

FEATURED SPEAKERS



**Nate Stromberg,
M.S., CPXP**

Director of Patient
Experience



**Melissa Hewitt,
MSN, RNC-NIC**

Nurse Director
Mother/Baby/NICU



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Getting Back to Basics to improve Patient Experience by Building CONFIDENCE AND TRUST

Nate Stromberg, MS, CPXP

Einstein Healthcare Network
Director of Patient Experience

Melissa Hewitt, MSN, RNC-NIC

Einstein Medical Center Montgomery
Nurse Director – Mother/Baby/NICU



NRC Health Symposium | Rhythm of understanding | #NRCSymp 2

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27th Annual NRC Health Symposium – Omni Nashville Hotel
Nashville, Tennessee
August 4–6, 2021

Learning Objectives

- Review data standardization journey which helped raise awareness across the organization
- Identify key strategies and tactics to promote, validate and sustain patient experience performance
- Demonstrate impact of patient experience governance structure and how it increased the individual care team member ownership of Patient Experience and is evolving towards a culture of accountability

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Einstein Medical Center Montgomery

“ Our Vision: Einstein Brilliance in All We Touch.”



- Minimally Invasive and Robotic Surgery
- Bariatric Surgery
- Maternity Care
- The Women’s Center
- Emergency Care
- Cardiac Care
- Intensivist Services
- Cancer Care
- Orthopedics
- Diagnostic Testing
- Physical and Medical Rehabilitation
- Einstein Physicians Montgomery

- ❑ **est. 2012**
- ❑ **171 Private Rooms**
- ❑ **Albert Einstein Healthcare Network**

Patients at Einstein Medical Center Montgomery have access to a full range of medical care and surgical interventions delivered by a highly skilled medical team. Located on 87 acres along Germantown Pike in East Norriton, Pennsylvania

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Einstein Healthcare Network

“ Our Vision: Einstein Brilliance in All We Touch.”



Einstein Medical Center Philadelphia

Einstein Medical Center Philadelphia is a 548-bed tertiary-care teaching hospital located in North Philadelphia. The hospital has an accredited Level I Regional Resource Trauma Center and one of the busiest emergency rooms in Philadelphia. We offer highly regarded residency and fellowship training programs in many areas.



Einstein Medical Center Elkins Park

Einstein Medical Center Elkins Park offers a full range of services, including a 24-hour Emergency Department, on a 30-acre suburban campus in Montgomery County.



MossRehab

MossRehab is the largest provider of physical medicine and rehabilitation in the Philadelphia region. Our programs are regularly recognized for clinical excellence and above-average outcomes. We have substantial accreditations and recognition for being both a national and world leader in our field and are proud to be recognized as one of the nation's best rehabilitation hospitals, as ranked by U.S. News & World Report.



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Einstein's Commitment – Our Mission

With humanity, humility, and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach.



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Background – Survey Methodology

- Paper Surveys for HCAHPS (Current State)/Real Time Survey for all other areas
 - GOALS:
 - More Consistent
 - Eliminate variation from methodology
 - Increase N – further drill down (Service, Provider, etc)
- ‘Recency’ Effect
 - More recent information is better remembered and so more available to be used when forming a judgment. (Short Term Memory)
 - As more time goes by, Long Term Memory plays a bigger part

→ “Beat the Bill”



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Needs Assessment - ‘newness’ of hospital wearing off

FY16 vs FY15

	Score Change	FY16 Rank	Rank Change
Overall Rating of Hospital	-0.5	59	-2
Would Recommend Hospital	-1.5	58	-5
Quietness	-0.6	53	-2
Care Transitions	0.2	40	1
Communication with Nurses	-0.3	38	-2
Pain Management	0.0	37	0
Responsiveness of Hospital Staff	-2.0	35	-8
Discharge Information	-0.8	33	-6
Communication with Doctors	-0.8	28	-4
Communication About Meds	-0.3	20	-1
Cleanliness	-1.5	17	-5

- CAHPS Scores remained flat or showing declines over several years
- Turnover, Growth leading to new staff challenges
- Staff Members not knowledgeable about performance metrics
- Staff Members do not know how they can play a role in influencing them

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Barriers

→ Internal

- Buy in/Engagement
- Staffing
- Questioning Data
- Lack of Data understanding

→ External

- Census – patient volume
- Regulation/Reform – constantly changing
- Payers
- Competition (Healthcare Consumerism)



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Einstein G.P.S



Why Einstein G.P.S. is Important

With all of the challenges in healthcare today, it is critical that we deliver a great patient experience throughout our network. As part of healthcare reform, Einstein G.P.S. will help us make changes and improvements that will take our performance to the next level.

Our **Quality Impact Teams** are made up of individuals from across our organization, focused on other areas that are crucial to the success of Einstein G.P.S., including

- Internal Customer Satisfaction
- Communications/Recognition
- Measurement
- Standards of Behavior

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Empowering Staff to Navigate the Changing Model of Healthcare - Program Outline

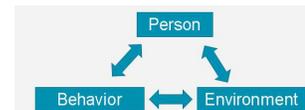
Inputs	Activities	Outputs	Intermediate Outcomes	Outcomes	Impact
Target Population · Staff · Providers	Changing Model of Healthcare Class	Number of Attendees to Class	Increase Awareness of CAHPS Program by 20% after six months of program implementation in the target population	Increase number of participants that perceive their actions effect CAHPS	Increase CAHPS survey score by 2% in the target population after two years of program implementation.
Materials · Surveys	CAHPS Literacy Survey distributed to all staff	Number of surveys conducted	Increase Knowledge of CAHPS Surveying by 25% after six months of program implementation in the target population	Surveying by 1.7% in the target population after one year of program implementation	

Awareness → Ownership → Accountability

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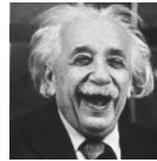
Empowering Staff Summary

- Flat or declining CAHPS scores, general lack of staff knowledge about performance metrics, as well as internal and external barriers presented opportunities for improvement.
- Through multidisciplinary efforts, with support from Senior Leadership, EMCM developed mandatory training for all staff on current state of Healthcare to positively impact the overall results of the metrics
- Social Cognitive Theory served as a frame for the program resulting in an environment of awareness, staff with increased knowledge that were empowered to change their behaviors for long term sustainability
- CAHPS Domains pertaining to front line staff showed improvement at year 1 checkpoint but additional factors within the inpatient setting presented themselves preventing sustainable change leading to new initiatives



