Creating Your Patient Experience Strategy

California Hospital Volunteer Leadership Conference
Workshop
February 20, 2018
Agenda

1. Introductions
2. Our Patient Experience Journey
3. The Perfect Partnership: Volunteer Services and Patient Experience
4. The Road Ahead
5. Questions/Discussion
Our Patient Experience Journey
Our Goals

1. Top decile ranking nationally in CAHPS benchmarks
2. Local, regional, and national prominence as a leading organization focused on patient experience
3. Sustained staff engagement levels in top-decile national rankings
4. Appropriate, consumer-driven access to care
5. A structured, consistent, patient experience improvement approach across the entire Cedars-Sinai Health System
Our Guiding Principles

1. Create a common definition of the patient experience
2. Include the patient voice at all times
3. Create and follow structured, formal action plans
4. Ensure multi-disciplinary engagement from team members
5. Adhere to a data-driven approach to improvement
Re-Envisioning Patient Experience

1. What patient experience means to us and to our patients
2. Where, how, and why we ask for patient input
3. How we use that input to meaningfully guide our efforts
4. How we stay true to what we know will work
5. How we engage every team member in ways that are meaningful to them
Our Patient Experience Action Plan

1. Internal awareness
2. Strengthened feedback
3. Patient and family experience improvement
4. Staff tools and resources
5. Innovation
Re-envisioning What Patient Experience Means To Us and To Our Patients
What Patient Experience Means

- Creating a common definition and understanding across the organization
- Explaining the *why*, *how*, and *when* to our team members
- Keeping people informed in ways that are meaningful to them
- Mapping out the ideal state
Patient Experience to Volunteers

Recruitment
- Application
- Statement of Interest
- Interview

On-Boarding
- Orientation
- On-Assignment Training
- We lead
- We shadow

Engagement
- Tools
- Ongoing / Continual Shadow-Rounding
- Retraining
Re-envisioning Where, How, and Why We Ask For Patient Input
Patient Feedback

• A complete redesign of when, how, and why we ask for patient feedback:
  – Updated surveys in Real-time
  – Patient and family advisor programs
  – Online patient panel
• Becoming more transparent with our consumers
• Harnessing the power of social media
Project Highlight: Social Media

- Patients post on social media
- Internal team tracks posts daily
- Surprise outreach through volunteers
anxious. Eleven days in the hospital might not kill you, but it will definitely make you crazy. Keep in mind, I was going in for an outpatient procedure and had to keep humming "...a three hour tour" to stay sane. 😂😂 I probably seemed more crazy but it made me laugh. Let's pray that my body knows best and I do better at home and don't blow these patches! I didn't get my real dog visit, but the hospital did give me a hypoallergenic dog as a gift which was really sweet before I left! I've named him Cedar. 😄 #thankyoucedarssinai #csfleak #cedarssinai #bloodpatch #dontblowit #prayforhealing #fasterhealingsthespecific #prayforcomfort #anxiouspatient #bestnurses #theylovedmethroughhit #worldclasshealthcare

This is all of you and I love you! 😘

19 likes
18 HOURSAGO

Add a comment...
Re-envisioning How We Use That Input To Meaningfully Guide Our Efforts
Using our Feedback

• Understanding our data and what drives patient behavior and sentiment (making meaningful correlations)
• Clearing out the noise—focusing on just the numbers
• Putting together a comprehensive view of our feedback
• Partnering across the organization on new services based on patient feedback

“Data without a story is like a palette without a painting”- IBM
Project Highlight: Non Clinical Rounding

PROBLEM STATEMENT
The current inpatient non-clinical rounding process is inconsistent and not aligned with needs of the patient or clinical care team.

CHALLENGE
How might we partner with Volunteer Services to redesign the non-clinical rounding process to ensure it is consistent and adds value for the patient and care team?

