

March 5, 2019

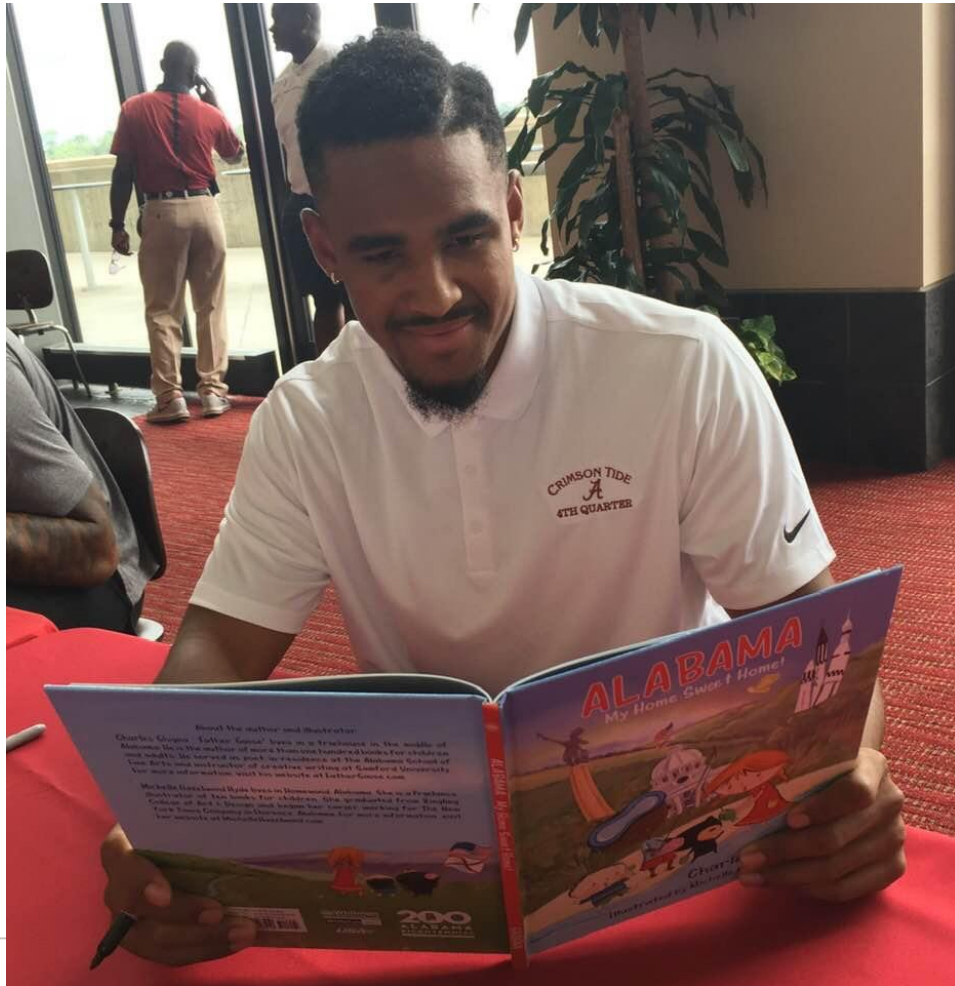
# N-size matters: Overcoming a culture of resistance at Children's of Alabama

Lori Moler, Vice President, Customer Service  
Children's of Alabama

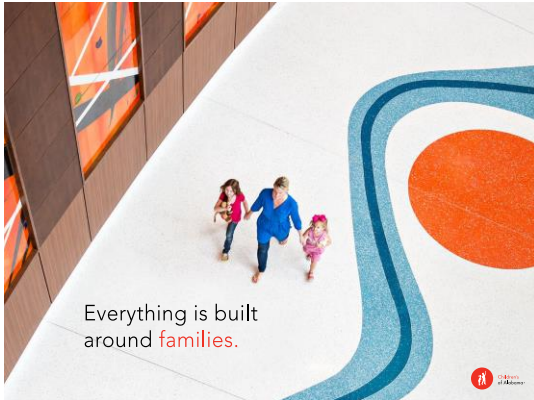
# N-size matters: Overcoming a culture of resistance at Children's of Alabama

