The <u>New</u> Role of Patient Experience in Today's Healthcare Environment



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Welcome to Baltimore!







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The Affordable Care Act's emphasis on patient-centered care will transform our industry

By Doug Hooten, MBA & Matt Zavadsky, MS-HSA, EMT

Your ambulance service has been in business for 25 years and has always thought it had a good image in the community. However, recently the receiving hospitals have been contacting your service administrators to "complain" that their parients have been saving some unflattering remarks about crow.

You get called in and told that on a recent call you used some off-colored language and smelled of cigarette smoke. Your supervisor locures you a bit and says be has to keep a record of it in your file and that future patient.

family or hospital complaints may result in disciplinary action or discharge from the service. As you leave his office, your supervisor adds that your future performance reviews will look closely at your customer service

skills and as much as 30% of your performance evaluation (and eligibility for a merit raise) will be based on how your patients feel about the way you treat them. You wonder what's up and find out other crews have

'WHAT'S UP' WITH COMPLA! Those of us fortuniste enough to ha

Those of us fortunate enough to have career in EMS management have the opportunity to hear customer fredhack about have our providers have impacted the patient. A typical hospital complaint from an ED director

"Your ambulance crew responded to the house of a patient beought to our ED last night because the patient was having a heart attack. The crew placed her on the cardiac





Imagine

- A % of your budget is based on patient satisfaction scores
- You have no control over who gets surveys
- You don't conduct the surveys
- The surveys are typically conducted after the patient gets your bill







"Welcome to the Real World"







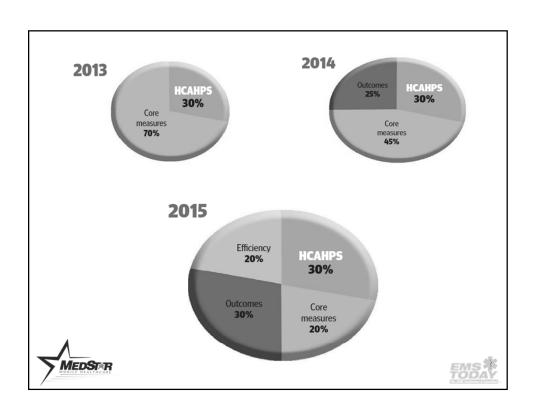


Value-Based Purchasing

- CMS bonuses or penalties based on:
 - Clinical Quality
 - Economic efficiency
 - Patient Experience
- 30% of the VBP score
- Applies to hospitals and docs now
 - When will it apply to us?







Patient Satisfaction...

Clinical Proces	ss of Care Measures
Measure ID	Measure Description
Acute Myocard	dial Infarction (AMI)
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival
Heart Failure /	ue)

Heart Failure (HF)

HF-1 Discharge Instructions

Survey Measur	es
Measure ID	Measure Description
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey





HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ♦ Answer <u>all</u> the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens
 you will see an arrow with a note that tells you what question to answer next, like this:

	Yes		
\checkmark	No	→ If No, Go to Question	1

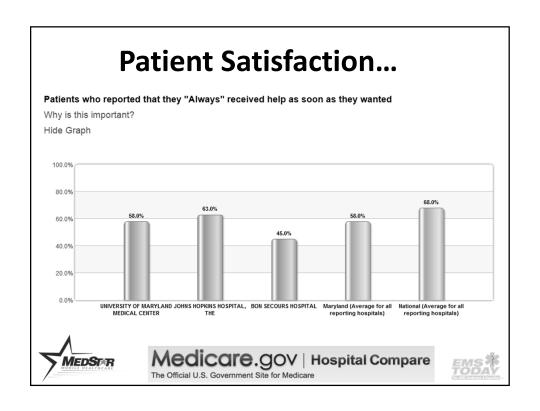
You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

