

Best Practices for Implementing Real-Time: Achieving the ROI You Desire

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EVP/CNO Riverside Health System



Objectives

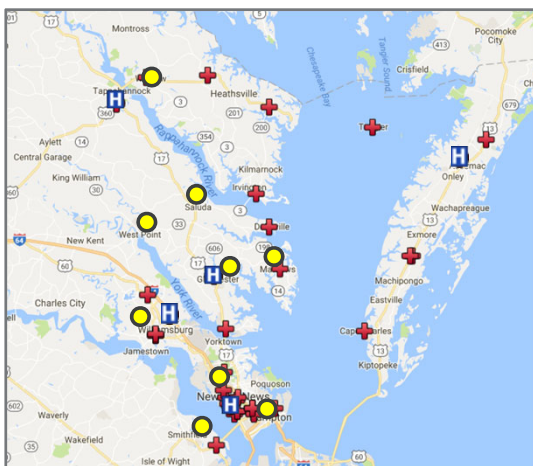
- Participant will be able to identify at least three ways to operationalize Real-time Feedback to improve patient experience
- Participant will be able to state three venues to communicate Real-time feedback to drive sustained improvement
- Participant will be able to state two ways to align improvement plan around information gathered in Real-time feedback



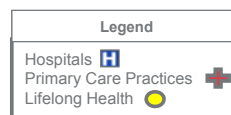
Disclaimer



Riverside Health System

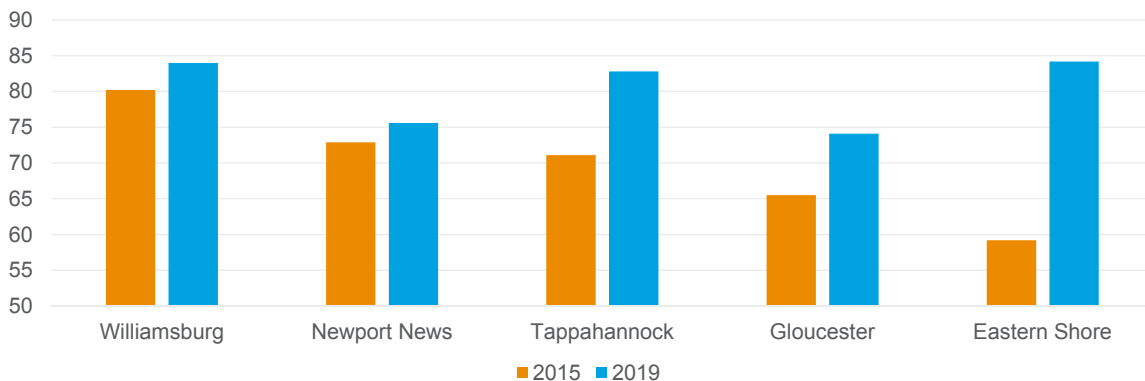


- Riverside Health System is composed of 5 acute care hospitals, Level 2 Trauma Center
- 9 Long Term Care Facilities
- 2 CCRCs
- Home Health and Hospice
- Overall footprint 5,000 miles



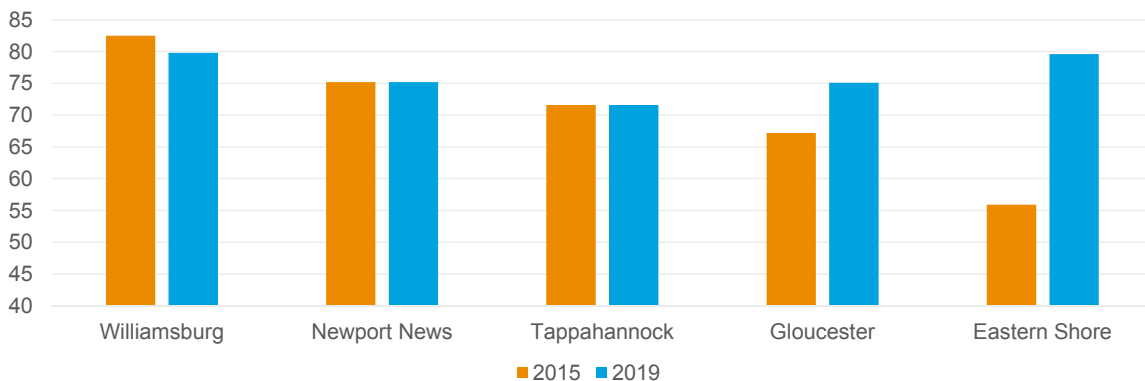
Walking the Talk

Overall Rating



Walking the Talk

Recommend the Hospital



“Compassion is to look beyond your own pain, to see the pain of others.”

