A Roadmap for Improving Healthcare Service Quality and Patient Experience

Lessons and Tools from Mayo Clinic

Beryl Institute Patient Experience Conference
April 17, 2013 • Dallas, TX

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Assistant Professor of Healthcare Systems Engineering, Mayo Clinic College of Medicine
From an Arizona Outpatient...

“I didn’t get the Mayo Clinic experience.”
Learning Objectives

• Apply and adapt Mayo Clinic Arizona’s service quality improvement model
• Explain how to operationalize the service quality gaps framework for use in a healthcare organization
• Adapt tools and templates developed at Mayo Clinic Arizona
• Identify how to structure an organization to create or enhance a culture of accountability for service quality
Mayo Clinic

- Three main campuses + Mayo Clinic Health System
- Served more than 1 million patients last year
Strategic Focus

Mission

• To inspire hope and contribute to health and well-being by providing the best care to every patient every day through integrated clinical practice, education, and research

Vision

• Mayo Clinic will provide an unparalleled experience as the most trusted partner for health care

Primary Value

• The needs of the patient come first
Living Our Primary Value

William J. Mayo, MD
1861-1939

“The best interest of the patient is the only interest to be considered.”

William J. Mayo
“Healthcare organizations need a framework in which to operate.”

Jason Wolf, PhD
Executive Director, The Beryl Institute
7-Prong Model for Improving Service Quality

Service Quality Improvement

- Multiple Data Sources
- Accountability
- Service Consultation and Tools
- Service Values and Behaviors
- Education and Training
- Monitoring and Control
- Recognition and Reward

## Service Performance Scorecard

**Perception data grouped with operational and other data**

**Current quarter and longitudinal trends**

**Emailed quarterly to executive and department leaders**

**Increases awareness and accountability**

<table>
<thead>
<tr>
<th>Department</th>
<th>Operations</th>
<th>External Customer Satisfaction</th>
<th>Internal Customer Satisfaction</th>
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**Service Performance Scorecard**

- **Outpatient Satisfaction Benchmark**
  - Overall Quality/Teamwork
  - Green > 20th Percentile
  - Yellow 25-30%
  - Red < 25%

- **Likelihood to Recommend**
  - Green > 85% Definitely Would
  - Yellow 80-85%
  - Red < 80%

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Scorecard Overall Quality Trend Tab

Keep Key Drivers in Front of Managers

<table>
<thead>
<tr>
<th>Trends Overall Quality</th>
<th>20XX</th>
<th>Q1-XX</th>
<th>Q2-XX</th>
<th>Q3-XX</th>
<th>Q4-XX</th>
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20XX Key Drivers

- Efficiency
- Provider listening
- Teamwork

Dept 3

- Efficiency
- Privacy
- Provider instructions

Dept 4

- Provider thoroughness
- Privacy
- Access

Dept 5

- Provider instructions
- Info to prepare for visit
- Teamwork

Dept 6

- Provider listening
- Courtesy/friendliness
- Teamwork
Same Drivers – Different Display

Source: PRC 2010 Outpatients; n=34,218
### Patient Perception of Overall Quality of Care from Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percent Exc</th>
<th>90th Percentile</th>
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Source: Mayo Clinic Arizona 2011 Outpatient Satisfaction Data
HCAHPS – Phase 1 Online Module

- **Audience** - all front-line hospital staff who help create the patient experience
- **Provides general information and a link to the survey**
- **Teaches the 8 dimensions**
  - Communication with nurses
  - Communication with doctors
  - Hospital environment – clean & quiet
  - Responsiveness of hospital staff
  - Pain management
  - Communication about medications
  - Discharge information
  - Overall rating of hospital
- **Provides verbal and behavioral suggestions**

**Survey Scale**
- □ Never
- □ Sometimes
- □ Usually
- ✔ Always
HCAHPS Phase 2 – Push and Use the Data

Communication with Doctors

- Fairmont: 83%
- Arizona: 78%
- Methodist: 73%
- Florida: 73%
- Eau Claire: 73%
- La Crosse: 60%
- Saint Marys: 52%
- Albert Lea: 52%
- Austin: 44%
- Mankato: 22%

Source: HospitalCompare.gov, 7/1/2009 – 6/30/2010
“The doctor really paid attention to what I said and listened to me.

The atmosphere is pleasant & feels healing.

