Pediatric Collaborative Executive Summary

Twenty-seven pediatric organizations convened at the NRC Health Pediatric Collaborative at Texas Scottish Rite Hospital for Children in Dallas, Texas.

This summary provides a brief overview of the insights shared by presenting organizations.

"Patient experience is in our DNA."

–Robert Walker, CEO, Texas Scottish Rite Hospital for Children

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Creating a standard for how consumers experience care: insights to improving care coordination

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
Anne Boat, MD, Patient/Family Experience Officer, Director of the Section of Fetal Anesthesia

When children are ill, inconsistent information can create frustration among a hospital's staff, the patients' families, and the patients themselves. Cincinnati Children's Hospital Medical Center (CCHMC), realizing that communication between doctors and nurses can be like a game of telephone, decided they wanted to tackle this communication composite to help alleviate those frustrations.

Early on, they knew they weren't going to use a classical approach to improvement. Typically, organizations pick one site of care to implement a new initiative, filling this site (intentionally or not) with motivated team members and early adopters. Seeing success with the initiative, the hospital then swoops in with extra resources and support to ensure the effort is sustained. This approach, CCHMC realized, is capable of creating pockets of greatness—but can make it difficult to spread initiatives throughout an organization.

In pursuit of a better method, CCHMC created an Inpatient Experience Collaborative to allow multiple units to learn and create solutions together. They brought in experts from multiple improvement methods, including:

→ **Human Centered Design**, to deepen users' human understanding and empathy.

→ **Lean**, to focus on eliminating inefficiencies.

→ **Model for Improvement**, to lay out the steps for an improvement project.

When the team came together to create solutions, they followed only two rules:

1) The team had to remain multidisciplinary.

2) The team's solutions could not create more work for employees.

The first session's goal was to frame the problem of effective communication between doctors and nurses. The team reviewed data, including patient comments, and heard each other's suggestions on ways they could improve their organization; they then brainstormed and designed interventions.

CCHMC then brought in families to discuss these solutions and co-create some additional interventions. The teams took this back and ran multiple PDSA (Plan, Do, Study, Act) cycles to decide which intervention they would adopt, adapt, or abandon. Each unit then presented their results to the group, and everyone provided feedback. Lastly, the group voted on the best initiative for organization-wide implementation. They chose to implement a Check-in for Safety, a process in which the Health Unit Coordinator (HUC) greets non-unit staff when entering a unit, and they relay the physician's presence to the appropriate patient's nurse. A photo of the appropriate nurse and HUC is also now placed in each patient's room to help consulting services and patients with identifying specific care providers.

CCHMC also improved care coordination within their ambulatory setting using methods that focused on each type of individual onsite (providers, families, and nurses). For providers, CCHMC reviewed qualitative patient feedback and conducted deep-dive interviews and shadow experiences with their 17 top-performing physicians. This allowed them to break down the clinic visit into six steps and create behavioral standards for each step. For families, they added a "What's on Your Mind?" card, which allows families to write down any questions or concerns they have about their visit while they're in the waiting room. This card is then handed to the nurse or medical assistant when the family is admitted, and passed on to the physician prior to his or her meeting with the family. For nurses, CCHMC created service-line nursing to allow members of the nursing team to travel with specific physicians out to the clinics, empowering nurses to master one particular treatment process at a time. This helped with consistency and continuity of care, as the teams got to know the patients they were seeing and didn't change specialties each day.

Using Real-time data to gain a physician advantage of the consumer mindset

SIBLEY HEART CENTER CARDIOLOGY, CHILDREN'S HEALTHCARE OF ATLANTA
Glen Iannucci, MD, Pediatric Cardiologist, Assistant Professor of Pediatrics, Emory University

The physicians at Sibley Heart Center Cardiology (SHCC) understand that nothing is more important to a physician or a patient than the time they spend together. The organization's cardiology group started over 28 years ago, and has kept customer experience and a service-oriented business model their priority ever since. Most recently, SHCC's customer focus has made it a top performer in the category of Overall Provider Rating (Pediatrics), winning the organization an NRC Health 2017 Symposium Award.

"The customer experience starts with the first impression," stated Dr. Glen Iannucci, highlighting the importance of clinic staff in the customer experience. "The physicians would not win an award for doing a good job, if they were not surrounded by staff who are also doing a good job." What makes people excellent, Iannucci explained, is when they do more than what others are asking for—and the only way SHCC staff members can know the expectations they have to exceed in treating their young patients is to hear them from those patients' families.

After the implementation of the Real-time solution at SHCC, the organization was able to identify more of these expectations than ever before, seeing an over 220% increase in patient feedback within the first month. This allowed SHCC to be more transparent with their patient feedback by sending out a provider scorecard each quarter. Now the organization's physicians no longer question the validity of the data they're given, and SHCC is able to take advantage of new internal coaching opportunities: physicians now reach out and ask for help from their peers and the organization's customer-service team. SHCC was also able to develop a skill-building tool for their physicians to enhance their interactions with patients and families, which included verbal and non-verbal cues garnered from the organization's top-performing physicians and broken out into tips for prep before a visit, communication during the visit, and conclusions to successfully end the visit.

