IMPROVING THE HOSPITAL PATIENT EXPERIENCE THROUGH SERVICE DESIGN

Diane Klein and Allison Matthews
Mayo Clinic Center for Innovation
“Problems cannot be solved by the same level of thinking that created them.”

—Albert Einstein
WELCOME TO THE SYSTEM!

- Wait, can you pay?

OK, I've got 6 minutes.

90 DAYS PAST DUE!

MED BILLS $33
THE PROBLEM IS NOT

INNOVATION IN THE SCIENCE...
The problem is not innovation in the science...

It's the lack of innovation in care delivery.

And it all comes down to money.
CENTER FOR INNOVATION
Transform the delivery and experience of health care.

Declare a focus... and a mission.
Think BIG Move FAST

START SMALL
SCANNING AND FRAMING
RESEARCHING AND EXPERIMENTING
SYNTHESIZING
PROTOTYPING
IMPLEMENTING
VELOCITY

ITERATION

IMPACT

THE INDICATORS OF SUCCESS WILL LOOK DIFFERENT.
cfi project:
SMART SPACE
cfi project:
OB NEST
cfa project:
VIDEO VISITS
CFI was asked by hospital leadership to provide insight into the patient perspective on the hospital experience.

The foundation of CFI’s design process is to understand the behavior, motivations, and needs of users (patients & staff), including those needs that are unspoken or latent.
OBSERVATIONS INCLUDE
Patient & Nurse Observations
Waiting areas, pharmacies, patient cafeterias
Dom4d, Dom5d, Jo-3G, Ei 6-4, Ei 8-2 & 9-2, Ei 10-2, AM Admit Ei 2-4, Mary Brigh

Consultant Rounds
Family Medicine, Cardiology, Orthopedics

Trailing Other Care Team Members
Physical therapy, occupational therapy, PCAs

COMMITTEES & GROUPS INCLUDE
Hospital Core Team Group Meetings
Bridget Avikainen, RST Operations Admin
Lori Cornelius, Nursing Admin Specialist
Tiffany Horton, Patient Experience Coordinator
Dawn Hucke, Patient Experience Manager
Kristine Johnson, Nursing Administrator Kim
Gina Kesselring, PA
Christopher McCoy, MD
Tia Meyer, Operations Manager
Kimberly Pollock, Nursing Administrator
Melanie Richards, MD
Amy Williams, MD

HCAHPS Forums
Hospital Environment (10/14/13), Care Transitions (11/11/13), Discharge (12/9/13)

Coordinating Council Meeting with Dom 5d Nurses (1/21/14)

Mayo Clinic Service Coalition
Twice monthly

HALT (2/19/14)

Hospital Patient Subcommittee (4/21/14)

Town Hall Meetings (June 2014)

GENERAL DISCUSSIONS & INTERVIEWS INCLUDE
Nurse Manager Perspectives
Kimberly Poe Dom4D, Lisa Bungum Ei 6-4, Sarah Poole Ei 2-4, Sherry Tovohey Mary Brigh, Lori Larson Dom5D, Dale Clark Ei 8-2, Patti Beiber Ei 9-2

Lynn Neitzke, CVRN, Dom4d
MD liaison, patient experience

Susan Mahanna, CNS, Ei 10-2
Discharge planning

Chenoa Donoghue, RN, Dom5d
Caregiver experiment, patient experience

Tia Meyer, Operations Manager
Avatar comments

Kathy Schwab, Compliance Coordinator
Nursing & the patient experience

Matthew Moore, Service Designer
Discharge planning

Linda Balgeman, SPV of Concierge
Concierge services & patient experience

Kristine Johnson, Nursing Administrator & Tia Meyer, Operations Manager
HCAHPS improvements activities

Heidi Mestad, Destination Medicine
Community Manager
Destination medical center

Andria Booth-Kowalczyk, NP
The role of mid-level providers

Ellen Case, Social Worker
Social work and the patient experience

Betsy Richter-Gifford, RN, Dom5D
Whiteboard experiment

Maureen O’Brien Pott, Marketing Mgr
Patient experience

Victor Montori, MD, Patient engagement

Dawn Hucke, Patient Experience MGR
Patient experience

Amy Zwygart, Vice Chair Nursing, Kris Johnson, Nursing Administrator, Ruth Larsen, Nursing Administrator
Unit collaboration