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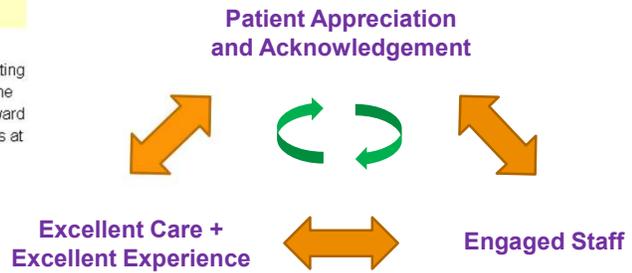
Patient Experience Theory of Relativity



The tug of gravity

Albert Einstein, in his theory of special relativity, determined that the laws of physics are the same for all non-accelerating observers, and he showed that the speed of light within a vacuum is the same no matter the speed at which an observer travels. As a result, he found that space and time were interwoven into a single continuum known as space-time. Events that occur at the same time for one observer could occur at different times for another.

As he worked out the equations for his general theory of relativity, Einstein realized that massive objects caused a distortion in space-time. Imagine setting a large body in the center of a trampoline. The body would press down into the fabric, causing it to dimple. A marble rolled around the edge would spiral inward toward the body, pulled in much the same way that the gravity of a planet pulls at rocks in space.



Source: Space.com (<https://www.space.com/7661-theory-general-relativity.html>)

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HCAHPS – Overall Rating

“Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?”



ACTUALLY, our patients rate Einstein closer to 9

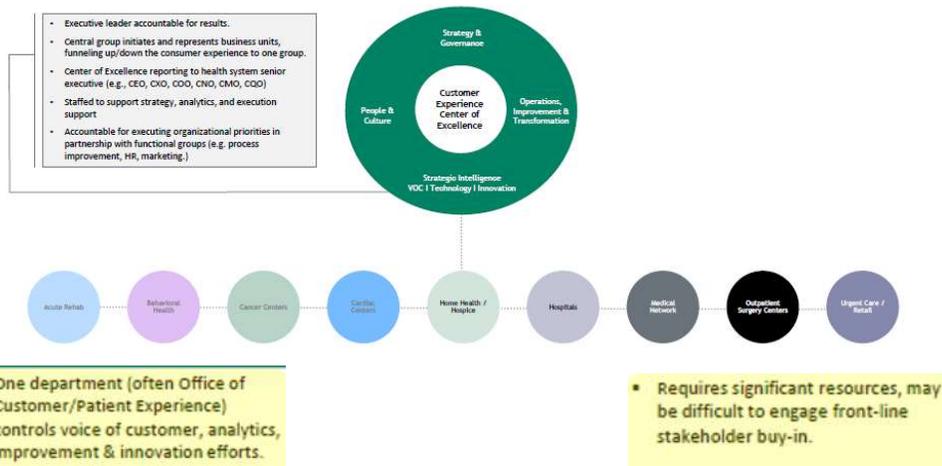
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PX Governance and Objectives

- **Create a vision that is aligned with Einstein G.P.S:**
 - Articulate a case for efforts to improve the patient experience
 - Describe a future state that Einstein patients/families should be able to expect reliably
 - Define targets and expected outcomes of patient experience initiatives
- **Create a roadmap for an Einstein-wide approach to improve patient experience:**
 - Oversee an analysis of gaps, strengths, and opportunities
 - Leverage best practices
 - Evaluate and integrate evidence based results from peer health systems
 - Recommend structures/tools for measurement
 - Recommend structures that will ensure rapid and effective dissemination of best practices
- **Make recommendations regarding the organization of a patient experience structure that will ensure alignment of efforts across Einstein, including:**
 - Strategy & Governance
 - People & Culture
 - Operations, Improvement & Transformation
 - Strategic Intelligence - Tools/resources

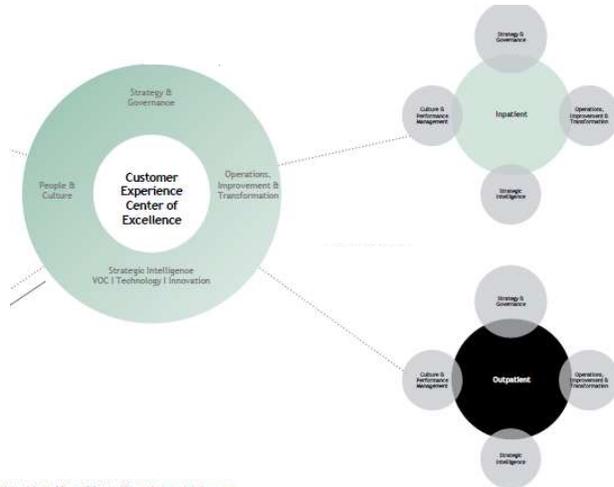
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Sample Organizational Model: Centralized



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Sample Organizational Model: The Evolution of Hub & Spoke into a Dandelion Model



In the "Hub and Spoke" formation strategic decisions are often made in the hub, with guidance, input, and collaboration from the business units in the spokes.

As capacity builds over time, decision making shifts to the business units and geographies in order to meet the specific needs of those communities.

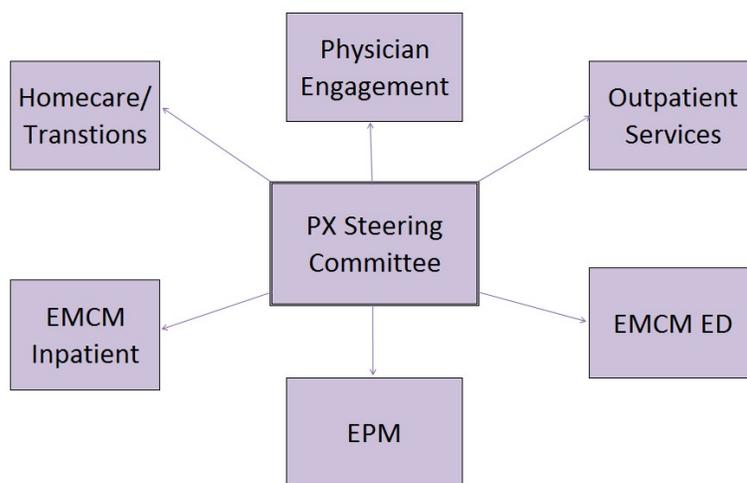
- Each business unit may have semi-autonomy with an overarching tie back to a central group.
- Initially, hard to scale and limits subject matter experts from providing value, expertise and impact to a broader set of business units.

