INTEGRATING PATIENT EXPERIENCE INTO EVERY ACTION
BANNER HEALTH, PHOENIX, AZ
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SETTING THE CONTEXT – A CORE COMMITMENT TO PATIENT EXPERIENCE

My February On the Road took me to Phoenix, Arizona on a crisp, sunny winter day in the Southwest. My visit was to Banner Health and their flagship hospital Banner Good Samaritan Medical Center. My host, Kelli Shepard, Director of Service Excellence/Patient Relations at Good Samaritan prepared a full day in which a powerful corporate culture was evident, unique programs were revealed and a passion for practice was shared.

Banner Health represents a strong example of a closely connected system seen both in their policy and practice. While Banner facilities are spread across a large geographic area of the Western United States, they have created great alignment on a core strategy and operating philosophy.

This high level commitment to the patient experience was reinforced by the vision of Banner Health itself – to be a national leader recognized for clinical excellence and innovation, preferred for a highly coordinated patient experience, and distinguished by the quality of our people. What I found to be significant in this statement was that along with a commitment to clinical excellence, there was a clearly stated focus on patient experience and recognition of the importance of the people who deliver or support the delivery of care. As I discovered these were not merely nice words in a statement, they represented a way of being that was evident throughout my encounters with members of the Banner team.

I started my visit with Ed Oxford, Senior Vice President and Chief Talent Officer, who also serves as the Senior Executive Champion for Patient Experience in the system. Ed shared that patient experience is one of the central strategies at Banner Health and that there is intentional focus on ensuring service excellence reaches well beyond the acute setting, across all functions to encompass the true continuum of care. This was a powerful example of The Beryl Institute’s own definition of patient experience – the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care – in use. Ed offered that a key to success was ensuring the consistent execution of this commitment in every encounter at every time. “The secret sauce,” he added, “is having the right people.”

With this Ed reinforced that while having the right people was fundamental, you need to ensure they understand their responsibilities and commitments. With the unique nature of each Banner Health location, they are not given the same exact tactics to follow, but instead are provided common tools and resources to consider so they can build plans that meet the specific needs of each facility. Ed offered, “Our key measurable is execution (the results that are generated) and the differentiator we believe we can create is on service itself.” Creating a culture that can respond to and embrace the changing environment of healthcare and then harness that energy to execute effectively is important to service effectiveness and success.

The effort has been supported from the start by having patient experience be part of the common vernacular of leadership at all levels. It is not just a business model, but also an expectation for action. This expectation is supported by an infrastructure that allows for the sharing of ideas and alignment of efforts. With Ed as Executive Champion, a new Vice President of Service Excellence is coming on board to spearhead a team of Service Excellence Directors, with one residing in each Banner facility.

From a structural perspective, Kelli Shepard shared, “Patient experience at Banner Health is not just service excellence, but rather it permeates all that is done every day”. In fact every system-wide discipline team has a patient experience/service excellence leader who participates to share insights, provide ideas and ensure an experience perspective in every effort. This engagement is reinforced through new employee and new leader orientation processes as well.
I receive many questions about how healthcare organizations structure their experience efforts, so it is important here to show the rigor and commitment it takes to effectively integrate experience efforts. With an unwavering vision to accountable and measured action, a structured team with senior leadership support and key role players across the organization, the team at Banner Health provides a great example of what it takes to make a comprehensive experience effort work.

A UNIQUE FOCUS – THE PATIENT RELATIONS PROJECT

As part of my visit I was exposed to a unique effort, being spearheaded by Stela Record, Service Excellence Director from Banner Del E Webb Medical Center. The effort, dubbed “the patient relations project” was an example of Banner innovation at work to reframe patient relations efforts in addressing the broader patient experience. The problem at hand was an issue around the formal grievance process and the realization that grievances were often more related to service issues than quality or safety. The existing process required formal hearings in compliance with policy, but often the issues raised could have been resolved with more effective service interventions from the start. This “ah-ha” moment for Stela led to a repurposing of the overall process and shifting from a reactive patient relations effort to a proactive patient experience and service effort.