- The Setting
- In the Beginning
- The Challenging Years
- The Game-Changer
- Our Next Chapter
- Your Next Chapter
- Book Review









## BY THE NUMBERS

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MORE THAN  
**675,000**  
ANNUALLY

OUTPATIENT  
VISITS

MORE THAN  
**19,000**  
ANNUALLY

SURGERIES  
PERFORMED

MORE THAN  
**15,000**  
ANNUALLY

INPATIENT  
ADMISSIONS

**380**

NUMBER OF BEDS  
AND BASSINETS  
IN THE HOSPITAL

**700**

MEDICAL STAFF

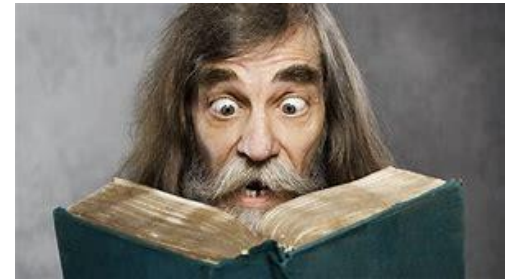
MORE THAN  
**4,900**

TOTAL EMPLOYEES



# Our history

- Founded in 1911; long-standing and solid reputation
- Only freestanding children's hospital in Alabama
- High volume in general, with large percentage of Medicaid (currently 66%)
- Academic medical center; physicians employed by UAB Health Services Foundation



# In the Beginning: 1990s-early 2000

- Patient satisfaction—be nice!
- No defined customer-service function
- No burning platform or catalyst for change
- Training and research focus; clinical care secondary





*Like, who really cares about this satisfaction stuff anyway? We are the only game in town!*



**CHILDREN'S HEALTH SYSTEM INPATIENT SATISFACTION SURVEY**

**Core Questions    Target Questions**

Hello this is \_\_\_\_\_ calling on behalf of Children's Hospital. I am with New South Research and we are calling today to conduct a short survey about your child's recent visit to <insert unit name>. The survey will only take a few minutes and all of your answers will remain confidential.

Respondent check: Are you the parent or guardian who was with the child when treated at <facility>? Yes/No

Was this your first visit to Children's Hospital? Yes/No

**First let's talk about registration:**

1. I would like for you to tell me how satisfied you were with the registration process in the following areas. By registration, we mean the person, or people, who took your insurance information, address, etc., NOT THE TRIAGE NURSE.  
Let's use a scale of very satisfied (5), somewhat satisfied (4), somewhat dissatisfied (2), very dissatisfied (1).
 

a. The caring and compassion of the registration staff	_____
b. The registration staff's responsiveness to your requests	_____
c. Communication during the registration process	_____
d. The friendliness and courtesy of the registration staff	_____

**Now let's talk about the staff in <unit>:**

2. How satisfied were you with the safety precautions taken by staff to protect your child such as checking identification prior to medication administration or prior to any treatment; proper hand washing, asking about allergies, or appropriate response to patient equipment alarms?
 

