UH: Innovating Patient Experience

Process Book
About the project

Our project team expects to provide several design directions to assist University Hospitals and PFAS in creating an action plan that enables PFACs to become the center of PFAs suggestions recollection and synthesis. This new action will be defined by collaboration and continuous innovation that results in improved communications and employee engagement amongst other things.

The Purpose of Process Book

The purpose of the Process Book is to reveal the thought processes and pathway followed by the team as we explored the project. It showcases where ideas first came up, where different ideas and options were considered, and the final decisions that took place over the course of the work. It also provides a trace that shows where the team turned away from one line of thought and toward another. It shows the reasons for decisions made during the project. The Process Book documents our work process, giving daily or weekly summaries, images and diagrams, research materials on the project, and so forth.
Chief Experience Officer

Patient experience Initiative.

Survey by Senate of Medicare/Medicaid.

Executive incentive plan is tied with patient HCAp Score.

Patient & Family Advisory Council (PFAC) is source of hearing patient voice.

7/25 are engaged.

Governing (selection) process of who to let in.

UI Brand - Blue Collar.

PFAC group has to represent this persona.

The way it's set-up doesn't allow for an outside view.

PFAC - 25 yrs old.

(Nurses Example)

Recalibrate the old model - balance the old & new model.

13th Jan, 2016.

Great for PR

Currently just following checklists.

Her (Kristie)

Dedicated Parent of a special needs child.

Patient Perspective

Currently closed structure.

Principal Advisor to PFAC

Joan - Chief Experience Offer.

Pediatric - External Hire.
January 19th

**Problem Statement:**
PFAC groups are used as reactions to address poor performance (HCAHPS). When PFACs are a good way to proactively effect both HCAHPS and general customer experience.

**Questions:**
1. How are things/ideas implemented and recorded?
2. Level of engagement from: exec, doctors, nurses, organization?
3. Who champions change? Motivations for engagement?
4. Make-up of a PFAC group?
5. How are PFAC meetings run?
6. What tangible outcomes have come from PFAC?
January 19th
January 19th

- Bedsides Report 2 - Communication
  - AC
  - Med, Communicate - Pain Board

- Compliance driven surveys
  - (Healthcare) vs

- Intent Driven Surveys
  - (Non-healthcare Retail)

**To Do:**
- Look into Comp.
- Non-healthcare industry's methods to gain customer insights
- Segmentation insights
- Q's for Christie
Medical Error - 3rd leading cause of error.

Christie's Story

Daughter → Pediatric Surgeon → Problem

(Mother has been in Healthcare Quality)

Christie - Safety & Communication

(Specialty)

2004 - Patient Advisory Council

Patient Family Engagement

→ Changing behaviors and having patient family engagement

Strategy to reach

Patient Family Centered Care

Culture is valuing

Patient Activation.
Doing For vs Doing With  

20th January.

V FAC Cleveland Clinic

Map the elements of Patient & Family Experience.

6-7

{Where should the focus be?}

Improve engagement at the point of care

PFAC → Backbone of patient-family engagement

Outcome → Goal-Setting

Outcome → Toolkit

Outcome → Non-One Accountable

PFAC Toolkit

Volunteer patient advisor

The group aren't reflective of the committee that still is.
January 20th

- **Discovery** → True Engagement level
  - Problem from staff perspective
  - “patient”
- **Analysis**
  - “fully study”
- **Design**
- **Build/Engineer**
- **Deliverable**
Discovery

Jan 20th

- True Engagement level
- Problem from staff perspective
- "phantom"
- "secretly"
- "https://constraints"
- "law our restraints"

Deliverable
Action Plan
26th January - Group Meeting.

1) Project Management
   Timeline.
   - Issac
   - & Rachit

2) Problem Statement
   - Rachit to send Dick an email by 26th Jan

3) Ask David/Kip to structure a plan to shadow people

4) Go over the matrices that Christee sent by 2nd February

5) Alba to create a Google Doc with list of prospective questions to ask.
2nd February ‘16

- Alba talked to JB
  - Behavioural Medicine Impact
  - Integration of Behavioural & Physical Medicine

- Prospective meeting with JB once the first PFAC meeting is done.

- Check with Alba on prospective questions.

- By Monday, complete our questionnaire for shadowing.