—Yasmin Mogahed

Other Data Points—Then and Now

We needed to shift from process or “thing” comments to words that demonstrate we are and we show compassion, care, empathy, thoughtfulness and kindness.

Comments circa 2015

- “Nurses seemed overworked and CNAs seemed under worked. The bed hurt my back.”
- “The care was as expected and the nurses did the best they could.”
- “Nurses and doctors were good. The ambiance was good.”
- “Things were generally fine. Everyone was always busy.”

Comments Today

- “Efficient + very caring nursing staff. Overall, all staff very professional and caring - **they treated me as though I was their family member.**”
- “I was totally impressed with the manner the nurses and staff interacted with each other as shift changes were being made. I was always informed of who my nurse would be. **I felt safe and secure during my stay.**”
- “People were **compassionate and kind**—from the cleaning people to my doc.”

“How can companies better connect to its customers? The answer is simple: Speak like people, not like machines...More and more, people are craving authentic experiences from the world around them, and that means a simple human-to-human connection.”

—Bill DeRouchey

What we needed to improve

- Lag time
- Personal connection
- **You** matter
 - Patients
 - Families
 - Physicians
 - Team members

Our Journey with Real-time

- Late 2016 we evaluated the use of Real-time for all 5 facilities
- In 2017 went live across all 5 Emergency Rooms and inpatient in our Newport News hospital

Implementation

- Very little disruption
- High level of leadership engagement
- Initiated bi-weekly patient experience calls with Senior Leadership
 - Expected accountability actions from Real-time feedback
- Set time every week to make phone calls to team members and send written correspondence

Real Time Comment

Jane Patient

DOB: 7 NOVEMBER 1947 MRN: 55555555 RESP.DATE: 28 JUNE 2019 ENC.DATE: 26 JUNE 2019 FACILITY: RPMC NEUROSCIENCE PROVIDER: DR JAMES KING

The staff was very nice to me and my family. They never told them they couldn't be with me, which was very important to me and them. The ER doctors and nurses did all they could to make me **comfortable**. The nurses who took care of me on the floor were wonderful and **compassionate**. They never acted like I was a bother, no matter my demands/needs. It was a scary time for me and they did everything to help me feel better. I'm very grateful. P.S. The beds are awful. Only negative comment.

Actions

- Unit, day of encounter
- Staff follow-up and recognition
- Provider follow-up

Real Time Comment

Cynthia Patient

DOB: 25 JULY 1950 MRN: 55555555 RESP.DATE: 30 JUNE 2019
ENC.DATE: 21 JUNE 2019 FACILITY: RIVERSIDE REGIONAL MEDICAL
CENTER EMERGENCY DEPARTMENT PROVIDER: Dr J. Minnick

After being in a room for 20 minutes I was put in the hallway where I waited 5 hours for my blood test results to come back. Personally it was not a good experience.

Actions

- Date of encounter
- Team Member and Provider follow-up
- Staffing schedule cross-check

Real-Time Comment

The entire stay was handled professionally and compassionately by everyone involved. There was one rough spot that applies to administration: At 9:30 pm Dr. Leesch gave me very detailed instructions regarding what needed to be done after I got home. He ordered that I be discharged. Both Ahmad and Rosa did a great job of trying to pull that off. But, it was 11:00 pm before we were allowed to leave. It appears the computer system would not print out the Dr.'s release orders. I apologized to Ahmad and Rosa if I appeared to be rude, but I told them I didn't intend to read all that paperwork anyway. They graciously allowed me to leave (probably out of concern for my rising blood pressure). Dr. Jones and the nursing staff were super. The lady who initially checked me in could use a little more training on customer service. She criticized the book I brought with me to read.