5 Very satisfied	2 Somewhat dissatisfied
4 Somewhat satisfied	1 Very dissatisfied
  
3. How satisfied were you with the staff's respect for your child's privacy?
 

5 Very satisfied	2 Somewhat dissatisfied
4 Somewhat satisfied	1 Very dissatisfied
  
4. Did the doctors on <unit> introduce themselves before delivering care to your child?
 

5 Always	2 Rarely
4 Sometimes	1 Never

	Vendor	Survey Methodology	Sampling Methodology
Atlanta	Press Ganey	Mailing	All inpatient discharges
Birmingham		Telephone	All inpatient discharges
Boston	NRC/Picker	Mailing	Random sampling
CHOC-Mission Viejo	Press Ganey	Mailing	All inpatient discharges
Chicago	Press Ganey	Mailing	All inpatient discharges
Dallas	Press Ganey	Mailing	All inpatient discharges
Denver	PRC (Professional Research Consultants)	Telephone	Random sampling
Houston	Analytica, Inc.	Telephone	Random sampling
Kansas City	NRC/Picker	Mailing	Random sampling
Miami	Healthstream Research	Telephone	Random sampling
Minneapolis StPaul	NRC/Picker		Random sampling
NY-MS	Press Ganey	Mailing	All inpatient discharges
Nashville	Professional Research Consultants	Telephone	Stratified Random Sample
Orange	Press Ganey	Mailing	All inpatient discharges
Washington DC	Press Ganey	Mailing	Random sampling



## Survey Question Standardization

In an attempt to standardize data as much as possible, hospitals using the most common patient satisfaction vendors (Press, Ganey and NRC/Picker) were asked to use specific questions from their respective surveys. Other hospitals were asked to use questions that best corresponded with the intent of the five core benchmarking questions.

### Press, Ganey

1. Overall rating of care provided at the hospital
2. Likelihood of recommending this hospital to others
3. Cumulative score for nursing care section
4. Instructions given about how to care for your child at home
5. How well your child's pain was control

### NRC/Picker

1. Overall, how would you rate the care your child received at the hospital?
2. Would you recommend this hospital to family and friends?
3. Did you have confidence and trust in the nurses caring for you?
4. Did someone on the hospital staff teach you what you needed to know to care for your child at home?
5. Did the hospital staff do everything they could to help control your pain?

## Re-scaling Methodology

Since various hospitals use different response categories (3-point, 4-point, or 5-point) for their survey questions, it is necessary to re-scale responses in order to compare across hospitals. The majority of the hospitals use a 5-point scale, so the data from hospitals using 3-point or 4-point scales was re-scaled to a 5-point scale in the traditional manner assuming equal intervals on the scales. Essentially, the endpoints from the original are recoded to the endpoints on the new scale. If there is a middle point on the original scale, it is recoded to the middle point of the new scale. Any additional points on the original scale are placed equidistant on the new scale to create equal intervals on the new scale. For our data, the following transformations were made:

3-point scale (old = new)

1 = 1, 2 = 3, 3 = 5

4-point scale (old = new)

1 = 1, 2 = 2.3, 3 = 3.6, 4 = 5

## CHCA Patient Satisfaction Survey (Inpt Only)

Overall rating of patient care.  
Birmingham

Year	Hosp N	Hosp Avg	Other Avg	Comparison
2005	1527	4.58	4.60	Similar
2006	1668	4.52	4.57	Lower
2007	2259	4.50	4.61	Lower
2008	2258	4.53	4.52	Similar
2009	2302	4.56	4.65	Similar
2010	2410	4.72	4.59	Higher

# The year is 2008 and the plot thickens

- New CEO: Public utility industry–service–focused
- New CNO: Phoenix Children’s–competition–aware
- New Master Plan: Major facility expansion–family focused
- HCAHPS: Data collection 2006; reporting 2008





## Lori Moler is named Vice President of Customer Service



## Membership Subscription Agreement

This Agreement is entered into between National Research Corporation d/b/a NRC PICKER ("NRC Picker") and The Children's Hospital of Alabama ("Client"), effective the date below the Contract Administrator's signature (the "Effective Date"), for the purpose of setting forth the terms and conditions on which NRC Picker will provide Client with Measurement and Improvement Services ("the Services") as outlined in one or more Letters of Agreement attached hereto and incorporated herein by this reference.

