

Satisfaction MONITOR

The Leader in Satisfaction Measurement, Performance, and Improvement

In This Issue:

4

WHAT DO DOCTORS
WANT?

7

NATIONAL CLIENT
CONFERENCE – THE
POWER TO CONNECT!

8

2004 CLIENT
SATISFACTION SURVEY
RESULTS

9

CALL FOR SATISFACTION
MONITOR ARTICLES

10

Q&A: PHYSICIAN
SATISFACTION

11

CALL FOR PAPERS

12

ONLINE PRECEPTOR
AWARD

MEETING THE NEEDS OF
OUR CLIENTS



PRESS GANEY®



**Does your
facility's
physician
satisfaction
measure
up?**

**Engaging
Physicians in
Service
Excellence**

By: Jay Kaplan, MD, FACEP
Medical Director, Studer Group
Director of Service Excellence,
California Emergency
Physicians Medical Group

Hospitals and health care systems recognize that they must differentiate themselves in order to attract patients, recruit and retain employees, and encourage physicians to practice and bring patients to the facility. While in the past this has been accomplished through a reputation for clinical quality and having the latest technology, those factors are often taken for granted. Service excellence is now recognized as the best way to rise above the crowd. However, high patient satisfaction cannot be achieved without high staff satisfaction, which cannot be achieved without high physician satisfaction. Unless you can create all three, you will not be successful in attaining any of them.

Almost paradoxically, the medical staff has been the group toughest to engage in service excellence efforts. After all, most physicians went into the profession to heal people. So why should it be so difficult? Physicians, through their training, believe that if they make



the correct diagnosis and practice good clinical medicine, patients will be satisfied. These physicians are primarily individual practitioners with little training in teamwork and fail to understand that the staff with whom they work looks to them for collaboration and team work. Understanding this

reveals avenues to pursue in involving your medical staff in your initiative to make your facility a better place for patients to come for care, staff to work, and physicians to practice.

STEP #1 Define what you are talking about. Clinical quality is delivering clinical care that is measurably superior by recognized standards. Service excellence is meeting the needs and fulfilling the expectations of patients and staff. Operational efficiency is doing both of the above without time and resource waste. Physicians need to know that the three are closely connected, and just as with patient/staff/medical staff satisfaction, it is very difficult to have one without the other two. Current medical literature now supports this.

STEP #2 Answer the question for physicians, “What’s in it for me?” Service excellence can do the following:

- Attract more patients and help practices grow—in a time where the reimbursement per patient is decreasing.
- Reduce the complaints to physicians regarding hospital services—physicians tire quickly of hearing patients complain about the hospital with which they are affiliated.
- Look at how care is delivered and make it more efficient by removing aggravations and inefficiencies—most would say they are already working as hard as they can.
- Recruit and retain health care staff during a time of workforce shortage—lack of skilled and experienced staff is one of the medical staff’s most common complaints.

Physicians are not given training in “customer service” and fail to recognize that patient satisfaction is a learned skill.

- Reduce malpractice risk—the more patient complaints, the more likely a medical malpractice claim will be filed, and this is not just based on the physician’s actions.
- Improve clinical quality—the VHA has published data that contends that hospitals with high employee turnover have an adjusted mortality index that is 28% higher than hospitals with low turnover.

STEP #3 Make “Physician Satisfaction” important and hardwire regular discussion of it. Inform the medical

staff that you are going to focus on better addressing their issues as well as better meeting the needs of their patients. Make physician satisfaction a regular agenda

item at your weekly management team meetings, at monthly medical executive committee meetings, and at general medical staff meetings. Create a “Physician Satisfaction Team,” comprised of employees and one or two physicians, to work on making the facility a better work environment for your doctors. Since you have to ask your physicians what their major concerns are, surveying them for their input is vital. At a minimum, surveying should be done yearly and specific action steps taken to address

the identified issues. Common medical staff complaints include: “My patients’ lab and imaging results are never on the chart when I round,” “My OR cases never start on time,” and “I can never find the chart, and when I call nobody knows what’s going on.” Taking concrete steps to improve the efficiency of your physician practice can help create a willingness on the part of your medical staff to help you.

