The Banner Story: Improving Home Care Patient Satisfaction to Stay Ahead in a Competitive Market

Banner Home Care is in a competitive market, occupied by several national home care chains and local proprietary home care agencies that are well-established and have long-standing relationships with case managers and physicians. In order to acquire and retain business in this environment, Banner needed to change its focus to becoming world-class operationally, financially and in customer service.

Vital Statistics
Home care is one of the fastest growing segments of the health care industry. As the demand for home care rises, agencies are seeing the marketplace become more competitive. How a home care agency or system can turn from being a casualty to a standout depends on differentiation — specifically, by being a world-class service provider.

Banner Home Care discovered this through its partnership with Press Ganey and found that the journey to improving service quality has positioned Banner to be the market giant in Arizona and beyond.

“What I would like to share with other CEOs is that service quality is mission critical — that this is something they can and need to do,” says David Baker, chief executive officer of Banner Home Care. “It will help them become a high quality organization and will help them financially. It’s a journey, but it’s an investment well worth their resources.”

Home Care Market Success Starts With Patient Satisfaction
Over the past year, Banner’s leadership has come to understand how integral patient satisfaction is to a successful operation. “Effective leaders have to know how to tone down the noise level and prioritize the things that make the most impact on their enterprise — in my opinion, patient satisfaction is one of those,” Baker says. The basis of improvement efforts at Banner is building relationships of trust. “We have to teach the clinician to see the whole equation — it’s not rocket science — it’s pretty basic,” he says. Once patients trust their caregivers, they are easier to work with and to help. Therefore, the patient will have a better experience and so will the clinician. “Physician groups have said they don’t know what we’ve been doing, but that we’re doing great.”

The changes not only helped with patient satisfaction in a competitive market, staff retention also improved. In the Phoenix area, where temperatures can reach over 120 degrees, and clinicians are not sure what they will find when they enter a patient’s home, the likelihood of attracting and retaining staff to home care can be a struggle. “We retain staff because we compensate, train and reward,” Baker says. “Staff can become stressed out and not sure what to do — but if they have the tools they need, they are able to focus on their job and be more effective, and they’re able to go home at night feeling like they have accomplished something good.”
Banner’s Journey Begins
Banner Home Care is in a competitive market, occupied by several national home care chains and local proprietary home care agencies that are well-established and have long-standing relationships with case managers and physicians. In order to acquire and retain business in this environment, Banner needed to change its focus to becoming world-class operationally, financially and in customer service. With the growing market of home health agencies, this change was needed sooner rather than later.

Banner’s quest to become world-class was intensified in March 2008, when it found that its patient satisfaction scores ranked in the 18th percentile nationally. This prompted Banner’s board of directors to respond with an aggressive challenge: Banner Home Care received a mandate to reach the 75th percentile by the end of the year.

Bringing Staff Members on Board
Mr. Baker knew swift and fundamental changes had to be made, and called upon Sheree Perry, RN, BSN, quality specialist at Banner Home Care, to help implement the changes. Baker and Perry both came to home care from the hospital setting, an appropriate background for Banner, a hospital-based agency. Baker started revitalizing Banner Home Care by establishing a leadership group to determine where Banner was and where it needed to go to better meet patient needs. The group met, and continues to meet, weekly to review Banner’s scores and determine where Banner needs to concentrate sooner rather than later.

Steps to Improve Home Care Patient Satisfaction
Banner’s patient satisfaction improvement campaign was comprehensive. Working with a Press Ganey Consultant, Perry and Baker focused on eight core tactics:

Training and education: Banner completely redesigned and redeployed its training and education programs, emphasizing the need caregivers have to emotionally connect with patients. The belief was that if staff members and clinicians could create and sustain that relationship, they would do the right thing in terms of treating the patient and communicating with the patient on an ongoing basis. A two-hour retraining session focused on how to read Press Ganey reports, what influences the percentile rank, and the meaning of each of the scores. There were exercises on elements such as telephone etiquette and behavior standards when interacting with patients. Banner also redesigned its new-hire orientation for all employees, making it more comprehensive.

Start of care calls: Banner is working to greet each new patient 24 hours prior to commencing home care to establish a connection with the patient and answer any questions the patient may have before treatment begins.

Check-in by phone: Each patient is called within the first two weeks of care to ensure that he or she is satisfied with the quality of care received but had a frame of reference, something that they did not have for patient satisfaction. It took Banner some time to provide that context and give staff members and clinicians a frame of reference, something that they did not have for patient satisfaction. It took Banner some time to provide that context and explain why patient satisfaction matters. Leaders drew on parallels to staff members’ experiences with world-class customer service elsewhere to illustrate the importance of satisfaction. “Think of restaurants: Which restaurants do you love the best and why?” Baker asked staff. “The quality of the food, the ambience, the service — if only one of those pieces is there, you will have an OK experience — but when all are there, that’s what makes the place world-class and a place you want to return to time and time again. It’s the same thing with our patients.”

The Data Speak
Baker says that examining question groupings using the survey helped Banner focus on the issues that are most important to patients. “A great example was scheduling. We were consistently scoring low in our ability to change schedules and communication — the whole area was problematic. I said, ‘We’re going to fix this problem once and for all,’ and I charged a group to get the resources and to determine why this was a problem.”

