

March 5, 2020

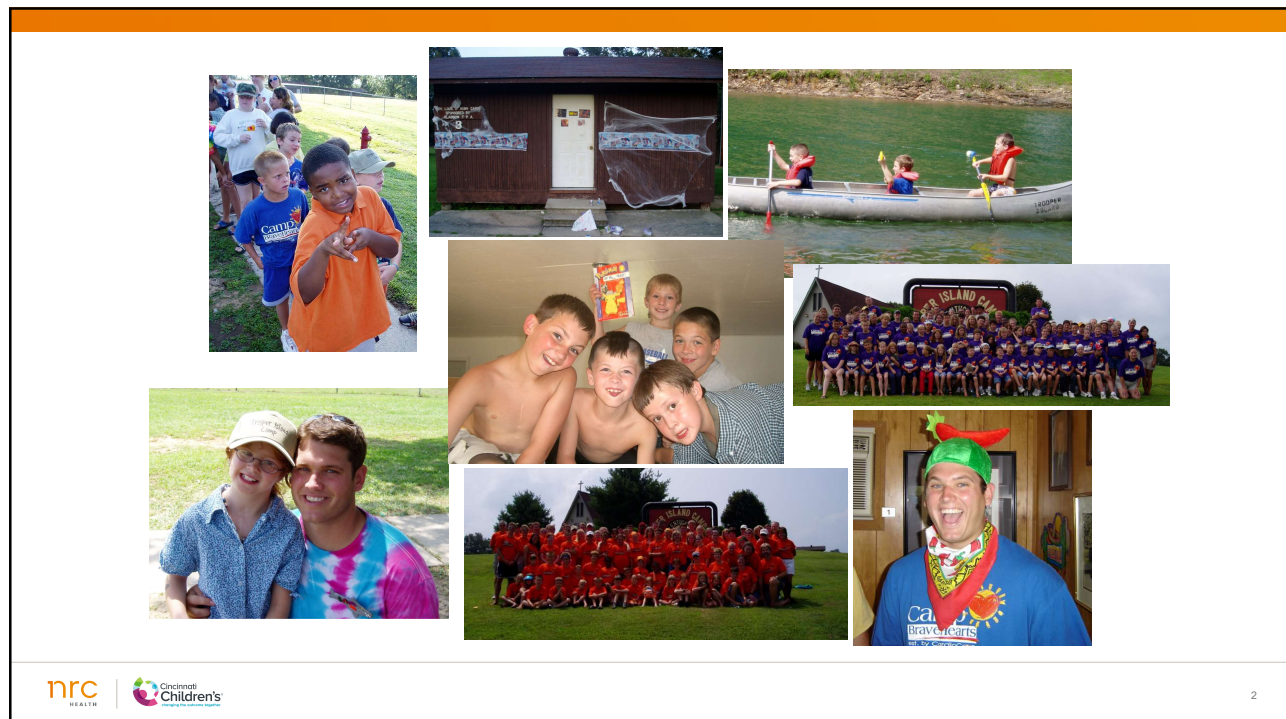
Creating Personalized Care Experiences at Cincinnati Children's

Sam Hanke MD, MS | Pediatric Cardiologist | Chief Patient Experience Officer
Cincinnati Children's Hospital

NRC Pediatric Collaborative



1



2

2

Defining Patient Family Experience

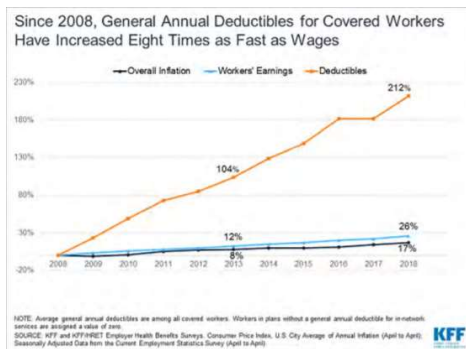
The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute

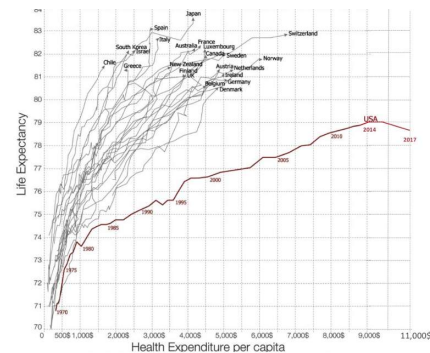
3

Our System is Broken

We are spending more



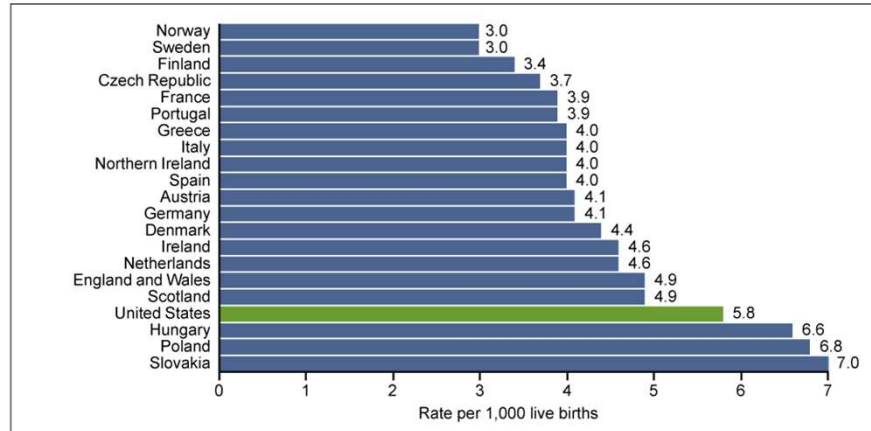
For Less



4

Even for our babies

Figure 2. Infant mortality rates, excluding births at less than 22 weeks of gestation, United States and selected European countries, 2004



SOURCE: NCHS linked birth/infant death data set (for U.S. data) and *European Perinatal Health Report* (for European data).

5



6

Our New Patient Family Demands

- Ease-----Not Friction
- Outcomes-----Not Diagnoses
- Constant Improvement-----Not status quo
- Wellness-----Not sick-care
- Convenience-----Not complexity
- Personalization-----Not generalization

7

Our path to delivering personalized experiences

Our path to
delivering
personalized
experiences



Ask



Listen



Share

8

How we ask and listen



OUR DAILY
CLINICAL
ENCOUNTERS



PATIENT FAMILY
EXPERIENCE
SURVEYS



FAMILY
RELATIONS



ONLINE
COMMUNITY TALK
BOARD



PATIENT AND
FAMILY ADVISORY
COUNCILS

9

Survey Dimensions



PATIENT FAMILY
EXPERIENCE
SURVEYS

- Access to Care
- Communication with doctors/nurses
- Continuity/coordination of care
- Information and Education
- Respect/Humaneness
- Environment of care
- Overall Rating and Recommendation
- Hospital, Facility and/or Provider

All surveys administered electronically by NRC- Real Time Platform

10

Leveraging the Voice of the Patient



11

Our New Patient Family Demands

- Ease-----Not Friction
- Outcomes-----Not Diagnoses
- Constant Improvement-----Not status quo
- Wellness-----Not sick-care
- Convenience-----Not complexity
- Personalization-----Not generalization

12

Guiding Principles for Impact

- Embrace patient and consumer centricity
- Make it easier for patients and providers to do the right thing
- Utilize high reliability technology to facilitate human connection
- Align culture around key behaviors for Safety, Outcomes, Experience