The opportunity to address service opportunities was seemingly moving farther from the bedside. So the question was raised, “how can we ensure we are hearing the needs of our patients AND empowering our people to act with intention at the point of service”. Stela set to work with the appropriate members of the Banner team to begin a thorough review of policy to determine how it could be repositioned to best meet patients needs. The challenge was that the grievance process could often take weeks if not months to resolve, which ended up leading to even more negative experiences for patients and their families.

Through the review process they discovered a means to address service opportunities at three distinct levels. The first level was feedback. These are items someone can respond to directly either at the bedside or within the period of a stay. They might include anything from a comment on the size of a bathroom to hangers in the closet. The second level was a complaint. These items are where a patient or family member voice dissatisfaction that has the potential to be handled right at the point of service. This extends to items that may be expressed soon after discharge, but could have been addressed if known while the patient was still admitted. Only then came the formal grievance process that would require written responses and full documentation. Prior to making these three distinctions, the service response was blending these situations together causing the potential for dissatisfaction all around.

With this new delineation, a repeatable and measurable process was clearly outlined for all to follow. The first step is usually a call to patient relations who in turn contacts the leadership of the area in which the service issue was identified. The leader then immediately addresses the issue as soon as possible at the point of service. The team immediately realized the unintended consequence of strengthening the relationship between the patient experience team (service excellence and patient relations) and clinical leadership. What was once a potentially adversarial situation between those individuals was now a collaborative effort to meet the patient and family’s service need. It was also discovered that in some cases people were found to be more satisfied when they had an issue that was resolved, than if they had no problem at all.

A key to success in rewiring this process came in focusing on the collaborative nature of the effort from the perspective of service, versus creating an “us” versus “them” situation. In pushing the accountability to the bedside and to unit leaders there was a shift from blaming to engaging. The result was all members of the team focusing on the resolution of the issue.

The transition was not simply a shift in policy, but was a reinforced change in behavior as well. All staff members went through a mandatory training to ensure leaders and team members were aware of the process. This reinforces the context I saw at play at Banner where efforts were not simply about policy; they were about the behavior and culture.

The results were almost immediately noticeable and very positive. Interestingly enough actual registered complaints were up, not due to more service problems, but more to the fact that there was a clear intention to listen and respond. Patients and families were encouraged to engage in providing feedback and complaints and resolutions came quickly and easily. It was a proactive means to engage patients and families in their needs. As significant was the reduction in the most serious grievances. While the first half of 2011 saw almost 46 reported, from August 2011 when the plan was fully implemented until today, no issues have reached grievance level. In essence the plan created the opportunity for patients to provide real time input, leaders to address issues at the point of care, and the overall service experience to improve. Stela was modest in saying, “I know I’ve been successful if I never hear the same compliant from the same unit again.” In fact her success was that she saw a simple opportunity to expand the impact of service across the organization that had both immediate and lasting effects. Stela shared, “As we have perfected the process and continue to improve on experience, we now have more time to be proactive in meeting patient needs.” This process exemplifies the focus on innovation and quality of people central to Banner Health’s efforts.
LEADING FROM THE FRONT AT BANNER GOOD SAMARITAN

The impact of this effort was exemplified in the time I was able to share with a cadre of Nurse Leaders from Banner Good Samaritan including: Kim Despres, Director, Progressive Care Units; Angela Hemmen, Senior Manager, Progressive Care Unit; Ursula Sobas-Gonzalez, Director, Medical/Surgical Units; and Veronica Carmack-Gasper, Senior Manager, Medical/Surgical Unit. They shared the collective effort underway to engage everyone in owning the patient experience and how staff now has the ability to act with greater ownership at the point of service. Ursula offered, “We now have the ability to resolve things at the bedside, at the point of service. This makes us feel good about what we are doing because we have helped them resolve their issues and it has become more of a team effort overall.”