Potential non-clinical Visits on Day 1 of Hospitalization

1. Welcome
2. Spiritual Care
3. Volunteer Services
4. Food & Nutrition Services
5. Hospitality Services
6. Patient Relations
Project Highlight: Non Clinical Rounding

Volunteer visits patient within 24 hours of patient being roomed (from one representative)

Volunteer provides Amenity Kit & shares script with each patient (includes info for all non-clinical groups)

Volunteer informs the appropriate groups of any immediate issues (contact information included with script)

Data from surveys aggregated and shared daily (to determine additional visit needs)

Visits Consolidated with TOC Process:
Overall Visits on Day 1 Reduced by 40%

Patient Experience | Non-Clinical Visits Guide

<table>
<thead>
<tr>
<th>Greeting</th>
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<tbody>
<tr>
<td>Introduction</td>
</tr>
<tr>
<td>- Your Name</td>
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<tr>
<td>- Welcome to CS</td>
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<table>
<thead>
<tr>
<th>Amenity Kit</th>
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<tbody>
<tr>
<td>Complimentary</td>
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<tr>
<td>Contents: Ear plugs, eye mask, headphones and other sleep/noise aides</td>
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<thead>
<tr>
<th>Main Offerings</th>
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<tbody>
<tr>
<td>Brochure</td>
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<tr>
<td>- Care team breakdown</td>
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<tr>
<td>- TV remote</td>
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<td>- Parking</td>
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<td>- Reduce rate passes</td>
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<tr>
<th>Visiting Services</th>
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<tbody>
<tr>
<td>Volunteer</td>
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<tr>
<td>- Music</td>
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<tr>
<td>- Pet Therapy (POTHET Program)</td>
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<td>- Volunteer Visitors</td>
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<tr>
<td>Spiritual</td>
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<tr>
<td>- Chaplain</td>
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<tr>
<td>- Various Religions/Spiritualities</td>
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<tr>
<th>Additional Services</th>
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<tbody>
<tr>
<td>Housekeeping</td>
</tr>
<tr>
<td>- Housekeeping – 3x/day</td>
</tr>
<tr>
<td>- Room cleaning</td>
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<tr>
<td>- Trash removal</td>
</tr>
<tr>
<td>- Clinical Partner – 1x/day</td>
</tr>
<tr>
<td>- Sheets</td>
</tr>
<tr>
<td>- Bed Making</td>
</tr>
<tr>
<td>- Towels</td>
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<tr>
<th>Meals</th>
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<tbody>
<tr>
<td>Electronic Menu – 2x/day</td>
</tr>
<tr>
<td>Regular Meal (unless specified)</td>
</tr>
<tr>
<td>Deluxe Meal</td>
</tr>
</tbody>
</table>

Please let your nurse know if you would or would not like any of these visits.
Re-Envisioning How We Stay True To What We Know Will Work
Developing Our Patient Experience Action Plan

• We asked all of the tough questions:
  – What are we great at?
  – Where do we want to excel?
  – What do our patients wish we did differently?
• We partnered with leaders to explain how positive changes would benefit us all
• We created a document to help tell the story—in the right order
• We vetted the action plan across the organization at all levels
Our Patient Experience Action Plan

1. Internal awareness
2. Strengthened feedback
3. Patient and family experience improvement
4. Staff tools and resources
5. Innovation

PATIENT EXPERIENCE
Volunteer Services/Patient Experience Partnership

Standing Committee Member

Health System Expansion Partnerships

Monthly Partnership Meetings

Innovations Partner
Re-envisioning How We Engage Every Team Member
In Ways That Are Meaningful To Them
Team Member Engagement

- Designed a comprehensive patient experience playbook
- Focused on team-member recognition
- Challenged team members to get innovative and creative
- Simulation Center training
- Focus on clinician well-being
Program Highlight: Mealtime Mates Volunteers

• Provide feeding assistance to inpatients
• Assignment: one patient for one hour: breakfast, lunch, or dinner
• Duties
  – monitor for adherence to swallowing precautions
  – encourage increased nutrient intake to decrease risk of malnutrition
  – provide social interaction
• Lessens burden on clinical staff (RNs, Clinical Partners)
• Provides opportunity to medical center nonclinical staff to engage face-to-face with our patients
  – Often only opportunity
  – Breakfast before work, during lunch, dinner after work
• Very high degree of satisfaction/sense of making a meaningful difference
Re-Envisioning Everything
Our Guiding Principles

