

## Lehigh Valley Health Network LVHN Scholarly Works

---

Patient Care Services / Nursing

---

# Strategies for taking the H.E.A.T- Turning an Oops into an Opportunity

Kacie Killeen BSN, RN  
*Lehigh Valley Health Network*

Gina Lemoncelli BSN, RN  
*Lehigh Valley Health Network, [gina.lemoncelli@lvhn.org](mailto:gina.lemoncelli@lvhn.org)*

Constance A. Wildonger BSN, RN  
*Lehigh Valley Health Network, [constanc\\_a.wildonger@lvhn.org](mailto:constanc_a.wildonger@lvhn.org)*

Melissa S. Perri BSN, RN  
*Lehigh Valley Health Network, [melissa\\_s.perri@lvhn.org](mailto:melissa_s.perri@lvhn.org)*

Mackenzie R. Ortona BSN, RN  
*Lehigh Valley Health Network, [mackenzie\\_r.ortona@lvhn.org](mailto:mackenzie_r.ortona@lvhn.org)*

*See next page for additional authors*

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>

 Part of the [Nursing Commons](#)

---

### Published In/Presented At

Killeen, K., Lemoncelli, G., Wildonger, C., Perri, M., Ortona, M., & Martinowich, L. (2016, August 19). *Strategies for taking the H.E.A.T- Turning an Oops into an Opportunity*. Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

---

**Authors**

Kacie Killeen BSN, RN; Gina Lemoncelli BSN, RN; Constance A. Wildonger BSN, RN; Melissa S. Perri BSN, RN; Mackenzie R. Ortona BSN, RN; and Laura A. Martinowich BSN, RN

# Strategies for taking the H.E.A.T- Turning an Oops into an Opportunity

Kacie Killeen BSN, RN, Gina Lemoncelli BSN, RN, Constance Wildonger BSN, RN, Melissa Perri BSN, RN, Mackenzie Ortona BSN, RN, Laura Martinowich, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND

"Communication with nurses", "response to concerns and complaints", "nurse treated me with courtesy and respect", and "nurse listened to me carefully" rank in the top 10 on the Priority Index Service Drivers for LVHN.

CC Priority Index Service Drivers  
Feb. 2015 – Jan. 2016

CC Unit High – Low Performers

| Top 10 Service Drivers                   | Source | % tile Rank | Correlation |
|--|--------|-------------|-------------|
| 1. Physician kept you informed           | PG     | 20          | 0.48        |
| 2. Response to concerns/ complaint       | PG     | 25          | 0.52        |
| 3. Wait time for test and treatments     | PG     | 15          | 0.44        |
| 3. Staff address emotional needs         | PG     | 26          | 0.49        |
| 5. Staff worker together to care for you | PG     | 28          | 0.55        |
| 6. Time physician spent with you         | PG     | 25          | 0.47        |
| 6. Overall rating of care                | PG     | 30          | 0.61        |
| 8. Friendliness / courtesy of physician  | PG     | 23          | 0.44        |
| 8. Physician concern questions/ worries  | PG     | 25          | 0.46        |
| 10. Staff included decisions re' trtmnt  | PG     | 30          | 0.50        |

FY 16 CC Target Goal 72.8

| Unit   | FY 16 Rollup 7/15-1/16 | Avg %ile |
|--------|------------------------|----------|
| 7K     | 77.5                   | 69       |
| 7C     | 75.6                   | 60       |
| TOHU   | 74.7                   | 54       |
| 4K     | 73.4                   | 48       |
| 4KS    | 73.2                   | 46       |
| 5K     | 71.8                   | 37       |
| 5C     | 69.7                   | 28       |
| 6K     | 68.3                   | 22       |
| 3AIPC  |                        |          |
| U      | 68.2                   | 20       |
| PCU    | 65.6                   | 19       |
| 6C     | 64.6                   | 14       |
| 6B     | 66.4                   | 13       |
| 7A     |                        |          |
| NSU    | 63.9                   | 12       |
| 5A TTU | 66.4                   | 11       |
| 7B     | 62.1                   | 6        |
| 5B     | 61.8                   | 5        |

## PICO QUESTION

Will small group, one-on-one education, role play, and use of a quick reference card improve 6B and 7BP RN and TP understanding of implementing the HEAT method of service recovery when dealing with dissatisfied patients?

**P:** RNs and TPs on 6B and 7BP Adult Medical Surgical units.

**I:** Educating and providing resources to unit RNs and TPs about implementing the HEAT method.

**C:** No education or resources provided to unit RNs and TPs about implementing the HEAT method.

**O:** Improvement of RNs and TPs understanding of how to effectively deal with patient dissatisfaction using the HEAT method.