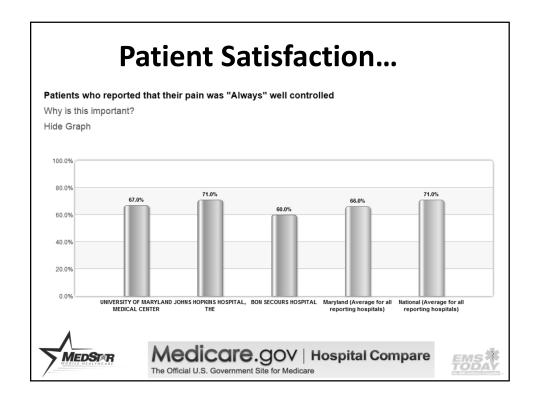
Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981

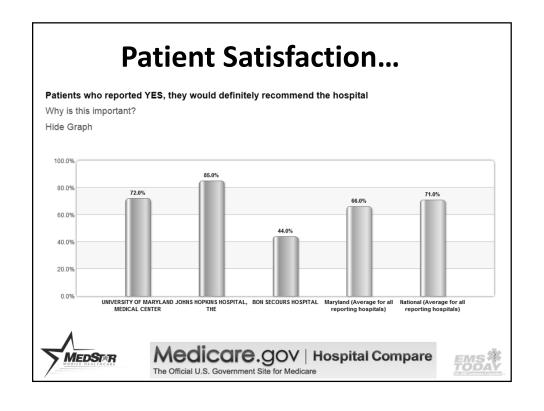
MEDSTAR MOBILE HEALTHCASE



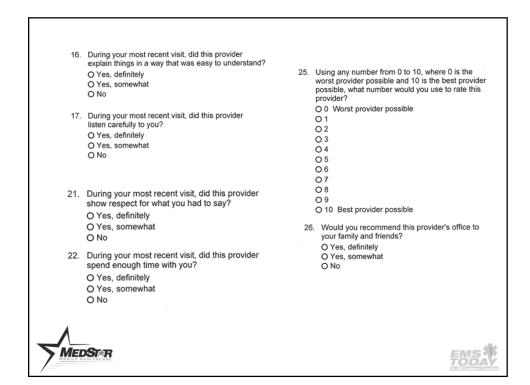
1.	During this hospital stay, how often did nurses treat you with courtesy and respect? I Never Sometimes Usually Always	8.	During this hospital stay, how often were your room and bathroom kept clean? 1 Never 2 Sometimes 3 Usually 4 Always
2.	During this hospital stay, how often did nurses <u>listen carefully to you?</u> ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	13.	During this hospital stay, how often was your pain well controlled? 1 Never 2 Sometimes 3 Usually 4 Always
3.	During this hospital stay, how often did nurses explain things in a way you could understand? Never	22.	Would you recommend this hospital to your friends and family? 1 Definitely no 2 Probably no 3 Probably yes 4 Definitely yes
7	MEDSI/R		EMS







WSMD. MCNT CLINICIAN & GROUP CAHPS® SURVEY SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle to are sometimes told to akip over some questions in this survey. When this happens you note that tells you what question to answer next, like this: • Yes → # Yes, go to #1 note that tells you what question so tenseres there, Please rate your visit on 10/14/2014 At the following location Lake Worth YOUR PROVIDER 1. Our records show that you got care from the provider named below Kristina Carnevale, MD O Yes O No → If No, go to #29 Not just The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey. In the last 12 months, did you make any appointments for a check-up or routine care with this provider? O Yes O No → If No, go to #\$ Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? hospitals... O Yes O No 3. How long have you been going to this provider? O Less than 6 months O At least 6 months but less than 1 year O At least 1 year but less than 3 years O At least 3 years but less than 5 years O 5 years or more YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS IN THE LAST 1.X MUVH ITS These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits. In the last 27 months, how many times did you wisit this provider to get care for yourself? O None → If None, go to #29 O 1 time In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away? O Yes O No → If No, go to #13 O Yes O No → If No, go to #7 **MEDST**R



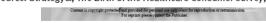


Overall, not so happy

Percentage of consumers who said they were satisfied with their health care in five areas:

Core benefits	66%
Cost and quality	63%
Administrative services	62 %
Access to programs to manage health	57 %
Overall consumer experience	49%

