

Delta Region Community Health System Development (DRCHSD) Program



Delta Regional Authority

U.S. Department of Health & Human Services



HRSA

Federal Office of Rural Health Policy

This project is supported by the Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services ([HHS](#)) as part of a financial assistance award totaling \$10,000,000 with 100% funded by [HRSA/HHS](#) and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by [HRSA/HHS](#), or the U.S. Government.



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Value-Based Care Options for Rural, Dr. Clint MacKinney, MD

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Successful Models to Engage Providers in Value-Based Care, Eric Shell, Stroudwater

June 3

Best Practices to Work With Community Partners on Population Health Initiatives, Toniann Richard, Health Care Collaborative of Rural Missouri

<https://www.ruralcenter.org/drchsd/events>



Pre-Polling Questions

I am ___ in my understanding of the voice of the customer.

I am ___ in my understanding of how a Patient Family Advisory Council can improve patient satisfaction.

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NATIONAL
RURAL HEALTH
RESOURCE CENTER

PROVIDING AN EXCELLENT PATIENT EXPERIENCE

PART 3

Dr. Carla Brock Wilber, DNP, RN, NE-BC



STROUDWATER



Objectives

Understanding the “Voice of the Customer” (VOC)



The use of a Patient Family Advisory Council/Committee



Maintaining an EXCELLENT Patient Experience





VOICE OF THE CUSTOMER (VOC)

**“AMAZING THINGS HAPPEN WHEN YOU LISTEN TO THE
CONSUMER.”**

JONATHAN MIDENHALL, CMO, AIRBNB

**“YOUR MOST UNHAPPY CUSTOMERS ARE YOUR
GREATEST SOURCE OF LEARNING.”**

BILL GATES

“EVERYTHING STARTS WITH THE CUSTOMER.”

LOUIS XIV

**“THE FIRST STEP IN EXCEEDING YOUR CUSTOMER’S
EXPECTATIONS IS TO KNOW THOSE EXPECTATIONS.”**

ROY H. WILLIAMS



From the Field

What are your top 3 expectations of a healthcare organization?

- Safety and quality
- Cleanliness
- Easy flow of traffic - find my way
- Quality outcome - did they resolve the thing I expected to have resolved?
- Straightforward, transparent and fair charges, competitive pricing/billing process
- Coordinated care - is everything smooth, information shared, and I don't have to repeat
- Timely, polite, professional
- Not overly bureaucratic
- Accurate and timely: schedule, course of treatment
- Ease of scheduling and access, have appointments when needed
- Different options for communication- phone, email, portal
- Competency, compassion, communication
- Easy to understand language about insurance coverage and out of pocket

From the Field (continued)

What are your top 3 expectations of the healthcare PROVIDER?

- Competency, compassion, communication
- Communication, communication, communication
- Understanding
- Patience
- Clinical competence
- Infection prevention protocols are incorporated as part of the process (handwashing, etc.)
- Connect with me personally
- Listen carefully to my concerns- spells out treatment options
- Explain things in terms that I can understand
- Able to assimilate information and make sound judgements
- Professional
- Stays relevant
- Follow-up after 2 days

From the Field (final)

If you or your family member experienced a less than ideal visit, what could the organization or provider have done to make the situation better?

More communication

After multiple visits, read the chart and try something different, would have found the issue earlier

Acknowledge the shortfall/shortcoming, and make it right

Don't treat me like an idiot

Acknowledge the issue and take corrective action

For long wait times, acknowledge that they are running behind and apologize



10 Most Common Patient Complaints and Grievances with Hospitals



1. Sleep deprivation from clinicians coming to do tests and draw blood in the middle of the night.



2. Noisy nurses' stations that can interfere with sleep.



3. Personal belongings being lost.



4. Staff not knocking before entering the room, which can be interpreted as a sign of disrespect.



5. Not keeping whiteboards updated. Updated whiteboards allow patients to know who is caring for them. Patients would also appreciate a notebook where they can keep important information and take notes.



6. Lack of clear communication and not updating the patient or family members if the patient's condition changes.



7. Messy rooms where surfaces aren't wiped down, or the bathroom smells.



8. Feeling unengaged in their care or like they are not being listened to.



9. Lack of orientation to the room and hospital. Patients would like to know how to work the television and how to order food.



