The Cleveland Clinic Experience

Patient Experience Summit
La Crosse, Wisconsin

James Merlino, MD
Chief Experience Officer
Mr. Jones
Our Culture
• Care for the sick
• Investigate their problems
• Educate those who serve
To act as a unit....
Feb 28, 1921
Cleveland Clinic

- Integrated Health System
  - Main campus – 1200 beds
  - 10 regional hospitals
  - 18 Family Health Centers
  - Florida, Canada, Las Vegas, Abu Dhabi, and Egypt
- Revenue – $6 Billion
- 42,000 Employees
85 Year Model

• Group Practice
  - Doctor ownership
  - Physician Leadership
• Non-profit – No incentives / No Bonus
• Employed physicians
  - One year contracts
• Innovation / Volume
• Clinical Excellence
• New Leadership

• What was the key to our success, would not be the key to our future.....
“Patients First....”
“Providing the highest quality patient experience is a primary goal of the Cleveland Clinic Organization.”

-Delos “Toby” Cosgrove, MD, CEO
Why is this important

• Right thing to do
• The way we would want to be treated
  - Patient centered care
  - Family centered care
• Patient’s want it – their “Quality”
• Who we are as an enterprise
• Government
Harvard
Our Risk

# 4 USNWR.....

......10\textsuperscript{th} percentile CMS

Patients came for expertise – didn’t like us
Experience ?
My patient....

• Avg risk Rectal Cancer – 5 day LOS
  - 8 Staff Physicians
  - 18 Departments
  - 60 nurses (RNs)
  - Residents / Fellows
    - RPN / PA / Housekeepers / Meal / PSRs / Nutritionists / Phlebotomists / Physical Therapists / Radiology techs / Front desk / Service Navigators / Financial Counselors

• What about the family?
The “360”

Before

During

After

Manage the 360 Continuum
Patient Experience Journey

Culture of Service

Process
People
Patients

Pre-entrance Perception
Pre-patient Entrance
Patient Experience
Post Experience
Strategic Plan

- Improve Patient Experience
- Leverage culture change
- Advance service and service recovery
- Develop consistent PE presence
- Advance holistic healing opportunities
- Engage patients
- Become the industry leader
- Advance research
Goal:

Improve Enterprise Patient Experience Metrics (Process)
Improve Patient Experience

- Focus: HCAHPS (PE brand)
- Communication and Education
- Full transparency
- Key stake holder partners
  - Staff / Com. Docs / Nurses / Others
- Service Excellence training
- HCAHPS Domain focused teams
Improve Patient Experience
Domain Focused Teams

- Reputation
- Doctor Communication
- Environment
- Nurse Communication
- Responsiveness
- Pain Management
- Medication Communication
- Discharge
Improve Patient Experience
Domain Focused Teams

- Clinical project manager
- Consolidated efforts
- Best practice driven
- Metrics
  - Process metric
  - Outcome metric
Environment
Quiet at Night

HUSH
Help Us Support Healing
...for the health and healing of our patients.
Elements of the Protocol

- HUSH Champions
- Patient expectations flier
- HUSH Posters
- Announcement at 9:00pm
- Doors closed as appropriate
- Hallway lights dimmed
- Staff are counseled about noise
- Floor auditing
Responsiveness
Nurse Communication

- Emphasis on Hourly Rounding
- Front line staff education & input
- Metrics
  - Process
  - Outcome
- Manager accountability
  - Audits
Did a Nurse Visit Every 2 Hrs

- Always: 48%
- Usually: 35%
- Sometimes: 13%
- Never: 4%

Response categories: Always, Usually, Sometimes, Never.
'Always' Rounded

Nurse Always Visited Q2 Hrs

- Rate Hosp
- Rec Hosp
- Nurse Comm
- Respnsr
- Pain
- Med
- DC
‘Usually’ Rounded

Nurse Usually Visited Q2 Hrs
‘Never’ Rounded

Nurse Never Visited Q2 Hrs
Top 20 Units: Nurse Rounds
Every 2 Hours

Survey
Audit

% Always

July 2010 – January 2011
N size limited to ≥ 60 returned surveys per unit
Nursing Plan

