

AMAZING
THINGS
ARE
HAPPENING
HERE

Welcome to the Era of Patient Experience

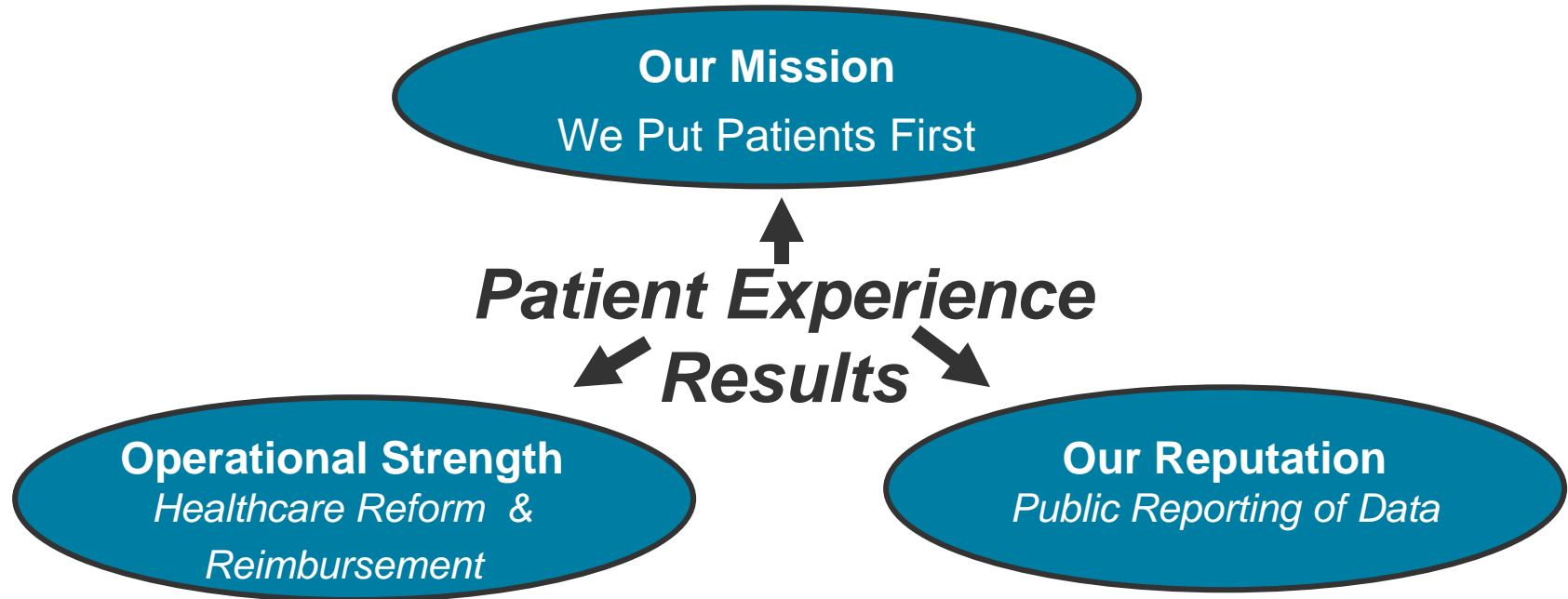
Rick Evans, MA

Senior Vice President & Chief Experience Officer

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 **NewYork-Presbyterian**

A New Era in Patient Experience



Patient Experience is our mission

- Improving the patient experience by:
 - Knowing our patients and their families
 - Communicating goals clearly as individuals and as teams
 - Addressing personal needs and questions
 - Reducing suffering
 - Promoting comfort and confidence in our care
 - Partnering for better outcomes

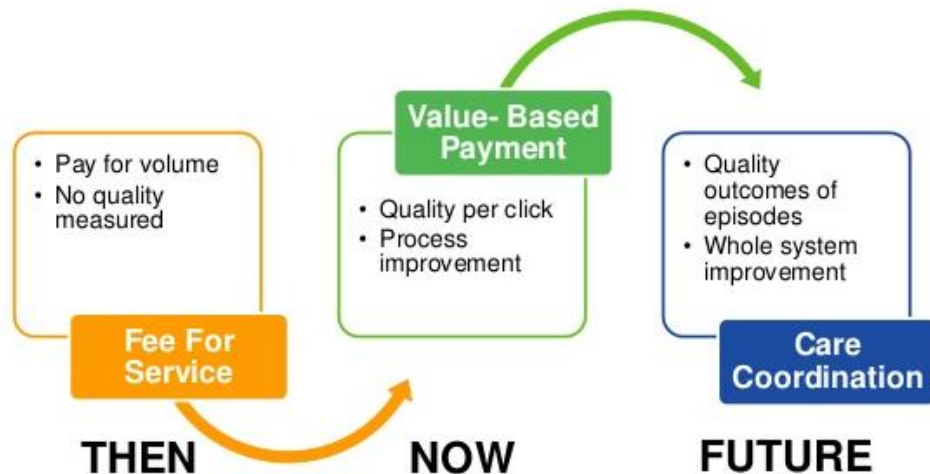


Patients as Consumers

- The culture around us
- Evolving expectations
- Increasing out of pocket investment
- Great alternatives in NYC