Dennis Manning, MD
Scheduling discharge

Heidi McLeod, Researcher
Respect and the patient experience

Dale Clarke, Nurse Manager Ei 8-2 & Patti Beiber, Nurse Manager Ei 9-2
Check-ins about patient experience and experiments

Christine Hindt, AUX/Volunteers Coord.
Volunteer Services

David Rosenman, MD
A hospitalist’s point of view

Lisa Thoe, Nurse Manager & Julie Neumann, Nurse Supervisor
Cleveland Clinic patient experience conference

Farris Timimi, MD
Dabo experience

Jacob Strand, MD, & Lori Ingalls, Operations
Palliative care

Richard Rho, MD, Margo Melanson-Arnold, Nurse Supervisor, & Lori Ingalls, Operations
Pain consult service

April Bursiek, Nurse Manager Ei 5-4
Unit collaboration

Stephanie Wentz, Librarian, Methodist
Amenities experiment

Susan Pronk, AUX/Volunteers Coord.
Amenities experiment

Mary Skifton, Admin Assistant
Amenities experiment

Bridget Avikainen, Operations Admin
Amenities experiment

Brian Case, NP
Pain consult service
One Place, Two Cultures

Patient Experience

Hospital

Patient
The moment when a person concedes control and takes on the primary identity of "patient". This transformative moment is different for everyone but can be associated with check-in, changing into a hospital gown, receiving an IV, or climbing into bed.
Patients want to understand the schedule of events that make up their hospital stay. Information about timing and how their care is being handled is important for minimizing anxiety and arranging visits from family or friends who are essential for support.
Each specialty service in the hospital has a different approach to understanding and solving patient concerns. Though there are many valid perspectives, patients are often left with the overwhelming task of making meaning from disjointed information.
From the staff perspective, discharge is a tedious process that requires multiple signatures, sign-offs, and information gathering. For patients, this can be a time of excitement or anxiety about what recovery will entail. Just as important as the first impression, the last impression is something the patient carries with them as they are sent back into the real world.
Patient-Facing Interactions

Includes all of the core exchanges that happen directly with or in the presence of patients. These interactions frequently take place at the bedside and can be considered foundational to the patient experience. Examples of patient-facing communication strategies:

1. Anticipating Communication Needs
2. Patient-Centered Communication
3. Schedule for the Day
Behind-the-Scenes

The behind-the-scenes perspective includes the day-to-day interactions of staff that make up the structure and schedule of a patient's stay. Though patients are not directly involved in these activities, they are affected by various characteristics of the staff environment. Strategies for improving communication behind-the-scenes include:

4. Access to Resources
5. Seamless Information Sharing
Leadership & Culture

The third perspective comes from the broader cultural beliefs and priorities of the institution. These norms are created and strengthened by leadership. An opportunity we’ve identified to improve communication at this level is:

6. Expanding and Sharing Digital Content
“They might have said it... but I couldn’t hear them” - Patient

“Maybe we are having the conversations but they aren’t being absorbed because patients have so many other things their minds.” - RN

Next Steps
TRANSFORMING THE PATIENT EXPERIENCE

There is no one right way to approach improving the patient experience. Initiatives that can improve the patient experience challenge traditional medical culture and are therefore challenging to implement successfully. Use this tool to work through the implications of a decision around patient experience and understand the change management activities that will be required to happen in conjunction.

INITIATIVE

DESCRIBE THE THING YOU WOULD LIKE TO DO.

PROBLEM

DEFINE THE PROBLEM THIS INITIATIVE WILL SOLVE.

WHY THIS?

EXPLAIN WHAT YOU ARE TRYING TO ACCOMPLISH WITH THIS INITIATIVE.

ASSUMPTIONS

WHAT ASSUMPTIONS ARE YOU MAKING AROUND THIS INITIATIVE (INCLUDING ABOUT THE PATIENTS, STAFF, SYSTEM)?

EFFORT

WHAT LEVEL OF EFFORT WILL IT TAKE TO JUST GO AHEAD WITH THE INITIATIVE?

GAIN

WHAT WILL YOU HAVE GAINED BY GOING AHEAD WITH THE INITIATIVE?

RISK

WHAT WILL YOU HAVE RISKED BY GOING AHEAD WITH THE INITIATIVE? WHAT ARE THE OPPORTUNITY COSTS?