13

Ease-----Not Friction



14



Harvard Business Review

amazon.com

The Age of Continuous Connection
by Sherry Gliesser and Christine Lerman
The MIT Press

nrc **Cincinnati Children's**

15

15

Ease-----Not Friction → Access



Cincinnati Children's

Patients & Family • Healthcare Professionals • Researchers • Professional Education • About • Giving

Kate E. Berz, DO
Assistant Program Director Pediatric Sports Medicine Fellowship
Staff Physician, Division of Emergency Medicine
Physician, Division of Sports Medicine
Assistant Professor, UC Department of Pediatrics
kate.berz@cchmc.org
513-803-4878
Board Certified

MyChart

Hello Samuel
REQUEST A VISIT

My Visits
View your visit history or reconnect to active or upcoming visits.
My Visits

Conditions We Treat
Cincinnati Children's can treat many medical conditions that generally do not require a visit to the emergency room or urgent care center.

nrc **Cincinnati Children's**

16

16

Ease-----Not Friction → Getting Around



17



18

Outcomes-----Not Diagnoses



Outcomes that Matter



Angie Lorts, MD, MBA
Associate Chief Quality Officer for
Clinical Outcomes

19

Outcomes that Matter

Let our outcomes tell our story

- Internal communication will improve collaboration
- External **transparency** for patients and families to help make decision of where to receive care
- **Resource allocation** by prioritization of what is important!
- What **divisions choose** will be determined by providers and families!
- Change in healthcare – **reimbursement** is starting to depend on outcomes.
- **Patients and families** desire outcome data.

20

Outcomes that Matter

- Leverage USNWR (and the process) to support improvement on outcomes that matter
 - Cross-hospital measure alignment
 - Identification of opportunities
- Streamline and standardize data collection
 - Decrease burden
 - Free up capacity for value-added work
- “Outcomes Team” structure designed to support issue routing and resolution

21

Constant Improvement-----Not status quo

PFE Status quo- (Pre-Real time)