Payment for Outcomes



- Federal Value Based Purchasing
- New payment models for private insurance
- Focus on outpatient services
- Focus on prevention and community based care

What our patients are asked:

HCAHPS and CG-CAHPS



HCAHPS Survey Domains

- Rate Hospital 0 – 10
- Recommend this Hospital
- Responsiveness of Hospital Staff
- Communication with Doctors
- Communication with Nurses
- Hospital Environment
- Pain Management
- Communication re: Medicines
- Care Transitions
- Discharge Information

CG-CAHPS Survey Domains

- Physician Communication
- Responsiveness of Staff
- Access/Wait Times
- Staff Communication
- Overall Impression

HCAHPS Star Ratings

	 NEW YORK-PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET NEW YORK, NY 10021 (212) 746-4189 Distance ⓘ: 0.5 miles Add to My Favorites Map and directions	 MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 (212) 241-7981 Distance ⓘ: 1.7 miles Add to My Favorites Map and directions	 NYU HOSPITALS CENTER 550 FIRST AVENUE NEW YORK, NY 10016 (212) 263-7300 Distance ⓘ: 2.6 miles Add to My Favorites Map and directions
Patient survey summary star rating. More stars are better. Learn more			

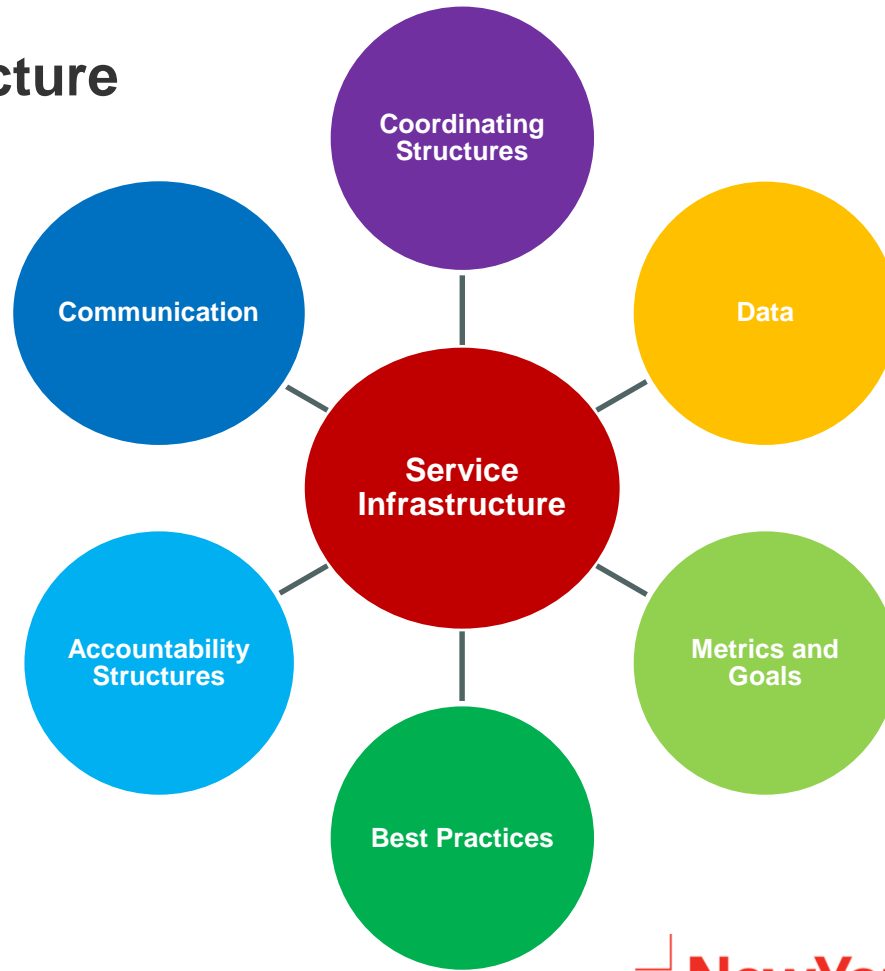
- Our ratings compared to the nation (over 3500 hospitals)
- Published for consumers to see and compare
 - Scores published for NYP as a whole
 - Data lags by 18 months
- 1 to 5 stars for each HCAHPS domain
- **Summary Star rating** – an average of the star ratings for all the domains

What is a Patient Experience Strategy?