[Signature]
PFAC
Wednesday, February 10, 2016

2016 Goals:
1) Review and revise educational materials, pamphlets, and videos for patients and families
2) Participate in environmental surveys and give input on improvement plans
3) Council members will volunteer to follow up with departments and/or guests that come to meetings and report progress at future meetings.
4) Provide input into design of new patient care areas (i.e. ICU)
5) Give feedback on signage and wayfinding
6) Initiate and maintain PFC project: UH Stars
7) Assist in promoting, advertising, recruitment of new council members
8) Continue to participate in eTEAM

Agenda:

5:30 Introductions
5:45 Follow up - PFAC/ Pt engagement meeting/ Marilyn update
6:00 Pam Kunkel, infection control nurse- Zika virus update
6:15 Posters
6:45 UH Stars
7:15 By laws
7:25 wrap up
February 15th

6. What other ways do you solicit feedback from patients?

7. What do you think patient/family engagement means?

8. Do you have concerns about working with patients’ family to help improve UH?

- What do you think is the PE office approach or role in decision making?
  (who are you soliciting to?)

ROLE:
Length of Employment

1. Have you heard of PFAC?
   - How?
   - Would you be interested in serving?

2. What do you think the goal of a PFAC is?

3. Do you know of any changes instituted by a PFAC?

4. How do you think a PFAC could help you do your job better?

5. Do you know how to get involved with a PFAC to share initiatives and ideas?
February 15th
February 15th
February 15th

**To Do:**
- Questions

**Providers**
- Have there been any changes in how you provide care as a result of patient feedback?

**Management**
- How are enterprise initiatives implemented?
Elements of PFAC System

- Emergent
- Dominant
- Residual

Mapping through visualisations.

- Lay down a concept map with the basic elements of PFAC experience.

- Discovery
- Idea
- Prototype
- Present

Concept Map to be created by next week.

Relationship Map

Meeting with Marco
February 22nd
February 22nd
February 29th

Paul: Advisor board w/ collaborator inputs
- engaged IT early on Electronic Medical Record
  - Billing experience
- Open season on issues, willingness it shall identify
  - Mean - still open to
    - listening to concerns
  - Feedback sometimes not always timely comes back
- Security issue discussion w/ IT

Mark: Purpose to give feedback
- Involving redesign of class es, classes
- Clinical trial feedback
March 11th

- Aligning commitment

- Nothing done at this point

- Marketing

- No luck suggestion box

- Get a response

- How are we going?

- How got enrollment?

- Updates (parking example)

Goals for the PAC

- Aligned

- Admin - FRC

- Alignment classes related

- Parking
March 11th

2nd: Balance of important
for mitigation generated
vs important to fresh eye

While board details
cause time effort
version

Quality of members
engagement levels
selection & tenure

Database of patients involved
in discharge process
- connection,
- education material, ARTA approved
March 18th

Shelly [Sedman]
- Assist nurse manager
- Overall goal/impact?
- Feedback - getting help w/order sets
- Reward reeducate
- Patient sel.
- Appropriately treat
- Who does they do a good job representing the base.
- Consistent spec.
- Personal job impact
- Change plan of care
March 18th

* Complications, preventing:
  - Extension illness
  - Long hall
  - Patient's family

(see list)

Relationship

→ Build trust

If you screw up once, it's bad
March 18th

Bebled

Floor nurse doesn’t always know what’s going on.

Screening right.
March 18th

[Whiteboard with hand-drawn diagrams and notes discussing trust, engagement, and various processes]
March 18th

* Develop Personas → Due March 21st
  - Patient (Issac)
  - PFAC Member (All of us)
  - Head Nurse (Rachit)
  - Nurse (Matt)
  - C-level leader (Blaine)
  - Physicians (All)
  - Employee UH (Issac & Matt)

* Brainstorm "Medium of Engagement" → Starts on March 21st, ends March 25th

* Validation/Prototyping → March 28th - March 30th (meet Chrissy, Kathy, & Kip) ≤ 30

* Poster → Starts on March 30th - Due on April 10th

* Report/Video presentation, → Starts on March 25th / Due April 18th
March 18th

How do we build trust?

- Medium to have more/almost all
- Patients/family to feel engaged.
- How do we incentivize/what people to respond?

How are we doing the filter &

Action & Practice

Press? Strategy

MARCH 18th

...
March 18th

“Understanding patients’ social, cultural and emotional needs, in addition to their clinical needs, could improve care and reduce claims.” Press Ganey

Input
P&F Engagement
Patient Experience
Output

How do we incentivize people to respond?
Capture a better representation of population

Input
Clinical Care
Output

To Heal
To Teach
To Discover

Approval
Action
Practice

Communication cycle and patient engagement
Emotional
Cultural
Social
Clinical

Medium to have more/almost all patient and family members engaged
PFAC = FILTER
P&F Suggestions

ILLNESS
DX
PX
March 18th

Daniel Dales

"In order to improve Patient Experience you have to improve quality of care. PFACs and in general Patient and Family leadership teams could be helpful on ways on how to communicate with the patients."