STEP #4 Formalize routes of communication with your medical staff. Have regular meetings (no less than monthly) between hospital leadership (CEO/COO, CNO, VPMA) and officers of the medical staff.

Develop a medical staff newsletter that is short and sweet; have your Physician Satisfaction Team put together a to-the-point bulletin which reports “this is your issue and here is what we are doing about it.” Create a communications board for the physician lounge and dining areas to keep physicians informed. Make sure it is bright, attracts attention, and is changed monthly.

STEP #5 Build a critical mass of physicians to help you engage the rest. There are two primary ways to do this:

(1) Show appreciation for members of the medical staff by increasing recognition and reward on a daily, monthly, and yearly basis. Some hospital medical staff services have come up with wonderful innovative ways to do this, going far beyond the usual Doctors' Day celebration. (2) Look at your medical staff and identify those who have a major influence on your operations by role and/or revenue. Next, divide your physicians into groups based on buy-in—those who are already on board with service excellence, those who may take some work to get engaged, and those who will likely never support you. The latter group will most likely demand your attention and complain the loudest.

However, you must first connect with those who are already with you—let them know how appreciative you are, ask what you can do to assist them, and ask for their support. Continue moving sequentially to the other groups.

Once you have addressed the concerns of your medical staff and begun to improve the quality of their lives in your facility, you can then ask them to help you by taking action. There are a few simple easy-to-accomplish practices physicians can initiate to quickly improve patient and staff satisfaction. With regard to patient satisfaction, ask physicians to do the following:

(1) Sit down at the patient bedside. Patients feel we have been there twice as long when we sit with them.

(2) Use key words. Phrases like “I want to keep you informed about what I think is going on with you” or “we are working together to make sure you receive very good care” can help manage patients' perceptions of care. And since patients don't necessarily hear what we tell them the first time, ending a patient encounter with “Do you have any questions? Is there anything else I can do for you right now?” is a wonderful way to close.

(3) Manage up the hospital/staff. When you walk in to speak with a patient, compliment the nurse who is caring for the patient or the department that is going to render care; it improves the patient's sense of well-being. If the nurse caring for the patient then manages up the physician, it leaves the patient with

the feeling that the hospital is a great place and the physicians and nurses actually like working with each other and are a team.

With respect to staff satisfaction, we ask physicians to do the following:

(1) Role model standards of behavior. Ask physicians

to make eye contact and say hello when walking down the hall or entering a unit.

(2) Show appreciation. Physicians should say thank you at the end of patient rounds or at the completion of an OR case.

(3) Recognize the vital importance of all members of the health care team.

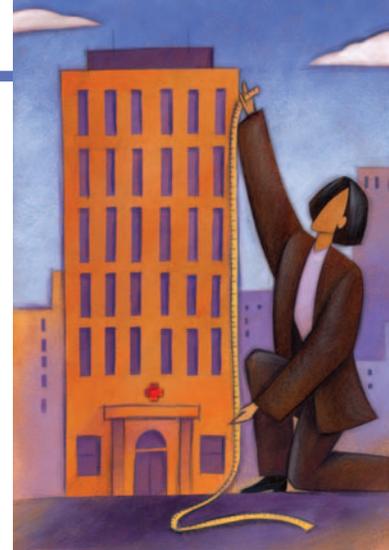
Quarterbacks do not win football games by themselves; the line makes them look good. Physicians need, whenever possible, to teach staff and involve them in the thought or decision-making process.

In summary, the following steps will help you engage physicians in service

excellence: (1) Define what service excellence is and why it is important. (2) Answer the question for physicians, “What's in it for me?” (3) Make physician satisfaction a regular agenda item for your meetings and theirs. (4) Ask for input from the medical staff regarding their issues and then address those concerns with specific action steps. (5) Formalize routes of communication. (6) Build a critical mass of the medical staff to help you move forward. (7) Educate your physicians regarding specific actions they can take to improve patient and staff satisfaction.

With physicians as your allies, you can more easily move your entire organization toward a culture of service excellence where patients, staff, and physicians are more satisfied and fulfilled.

