Empathy and Innovation Summit

The Business Of Customer Experience

The 2nd Annual Patient Experience: Empathy and Innovation Summit Cleveland Clinic, Ohio, US

No provider can afford to offer anything less than the best clinical, physical and emotional experience to patients and families.
As patients become savvier, they judge healthcare providers not only on clinical outcomes, but also on their ability to be compassionate and deliver excellent, patient-centered care.

Multidisciplinary Conference
The Patient Experience: Empathy and Innovation Summit is a three-day, multidisciplinary conference devoted to exploring patient experience as a key differentiator essential to the future of healthcare delivery.

Expert Panelists
The 2011 Empathy and Innovation Summit, held May 22-24 at the InterContinental Hotel & Conference Center in Cleveland, featured expert panel discussions about the national patient experience movement. The Summit provided participants from all disciplines the opportunity to identify shared challenges and inspire innovative solutions to help transform the patient experience and elevate customer satisfaction as a competitive differentiator.

8:00am	**Overview** **James Merlino, MD**, Chief Experience Officer, Cleveland Clinic **Welcome** **Delos "Toby" Cosgrove, MD**, Chief Executive Officer, Cleveland Clinic
8:15am	**Opening Address** **Customer Experience as a C-Suite Initiative** Moderator: **Beth Mooney**, Chairman and Chief Executive Officer, KeyCorp
8:35am	**Business of Patient Experience** Moderator: **Beth Mooney**, Chairman and Chief Executive Officer, KeyCorp How do you cultivate a patient-centered culture like companies build customer service? This session will demonstrate how patient experience and customer service can be part of your organization's strategic plan as well as the challenges and opportunities that patient experience brings to hospitals. Learn from the experts in business. **Marc L. Boom, MD, MBA, FACP, FACHE**, Executive Vice President, The Methodist Hospital System **Delos "Toby" Cosgrove, MD**, Chief Executive Officer, Cleveland Clinic **David T. Feinberg, MD, MBA**, Vice Chancellor and Chief Executive Officer, UCLA Hospital System
9:15am	**The Emerging Role of the Chief Customer Officer** **Paul Hagen**, Principal Analyst, Forrester Research
9:35am	**Role of a Chief Experience Officer** **Anthony Cirillo**, President, Fast Forward Consulting

10:10am

Improving the Experience by Managing Patient Expectations
Moderator: <u>Ananth Raman, PhD</u>, Professor of Business Logistics, Harvard Business School

Can you truly manage a patient's expectations? What do you do when you fall short of your goals? This session will illustrate specific methods for setting patient expectations to ensure a positive patient experience.

10:10am

Managing Customer Expectations
<u>Ananth Raman, PhD</u>

Can We Modify Patient Expectations?
<u>Devin Gross</u>, Chief Executive Officer, Emmi Solutions

Getting Patients to Partner in Their Care
<u>James Merlino, MD</u>, Chief Experience Officer, Cleveland Clinic

Panel Discussion

11:20am

Advancing the Patient Experience through Philanthropy
Moderator: <u>Cheryl Tupper</u>, Program Director, Religion and Health Care, Arthur Vining Davis Foundations

The role and importance of philanthropic support in advancing patient experience initiatives will be featured by real-life examples. Participate in general discussion of best practices and work related to the patient experience.

<u>William Branch, Jr., MD</u>, Director, Division of General Medicine, Emory University School of Medicine
<u>Beth Lown, MD</u>, Medical Director, The Schwartz Center for Compassionate Healthcare
<u>Carol Santalucia, MBA</u>, Director of Service Excellence and Patient Advocacy, Office of Patient Experience, Cleveland Clinic

12:20pm

Lunch

Introduction by:
Delos "Toby" Cosgrove, MD Chief Experience Officer, Cleveland Clinic

Keynote Address
I'M NOT DEAD...YET!
Robby Benson, Actor-Director, Four Time Open Heart Surgery Survivor

1:45pm

Chasing the Scores: Real Life HCAHPS Improvement
Moderator: **James Merlino, MD**, Cleveland Clinic

What are other organizations doing to improve their patient satisfaction scores? Learn how to use your patient satisfaction data and customer comments to effectively prioritize and implement change. Also identify some effective solutions and best practices that could be adopted in your organization.

Keynote Address
Insights into HCAHPS Improvement from Sentiment Analysis
Rick Siegrist, Chief Executive Officer, Press Ganey

Accelerating Care Experience Improvement: Lessons Learned from Kaiser Permanente
Deborah Romer, Vice President, National Service Quality, Kaiser Permanente

Creating and Sustaining a Culture of High Reliability Experience
Devin Carty, Chief Experience Officer and Chief Learning Officer, Vanguard Health Systems

Homogenized is for Milkâ€¦ & Ten More Ways to Create Outstanding Patient Experiences in Your Practice
Jamie Verkamp, Managing Partner, (e)Merge

Why Smart People Forget Who They're Serving... The Why & What of Exceptional Experiences
Diane Stover, Vice President Marketing & Innovation Strategy, Chief Experience Officer, Memorial Health System

Providing Structure and Rigor Around the Execution of Performance Improvement Strategies
Deirdre Mylod, PhD, Vice President of Hospital Services, Press Ganey

Q&A

4:00pm

Technology's Impact on Patient Engagement

Technology allows hospitals to apply human and financial resources where they can have the most impact, and provides a tangible return on investment. This panel of experts will share their institution best practices for implementing scalable technology to improve the overall patient experience, satisfaction and efficiency, as well as reduce risk.