Physician/Surgeon

45 YEARS OLD AND MARRIED WORKS AT SALIDIAN CANCER CENTER

Motivators

Values

Overcoming cultural barriers

Making a difference

Research

Healing

Educating patients

Information Sources

Needs & Pain points

PFAC Major points of impact

15%

15%

15%

Quality

Clinical areas

Signage

Safety

Communication

Orientation

Patients and family members,
Protocol review committee,
Leadership rounds,
Events.

We fall short is that patients, come with backgrounds, and luggage, he’s not sure if the group of PFAC actually represents our population.

There is a burden pointed out to the doctors.
The ER is where patients are the least satisfied, but it is the nature of the service.

Doctors are getting squeezed.
March 21st

- Early Support
- Ahead in Human Relationships & Engagement
- Paul Tate - How does relationships fit
- Language Inquiry
March 23rd

PE

P&F Engagement

Incentives

Idea

S

PE & PF Engagement Stakeholders

External: Policy Makers • Community
• Business Community • Accrediting Bodies • Foundations

Internal: UH Executive & Admins • UH Patients
• UH Clinicians • PE Educators
• UH Employees

Relationship

Output

Long term

Input

TRUST
March 23rd

- **Problem**
  - How do we duplicate the PFAC-Patient relationship existing at SIEDMAN PFAC to other PFACs?

- **Solution**
  1. Loan members from SIEDMAN PFAC to other PFACs
  2. Increase the participation in PFACs by changing the medium of engagement.
     - Demographic
     - Frequency

- **Idea Funnel**
  - Filter (Not Customer Service Dump)
  - Ex: Pizza not good in the cafeteria

- **People see a lot of value in PFACs but the PFAC doesn’t operate to realize this value.**
March 23rd

Volume of Participation.

People see a lot of value in PFACs but the PFAC doesn’t operate to realise this value.
March 23rd

IDEAS

1. Give PFAC access to surveys with verbatim customer surveys.

2. [Diagram showing relationships between various entities and terms such as 'Clinical Care Outcomes', 'PFAC Team', 'UH', 'Execution Team', 'Medium of E', 'Input: TRUST', 'Output', 'Long term Engagement', 'Output', 'Media Engagement', etc.]
March 23rd

PE*PE Engagement Stakeholders
- External: Policy Makers, Community
- Business Community, Accrediting Bodies, Foundations
- Internal: UH Executive, Admins, UH Patients
- UH Clinicians, PE Educators, UH Employees

Incentives
- Altruism
- Access

P&F Engagement

Long term

Input
TRUST

Relationships
Output
March 28th

- Patients on various policies, non-voting members on Board of Directors
- Encourage patient involvement in PHR reviews
- Physicians in leadership roles in organizations
- Patients serve as advisors in non-voting roles on Board of Directors
- Appropriate representation of patient and PHR needs
March 28th
April 4th

1. POC - Trust
2. Policy & Protocol - TRUST
   - PFAC
   - Committees
   - org.
3. Governance - Trust
April 4th

- Structure
  - Governance
  - Communication
  - Integration

- Ops
  - Implementation

- Awareness
  - Recruiting
  - Diversity
  - Integration

- Relationship
April 6th

1) Structure
   - Governance
   - Committees

2) Information
   - Metrics
   - "Impact Counting"
   - Perpetual Journeying
   - POC Survey
   - Medium

3) Relationship
   - Awareness
   - Idea at entry level

4) Experience
April 9th
April 11th

Action Items

1. PFE INDEX - PFE russian charter approval
2. Suggestion/Idea CARDS (PoS)

4. Senior-level leadership on PFAC (Advocate)
5. Press-Grableh Victoria to PFAC
   - Electronic Medium
   - Recording
   - Notes (localized innovation)
   - Filtering

24. Empathy Counseling
23. Governance
   - Contributed PFE Committee
April 18th

Points to Highlight:

1. Esc Involvement
2. Decision Making
3. Communication

Act 1

- CXO stating problem (10-15)
- ED (10-15)
- Person enters (3-5)

"Last" (5)
- Triaging and DFE (10-15)
- Time lapse (better suggest) (5)

Act 2

- EMDR-PELAC
- PFAC Member Talking to
  - Patient
  - Steering Committee
  - Patient & Suggestion (CABD)
  - Nurse TALKING
April 18th

- PFAC Meeting - 10 secs
- Person enters - 3.5 seconds
- Looking lost & approach
- Approved by Board - 5 secs
- by PFAC - 8 secs
- Stedman Ward - 5 secs
- PFAC member talking - 15 secs
- Talking to patients