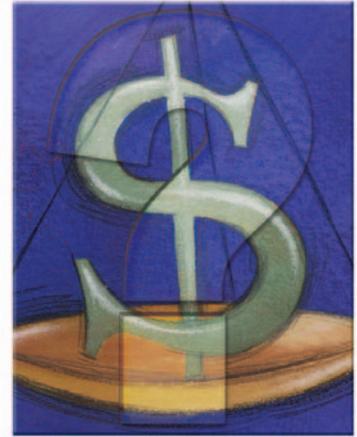
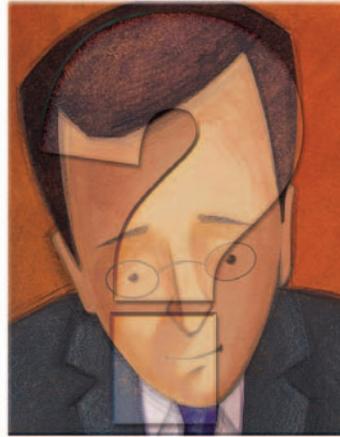
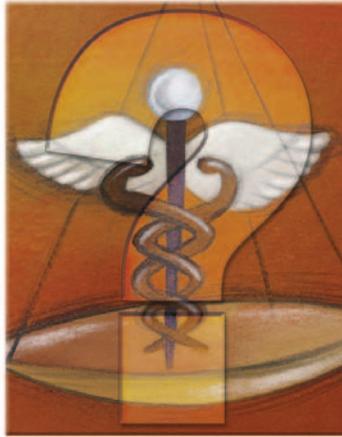
For further information, Dr. Kaplan can be contacted via email at jakmd@aol.com or by telephone at 850.232.0585.



Getting a few
physicians to help
champion your
initiative will
move your flywheel
much faster.

What Do Doctors Want?

Robert J. Wolosin, PhD
Research Product Manager
Research and Development
Press Ganey Associates, Inc.



Introduction

Professional satisfaction of physicians is important. One might think that the monetary rewards and prestige that accrue to doctors would suffice, but in addition to such rewards, everyone—doctors included—prefers work that is interesting, challenging, and worth the effort. Physicians work hard and bear heavy responsibility for their patients. Physician satisfaction affects the quality of their patient care, how they rate their physical and mental health, and whether they continue to practice in the same place.¹

The current level of physician satisfaction is controversial. Depending on the source, one can conclude either that decreasing incomes and encroachments on professional autonomy have left doctors disaffected and wishing they had never taken up the white coat, or that despite the impediments, the majority of doctors “still take satisfaction in their work.”²

While this debate will continue, the more pressing issues for hospital administrators can be stated as follows: “How satisfied are the physicians who practice at my hospital with their experiences? What can we do to strengthen our physicians’ loyalty to this hospital? What successes can we celebrate, and what do we need to work on? What do our doctors want?”

Given the historical relationship between physicians and hospitals (doctors depend on hospitals as places to treat sick patients, and hospitals depend on doctors for revenue generation) successful administrators are those who can keep their medical staff satisfied. They understand that unsatisfied physicians might admit their patients to alternative hospitals, or worse, establish a

competing institution. Contrariwise, satisfied physicians are loyal to the institution, use it to the extent possible, and recommend it to fellow physicians.

A Bit of Ethical Theory...

The profession of medicine, like other professions, is based on ethical and moral principles, such as “First, do no harm” to patients while caring for them. According to medical ethicist Albert Jonsen, medicine and its practitioners balance two great moral principles: self-interest (putting one’s own needs before those of others) and altruism (putting the needs of others before one’s own needs). Self-interest—because medicine is a skill that can be sold at great price, young people becoming doctors can look forward to at least a comfortable living. Altruism, because the culture of medicine, as well as medical training, emphasizes response to the needs of patients regardless of personal cost. A doctor should not hesitate to interrupt personal or family activities when a patient emergency arises.³

...And Its Application

In the context of satisfaction with medical practice in a hospital setting, Jonsen’s theory highlights certain realms as important to physicians on the basis of altruism, self-interest, or both. For example, the quality of patient care delivered in a facility speaks mostly to altruistic motives: As a doctor, I want my patients to have the best care possible. The ease of practice within the hospital serves self-interest, since the easier it is to practice in a hospital, the less time and trouble it takes from me, as a physician, to treat my patients. Some realms of experience might respond to both motives: the relationship with hospital leaders contributes to self-

interest in that good relationships give me, as a physician, influence over decisions that affect my lifestyle and income; but good relationships also give me, as a physician, the power to influence decisions about the hospital's nursing staff, charity care, community outreach, and the like.