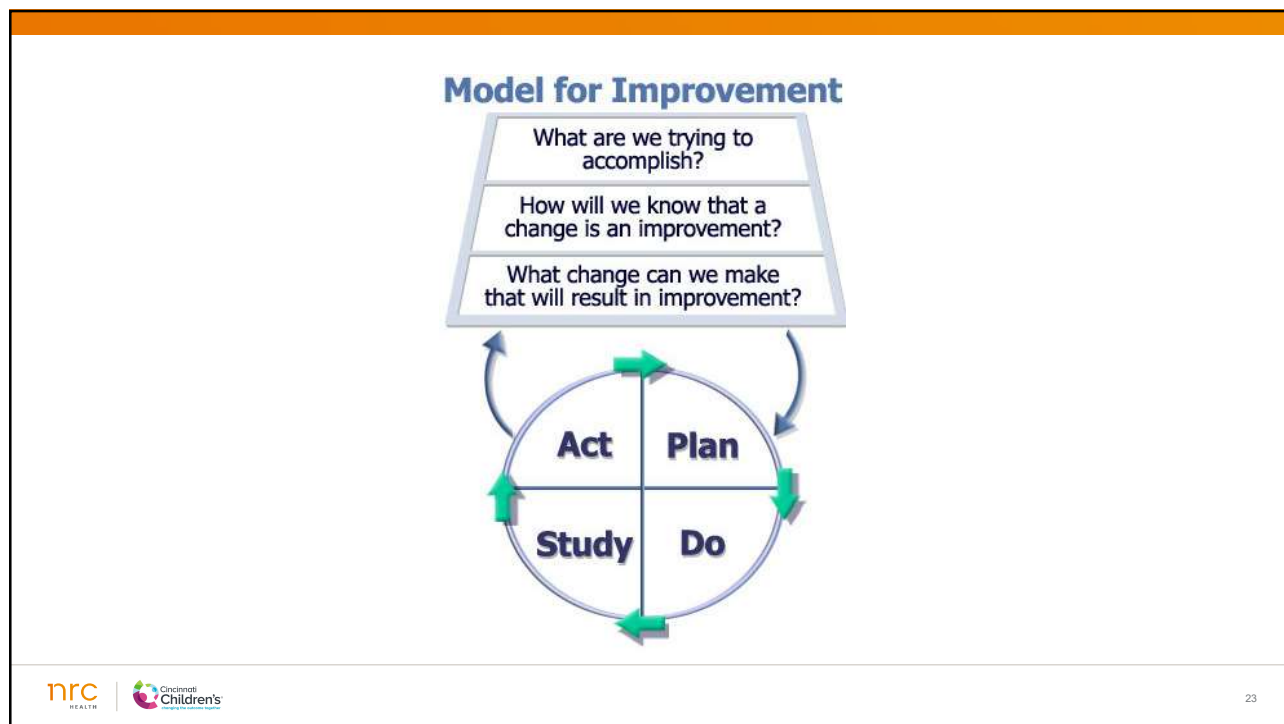


Analysis Paralysis

over-analyzing (or over-thinking) a situation so that a decision or action is never taken.



22



23

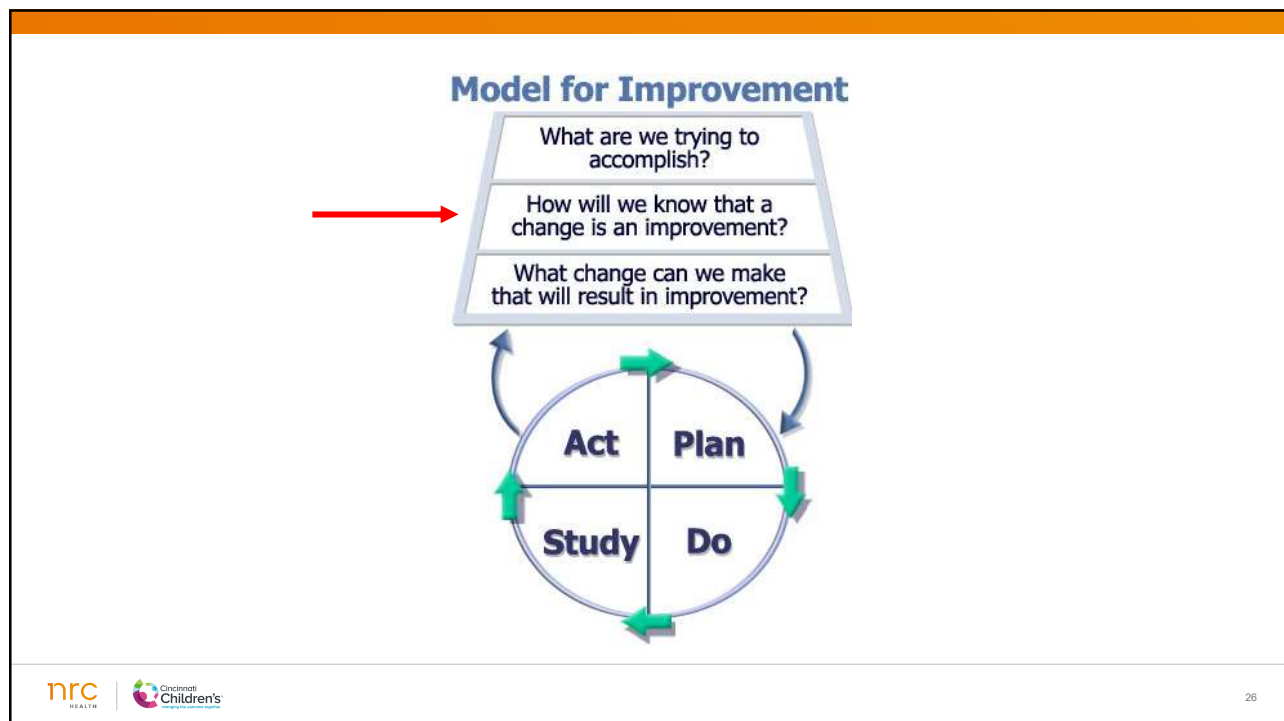
Why this model?