Source: Strategy&, The Birth of the Healthcare Consumer survey, 2014



http://www.hhnmag.com/magazine/2015/Feb2015.dhtml



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CLEVELAND CLINIC USES CULTURE TRAINING TO TRANSFORM EXPERIENCE

The Cleveland Clinic has used culture training to help transform the patient experience from top to bottom in recent years. It has seen patient and staff satisfaction leap, thanks to its efforts. Forrester Research took a closer look at what strategies the clinic used to get to where it is today:



CLEVELAND CLINIC'S PATIENT EXPERIENCE TEAM FOUND THAT ALL STAFF MEMBERS MUST CONTRIBUTE TO OPTIMIZING A PATIENT'S VISIT, INCLUDING:

- Clinical staff (doctors, nurses, etc.)
- Administrative staff (check-in, billing, etc.)
- Facilities staff (ianitorial. maintenance, etc.)
- Management (department heads, senior executives, etc.)
- Information technology

2

THE PATIENT EXPERIENCE TEAM **DEVELOPED AN** ORGANIZATIONWIDE CULTURE-CHANGE **EXERCISE THAT:**

- Achieved C-suite buy-in and support
- Focused on vision and importance to the patient
- Used focus groups with patients and other stakeholders to design the process
- Implemented a 1,000-member employee pilot

EVERY STAFF MEMBER WENT THROUGH A CULTURE-CHANGE EXERCISE, **EIGHT AT A TIME:**

- \$11 million enterprise cost
- All employees, including doctors, were randomly assigned tables. An employee facilitator walked each attendee through:
- Mission and vision
- Expected service behaviorsHEART Hear the story, Empathize, Apologize, Respond to the problem, Thank the patient (service
- recovery) - "Serving leader" leadership model introduction
- Value exercise



- CLEVELAND CLINIC BOOSTED ITS MEASURABLE SCORES FOLLOWING THE EFFORT:
- Patients reported higher satisfaction and complaints decreased on HCAHPS scores.
- Staff appreciated the program; employee engage-ment increased and 92 percent reported satisfaction.

Source: Forrester Research Inc., 2012









Those Who Get "It"









Value-Based Purchasing

- New "C-Suite" member
 - CXO Chief Experience Officer
 - Responsible for maximizing satisfaction







Healthcare overhaul leads hospitals to focus on patient satisfaction

Under healthcare overhaul, federal payments to hospitals are tied to patient satisfaction. Customer service efforts are underway.

By Anna Gorman

July 20, 2013

Now, patients at San Francisco General Hospital are greeted by a smiling face and a helping hand to guide them along the path to getting care. It's one of a series of customer-friendly touches being added at the 156-year-old institution by a newly named "chief patient experience officer."

The first questions patients are asked shouldn't be whether they are insured and have an advance directive for end-of-life treatment, said Duffy, who works with San Francisco General and dozens of other hospitals. "It just takes one person to destroy great outcomes," she said. "It's often the apathetic, rude person at check-in." To help make patients feel more welcome, San Francisco General created the position of director of first impressions.



Los Angeles Times



"You know, we have a dedicated FTE in our marketing department who's only responsibility is to monitor internet and twitter messages to see if there is anything being said about Baylor we need to respond to."

Janice Walker, COO Baylor Scott & White Health System – Fort Worth







Mich. hospital goes luxe: CEO explains patient-centered approach January 20, 2014

The newest innovation in health care may be the hospital itself.

Traditionally, hospitals were designed as a place for medical professionals to just do their job; they weren't often built with patients in mind. But that's not the case at one hospital near Detroit that looks and feels like a luxury hotel -- and treats patients like valued guests.

At lunchtime at the Henry Ford Hospital in West Bloomfield, Mich., don't look for day-old Jell-O served on a fiberglass tray in the cafeteria. At this hospital, it's a restaurant -- with a menu comprised of fresh and healthy foods, much of which is grown on-site in their own greenhouse.