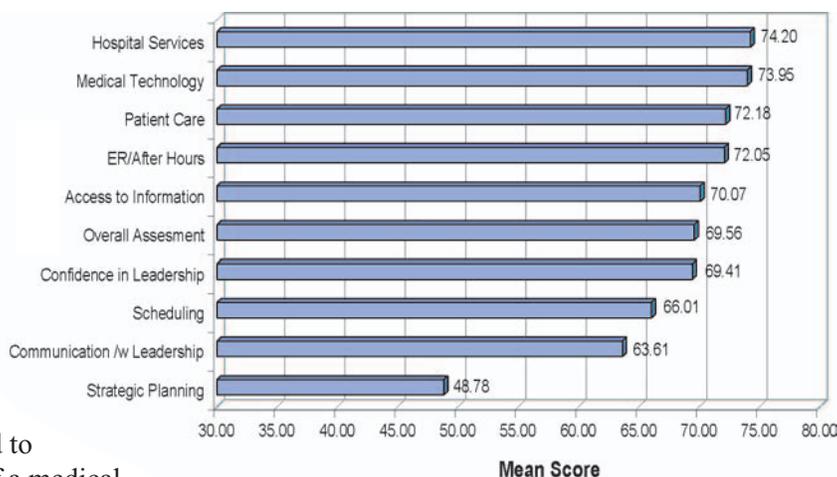
The Press Ganey Medical Staff Satisfaction Survey (or, more simply, Medical Staff Survey) is part of a new set of Physician Satisfaction Services. These services include highly customizable surveys and data collection methods, and a range of pre- and post-survey consulting activities designed to maximize the ability to improve the quality of a medical staff's experience with their hospital, leading to physician satisfaction and loyalty. The survey contains items pertaining to various aspects of a physician's experience with a hospital. Some items measure the perceived quality of patient care (thus tapping altruism), while others are oriented to aspects such as access to patient information, which promotes ease of practice and a physician's self-interest. Each item is rated on a balanced, 5-point Likert-type scale, ranging from "Very Poor" to "Very Good," and the ratings are converted to a 0-100 point scale for analysis and reporting.

The Medical Staff Survey was revised in Summer, 2003. Physicians from 18 University HealthSystem Consortium hospitals participated in the revision.



Figure 1: Geographic Representation of Physicians

Figure 2: Physician Satisfaction with Aspects of Hospitals



As of mid-June 2004, over 11,000 physicians from 73 hospitals, representing 25 states and all 9 AHA regions, had filled out the Medical Staff Survey. (See Figure 1 for the geographic distribution of represented hospitals.) Results from respondents indicate, nationally, how hospitals are meeting their physicians' expectations and how they are falling short. Health care organizations using the new Physician Satisfaction Services will find these results provide context for their own data.

Figure 2 shows mean satisfaction scores. Items reflecting services that hospitals provide to patients were rated highest. For the most part, these items deal with services that patients might obtain, such as pharmacy, physical therapy, or discharge planning. Other high-scoring aspects of the hospital experience included "Medical Technology" and "Patient Care." Clearly, the physician respondents believe that their hospitals are doing a good job fulfilling the basic mission of providing care to patients, and furnishing the technological tools that facilitate care.

Nationally, respondents were less satisfied with their relationships with hospital administration: "Confidence in Leadership" and "Communication with Leadership" were (along with "Scheduling" of inpatient and outpatient procedures) among the lowest-rated aspects. The lowest-rated aspect of all, scoring below the scale midpoint of 50, was "Strategic Planning." This indicates that respondents were dissatisfied with their participation in their hospitals' large-scale planning processes. Taken together, these

Item	Mean Score	Standard Deviation
Quality of medical staff	82.50	16.30
Equipment: ICU/CCU	79.67	18.38
Equipment: Heart Services	77.85	19.51
Quality of patient care	77.77	18.13
Equipment: Telemetry	77.42	17.84
<i>Communication - Hospital Admin</i>	<i>59.46</i>	<i>28.62</i>
<i>Response - Hospital Admin</i>	<i>57.53</i>	<i>28.47</i>
<i>Number of nursing staff</i>	<i>56.96</i>	<i>24.17</i>
<i>Info regarding strategic planning</i>	<i>51.94</i>	<i>27.40</i>
<i>Input into strategic planning</i>	<i>45.19</i>	<i>28.98</i>

*The five highest scoring items are noted in bold; the five lowest scoring items are noted in italics.

