Designing for Doctor and Patient Interactions in the Leave-taking Experience

Project Process Book
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Cleveland Clinic caters to a wide demography of people from different age groups, genders, cultures and economic backgrounds. It also operates in a market where it competes with other massive health systems, medical tourism pioneers and local hospitals.
By creating initiatives such as the H.U.S.H. “Quiet at Night” program, the Office of Patient Experience at Cleveland Clinic is trying to facilitate solutions and conversations pertaining to the hospital’s low HCAHPs (Hospital Consumer Assessment of Healthcare Provider and Systems) survey scores. In order to assist them, we identified the various areas through which patient experience can be enhanced. These areas include like technology, services, lessons from consulting groups, government and other industries.
Based on a series of the discussions with the Office of Patient Experience, we identified eight major issues affecting patient experience that were a result of a paradox between aspirational and existential realities within Cleveland Clinic.
Patient experience is a function of different elements working together to create an overall patient journey. Identification of these elements helped us in highlighting certain areas of concern that we used to design our product at a later point in the project.
Understanding the HCAHPS
November 2010

November 02, 2010: Four underlying themes are covered in the HCAHPS survey.

November 03, 2010: The questions of HCAHPS placed within the themes and the parties they affected.

November 03, 2010: A representative sketch of the HCAHPS questions placed within the four themes.
While analysing the competitive landscape of Cleveland Clinic, the major healthcare systems presented an innovations based approach within their services. Four types of innovations were observed that helped these hospitals in improving the experience of patients.
November 03, 2010: Due to its financial implications, first step towards identifying a problem was through gaps in the HCHAPS.

November 09, 2010: With further analysis, we found that doctor-patient communication is a problem that has affected the Cleveland Clinic’s brand image, HCHAPS ranking, and patient satisfaction.
As we learned more about the patient experience, some issues seemed pivotal, while others seemed more consequential.
Stating the problem

March 15, 2011

Final problem statement: It is difficult for Cleveland Clinic caregivers to change the behaviors of the physicians with patients and their families.
Final hypothesis: Focusing on building quality encounters between physicians and patients during the discharge phase makes a memorable impression and will benefit an important part of the patient journey.
After initial interactions with the Office of Patient Experience, we understood the need, scope, and impact of a satisfying patient experience. Our initial approach involved collection of patient-centric data from journals, magazines, Office of Patient Experience records, brainstorming and free web search to gain a deeper understanding of the issues surrounding patient experience.
Upon further analysis of the problem statement, we discovered that there significant gaps in physician-patient communication, contributing to a less satisfactory patient journey. Acknowledging our finding, we proceeded to focus on the doctor-patient interaction as a guide to understanding the patient's dissatisfaction during their stay.
Continuous research into physician-patient communication revealed that the leave-taking experience provided a significant opportunity for physicians and caregivers, to enhance their role during leave-taking through improved communication practices.
The leave-taking experience could be categorized under different levels of emotional satisfaction as a result of the overall treatment offered to the patients. The essence of the situation on an emotional level helped us in developing (metaphor) picture cards as part of a research toolkit where various experiences were represented. We used these cards to unveil the perspectives of patient’s as well as caregivers in relation to the discharge process.
We designed a service blueprint in order to understand the existing procedures, loopholes and levels of interactions in the leave-taking experience. The same blueprint could also be utilized to represent the difference between an ideal experience and the existing experience.
Tools for research
February 23, 2011

Cleveland Clinic Patient Discharge Experience: Service Blueprint Exercise

The above tools were used as a part of research during the interviewing stages.
Interviews
March 2011

Our research process included interviews with physicians, nurses, other caregivers, Office of Patient Experience staff, patients and their families.
Conferences
March 2011

We also attended conferences and seminars related to patient experience in and outside of Cleveland Clinic.
Observations
November 2010

Shadowing sessions with caregivers in the Cleveland Clinic was an essential contributor towards the development of hypothesis and product.
Ideation and theme development
February-March 2011

February 24, 2011:
The themes that are covered as a part of the discharge process.

March 03, 2011:
We identified the main themes to enhance the leave-taking experience.

April 2011:
Final themes: redeeming the time, simplifying information, restoring dignity, supporting transitions.
Our initial product idea was to establish a team concept, where Clinic caregivers would operate cohesively as a unit while caring for the patient.
Based on the theme of information and transition care, our objective was to capture the elements of information and education that contribute to the patient’s experience prior to leave-taking, and use them as tools to enhance the quality caregiver-patient interactions at the time of discharge.
Ideation - product prototyping

March 24, 2011

Actions: Selected non-verbal actions that would signal an invitation for doctor – patient communication.

Words: Selected a series of phrases and words that would create an open line communication.

Props: We selected a series of objects that would signal an opportunity for communication.
One of our initial product ideas was a collection of interactions to be introduced in a program called H.E.A.R.T. 2.0. This was to essentially be an upgrade to the hospital's existing program H.E.A.R.T., specifically designed for physicians. This new collection was designed to provide doctors with a guide of scenarios aimed at facilitating genuine communication.
The product design defined the positioning of the combination of appropriate interactions and encounters between physicians and caregivers within the discharge process.
In this step we identified the common themes in various interactions that enabled us to create a final “interaction guide” for Cleveland Clinic that positions ten different interactions within the discharge process in form of storyboards.
The business case included a plan to test the product by launching a pilot program for a small group of physicians. The case included method of implementation as well as costs, risks and benefits associated with the product.
After the initial implementation of the interaction guide within the discharge process, Cleveland Clinic will face the challenge of launching similar products throughout the patient’s journey in the hospital.
Thank You

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