Along with empowering SHCC's physicians to better align with the organization, the insights that its patients provided were exactly the kind of information SHCC needed in order to develop its strategic plan for continued long-term growth and loyalty. Having learned that its patients' families appreciate price transparency, for example, the organization has incorporated transparency into discussions with families of test prices. Changes like these, made possible by rich patient feedback, make SHCC's long-term goals—to continue to improve internally, and provide a consistently tremendous customer experience to each family that comes through their doors—a reality.

A personalized experience

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–Glen Iannucci, MD, Pediatric Cardiologist, Assistant Professor of Pediatrics, Emory University

220%

increase in patient feedback within the first month after implementing Real-time feedback

Understanding patient feedback and creating a responsive nursing staff

CHILDREN'S HOSPITAL, NEW ORLEANS
Michele Borey, Director of Patient Experience; Ashleigh Couturie', Nursing Department Director

Children's Hospital, New Orleans (CHNOLA) is actively creating change and disrupting the pediatric-healthcare industry's status quo by using patient feedback to improve nurse communication. Michele Borey and Ashleigh Couturie', the two speakers representing the hospital—an NRC Health 2017 Symposium Award winner for Most Improved Children's Hospital—attribute the organization's improvement to its focus on the overall nurse communication composite.

They started by going back to the basics, adding a unique spin to fit the needs of their patients and their families: multidisciplinary patient communication boards (whiteboards). To ensure that patient families can understand information in their preferred language, each board can be flipped over to be read in Spanish, English, or Vietnamese. From there, Borey and Couturie' discussed how CHNOLA's focus on setting expectations starts during the admissions process, during which parents learn about family-centered rounds at the hospital, when they take place, and all the parties involved. CHNOLA's staff understands that it can be an overwhelming experience for families to have medical students, residents, staff physicians, and nurses all in the room with them at one time, so they take care to explain the process thoroughly. The hospital then carries expectation-setting through each hour the patient is in the hospital by adding a fifth "P" to the four stages of hourly rounds (Pain, Potty, Position, and Possessions): Plan of Care. Nurses take this time each hour to provide an update to their patients' families on anything outstanding (e.g., test results), allowing the family to feel up-to-date and more at ease.

CHNOLA also utilizes patient feedback to better understand the "why" behind what they see in their scores. Based on patient comments, the organization was able to redesign patient-discharge paperwork to ensure that families leave feeling equipped to take care of their child. During their session, Borey and Couturie' hosted an interactive activity in which attendees looked through their own organizations' patient comments and

identified themes they were seeing. As a next step, attendees were challenged to take this activity home and include others (e.g., managers and front-line staff) in the conversation, reviewing patient grievances alongside a larger set of comments to help validate the themes they'd identified earlier. This would allow organizations to see how powerful their patients' comments can be, and how they can be used to drive change.

Setting expectations

The hospital carries expectation-setting through each hour the patient is in the hospital.

5 STAGES FOR EACH HOURLY ROUND:

01	02	03	04	05
Pain	**Potty**	**Position**	**Possessions**	**Plan of care**

Accountable service recovery: understanding your nursing data and increasing family/patient loyalty

LE BONHEUR CHILDREN'S HOSPITAL
Kathleen Seerup, Vice President of Patient Care and Chief Nursing Officer

"We have to capture the hearts of our associates," said Kathleen Seerup of Le Bonheur Children's Hospital (LBCH). Simple, but true. Hospital staff members need to understand that what they do every day impacts patients and families. LBCH has a vibrant organizational culture that embraces effective rounding processes, builds accountability into service-recovery efforts, and includes families in unique ways to create consumer loyalty.

Seerup asked everyone to review their processes and ask themselves, "How do we know this is truly happening? What does this look like, feel like?" LBCH looked at their processes when building their Methodist Le Bonheur Healthcare (MLH) service model, and created behavioral standards to match. Now everyone knows what is expected, and organizationally can identify when things work and when adjustments are needed.

LBCH executives, clinical and non-clinical, are assigned units and expected to round each week. They never schedule particular times to go out on these rounds, as they want their interactions to be organic. Each executive rounds on families and staff, following up with the nurse manager to discuss what they have learned during their rounds. They also report out each Monday, during the executive meeting, what they heard in rounds the previous week. LBCH has created a service-recovery triage flowchart for use when service-recovery opportunities arise during these rounds. This is a model that helps executives handle different service-recovery issues in different ways. One option involves handling the issue themselves; another option involves partnering with the patient's care team to brainstorm solutions. In the latter case, executives make every effort to be proactive partners and offer the care team whatever tools or resources may be needed to resolve the problem while the patient and his or her family are still within the hospital.

The organization has also initiated a Parent Mentor and Support Program, made up of parents who have spent an extended amount of time in LBCH. These parents round with nurse leaders, and spend time with patients' families—sometimes over coffee or tea—to answer any questions they may have. Families often have an easier time opening up to peers, and the information gathered during these rounds and conversations is used to create Family Center Tip Sheets to help educate hospital staff on effective communication. In this way, families at the hospital can make a difference, both in the experience of other families and within LBCH as a whole, which in turn inspires greater loyalty among the hospital's consumers.

To see a copy of all presentations and resources from our Pediatric Collaborative, please use the following link: **nrchealth.com/pediatric-collaborative-resources/**

Creating consumer loyalty

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–Kathleen Seerup, Vice President of Patient Care and Chief Nursing Officer