Table 1: Five Highest and Five Lowest Scoring Items

findings suggest that, nationally, physicians feel some sense of alienation with hospital administration. They want more communication from leaders and more responsiveness to their concerns. They are especially unhappy with what they perceive to be lack of involvement in the institution's large-scale planning efforts.

Item-level ratings provide a finer-grained look at the data. Table 1 shows the five highest- and lowest-rated items. Three of the five items with which physicians expressed the most satisfaction related to medical technology or equipment, indicating that hospitals are meeting physicians' expectations of providing tools for patient care. Physicians expressed the most satisfaction with the "Quality of the medical staff." They are pleased with their peers within the hospital.

Lower-rated items pertained to relationships with the hospital administration. Communication with administration, the responsiveness of hospital administration to the ideas and needs of the medical staff, and, as noted above, the strategic planning process, were relatively unsatisfactory, in the eyes of these respondents.

While it is valuable to know how well hospitals meet their medical staff's expectations, these ratings themselves do not indicate the importance of each item for physicians. Which is the greater cause for celebration—a high rating on ICU/CCU equipment or a high score on quality of patient care? As far as opportunities for improvement are concerned, is it more critical to focus on a scheduling issue, or a communication issue? Of course, considerations other than survey data inform such choices, but the data can provide some guidelines.

For example, Table 2 shows two sets of items: the first set consists of items that combined a high average rating with a high correlation with the physician's overall satisfaction with the hospital, calculated as the average of all section scores other than the overall ratings section. These items are important to physicians—they are "in step" with the physician's overall satisfaction—and meet physician expectations. We call these items "Strengths" because they reflect aspects of the physician experience with which hospitals can be proud.

Table 2 also shows items that combined a low score with a high correlation with overall satisfaction. These items list key priorities for improving overall physician satisfaction. This list shows hospital administrators areas where they can realize the most significant change in overall satisfaction—physician satisfaction with the hospital is most likely to improve if items on this list are dealt with properly.

Conclusion

A medical staff survey must be flexible with regards to content and mode of distribution. Custom questions ensure that a facility's unique needs are being met and multiple distribution methods allow for increased response rates.

Conducting a survey, however, is only one component of a satisfaction improvement process. Survey results must be analyzed and action plans developed. Working with a specially-trained physician satisfaction consultant, who tailors the implementation details based on the hospital's unique circumstances, helps guarantee success.

Contact your Account Executive to learn more about improving physician satisfaction.

Item	Mean Score	Standard Deviation
Quality of patient care	77.77	18.13
Staff's concern for patients	76.70	19.87
Confidence in Medical Staff Office	72.91	21.84
Confidence in Medical Staff Lead	73.14	21.31
Surgery: Inpatient	75.41	19.43
<i>Response of Hospital Admin</i>	<i>57.53</i>	<i>28.47</i>
<i>Confidence in Hospital Admin</i>	<i>64.04</i>	<i>27.04</i>
<i>Communication w/ Hospital Admin</i>	<i>59.46</i>	<i>28.62</i>
<i>Response of Nursing Staff Lead</i>	<i>61.95</i>	<i>24.72</i>
<i>Input into strategic planning</i>	<i>45.19</i>	<i>28.98</i>

*The "Strengths" are noted in bold; the "Priorities" are noted in italics

Table 2: Top Five Hospital Strengths and Priorities for Improvement for a National Survey of Physicians

¹ Williams, Eric S. and Skinner, Ashley C. Outcomes of Physician Job Satisfaction: A Narrative Review, Implications, and Directions for Future Research. Health Care Management Review, 2003.

