

CASE STUDY



Using Real-time feedback and transparency for radical hospital transformation

Real-time feedback enables physician buy-in and service recovery improvement

The shifting of healthcare toward incentive-based payments and population health has set the stage for radical transformation.

Patient expectations are growing and the need to respond more rapidly to their wants and needs is no longer a request—it's a demand. Organizations that are willing to disrupt the status quo and implement new ways of driving outcomes will be the ones that succeed in today's marketplace.

Phoenix Children's Hospital (PCH) realized an 8.5% gain in their Overall Rating of Providers during an 18-month timespan. This jump in ratings exceeds the national improvement rate of 2–3% per annum (with top performers usually accomplishing a 5% gain per year). PCH is a 433-licensed-bed hospital with 284 employed physicians and 500 physicians on staff, serving over 280,000 ambulatory and 85,000 emergency department (ED) visits a year.

"If patients believe in us and have great experiences, that's going to improve their outcome, as well as our business."

Stacy Nicholson, M.D., M.PH.

Physician-in-Chief, Phoenix Children's Hospital

SUBJECT

- 433-licensed-bed hospital
- 284 employed physicians
- 500 physicians on staff
- 280,000 ambulatory visits a year
- 85,000 ED visits a year

OUTCOME

- Clinic improvement
 - 8.5% gain in Overall Rating of Providers
 - 28,500 responses collected in 12 months
 - 58% increase in response rate
- ED improvement
 - 19 times more responses collected in 3 months
 - 200% increase in response rate
- Optimized service recovery
- Facilitated physician buy-in and engagement

THE CHALLENGES

PCH faced the typical challenges that organizations in healthcare struggle with today, including:

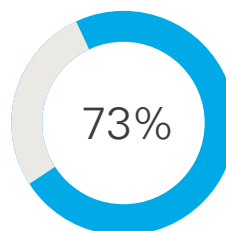
- The need to increase patient experience scores to have a place in the competitive market
- The need to evolve to become a significant player in value-based programs and reimbursement models with payors
- Physician burnout and frustration over population sample sizes (n-sizes)
- Significant time lag in the data gathered from the time of patient discharge or encounter (i.e., for patients seen in the first week of a month, feedback results may not be received with actionable data until eight to 10 weeks after the patient's experience)

A different solution to present processes was clearly needed.

DISRUPTING THE MODEL: IMPLEMENTING REAL-TIME

To address the challenges, PCH implemented the NRC Health Real-time solution to acquire patient feedback. By using the uniquely positioned program, physicians immediately gained insight into patient feedback within 72 hours of clinic/ED visits.

Going beyond prior mailed paper surveys, the new approach allowed for email and technology-assisted phone calls using interactive voice response (IVR) to patients using innovative modes of outreach. The survey length was substantially reduced



73% OF PATIENTS WANT TO BE ASKED FOR FEEDBACK A FEW MINUTES TO A FEW DAYS AFTER A CARE EVENT.

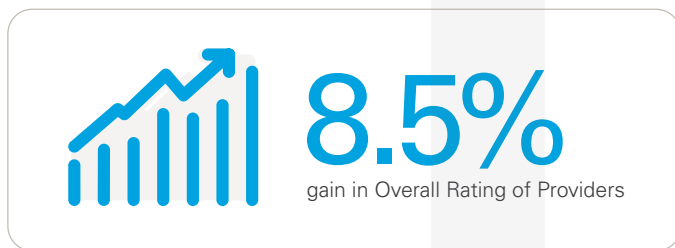
Source: 2017 study conducted by NRC Health consisting of 3,089 national respondents. Margin of error: +/- 2%.

to nine questions, which helped facilitate greater volumes of qualitative data. Using Real-time provided a greater depth of insight into the patients' actual experience, and the gains realized were substantial.

- PCH clinics received over 28,500 responses via IVR and email surveys, resulting in an 800% increase in responses in the first 12 months post-implementation
- PCH clinics saw a 58% increase in response rate
- The PCH ED received over 1,055 responses in the first three months post-implementation—19 times more than the three months prior
- The ED saw a 200% increase in response rate



A multi-modal approach allowed for greater depth and breadth in the quality of feedback and number of individuals responding. Real-time enabled full-census sampling, using mail, email, and phone numbers. It is important to note that the use of Real-time did not impact the ability of PCH to effectively conduct the paper-based surveys needed to meet the anticipated CMS mandate of a pediatric CAHPS program.