10. Lack of professionalism from hospital staff, especially when they are on break. "While you may be on your break, you are still a hospital employee and a reflection of the hospital," the article reads.





What Is the VoC?

The Voice of the Customer is the term used to describe the stated and unstated needs or requirements of the customer.

The Voice of the Customer can be captured in a variety of ways:

- Direct discussion or interviews
- Surveys
- Focus groups
- Observation



Having a detailed plan to gather and collect “customer” needs and perceptions can be described as listening to the voice of the customer (VoC).



This helps us

- Make decisions on services and processes
- Create focused improvement plans
- Identify what drives satisfaction
- Stay abreast of changes in our market

Patients,
family
members
are
customers!

- Follow a patient through an entire process and observe
- Develop Patient Family Advisory Councils or focus groups
- Leadership rounding
- Hourly rounding
- Staff begin a brief “real-time” survey
 - How did we do today (or during your stay)?
 - What should I know about the service given by our team?

VoC - Internal/External Example

- ❑ The registration process for surgery was lengthy with patient (external customer) complaints of long wait times. Additionally, there was no one available to help patients or their family members through the process.
 - A redesign was needed
 - A redesign was completed BUT... internal customers were not considered
 - Housekeeping (internal customer) was not considered although they were responsible for cleaning (infection control) the stretchers used to transfer patients the surgery suites.
 - As a result of not consulting all the internal customers, the stretchers were not cleaned regularly.

The result could be that more staff and patients end up contracting viruses. Considering only the patient in the redesign of a process could lead to processes that negatively impact all customers.



Effective and Empathetic Communication: The Four Habits Model




Invest in the
beginning and the
end

Elicit the patient's
perspective
Involve patient/family
in decision making

Create rapport
Elicit concerns
Plan- what to expect

Ask for patient's ideas
Determine goal
Explore impact on life



A blurred background image of a hospital hallway. Several people in white scrubs are visible, some standing and some moving. The lighting is bright, and the overall scene is out of focus, emphasizing the text in the foreground.

QUESTIONS? COMMENTS?

The background of the slide is a blurred photograph of a hospital hallway. Several people, likely patients and staff, are seen walking in the distance. The lighting is bright, and the overall color palette is dominated by light blues and whites, typical of a clinical setting.

THE USE OF A PATIENT FAMILY ADVISORY COUNCIL/COMMITTEE

Patient and Family Advisory Council/Committee

A Patient and Family Advisory Council/Committee partners patients and families with members of the health care team to provide guidance on how to improve the patient and family experience (BJC- Getting started toolkit)

- Patients and family members are invited to serve on committees
- Share perspectives of care received
- Integrate the consumer's point of view in service and quality improvement
- Improve the next patient/family member's journey

Benefits for Our Organizations

Provide	Provide an effective mechanism for receiving and responding to consumer input.
Result in	Result in more efficient planning to ensure that services really meet consumer needs and priorities.
Lead	Lead to increased understanding and cooperation between patients, families and staff.
Promote	Promote respectful, effective partnerships between patients, families and clinicians.
Transform	Transform the culture toward patient-centered care.
Develop	Develop programs and policies that are relevant to patients' and families' needs.
Strengthen	Strengthen community relations.
Recognize	Recognize that collaboration with their providers through patient-centered care leads to better self-management of chronic conditions and improved adherence to medication regimens.



Benefits for Patients and Families

Gain a better understanding of the healthcare system.

Appreciate being listened to and having their opinions valued.

Become advocates for the patient and family-centered healthcare in their community.

Understand how to become an active participant in their own healthcare.

Develop close relationships with other members on the council.

Provide an opportunity to learn new skills (facilitating groups, listening skills, telling their story).



Potential Barriers

Fear that patients' and families' suggestions will be unreasonable.

Fear that patients and families will compromise confidentiality.

Belief that a customer service program is sufficient to ensure patient satisfaction.

Lack of imperial evidence supporting patient and family involvement in decision-making.

Belief that patient and family-centered care is not necessary ("we know what is best for our patients")

Belief that patient and family-centered care is time-consuming and requires additional staffing.

Organizational culture

Top-down approach impacting staff commitment





Getting Started with Pre-planning

- Obtain hospital leadership support/select a sponsor
- Engage stakeholders early in the process
- Form a steering committee
- Select a coordinator/liaison
- Conduct research
- Perform readiness assessment
- Create a business case or charter

Then...on to forming the Planning Committee, recruitment of members, and orientation.