² Zuger, Abigail. Dissatisfaction with Medical Practice. New England Journal of Medicine, 2004.

³ Jonsen, Albert R. Watching the Doctor. New England Journal of Medicine, 1983.

the
POWER to
CONNECT!
 patient • resident • physician • employee

2004 PRESS GANEY NATIONAL CLIENT CONFERENCE
 Chicago, Illinois—November 15–17, 2004

Satisfaction at its best

Understanding your customers—patients, residents, physicians, and employees—is critical to your facility's success. The satisfaction of each directly impacts the satisfaction of the others. Join us in the Windy City to learn from industry experts how you can obtain maximum benefit from this connection, techniques for improvement, and best practices. Session topics include:

- The Power of Customer Satisfaction
- Service Recovery
- Recognition and Reward Programs
- Improvement Techniques and Plans
- Return on Investment
- Employee Empowerment
- Improving the Customer Experience
- Physician Satisfaction

2004 Client Satisfaction Survey Results

Carla Peterson, Client Relationship Manager, ROSe Press Ganey Associates, Inc.

Each spring, Press Ganey sends questionnaires to our clients for the purpose of measuring their satisfaction with our products and services. This year a total of 3,794 surveys were sent to each primary and secondary contact in client organizations. We received questionnaires back from 35% of the contacts, representing 52% (1,083 out of 2,086 facilities) of organizations using Press Ganey tools with a total N=1,334. In addition, for the first time, an Executive Client Survey was sent to 1,989 facility executives with 540 responses for a 27% response rate. This year, 860 surveys were completed online.

The data from the annual survey are taken very seriously and become the basis for decision making throughout the year. Following the same principles we teach our clients, we look for low and high scores, we compare this year's scores to those from our previous surveys to find areas of improvement or decline, we look at scores for issues that are highly correlated with overall client satisfaction, and we construct a priority index to determine the issues that need special attention. We also look for patterns in client comments using a FirstPerson® file.

Employees are Accountable for Client Satisfaction

Each questionnaire is pre-coded with the name of the Consultant (Account Manager) and Account Executive that service a client's account. Using this information, each Consultant and Account Executive receives a "report card," which is used for performance evaluation, employee action plans, promotions, and other rewards or incentives.

Celebrating Successes

The overall results of this year's survey continued to show improvement in both Client and User satisfaction.

- The 2004 Overall Client Satisfaction rating is 85.1. This is the highest score Press Ganey has achieved and represents a 2.3-point increase over the 2003 score of 82.8.

- The Overall User Satisfaction rating increased and is the highest score achieved during the past 7 years. User Satisfaction rose from a 73.3 overall mean score in 2003 to a 74.6 overall mean score in 2004.
- The 2004 Overall Executive Satisfaction rating is 75.2. This is a baseline since 2004 is the first time this survey has been conducted.

2002/2003 Initiatives

Three teams have worked hard to make improvements in the key areas identified during 2002 and 2003. The following is a brief summary of the activities of the teams:

- **Report Re-design:** This team was charged to look at larger issues related to continuing improvements in size, reporting preferences, ease of understanding, and usefulness for quality improvement of standard reports. During the past year, this group has conducted focus groups with primary contacts, clinical managers, non-clinical managers, and executives. The resulting recommendations will be the basis for new versions of infoEDGE®. As a result of the efforts of this group, the rating for the size of reports on the Client Survey increased by 3.8 points, and the overall Standard Reports section rating has increased by 5.1 points from 2002 to 2004.
- **Quality & Accuracy:** Charged to address continuing improvements in quality and accuracy of Special Reports, printing, images, and other items, this group developed several internal protocols to streamline the process and communications surrounding how client data are delivered in reports. Improvements in technology have resulted in better quality of images and printed survey copies. Scores for accuracy of data in reports and degree to which you trust Press Ganey data increased by at least 7.3 points since work began in 2002 and concluded in 2004.
- **Set-Up/Implementation of Services (surveys):** This team was charged with continuing to improve how a new survey is set-up and the length of time needed to complete the process. Improvements have been made to the processes and written instructions were created for clients and IT contacts who are establishing new services. Conference calls including primary contacts, Consultants, client IT

professionals, and Press Ganey IT associates have helped improve the process and communication. New Implementation Guides for several survey services will be released this year. The Overall Implementation Rating mean score increased 12.2 points (72.9 in 2002 to 85.1 in 2004).

