Enhancing the Patient Experience through Shadow Coaching

April 2013
Dean Clinic

Dean is one of the largest integrated healthcare delivery systems in the country. Established in 1904 and headquartered in Madison, Wisconsin.
Dean Clinic

Dean provides:

• Medical and health services through a network of Dean or St. Mary's/Dean-owned clinics throughout southern Wisconsin. Health insurance services through Dean Health Plan.
• Ancillary health services within Dean Clinic locations.
• Clinical research and education, through Dean Foundation.
Dean Clinic

- A privately held, physician-owned and governed organization.
- Multi-specialty physician group practice
- 800 medical staff providing over 1.5 million ambulatory visits per year
- Network of more than 60 locations
- Physician shareholders play a key role in leadership and work with professional management to further our mission — to improve the health of our community.
MISSION
Dean Clinic is committed to improving the health of our community.

VISION
We, Dean Clinic, will provide unsurpassed quality and compassionate care to every patient, every time.
Background

Resources

• Sullivan Luallin Customer Service Consulting Firm

• Customer service best practices research

• Observed Dean Clinic Top Performers
Background
Background

2007

- CG CAHPS surveys used to measure patient satisfaction

- Organization seeking ways to improve patient satisfaction

- Physicians expressing interest in ways to increase individual scores
Background

Foundations to understanding patient satisfaction:

• Healthcare is a service industry – patients are customers

• Recognizing the importance of the patient’s perception of their health care interactions and experience

• Provider relationship is a key driver
Background

2008

• Leadership support
• Office of Medical Affairs communication to physicians
• Shareholder Incentive for participation
• All new **physicians** shadowed at 90 days and re-shadowed at 18 months
• Full day shadow for 1\textsuperscript{st} shadow experience
Background

2009

• Early wins with respected physicians
• Patient Satisfaction score included in corporate goals
• Shareholder incentive for participation continued
• All new physicians at 90 days and 18 months continued
• CG CAHPS results tracked and communicated to physicians, site chiefs and medical directors
Background

2010

- Patient Satisfaction score included in corporate goals
- Incentive for top box CG CAHPS scores
- CG CAHPS scores tracked and communicated, scores transparent
- Statistically significant increase in scores
- Advanced Practitioners added
- Started planning for frontline and patient care staff shadowing program
Background

2011

• Patient Satisfaction score included in corporate goals
• Incentive for top box CG CAHPS scores
• CG CAHPS scores tracked and communicated, scores transparent
• Physician and Advanced Practitioners shadowed
• Frontline and Patient Care staff shadow coaching program started January 2011
Background

2012

- Patient Satisfaction score included in corporate goals
- Incentive for top box CG CAHPS scores
- CG CAHPS scores tracked and communicated, scores transparent
- Physician and Advanced Practitioners shadowed
- Frontline and Patient Care staff shadow coaching program continued, workshops added
Program Development
Program Development

• Physician seminar
• Shadow coach training
  – Identified coaches
  – Medical Directors and Key Executives
• Medical Directors shadowed
• Highest scoring physicians shadowed for best practices
• Best practice list compiled
Program Development

Coach’s Training- Phase 1

• 8 Office of Medical Affairs Physicians
  • Chief Medical Officer
  • VP and Senior Medical Director
  • Medical Directors
• 5 Clinical Service Improvement Staff
Program Development

Lessons Learned – Phase I

- Medical Directors lacked capacity to coach on a regular basis
- Medical Director training necessary for success of program
- Non-Clinical staff focuses more on the service experience
- Shadow Staff need to be passionate about the patient experience
Program Development

Coach’s Training Phase  II

• 7 Non-clinical staff trained
• Anticipated shadowing 2 times per month
Program Development

Lessons Learned – Phase II

• Some staff not comfortable shadowing
• Some did not have capacity to meet required number of shadows
• Frequency of shadow impacts shadow skills
• Corporate re-alignment decreased available staff
• Repeat shadow performed by a different coach
Program Development

Current State
Service Excellence Department:
• Two Full Time Shadow Coaches
  – Non clinical staff
• Two Part Time Shadow Coaches
  – 1 or 2 shadows per month

Skills/Qualities:
• Customer Service and Process Improvement oriented
• Focus on the patient experience – through the eyes of the patient
The Shadow Coaching Process
Process