- Orientation and on-boarding
- Nursing HCAHPS education brochure
- Service excellence training
- Standardize unit reporting
- Regular manager meetings
- Process auditing and feedback
- Unit mystery shopping
Doctor Communication

- Physician leadership
- Score transparency
- Complaint transparency
- Verbatim analytics
- Task force
  - How do we “teach” improvement?
- Communication Champions
  - Peer physician coaches
- Communication “guide”
- House staff
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DDI Physicians
Doctor communication vs. Hospital rating

Good doctor
Bad hospital rating

Low Communication
Low Rating

Poor Doctor
Communication
High Hospital Rating

'n' of DDI Physicians with > 5 '09 surveys returned = 56
Verbatim Analysis

- Dr Access: 25%
- Compassion / Respect: 12%
- Listening: 10%
- Others: 4%
- Explain / Interns: 19%
- Residents: 5%
- Coordination: 25%
"The Clinic is too big! Dr. skill is excellent, but they don’t communicate between themselves. Each Dr. tells me a different thing. There is no one Dr. in charge to review orders from all of the other Dr.’s. You must develop a method of ‘Dr. in charge.’"

Respect: Usually
Listen: Usually
Explain: Usually

"This team runs like a well oiled machine. Communication between staff members is key and was demonstrated positively every day. I couldn’t have been more satisfied w/ my stay or care. CC is my recommendation to anyone in need of the best medical care. Thank you."

Respect: Always
Listen: Always
Explain: Always
Goal:

Leverage Culture Change (People)
Enterprise Goals

- Patient Safety Indicators
- Readmission Rates
- Core Measures
- HCAHPS
- Hospital Acquired Infections
- Engagement Scores

Safety

Patient Experience

Quality

Employee Experience (Culture)
Can a Culture be Changed?
Current State
Culture

Patients

Doctors
Caregivers

Employees
Nurses
Patients First….

• Safety
• Quality
• Patient experience
• Value
“Our” Initiative

- We are culture centric
- Designed by us!
- Focus groups across the organization
- Consultants
- How to sustain?
Path to Culture Change

- Communication is critical
- Message must be razor focused
- Managers / leaders are foundation
- Talent Management Lifecycle
- No one excluded
- Zero Tolerance
“Cleveland Clinic Experience”
Cleveland Clinic Experience

Learning Map

“Owners”
Role of the Leader
Reinforce Serving Leader
Teach Engagement
Accountability
Recognize, Sustain, Celebrate

Why we are all “Caregivers”

Staff
Managers
Everyone else

All Caregivers

THE EXPERIENCE
Process Flows

Staff

Employees

Managers

Leading the Way

Exploring the Cleveland Clinic (Learning Map)

Coaching for Outstanding Performance
• Mission, Vision, and Values
• Desired service behaviors
• Service recovery (HEART)
• Serving Leader
• Link us to our values
Why a Learning Map

- Visual representation of ideas
- Tool to drive content
- How We Learn (Interactive)

- 10% of what they read
- 50% of what they see
- 90% Hands-on / Interact / Discuss
In Regards to the Experience...

...Where are you right now?

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Cleveland Clinic Experience
By the numbers....

- 41,000 Completed
- Las Vegas, Weston, Toronto
- CCAD / SKMC
- 174,000 Employee hours
- 28,000 manager hours
- 92% average satisfaction metric
Sustainability

Hospital wide Leadership Rounding
Patient Partnerships
Engagement / Accountability
Processes
Manager Competency
New Employee Orientation

Constant Reinforcement

Cleveland Clinic Experience
Goal:

Engage Patients (People)
Hospitals

Decreasing Reimbursement

Increasing Regulation

Patient Expectations
Patient’s role ?
Listening to the Patient’s needs

- Complementary services for patients
  - Massage
  - Reiki
  - Healing touch
  - Spiritual care
  - Aromatherapy
Managing Patient Concerns

• Top 5 issues resolved at the bedside:
  - Communication
  - Lost Belongings
  - Staff Responsiveness
  - Cleanliness
  - Pain Control
Listening to patients to improve

- Voice of the Patient Advisory Council

  Suggest
  Guide
  Discuss
“Reasonable” Expectations

• Private rooms
• A “Quiet” Environment
• “We” push information
  - What is the patient responsibility?
• Understanding “their” care
• Personal responsibility
• How long should they stay?
Patient as “Partner”