In return for NRC Picker's performance of the Services, Client agrees to pay NRC Picker a fee for membership (the "Quarterly Membership Fee") as described in the parties' current Letter of Agreement. The Quarterly Membership Fee will be invoiced at NRC Picker's then published price unless otherwise provided in the Letter of Agreement. An invoice for the initial payment of the Quarterly Membership Fee is submitted to the Client with the execution of this Agreement. Payment of the invoiced amount is due at NRC Picker's commencement of performance of the Services. Changes to the scope of Services specified in the Letter of Agreement will be set forth in a revised Letter of Agreement and will necessitate revised pricing that also will be set forth in the revised Letter of Agreement that will be executed by the parties.

Subject to the foregoing, payment to NRC Picker is due in US Dollars within thirty (30) days of each invoice. Interest shall accrue on any past due amounts at the rate of one and one-half percent (1 1/2%) per month until paid.

The term of this Agreement shall commence as of the Effective Date of this Agreement and continue thereafter on a year to year basis unless written notice of termination for convenience is given by either party to the other not less than ninety (90) days prior to the desired date of termination ("the Termination Date").

The Terms and Conditions printed on the reverse side of this Agreement are an integral part of this Agreement. Client acknowledges that Client has read, understands and agrees to such Terms and Conditions.

National Research Corporation  
d/b/a NRC Picker  
1245 Q Street  
Lincoln, NE 68508

The Children's Hospital of Alabama  
1600 7<sup>th</sup> Avenue South  
Birmingham, AL 35233

By: Tammy Winkelmann

By: TSK

Tammy Winkelmann  
Contract Administrator

Title: Tom Shufflebarger, COO

Date: \_\_\_\_\_

Date: 12/8/10

Please return one signed copy to NRC Picker, Contract Administrator.

Patient Experience Conference 2011 engages 200 healthcare leaders on improving patient experience and raises the awareness of experience leaders that they are not alone in their work.

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



# Challenging years: 2011-2016

- Excitement around \$100,000,000 capital campaign
- New facility opens August 2012; deemed family-centered
- Change overload; everything new
- Lori adds Imaging and Poison Control to responsibilities
- Customer service on autopilot; momentum stalls



**Increasing Response Rates with Patients**

Preview Properties

Print Forward

From: "Trina Wiese" <twiese@nationalresearch.com>  
 To: "Trina Wiese" <twiese@nationalresearch.com>

Sent / Received: Tue Dec 4 14:41:41 CST 2012 **December 2012**

Subject: Increasing Response Rates with Patients

Attachments: [We're Listening Visual Overview.pdf](#) [We're Listening Implementation Manual.pdf](#)

Hello all,

I have a lot of clients that are always asking how can we make sure we increase our response rates. I want to share with you best practices to increasing response rates:

Marketing campaigns (i.e. We're Listening Campaign, I have attached to the email. If this an option for you we can set up this for you and send you a disk that will provide you with everything you need to print free of charge)

Staff Informational Posters/Communication boards

Messages included in a commonly viewed location (paycheck statement/envelope, intranet, company memo/newsletter/CEO blog)

Discussion in a staff meeting (most beneficial method is something consistently cascaded through the



**2016 Response Rates  
COA Mail Survey**

Inpatient	13%
OP Clinics	15%
<b>Emergency</b>	<b>8%</b>
OP Rehab	8%
OP Testing	11%
OP Surgery	16%





