Aaron Davis,
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Vice President & Chief Experience Officer
UMC Health System

Scan for CEUs

UMC Health System

Established 1978: Academic / County / Only Level 1 Trauma Center for 3.8M

Scope of Care:	
- Sites of Care	62
- Hospital Beds	500
- Employees	4,700
- Medical Staff	775

Patient Encounters:	
- Inpatients	35,600
- Outpatients	282,400
- Babies Born	3,059
- ER Visits	77,500

EMS Impact:	
- Transports	26,100
- Pts. Transferred in	7,460
- Citizens Trained	19,200

UMC Physicians:	
- Providers	127
- Locations	31 Clinics
- Encounters	406,500

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Patient Experience

No matter how innovative your strategy, if you can't consistently execute the tactics needed for a solid patient experience, you're in serious jeopardy. Fostering consistency begins with a disciplined approach to culture, aligned to a common vision and hiring people who reflect it.

Our True North:

Likelihood to Recommend

Why:

One Consistent measure across the enterprise (Easy to understand, Easy to Scale)

Directly tied to CMS VBP, Star Ratings, and Hospital Compare
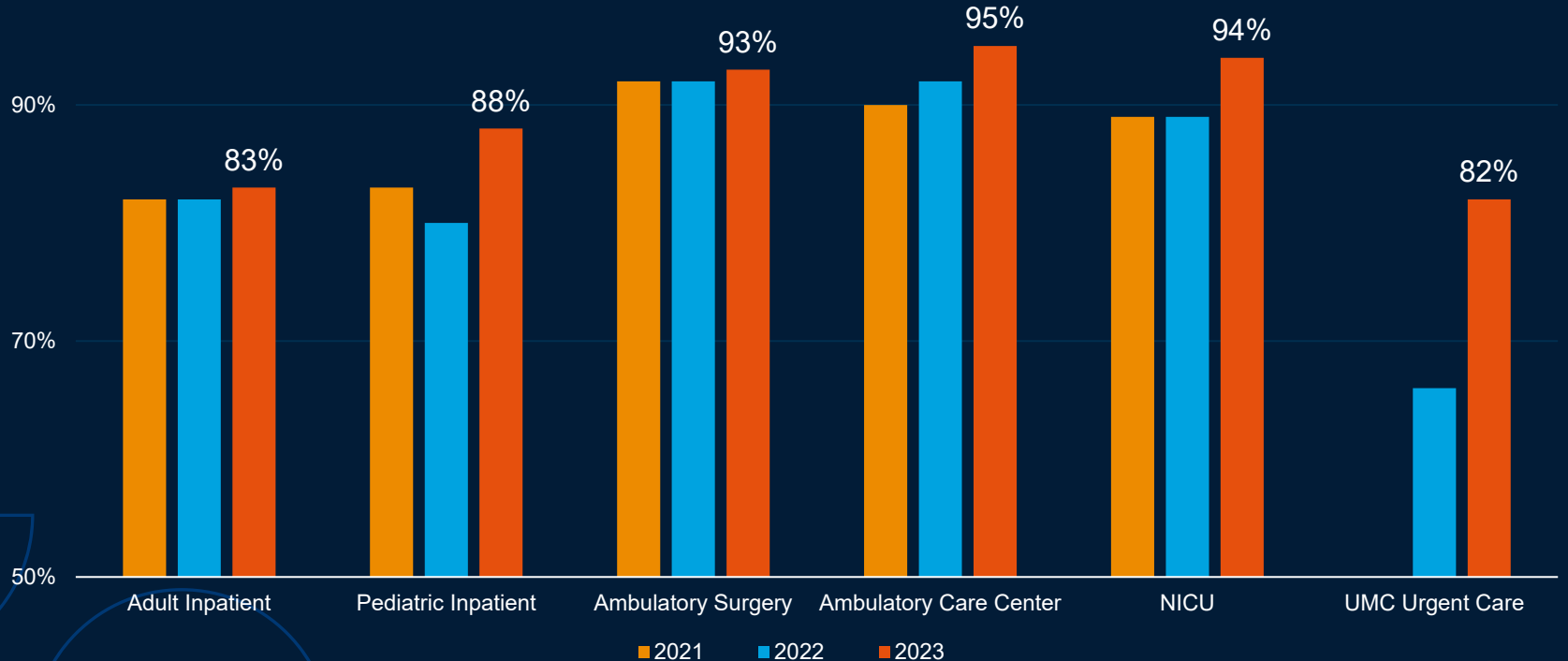
How:

Introduce a framework

Hire Exceptionally Well

Cast a vision, inspire engagement, coach disengagement
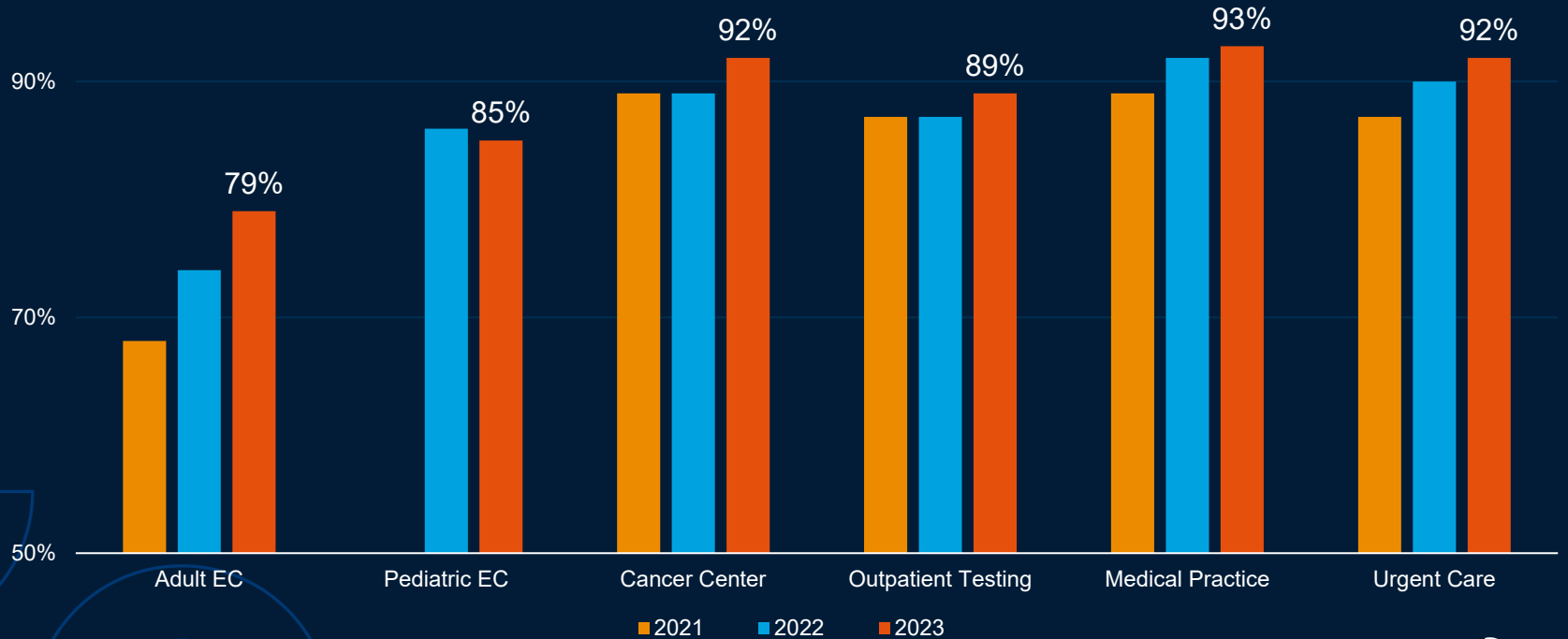
Don't forget the basics

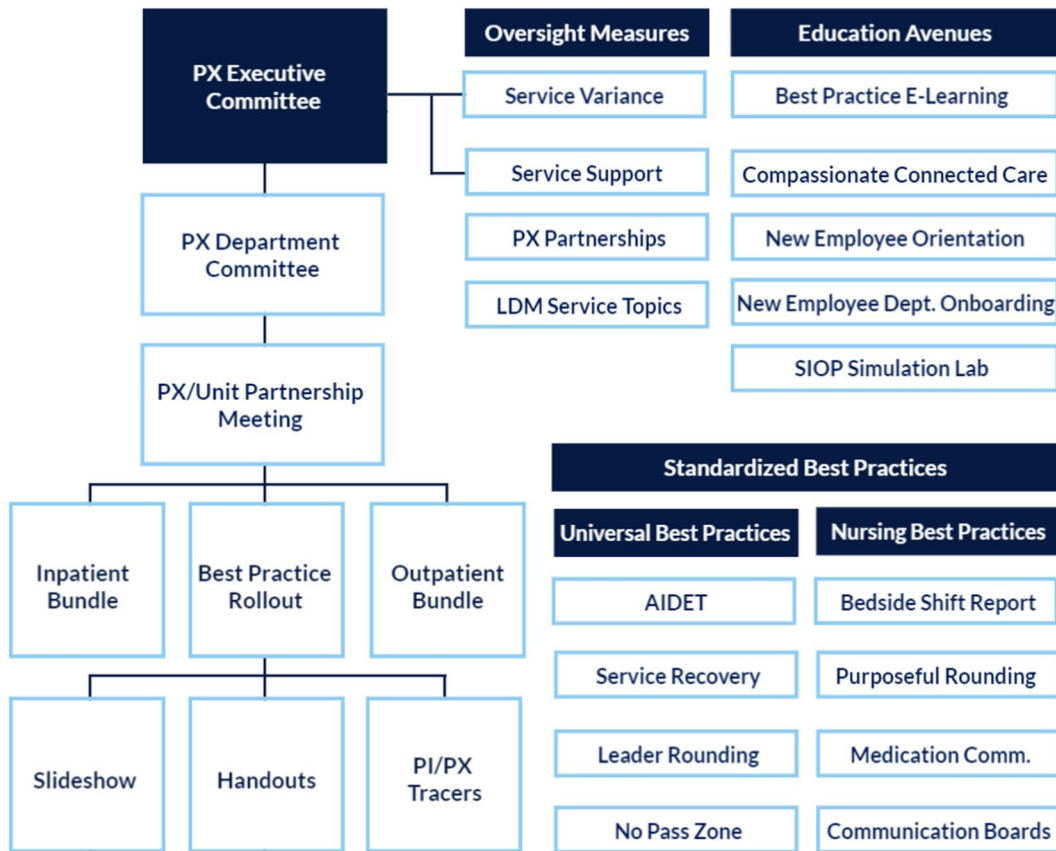Allow Data to inform your strategic decision