Nancy Schlichting is chief executive officer of the Henry Ford Health System. Her goal was to build a new kind of hospital -- one that would become a go-to destination, a place people actually wanted to be.

http://www.cbsnews.com/news/michigan-hospital-goes-luxe-ceo-explains-

EMS*

Schlichting recognized that hospitals needed an image makeover, but she took a leap of faith by hiring an executive from Ritz-Carlton to design, and then run, the \$360 million facility. But there was only one rule: "The rule is that it's about the patient," Schlichting said. "We don't wake up (patients) between 9 at night and 5 in the morning . . . unless we have to."

The focus on patients begins immediately. Arriving guests are greeted by wheelchair valets in a lobby rivaling the world's finest hotels. They pass by a spa, the hair salon, and designer gift shops as they travel through an enclosed atrium to their private room.

Dr. Mark Rosenblum heads the hospital's neurosurgery department. He says the patient-focused approach speeds up the healing process.

"Any patient's family can stay here anytime, night or day," Rosenblum said. "It's important for a patient's well-being and recovery to see their loved ones, to be less in a stark, uncomfortable, unusual environment. We think it helps."



© CBS THIS MORNING



EMS Complaint?

"You know, your ambulance crew responded to my house last night because my mom was having a heart attack. The crew placed mom on their cardiac monitor and diagnosed her bradyarrhythmia as Mobitz Type I second degree AV heart block.

They treated her with transcutaneous pacing and atropine. But, she did not appear to be symptomatic as she was normotensive and her SaO2 was > 95% on room air.

According to recently published clinical guidance, atropine should be administered with caution in asymptomatic patients with suspected myocardial ischemia, as ventricular dysrhythmias can occur, so I'm really concerned about the critical decision making capabilities of your personnel."













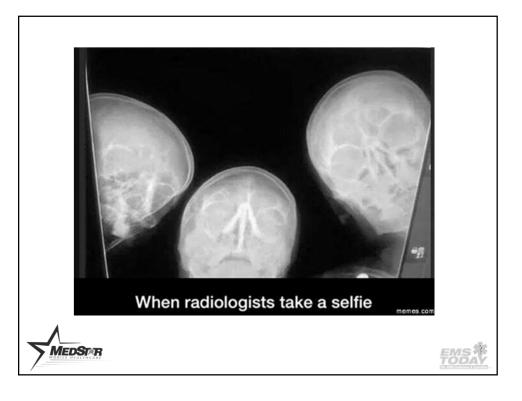


More Common

- "The crew was rude."
- "They did not explain what they were doing."
- "They did not let me ride in the ambulance with my mom."
- "The business office staff did not seem to care that my mom is on a fixed income and wanted to pay her ambulance bill over time instead of all at once."
- "The person who answered our 911 call did not act like this was an emergency."







Why EMS Should Care!

- Our patients care
 - 0 points for clinical care why?
- Our payers care
 - Network/provider satisfaction
- Our hospitals care

MEDST R

- WE impact their HCAHPS scores
- It may be one of our only quality indicators
- We need to bend the value curve



The Role EMS Plays in HCAHPS

"EMS is often the first point of contact our patients have with our hospital. If the patient has a bad experience with EMS before arriving at the hospital, it will impact the patient's perspective of their hospital stay.

"The same could be said for the patient experience if you are the agency taking them out of the hospital on discharge. If you do a really good job aggravating the patient on their trip home, then three days later they get a phone call from Gallup, it will impact their answers to the patient satisfaction questions."

Kathie Russell



Director of Marketing and Organizational Development Plaza Medical Center (HCA), Fort Worth



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increase HCAHPS scores

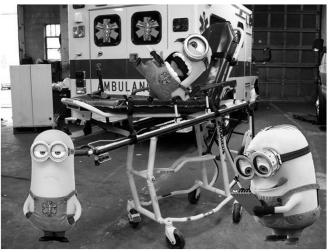
reduce noise
improve nurse communication improve communication cleanliness improve physician communication discharge process and instructions patient centered care

patient rounding answer call lights promptly contact to safety decrease wait time compassionate care improve patient overall solution and experience address pain management explanation of medications improve patient satisfaction scores discharge follow up calls





How has "EMS" Done with this Measure?