## Children's Hospital of Alabama Catalyst Usage from May 1, 2016 to May 31, 2016

May 31, 2016

Member	Catalyst Site	Sessions	Duration
Amado Santos		5	43.62 min(s)
Barbara Lovvorn		1	14.3 min(s)
Callie Dunaway		14	54.43 min(s)
Charlotte West - Director		2	11.3 min(s)
Connie Collins		5	48.78 min(s)
Jessica Hicks		4	24.43 min(s)
Jill Smith		4	21.97 min(s)
Johnicia Hennington - Manager		3	19.92 min(s)
Kermilia Whitehead - Department Director		2	21.85 min(s)
Lanny Brechbuehl		3	13.43 min(s)
Lashunda Chapman - Patient Registration Manager		1	3.17 min(s)
Laura Needham		1	16.27 min(s)
Leslie Boehm - Outpatient General Educator/Clinician		2	17.23 min(s)
Lori Moler - VP Customer Service		32	3.39 hr(s)
Michael Fleetwood		9	44.68 min(s)
Pam Clark		1	15.58 min(s)
Paola Mendoza - MD		1	38.15 min(s)
Rosemary Brown - department director		3	45.22 min(s)
shannon sharit		1	14.15 min(s)
Stacy Flanagan - RN		1	2.32 min(s)
Terri Henderson - Department Director		1	9.28 min(s)
Tonia Crump		3	39.92 min(s)



*Unlike providers of adult care, pediatric providers don't have CMS-required "incentives" to drive behaviors that positively impact the patient experience. Layer on a patient-feedback system that produces very little in the way of timely, actionable data that doctors can understand, and you're just pushing water uphill.*

*—Tony Fargason, MD, Medical Director*

# Game changers: 2016-2018

- NRC email survey pilot in Emergency Department
- Solutions for Patient Safety promotes family engagement



# NRC Connect ED Pilot

- April–June 2016
- Email survey (capture rate 57%)
- Results within 48 hours
- Six questions:
  - Do you think your child received the right treatment in the emergency room (e.g., tests, diagnosis, medications)?
  - How often was there good communication between the different providers and nurses?
  - During your child's emergency room visit, how often did staff members introduce themselves with their name and position?
  - Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this emergency department?
  - Are there areas where we performed really well, or where we could have improved?

Outgo	Returns	Response Rate	Comments	Email Capture Rate
5942	989	17%	430	57%



## Catalyst ED Participation January – December 2016

- 4,169 Sampled
- 7.8% Response Rate
- 344 Returned Surveys

# Lori attends SPS learning session with SPS leadership team!

Children's Hospitals' Solutions for Patient Safety  
Every patient. Every day.

Enter any Keyword

About Us Our Results For Hospitals For Patients & Families News & Press Room Contact Us


Home > For Patients & Families

## For Patients & Families

Patients and families, we need your help to ensure that every patient in our care is kept safe from serious harm. We want to heal you, not hurt you.

An informed family can help reduce the risk of preventable harm—such as infections and medication errors—when at the hospital. You are a critical part of the caregiving team. We want you to take the following actions when visiting our hospitals to help keep your child safe.

- Be an advocate for your child.
- Always ask questions. Raise concerns. Speak up.
- Wash your hands and your child's hands, and make sure your caretakers wash their hands too.
- Keep the skin around the dressing of an intravenous catheter or a wound clean and dry. Tell your caregiver if it's not.
- Know your child's medications, and make sure your caretakers double check that the medication is for your child.
- Be prepared when going home by knowing your child's medications, treatments, and follow-up visits. Call back to ask questions.



*"The family is the most critical part of a patient's caregiving team."*

- Michael Fisher, president and CEO, Cincinnati Children's Hospital Medical Center and chair of SPS

## Children's Hospitals Paving the Road to Success: One Unit at a Time


### SPS National Learning Session

May 24-26, 2017  
Hyatt Regency Dallas, Texas


Dear Colleagues,

We are thrilled that you have joined us for this important 3-day SPS National Learning Session, "Children's Hospitals Paving the Road to Success: One Unit at a Time." Over the past 5 years, our hospitals have applied our network's principles with resilience and, as a result, have saved thousands of kids from harm. We could not have achieved our successes without your hard work and continued commitment to the mission and goals that guide our work.

During our time together these next 3 days, we will focus on a wide range of topics, which include our Pioneer and Avia HACs, culture work (including disclosure), employee/staff safety, patient and family engagement, and much more. Importantly, we will roll out the new ADE Roadmap as well as the SPS Disclosure Training Toolkit.