I feel safe, taken care of & well informed here.

My ‘wait’ was under 5 min.

Appreciate the personal attention & care.

Thank you Michael, Misty & Linda for team excellence.

I did not feel like just another number out there.

I feel the front desk staff is not very polite and the girls were gossiping behind the counter.

As a new patient, I needed a better understanding of their processes.

A phone employee was rude, abrupt, unempathetic.

I feel the office staff could be more empathetic in dealing with people.

I would have liked better customer service from the staff.”

Source: Mayo Clinic Arizona 2011 Satisfaction Survey
Patient Complaints

- Identify failure points
- Monitor complaints
- Empower front-line staff
- Solve problems promptly
- Use patient feedback to improve
- Encourage upward communication

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<thead>
<tr>
<th>Dept/Division</th>
<th>Q1-10</th>
<th>Q2-10</th>
<th>Q3-10</th>
<th>Q4-10</th>
<th>Q1-11</th>
<th>Q2-11</th>
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<td>0.40%</td>
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7-Prong Model for Improving Service Quality

- Multiple Data Sources
- Recognition and Reward
- Accountability
- Service Consultation and Tools
- Service Values and Behaviors
- Education and Training
- Monitoring and Control
MCA Service Accountability Loop

Practice Performance & Behaviors

Scorecard Metrics

Department Chairs and Administrators

Service Committee

Clinical Practice Committee

Progress reports to and feedback from various leadership groups
Accountability in Any Structure

Staff Performance & Behaviors

Scorecard Metrics

Service Quality Task Force

Department Managers

Service Quality Oversight Group (Board, CEO, COO, Key Stakeholders)

Progress reports to and feedback from Executive Leadership

Refining Service Quality Oversight

START

Quarterly scorecard distributed to Chairs/Admins

Svc subcommittee reviews scorecard; identifies issues

Svc Coordinator reviews with Chair, Clinic Ops

Svc Coord reports issues and recommendations to CPC OPS

Within 2 weeks, OPS Chair meets w/ Dept/Div Chair/Admin. If unable to schedule within 2 weeks, emails data and action plan template.

Chair/Administrator submits action plan to OPS leadership within 30 days

Chair/OA present action plan status report at OPS meeting at 90 days

Action Plan in place?

Yes

Scorecard monitored

No

CPC

At Face-to-Face:
• Reviews data, improvement resources, standard action plan template, and timelines

Standard Action Plan Template
7-Prong Model for Improving Service Quality

- Recognition and Reward
- Multiple Data Sources
- Accountability
- Monitoring and Control
- Education and Training
- Service Values and Behaviors
- Service Consultation and Tools

Service Quality Improvement
**Department-level Service Quality Analysis**

Mayo Clinic Arizona Outpatient
Department
Prepared 10-12-11

<table>
<thead>
<tr>
<th>Enterprise Percentile Ranking Benchmarks</th>
<th>90th</th>
<th>75th-89th</th>
<th>&lt;75th</th>
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</table>

### 37 - How would you rate: The Courtesy and Friendliness Shown to You by All Employees?

<table>
<thead>
<tr>
<th>Response Text</th>
<th>2005</th>
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### 38 - How would you rate: The Time Spent Waiting While at the Facility? Would you say:

<table>
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<th>2004</th>
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### 46 - Overall, how would you rate the: Ease of Accessing the Doctor’s Office for Medical Problems or Questions by Phone?

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- Perception data trends, complaint trends, recommendations and improvement resources
- Prepared during the service consultation partnership
- Reviewed face-to-face
- Action plan started
Map Performance at Key Touch Points

* Phone Call
- Access to Appts 58%
- Easy phone access 51%
- CAO staff service 62%
- MPS service 61%
  - "They need some customer service training."

Parking
- How rate…? 56%
  - "Parking could have been better managed."

Front Door
- 64%
  - "She always greets us with a smile."
  - "He could not have been more helpful."

* Desks
- Reception staff 64%
  - "She is so incredibly welcoming."
  - "Reception staff are not very friendly."

Facility/Waiting
- Respect for Privacy 72%
  - "I don’t like that they call out my date of birth."
- Cleanliness 81%
  - "This place is kind of run down for the price."

