WHAT’S Right IN HEALTH CARE™

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WHAT’S Right IN HEALTH CARE™

Improving the Patient’s Perception of Care in the Ambulatory Clinic Setting

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Administrator, MUSC Ambulatory Care, (Charleston, SC)
A History of Excellence

• Founded in 1824, the Medical University of South Carolina (MUSC) was the first medical college in the South.
• Today our MUSC campus includes 6 colleges, a 700-bed medical center with a level I trauma center, a nationally recognized Children’s Hospital, research facilities, an outpatient tower and more…and we continue to grow!
• Almost half a million patients receive care in MUSC outpatient clinics each year.
• We partnered with the Studer group to begin our formal “MUSC Excellence” journey in 2006.

Our Results

• We have used Press Ganey to measure patient satisfaction for almost 5 years.
• Over 90 Ambulatory clinics are surveyed.
• January 2005 overall outpatient clinic rank = 45th percentile.
• We’ve come a long way since then.
In Calendar Quarter One 2009

- Cared for 104,000 patients
- Achieved 2.38% insurance denial rate
- Reached YTD collections of $22 million
- Received 4,639 patient surveys
- Achieved overall rank of 84th percentile

Patient Satisfaction Trend
## Presentation Objectives

1. How to use empowered employees to create a culture of excellence.
2. How to create a patient satisfaction measurement program to drive results.
3. How to use proven tactics to hardwire and sustain high patient satisfaction.

## Create a Culture of Excellence

- Standards of Behavior describe the culture
- AIDET℠ is our language
  - A = acknowledge, I = introduce, D = duration, E = explanation, T = thank you
  - Train-the-trainer program for initial rollout
  - Audits and annual competency checks
- Select talent that fits the culture
- Full day MUSC Excellence Orientation
Welcome New Employees

I am MUSC Excellence

I am Ambulatory Care. I am what people see when they arrive here. **My eyes** are the eyes they look into when they're frightened and lonely.

**My smile** is the greeting that eases their anxiety. **My voice** is the voice of hope they’ve been wishing for.

I am the intelligence, kindness and caring that people hope they'll find here.

When I'm wonderful – so is Ambulatory Care.

Our patients will judge us by **my performance** ----by the care I give, the attention I pay, the kindness I give, and the courtesies I extend. I am Ambulatory Care.

I am MUSC Excellence!
Satisfied employees=satisfied patients

- In 2006 we began measuring employee satisfaction using Press Ganey
- First survey:
  - Mean Score=67.0 and Rank=56th
- One year later:
  - Mean Score=75.5 and Rank=93rd

Sustain Employee Satisfaction

- Orientee feedback sessions
- 30/60/90 day manager/employee meetings
- Rounding for outcomes
- High/middle/low conversations
- Preceptor assigned to all new employees
- Supervisory meeting model
- High Performer lunches with Administrator
Reward Excellence

- Employee/Physician of the month/year
- Healthcare Worker of the Year
- Applause, caught you caring stickers/cards
- “You Rock” award
- Thank you notes & managing up
  - Database to track with employee addresses
- Patient Satisfaction banners
- Service Excellence celebration

Presentation Objectives

1. How to use empowered employees to create a culture of excellence.
2. How to create a patient satisfaction measurement program to drive results.
3. How to use proven tactics to hardwire and sustain high patient satisfaction.
Measurement Matters

- Measurement alone did not increase scores.
- Goal-setting, leader accountability, **did**.
- In 2006 we established goals under five pillars of excellence: service, people, quality, finance and growth.
- Leadership Evaluation Team rolled out a new leader evaluation system.

Prior to 2006

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<tr>
<th>MUSC Organizational Tactical Plan Goals</th>
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Leader Evaluation Results

Meet | Exceeds | Substantially Exceeds
Leader Goal Alignment

**Step One:**
Administrators, Directors, Managers
Leader pillar goals = 100% of annual evaluation score.

Coordinators, Supervisors
Leader pillar goals = 75% of annual evaluation score.

