



FEBRUARY 2022

Customer Connections

Patient Experience Teams Today

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Recording Roadmap

Key sections of the Connections Session are listed below with the associated time within the video recording found here: <https://player.vimeo.com/video/675037912>

→ Welcome and Housekeeping	0:00
→ Participant Polls Round One (Structures and Shifts)	7:05
→ Participant Polls Round Two (Departments and Focus Areas).....	33:50

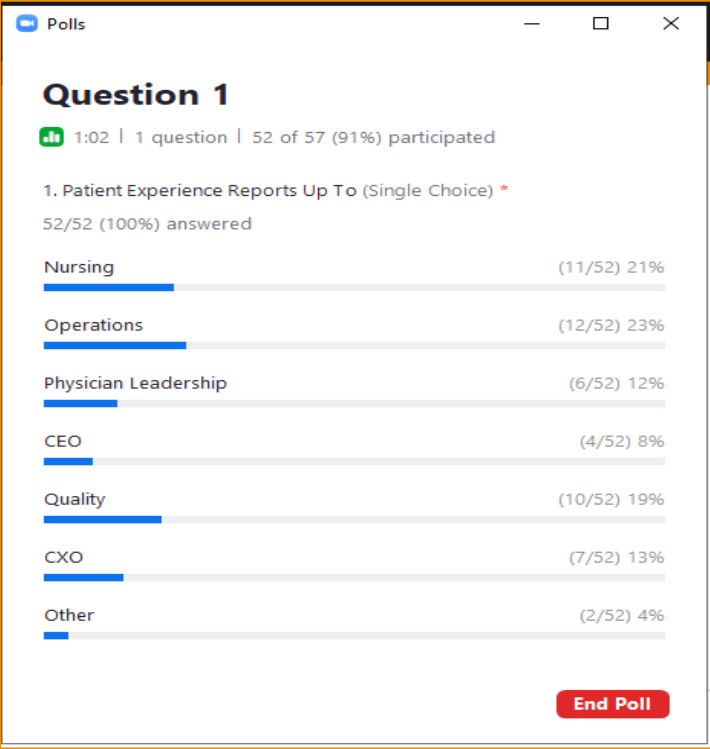
Participants

May not include all organizations represented of ~75 attendees

Adventist Health
Amery Medical
Atrium Health
Baptist Health
Blythedale Children's Hospital
Carle Health
Children's of Minnesota
Children's of Omaha
ChristianaCare
Colorado Children's Hospital
Cope Health Solutions
CU Medicine
Dayton Children's
Health Partners
Hudson Hospital
Kaiser Permanente

Lehigh Valley Health Network
Logan Health
Maimonides
Marshall
MC Health
Metro Health
Northfield Hospital
Orlando Health
OU Health
Palomar Health
Prevea
Sutter Health
UC San Diego
UnityPoint
Ventura County
Wake Health

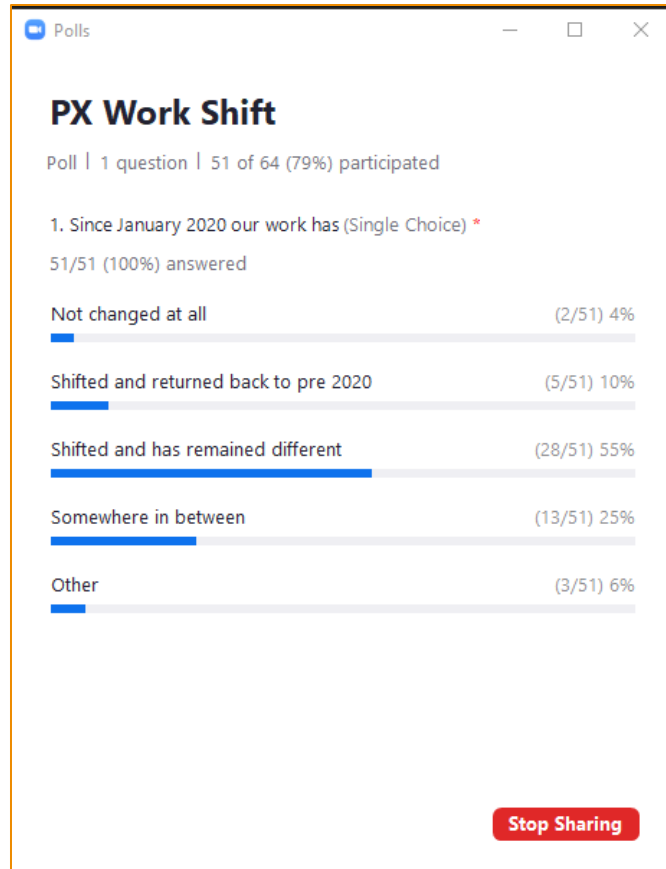
Participant Polling



→ PX reporting structure conversation:

- Those who answered “Other”
 - Dawn with Maimonides Medical Center: Shared that she reports to both nursing and operations
- Show of hands, has anyone shifted where they report up within the organization?
 - Several hands raised
- When asked where would participants suggest patient experience report up to organizationally the following responses were collected

Operations	Quality	CEO	CXO	Physician Leadership
14	10	2	3	1



→ **Discussion about changes since 2020: What has the shift been? Has anyone gone from a smaller purview to more system wide work?**

- Amber Phipps with Children’s Hospital in Omaha, NE: A big shift for them was that they moved over to quality last year. They have been able to advocate for more resources. In the past the PX team did not have enough support. They also looked at how much time the PX team was spending with data and were able to partner with their care transformation team and shift the data pull and a lot of the behind-the-scenes tasks to them. To allow more of the patient experience team to have more of that coaching and one-on-one impact vs. being behind the computer.
- Cynthia Mackey with Atrium Health: The PX team is having to work in the facilities due to staff shortages. They are rounding with the nurse managers due to leaders/directors having to be in staffing.
- Lori Hulse with Lehigh Valley Health Network: Their team started rounding as well to help the nursing team. Previously service alerts were being handled at the unit/department level, but they temporarily centralized that function to take that off of nursing. There are three facilities in the area and her team has centralized all of the service alerts to her team. They are currently doing inpatient and emergency. There are 3 individuals on their team. 1 person is calling inpatient and 2 are working on the emergency alerts. Lori tries to close the alerts every day. She reaches out to them in

whatever mode they include in their NRC Health Real-time survey (email or phone). She does leave her work cell phone number for them to call her at their convenience. She makes about 5 calls a day. Sometimes Lori will contact the individuals who leave a positive comment as well to follow-up with them so they know that they truly value their feedback.

→ Service recovery best practices question posed by participant: Is it necessary to call every patient with a service alert?

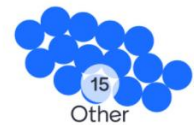
- Christa with NRC Health: It is an organizational decision about how you want to handle it. We do recommend following up with every service alert. When people leave feedback especially negative they expect some sort of follow-up and especially if the comment is asking for someone to call or reach out to them. The key is that you are monitoring all service alerts because some alerts that come in may have already been handled or the team that is providing care has already followed-up with the patient. A gold standard would be to reach out to every service alert but making sure to consider your organization's bandwidth is very important when you are making your plan on how to respond to them.

→ **New responsibilities that have come into the PX space that are staying:**

- Susan with Blythedale: Shared that they have had an increase in non-English speaking patients. They have begun to look at the processes that surround supporting these patients. This falls under patient experience as well as DE&I. The organization is really embracing this topic in a larger way right now. The language issues are compounded by education and as they work on this they are finding it is more complex than they thought it was.
- Shanna with Children's MN: Shared they are working on emotional harm reporting. Thinking through the patient safety lens as they report up through quality and up to the CMO they define emotional harm as when a patient and family experience an event where they are not treated with the respect and dignity that they should. They use their safety learning reporting system where they created a report that is called Respect and Dignity. These are not submitted by the patients and families; submitted by staff. This is a separate entity of work from their formal grievance process. They see a lot of things that are related to health equity and a lot of things are related to experience like someone receiving a diagnosis in a public area. They track those and work with the patient experience coaches. They look at the individual reports but then also as a system looking for trends. They have been tracking this or the last 3 years and are able to look for trends and try to pinpoint improvement opportunities. An example of items reported could be: a team not waiting for the interpreter before talking with a patient. Some of the trends they are seeing are around de-escalation and how they can do that better. They are identifying how they can adjust by partnering with their equity and inclusion team and grow and change how they treat their patients and families with dignity and respect. If a patient and family is disrespectful to a staff member, they do report those through this process and follow up with their family liaisons on how that is addressed with the family.