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Patient Experience Outcomes

Bar chart comparing patient experience outcomes across 2021, 2022, and 2023 for six categories:

- **Adult Inpatient** — 2023: 83%
- **Pediatric Inpatient** — 2023: 88%
- **Ambulatory Surgery** — 2023: 93%
- **Ambulatory Care Center** — 2023: 95%
- **NICU** — 2023: 94%
- **UMC Urgent Care** — 2023: 82%

Legend: 2021, 2022, 2023

Y-axis: 50%, 70%, 90%

8

Patient Experience Outcomes

Chart: Patient Experience Outcomes by department for 2021, 2022, 2023

- Adult EC — 2023: 79%
- Pediatric EC — 2023: 85%
- Cancer Center — 2023: 92%
- Outpatient Testing — 2023: 89%
- Medical Practice — 2023: 93%
- Urgent Care — 2023: 92%

Y-axis: 50%, 70%, 90%

Legend: ■ 2021 ■ 2022 ■ 2023

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Patient Experience Infrastructure

Patient Experience Infrastructure

Executive Meeting:
- CEO + CXO + CNO + CMO + Nursing VPs + PX Director
- Meet monthly to make decisions that impact PX across the system
  - *New Services, Accountability Meetings, Innovation Projects*

PX Department Meeting (Committee):
- Monthly meeting between all PX coaches to discuss unit-based efforts
- Share department level initiatives, Hotwash Topics, identify escalation
- Review articles, webinars, and books for continuing education

PX/Unit Partnership Meetings:
- Monthly meeting between PX Advisors and Department Leadership
- Focus on Success/Barriers to Patient Experience
- PX Results & Comments are reviewed – Strategies for improvement
  - Gemba Walks, Staff Rounding, Best Practice Implementation

Bundles:
- Inpatient Bundle created
- Outpatient Bundle created
Based on various research articles, books, training workbooks, etc.

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Patient Experience Infrastructure

Oversight Measures:
- Service Variance: As needed – Action Plan Required – Disciplinary Action
- Service Support: Nursing VP led monthly meeting – Providing Guidance
- PX Partnership: Monthly Meetings between PX & Unit Leadership

Education Avenues:
- All Best Practice Resources made available on Intranet (Video/Handout)
- Annual all staff E-learning curriculum for Patient Experience
- SIOP Simulation: Real-life scenarios to educate, validate, and reward

Standardized Best Practices
- Universal BP – Applies to all UMC Employees regardless of role
- Nursing BP – Applies to bedside care providers

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Front Door Friction?

Emergency Center

Goal	Attraction	Experience	Attachment
	Reduce barriers & provide accessible care everywhere	Provide highly personalized, world class experience	Build infrastructure that supports lifelong customers
	Re-imagine the physical & digital front door of the health system via wayfinding, signage, & standardized previsit engagement	Close gaps in-between care settings by offering seamless appointment scheduling, and select service line touchpoints	Employ digital community insights panel at least three times to support strategy, marketing, & care offerings
	Make UMC easily accessible with universal digital login, real-time provider data, appointment reminders, MyTeamCare, etc.	Provide price transparency, enhance online bill pay with custom payment plans via website & mobile app	Develop strategic scorecards through Dataroma implementation to measure key drivers for consumerism success
	Enhance current online directory by reducing manual input & expanding patient self-scheduling	Enhance experience within Women's & Children's service line via new website, NICU webcams, and 98th & Frankford Clinic.	Investigate potential service line leakage and enhance "accepting new patients" communication on virtual platform
	Leverage CRM implementation for focused service line marketing to generate consumer engagement	Promote our brand & increase reputation across all digital platforms: Centralized CMS, Healthgrades, Brand Integrity, Standardized Naming Structure	Increase Outpatient Services Utilization: Rx Perks, Breast Imaging, Outpt. GI Center, & Telemedicine
Success:	SIOP → Commercial Payer mix ≥ 30%	Top 10% National Performer in Patient Experience	Improve LTR over 2022; Patient Experience ≥ 90th percentile, all doors
Ideal State: 2025	Reduce barriers & provide accessible care everywhere. Provide consumers with intuitive entry points for care through a re-imagined digital & physical front door.	Provide highly personalized, world class experience through an integrated care delivery network of digital & physical solutions.	Build infrastructure that supports lifelong customers. Be the established regional provider of choice through key strategic partnerships, individualized services & proven clinical quality outcomes.