As a result of the work of these groups, significant increases in scores related to these areas have occurred. Quality & accuracy related to reports and set-up/implementation questions did not appear on the 2004 Client Survey Priority Index.

2004 Initiatives

Press Ganey is extremely pleased with the results of the 2004 Client Survey and the increases and successes that have taken place during the year. We continue, however, to work hard to improve services to our customers and recognize that there are always opportunities for improvement.

In June, shortly after sharing the 2004 results with all Press Ganey associates, new teams were developed based on analysis of the quantitative and qualitative survey data. Each team is charged with focusing on a specific area:

- **Billing/Invoices:** The Billing/Invoices team is charged with increasing the mean score on related Client Survey questions by 4 points in 2005 and reducing the number of negative comments. They will employ established quality improvement methodologies and activities to make process changes and improvements.
- **Improvement/Solutions:** This team has been charged with increasing the mean score on related survey questions by 2 points and exploring different ways of providing solution information to our clients.
- **eCompass/Dashboard:** The eCompass/Dashboard team will change the Dashboard, increase the mean score of eCompass questions by 2 points, and increase the mean score of questions rating technology by 2 points.

In addition, a team has been formed to focus on the following area of concern from the Executive Client Survey:

- **Communication with Executives:** This team will work to increase the scores on specific questions related to providing advice for improvements and solutions, degree to which you trust Press Ganey data, and usefulness of the Satisfaction Monitor and Web site by 2 points. They will also explore new techniques to communicate with executives.

We thank each client who responded to the satisfaction questionnaire. Through these observations and suggestions, we are able to focus our improvement efforts on issues important to you. The quality of our products and services continues to improve as a result of your evaluations.

Call for Satisfaction Monitor Articles

Are the satisfaction improvement efforts at your facility yielding amazing results? Are you experiencing dramatic changes in your customer, staff, and/or physician satisfaction levels? Do you know health care professionals whose programs, research, or teachings are improving the delivery of health care?

Take advantage of this opportunity to share your experiences, struggles, and successes with your peers—submit an article for possible inclusion in upcoming issues of the *Satisfaction Monitor* or *Satisfaction Advisor*. Your submission can vary in length and depth, and can include charts and graphs.

Email your submissions to Sara Nemeth at snemeth@pressganey.com.

Note: Submitted materials may be published and distributed by Press Ganey Associates, Inc. as a means of improving health care throughout the industry.

Q&A

Physician Satisfaction

Q I would like to take steps to help ensure that I achieve higher response rates from the physicians I survey. What can I do?

A There are numerous things a hospital can do to increase its response rate. Prior to surveying, the hospital can announce it in staff meetings, emphasizing the importance of hearing from everybody. Other venues such as emails or notices in the Doctors' Lounge can be used, as well. The hospital can highlight the survey data collection period on calendars sent to the medical staff. During data collection, an email reminder can be sent to non-respondents. A small incentive can be offered for survey completion. Non-responders can be interviewed by telephone, if the client desires.

It is critical that hospital administration convince the medical staff of its sincerity in using survey data to improve the quality of patient care and ease of practice at the hospital. This means that after the data are collected, the details are shared with the staff, successes are celebrated, and action plans implemented. Physician input into the action planning process will also help assure that during the next surveying, physicians will be engaged in the process.

Q How is the distribution of Medical Staff Surveys handled?

A Press Ganey offers numerous ways to distribute the Medical Staff Survey. Once we receive a hospital's medical staff list, we can survey via US mail, the Internet, or telephone interview. US mail can be used alone, in combination with the Internet, or in conjunction with telephone data collection. If a hospital prefers, Press Ganey can restrict data collection to telephone surveys only.

Q My Emergency Department doctors do not admit patients, can I survey them?