## EVIDENCE

- Service recovery has proven to be cost-effective in many service industries. A good recovery can turn angry, frustrated customers into loyal, satisfied customers and can even create more goodwill than if things had gone smoothly in the first place [1].
- H.E.A.T was adopted from Capstone Leadership Solutions Inc.[3] This method focuses on listening, apologizing, and empathy. How important is apologizing? An upfront apology or expression of sympathy can relieve anger and frustration and reduce the level of emotion, paving the way for a quick settlement rather than lengthy and costly litigation.
- For the most part, patients do not sue because they are greedy but because they want to know what went wrong and are seeking acknowledgement of the error [2]. For this reason, we believed re-teaching H.E.A.T method would help improve patient satisfaction scores.

## METHODS

### • Pretest and Post test evaluation

- First, the nurse residents used a pretest to determine where skill and knowledge deficiencies existed. Registered Nurses and Technical Partners on 6B and 7BP were involved in data collection.
- Staff education was created based on the results of the pretest.
- One-on-one teaching was implemented using a standardized power point for reference and a "quick reference card" with important numbers and resources.
- The reference card will aid in the "Take action" bullet point in H.E.A.T. Method.
- A post test was given immediately following education to assess improved knowledge.
- Based on the post test result we were able to determine if implementing the HEAT method of service recovery on an adult medical surgical unit improved Nurse and Technical Partner confidence when solving patient complaints and dissatisfaction.

### 1. H - Hear patient out

1. Give patient your full attention
2. Listen specifically to the patient with out interruption
3. Don't disagree

### 2. E – Empathize with customer

1. Scripting... "I can understand why you feel that way"
2. Body language, tone of voice need to match

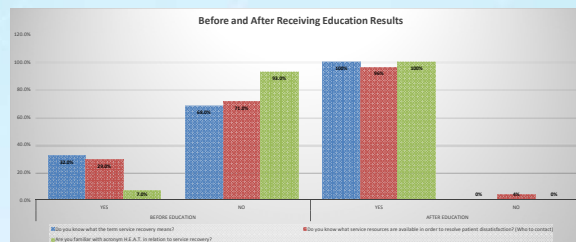
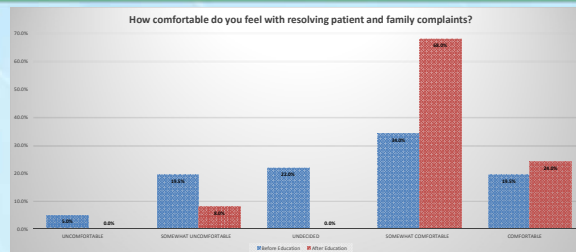
### 3. Apologize for the inconvenience

1. Scripting – "I'm sorry this has happened"

### 4. Take action

1. Scripting... "This is what I'm going to do"... explain actions/timeframe.

## RESULTS



## OUTCOMES

- According to our survey, about 90% of health care workers studied answered "yes" to the question "Do you ever feel you are left to deal with patient dissatisfaction that you did not contribute to?"
- Although the H.E.A.T. method of service recovery is part of the LVHN PRIDE behaviors, only 7% of health care workers we surveyed answered "yes" to the question "Are you familiar with the acronym H.E.A.T. in relation to service recovery?" prior to providing our education.
- When asked the short answer question "Why is it so important that frontline health care professionals are proficient in service recovery?" only 51% answered with a positive response, that being a response which embodied the general idea of why service recovery is important. After education, 80% of the health care workers we surveyed answered with a positive response.
- The resource card which provided numbers needed for most frequent complaints on units was found to be the most helpful. The first night of using the resource card, two nurses states that they used the resource card twice to resolve patient dissatisfaction. Prior to this reference card, the nurse would not have been able to complete the H.E.A.T. strategy by "taking action".

## CONCLUSIONS

- After education, nurses and technical partners felt more comfortable with service recovery, the H.E.A.T method and resources available for dealing with dissatisfied patients
- Nurses and technical partners thought the quick reference cards were a great resource.
- Providing education to health care workers about service recovery will increase comfort level when dealing with dissatisfied patients and ultimately increase patient satisfaction and loyalty

## REFERENCES

1. Bendall-Lyon, D. & Powers, T. L. (2001). The role of complaint management in the service recovery process: Patient's perspective. *The Joint Commission Journal on Quality Improvement*, 27(5): 278-286.
2. Bender, F. F. (2007). "I'm sorry" laws and medical liability. *AMA Journal of Ethics*, 9(4): 300-304. Retrieved August 04, 2016, from <http://journalofethics.ama-assn.org/2007/04/hlaw1-0704.html>
3. Capstone Leadership Solutions, Inc. (2014). Solutions: Service Recovery. Retrieved February 22, 2016, from <http://www.capstoneleadership.net/wp-content/uploads/2014/05/Solutions-Service-Recovery-June2015.pdf>

© 2016 Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.™

610-402-CARE LVHN.org