FACILITATING ENGAGEMENT AND DRIVING OUTCOMES

The senior executive team of PCH was familiar with the low sample sizes, slow survey response times, and increasing physician dissatisfaction with the patient data from the mail-survey process. Additionally, transitioning to Real-time made sense among board members who had experience in non-healthcare industries. They were used to viewing populations served as “the customer” and understood the value of using a Net Promotor Score (NPS).

Utilizing NRC Health's Real-time solution would allow internal dialogue to shift from being a lengthy comment process to establishing a direction and taking action. Through discussions

led by the chief clinical integration and medical officer, the decision was made to implement full internal transparency among all providers. Internal transparency would provide exposure to top performers and ensure everyone had insight into the experiences of every patient and family member. It would also identify those individuals who needed coaching. The program was designed and structured in a way to do the right thing, providing hope, healing, and the best care for children and their families.

Once the initiative was started, data was collected in much greater volumes.

“The amount and timeliness of the data received using Real-time eliminates the historically valid arguments that small n-size and data which is three to four months old are unactionable.”

Steven Spalding, M.D.

Chief Clinical Integration and Medical Officer, Phoenix Children's Hospital

After a quarter's worth of data, the executive team attended the all-division chiefs monthly meeting to discuss the program and outcomes from the multi-modal outreach. Immediately following, directors and managers started sharing division and provider comparison reports, which allowed providers access to all of the feedback collected—including individual provider scores.

An amazing outcome occurred. Lower performers started seeking out top performers for advice. Internal transparency drove higher levels of performance, and allowed for peer-comparisons that hadn't been embraced in the past, given the more limited data.

Internal transparency drove higher levels of performance, and allowed for new peer-comparisons.

PHYSICIAN INCENTIVE ALIGNMENT

Early on, PCH identified that there would need to be an alignment between the strategic priorities of the organization, their physicians, and their patients and families. Upon adoption of NRC Health's Real-time solution, they created a bonus structure in addition to the present levels of compensation. Physicians were held accountable at the division level, rather than based upon individual performance. While directors and managers had previously been rewarded for patient-experience outcomes, the physicians had not been included in the structure.

LEARN MORE

For more on the NRC Health Real-time solution, call 800.388.4264 or visit nrchealth.com.

Upon rollout, physicians were bonused 2.5% on top of their base salary if the division level met the goal of being above the median of the NRC Health database for the first year of implementation—and 14 of 17 divisions achieved the required threshold of the median. Year two of the incentive, alignment has been around further driving outcomes. The bonus award remains at 2.5% however, division-level targets are set according to Year one performances. For this the following guideline is used: divisions performing at or above the 90th percentile must sustain performance levels to receive 100% of the incentive award; divisions performing in at least the 75th percentile need to achieve the 90th percentile to receive it; divisions performing between the 50th and up to the 74th percentile need to achieve the 75th percentile; and divisions performing below the 50th percentile need to achieve the 50th percentile.

SHIFTING TO NEW WAYS OF THINKING

The program facilitated greater patient and family loyalty through the rapidity of data feedback and results. Service recovery went from being constrained by the lag in data to a highly optimized process of outreach occurring within two days of the encounter.

Best practices are being harvested across the clinical and ED settings using the multi-modal approach with full transparency. The program continues to be championed by the chief clinical integration and medical officer. Information-sharing happens at division chief meetings, medical-executive committee meetings, and executive patient-experience monthly meetings. Top performers are celebrated through recognition announcing the top quartile in physician breakrooms, patient waiting areas, and on Facebook, in addition to thank-you notes by PCH's executive leadership.

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Transitioning from mail surveys to a multi-modal, real-time program was a much-needed industry adjustment, and set a new PCH standard of responsiveness to patients and families. Engaging all stakeholders led to a highly successful program, surpassing even industry top-performer improvements for creating sustainable, lasting change.

BRINGING CLARITY

A patient's experience isn't one-dimensional. At NRC Health, we shine light on the totality of their interaction with you—before, during, and after care—to take you inside their personal journey toward well-being. We capture what people think and feel about your organization, in real time and over time.

Implementing Real-time enabled PCH to achieve a full-census sample. With a greater volume of qualitative feedback than ever before, PCH had the clarity needed to optimize service recovery and drive lasting change in their organization.

NRC Health helps healthcare organizations better understand the people they care for and design experiences that inspire loyalty.