Moderator: **Jordan Dolin**, Founder, Emmi Solutions

Overview
Jordan Dolin

James Grant, MD, Chair, Department of Anesthesiology, Oakland University
Roberta Levy Schwartz, Senior Vice President, Operations, The Methodist Hospital
Norm Tabler, Jr., Senior Vice President and General Counsel, Indiana University Health
Kristine White, RN, BSN, MBA, Vice President Innovations and Patient Affairs, Spectrum Health System; President, Spectrum Health Innovations, LLC

5:30pm

Cleveland Clinic Art Collection and Campus Tours

Reception (3rd Floor Foyer and Ballroom Foyer)

6:30pm

Dinner

Introduction by:
Iva Fattorini, MD, Executive Director, Arts & Medicine Institute

On My Feet Again; Adventures in Spinal Cord Recovery
Thomas Tallman, DO, Director, Emergency Preparedness & Disaster Medicine, Cleveland Clinic

Performance by Sing for Hope
Alexis Martin, Manager of Healing Arts, Sing for Hope
Spencer Myer, Performer, Sing for Hope
Rebecca Ringle, Performer, Sing for Hope

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"Patient Experience is all about processes
and people and culture driven outcomes"

According to McKinsey, more than 40% of
the people chose hospitals based on the
entire experience – which is a seismic shift
in healthcare

Quality should not be equated to clinical
results, it is actually physical and
emotional results

"I have learnt that people will forget what
you said, people will forget what you did
but people will never forget how you
made them feel" - Beth Mooney

"There are no traffic jams along the extra mile" – Go an extra mile for your customers

"Our frontline controls our bottom line" – always hire the right people, carry out employee engagement surveys

"You will always make mistakes"- rectify these mistakes and understand how to handle them

"Doctors should appreciate the fact that the only reason they are in business is because they have patients"

"Good Service comes from heart, all programs, training and other products do not matter" – Ritz Carlton

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

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Find opportunities to delight the customer

Employer Actions	Client Perceptions
I am **friendly**	I feel **welcomed**
I keep it **simple**	It is **easy** to do business here
I am **accurate**	The facility is **reliable**
I am **accountable**	I **trust** the facility will do it for me
I **respect** each customer	The facility **values** me

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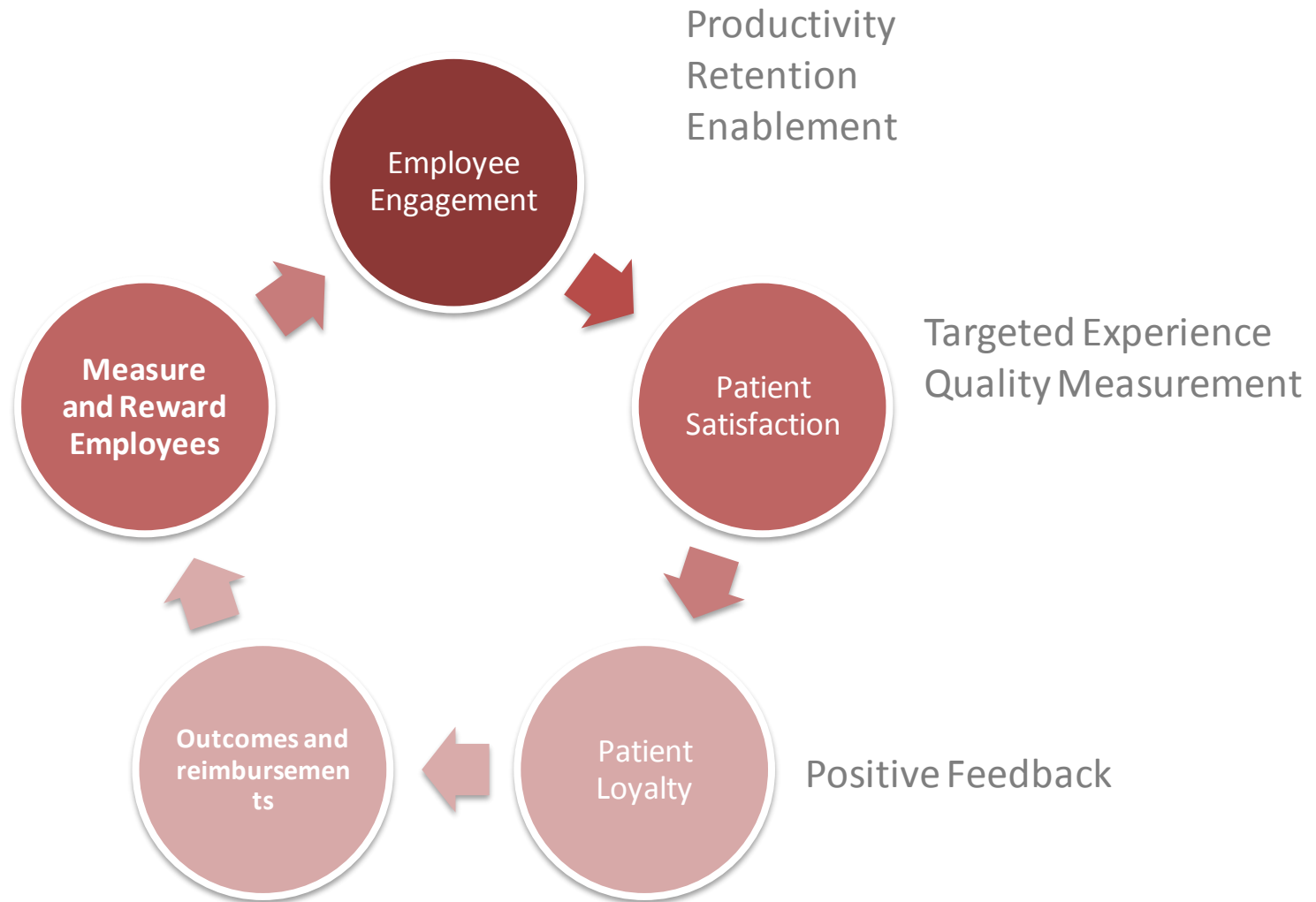
- Set clear expectations at the top and walk the talk