* Exam Room
- Thoroughness 66%
- Enough time 69%
- Listening 68%
- Explaining 67%
- Words and terms 70%
- Involving patient 66%
- Caring/caring 74%
- Overall Provider 73%

Ancillary Services
- Overall Nursing 66%
- Teamwork 65%
- Lab staff 66%
- Radiology staff 72%
  - "I would like to be able to schedule testing in a more timely manner."

* Discharge
- Instructions for after appt 67%
  - "My going home instructions were poor and rather rushed. More care should be taken with the exit interview."

Bill Receipt
- How rate …? 45%
  - "The billing puts a drain on me."

Notes:
* Anticipated CG-CAHPS service attributes

Source: 2011 PRC % excellent
Color banding:
- <75th
- 75th – 89th
- 90th percentile
## Service Improvement Toolbox

<table>
<thead>
<tr>
<th>Service Consultation</th>
<th>Service Coordinator is an internal consultant to management, providing objective analysis and expertise, and positioned solely as an improvement resource. Accountability and oversight are achieved through other means.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone System and Workflow Analysis</td>
<td>A training coordinator observes call handling—volumes, time to answer, hold times, transfers, use of front and back office lines—and provides a report of issues and opportunities for improvement.</td>
</tr>
<tr>
<td>Provider Communication Skills-Building</td>
<td>Resources include a day-long, interactive group workshop, mentoring, or more intensive one-on-one coaching services. Providers may self refer or be referred by their department chairs.</td>
</tr>
<tr>
<td>Service Basics Education and Training</td>
<td>Gives staff a better understanding of service basics and how behaviors influence the customer’s perception of quality. Consists of basic core content and is customized with department-level data and relevant interactive exercises.</td>
</tr>
<tr>
<td>Service Auditing</td>
<td>Objective analysis of a department’s service environment, patient flow, and staff performance. A final report of observations and recommendations is provided.</td>
</tr>
<tr>
<td>Service Best Practice Database</td>
<td>Practices and work samples from areas performing at or above benchmark are compiled in a spreadsheet designed to filter by service attribute, department, process owner, process.</td>
</tr>
<tr>
<td>Multi-Disciplinary Simulation Center</td>
<td>A facility that is ideal for small, intact team education and training. The focus is on improving communication and teamwork skills.</td>
</tr>
<tr>
<td>Performance Monitoring Checklists</td>
<td>Standardize expectations and performance and encourage process control to sustain improvements.</td>
</tr>
<tr>
<td>Action Plan Template</td>
<td>Identifies issues, potential solutions, accountable people, and completion dates.</td>
</tr>
</tbody>
</table>
7-Prong Model for Improving Service Quality

- Service Values and Behaviors
- Service Consultation and Tools
- Accountability
- Multiple Data Sources
- Recognition and Reward
- Monitoring and Control
- Education and Training

Service Quality Improvement
MCA Service Values and Behaviors

Solutions-Focused
Empathetic
Reliable
Value Others
Exceed Expectations
“SERVE”

**Solutions-Focused**

- Solve problems when and where they occur
- Work together to improve processes
- Share ideas
- Seek and provide feedback

**Empathetic**

- Apologize for any inconvenience
- Seek and convey understanding of the other person
- Connect personally by smiling, making eye contact, greeting, and listening
- Treat everyone as you wish you or your family to be treated
“SERVE”

**Reliable**
- Commit to team and others
- Give your best every day
- Keep your promises
- Own the work ~ If you don’t have the answer, find it.

**Value Others**
- Show appreciation for each other
- Respect the patients and each other
- Acknowledge diversity and appreciate differences
- Do what is right
- Protect patient and employee confidentiality
- Refrain from gossiping
“SERVE”

Exceed Expectations

• Contribute to an unparalleled patient/family experience
• Anticipate needs and respond before being asked
• Commit to and show enthusiasm for service
Create Memorable Experiences

- Patients expect quality, basic level of service, do no harm
- Exceeding expectations differentiates
  - Give a haircut
  - Plan a wedding ceremony
  - Waltz with an elderly patient
  - Plan a surprise birthday party
  - Remove a license plate frame

Step outside your job description
7-Prong Model for Improving Service Quality

- Recognition and Reward
- Multiple Data Sources
- Accountability
- Service Consultation and Tools
- Education and Training
- Monitoring and Control
- Service Values and Behaviors
The Service Quality Gaps Framework
Operationalized for Managers