“One that is united with another in an activity of common interest”
What it means to partner

• As important as me
• Engagement (pay attention)
  - Safety
  - Medications
  - Other
• Ask questions
• Communicate / research
• Assign an “advocate”
• More than just customer
Can Expectations be a tool?
Caregiver Role

• *Given: Quality of care*

• Discuss what to expect
• Define their “role” as a patient
• How to communicate
• What “Quiet” means
• The limitations of pain management
• How caregivers respond
• What “partnership” means
Clinic Pilot

- Communication
- Medication mgt
- Pain Management
- Quiet
- Cleanliness
- Responsiveness
HCAHPS Doctor Communication

Viewed Emmi Program

Did Not View Emmi Program

90th Percentile

(% Always)
HCAHPS Medication Communication

Viewed Emmi Program
Did Not View Emmi Program
90th Percentile

(% Always)
HCAHPS Quiet @ Night

Viewed Emmi Program
Did Not View Emmi Program

90th Percentile

(% Always)
HCAHPS Room Cleanliness

- Viewed Emmi Program
- Did Not View Emmi Program

90th Percentile
Are we Improving?
Rate Hospital

CMS Reported Scores

Mayo
Mass Gen
Johns Hopkins
UCLA
CC
Nat'l Avg

% 9 or 10

Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 2011 YTD

82
Hospital Recommendation

CMS Reported Scores

% Yes Definitely

Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 2011 YTD

Mayo Mass Gen Johns Hopkins UCLA CC Natn'l Avg

85
Doctor Communication

CMS Reported Scores

% Always

Q1 07 Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 2011 YTD

Mayo (2) Mass Gen (5) Johns Hopkins (1) UCLA (3) CC (4) Natn'l Avg

83
Meds Communication

% Always

CMS Reported Scores

Mayo (2)
Mass Gen (5)
Johns Hopkins (1)
UCLA (3)
CC (4)
Natn'l Avg

65

2011

YTD
Pain Management

CMS Reported Scores

% Always

Mayo (2)
Mass Gen (5)
Johns Hopkins (1)
UCLA (3)
CC (4)
Nat'l Avg

Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 2011

YTD

73
Cleanliness

% Always

CMS Reported Scores

Mayo (2)
Mass Gen (5)
Johns Hopkins (1)
UCLA (3)
CC (4)
Natn'l Avg

Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q4 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 2011 YTD

72
Discharge Instructions and Care

CMS Reported Scores

% Yes

CMS Reported Scores

Q2 07 Q3 07 Q4 07 Q1 08 Q2 08 Q3 08 Q1 09 Q2 09 Q3 09 Q4 09 Q1 10 Q2 10 YTD

Mayo (2) Mass Gen (5) Johns Hopkins (1) UCLA (3) CC (4) Natn'l Avg
Goal:

Research
Sickest Patients in the US
Medicare Severity of Illness

Case Mix

Value

UCLA
Penn
Duke
Brigham Hospital
Mayo
Johns Hopkins
Mass
NY
Barnes

Series 1
Series 2
50% of Patients 3 or 4 Severity
Staff Responsiveness by SOI

1  2  3  4

57%  52%  49%  42%
Doctor Communication by SOI
Nurse ‘Always’ Rounded by Severity

HCAHPS Domain Measures

Scores @ 90th Natn'l Percentile

% Always or Yes

SOI 1
SOI 2
SOI 3
SOI 4
Isolation and HCAHPS

- % 'Always'

- Main Campus
- Isolation Patients

- MD Communication
- RN Comm
- Staff Response
- Pain Mgmt
Depression and HCAHPS

% Top Box

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Doctor Communication by Bed Size

% Always

0-200  201-499  500-799  800-1200  1201+

Max  Avg

Nat'l 90th Percentile
Summary

- Experience is Right – “True North”
- Transparency is an important “lever”
- Reimbursement link is perverse
- Metrics that hospitals control
- Limit of “Patient-Centeredness”
- All hospitals are not the same
  - Robust adjustment is necessary
Facilitate Sharing....

www.patient-experience.org
Mr. Jones
Cleveland Clinic

Every life deserves world class care.