- Organize to demonstrate service as a priority

- Operate with consistency

- Invest in your employees and enablers

- And finally….Re Set Clear Expectations

"In today's world everyone expects instant gratification
Ritz Carlton

"In the minds of a beginner, everything is possible. In the mind of an expert, only a few" – *Think like a beginner – Duisetsu Teitaro, Suzuki*

▪At any healthcare organization, the philosophy starts with the value of an employee – " What does it mean to work here"

▪ 90% correlation between employee satisfaction and patient satisfaction

▪ Need to invest and make people feel a part of the team

▪ Everyone at a healthcare facility is a healer/ caregiver

▪ Employee bonus should be tied to patient satisfaction results

▪ People who do not share the vision of patient care should be asked to step out of the organization

Need to answer the question – "What does it mean to be a patient at the facility- Methodist hospital found out what patients like – robes, music etc. in the radiation oncology department and ensured that they get everything

- The role of a Chief Experience Officer is to;

  - Define Consumer Metrics
  - Demonstrate long term financial impact
  - Build a customer centric culture

- Start at the grass root levels – make a case with minimum investment

- Chief Experience Officer = Chief Promise Keeper = Chief Context Setter

- 60% of the conversations are still face to face and 40% of it is in healthcare

- A research indicated that 58% of the patients would pay more for a better experience

"Even the loyalist talk about bad experiences rather than good experiences"

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- Expectation has many dimensions – one needs to identify the dimensions that we need to excel at

- Involve customers to play a larger role

- Use attribute mapping

- Patients are the most underutilized resources

- Talk to patients in a way that they understand

- Set patient expectations right – *problem of high noise levels at the hospital, particularly at night*

- Similarly cleanliness and hygiene targets cannot be achieved unless patient cooperates even in simple activities such as hand washing

- Studies have clearly indicated that engaging patients increases the overall NPS

- Manage service around all touch points of care

- Patient as a partner in the overall journey *(partner – one that is united with the other in an activity of common interest)*

- It essentially means "My well being is as important to me as to you"

- It is easier to make patients a partner in areas such as safety and medication

- Patients can make sure that the caregivers always wash their hands

- Can ask questions such as "Why I am being given Medicine" or the reasons for suggesting a particular X – Ray

- Patients should be asked to read as much as they can about their medical condition and communicate the same to their family members. If required, some literature should also be shared with them by the hospital

- Quality of care is a given

- In conjunction with the patient – discuss what to expect

- Define their role as a patient

- Ensure effective communication between the caregiver and the patient

- Make the patients understand the limitations:

  - Noise Management
  - Pain Management
  - Response of caregivers – Nurse would come on call, but she might be slightly delayed sometimes since she also has other calls to attend

- Set clearly defined expectations for the staff under the following heads

    - Doctor Communication
    - Medication Communication
    - Pain Management
    - Noise Management
    - Room Cleanliness and other hygiene factors
    - Staff Responsiveness

- Engage patients in all the above parameters

- One of the discomforting factors for the patient at hospitals

- Since a hospital has machines and the patient has roommates and neighbors, it is difficult to entirely get rid of the high noise levels at the hospital

- Patients – made partners in their own interest, being asked to use head headphones while watching television/ listening music so that the neighboring patients were not disturbed.

- At the same time, caregivers were asked to be doubly sure that the rooms were closed properly, especially at night to reduce the noise levels

Noise

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| Goal | Decrease Noise to enable patient sleep and rest (decrease staff stress) |

Infrastructure	**Culture**	**Process Re-engineering**
Building Single Patient Rooms Use of Sound Absorbing Materials Design to separate noise entities	**Identify Desired End State** Identify current state: decibel level, HCHAP score & staff satisfaction Establish sense of Urgency Identify Target Goals	**Staff Interventions** Nighttime care guidelines Quiet voices Resupply and equipment movement
Technology Hands-free communication Beepers on vibrate No overhead paging	**Develop Noise Reduction Campaign Plan** Set the stage using research and best practices Clarify values, vision	**Patient Interventions** Rights Earplugs Television and Radio headphones
Equipment Fix Squeaks Decrease Equipment volumes- link to hands- free devices	**Measure and Reward Progress** Celebrate successes Find and tell the best stories	**Visitor Interventions** Orientation to noise reduction Cell phone Use

■ Airline Check in Example

Airline Check In	Self Check In
Employee as operator	Guest as operator
Trained	Usually untrained
Selected by Company	Selected by Customer
Has to be scheduled when the customer demands service	Is available when the customer demands service
Employees are paid	Customers are unpaid
Processes can be somewhat complicated	Processes can be dumbed down

Give the customer an operating role to enhance the patient experience, cost reduction would follow, the reverse would not work well. These initiatives should not be viewed as cost cutting exercises but means to enhance the patient experience