• Shadow coaching introduced during recruitment
• Reviewed at orientation
• Schedule date ~3 months post hire date or by request
• Book 2-3 months in advance
Process

• Shadow Coach travels to provider’s practice
• Roomer obtains permission from each patient for observer to be present in exam room
• Coach joins the visit and notes strengths and opportunities regarding their interactions
• Provider receives one-on-one feedback and practical communication techniques
• Written report provided to provider and Medical Director
Process

• Repeat shadow scheduled for new providers after 1 year
Process

Best Practices: Areas of Focus / Behaviors

• Visit opening
• Body of the Visit
  • Electronic Medical Record
  • Listening
  • Empathy
  • Engagement
  • Gestures of Respect
• Visit closure
Results

Average Improvement in Overall Provider Rating
Dec 2010

- Shadowed: 5.3%
- Non-Shadowed: 0.4%
Results

Dean Clinic Overall Provider Satisfaction

2012 Goal 79%

Q2 2010: 76.3%
Q3 2010: 76.4%
Q4 2010: 77.0%
Q1 2011: 77.6%
Q2 2011: 78.1%
Q3 2011: 78.5%
Q4 2011: 78.7%
Q1 2012: 78.7%
Q2 2012: 78.8%
Q3 2012: 79.0%
Q4 2012: 79.2%
**Common Barriers**

Flavor of the month

My patients are more difficult

The patients in my practice are sicker

I’ll just wait
And see what everyone else does
Lessons Learned

Preparing for shadows

- Start by observing highest scoring providers
- Schedule shadow on a ‘normal’ day
- Review patient satisfaction scores and patient feedback before shadow visit
- Plan for a whole day – anticipating for no shows and declines
Lessons Learned

Shadowing the provider

• Dress for comfort!
• Spend a few minutes getting to know the provider and staff
• Review schedule – excuse yourself from visits of patients you know
• Focus on the provider – not the patient
• If spoken to by patient make reply brief
• Know where the light switches are
Lessons Learned

Observations and Recommendations

• Reinforce positive behaviors
• Cite specific examples
• Recommend providers work on one recommendation until it fits comfortably into interactions, then move on to the next
• Keep a back-up of the scheduling tracking tool at all times
• Schedule follow-up shadow with different coach
Lessons Learned

Overall

• Consulting firm already well-respected by Executives, Physicians within Clinic
• Get Executive buy-in, then start slowly
• Compensation (Physician Incentive) helped grow program
Sustainability

• Leadership Support
• Trained in-house staff vs. outside consultant
• On-going review of the process and reports
• Continually monitor patient satisfaction scores
• Tweak checklists based on ambulatory or inpatient provider
• Offer additional articles & consultations when needed
• Develop program brochure
What Our Providers Say About Shadow Coaching....

• Nicely prepared summary with good “real world” advice.
• I appreciate all of your feedback and have been working on your suggestions.
• Thanks again for making the shadowing enjoyable and motivational.
• Thanks for the follow-up and practical tips.
• The feedback that you are giving in the summary report is excellent and very useful to any provider motivated to improve their patient satisfaction.
Questions
Contact us

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Patient Experience Conference 2013—Physician Track

April 17-19, 2013
The Fairmont Hotel
Dallas, Texas

Jointly sponsored by CME Enterprise and The Beryl Institute.
INTENDED AUDIENCE
This activity is designed for physicians and other members of the care team, both clinical and nonclinical, who play a role in impacting the experience of patients across the care continuum.

OVERVIEW
For years healthcare organizations have been focusing on performance improvement and the overall patient experience. Many healthcare organizations have policies and committees in place to help engage physicians in this area. This activity will continue to educate and encourage physicians on how to optimize the patient experience by teaching skills on communication, sharing knowledge and experiences on service delivery and the patient’s perspective, and demonstrating how coaching and simulation learning can help improve the patient experience.

OVERALL LEARNING OBJECTIVES
At the conclusion of this activity, participants should be able to:
1. Define the patient experience in terms of breadth and scope.
2. Recognize the role that ensuring a positive patient experience plays in providing a quality, safe, and service oriented encounter.
3. Demonstrate key behavioral and communication skills that can support better patient encounters.
4. Incorporate tools to improve the patient experience during their interaction with patients and throughout the care/healing process.
5. Identify key considerations that can impact the clinical and personal experience of physicians and their patients.