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Patient Satisfaction...

INSTRUCTIONS: Please rate the services you received while using our ambulance service. Check the square (\boxtimes or \boxtimes) that best describes your experience. If a question does not apply to you or is unknown, please skip to the next question. Space is provided for you to comment on positive or negative experiences that may have happened to you.

The person you called for service (Dispatcher) Very Poor

Helpfulness of the person you called for ambulance service				
Concern shown by the person you called for ambulance service				
Extent to which you were told what to do until the ambulance arrived				
Comments (describe positive or neg	gative experien	ces):		

1515 Center St. Lansing, MI 48096 1-877-583-3100 service@EMSSurveyTeam.com www.EMSSurveyTeam.com

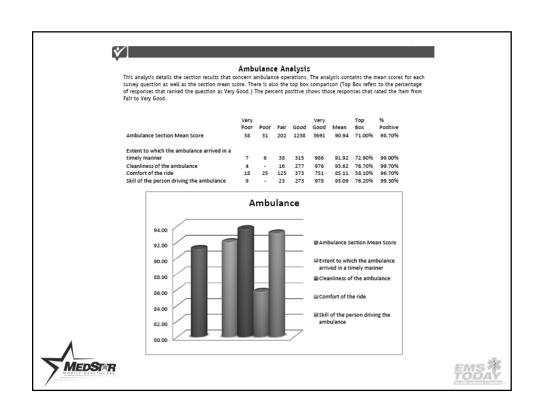






Very Good

Medics Very Poor Poor Fair Good Very Good with the ambulance Degree to which the medics took your problem seriously Degree to which the medics listened to you and/or your family Skill of the medics Extent to which medics included you in the treatment decisions (if applicable) Degree to which the medics medics when the medics included your pain or discomfort Medics' concern for your privacy Extent to which medics cared for you as a				ction		
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person						
Comments (describe positive or negative experiences):	person	<u></u>	. ,			
	Comments (describe positive or	negative exper	iences):			





Ambulance Analysis

This analysis details the section results that concern ambulance operations. The analysis contains the mean scores for each survey question. The first column shows the company score, the second column details the total Database score and the third column is the variance +/-.

and countries of the co	Your Score Total DB			
Extent to which the ambulance arrived in a timely manner	91.99	92.16	-0.16	
Cleanliness of the ambulance	93.78	93.78	0.00	
Comfort of the ride	85.21	87.00	-1.79	
Skill of the person driving the ambulance	93.73	92.93	0.80	

Dispatch Analysis

This analysis details the section results that concern dispatch operations. The analysis contains the mean scores for each survey question. The first column shows the company score, the second column details the total Database score and the third column is the variance +/-.

	Total		
	Your Score	DB	Variance
Helpfulness of the person you called for ambulance service	92.66	92.22	0.44
Concern shown by the person you called for ambulance service	92.27	92.21	0.06
Extent to which you were told what to do until the ambulance arrived	89.37	89.94	-0.57







Medic Analysis

This analysis details the section results that concern the medics' performance. The analysis contains the mean scores for each survey question. The first column shows the company score, the second column details the total Database score and the third column is the variance +/-.

Your Score Total DB Variance

Care shown by the medics who arrived with the ambulance	94.78	94.19	0.58
Degree to which the medics took your problem seriously	95.10	94.21	0.89
Degree to which the medics listened to you and/or your family	94.12	93.79	0.33
Skill of the medics	94.49	93.89	0.59
Extent to which the medics kept you informed about your treatment	92.74	92.13	0.61
Extent to which medics included you in the treatment decisions (if applicable)	91.29	91.72	-0.42
Degree to which the medics relieved your pain or discomfort	90.91	90.64	0.27
Medics' concern for your privacy	92.63	92.42	0.21
Extent to which medics cared for you as a person	94.10	93.75	0.35





Medstar Mobile Healthcare EMS Fort Worth, TX



Top Box Comparisons

The Top Box Analysis displays the number of responses for the entire survey by question and rating. The Top Box itself shows the percentage of "Very Good" responses, the highest rating, for each question. Next to the company rating is the entire EMS DB rating for those same questions.