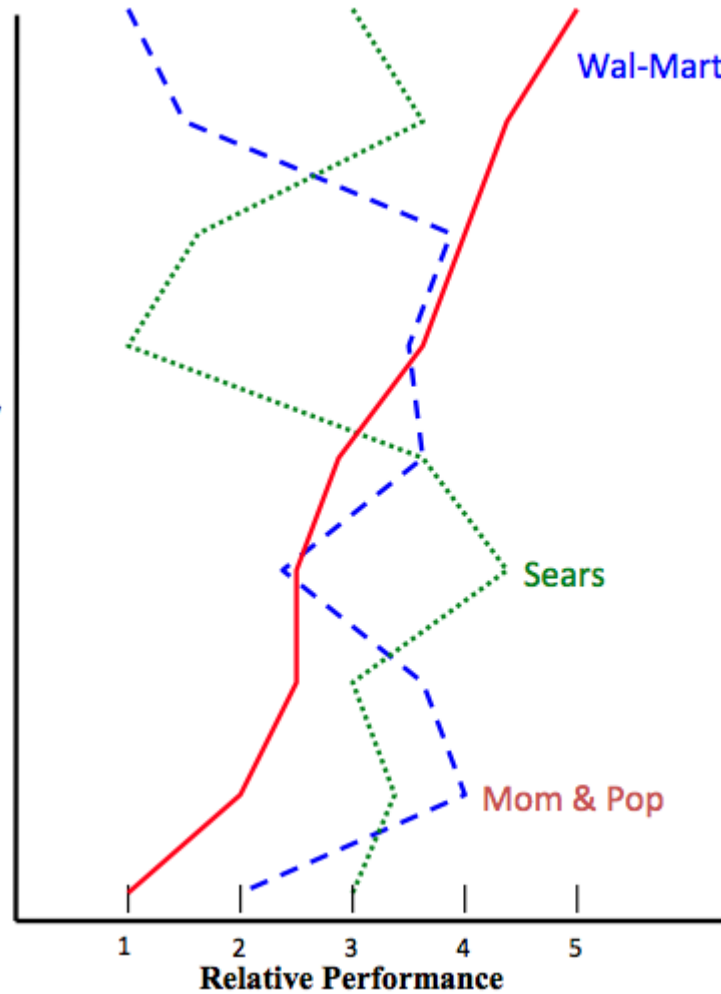*Patients can invest in improving their own experience*

Most important to SWA target market

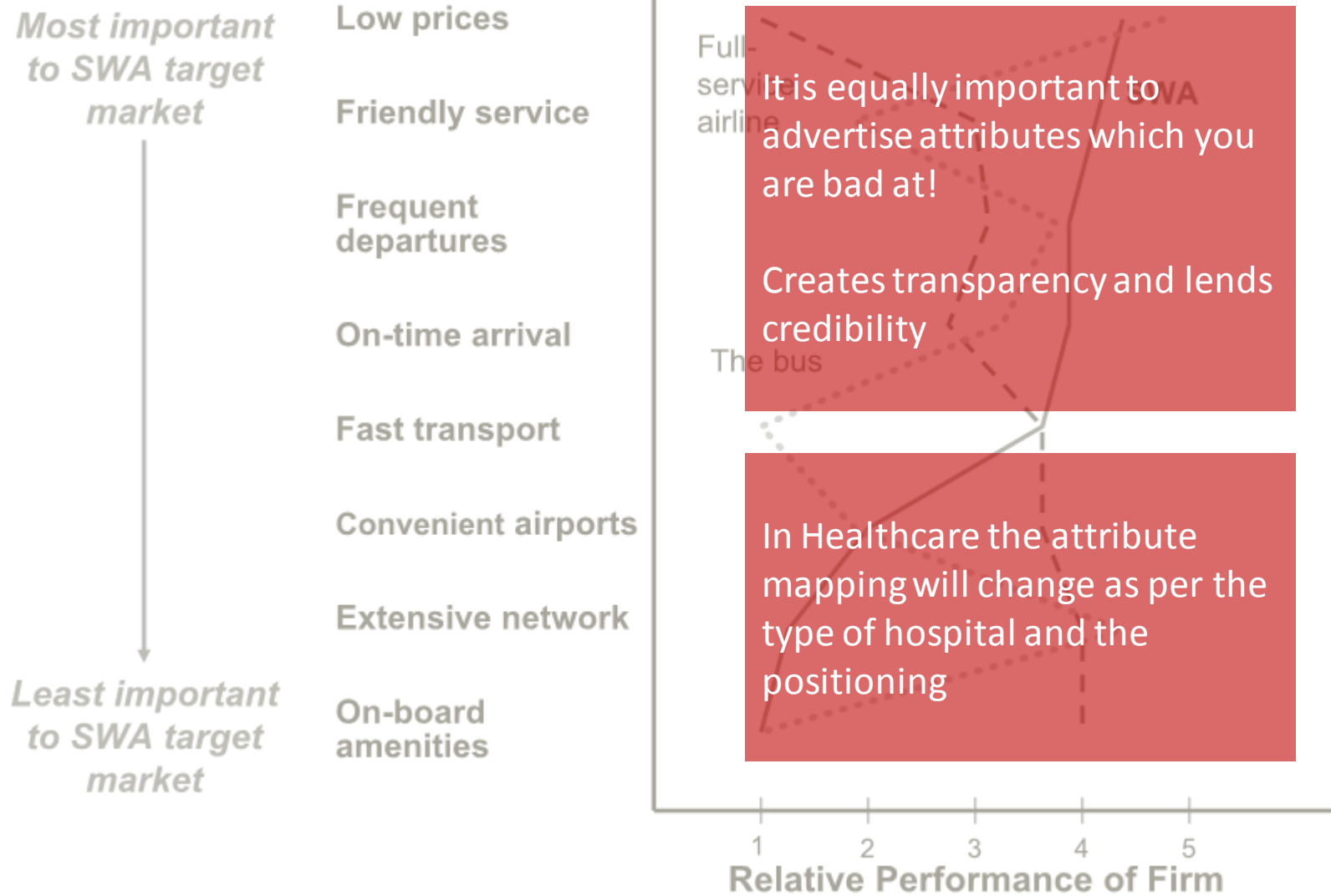**Least important to SWA target market**

- Low prices
- Friendly service
- Frequent departures
- On-time arrival
- Fast transport
- Convenient airports
- Extensive network
- On-board amenities

Full-service airline

SWA

The bus

It is equally important to advertise attributes which you are bad at!