The group investigated why scheduling wasn’t working for patients by analyzing the data through question grouping, easily pulling and reviewing related verbatim patient comments captured by the survey and mapping out the current processes. Patient comments revealed one cause for patient dissatisfaction with scheduling: The telephone system simply wasn’t doing the job. Voice mail boxes were full, calls were not returned in a timely manner and there were no standards for telephone etiquette. Patient comments on Press Ganey surveys pinpointed a gap in Banner’s scheduling processes and allowed Banner to swiftly identify and begin to remedy these problems.

The phone problems were symptomatic of a larger systemic issue with scheduling. Scheduling is not only a patient dissatisfier but also a staff dissatisfier — and it caused a ripple effect; the entire process needed an overhaul. “We ended up involving everyone in staffing and changing our scheduling processes,” Baker says.

One problem area that was quickly identified was that patient satisfaction scores weren’t resonating with staff members; staff considered the scores to be just numbers in a report. Most staff were far more interested in productivity numbers or metrics for which they had a frame of reference, something that they did not have for patient satisfaction. It took Banner some time to provide that context and explain why patient satisfaction matters. Leaders drew on parallels to staff members’ experiences with world-class customer service elsewhere to illustrate the importance of satisfaction. “Think of restaurants: Which restaurants do you love the best and why?” Baker asked staff. “The quality of the food, the ambience, the service — if only one of those pieces is there, you will have an OK experience — but when all are there, that’s what makes the place world-class and a place you want to return to time and time again. It’s the same thing with our patients.”

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Call before visiting: As a result of patient dissatisfaction with scheduling, Banner implemented reminder pre-appointment calls to patients 24 hours prior to visits.

A calendar in each patient’s home: Each patient receives a Banner calendar, and staff is asked to write the visit schedule for each discipline. The calendar is posted on the patient’s refrigerator for reference.

Stand-up meetings: As a result of its Press Ganey scores, Banner began logging all calls entering the central scheduling area to see why the patient called — was it a failed process or system on Banner’s end, or a patient need? Banner leaders felt that if they could get their hands around those issues through a daily snapshot of patient and staff problems, that it would be able to drive real-time improvements in patient satisfaction. As a result, Banner has focused on using stand-up meetings, where staff members from the front desk, home health managers and schedulers meet daily for 30 minutes to discuss the calls coming in, assess any trends and identify needed follow-up. Banner implemented this pilot in one of its agencies, and it was such a success that it is in the process of expanding it to its agency on the east valley side of Phoenix.

Weekly measurement reports: Banner pulls its patient satisfaction data on a weekly basis and sends a log to all staff via e-mail. “We do not mask, hide or shade anything,” said Baker. “If an employee is named in a patient comment (in a good or bad light), that person is identified. We had to take it down to the individual level to get that accountability. Logs are listed on a weekly basis, and people are named. Organizations tend to want to gloss over these things, but we think it is critical to take it down to the individual performer level. This is a key part of our success.”

Spotlighting positive stories: At general monthly staff meetings and weekly case conferences, staffers are recognized for exceptional care and patient interactions. For instance, Banner recently honored a nursing assistant who helped a 99-year-old blind woman set her hair. “This was a patient who would not let an aide come in and do any personal care because she was so private, but she knew this assistant and asked for her specifically,” Baker says. “The assistant made the patient so comfortable she let her set her hair and get her ready for a doctor’s visit. And even though the patient is blind, she still wrote a note of thanks.”

Initial Goals Achieved

Through these initiatives, Banner Home Care reached the 76th percentile nationally for patient satisfaction in October 2008. It’s now the largest home care agency in the state of Arizona and has top outcome and retention scores.

Baker’s involvement has been an integral part of Banner’s successful cultural change. “Our CEO is very involved,” Perry says. “He sees from the 30,000 foot level but comes down to our level and knows the small details of our improvement strategies; for instance, that we will answer the phones in three rings. It takes a leader like that, who is willing to dig in and drive the accountability to that level of detail, to be successful.”

Baker returns the compliment. “Once my eyes were opened, which initially came from board pressure, I realized how important service quality is to running a world-class organization,” Baker says. “But you also need someone like Ms. Perry who has perspective and can operationalize and organize the process improvement approach to change culture.”

“We like using Press Ganey, and these improvement efforts are now so important that I couldn’t imagine not monitoring patient satisfaction, doing business the old way and not being aware of what experiences we were providing to our customers. It sounds horrible to say, but it’s true, and I know I’m not the only one,” Baker says. “It’s not that you don’t care, but it’s not a priority and a focus. When you recognize the power of that experience and what it should be and needs to be, if you are an effective leader you cannot fail to address it.”

Resources

Interview with David Baker, CEO of Banner Home Care, and Sheree Perry, RN, BSN, quality specialist at Banner Home Care, conducted November 12, 2008.


“After seeing the results and changes we’ve made over the past few months, we know we have the power to change; now it’s just a matter of making it happen consistently.”

— Sheree Perry, RN, BSN
quality specialist, Banner Home Care