- Is useful for both process and product improvement.
- Is applicable to all types of organizations
- Is applicable to all groups and levels in an organization.
- Facilitates the use of teamwork to make improvements.
- Provides a framework for the application of statistical tools and methods.
- Encourages planning to be based on theory.
- Emphasizes and encourages the iterative learning process.
- Provides a balance to the desire and rewards from taking action with the wisdom of careful study before taking action

24



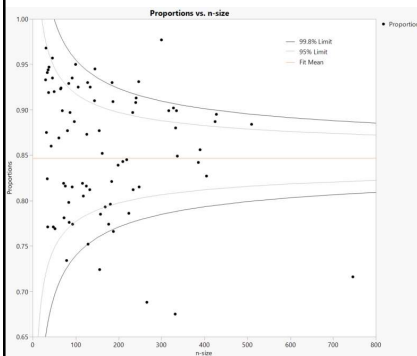
25



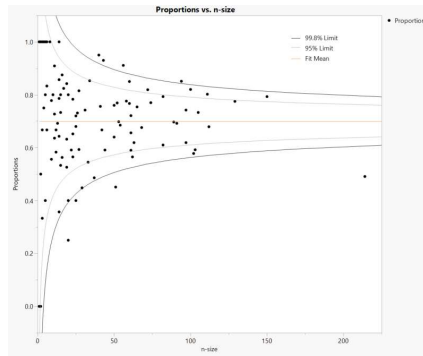
26

Understanding Variation-Provider Funnel Plot

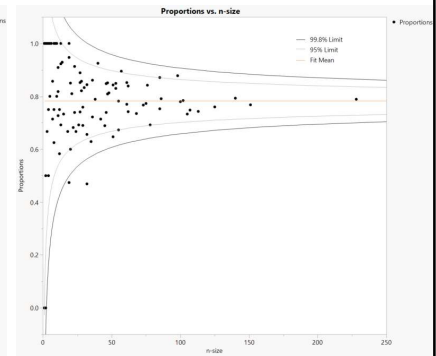
RATE PROVIDER



APPT ON TIME

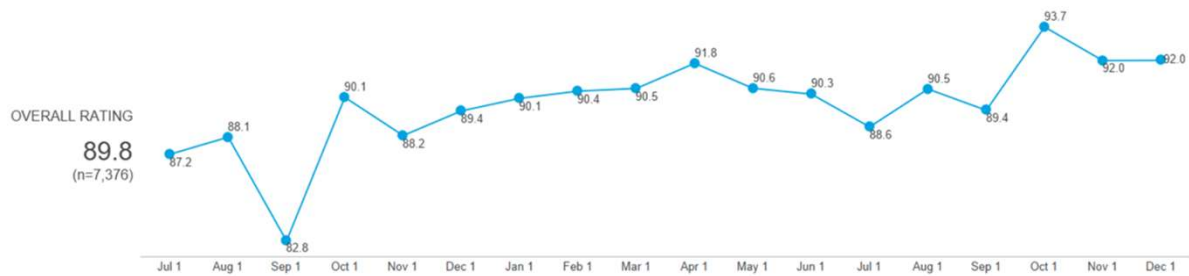


APPT AS SOON AS NEEDED



27

All Perioperative



28

Peri-op Pain Management



Shared Knowledge

- Leveraged survey analysis to develop interventions
- Peri-op/Clinical Nurses shadowed each other



2 E's (Effective Education & Expectation)

- Peri-op enhanced pain documentation road show with clinics
- Established pre-op pain expectation communication for parents