Creates transparency and lends credibility

In Healthcare the attribute mapping will change as per the type of hospital and the positioning

Relative Performance of Firm
1   2   3   4   5

The Science of Emotion

Sentiment Analysis Turns Patients' Feelings into Actionable Data to Improve the Quality of Care

By Richard B. Siegrist Jr., MS, MBA, CPA, Chief Executive Officer; and Susan Madden, MS, Vice President for Product Analytics, Press Ganey Associates

Faced with patient satisfaction scores that were not improving and requests from staff for clear guidance on how to improve those scores, Jim Merlino, MD, chief experience officer of the Cleveland Clinic Health System, decided to look to the comments written by patients on their surveys for fresh insights. Although Cleveland Clinic had long used comments to provide feedback to nursing units and service areas in the hospital, the information within the comments had not been analyzed in a systematic way. The quantity of comments made them difficult to use effectively, and even though it was relatively easy to pick out specific complaints, it was difficult to see how issues changed over time or to identify challenges that were affecting the

institution as a whole. As Merlino points out: "One of the biggest challenges with satisfaction data is 'How can I improve?'" He was hoping that using comments would point the way.

In order to begin using comments more systematically, Merlino's staff first needed to group them into meaningful categories. Comments falling within one category – coordination of care – highlighted complaints from patients about physicians not providing clear explanations about their care and about getting conflicting information from different doctors. Although this problem had been recognized for some time by hospital managers, clinic physicians had discounted it as a minor issue. By quantifying the comments and turning them into hard data, "We were able to present the issue in a way that the

physicians could identify with and solve," Merlino says. As valuable as this approach was, the manual categorizing of comments was also enormously labor-

Jim Merlino, MD

intensive. "The ability to automate this process would be a huge improvement," he says.

Sentiment Analysis for Healthcare

- Use meaningful caregiver software
- Assign comments to meaningful categories
- Score comments based on emotional strength (*Sentiment Scores)*
- Track sentiments over time (*positive and negative sentiments)*

Comments encompass the following categories

- Processes
- People
- Place
- Service Issues
- Other Suggestions

While dealing with people you are not dealing with creatures of logic but creatures of emotion" – Dale Carnegie

" Use the web for feelings not facts"

Emerging themes for comments at a hospital *(in order of importance)*

S No	Criteria	Relative Score
1	ADT processes	3.2
2	Physical Comfort	3.3
3	General Attitude of Staff	3.3
4	Procedures in General	3.3
5	Respect and Courtsey of Staff	3.4
6	General Communication	3.8
7	Patient Visitors	4.4
8	Nursing Care	7.0
9	Emotional Comfort	7.6

Sentiment Analysis: Prioritizing Comments

Largest negative sentiments

Waiting times (process)
Immediate attention to medical condition (process)
Convenience and Comfort (process)
Pain Management (process)
Equipment and Furniture (place)

Largest Positive Sentiments

Emotional Comfort (process)
Nursing care (people)
Respect and Courtsey of staff (process)
General attitude of the staff (people)

- **Patients with strong positive or negative sentiments are likely to express these feelings**
- **Comments drive scores**
- **Degree of sentiment matters and traditional scores do not capture it**
- **Sentiment analysis – Complimentary tool**

Nurse Knowledge Exercise (NKE)

