be each unit’s percentile ranking for the HCAHPS Nurse Communication and Staff Responsiveness domains.
- Performance would be compared against FY 2017 performance on these measures.
- Data would be pulled six weeks following the end of the month, with Press Ganey assistance.

“Creating a positive patient experience is foundational to our mission and the basis of our brand. Higher patient experience drives clinical outcomes.”

— Sandy Rush, Sr. Director of Patient Experience, Dignity Health

Profile

Dignity Health
San Francisco, CA

- Delivers care in 21 states and is the fifth largest health system in the nation, as well as the largest hospital provider in California
- 84,500 licensed beds
- 623,000 annual visits
- 56,000 employees

A number of tactics were employed to help reinforce and highlight successes and strategies. Some examples include the following:

- Executive sponsorship. The system chief nursing executive officer shared the highlights of the competition with faculty chief nurse executives.

- Weekly updates, tips and activities.

- Monthly “Spotlight Unit” meetings during which each month’s winners shared their successes and Press Ganey partners provided improvement information.

- Team videos.

### Challenges

Prior to the competition, the development team anticipated certain barriers. Some of these are listed below, along with how they were addressed.

- Low-volume, high-performing units would want to participate, but these were not the target units. To prevent confusion, high-volume, lower-performing units were identified prior to announcing the competition.

- Some units would not want to participate, so leaders decided that participation would not be mandatory.

- The same units might win everything. To avoid this, the race was divided into four legs. For each leg and for each composite measure, there would be one winner for highest percentile and one winner for most improved. Also, the winning performance would be based on monthly scores, where there is a higher chance of variability.

- Sustaining interest and engagement over time might be difficult. To keep interest high, unit leaders promoted staff ownership of the race and ensured that the nursing staff had a voice in driving the work around the improvements.

- An app was utilized so that staff and leaders of units could make comments, post pictures and challenge other departments.

- Momentum might be difficult to maintain after the race ended. To address this, the team decided to extend the race after the first three months and began talking about the next leg and obtaining input from managers and staff before it began.

### Outcomes

**HCAHPS Nurse Communication**

- Nursing Communication improved 9 percentile points, with an increase each month of the Amazing Race, including month between the 2 races, and after race was over.

**HCAHPS Staff Responsiveness**

- Responsiveness of Staff improved 6 percentile points, with significant increases during the Amazing Race time frame, including the month between the 2 races, and after race was over.

### Additional Observations

Some units experienced a 98% increase in the composite measures. Further, the intervention has increased staff nurses’ awareness and understanding of strategies to improve the patient experience. “Whereas before the race there may have been conversations around the patient experience, unit managers now say that there is excitement around improving the patient experience,” according to Page West, RN, senior vice president/system chief nurse executive for the organization. “Also, more strategies are being deployed and executed because of the quest to ‘win the race.’”

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