They shared how the effort to address patient experience starts at the top, but it is incumbent on all leaders such as themselves to reinforce every day. They discussed that there was no tolerance for those who are not engaged and that as leaders they feel empowered to not only help people change for the better, but also to hold them accountable for the commitments they make. Veronica added, “We now have the support to ensure we can get the right people in the right places and we have the education available to provide employees the tools to be strong in every patient encounter.” While the group acknowledged they were implementing similar tactics that you would probably find across healthcare organizations, such as rounding, discharge calls, no passing zones, etc., they reinforced that it was the tone in the facility, that if patient experience and positive outcomes were not at the forefront of your mind and evident in your practice, you would stand out. Again this suggests a return to the vision of the overall system in focusing on outcomes and experience, driven by the best people.

This focus on the core vision was no more evident than in my conversation with Larry Volkmar, Chief Executive Officer of Banner Good Samaritan. Larry suggested the key to driving outcomes is to get accountability to the people, share the results they are achieving, and creating a non-punitive environment where you create a “we” mentality as your frame of reference. He was also very careful to stress that this is not a quick fix. Addressing the issue of experience is about culture change. It is about engaging your team and shifting their mentality in the direction you wish to go.

Larry acknowledged that shared accountability is key. “If we can help people see they all have a responsibility to our overall outcomes and then reinforce their behaviors in support of this, we have laid out a path to success.” He was also quick to add this is not something you just do once, but rather it must be an ongoing effort of leadership at all levels. In fact Larry shared in building this expectation of accountability he shared his own performance appraisal with his entire team. He wanted them to see what he was accountable for and how he was performing and also wanted to help them see how their efforts aligned to all they were trying to achieve together. He added, “you can reinforce your efforts, by getting the right information in front of people.”

The bottom line Larry offered is “it all comes down to selecting the right people, I can always teach them the skills they need to do the job.” (A common theme from when I was first exposed to Banner’s vision). He said that during his presentation at employee orientation he shares with new team members that while they may have come to Good Samaritan as a nurse or a doctor, as a lab tech or a housekeeper, as an accountant or a volunteer, there are only two kinds of employees: (1) those who care for patients and (2) those who provide support to those who care for patients. Larry said, “That is what will lead to the right outcomes; that is what will lead to a great clinical experience; that is what will lead to a great patient experience”.

Pictured L to R: Kim Despres, Veronica Carmack-Gasper, Ursula Sobas-Gonzalez, Angela Hemmen, Kelli Shepard, Good Samaritan Medical Center

Larry Volkmar
As I was wrapping up my visit I came back to a point Kelli Shepard shared with me about an important shift in perspective they took at Good Samaritan that I think would serve all of us in healthcare well. She posed the simple question, “Whose room is it anyway?” She proceeded to share how we in healthcare all too often see our facility from the perspective of “our” rooms or “our” beds. In fact she challenged that if we are truly committed to a service experience we need to reframe our thinking that they instead are our patient’s beds. Do we treat them as we would guests in our own home...in how we engage with them, how we enter their space or care for it, in how we ensure they have what they need or ask them if there is anything we can do? In the end it may be this simple, but profound shift that represents the efforts I was exposed to at Banner. Yes, we must focus on clinical excellence, our intention should be to provide unparalleled service, and we should always strive to have the best people, but perhaps it is the idea of innovation, simple innovation, where we shift our mindset just so from “ours” to “theirs” that can in many ways exemplify our overall intentions to create the most positive of patient experiences we can.

From what I see, Banner Health and the team at Good Samaritan are working hard to turn these small shifts into very big wins.

My greatest of appreciation to Kelli Shepard for organizing my visit and to the commitment exemplified by the corporate, facility and clinical leaders with whom I spent time. Seeing an alignment across levels of an organization is inspiring and a great lesson to take away. Interestingly enough, everyone I spoke with was also quick to say they still had a ways to go. Patient experience success is in no way a destination, but rather an ongoing adventure. Thanks to the team at Banner Health for sharing theirs.

For more information on The Banner Health Patient Experience effort, contact:

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