Business units are given individual freedom to deploy as they see fit, yet a common experience is shared amongst all units.

Note: Adapted from Allmeter Group / [Aspenish, Dwan](#)

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EMCM PX Governance Structure – Year 1



- One department (often Office of Customer/Patient Experience) controls voice of customer, analytics, improvement & innovation efforts.
- The central group is aware of what each node is doing and provides a holistic experience to customers with centralized resources.
- Business units are given individual freedom to deploy as they see fit, yet a common experience is shared amongst all units.
- Improvement efforts bubble up from the edges of the organization.

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EMCM PX Governance – Questions and Next Steps

- Are our committee objectives clear?
 - aligned with Einstein G.P.S
 - roadmap for an EMCM-wide approach to improve PX
 - Make recommendations regarding alignment of efforts
- What will success look like in 1 year?
- What will help us be successful?
- Do we have the right representation?
(Who are we missing?)
- Steering Committee Meeting Frequency?
- Subcommittee Formation
 - Invite key stakeholders
 - Identify PX Champions
- Finalize Goals/Metrics
- Focus Groups?
 - What is the current state of Einstein PX?
 - What do patients/families expect?
 - What should we be able to promise?
 - How do we get there?

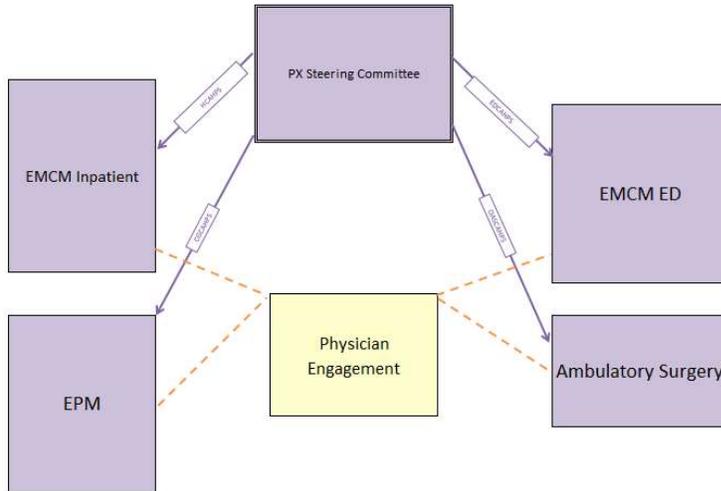
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Patient Experience Focus

- Nurse Communication
 - Meet with Nursing Leaders
(Group, Individually)
 - Training – Reintroduce NRC/Data
 - Unit Level/Staff –
Education/Discussion
- Einstein Physicians Groups
 - Practice Drilldown
 - Observations
 - Discussion
- Physician Communication
 - Set up meetings with Physician Leaders
- Communication about Meds
 - Take Advantage of Patient Education
System
- 2016 NRC Conference Trends and
other conferences review
 - Engagement, Activation, Partners in
Healthcare
 - Branding, Loyalty, Reputation

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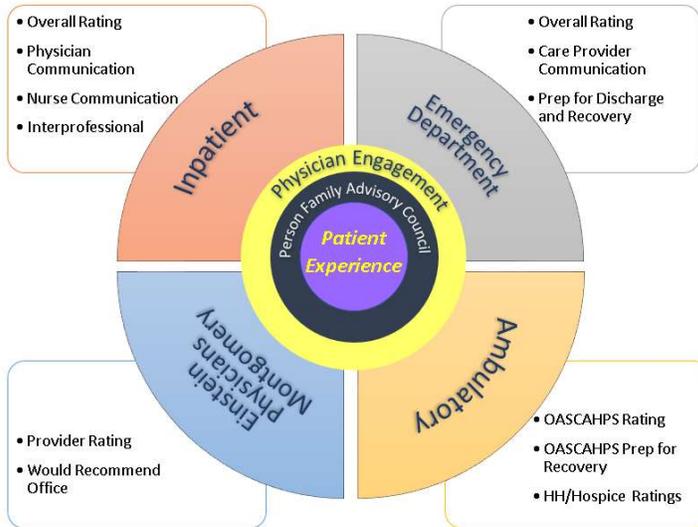
EMCM PX Governance Structure – Year 2



- Changing Subcommittees
 - Areas of Surveying
 - Identify additional PX Champions at Director Level to influence change
- Physician Engagement became larger discussion
 - Physician representation across all subcommittees
 - Well Being / Burnout focus

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EMCM PX Governance Structure – Year 3



Patient Experience
Performance Improvement

- Addition of PFAC
 - Subcommittees presentations to PFAC

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Person Family Advisory Council

GOAL is to help EMCM provide care and services based on patient and family identified needs and solutions rather than assumptions about what patients and families want or need

- Give Patient and Family members a voice
 - Advocating for patient and family presence and participation across hospital committees
 - Promote the principles of patient and family centered health care
 - Work in collaboration with hospital staff to improve patient and family experience
- *Advisors should have following qualities:*
- Ability to share insights and information about their experiences as well as sees beyond their own personal experiences*
 - Shows concern for more than one issue/agenda*
 - Good Listener, Respects perspective of others, and adherence to our Standards of Behavior*
 - Willing to interact/work in a group setting and with many different types of people*

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PX Focus – Year 2 and Year 3

