

# Making Relationship-Based Care a Reality

Employees at a Michigan Hospital Successfully Put This Theory into Practice

BY MARY ROSSER

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**M**ercy Hospital Cadillac in Cadillac, Mich., is a small, community hospital that faced declining market share and an inability to meaningfully improve patient satisfaction and loyalty. Adding to that challenge, generational shifts mean savvy health care consumers have expectations far different from their forefathers. Younger generations are calling for superior clinical outcomes but, above all, they expect to *feel* unprecedented caring and compassion from their health care providers. In a profession faced with shrinking reimbursement and the need to do more with fewer resources, meeting this demand

became a principal focus for Mercy Hospital in order to stay competitive in an ever-changing health care market.

Each year, health care organizations are faced with trying to integrate numerous initiatives into their organizational culture. The vision of Trinity Health, Mercy Hospital's parent system, is to be the "most trusted health partner for life."

Therefore, Mercy Hospital chose

Relationship-Based Care (RBC) because the philosophical theory and practical application integrated aspects of care delivery that Mercy Hospital officials believed would ultimately achieve the goal of being a *trusted health partner*. Historically, this aspect of cultural development (relationships) has been overlooked in health care, yet is an essential factor in transformational change and future viability.

In the face of competing initiatives, RBC enabled Mercy to integrate guiding behaviors, values-based decision-making and a respectful work environment, just to name a few. RBC is unique in that it focuses on the care provider's relationship with patients and families, with colleagues and with themselves. Although the patient will always be the central focus of care delivery at Mercy, the emerging trend is to place renewed value on one's relationship with colleagues, and the spiritual, emotional and physical health of each individual. In the end, all

three must be aligned to deliver compassionate, quality care, and enjoy the fulfillment of holistic healing that often serves as the motivation to select health care as a profession.

Mercy Cadillac previously tried various improvement models, but sustaining any substantial change proved to be its nemesis. Looking back, Mercy believed this resulted from a top-down driven approach in which past initiatives lacked the critical input of front-line associates. RBC is different. Mercy associates evaluate, develop and implement "practice changes," and subsequently are responsible for data measurement and sustainability. Health care expert Quint Studer wrote in his book, *Hardwiring Excellence*, "Another way to drive a culture of ownership is to harvest intellectual capital that exists in an organization." Tapping on that capital has generated some of the most innovative, creative ideas Mercy Hospital has entertained in years, and served to renew the enthusiasm that oftentimes tends to dwindle in the face of health care demands.

Recognizing that building individual accountability was germane to success, Mercy Hospital incorporated the principles of RBC into the recruitment and hiring process, performance reviews, safety and quality, and standards of conduct. Setting expectations for RBC beyond educational sessions has enabled Mercy Hospital to underscore its commitment to improving excellence in care.

RBC is innovative inasmuch as it returns health care to its *purpose* — connecting with another human being — and Mercy Hospital to its Catholic identity, concepts easily forgotten in the face of reimbursement issues and nursing shortages. Healing body, mind and spirit, thus, attending to the whole person, is of utmost importance in the Trinity culture. RBC supports that through its multi-faceted focus on patient, colleague and self. If any of these relationships are strained, the caregiver's ability to deliver compassionate, healing care is compromised.

Recognizing that RBC would only succeed proportionate to its ability to engage associates, Mercy Hospital officials created Edna Sternblatt — a gregarious character whose didactic, comical approach has been instrumental in truly achieving cultural change. Edna is a retired nurse and through her

## Contact Information

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**Mercy Hospital employees, like the ones shown here with a patient, follow the Relationship-Based Care model.**

educational videos has inspired, engaged and motivated associates, resulting in a greater sense of ownership among staff and, ultimately, a willingness to support RBC. Titles of the Sternblatt videos include, "RBC Overview," "Are You Listening?" and "Reverence!" The videos resonate with associates, as Sternblatt's humor, frivolity and unique character translated into a message that evoked emotions so strong that associates continue to request Edna.

Historically, hospitals have collected patient satisfaction data in an effort to identify improvement opportunities. Substantial changes have occurred in this area as the Centers for Medicare and Medicaid Services implemented Health Consumer Assessment

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of Healthcare Providers and Systems, which is a standardized measurement tool used to assess patient satisfaction in specific areas not previously measured: communication, listening, explanations, quiet environment and cleanliness. The data collected is scheduled to be published on the Internet this spring, enabling consumers to make apples-to-apples comparisons of health care providers.

Mercy also collects data related to many other clinical and non-clinical aspects of the patient experience. RBC pre- and post-data collection has shown strong results, albeit early, in key health care indicators: the overall rating of care improved 5 percent, and the likelihood of recommending Mercy improved 7 percent — substantial gains in areas where Mercy had not been able to realize

any meaningful growth during the past several years. Employee engagement scores at Mercy have trended upward as well, again demonstrating RBC's broad application beyond patient care delivery.

The rollout of RBC at Mercy Hospital consisted of mandatory associate overview education, including the physician hospitalist group. Historically, organizations have focused primarily on nursing groups as those who predominantly impact patient satisfaction. Mercy recognized that the patient experience is affected by every encounter, regardless of whether it is clinical in nature. Unit-Based Action Councils (UBAC) were formed in clinical and non-clinical areas, consisting of department associates chosen by their peers as those who embodied the principles of caring relationships. UBAC education sessions focus on the development of associates in the areas of leadership, critical thinking, conflict management and cultural change.

Since its inception in December 2006, UBACs have evaluated, developed and implemented numerous practice changes designed to support and strengthen the three relationships. Nurse Sherilyn Crist, UBAC team leader for Mercy's Family Birth Center, says, "RBC enriches the patient experience, increases the gratification I feel in my profession, and reaffirms my choice to be a nurse." At Mercy, practice changes range from family informational cards to nursing reports at the bedside — innovative paradigm shifts that restore relationships, advance their faith-based culture, and return Mercy to the heart of care delivery in a world where the focus on revenue and staffing has been more of a priority than healing body, mind and spirit. ■