Gap 1: Customer Expectations

Gap 2: Process Design and Standards

Gap 3: Service Performance

Gap 4: Service Communications

Gap 5 - The Customer Gap

Service Expectations

Comparison

Service Experience
### Service Dimensions

*We Know What Customers Expect*

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability #1</td>
<td>Ability to perform the promised service dependably and accurately</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Willingness to help customers and provide prompt service</td>
</tr>
<tr>
<td>Empathy</td>
<td>The caring, individualized attention the firm provides its customers</td>
</tr>
<tr>
<td>Assurance</td>
<td>Knowledge and courtesy of employees and their ability to convey trust and confidence</td>
</tr>
<tr>
<td>Tangibles</td>
<td>Appearance of physical facilities, equipment, personnel, and communication materials</td>
</tr>
</tbody>
</table>

Understanding Patient Expectations

“Purpose of Today’s Appointment”

Welcome to Mayo Clinic Family Medicine. Our goal is to provide you exceptional medical care and to be sure that your health concerns are addressed during your visit with your provider.

Please take a moment to write down questions or issues you would like to cover with your provider during your visit.

1. 

2. 

3. 

Medication Refills  Do you need medication refills?  Yes_____ No _____

Please list medications you need refilled, along with the doses and how often you take them.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Forms  Do you need any forms completed?  Yes_____ No _____

Please complete your portion of the form prior to your visits and state the type of form you have (sports physical, DMV exam, etc.)
Setting Patient Expectations

“Promptly Informing of Test Results”

Some helpful information for our patients:

**Test Results:**
- You will be notified by telephone, mail, or during a return visit of your test results
- Please allow five days, after completion of your last test for that notification to occur
- See reverse for MedVoice information

**Prescription Renewals:**
- When no more refills exist, contact your pharmacy or submit a request through the Patient Online Service Web Portal
- Renewal requests may require up to 72 hours

**Contact Numbers:**
- Community Internal Medicine call center: 480-301-8087
- Community Internal Medicine fax: 480-301-4070
- Medical Records: 480-301-8500
The Service-Profit Chain Framework

Employee Satisfaction  Value Creation  Customer Satisfaction

Service-Profit Chain Applied

Value = Clinical Outcomes + Safety + Service

Value = Benefits to Customer

Cost over Time

Burdens Endured

7-Prong Model for Improving Service Quality

- Recognition and Reward
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- Education and Training
- Service Values and Behaviors
- Monitoring and Control

Service Quality Improvement
Monitoring Front-line Service

FRONT-DOOR ATTENDANTS PERFORMANCE OBSERVATION FORM

Attendant: ____________________________
Date: ________________________________
Location: ____________________________
Surveyor: ____________________________

**Courtesy & Friendliness**
Smiles & greets: pleasant and makes eye contact
Clear Directions, Information: Simple and written; assure understanding

**Service Attitude & Behavior**
Empathy & Compassion
How may I help you?
Wheelchair Assistance: Between car and chair; into and out of
Meet & Greet Outside: Open car door, welcome, offer wheelchair
Walk the patient to destination, as needed
Neat Appearance: Pressed clothes, groomed and shaven; no strong perfume, no eating

**Engaging**
Treat everyone as the most important
Proactive: Takes initiative in providing assistance
Standing: Not slouched over or leaning on the wall, counter, etc

**Helpful**
Attentive and knowledgeable in engaging customers

NURSING SERVICE PERFORMANCE OBSERVATION FORM
FAMILY MEDICINE

Nurse: ________________________________
Date: ________________________________
Location: ____________________________
Observer: ____________________________

**Professional and Courtesy:**
Smiles & greets patient by full name and/or title:
Makes eye contact
Neat appearance (scrubs look nice, hair neat and secured if long, so as not to interfere with work activities)
Watches for patient cues/body language for walking pace

**Service Attitude & Behavior**
Walk with the patient from lobby to exam room, side-by-side
Uses: Please and Thank You for requests (such as: Please step up on the scale so I may obtain your weight and Thank you when completed)

**Engaging**
Proactive: Takes initiative in providing assistance – if pt having trouble getting up in waiting room, offers wheel chair, walks slowly
No personal information shared - informal but pleasant small talk. Example: “Isn’t it nice out today?” or “I notice you have an accent, where are you from?”