	Very Poor	Poor	Fair	Good	Very Good	Company % Very Good	EMS DB % Very Good	
Overall Company Rating	40	36	102	752	3178	77.40%	74.40%	
Helpfulness of the person you called for ambulance service	1	-	1	36	138	78.40%	75.30%	
Concern shown by the person you called for ambulance service	1	1	1	32	135	79.40%	74.30%	
Extent to which you were told what to do until the ambulance								
arrived	3	1	2	38	120	73.20%	70.60%	
Extent to which the ambulance arrived in a timely manner	3	-	4	31	160	80.80%	72.40%	
Cleanliness of the ambulance	1	-	1	30	157	83.10%	76.30%	
Comfort of the ride	3	2	13	40	128	68.80%	61.80%	
Skill of the person driving the ambulance	2	-	4	35	146	78.10%	75.90%	
Care shown by the medics who arrived with the ambulance	1	3	3	26	154	82.40%	80.10%	
Degree to which the medics took your problem seriously	2	4	-	29	151	81.20%	80.50%	
Degree to which the medics listened to you and/or your family	2	1	3	29	150	81.10%	79.00%	
Skill of the medics	1	1	3	23	152	84.40%	79.50%	
Extent to which the medics kent you informed about your treatment		1	7	31	135	77.60%	74.50%	

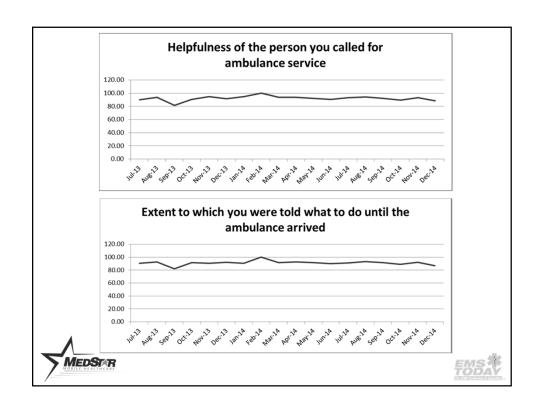


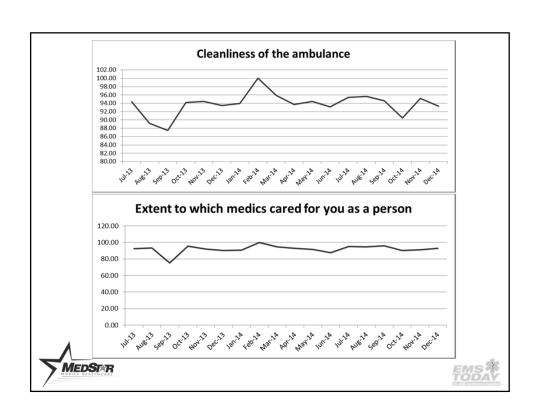


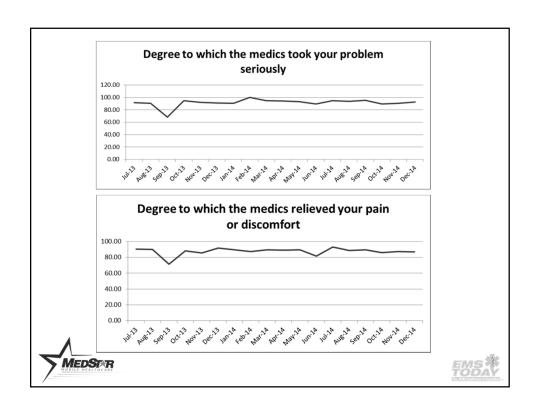
ID.format	Survey Date	Survey Code	Helpfulness of Dispatcher	Concern Shown by Dispatcher	Dispatcher told you what to do
1	3/24/2014	6511131203303	5		
1	3/24/2014	6511131210463	5	5	5
1	3/25/2014	6511131217351	4	4	3
1	3/25/2014	6511131226012	5		
1	3/25/2014	6511131206409	5	5	5
1	3/26/2014	6511140214183	5	5	5
	e arrived in	Cleanliness of the			of the person
	y manor 5	ambulance	Comfort of the	ride	driving
	5	5	2		5
	5	4	4		4
	5				
	5	5	4		5
	5				5
4					