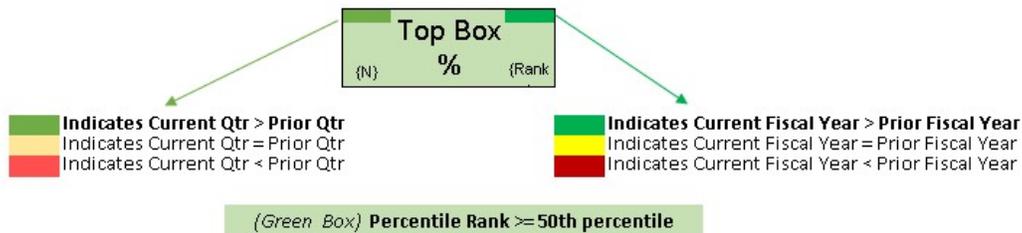
- Senior Leader Rounding/Leadership Team Rounding
- CAHPS Literacy Assessment
- Standardized Patient Satisfaction Analytics
- Physician Skill Building
- Increased Utilization of Patient Education System
 - (Patient Education, Surveying while patient in hospital)
- Volunteer ambassadors – Who I Am program
- Monitoring wait times for patients
- Mom/Baby Call Bell Response Audits
- Dynamic Learning/AIDET Audit Practice Visits (patient experience/quality/physician team)
- Standardized Survey Comment review and follow up
- Electronic rounding to replace paper forms, surveys, questionnaires
- Hands free (no more dual handsets) video remote interpretation through mounted iPad device
- Setting and messaging ED testing expectations
- Room a Day program
- Unit Based Patient Experience workgroups

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Data Standardization – Green Box Report

Trending/Monitoring –

1. Goal - Improvement over Last Year
2. Monitor Recent Trend – Improvement Over Last Quarter
3. Strive to get above 50th Percentile



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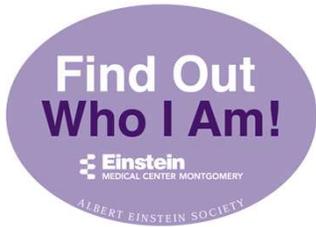
Responsiveness of Staff – Green Box Report

FY2021	Responsiveness of Hospital Staff		HCAHPS: Got help as soon as wanted		HCAHPS: Help going to bathroom as soon as wanted	
NRC 50th Percentile	65.1		63.0		67.1	
3E	307	64.3	46	301	61.8	45
3W	183	73.2	76	178	71.9	76
4E	293	60.2	31	290	56.9	28
4W	221	67.4	59	213	63.8	53
ICU*	199	66.6	55	193	64.2	54
OB	324	89.8	98	321	90.0	98
EMCM Total	1,445	71.0	70	1,413	69.4	70
						790
						71.3

- Further drill downs to Unit/Location/Discharge Service Teams
- The Patient Experience Team will ensure that all leaders (Nurses, Physicians) are well versed in their data performance and have the standardized data templates to distribute to post and distribute to their staff.

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Meet our volunteers



The Process

- Patients on admission to 3rd and 4th floors will be given a brochure to introduce the program.
- Volunteer ambassadors will then visit the patient and get to know the patient by asking questions and recording their answers.
- The “Who I am” sheet with the answers on it will be left in the room on the white board for staff to review.
- Staff can then find common ground to start discussions with the patient to help make the personal connection with the patient.

Meet our volunteers

The EMCM Volunteer Department is pleased to introduce our newest volunteers:



Honey.

a very sweet and friendly golden is certified by Therapy Dogs International.

Honey will visit with her owner and handler, Mary Thompson, on Mondays from 2 pm - 4 pm



Sophie.

a loveable, cuddly black cockapoo is certified by Comfort Caring Canines

Sophie, accompanied by her handler and owner Katie Myers, will make their rounds on Thursday evenings from 6:30 pm - 8 pm

Volunteer Patient Aide –

Supplement the staff in answering patient call bells and triage the calls. If the volunteer is able to assist with any patient needs or requests, he/she will do so. If the request lies out of the volunteer’s scope of service, the PCA or nurse will be notified. *For example: the volunteer may re-position belongings, but not the patient.*

Volunteer Call Bell Response Tracking Log

Date	Room	Request/Initial	Patient Request	Action Taken	Notes/Response
10/29	4204	BS	Bathroom	Escorted <input checked="" type="checkbox"/>	PCA - to Nurse
10/29	4222	BS	Bathroom	Escorted <input checked="" type="checkbox"/>	Nurse handled
10/29	4232	BS	IV-Disp.	Escorted <input checked="" type="checkbox"/>	Told PCA
10/29	4202	BS	Bed Alarm	Escorted <input checked="" type="checkbox"/>	Told nurse
10/29	4206	BS	Hit button by mistake	Escorted <input checked="" type="checkbox"/>	
10/29	4213	BS	Bathroom	Escorted <input checked="" type="checkbox"/>	Nurse
10/29	4212	BS	Bathroom	Escorted <input checked="" type="checkbox"/>	Told Nurse got PCA
10/29	4225	BS	Bathroom	Escorted <input checked="" type="checkbox"/>	Nurse
10/29	BS	BS	AcLS	Escorted <input checked="" type="checkbox"/>	gave to PCA to give to patient

Enhance Patient and Family Engagement in ED

- ✓ **Better communication** between all ED staff, patients and family members.
- ✓ **Improve education** in regards to emergency room process (triage), times and expectations.
- ✓ **Shrink the communication gap** between patient and care providers.
- ✓ **Patient comfort care and measures** by providing basic courtesies such as pillows, blankets, magazines, books, coffee, tea, juices and water, etc if no contraindications.
- ✓ Provide a **“comfort cart”** for family members and guests. Volunteer services walk around and tend to family members needs, questions and requests.
- ✓ **Empowering patients** by listening to their questions, comments and addressing any concerns they may have.
- ✓ Provide **concierge services** to patients and guests.
- ✓ **Follow up** phone calls and E-Mails upon discharge enhancing “service of excellence.”

