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Life at Work

Attitudes and Action

Surveys Were Put to Good Use at MedStar

Raise your hand if you think you could run your workplace better than those who are in charge now.

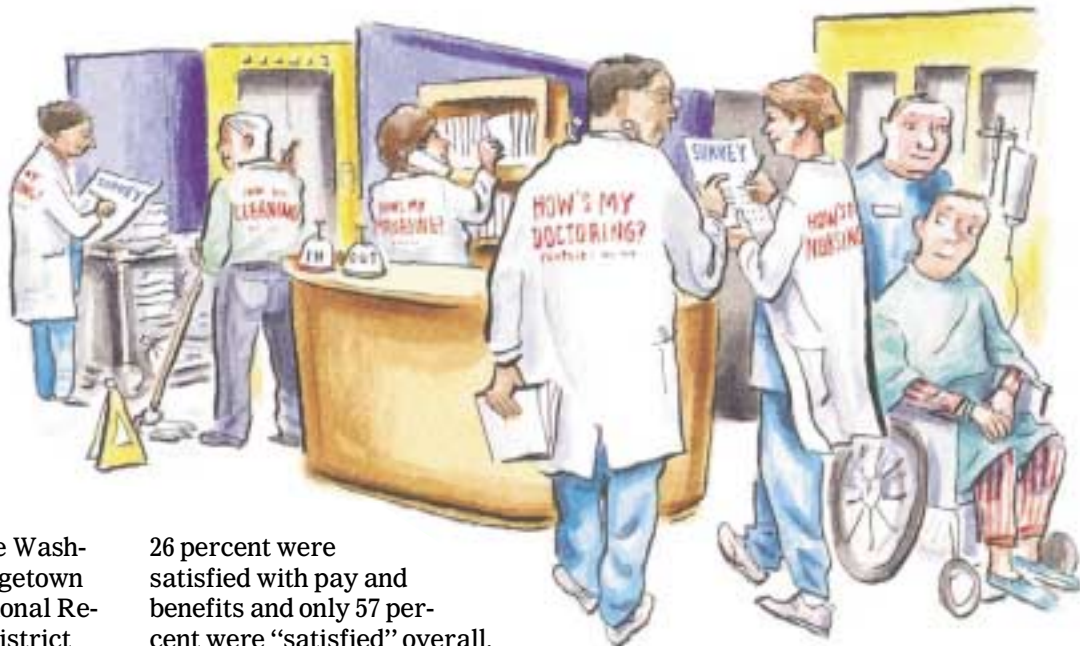
Yep, I thought so. Lots of us would say that's the case.

Sure, many companies ask for employee feedback through surveys, questionnaires and suggestion boxes. But do they ever actually do anything with those results?

At MedStar Health, the large Rockville-based health care system that includes the Washington Hospital Center, Georgetown University Hospital and National Rehabilitation Hospital in the District and four hospitals in Baltimore, doing something with the results has turned into a major organization-wide project.

The hospitals and companies that are part of MedStar all had their own employee surveys, but they never seemed to do anything with the results, said Margery Zylich, assistant vice president of operational communications and special projects. So MedStar decided a few years ago to do one survey for all of its employees, hoping to incorporate all of their issues and solutions across the entire organization.

The results from the first MedStar-wide anonymous survey in 2000 were abysmal. Just 50 percent of the 22,000 employees responded. Of those, only



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26 percent were satisfied with pay and benefits and only 57 percent were "satisfied" overall.

Those results were the start of a program aimed to encourage employees to speak up about things they wanted to change and how they wanted to change them. They were encouraged to question their workplace without guilt.

Employee focus groups were created. Town hall meetings were held, even during the overnight shifts. Groups within the hospitals and companies started to have "huddles" during the week to discuss problems that arose, changes that could be made and solutions other departments had come up with.

"We were a new system. We wanted to unify employees," Zylich said. (The various hospitals and companies started to come together in 1998.) "We

also wanted to build a two-way dialogue and trust and link the whole thing back to the mission of patient care and great service."

One of the first things the system did was to respond to dissatisfaction with benefits and pay. The group's most recent survey showed 51 percent of employees are now satisfied with pay and benefits, but the big change in the compensation was simply better communication about what the group offered.

"What was important to me was outlining the benefits in a clear way," said Nancy DiBenedetto, data quality ana-

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lyst at the National Rehabilitation Hospital. The new information clearly showed how much NRH paid for each employee's insurance, "which I never saw before. Most people think their value is just salary. But when you see how much they pay for benefits, it's a lot higher."

Based on feedback from meetings and focus groups, 1,500 managers throughout the system created "action plans" for their departments. These plans are continually updated and entered into MedStar's Intranet so the groups can get suggestions from one another.

MedStar's academic medical center at Georgetown University Hospital has been focusing on how the departments interact with one another, how their attitudes could change and how they could communicate better. They have also discussed how to better guard a patient's confidentiality.

Separate staffs came together to talk about what the departments have in common and what they could do together to make the operation more efficient. "We were having weekly meetings and updating our action plans, and it was really amazing," said Jennifer Kennedy, operational manager with neurology, ophthalmology and otolaryngology. "It's a big institution. Employees might talk on the phone a

couple times a week. But this helped us sit face to face."

The employees have changed several things together since the start of the program.

In a meeting this week, managers mentioned that they noticed patients have been reluctant to give out their Social Security numbers. In another "aha" moment, the group decided they could stop asking patients for the entire number and ask for only the last four digits.

Employees have also changed the way patients check in and out. At Georgetown's Lombardi Comprehensive Cancer Center, a vice president pointed out that registration had separate check-in and check-out staffs, and they were in two different rooms. This was confusing for patients and not very economical. Once that was noted, the registration employees were combined in the same area and also cross-trained so they could do each other's job.

These may seem like simple issues that could be fixed easily, and it shouldn't take meeting and planning to do it. But think about it: If you notice something that could be fixed, do you go and tell your whole department? Nope. And so the problem isn't fixed, or maybe even noticed.

Meanwhile, the MedStar program has also prompted some departments to show others what they do every day.

Housekeeping recently put on a skit for the other departments to show what sorts of issues arise when its workers need to clean a room and how they handle things like patients who don't want them to enter. "They gave a really interesting example of . . . how they handle issues they run into from the housekeeping standpoint," said Karen Alcorn, a spokeswoman for Georgetown's hospital.

Since the program started, MedStar has conducted several other surveys. They show a major change in how the employees feel about the company, and they show that the employees believe they actually might have a say in how things are run: The latest survey had a participation rate of 83 percent. Overall employee satisfaction jumped to 65 percent.

"I think surveying employees, they expect it now," DiBenedetto said. Management said to employees last year that they were "giving us the feedback and now the bar is raised for us to do something with the data," she said. "It's expected that we're going to do something about it."

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