Actions

- Follow up on D/C time
- Contacted IT with challenges with printing
- “The lady that checked her in.....”
- Follow up with leadership

Real-Time Comment

James Patient

DOB: 24 NOVEMBER 1949 MRN: 5555555 RESP.DATE: 27 JUNE 2019 ENC.DATE: 26 JUNE 2019 FACILITY: RMC NEUROSCIENCE PROVIDER: DR DEAN

Medically great, good room and care. Food poor. Trying to keep track of verbal choices hard to do. Need a menu to look at.



Actions

- Follow up rounding
- Dietary leadership awareness



James Eggleston: Encounter 05/13/2019

PATIENT INFORMATION

MRN: 48413263 PHONE: 5555555555
GENDER: Male EMAIL: connecttest@nationalresearch.com
DOB: 15 August 1950 (69 Years Old) ADDRESS: 123 Main St, Anytown CA 17969

Encounter Event Log History

1

James Eggleston ALERT: MANUAL ALERT: COMMENT ALERT: COMMENT OWNER: JOEL STEUBEN1

RESP.DATE: 29 APRIL 2019 ENC.DATE: 13 MAY 2019 FACILITY: JOY HEALTH INFUSION CENTER EAST PROVIDER: COSTA LISA (1487607875)

The doctors did not call me back with his test results. I'm still waiting and here it's already a week later.

Provider Access to Care Interpersonal Care Clinical Process



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Encounter **Event Log** History

NEW CALL

No Answer Left Message Hung Up Talked To Patient Talked To Caregiver

Spoke with James about his concerns surrounding test results and wait time.