Experience Strategy
Customer Understanding
Content Strategy
Marketing Analytics

1 AWARENESS
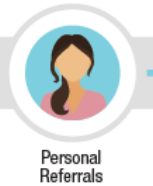
Personal Referrals · Brand Awareness · Advertising · Online Search

Referrals
Location Search
Provider Search
Provider Profiles
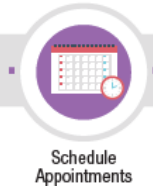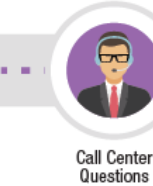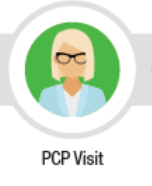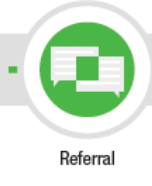Transparency Data
Content Strategy
Patient Placement Criteria
Insurance

2 CONSIDERATION

Email/SMS Reminders · Schedule Appointments · Website Search · Call Center Questions

Appointment Scheduling
Location Finder
Population Health Mgmt.
Patient Referrals
Patient Kiosk
Patient Wait Times

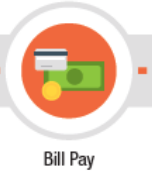**3 CARE**

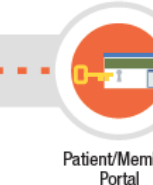PCP Visit · Referral · Specialist Visit · Lab Tests · Acute/Chronic Care · Pharmacy

4 POST-CARE
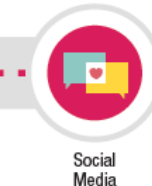
Bill Pay · Patient/Member Portal · Care Plan · EMR/EHR

Patient Referrals
Patient Kiosk
Patient Engagement

Reputation Management
Patient Engagement
Patient Experience
Marketing Analytics
Product Retirement
Wellness Apps
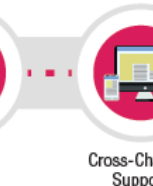
5 ADVOCACY

Health Library · Social Media · Events · Follow-ups · Cross-Channel Support

What Do Patients Fear?

Fear typically revolves around two aspects: a loss of control and depersonalization

Patients deal with fear in different ways; some crave clarity and information while others focus on external distractions

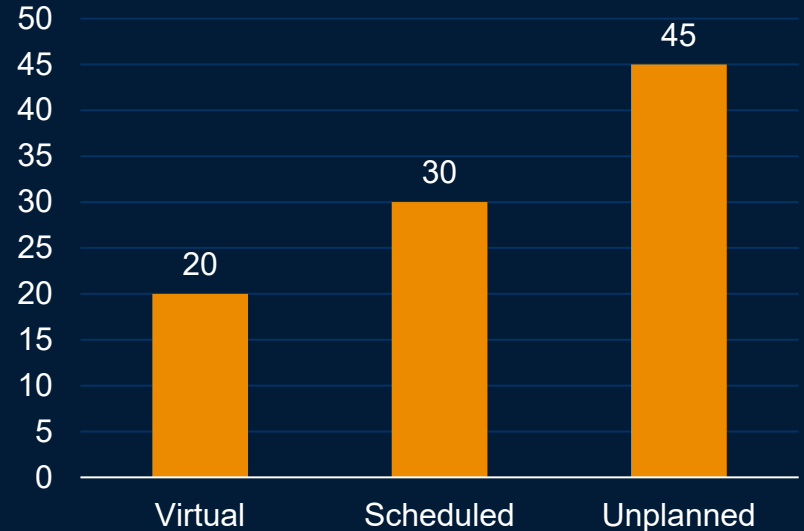| The Patient Empathy Project – Top Patient Fears	
1	Infection
2	Incompetence
3	Death
4	Cost
5	Medical Mix-Up
6	Needles
7	Rude Doctors & Nurses
8	Germs
9	Diagnosis/Prognosis
10	Communication Issues
11	Loneliness