SESSION LEARNING OBJECTIVES
April 17, 2013
3:45PM-5:00PM
Developing The Burning Platform To Engage Your Physicians
Michael Oleksyk, MD, CMPE
At the conclusion of this session, participants should be able to:
- Create the Burning Platform: define, employ, and agree on behaviors and measures
- Formulate and communicate clear goals to achieve alignment
- Apply results and sustain accomplishments

April 18, 2013
10:15AM-11:30AM
Physicians Learning Together Through Video Simulation, Physician Observation, and Shared Techniques
Diane Rogers, BA, Ronald Cohen, MD, Robert Baron, MD, FACEP, FAAFP, Gretchen Dallman, BSN
At the conclusion of this session, participants should be able to:
- Describe the structure of video simulation sessions
- Identify the purpose of the video simulation and discussion learning strategies
- Explain how provider shadowing brings awareness to individual practice

12:30PM-1:45PM
Delivering World-Class Service: What Healthcare Can Learn From Hospitality
Bryan Williams, DM
At the conclusion of this session, participants should be able to:
- Apply the Universal Service Rules
- Examine the importance of working with a sense of purpose
- Illustrate how to enhance the customer’s experience by identifying service touchpoints and making deposits
- Define the four steps of service
Enhancing The Patient Experience Through Shadowing Coaching
Linda Sparks, MBA, Betty Schwarz, Heather Allen, BS
At the conclusion of this session, participants should be able to:
- Assess the importance of the patient’s perception of their health care interaction and experience
- Develop a program to build a sustainable shadow coaching program with minimal resources
- Identify lessons learned and pitfalls to avoid in growing a shadow coaching program

Widening The Focus: Applying Lessons From Patient Centered Care To The Healthcare System Itself
Kathy Torpie, MS
At the conclusion of this session, participants should be able to:
- Summarize the role the clinician/patient relationship plays in creating a quality patient experience
- Describe how applying interpersonal and communication knowledge and skills can maximize the benefits of the clinician/patient relationship
- Explain how applying interpersonal and communication knowledge and skills to relationships throughout the healthcare system can improve the healthcare experience for clinicians and management as well as for patients while delivering clinical, financial, and personal benefits

ACCREDITATION STATEMENT
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of CME Enterprise and The Beryl Institute. CME Enterprise is accredited by the ACCME to provide continuing medical education for physicians.

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DISCLAIMER
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HOW DO I RECEIVE MY CREDIT?
Complete the evaluation form for each session you attend and hand it to a staff member as you exit. Your CME certificate will be e-mailed directly to you.

FACULTY
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- Ronald Cohen, MD, Physician/Department Chair, Emergency Services, Banner Desert Medical Center - Progressive Medical Associates
- Gretchen Dallman, BSN, Senior Nurse Manager, Banner Good Samaritan Emergency Department
- Michael Oleksyk, MD, CMPE, Vice President of Medical Affairs, CMO, Baptist Health Care
- Diane Rogers, BA, Founder, Principal Consultant, Contagious Change, LLC
- Linda Sparks, MBA, Manager, Patient Relations, Dean Clinic
- Betty Schwarz, Service Excellence Specialist, Dean Clinic
- Kathy Torpie, MS, Psychologist, Author, and Long Term Multi-Trauma Patient
- Bryan Williams, DM, Service Consultant, Trainer, and Author
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PLANNERS
- Lori Gordon, the Conference Manager for the Beryl Institute and President of Ideal Events
- Stacy Palmer, Vice President, Strategy and Member Experience, The Beryl Institute
- Michael Oleksyk, MD, CMPE, Vice President of Medical Affairs, CMO, Baptist Health Care
- Sheila Robertson, MPH, Director, CME Enterprise

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- Gretchen Dallman, BSN
- Lori Gordon
- Robert Hasty, DO, FACOI
- Stacy Palmer
- Sheila Robertson, MPH
- Diane Rogers, BA
- Linda Sparks, MBA
- Betty Schwarz
- Kathy Torpie, MS
- Bryan Williams, DM

The following individuals have disclosed that they and/or their spouse/partner has had a financial relationship in the past 12 months:
- Michael Oleksyk, MD, CMPE has disclosed that he is on the Speakers Bureau for Baptist Leadership Group

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