MITIGATION

WHAT CHANGE MANAGEMENT ELEMENTS NEED TO BE IN PLACE TO MITIGATE THE ABOVE RISKS?
**GOALS:**

Help Providers and Allied Staff to think holistically about the needs and drivers of different stakeholders and express their knowledge in a format that is useful for design.

Shift the conversation to one that leaves designs open ended with clear goals to allow for various solutions.

Expose both what we know and what we don’t know about different stakeholders.
EMPATHY MAP
FOR WHAT PRACTICE / ACTIVITY: INTERNAL MEDICINE
FOR WHAT TYPE OF PERSON: PATIENT AT DISCHARGE
CREATED BY (name): DIANE / ALLISON
DATE: 4/9/2015
UNCERTAINTY, NOT READY, CONFUSED ABOUT THE PROCESS, NOT HEALTHY, EXCITED TO LEAVE, WAITING EAGERLY, WORRIED ABOUT WHAT IT WILL BE LIKE AT HOME

THINKING AND FEELING
what emotions might they have?
what are their hopes, dreams, fears?

HEARING
what influences them?

SEEING
what does their environment look like?

SAYING AND DOING
what actions do they take?
what are they asking for?
UNCERTAINTY, NOT READY, CONFUSED ABOUT THE PROCESS, NOT HEALTHY, EXCITED TO LEAVE, WAITING EAGERLY, WORRIED ABOUT WHAT IT WILL BE LIKE AT HOME

THINKING AND FEELING
what emotions might they have? what are their hopes, dreams, fears?

SEEING
what does their environment look like?

HEARING
what influences them?

SAYING AND DOING
what actions do they take? what are they asking for?

DOCTOR SAYS "YOU'RE GOING HOME"
DISCHARGE INSTRUCTIONS
LOTS OF RX
REHAB INSTRUCTION
UPCOMING APPOINTMENTS
ADVISE FROM FRIENDS AND LOVED ONES
UNCERTAINTY, NOT READY, CONFUSED ABOUT THE PROCESS, NOT HEALTHY, EXCITED TO LEAVE, WAITING EAGERLY, WORRIED ABOUT WHAT IT WILL BE LIKE AT HOME

HOSPITAL ROOM
CLOTHES BEING SET OUT
GETTING READY TO PULL IV
BRINGING IN SUPPLIES
PACKING UP BAGS
A LOT OF FINAL CHECKS BY STAFF

DOCTOR SAYS "YOU'RE GOING HOME"
DISCHARGE INSTRUCTIONS
LOTS OF RX
REHAB INSTRUCTION
UPCOMING APPOINTMENTS
ADVISE FROM FRIENDS AND LOVED ONES

THINKING AND FEELING
what emotions might they have?
what are their hopes, dreams, fears?

SEEING
what does their environment look like?

HEARING
what influences them?

SAYING AND DOING
what actions do they take?
what are they asking for?
Uncertainty, not ready, confused about the process, not healthy, excited to leave, waiting eagerly, worried about what it will be like at home

Doctor says "you're going home"
Discharge instructions
Lots of RX
Rehab instruction
Upcoming appointments
Advise from friends and loved ones

Hospital room
Clothes being set out
Getting ready to pull IV
Bringing in supplies
Packing up bags
A lot of final checks by staff

Getting dressed, waiting, trying to learn/process information

Specifics and timing
PAINS
what obstacles or challenges do they face?

GAINS
what do they hope to achieve how will they measure success?

LOTS OF INFORMATION
UNKNOWN SCHEDULE
CONFLICTING INFORMATION
NOT KNOWING WHERE THEY ARE GOING
<table>
<thead>
<tr>
<th>PAINS</th>
<th>GAINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>what obstacles or challenges do they face?</td>
<td>what do they hope to achieve how will they measure success?</td>
</tr>
<tr>
<td>LOTS OF INFORMATION</td>
<td>HEALTH</td>
</tr>
<tr>
<td>UNKNOWN SCHEDULE</td>
<td>GETTING BACK TO NORMAL</td>
</tr>
<tr>
<td>CONFLICTING INFORMATION</td>
<td>GETTING HOME</td>
</tr>
<tr>
<td>NOT KNOWING WHERE THEY ARE GOING</td>
<td></td>
</tr>
</tbody>
</table>