CELEBRATE THE SUCCESS OF GAINING A UNIQUE PERSPECTIVE!



A blurred photograph of a hospital hallway. In the foreground, there are blue chairs. In the background, several nurses in white uniforms and caps are walking, and some patients are visible. The ceiling has recessed lights. The overall scene is busy and clinical.

MAINTAINING AN EXCELLENT PATIENT EXPERIENCE



Engage Key Stakeholders

Culture is key in sustaining excellence

All team members must be involved (continuum of care)



Focused Patient Experience

The American Medical Association recommends six steps:

- Assess the current state of patient satisfaction
- Define your “North Star”
- Engage stakeholders in experience design
- Develop and implement your patient experience strategy
- Analyze feedback and determine impact
- Recognize accomplishments and improve over time

Adapted from

<https://edhub.ama-assn.org/steps-forward/module/2702560>





Define Your “North Star”

- As a team, describe the *IDEAL* patient experience and goals
 - Examples
 - Cleveland Clinic “Patients First”
 - Baptist Health “Healthcare that Cares”
 - Duke Health “Advancing Health Together”
 - Dignity Health “Human kindness heals. Mind, body and spirit”





Assess the Current State of Patient Satisfaction

Press Ganey

- 5 lowest scores

Conversations at the bedside or in the clinic

- Track and trend for themes

Go to the Gemba

- Where the work is done!

Patient Family Advisory Council

- What did their experience look like?

Mystery shopper approach

- How does the process or communication feel?

Suggestion boxes

- Welcome feedback and share with team





Managing for Daily Improvement

Daily Visual Management Board example
Today's Date **14 March 2016**

1 Our Surgery Center "Excellence in Safety: No Harm For Our Patients"

2 Today's Pt Name Procedure Start Time Safety Check

Sol Monday	B	7:00	Special
Mikure Michalek	A	7:00	Complete
Estefana Youns	C	7:00	Special
Carren Calisto	A	8:00	Complete
Alicia Cuana	A	8:00	Complete
Shanta Oendi	B	8:00	Complete
Jess Mit	B	9:30	Check Item
Karla Sankiland	D	9:30	Complete
Ruby Pavier	B	10:00	Complete
Mylene Priemer	B	10:00	Complete
Lisa Stares	A	10:00	Complete
Dana Boubert	A	11:30	Check Item
Alicia Castellan	A	11:30	Complete
Louise Boppreck	D	11:30	Complete
Vista Trotter	A	13:00	Complete
Vista Hippie	A	13:00	Complete
Mari Carrasquy	C	15:00	Complete
Diana Suter	C	15:00	Complete
Maryjane Jasso	A	16:00	Check Item
Ardelia Ruffo	A	16:00	Complete

● complete
● check item
● special

3 Number of Procedures since last harm incident **1,635**

Number of Procedures since last near miss **245**

4 Checklist Observation Table

Item	Date				
	3/14/16	3/15/16	3/16/16	3/17/16	3/18/16
1. Circ Nurse + 1 discuss items					
2. Pt/family engaged					
3. Not from memory?					
4. Each team member speaks					
1. Someone ensure d/readiness					
2. Hand/Stop for briefing					
3. Every one speaks					
4. Surg/proced asks for concerns B4					
5. Not from memory?					
1. Someone ensure d/readiness					
2. Specimen label read aloud	N/A	N/A	N/A		
3. Not from memory?					
4. All attentive?					
5. Surg/proced. in room @ debrief					

Key: On Box, Mid Box, Last Box, Not Applicable

5 Staff Checklist Education CUS Training Checklist Observer Training

Staff Name	Checklist Education	CUS Training	Checklist Observer Training
Marlou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jenny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sanora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacinda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moshe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rolanda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Castle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Werner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carletta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Safety training chart Date Revised

6 Calendar to record days with daily huddles ● checklist observations ▲ and any training or safety meetings ■

7 Table to track opportunities to improve performance, actions and what resulted.

Date	Opportunity	Action	Results
TBD			

Key

- Can you connect an organization value or strategy to your visual board?
- Patient table with color code on completeness of pre-procedure documents promoting safe care
- Keep track of count of procedures since last harm incident each day update the board. Add count of procedures since last "near miss" if you have the data.
- Summarize your checklist observations—the table lists the items included in your maintenance observation forms.
- Safety skills training grid: makes it clear who on your team has had safety training and who is teed up.
- A calendar can show daily huddle performance if you are using daily huddles; also flag safety meetings, training, special events.
- A table to track opportunities to improve performance, actions and what resulted.