A structured process to enhance communication among the nurses and between a nurse and the parent/ family during shift change
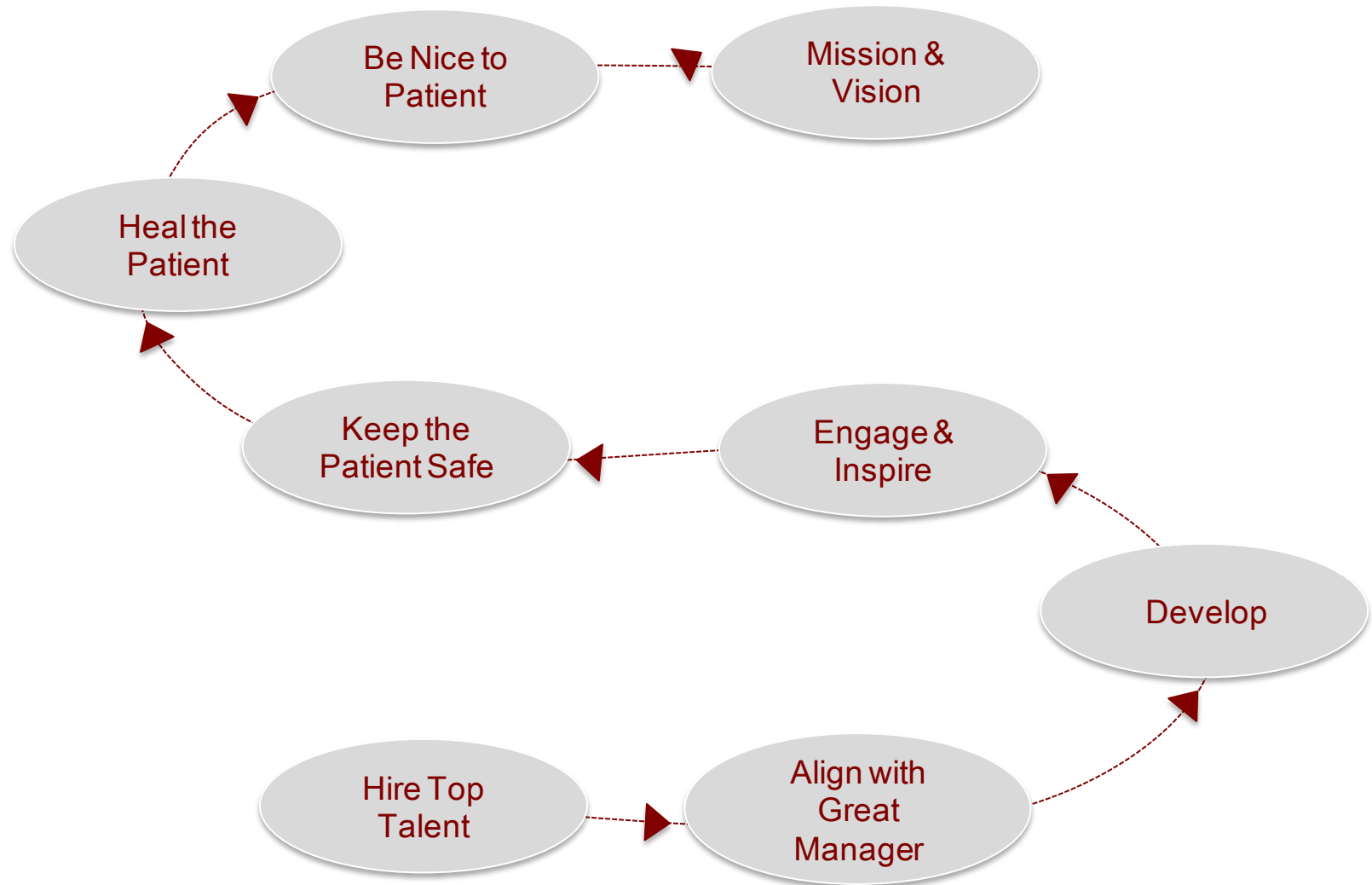
Nurse Manager Rounding

Daily visits by a nurse leader/ manager

Updated my care board with new caregivers' names and plan

Asked me for input about my daily care

Introduced new nurse at shift change

Received my daily care in a way I could understand

Healthcare organizations are more professional than personal

Functionally every employee may be great, even as a professional but may lose the ultimate purpose of valuing the patients

Airlines Queuing – professional staff

Creating an
Outstanding Patient
Experience

The Bottlenecks
Caregivers Perspectives

- It is easy to forget patients

- There are so many surgeries

There are so many responsibilities

- There are so many needs to address

- There is so much expertise to implement and learn

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1 I Efficiency is not one of the five senses I

Understand what the patients feel, hear, see, smell and taste

2 I Evoke Emotion I

Healthcare is emotional talk to patients

3 I Mess up with grace I

Loyalty can be built even after messing up, Create Loyalty for organization

4 I Skip the policy I

When patients come to an organization, don't make them understand the policy, instead make them understand the value behind the policy – attendant policy

5 I Remember who bought you dinner I

Help the patients – buy them a dinner, they will thank you publicly

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6 | Love the one you are with |

Focus on the person who is with you, live the moment and forget everything else, make an eye contact and engage

7 | We all love a good story |

Everyone loves a good story, create patient stories

8 | Mi Casa Su Casa |

Replace the word patient with guest. If a guest comes to my home, I offer dinner, show the restroom, service the guest

9 | There is no one night stand |

Follow up as a caregiver, have a policy for continuous follow up

10 | Homogenizing is for milk |

Homogenizing takes out the flavor, infuse the flavor back

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11 ❙ Clear up organizational expectations ❙
Stress on creating moments of delight/ moments of engagement for the patients

12 ❙ Clarify each person's role ❙
Everyone is a Chief Moment Officer – how many moments have you been a part of today

13 ❙ Combine the bird's eye view with worm's eye view ❙

Share some weird, funny and odd stories

14 ❙ Reintroduce caregivers to not only the patient but their families as well ❙

empathy boards with pictures – empathy in action
In one instance, the patient did not want to go through a wound care session, so the daughter was dressed up as a number