Sodexo: Quality of Life Services

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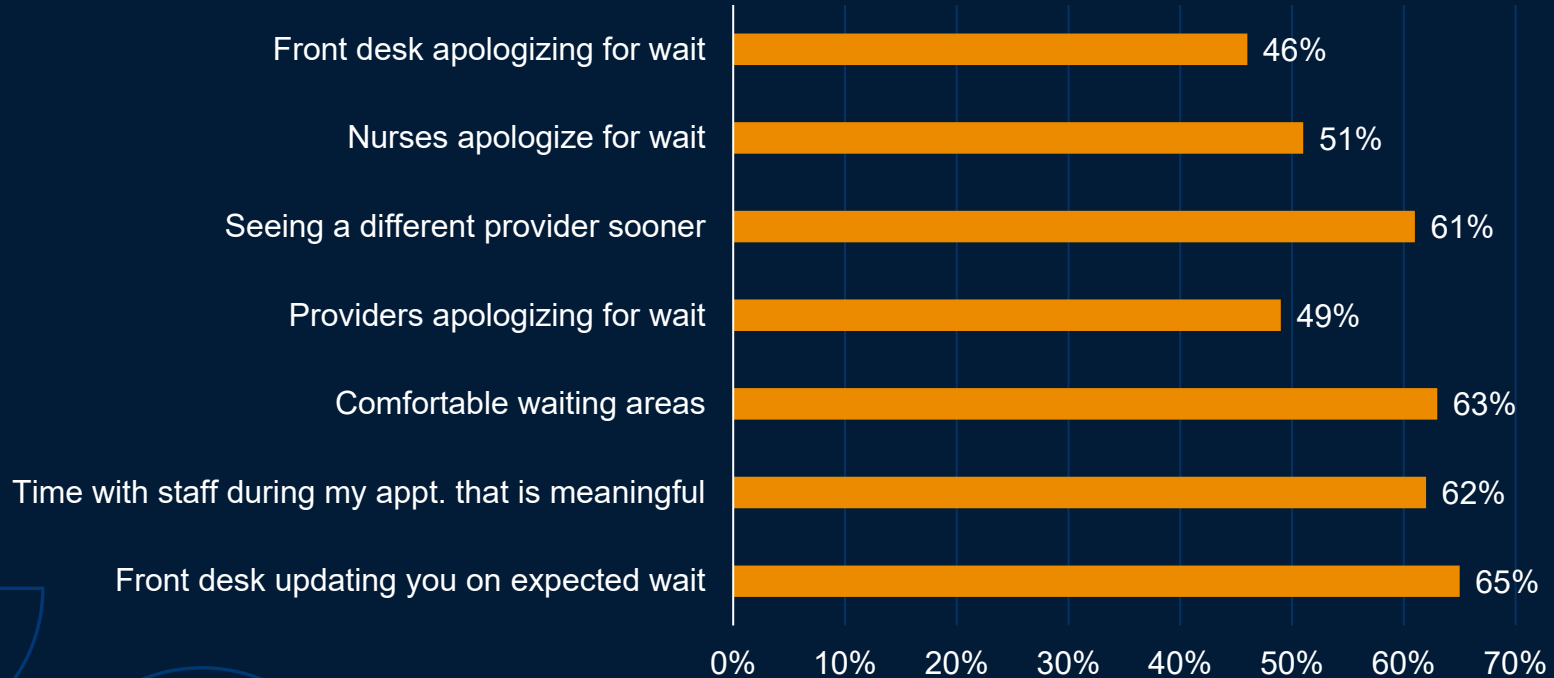# Wait Times have an Impact on Experience

Each wait time has a tipping point that marks the transition from people considering the wait 'normal' to be anxious or annoyed to being angry.

Negative experiences with wait time can cause patients to switch providers and greatly downgrade the likelihood to recommend.

Willingness to Wait

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How helpful would the following be…

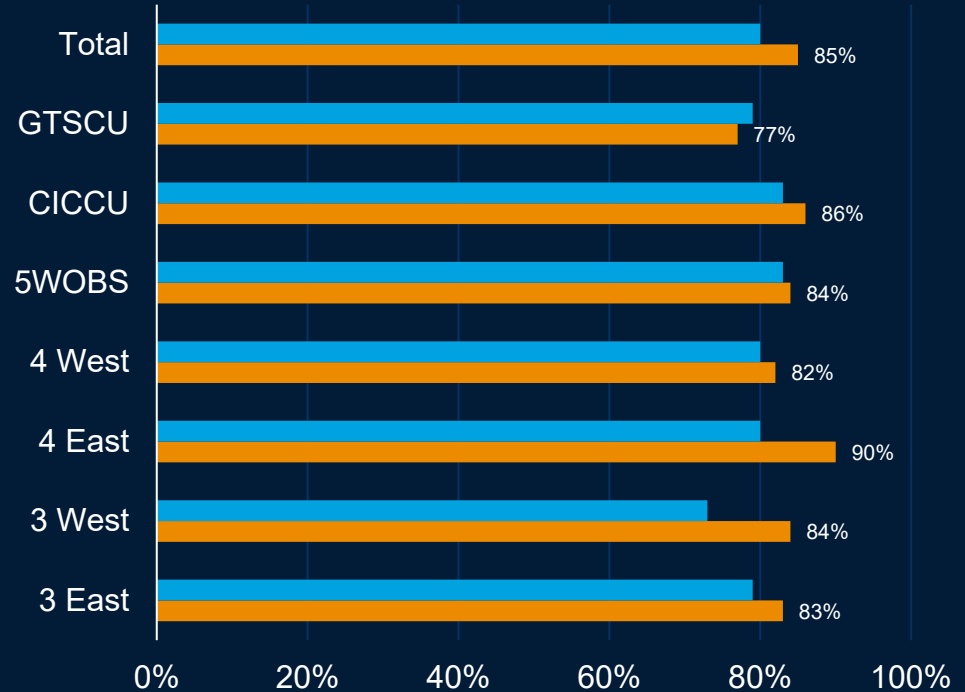| Category	Percentage
Front desk apologizing for wait	46%
Nurses apologize for wait	51%
Seeing a different provider sooner	61%
Providers apologizing for wait	49%
Comfortable waiting areas	63%
Time with staff during my appt. that is meaningful	62%
Front desk updating you on expected wait	65%