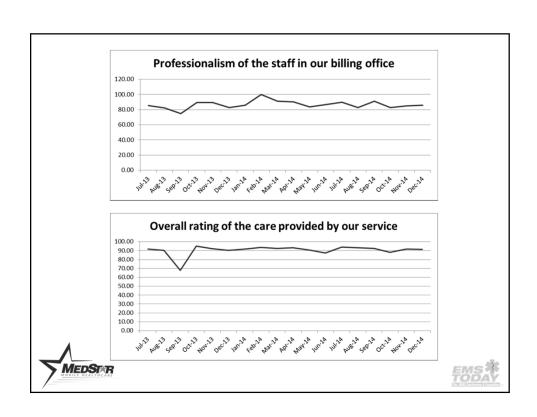
Care shown by Medics	Medics took problem seriously	Medics listened to you/family	Skill of the Medics	Medics kept you informed	Medics included you in decisions	
5	5	5	5	5	5	5
5	5	5	5	5	5	
5						
5	5	5	5	5		
5	5	5	5	5	5	5
Unit	Proc.Code	Crew1		Crew2		Payor
51	Emergency	Bowen Gregory		JENKINS YVE		2
65	Emergency	RICHMOND DANIEL		HANFORD MA	ARCIA	2
70	Emergency	ZZHARRIS RANDY J		ZZHARRIS RANDY J		403
26	Emergency	LASLEY ERIC		Bathory Kay	den	1
55	Emergency	SANCHEZ CHRISTOPHER		ELLIOTT JUSTIN		2816
36	Emergency	RAJA ATIF		WHITENER ED	WARD	2
39	Emergency	PARRAVICINI PABLO		Blanco Marcus		2
	Emergency	SANIEI STEPHEN		JEWELL ALISON		403
58		LASLEY ERIC		Bathory Kayden		5153











Moving the Needle...

- Create understanding the patient experience has on other aspects of care
 - The relationship between the patient experience and clinical outcomes
 - The relationship between the patient experience and patient engagement
 - The role of the patient experience in the agency's financial success







Five steps to becoming more consumer-friendly

Jaime Estupiñán, a partner on the health market team for Strategy& (formerly Booz & Co.), offers five things that health care executives should do right now.

Get a view of the consumers that your health system can serve — and what they value. A Medicare beneficiary with chronic conditions is different from a young mom who brings her kids in for an annual check-up. Don't wait until patients show up to decide what kind of experience will serve them. Figure out what they want and be prepared to deliver when they arrive.

Determine your consumer experience strategy and execute it. Some health systems want their patients to feel that they have received the best care money can buy. Others want patients to view the health system as a partner for life through the continuum of care. And others want patients to feel that they received no-frills care that did not waste their money.

- Identify how to track your progress. "Making sure you have measures in place measures of things that are dependent on consumer choice or that impact consumer experience is important," Estupiñán says.
- 4 Appoint a consumer champion. "Do you have somebody on point looking across the board to make sure that the consumer experience and the way you are thinking about the consumer is consistent across the different boundaries of your organization?" he asks.
- Allocate resources to support your consumer experience strategy. Evaluate each investment decision in terms of how it supports consumers.— LOLA BUTCHER



EMS X

http://www.hhnmag.com/magazine/2015/Feb2015.dhtml

Moving the Needle...

- Demonstrate leadership involvement in improving the patient experience
 - Continuously demonstrate, both visibly and verbally, that the patient experience is a top priority
 - Make weekly field rides
 - Monitor and share scores, celebrate success and encourage additional improvement
 - Support staff efforts to succeed (tools, training cheerleading)





Moving the Needle...

- Implement best practices
 - Post-call phone calls
 - Scripts, logs, other tools
 - Monitoring, feedback coaching on all tactics
 - Staff bonuses tied to scores