15 ❙ Remind the caregivers who they are ❙
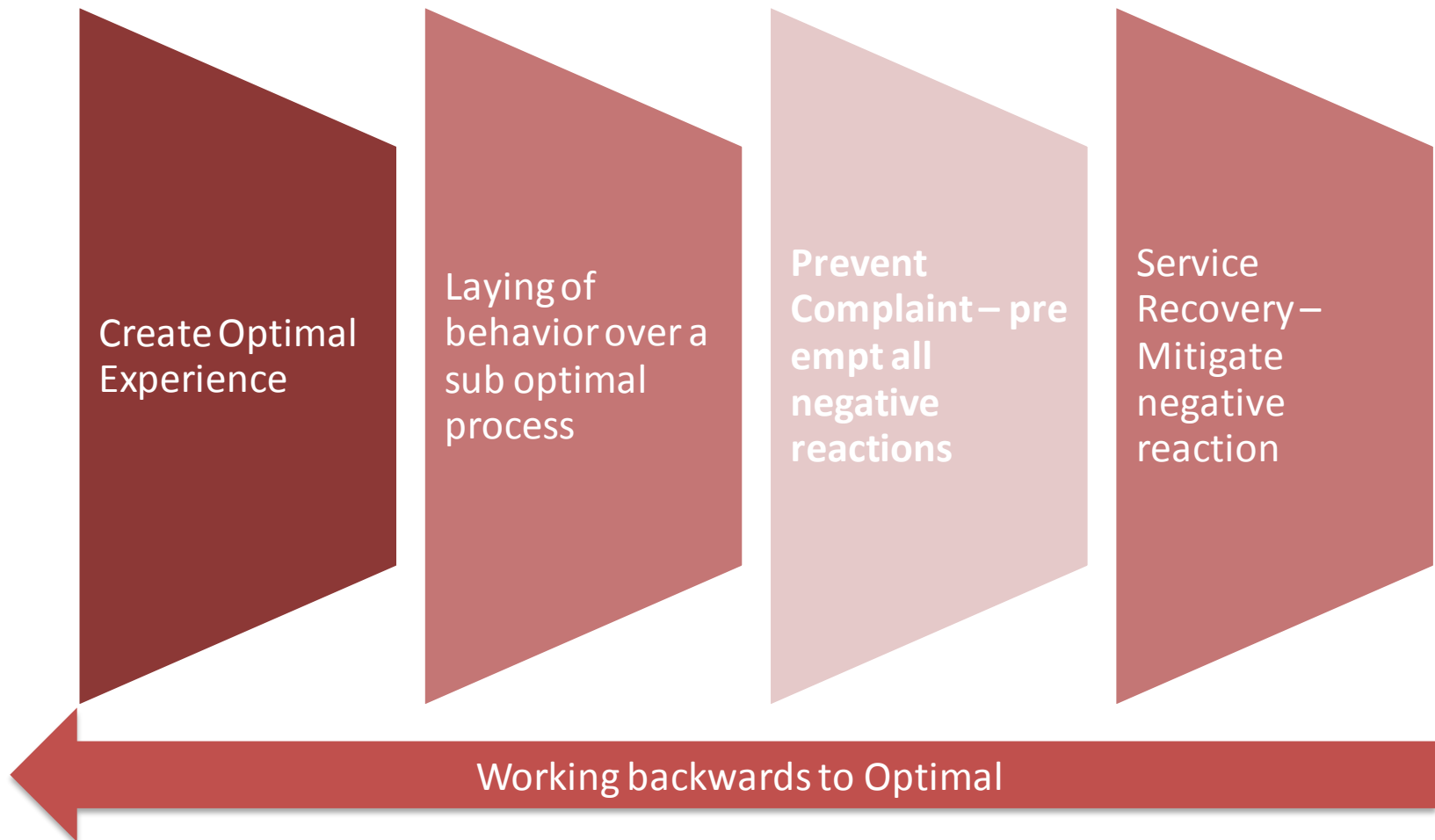*Patient Centric Care*

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"How excellent is a lab drawing supposed to be"

Analyze elements involved in a lab drawing sample

- Can it be made less painful

- Can music be played during drawing out the sample

- Can there be a standard conversation

Tuesday morning meetings with every member of the hospital – frontline staff, housekeeping staff and everyone else – to share all positive and negative inputs during the week

Reduced Patient Suffering

Suffering associated with a medical condition	Suffering associated with the medical treatment (when delivery is perfect)	Suffering associated with the medical treatment (when delivery is not perfect)
In some cases, this may be unavoidable Mitigate this suffering Address patients pains, discomfort. There may also be need for information		Apologize for the suffering, recreate the treatment with patient's permission Reduce wait, ensure good communication and take better care of the patient

Create Optimal Experience

Laying of behavior over a sub optimal process

Prevent Complaint – pre empt all negative reactions

Service Recovery – Mitigate negative reaction

Working backwards to Optimal

Scores are not always good – substitute 'words' for 'scores' – it empowers patients and is less disengaging for the staff

Verbalizing Value – Create an engaging communication, the value a patient receives

Standardizing communications for all key interactions

Tracking mechanism
- Identify the Focus Areas
- Carry out a root cause analysis
- Create Solution
- Develop tracking mechanisms

Elements of a good communication

How to communicate is as important as what to communicate including performing observable actions – facial expressions to demonstrate empathy, touching patients hand and some other activities/ attributes

Sample Tracking Mechanism

Focus Area	Root Cause(s)	Solution	Tracking Mechanism
Staff Addressed emotional Needs	Lack of structured time that provides opportunity to interact with patients	**Hourly Rounding** - Visit with patient on a hourly basis - Use messaging with patients to inquire about stress/anxiety	**Self report:** Manager reviews rounding log **Patient report:** Manager rounds on patient to verify hourly rounds
	Staff does not know the words to say to communicate caring	**Spoken communication** - Use the patient's name - Refer back to previously expressed concerns	**Observation:** Manager observes two patients per nurse per week
	Staff does not know how to perform observable actions that demonstrate caring	**Non-verbal communication** - Use facial expressions that demonstrate empathy (e.g., furrow brow to demonstrate concern) - Touch patient as appropriate (e.g., hold hand)	**Observation:** Manager shadows rounds with two patients per nurse per week