Analyze and Recognize



Analyze feedback
and determine
impact

Much like PDSA

Did our change improve
the experience?



Recognize
accomplishments
and improve over
time

Track and trend

Share results
CELEBRATE!



DON'T LET PERFECT GET IN THE WAY OF GOOD!



A blurred photograph of a person lying in a hospital bed. The person's head is on the left, and their body extends towards the right. The background shows a window with multiple panes, some of which are brightly lit. The overall image is out of focus, emphasizing the text overlaid on it.

HELLO, I AM YOUR PATIENT...

WE are creating a chapter in my life.

You control a large portion of this part of my life's story. For the time being, you and I are co-authors of my experience as a patient in your care.

Let's get started.

Any story has the following elements.



Setting



YOU control most of the setting in this story.

Please listen to me. I may not be a nurse or a doctor, but I know how I normally feel. I don't feel normal, so I came to you.

Help me, but please listen to me first.

Characters

Obviously, you and I have a starring role in this story, but there are many others.

- Some I will never meet face to face, but they can control my destiny in this story, just as much as you can.
- I want to believe that the only villain in the story is what is making me sick. I need heroes. I need the kind of hero who takes time to listen, to ask, and to respond quickly and kindly.



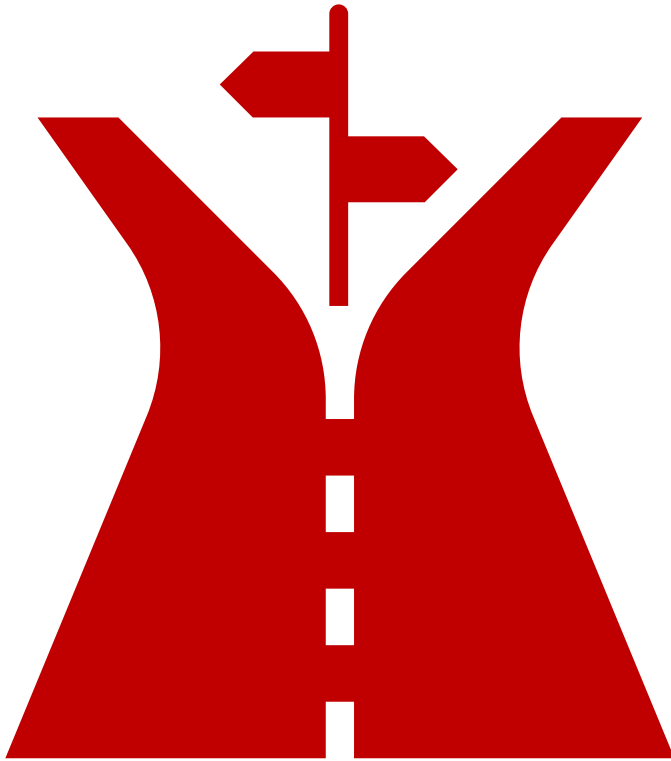
Conflict

I most certainly have conflict; otherwise, I would not be here. Ironically, as your co-author, I might not fully understand the conflict raging inside me. Norman Cousins wrote a book about the conflict experienced in his own story called *Anatomy of an Illness*. It is remarkable how many things on his list are the same conflicts I am experiencing. My conflicts might be that I feel...

- ✓...helpless
- ✓...I may never function normally again
- ✓...as though I am a burden to you and my loved ones
- ✓...conflicted between wanting to be alone, but fearing being left alone
- ✓...a lack of self-esteem, since maybe my illness was caused by me, because I am inadequate
- ✓...resentment
- ✓...confused. The technology surrounds me, but I may go days (certainly hours) without knowing the results of the last exam or worse that the definitive answer is, "The test results are inconclusive."



Climax



The highest point of tension in any story often involves a decision that needs to be made.