- Participants were asked to share what operational departments are a part of Patient Experience at their organization and results are below

Patient Experience at our organization includes (select all that apply)



- What are goals and or focus areas for this next year?

Responses collated and coordinated below from 47 responses with multiple submissions indicated

- Improve NPS or other PX metrics (13)
- Teamwork and Communication (6)
- DHEI (5)
- Deeper dive and or action planning into data collected by NRC Health (4)
- Centralized feedback system (2)
- Developing and or Restructuring PX team (2)
- Back to Basics
- Centralized feedback management
- Consistent feedback management process
- Creating new department dedicated to standardizing analytics and reporting
- Creating official values for the hospital
- Dashboard implementation
- Digital front door
- Goal setting, Communication strategies and Care Experience Bundles
- Greater engagement with and support for providers relative to PX
- Hardwiring bedside shift reporting, interdisciplinary rounds, expanding patient care conferences
- Hardwiring empathy
- Imbedding PX data and feedback into tiered huddle
- Improve patient demographic collection, clinic rounding and shadowing, changes to recognition

- More PX training for inpatient and ambulatory care staff
- More robust reporting of data related to PX and creating a PFAC
- Nurse leader and executive patient rounds
- Provider engagement with their scorecards, implementing consistent leadership rounding
- Reporting Simplified
- Simplify and align goals
- Staff engagement
- Team member recognition/resiliency
- Teammate Care, All Inclusive Patient Experience Involvement
- Teamwork and communication
- Telehealth Training

Additional comments regarding 2022 focus discussion

- Pam with Atrium: Shared “Teammate care, all-inclusive patient experience involvement” they have done a lot of training focusing largely on nursing. A goal this year is to look at every single employee. Nursing and non-nursing teammates as well to be actively involved in the patient’s experience. To help improve the overall perception of teamwork. In the drive to improve the patient’s experience the staff’s perception is that they have been lost in that. The question has become who has taken care of us (staff) while we are taking care of the patients. A lot of focus and energy has been put into teammate experience. They are getting very specific at looking at other ethnicities, other cultures and their perception of care.
- Ambulatory Care PX teams:
 - Darleen with Arkansas Health: Shared that she is on the ambulatory side and the team is relatively new. They are currently working on their PX structure. They have 2 medical directors working PX part time for escalation of concerns, Darleen, primary quality and doing the analytics.
 - Vecepia Robinson with Sutter Health: Shared that at Sutter Health they have their large system and then 2 subsets (valley, bay area). The Bay area is the largest of the two. Within the Bay area there are 3 affiliates. 1 affiliate has about 1500 providers, one 400, and the last 300 providers. Her team was able to add 2 new staff members. They were a small but mighty team covering that entire area. They now have Vecepia as the director, 2 program managers and 1.5 program coordinators. They also elicited the use of establishing patient experience champions in each one of the affiliates; one from the medical group and one from the foundation to be the eyes and ears when the PX team cannot get there. The champions and their teams have goals that they are working toward and Vecepia’s team ensures they have the resources they need. They are still adding a lot of processes so that teams can go to their libraries and pull resources, tips and tools. They do everything from service recovery, service alerts, improvement work for patient experience. Bringing on the px champions has helped a lot. On the medical group side the champions do get a stipend for those who become px champions for the foundation they are volunteers.

→ Final question: What is your wish for patient experience for this next year?

- Darleen with Arkansas Health: They are early in their team structure. They just the started service alerts and service recovery process. She would love to find more ways to use the NRC Health data and comments and hopes for the right resources to support the patient experience work.
- Susan with Blythedale: Shared she would love to see the connection to the concept of “happy staff is happy patients” and get over the hurdle of being burned out and tired.
- Ernest Somers with Sutter Health (Bay Area): He would like to see us working to hardwiring empathy. Teaching our team to really put themselves in someone else’s shoes and how important that is especially in this new landscape of healthcare.
- Christa with NRC Health: Hopes that we stay connected and we keep this great community of support alive and thriving. That we continue to work together to support each other and those that we serve both internally and in our communities.