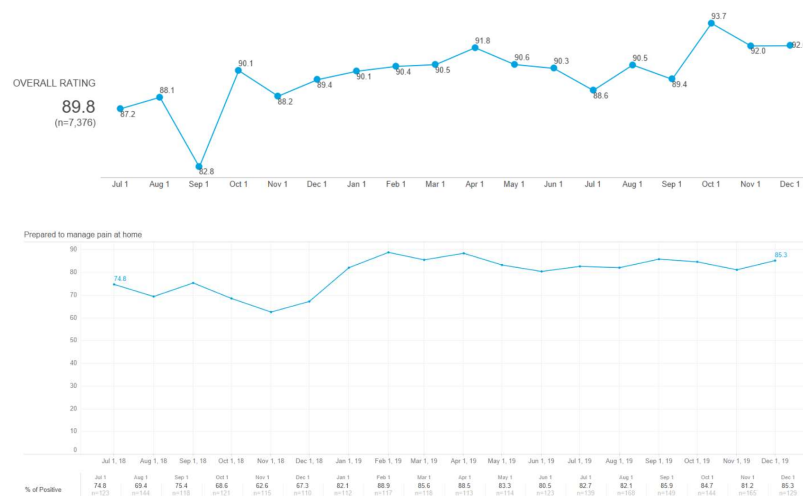


Self Management

- Interactive post-op "Teach Back" on pain assessment/action
- Emphasized pain management expectation/action

29

Data to drive improvement



30

Constant Improvement-----Not status quo

- Personalize data for leaders
- Provide context for quantitative report
- **Let good leaders lead!**