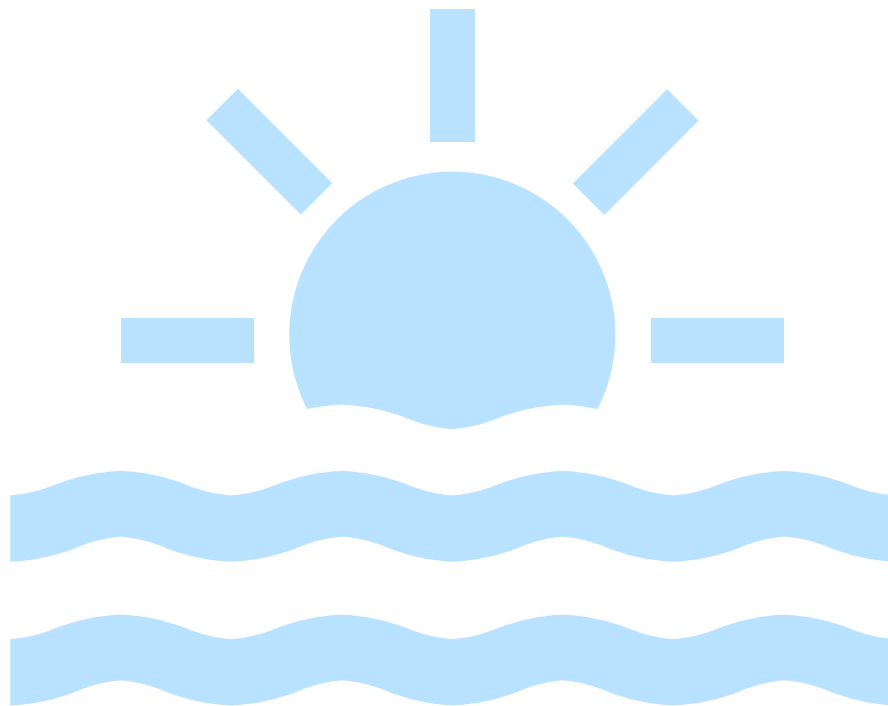
I may fear those decisions because they...

- ✓ ...are made about me without me knowing
- ✓ ...may rest solely on me and I don't think I know enough to make that decision

Resolution

Even the end of this little story is written by both of us. It is not just me and not just you. But I'm the one who must write the other chapters in my life's book. You can help me resolve this part of my story and continue on to other ones in my life if you will:

- Please answer my questions. If you do not know, that is okay. Just tell me you don't know, but please get me the information that will help answer my questions.
- Please tell me about my medications. All of them. Even if I take them at home regularly, I may not be taking them the right way. But always tell me about the new medications.
- Please finish this part of our story in a language and at the level I can understand.



- **Please ask me to teach you the information you shared with me, rather than merely repeating back to you the same words you used. You see, I need to be as independent as possible when I leave your care.**
- **So, here we are at the conclusion of our story together. I know it was not always easy. I know you were co-authoring many other stories at the same time as we co-authored mine. But I never felt that there were any other others out there.**
- **Thank you for your time, your care and for being a hero...my hero and my family's hero.**



**IT IS A BEAUTIFUL AND MYSTERIOUS POWER THAT ONE HUMAN BEING CAN HAVE ON ANOTHER THROUGH THE MERE ACT OF CARING...A GREAT TRUTH, THE ACT OF CARING IS THE FIRST STEP IN THE POWER TO HEAL.
PHILLIP MOFFITT**



Post-Polling Questions

I am ___ in my understanding of the voice of the customer.

I am ___ in my understanding of how a Patient Advisory Council can improve patient satisfaction.

I am _____ that I will apply the knowledge gained from today's training to improve patient experience.

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Q & A

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STROUDWATER

OUR TEAM IS DRIVEN EACH DAY BY THE CONVICTION THAT EVERY RURAL COMMUNITY DESERVES A COMPASSIONATE AND QUALITY HEALTHCARE DELIVERY SYSTEM. FROM ALASKA TO MAINE, WE PARTNER WITH HEALTHCARE LEADERS TO SUSTAIN AND STRENGTHEN THE VITAL ROLE RURAL HEALTH SYSTEMS PLAY IN AMERICA.

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- Hospital operational plans
- Quality/Performance Improvement
- Strategic planning
- Master facility planning
- Hospital/RHC/FQHC financial analysis
- Access to capital options analysis
- Post-acute strategies
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- Primary care options analysis
- Delivery system integration
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