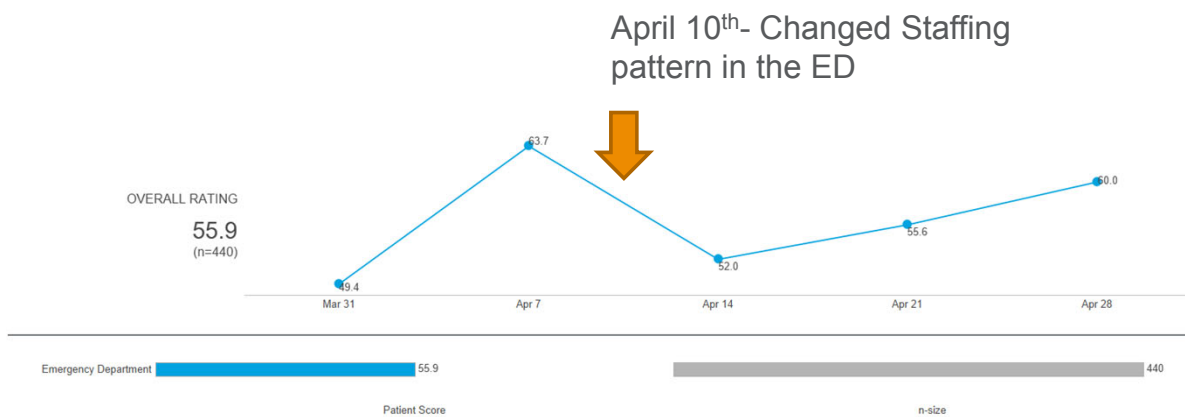
Save And Log Call

Cancel

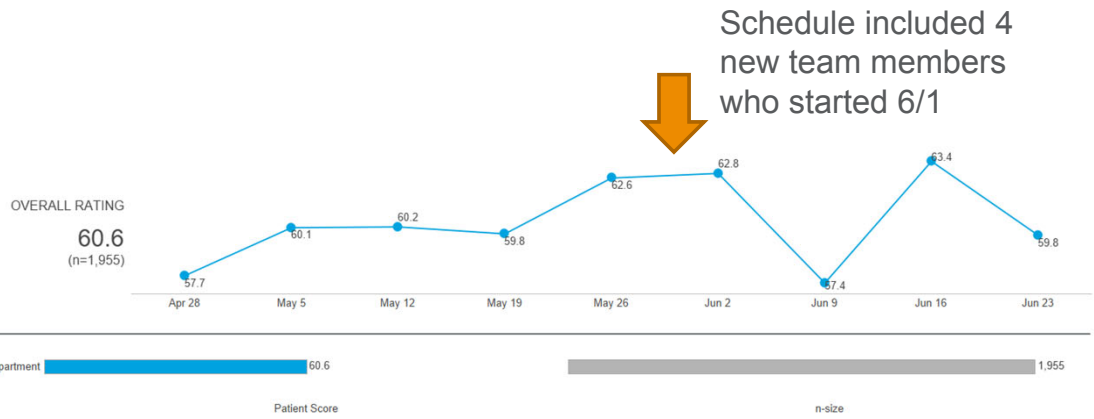


Other Useful Data Points

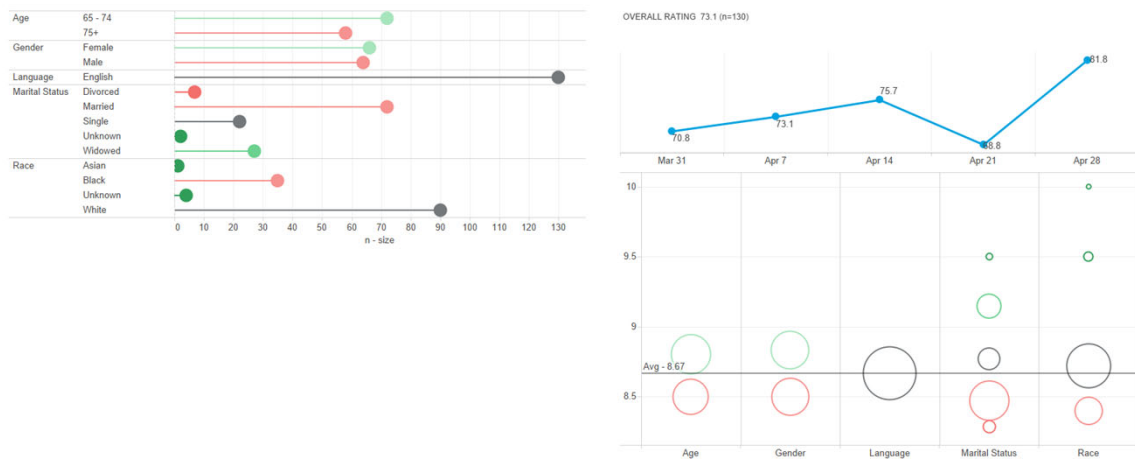
Slice Data- Custom Time Frame



Let Your Data Tell The Story



Segmentation of Data



Data—Are we focusing on the right thing?



* Only comment categories with sufficient response are included in the counts for this dashboard. All comments are available to read more detail through the Feedback report.

Actions

- Rounding in the waiting rooms
- Thru-put with ED Admissions
 - Immediate bedding
 - Immediate admit to the floor when bed available
- Discharge process

Leadership Key Metric Dashboard



Post Implementation of Emergency Real-time

Overall Rate	Q2 2017	Q1 2018	Q3 2018	Q1 2019	Q2 2019	Difference
Doctors	57.0%	67.2%	72.1%	63.6%	70.6%	↑ 13.6%
Regional	50.7%	54.5%	56.6%	54.2%	56.7%	↑ 7%
Shore	53.8%	59.1%	60.1%	58.2%	65.4%	↑ 11.6%
Tappahannock	46.6%	49.7%	57.6%	57.0%	57.2%	↑ 10.6%
Walter Reed	46.8	56.1	60.5	61.1%	61.2%	↑ 14.4%
Health System	51.0%	56.6%	60.2%	57.6%	60.9%	↑ 9.9%



Summary

- Use Real-time to drive personal connection
- Can you hear, see, read “You Matter”

In a world
of algorithms
hashtags
and followers,
know the true importance
of human connection.

Questions/Comments