EMERGENCY DEPARTMENT
CONCIERGE SERVICES

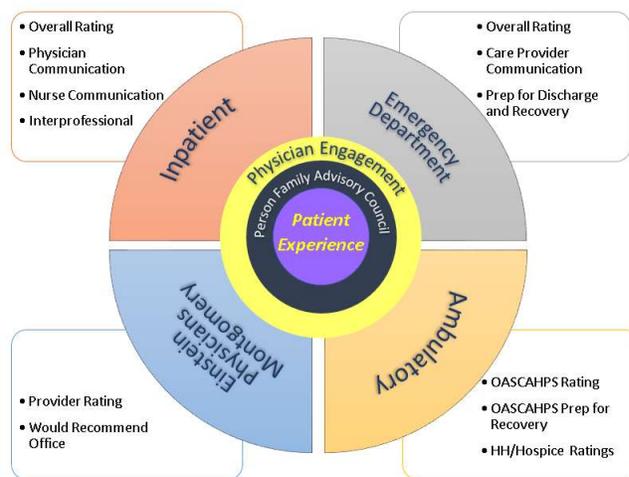


Follow up discharge phone calls



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EMCM PX Governance Structure – Year 4 and 5



- ➔ Further drill down to Unit Level Councils
- ➔ 6 Inpatient Units, ED, 3 ASCs, Einstein Physicians Montgomery
 - Front Line Staff participating
 - Ancillary Department Staff included
- ➔ Back to Basic
 - Hourly Rounding
 - Whiteboard as Communication Tool
 - Discharge Phone Calls
 - Doctor/Nurse Partnership

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	EPM	2 nd floor	3 rd floor E/W	4 th floor E/W	ICU	ED	Ambulatory Surgery
Dept Dir	TBD Quality Director	Hewitt	Nash	Adam	Mikula	Vitelli	Brandi/Radatt/Lockhart/Beal
Physician	Dr. Edde	Kim	Singer	Bitetto	Hassan	Czincila	Menkowitz/Sidlow/Zavala
Sr. Leader	Nicholas	Pat	Pat	Marie	AnnMarie	AnnMarie	Gaylets – SPUB & SPUM Duffy – Blue Bell
Facilitator	Stromberg	Burkart	Cleary	Harvie	Dittman	Menapace	N/A
Patient Experience	Coach	Nate	Coach	Nate	Coach	Nate	Coach

1. Develop your team’s charter, using the template that has been developed – including tactics and strategies for implementing the following best practices – hourly rounding, white boards, post discharge calls. A goal for the year will be provided to you based on where we need to be from an organizational perspective.
2. Determine membership
3. Determine meeting schedule
4. Schedule your first team meeting. At that meeting you should discuss the goal, tactics and strategies for implementing the best practices, and choose one other tactic and strategy that you believe will be most beneficial in improving your team’s score.

Call Bell Response

- Goal –
- ✓ Reduce usage of call bell (number of calls)
 - ✓ Reduce average response time
 - ✓ Achieve x% within targeted response time

Baselines will be set using FY19Q4 data

Need to set target response time (previously it was 5 minutes)

Expectations

Many hospitals and units have policies regarding the expectation of answering the patients call light promptly. Of course, there are going to be emergency situations where the time it takes to answer a patient’s call is going to be longer than the nurse or patient would like. However, on average, the patient should not have to wait longer than three to four minutes at the most to get their call light answered.

Tzeng researched how long it took for a call light to be answered when the main reason for the call was for help in using the bathroom. Surprisingly, the research didn’t show much difference in answer time among day, evening, and night shifts. On average, it took nurses 3.42 to 3.57 minutes to answer a call light. Patients expect a call light to be answered between 3 and 4 minutes...not 75 minutes.

One way to proactively reduce the number of call lights is to make hourly rounds on patients. Making regular rounds also prevents the need to go to the bathroom becoming an emergency.

–American Nurse Today

6/9 - 6/22	Change Since Last Period							Previous Change
	Average Response Time	% Within Target Response Time (5 Minutes)	% Within Target Response Time (3 Minutes)	Number of Calls Per Day	Average Response Time	% Within Target Response Time (5 Minutes)	% Within Target Response Time (3 Minutes)	
ED POD A	04:36	67.4	50.7	13	-00:14	-4.0	-6.5	+00:47
ED POD B	03:20	81.3	66.5	-8	+00:07	-0.2	1.0	+00:07
ED POD C	02:48	83.3	68.9	4	+01:16	-13.0	-13.6	+01:05
L & D	0:08	100.0	100.0	-11	-00:02	0.2	0.5	
Mom/ Baby	01:04	99.0	95.4	-6	+00:02	0.0	-0.5	-00:12
ICU	03:41	76.1	64.2	8	-00:08	0.6	3.1	-00:06
3E	03:15	79.3	66.9	19	+00:34	-4.6	-5.3	-01:07
3W	01:56	89.9	80.9	40	+00:06	-1.4	-0.5	-00:22
4E	02:45	82.7	70.3	-7	+00:09	-1.4	-2.1	-00:33
4W	01:30	93.3	86.0	-4	-00:15	1.5	3.2	-00:38
Observation	01:07	97.7	92.4	13	+00:11	-1.4	-2.1	-00:17
EMCM Total	02:29	85.4	75.0	63	+00:11	-1.8	-1.7	-00:34

Discharge Calls



	MANUAL Calls			AUTOMATED Calls			
	Patients Attempted	Patients Reached	% Reached	Patients Reached	Patients with Alerts	% Attempted (Alerts)	Resolved within 24 Hours
ED	792	346	43.7%				
OB	389	239	61.4%				
SPUB							
Pre/Post							
EECBB							
ICU				17	4	100.0%	0.0%
3E				110	28	92.9%	21.4%
3W				84	31	93.5%	19.4%
4E				103	34	82.4%	5.9%
4W				66	19	100.0%	0.0%

Data from Most Recent 3 months

Data from first 45 days of FY20

- Goal –
- ✓ 100% attempted
 - ✓ Max = 2 attempts
 - ✓ 60% reached
 - ✓ Reached
 - ✓ = talked to patient/caregiver

- Goal –
- ✓ 100% attempted on all patients with alert triggers
 - ✓ 75% resolved within 24 hours
 - ✓ Resolved
 - ✓ Talked to Patient/caregiver
 - ✓ Max attempts reached (2)
 - ✓ Voicemail left on patient's phone



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Whiteboard as Communication Tool

→ GOAL: Increase and improve communication between patients, staff and family members

- BETTER INFORMED PATIENT AND CARE TEAM =
 - IMPROVED PATIENT SAFETY, PATIENT EXPERIENCE PERFORMANCE
- 100% complete/accurate by 9:00am & 9:00pm