1. Create a common definition of patient experience
2. Be inclusive of the patient voice at all times
3. Create and follow structured, formal action plans
4. Ensure multi-disciplinary engagement from team members
5. Adhere to a data-driven approach to improvement
The Road Ahead

- Staying true to our action plan: following the right structure
- Completely overhauling our patient feedback mechanisms—asking for feedback at the right moments
- Providing innovative, cutting-edge tools and resources for our team members
- Creating the white paper on patient experience—how we define the return on investment
Thank You

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McGuireC@cshs.org
Appendix
### Survey Measurement Overview

<table>
<thead>
<tr>
<th>Survey Process</th>
<th>Measurement Question</th>
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<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>34-question, mailed HCAHPS Survey</td>
</tr>
<tr>
<td><strong>Licensed Clinics</strong></td>
<td>8 question, electronic survey</td>
</tr>
<tr>
<td><strong>ED</strong></td>
<td>8 question, electronic survey</td>
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</table>
Goal: comprehensive patient feedback that aggregates trends and themes in Real-time
## Our Patient Experience Action Plan

<table>
<thead>
<tr>
<th>Item</th>
<th>FY17/18 Goal</th>
<th>Action Item</th>
<th>Leader/Person Responsible</th>
<th>Additional Resources</th>
<th>Kick-off Date</th>
<th>Due Date</th>
<th>Desired Outcome</th>
<th>Status</th>
<th>Milestones</th>
<th>Next Steps</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td></td>
<td>Refine the NRC survey instruments to be more efficient, less costly, and more value driven, specifically: (a) Reduce the number of inpatient survey to include only HCAHPS questions and other key, operationally-focused questions; (b) Explore the feasibility of expanding the ambulatory survey to include key operational questions (we Patient Access); (c) Explore the launch of real-time products for inpatient, ambulatory, and emergency environments.</td>
<td>Alan Dubovsky</td>
<td>ROM</td>
<td>in-progress</td>
<td>09/30/17</td>
<td>Shorter surveys with reduced lag time</td>
<td>(a)</td>
<td>- June/July 2017: Communication with inpatient teams regarding Picker+ questions</td>
<td>- 7/1/17: Mock inpatient survey (34 questions) from NRC</td>
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<td>4</td>
<td></td>
<td>Partner on the launch of the Online Physician Ratings project, to include internal launch, communications, and patient facing education</td>
<td>Alan Dubovsky, Nelly Jacobs, Gordon Koldoy</td>
<td>Marketing</td>
<td>in-progress</td>
<td>12/31/17</td>
<td>Online Ratings posted</td>
<td>(a)</td>
<td>5/25/17: Initial meeting with ED chairs to discuss real-time survey</td>
<td>- 6/19/17: Finalized real-time survey</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Design and implement a real-time comprehensive patient feedback report for leaders and for physicians, to include data on surveys, comments, discharge calls, complaints and grievances, EFSI kiosk (where applicable), rounding, and social media</td>
<td>Alan Dubovsky</td>
<td>ROM, EIS Quality Services Patient Relations</td>
<td>7/2/17</td>
<td>09/30/17</td>
<td>New report designed and implemented</td>
<td>(a)</td>
<td>- 2/27-28/17: West Coast Collaborative Discussion</td>
<td>- 7/2/17: Meeting with Mike Thompson</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Refine the post-discharge call process to ensure a consistent, value added program that aligns with other post-discharge patient contact</td>
<td>Operational Leader(s)</td>
<td>EIS, HGD</td>
<td>in-progress</td>
<td>08/30/17</td>
<td>Consistent calls, targeted questions, and data feed to comprehensive report</td>
<td>(a)</td>
<td>- 5/12/17: PI development</td>
<td>- 5/30/17: PI current state assessment</td>
</tr>
</tbody>
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