Source: NRC Health 2022

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Wait Times have an impact after admission

2,182 Surveys for 2022 Calendar year

- High volume inpatient units impacted the most

- Wait to be seen, wait to be admitted

- Improving the ED has a positive ripple effect
  - Treat & Release – Likelihood to Recommend
  - Treat & Release – Online third-party ratings
  - Admissions – Inpatient Likelihood to Recommend
  - Admissions – HCAHPS Star Ratings

- **5WOBS** was doing something different
  - Expectations vs. Experience
  - Service Recovery + Unit Promise + Leader Rounding

Unit	Value
Total	85%
GTSCU	77%
CICCU	86%
5WOBS	84%
4 West	82%
4 East	90%
3 West	84%
3 East	83%

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The Partnership Model

- Two FTEs assigned to the Emergency Center
- Flex schedule to cover busiest times for ER Lobby & Wait Times
- Round on Lobby & Boarded Patients – Find ways to provide comfort
- Shadow Physicians & Nursing Staff – Look for the Good
- Attend Staff Meeting – Support PX Conversation
- Hold Monthly Leadership Meetings – Data, Feedback, PI Opportunities
- Be introduced as a Leader on the EC Team
- Support R&R Initiatives – PX Related and Dept. Specific

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Framework to Establish Trust
The Behaviors

- Bring Joy and Positivity into work everyday
  - "It's the Best Day of my Life"

- Have Perspective
  - "It's possibly, the worst day of their life"

- Stay in Your Lane
  - Let the Clinicians be clinicians – Focus on Patient Experience

- Dress the Part
  - Suits & Professional Attire every day

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Framework to Establish Trust
The Conversation

- Shadowing
  - "I'm not here to do your job"
  - "I'm here to help people see how great you and our health system are"

- Feedback
  - "I wonder how the patient would have responded if you had said…."
  - "I wonder how the patient would have responded if you said it like this…"

- Rounding on Patients
  - Manage Up Always, Service Recover when needed
  - Keep patients/family informed – Reduce Anxiety, Increase Confidence, Provide Comfort

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Operational Changes – Impacting Experience

- Physician – MSE upon arrival
  - Provider stationed in Triage to provide MSE screenings upon arrival
  - Patients feel they are seen almost immediately when walking in

- Physician – Pull to Full
  - No unnecessary empty beds within the Emergency Center
  - Patients are there to see a Provider, so let's work to make that happen quickly

- Physician – Screen & Rescreen
  - Review patient information upon arrival & again at 8 hours
  - For cases that experience escalated feedback, providers respond & reassess

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Operational Changes – Impacting Experience

- Nursing – Front Lobby Charge Nurse
    - Dedicated to work solely in the lobby – Intake, Flow, Monitoring Lobby
    - Proactive De-escalation – Get PX involved if/when necessary

- Nursing – Lobby Rounds
    - Round throughout the lobby every 3-4 hours
    - Thank you, Explain the Process, Vitals (2-4 Hours)