Content/Use

- ▶ Key information updated TIMELY and ACCURATELY
 - ▶ Date
 - ▶ Who is in charge of the patient's care?
 - ▶ RN, Attending, Other Care Team members – Consultants, Therapy, Case Manager
 - ▶ Anyone who is integral to patient care
 - ▶ Plan of Care (SHARED)
 - ▶ SEEK patient input (ACTIVATION)
 - ▶ Activity level - Include goal for motivation, Patient/family concerns
 - ▶ Family Contact information – primary contact
 - ▶ Hospital/Unit/Team specific Initiatives
 - ▶ (Acceptable Pain level, M in the Box)
 - ▶ Resources/Reminders/Risks (Food, ADOD, Fall Risk)
- ▶ Information is CLEAR and EASY to understand BY PATIENT
- ▶ UPDATED by each care team member (OWNERSHIP)
- ▶ BUILD whiteboard into the clinical workflow and patient conversation rather than create an extra task to complete.
- ▶ MANAGE UP (Endorse) other listed care team member
- ▶ REFERENCE the whiteboard frequently
 - ▶ HOURLY ROUNDING, MULTIDISCIPLINARY



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Building Confidence and Trust on Mother/Baby Unit and NICU

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FY 2020

→ Hospital Based Patient Experience Committee

- Hourly Rounding
- White Boards
- Discharge Calls

→ Unit Based Committee **** Most Important Part of Success****

- Multidisciplinary
 - RNs, Ancillary Staff, Administration, Medical Director, EVS, Food Service, Quality, PX
- Unit Specific Tactic

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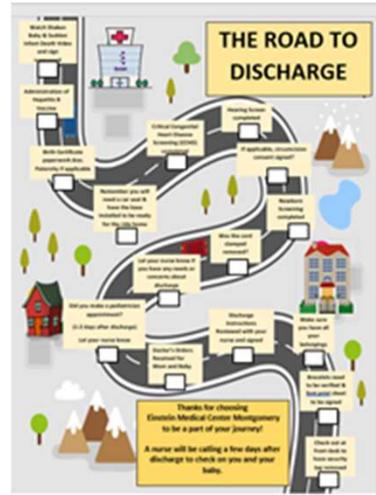
Strategies to Improving Satisfaction

July – August 2019

- Unit Specific Goals Developed
- Areas of Improvement Identified
 - Communication
 - *doc/nurse, doc/doc, nurse/nurse*

What We Implemented

- Change of Shift Huddles
- D/C Call Process
 - Current about 50% call rate
- Rounding Scripts
- Discharge Instructions in Room
- Road to Discharge



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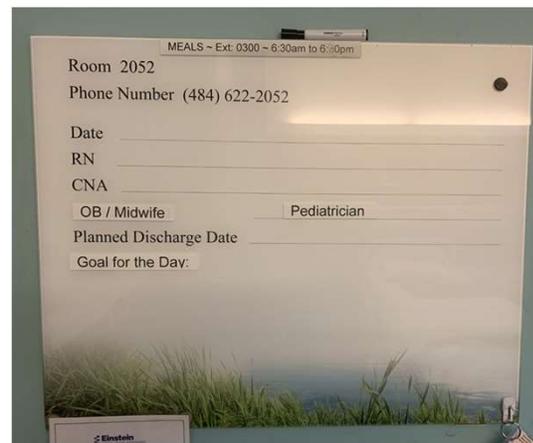
Strategies to Improving Satisfaction

September – October 2019

- Staff Education & By-In
- White Boards Modified

What We Implemented

- White Board Audits
- Doctor Assignment Sheets
- Induction Calls
 - *Unit Specific Tactic*
- Leadership Round
 - *Distribute Business Cards*
 - *“Commit to Sit”*



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Strategies to Improving Satisfaction

November – December 2019

- Communication
- Food Service
- Quietness

What We Implemented

- Sound Machines
- Hard Wire -
 - Whiteboards
 - Logging into Room



Strategies to Improving Satisfaction

January – March 2020

- Communication
- Food Service
- Quietness

What We Implemented

- “Log Into Rooms”
- “Meal A Day” Program
- Patient Refrigerator
- Door Hangers



And then came Covid-19.....

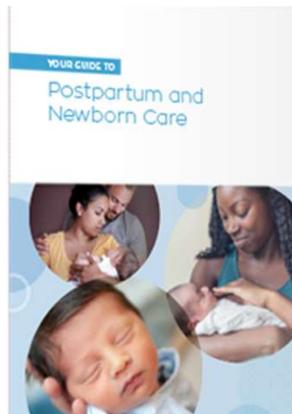
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Covid -19 Changes

Change in Workflow / Communication

STAFF EDUCATION

- Expedited Discharges
- Patient Education
- Rooming In
- Social Distancing
- Limited Visitation
- Food Service
- Office Communication
- Surgical Patients



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Covid -19 Changes

PATIENT DISSATISFER

IMPLEMENTED PLAN

PATIENT TOURS/CLASSES



FREE VIRTUAL CLASSES (4/20)

LIMITED VISITATION



FACETIME / PICTURE A DAY (5/20)

FOOD SERVICE



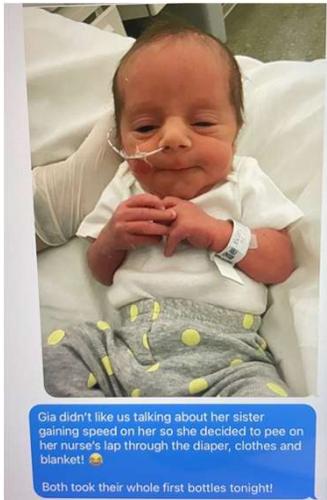
CELEBRATION MEAL (6/20)

EDUCATION



DC BOOKS (10/20)

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Where We Are Now

- **Doc/Nurse Scripting**

- Director / PE Patient Experience
 - Call the 8's
- Night Shift Survey
- NICU Admission Books
- Snacks on the Unit
- Changes to DC Call Script
 - Open Ended Questions about Communication



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Where We Are Now

Not All Initiatives Are Successful....

- Assignments by Provider Group
- Rounding with Physicians
- Quiet Time
- Suggestion Box
- PCA Updating Whiteboards

Just Keep Trying New Things.....