Director, SPS



# Survey Transition Timeline



When	Survey
April 2016	Emergency Department Pilot
January 2017	Clinic Real-time
October 2017	Outpatient Surgery, Imaging, Lab, PT/OT, Speech and Hearing
June 2018	Outpatient Clinics and Dialysis
January 2018	Inpatient and Emergency Department

# N-size matters to the Emergency Department



*The change to Real Time has been incredible! While we were one of the first to test, the NRC team listened to our concerns, and met and exceeded our expectations. We went from 100+ responses per month to 1000+ responses per month.*

*–Jake Zisette, RN, Emergency Department Director*

*A patient representative contacts families that have a comment NRC classifies as a Service Alert. Not only do families appreciate the call, but we have seen a decrease in grievances from the ED since we started using Real Time.*

*–Amado Santos, Patient Relations Director*

## Emergency Department Grievances

2015	8
2016	6
2017	6
2018	1

*It has been wonderful to have the increased feedback we receive from Real Time. The responses are both timely and specific to our department and we hear what we are doing well and what we need to improve.*

*–Kathy Monroe, M.D., Emergency Department Medical Director*

# N-size matters to the Laboratory

**Deanna Miller, Lab Administration and Quality Improvement Manager**

- **Easy process to transition**—NRC Health guided us through the process, and timeline, which made it easy
- **Increased volume of data**—Historically, the laboratory was evaluating data with very small *n*-sizes. This made it difficult to gain buy-in from Laboratory Leadership that we had opportunities to improve. Today the *n*-sizes are statistically relevant, which make it easier to evaluate against national benchmarks and review our shifts and trends in data (pinpoint different shifts and team dynamics that impact scores)
- **Quick response service recovery**—Real-time feedback has allowed us to follow up more quickly with patients, either verbally or by mailed letter, and to thank them for the opportunity to improve our services
- **Quick investigations of performance failures**—Real-time feedback has allowed us to investigate when we have failed to meet a patient's expectations: staff can remember details of events and often remember the encounter with the patient, environmental concerns (short-staffed, busy clinic day, etc.), conversations with patient or parent, etc.)
- **Allows us to evaluate trends with caregivers**—Gives us opportunities to make sure staff are being competently trained in their roles and duties

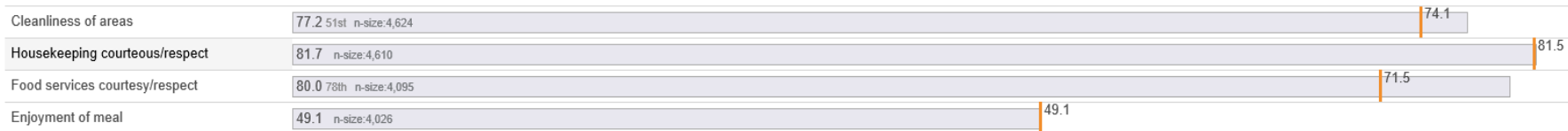




# N-size matters to EVS and Food Service

**Lanny Brechbuehl, General Manager/Division Director of Hospitality/Facility Services—Aramark**

*EVS utilizes NRC Real-time feedback to glean immediate insights that enable us to impact processes, inspire staff behavior change, and implement service recovery at the earliest possible moment of truth. This is our best opportunity to train/develop our staff for consistent, sustainable results.*



The facilities and staff are excellent. The dr's and nurses are great. The food was really good, especially for hospital food. The house keeping is good, but could use some more attention. Glass elevators on Main Street need cleaning and better air circulation. Bathroom in our room was clean, but it could have been cleaner.