**Step Two:**
Administrators, Directors, Managers
50% of merit increase = Org. Goal Results

Coordinators, Supervisors
25% of merit increase = Org. Goal Results

Results After Goal Alignment

**MUSC Organizational Goals**

- **Service**
  - Increase Patient Satisfaction (Inpatient)
  - Increase Patient Satisfaction (Ambulatory)

- **People**
  - Reduce Annualized Turnover
  - Increase Employee Satisfaction

- **Quality**
  - Decrease Mortality Index

- **Finance**
  - Operating Margin
  - Reduce FTE per Adjusted Discharge

- **Growth**
  - Increase Inpatient Admissions
  - Increase Outpatient Visits
Goal Examples

- Outpatient clinic goals are not all clinical
- Business operations goals:
  - Registration, scheduling survey questions
  - Reduce insurance denial rate
  - Reduce no-show rate
  - Increase point of service collections

Road is Rocky

- It is a journey – often times a rocky road.
- Physician comments about patient satisfaction data:
  - “Make this go away.”
  - “This has the relevance of the Dead Sea Scrolls.”
- Staff/leader comments:
  - “Only dissatisfied patients return surveys.”
  - “I can’t control the physicians so I shouldn’t be held accountable for this goal.”
- Acknowledge the myths – dispel them with data.
- Hold strong on accountability – force collaboration.
Dispel Myths with Data

- Measurement Team structured patient satisfaction program:
  - Patient satisfaction trainings
  - Comments distributed weekly
  - Trended priority index/top box reviewed
  - Super users
  - Physician and staff leader custom reports
  - Organizational scorecards

Data Transparency
### Red/green/yellow scorecard

**Patient Satisfaction Update Report**

**Saturday, January 31, 2009**

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*Receives costings preceeding 12/31/09 for all facilities in Peer Group database.

**Highlight/Spotlight Reports**

**Outpatient Clinic - Patient Satisfaction**

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Leader Reports / Hot Comments

Super Users

- Super users identified and trained
- Expectations – provide regular, meaningful data to your leaders
  - Data filtered by physician name
  - Data grouped by service line
- Super User Groups meet monthly
Communicating the Data

- Leader and staff excellence websites
- Communications boards
- Purpose newsletter
- Quarterly town halls
- Leadership Development Institutes
- Standing agenda item for service results
- Connect to Purpose stories
- Don’t forget wins!

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Service Teams

Outpatient Clinic Satisfaction Team

- Multi-disciplinary, front-line staff
- Implemented wait room standards:
  - Activities for children and play areas
  - Standard TV’s, water coolers, trash cans
  - Changing tables in multi-use bathrooms
- Patient radiology education tools
- Patient welcome tool
- Reminder calls enhanced
- Secret-shopper AIDET audits
- Signage/wayfinding improvements
Patient Welcome Tool

Clinic Ambassadors

- First-year MHA students
- Assigned to high-volume, multi-clinic floors
- Armed with resources binder
- Empowered to walk ‘in the back’ to investigate cause of delays for patients
- Win for physicians and staff
**Operations Meetings**

- Include access data
  - Bumps, cancellations
  - Physician schedules/templates review
- Align these data with patient satisfaction scores to paint a complete picture.
- Example:

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**Team Huddles**

- 5 minutes before clinic starts
- Identify challenges for day and plan
- Share wins
- Refuel commitment to excellence and each other
Patient Voices

- **2006:** "Please be more considerate of patient’s wait time. What other business makes its customers wait 2-3 hours? The doctor is the best – A+, but at what price. Let him hang out in his waiting room."

- **2007:** "MUSC has obviously worked very hard on its connections with patients and families. It is noticeable and very much appreciated."

- **2008:** "Each member of the staff, through each process, from registration through clinic, made me feel valued and important."

- **2009:** "From my RN helping me via email and returning calls, to the scheduler helping change appointments, everyone put customer care and my health first."

Lessons Learned

- Standards of behavior have had a dramatic impact.
- Tough to move some people from ‘data obsession’ to action.
- Designated resource necessary for Measurement.
- Connect to purpose regularly to fuel flywheel.
- Everyone loves recognition, even physicians.
- You cannot over-communicate!
In Summary – 5 Key Tactics

• Create measurement scorecards that are highlighted by goal achievement.
• Align leader evaluations tightly with patient satisfaction goals.
• Create a multi-disciplinary clinic patient satisfaction team.
• Engage high-performers in selecting talent, service team, lunch with senior leaders.
• Communicate strengths & opportunities consistently and regularly.

Thank You!

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David C. Neff, MHA, FACHE
Administrator, MUSC Ambulatory Care, (Charleston, SC)