**Helpful**
If wait is extended, longer than 30 minutes, keeps patient informed

Comments/Observations: ________________________________
### Monitoring Telephone Service

#### General Call Evaluation Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Greeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greet caller with appropriate greeting *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Mayo Clinic and Department/Division *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State own first name *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How may I help you *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer to look up MC number *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify caller with two identifiers *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category Comment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes:

- [ ] [ ]

#### Etiquette

<table>
<thead>
<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request and obtain permission to place caller on hold *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thank caller for holding *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check back with caller within 1 minute *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide caller information to conferencing area *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce both parties *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category Comment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Standard Closure

<table>
<thead>
<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Summary *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer of additional assistance *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show of appreciation *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Vocal Presentation:

<table>
<thead>
<tr>
<th>Field</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking during Perfect Answer</td>
<td></td>
</tr>
<tr>
<td>Tone &amp; volume of voice &amp; clear</td>
<td></td>
</tr>
<tr>
<td>Jargon words or slang &quot;yup, nope hang on ... etc&quot;</td>
<td></td>
</tr>
</tbody>
</table>

#### Courtesy:

<table>
<thead>
<tr>
<th>Field</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interruption of caller – cutting off patient while speaking</td>
<td></td>
</tr>
<tr>
<td>Transfer expectation:</td>
<td></td>
</tr>
<tr>
<td>- Transferring during mid-sentence</td>
<td></td>
</tr>
<tr>
<td>- &quot;One moment please while I transfer you to XYZ&quot;</td>
<td></td>
</tr>
<tr>
<td>Permission to place on hold, thanked caller when returning from hold</td>
<td></td>
</tr>
<tr>
<td>Chewing or eating on a call</td>
<td></td>
</tr>
</tbody>
</table>

#### Customer Service:

<table>
<thead>
<tr>
<th>Field</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen flipping during call</td>
<td></td>
</tr>
<tr>
<td>Transfer accurate</td>
<td></td>
</tr>
<tr>
<td>Patient confidentiality</td>
<td></td>
</tr>
<tr>
<td>Seemed bothered to assist</td>
<td></td>
</tr>
</tbody>
</table>

#### Passed or Failed:          | Additional Comments: |
7-Prong Model for Improving Service Quality

- Recognition and Reward
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Service Quality Improvement
Celebrate Service Excellence

Mae Berry Awards for Service Excellence

Criteria for Nomination

The Mae Berry Award for Service Excellence recognizes allied health providers for providing exemplary service to patients and/or co-workers. Recipients are selected from past (12-month) recipients of the Award for Service Excellence. Candidates must meet the following criteria:

- Employed three or more years at Mayo Clinic
- Have multiple occurrences of providing outstanding service
- Co-workers replicate service behaviors
- Self-sacrifice to meet the needs of patients and/or co-workers

Save the Date
Service Excellence Day
June 1, 2011
Results
2008-2011
Front-Door Attendants

“What stands out most is when she pushed my mother in her wheelchair all the way to the cafeteria, took her over to the buffet line, explained everything the chef was serving, found her a comfortable place to sit, and even set place settings and drinks.

Mary is truly a Mayo employee who goes above and beyond.”

Source: Patient Comment Card
Impact on Provider Service

Impact on Global Perception

Global Perception ~ 18 Months After EMR Conversion

Quality

Outcome

Likelihood to Recommend

Value
Perception of Excellence as a Function of Dept Chair/Administrator Engagement

Definitions:
High Adopter - Seriously applied model, focused on all prongs, developed monitoring/control processes for accountability
Medium Adopter - Applied a few prongs, impacted part of the dept but not all, no monitoring/control for accountability
Low Adopter - Either never requested analysis despite scorecard indication or requested data but did not implement the model
Impact on Family Medicine
Allied Health Staff

* Practice Administrator a high adopter
Perception of Overall Quality in Family Medicine

![Graph showing the percentage of excellent perceptions over years from 2007 to 2011. The percentage starts at 68 in 2007, decreases to 67 in 2008, then increases to 69 in 2009, 73 in 2010, and reaches 79 in 2011.](image)
Conclusions

Service quality improvement is best approached as:

• A comprehensive, data-driven, continuous improvement model
• A model in which leadership engagement and support are essential
• A long-term journey vs. a destination
• Setbacks will occur
• Internal customers first
Questions?

Contacts:

kennedy.denise1@mayo.edu