31

Where we can improve



CONVENIENCE AND
ACCESS



COMMUNICATION
AND RESPECT

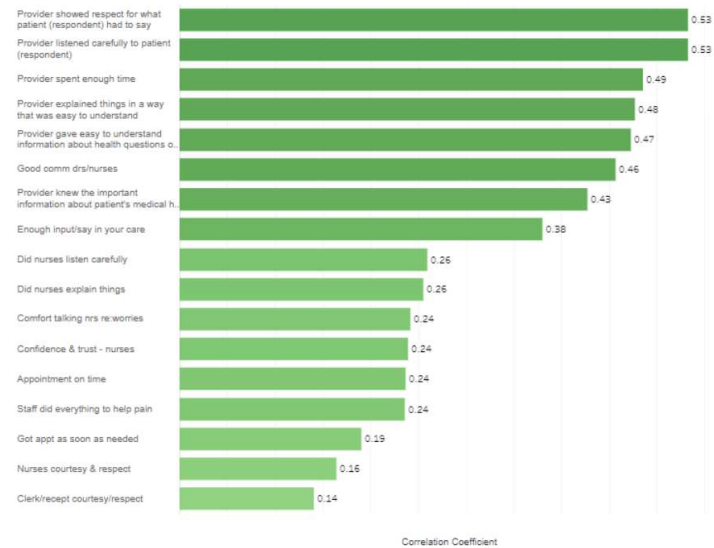


TAKING CARE OF
EACH OTHER

32

Experience Correlation

Question Pod: Cardiology
Facility: All
Location: All



33

CCHMC Experience Collaborative

Inpatient Journey to Improve Communication

Held five 3 hour interactive focus group sessions

Approximately 75 people attended each session

Multidisciplinary team approach for rich, diverse insights

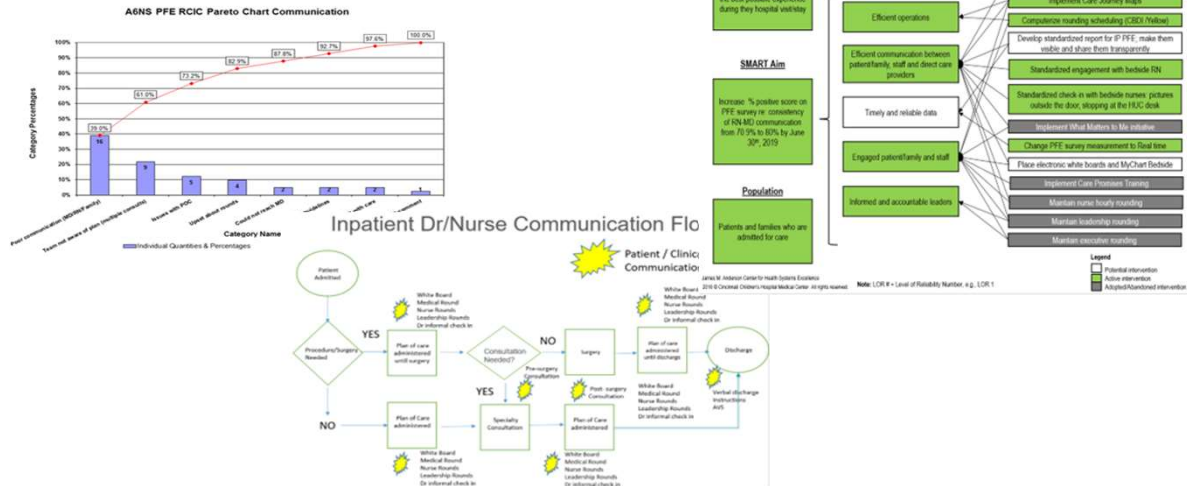
Included Physicians, Nurses, NPA's, PCA's, Unit Coordinators, Registration Staff, & Social Workers

Patients and/or Family members also involved with teams



34

Human Centered Design



35

Small Quick Wins

Enhanced coordination process with consulting providers and improved communication tools

Communication Pamphlets

HUC Coordination With Consulting MD or RN



Nurse Picture and Assignments Visuals

Developed tools to easily establish recognize and identify members of daily care team

Nurse Led Rounds (rounds align with nurse assignment)

36

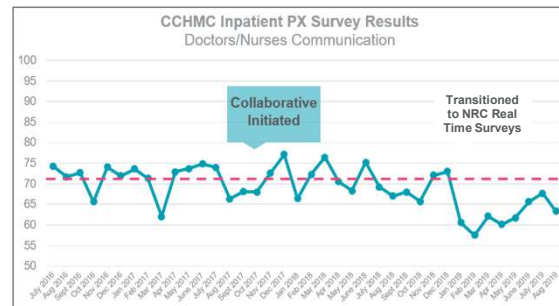
Collaboration Project Outcomes

Did this initiative successfully improve Doctors/ Nurses Communication?

- Communication outcome measures did not meet project goal targets
- Results consistent with trends prior to collaboration initiative

Unintended Project Success:

- Enhanced collaboration across inpatient teams
- Improved stakeholder engagement with PX initiatives
- Leveraged case study to gain approvals on innovative technology advance provider-patient communication

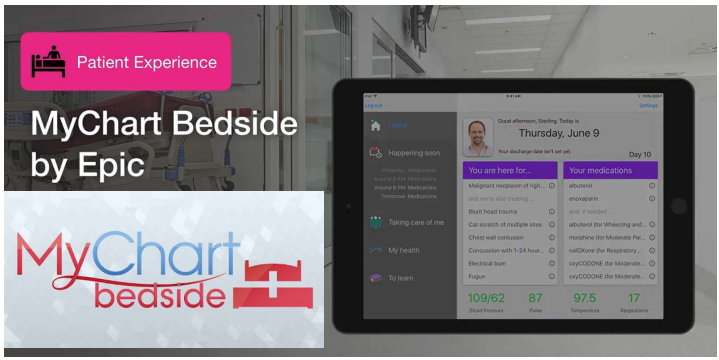


37

Current- Inpatient Communication

- Communications with families are restricted to either via face-to face or telephone
- Communication on rounds presents logistic challenges
- GetWell Network had no integration with Epic
 - Non-value work from front line providers
- MyChart primarily used for results
- No tablet/smart phone inpatient experience