- PX Advisor – Lobby Management
    - Cleanliness, Comfort, Advocacy, Meaningful Connections
    - Covering high volume hours, visibly seen throughout ER & lobby
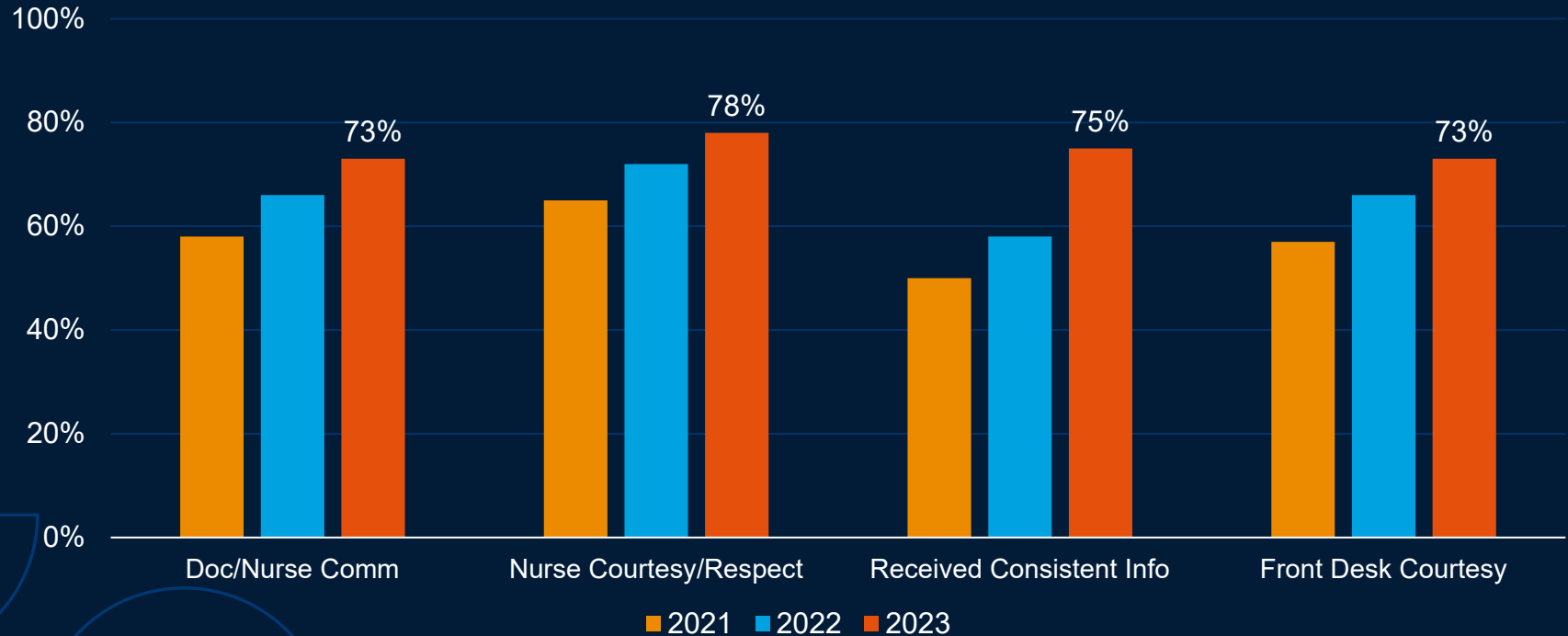
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EC – Likelihood To Recommend
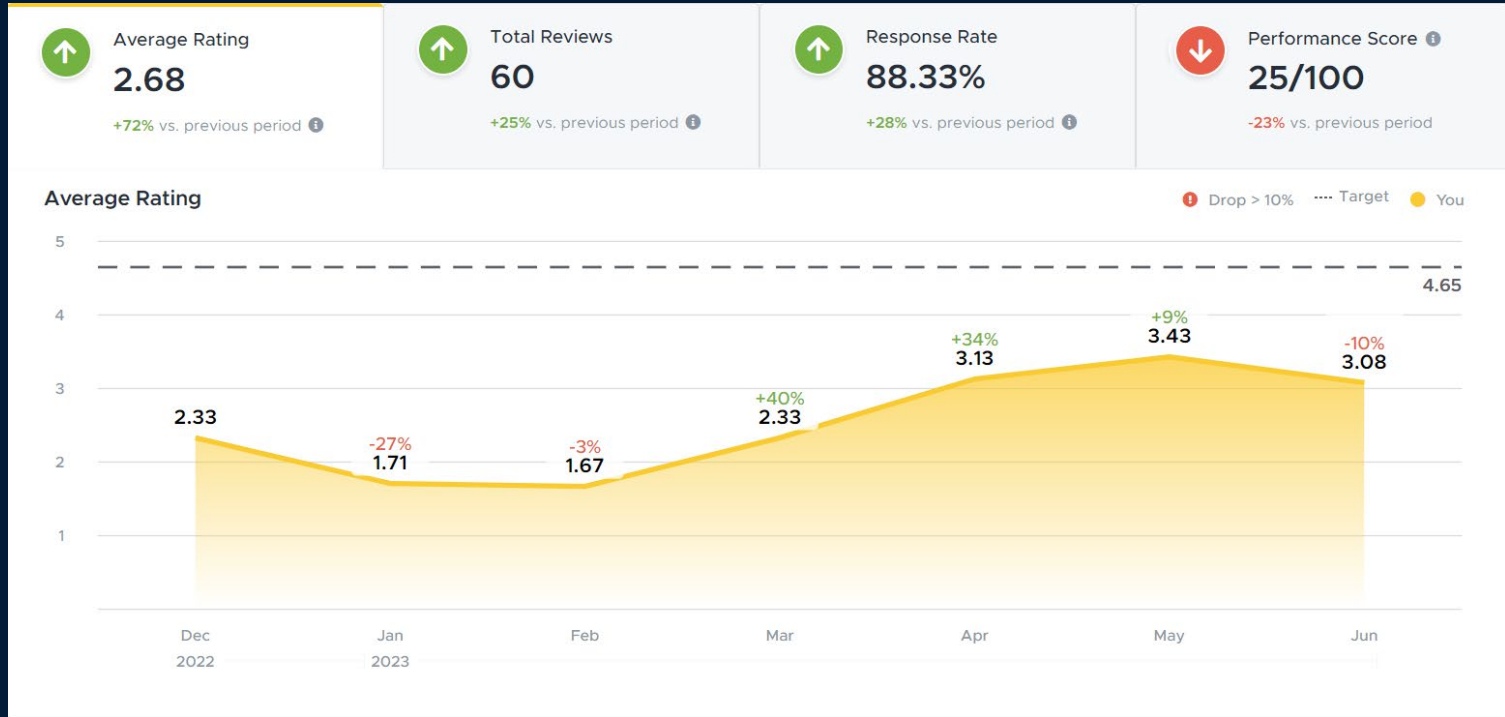
Survey Volume = 10,138
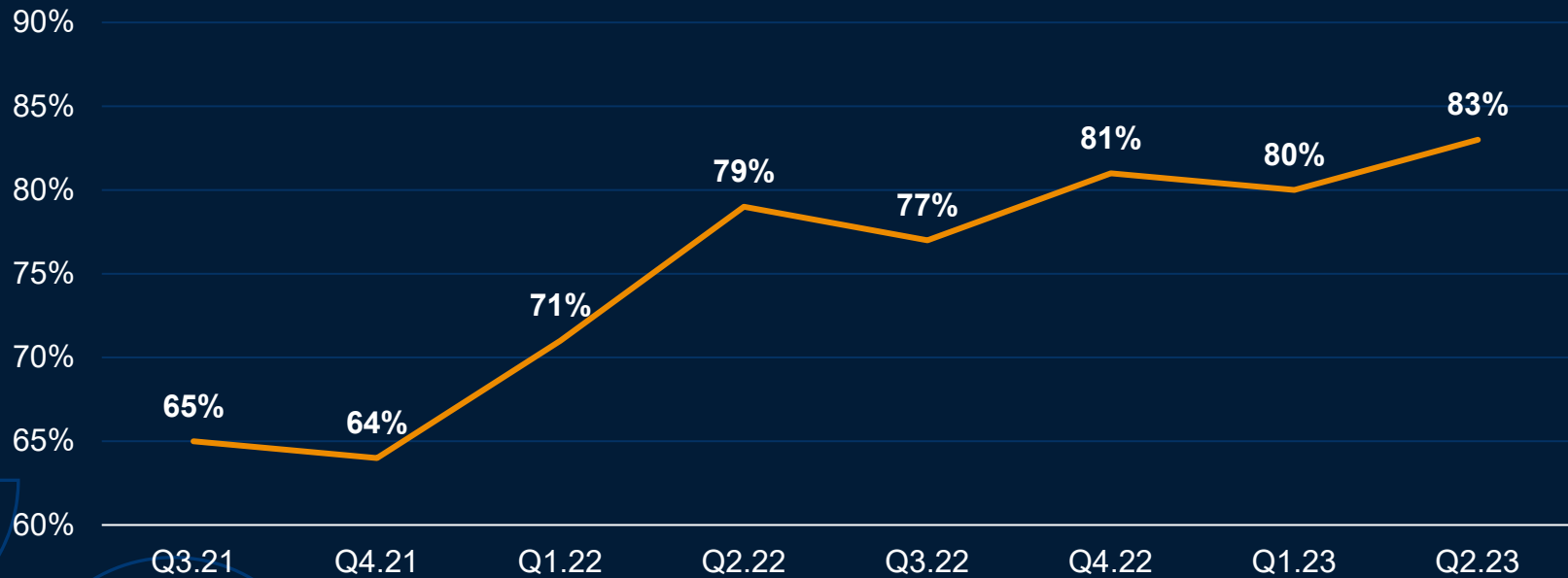
EC – Patient Experience Results

Survey Volume = 10,138

NRC: Smart Request – ER Reputation

NRC: Smart Request – Online Reputation

Average Rating
4.02
+52% vs. previous period

Total Reviews
345
+163% vs. previous period

Response Rate
91.01%
+31% vs. previous period

Performance Score
39/100
+79% vs. previous period

Average Rating

	Dec 2022	Jan 2023	Feb	Mar	Apr	May	Jun
	2.38	+7% 2.56	+41% 3.63	+20% 4.33	-1% 4.27	+2% 4.34	+1% 4.39 / 4.65

Thank You

Aaron Davis, FACHE

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