- **STAFF INVOLVEMENT IS KEY**
- Social Work Rounding
- Unit Admission / Discharge Video
- Welcome Baskets

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6 Year Trend

FY	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
	PR	PR	PR	PR	PR	PR
Care Transitions	77	89	84	79	81	93
Communication About Meds	82	88	82	76	89	90
Communication with Doctors	54	79	72	77	76	85
Communication with Nurses	52	75	74	73	81	93
Discharge Information	24	32	41	40	46	59
Overall Rating of Hospital	70	59	57	58	53	62
Responsiveness of Hospital Staff	77	77	85	88	88	98
Would Recommend Hospital	85	81	80	87	89	86
Quiet around room at night	91	75	84	81	67	65
Room kept clean during stay	12	15	40	51	76	90
Average Percentile Rank	62	67	70	71	75	82

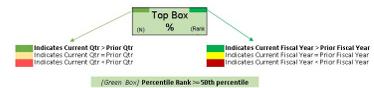
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Where We Are Now

	Communication with Nurses	Communication with Doctors	Responsiveness of Hospital Staff	Communication About Meds	Discharge Information	Care Transitions
NRC 50th Percentile	80.2	80.7	65.1	62.3	87.9	50.3
OB	88.6 339 93	87.4 339 85	89.8 324 98	73.5 183 90	88.8 326 59	65.7 334 93

	Overall Rating of Hospital	Would Recommend Hospital	Cleanliness	Quietness
50th Percentile	74.4	74.9	72.7	62.5
OB	76.7 335 62	84.6 332 86	83.8 339 90	67.5 338 65

Avg Rank
82



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Thank You....



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Real Time Surveying at Einstein

- Switched to Real Time Platform for all Medical Practice Visits (Connect (FY18/Real Time (FY19)
- Emergency Department and Ambulatory Surgeries to Real Time Platform also FY19

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Real-Time Survey

- Surveys are given to ALL patients and sent out next day
 - 3 attempts
 - Email, Phone, Phone OR Phone, Phone, Phone
 - 6 month dup check per provider
 - Questions –
 - < 15 questions
 - Provider, PSRs, MAs, Telehealth (Med Practices)
 - Care Provider Focus (ED, Amb Surg)
 - Remind patients to fill out survey
- GOALS:

 - More Consistent
 - Eliminate variation from methodology
 - Increase N – further drill down to levels we need to drill down to

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Real-Time – Practice Administrator Expectations

- Active Ownership of all Feedback, Escalate when needed
- Perform Service Recovery/Reach out when applicable
- Document efforts/log calls and close alerts
- Share with staff positive (recognition)/ negative (coaching)
- Identify themes/opportunities
- Regular Audits/Report out Alerts of
 - Open vs Closed
 - Documentation (Alert Notes Report)

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4-Pronged Approach to improve Patient Experience:

1. Ensure Full Transparency of Data -

- ✓ Share frequently and transparently with Providers and all Staff
- ✓ Review at Department meetings and monthly staff meetings
- ✓ Data reports pushed out each month to practice administrators
- ✓ Individual Provider Scorecards emailed monthly to all EPP providers
- ✓ Timely follow up, reconciliation, and documentation of Real Time Service Alerts

2. Partner with Patient Experience Department –

- Nate Stromberg, Director; Maureen Teal, Tim Pugliese, Ashley Donnelly (PX Coaches)
- Report outs/Updates at Leadership Forums
- New Provider Onboarding/Coaching – Contact PX to schedule
- Skills Labs/Individual Provider Coaching - **PUSH** (see #3) vs **PULL** (see #4)
- Provide supplemental training including links to Patient Experience Videos, access to Patient Experience Resources – examples: Service Alert training, upcoming Healthstream Module providing overview/training of provider scorecard

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4-Pronged Approach to improve Patient Experience:

3. **PUSH** – Identify and work with providers/practices short of benchmark/goal -

- PX to reach out to schedule skills lab and individual coaching sessions
- PX perform Observation/Validation of Patient Experience best practices (AIDET)
- Share Patient Experience best practices, related [videos](#) and other resources

4. **PULL** - Practice Managers/Providers reach out for additional support/help -

- Request coaching session/skills lab
- Invite Patient Experience Team to Department/Manager/Staff meetings
- Deep dive into data
- Design and Implement Patient Experience Initiatives
- Review Organization and Staff Development (OSD) course catalog for customer service training

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Biggest Opportunities – Emphasis on PSR Staff; MAs included

Courteousness, Respect, Helpfulness

What is a Skills Lab?

- ❑ Skills lab is an exercise about highlighting best practices as well as learning from each other in a safe, fun, and team-building setting.
- ❑ Skills lab utilizes 'mock patients' and well-planned, pre-organized scenarios.
- ❑ It is conducted in a group setting that enhances collaborative and cooperative learning
- ❑ Goal: Catching what's right, not what's wrong

This is all about making a better Patient Experience!

- Debrief Session
 - What worked well?
 - What needs improvement/could have been better?
 - What is missing?
- What techniques/strategies do you use?*

Modified Skills Labs



Scenarios:

- 1) Waiting Time
- 2) No referral
- 3) Late patients
- 4) Patient shows up to wrong office

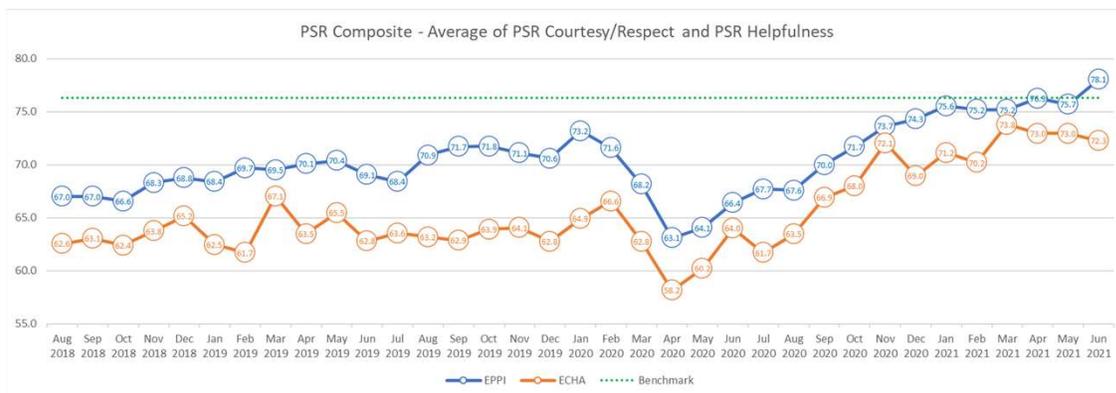
Scenarios are designed to touch on key points between staff and patients/visitors