Create Processes: Examples
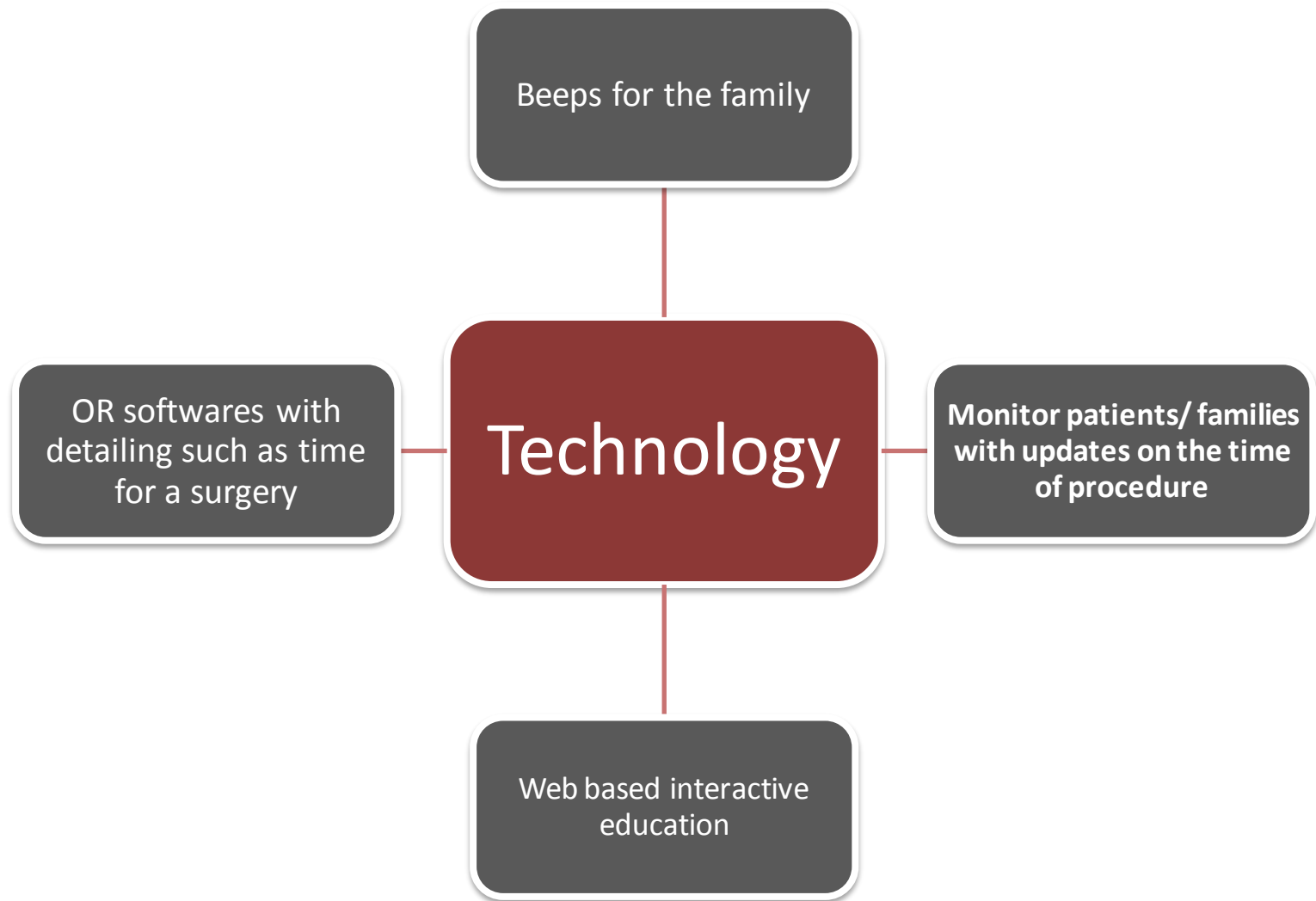
Processes	Benefits to the patients	Benefits to the Hospital
▪ Virtual pre operative assessment programs ▪ Surgical Information Systems ▪ Online interactive assisted pre-op questionnaire ▪ Nurses follow up call	▪ View entire information at home ▪ Answering questions step by step ▪ Input additional questions online which can be forwarded to the provider ▪ Receive email reminder if the patient does not view the program	▪ Reduced no of pre op tests ▪ Less time spent/ reduction in the number of patients screened ▪ Reduced number of consultations ▪ Reduced expense on OR staff ▪ Customer enticement leading to Increased Patient Flow

- Create Dashboards

- Arrange weekly meetings – prior to start of the work

- Emotional training for patient support

- Birthday cards and greetings for patients

- Design warm hospital robes

- Innovative signage

- Quiet room settings

- Offer Scrunchies

- Value cards for each organization

- Taking hospital rounds for specified number of hours everyday and meeting patients shall form an integral part of every CEOs KRA

- Need to work out processes for all non clinical elements – identify focus areas

- Every meeting at a hospital shall begin and end with a patient video/patient story – symbolizing the importance of the patient in the overall scheme.

- Attribute mapping to be done for all projects: "What do patients value-important/ unimportant" – reflects in the primary market research

- Enhancing the role of the patient (Optima) – subsequently cutting down the manpower and the cost

- Map and Deliver the patient experience journey at the hospital – identify the attributes where they should partner in the journey and set clear expectations

- Sentiment analysis as a tool for qualitative market research – *Prof Jha*

- Sentiment analysis as a tool for existing hospitals

- Nurse Communication Score – metric to measure nurses' performance

- Create a template – reduced patient suffering

- Develop a communication module – standardized template for all key patient related communications

- Plan elements of technology in a more inclusive manner

- Create a web based interactive program on educating patients on various facets such as

  - What to expect
  - Education on various procedures prior to being admitted

- Tuesday morning meetings before the start of work

Busy clinicians cannot be an excuse for poor patient engagement.

It's not that we forget patients are sick. It's that we take advantage of it.

**DO SOMETHING WONDERFUL,
PEOPLE MAY IMITATE IT.**

-Albert Schweitzer

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