- Facilities/Environment
- Amenities - Food Service
- Clinical Staff - Nurse/Nurses Aide
- Provider
- Admin/Support Staff
- Admin/Support Staff - Housekeeping
- Amenities
- Clinical Staff
- Facilities/Environment - Cleanliness
- Facilities/Environment - Other
- Personal Care/Hygiene



NRC Symposium August 2018

### ***The Excellence in Quality and Service***

One organization was selected based on their Net Promoter Score as a measure of service culture, loyalty and retention for the time period of April 2017–March 2018. This organization had the highest combined Net Promoter Score out of 68 organizations.

# N-size matters to the Quality Committee of the Board



September 2018

*Patient safety and quality medicine literally flows from the top down. When the Board understands that safety is ultimately their responsibility, it is easy to “sell” the importance to the entire hospital. When the family is informed and engaged it is beneficial to the outcome of the child. Having reliable data is vital to keeping us on the right track.*

*–Ralph Frohsin, Chair, Quality Committee of the Board*

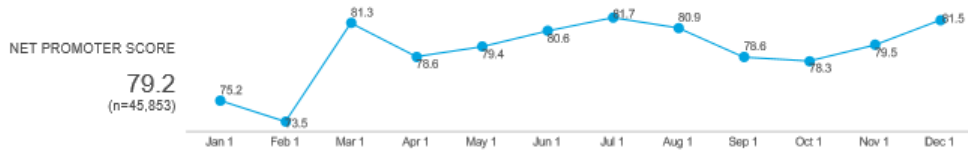
*With the new system, the data is reliable and can be delivered up in a way that allows providers to see what really matters to them about how they take care of their patients. At Children’s of Alabama, we are using this data to help drive performance–improvement initiatives like family-centered rounding, workflow enhancements, and real-time service recovery. The bottom line is, people have a choice about where they seek their healthcare, and pediatrics isn’t exempt. We have to have a way to know where our service gaps are. NRC is doing an effective job of listening to its customers to find ways to help us better listen to our customers.*

*–Tony Fargason, M.D., Medical Director*

*The concerns and opinions of patients and parents and the relationship skills that foster a partnership with them are a key part of promoting safety in our institution. If parents and patients are not our partners in this continuous improvement process, we have an artificial limit to how good we can be.*

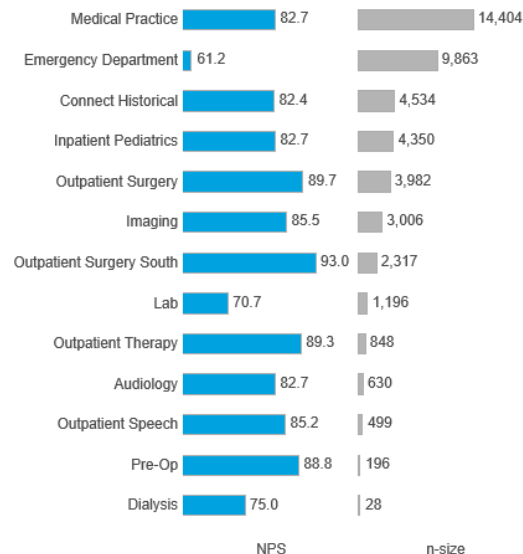
*–Mitch Cohen, M.D., Chair UAB Department of Pediatrics*

# Real-Time Analysis



RESPONSE RATE: 29.5%

## Real-Time Analysis



Net Promoter Score is calculated based on responses to a single question: *How likely is it that you would recommend our company/product/service to a friend or colleague?* The scoring for this question is most often based on a 0 to 10 scale.<sup>[4]</sup> Those who respond with a score of 9 to 10 are called Promoters, and are considered likely to exhibit value-creating behaviors such as buying more, remaining customers for longer, and making positive referrals to other potential customers. Those who respond with a score of 0 to 6 are labeled Detractors, and are believed to be less likely to exhibit these value-creating behaviors. Responses of 7 and 8 are labeled Passives, and their behavior falls between that of Promoters and Detractors.<sup>[4]:51</sup> The Net Promoter Score is calculated by subtracting the percentage of customers who are Detractors from the percentage of customers who are Promoters. For the purposes of calculating a Net Promoter Score, Passives count toward the total number of respondents, thus decreasing the percentage of detractors and promoters and pushing the net score toward 0.<sup>[5]</sup>

Reichheld, Fred; Markey, Rob (2011). [The Ultimate Question 2.0: How Net Promoter Companies Thrive in a Customer-Driven World](#). Boston, Mass.: Harvard Business Review Press. p. 52. ISBN 978-1-4221-7335-0.