Actors (Staff) will role play each scenario
Please take notes/make observations to discuss during debrief

Try to key in on how you deliver care/service and identify opportunities for you to implement in your day to day role

Biggest Opportunities – Emphasis on PSR Staff; MAs included

Courteousness, Respect, Helpfulness



Moving Inpatient to Real Time

→ Response Rates

NRC HCAHPS average response rate is 23.5%

Adult Rehab for mail surveys is 32.6%

- EMCP = Very low (10%)
- EMCEP = Below average (18%)
- EMCM = In line (23%)
- Moss Rehab = In line (31.2%)

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Moving Inpatient to Real Time

Two 'Sampling' waves

1. Official surveying - Satisfy CMS Requirement (VBP)
 - Paper Survey
 - Random sample across all eligible INPATIENT discharges
 - Minimum number of responses of 300 surveys per calendar year
 - Target for EMCP+EMCEP combined = 450-500
 - Responses should be spread evenly through all 4 quarters
 - 2 attempts sent to patient
2. Supplemental surveying –
 - NRC Real Time Survey
 - Goal: increase n size at the individual unit level, increase n sized at provider level
 - NOT Random - Any eligible discharge not in sampling wave 1 (official CMS) will be sent a survey
 - 3 attempts sent to patient (Email, Phone, Phone)
 - Phone = computerized Interactive Voice Response(IVR) survey

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Moving Inpatient to Real Time

- Current NRC Real-time response rate for Inpatient is 29.9%
- ED, Ambulatory Surgery, EPPI, EPM, ECHA all on Real Time Platform since start of FY2019
 - CASE STUDY = AEHN Emergency Department
 - FY17 Paper survey had 1,845 responses
 - FY18 paper survey had 2,451 responses
 - FY19 Real Time Survey had 5,892 responses
 - FY20 Real Time Survey had 9,022 responses
 - FY21 Real Time Survey has 10,000+ responses

EMCP
RESPONSE RATE: 20.9%

EMC EP
RESPONSE RATE: 22.2%

EMCM
RESPONSE RATE: 25.8%

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Wrapping it up

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Patient Experience Action Plan

- **Performance is driven by COMMUNICATION**
“WITH patients/families” AND “BETWEEN care teams”
- **Nursing and Physicians (individually) are biggest drivers of performance**
Individuals being recognized → **Team cohesiveness will push us to next level**
- **OPPORTUNITY**
All members of the Care Team on the same page
 - Multidisciplinary Rounding
 - Consistent Messaging
 - Improve/Build Physician/Nurse partnership

How do we BUILD Patient CONFIDENCE and TRUST

 - Responsiveness and Availability (BEING Present)
 - Partnering with Patient and Family
 - Comfort (Both Physical and Mental)

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Patient Experience Action Plan - Governance → Implement → Accountability

Senior Leadership - Patient Experience Governance

Review Data/Drivers - Refine Plans - Address Obstacles/Challenges – Make Recommendations

Leadership Meetings/Forums/Venues

Review Performance – Review Best Practices (Must Haves) - Design/Develop Strategy

Unit Based Councils

Act on recommendations – Implement initiatives – Drive improvement

Staff Meetings (Nursing); Physician Team Rotations; Ancillary Departments

Increase Patient Experience Data Awareness/Ownership – Implement Best Practices

Accountability at all levels

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Patient Experience Action Plan - Validate → Promote → Sustain

Quarterly Report Outs on Patient Experience and Quality

- Standardized format with a formal response from Senior Team
- Acknowledge successes
- Develop cross cutting action plans to sustain/drive performance
- Remove barriers

Patient Experience Deployment (Director and Coaches)

- Standard data dashboards
- Heavier coaching/rounding focus on targeted units
- Frequent check in with front line staff (staff meetings/rounding)

Establish physician venues dedicated to CMO vision and direction on imperatives (must haves) on patient experience-

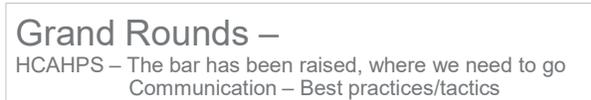
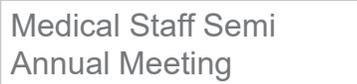
- Set and reinforce expectations to orient/welcome team;
- Implement/Hardwire initiatives (**Commit to Sit**)

Increased responsibilities and validation by Unit Council members



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Patient Experience Physician Venues



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Key Drivers: Defined by priority indices and correlation to rate the hospital

1. **Patient Preferences** = 'Listening', 'Courtesy/Respect'
2. **Emotional Support** = 'Confidence and Trust in Doctors', 'Confidence and Trust in Nurses', 'Able to find someone to talk to'
3. **Coordination of Care** = 'Dr/Nurse Good Communication', 'Dr/Nurse Consistency'
4. **Info and Education** = 'Explain', 'Describe Side Effects', 'Discharge Preparation'
5. **Physical Comfort** = 'Responsiveness', 'Cleanliness', 'Quietness'

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FY21 – Not a typical year

- COVID Interruptions and impact
 - 'Batching' - PPE requirements/restrictions
 - Not in Rooms with patient, with team (Rounding impact)
 - Visitation Restrictions (Involvement of Family)
 - Furloughs
- Looming Strike/New Contract at Philadelphia Campus
- Staffing levels/ Quarantines
- Increased demand for 1:1
- Nursing Leadership turnover
- Burnout
- Patients putting off care
- Volumes

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Trend by Calendar Year – FY22 Focus = Doc Communication, Discharge Info



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Primary Principles to Improve Patient Experience

--> Develop modes of communication to ensure PX priorities and results are communicated at all levels of the organization through Dashboards, Dedicated Patient Experience Agenda items for monthly meetings.

--> Observation/**Educate/Validate/Coach** - Focus on areas of direct control within groups (Nursing, Physicians, Ancillary Departments, etc) to add impact to overall performance through must have Service Behaviors. Instill that all own the Patient experience and a burning platform for a culture of service.

--> Partner/Expand/Promote – Include all involved in care team in discussions/standardize best practices across units/groups

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Questions?



NRC Health Symposium | Rhythm of understanding | #NRCSymp 71

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