38



MyChart Bedside by Epic

Guideline

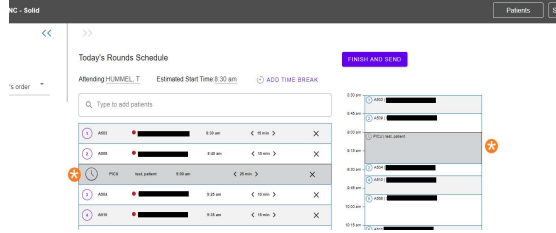
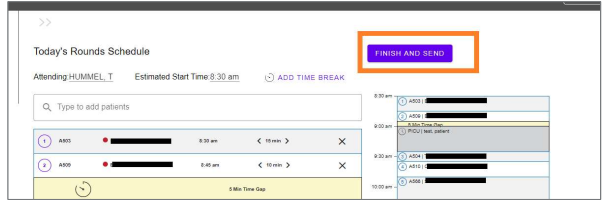
Cincinnati Children's
CCHMC Clinical Practices Guideline



Title: CCHMC Base and Liberty Medical and Surgical Inpatient Clinical Consultation
Effective Date: 01/03/2020 Number: Guide-08 Page: 1 of 4

1.0 SCOPE
Sub-specialty consultation in the inpatient setting

2.0 DEFINITIONS
2.1. Routine consultations: are completed as soon as possible and must be completed within 24 hours unless negotiated otherwise between the services.
2.2. Critical consultations: are completed as soon as possible and must be completed within 6 hours although the timeframe should be agreed upon between the two services.

3.0 GUIDELINE
3.1. All members of the primary and consulting teams will exemplify and follow the principles of professionalism as outlined in CCHMC Medical Staff Professionalism Statement.



39

39

Wellness-----Not sick-care



40

Social Determinants of Health

Understanding Potential Bias in Experience Delivery

What are the biases that we may be creating as a result of the PFE survey exclusions?

What is the difference between “responders” and “non-responders”?



Are patients and families experience our system differently from each other? If yes, in which ways?

How do we address these differences?

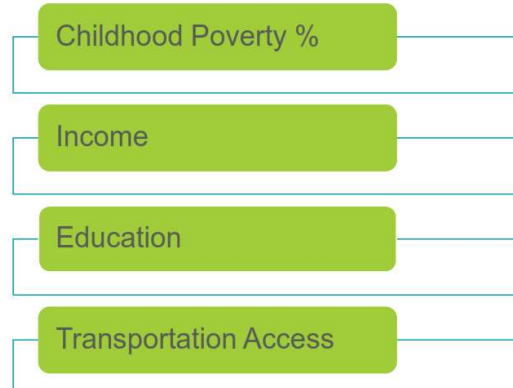
41

Social Determinants of Focus

Epic



Census Tract



42

Personalization-----Not generalization

→ The Future is in Prediction

43

Getting it Right

If only every visit could leave Patients and families feeling this way!

"In a world where we over schedule providers routinely, it was our great pleasure that Dr. Taylor fit my daughter in to see him on such short notice. He was clear about how much time he had before he'd have to go to a procedure, which allowed us all the opportunity to focus our visit. While he hasn't seen my daughter for well over a year, he was completely up to date on what has been happening in her life, and had already thought about what might be causing her issues before we came in. He listened first and foremost to my daughter, the patient, as it should be. He also sought my additional feedback to validate and fill in the blanks of her story. This was an ideal visit, while is all the more remarkable since my daughter is over 18, has a brain injury, and is often confused. We didn't leave with solid answers or a fix. It's all still messy. And yet it was an ideal visit. We were respected, given the opportunity to collaborate in her care, and given the gift of Dr. Taylor's ideas and thoughts. If only every visit could leave patients and families feeling this way! We are so very grateful for the dedication, compassion, and humanity that we experienced."



44

Thank you