# ...But does n-size make a difference in the scores?

	NRC Catalyst* Inpatient January 2018–December 2018		NRC Real Time Inpatient January 2018–December 2018	
	Positive	N size	Positive	N size
Nurse explained things to parent	85.3	1,180	80.8	4,837
Doctors listened carefully to parent	84.5	1,182	80.1	4,659
Would recommend hospital	89.0	1,183	82.7	4,369

\*Children's of Alabama continues to send mail surveys to achieve a minimum return of 300 per quarter (surveys still outstanding at time of presentation submission).

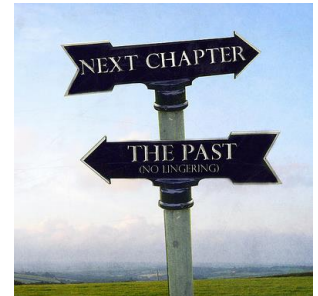
# Actions prompted by real-time data and comments

- Follow up on every service alert: very effective in ED
- Reduce confusion and improve communication:
  - Ambassadors in Emergency Department (coming soon)
  - Navigators (Care Guides) pilot in Hematology/Oncology
  - SHARE–process for complex family dynamics
  - Rounding, rounding, rounding
  - Limited English proficiency and low literacy–focused initiatives
  - Parent Engagement Consult Team in Hematology/Oncology
- Engagement with real-time by Access Center–AIDET (Lab)
- Room service for patients
- Navigation app for wayfinding



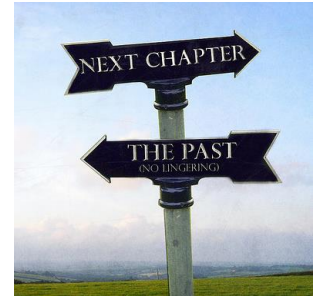
# COA's next chapter

- 2019 Strategic Plan–Net Promoter Score of 79 or better
- Physician scorecards and actionable reports–requested
- Quarterly presentation at Quality Committee–requested
- Behavioral Health Surveys deployed (inpatient and outpatient)
- NRC Transitions



# COA's next chapter, continued...

- Quantify reductions in number of grievances (ED)
- Give continuous feedback to NRC (via real-time) for improvement
- Continue to collaborate with NRC and NRC clients
- Re-engage in a meaningful way with Beryl Institute
- Earn more recognition for COA!





# You next chapter

- Your next patient experience chapter can be transformational with NRC Real-time
  - More data: n-size matters far beyond a statistic
  - Timely data
  - Actionable data
- Transition to real-time it's easy– the NRC team is excellent!

# You next chapter, continued...

- Recommend phased approach
- Pilot if hesitant
- Hitch your wagon to the SPS train
- Get ready to have lots more data
  - Real-time means REAL TIME!
- COA is happy to share and assist!





**Lori,**

***Thanks so much for including us in this! I am very glad that this is getting attention, and I'm happy to help. Input from patients and families is critical to improving both the quality and the safety of a patient's experience with any given provider—families have a unique perspective on every aspect of their loved one's encounter with a healthcare provider, from communication to workflow to institutional culture, and more. As technological advancements enable providers to capture more and more reliable data from families about their experiences, the providers who make the most of these advancements will be the ones who learn the most, grow the most, and make the biggest strides in quality and safety for their patients.***

***Thanks again,***

***Anna, Parent Advisor, Member of Quality Committee of the Board and Teddy's Mom***





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