A Physicians who have admitting privileges are surveyed. Some physicians who theoretically could, but ordinarily do not, admit patients, such as Emergency Department physicians, hospitalists, and anesthesiologists, may also be surveyed with the Medical Staff Survey. Facilities may choose to survey personnel who do not have admitting privileges (e.g., residents, physician assistants, nursing assistants, nurse practitioners) using the Employee Perspectives Survey.

Q Is it possible to customize my survey and will the custom questions have benchmarking?

A Because the survey has been used in more than seventy institutions to date, an extensive list of custom questions with benchmarking is available. Press Ganey has even put together "packs" of custom questions that can be used by specialized settings, such as academic medical centers. Additional customization is possible, as well.

Q Is it possible to see my data by physician specialty?

A Pages that display data for each physician specialty in the database, with benchmarking, are standard in the Medical Staff Survey Report. For example, you can see how the satisfaction ratings of your orthopedic surgeons compare with those from other institutions.

Q I plan to use my Medical Staff Survey data to initiate improvements at my institution. Is there any way I can find out if the improvements are making a difference without having to redo the entire survey?

A Press Ganey offers an interim Pulse survey that can be used to spot-check the status of physician satisfaction with particular aspects of the hospital operation. Pulse surveys are distributed between the full surveys conducted by your organization.



HEALTH MARKETING QUARTERLY

SPECIAL ISSUE CALL FOR PAPERS

SUBMISSION DEADLINE: NOVEMBER 1, 2004

Using Perspectives of the Health Care Consumer in Marketing: Innovations and Applied Research

Many healthcare organizations assign the responsibility for assessing the satisfaction and perceptions of its customers to marketing departments. The value and importance of the health care consumer's perceptions and satisfaction is well understood: employee satisfaction, employee retention, practitioner satisfaction, and financial performance measures tend to move hand-in-hand with health care customer satisfaction scores.

Research and peer-review publication on satisfaction with health care services has been dominated by the explanation of characteristics and variables which predict satisfaction. However, there has been a dearth of applied research on the consequences of health care consumers' satisfaction. Little exposure has been given to what health care marketers do with the quantitative and qualitative consumer survey data. This call for papers seeks to understand "how marketing divisions apply data and analyses of their patients' perspectives" and "what are potential or innovative uses of health care consumer's perceptions"

Submission topics may include:

Branding	Competitive Intelligence
Community Service	Emotions in Marketing
Employee Relations	Healthcare Systems Management
Loyalty	Market Research
Physician Relations	Public Relations
Risk Management	Storytelling
Strategic Planning	Trust

Deadline for submissions is November 1, 2004. Reviews will be returned to the authors one month afterwards. The deadline for revisions and finalization of the issue will be January 1, 2005.

Send submissions, ideas, and questions to:

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Press Ganey Associates
404 Columbia Place
South Bend, IN 46601
Phone: 574.232.3387 ext. 249
Email: pclark@pressganey.com

Online Preceptor® Award

As a result of his exceptional contributions to Press Ganey's Online Forum, Mr. Tim Deighan is the August recipient of the Online Preceptor Award.

Mr. Deighan is a Research Analyst at Lake Hospital System in Painesville, Ohio. As the primary contact person with Press Ganey, he is responsible for tracking progress on patient satisfaction and disseminating results. Mr. Deighan also assists with interpreting the results and suggesting techniques for improvement.

According to Mr. Deighan, "The Forum is a hidden gem. Recently, when soliciting advice from others on ways to help our nursing directors, I received multiple suggestions and even set-up a conference call between two of our directors and an individual from a hospital in Gastonia, North Carolina that had success moving inpatient scores from the 60th percentile to the mid 90s. What a helpful person, and a new friend was made."

MEETING THE NEEDS OF OUR CLIENTS

As part of our continuing efforts to provide you with the tools and information you need to succeed, we are asking for your assistance in reshaping the Satisfaction Monitor, Press Ganey's bimonthly newsletter featuring the latest in health care news, ideas, and research.

We will be sending a survey to a random selection of readers for their comments and suggestions. The goal of this survey is to create a newsletter that is both enjoyable and informative—a truly "good read."

If you receive a survey, please complete and return it to us. Your feedback is critical to creating a useful publication.

Thank you in advance for taking the time to respond to our survey, and for helping us create a publication that keeps our clients in mind.



Sasha Knight
Editor

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