- The organization's 3-Year PX roadmap
 - An overarching vision
 - Year over year targets
 - Integrated with other key initiatives
 - Builds sustainable “service infrastructure” and consistent culture over time



Service Infrastructure



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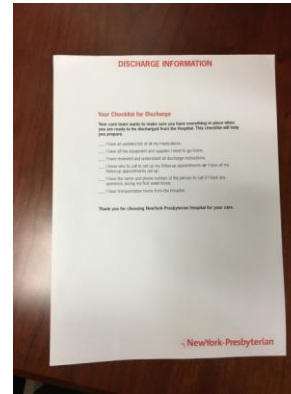
NewYork-Presbyterian

The “Sweet Spots” for Best Practices



Examples of Inpatient Best Practices

- Service Expectations
- Discharge Calls
- Quiet Times
- Care Rounds
- Visitor Management
- Service Recovery
- Communication Techniques for Providers
- Picture Perfect Room



CG-CAHPS and Transparency

Thomas L. Miller, MD - University of Utah Health Care

healthcare.utah.edu/fad/mddetail.php?physicianID=u0035500 ▾ University of Utah ▾

★★★★★ Rating: 4.9 - 74 reviews

Thomas Miller MD is board certified in internal medicine. ... University in 1988 and completed a residency in internal medicine at the University of Utah in 1991.

Thomas A. Miller, DO - University of Utah Health Care

healthcare.utah.edu/fad/mddetail.php?physicianID=u0714625 ▾ University of Utah ▾

Bio. Dr. Miller received his medical degree from the University of New England, completed his residency in Pediatrics at Maine Medical Center and his ...

Tom Miller, MD - University of Utah Health Care

healthcare.utah.edu > ... > Administration Staff ▾ University of Utah ▾

Thomas L. Miller, M.D., is the Chief Medical Officer for the University of Utah Hospitals & Clinics and the Executive Director for the Ambulatory Clinics. He is a ...

Dr. Thomas Miller, MD - Salt Lake City, UT - Internal Medicine ...

<https://www.healthgrades.com/physician/dr-thomas-miller-256mb> ▾

★★★★★ Rating: 5 - 2 votes

Visit Healthgrades for information on Dr. Thomas Miller, MD Find Phone & Address information, medical practice history, affiliated hospitals and more.

- National trends and plans for implementation
- Local CG-CAHPS implementations
- Shared improvement work
- Exploring transparency with ratings

SERVICE EXPECTATIONS AND "ALWAYS" BEHAVIORS

CHECK-IN

Service Expectations

- Acknowledge patients' presence
- Ask how you can help
- Inform patients of anticipated wait time
- Ask if there are other questions

Associated "ALWAYS" Behaviors

- Greet patients with a warm smile and a pleasant tone of voice and thank them for coming
- Establish eye contact
- If unable to greet patients promptly, acknowledge them and let them know you will be with them shortly
- If physician is running late, let patients know how long the wait could be and apologize
- Periodically round the waiting room and keep patients informed of wait times

HALLWAY

Service Expectations

- Acknowledge patients when in hallway
- Ask patients if you can help
- Provide directions and escort patients to their destination

Associated "ALWAYS" Behaviors

- Make eye contact and smile
- Walk beside patients when escorting them to the exam room rather than in front of them
- Stop and ask patients if they have any questions
- Help patients to get to where they need to go
- Let patients get on the elevator first and hold door open for them

CHECK-OUT

Service Expectations

- Acknowledge patients and ask how you can help
- Verify if patients have any questions
- Thank patients for coming to Mass General Institute for Heart, Vascular and Stroke Care

Associated "ALWAYS" Behaviors

- Ask if patients need any follow-up appointments/tests; explain next steps so they know what to expect
- Ask, "Is there anything else I can do for you?"
- If necessary, help patients find their way to their next destination

PHONE INTERACTIONS

Service Expectations

- Use four-part telephone greeting
- Address caller by proper name
- Follow proper hold protocol
- Follow transfer call protocol
- Use two-part telephone closing

Associated "ALWAYS" Behaviors

- Answer phone using a greeting, introduce yourself, your area, and ask how you can help (example: "Hello, Mass General Institute for Heart, Vascular and Stroke Care, this is [first name], how can I help you?")
- Address patient by Miss, Mrs., Ms., Mr.
- Ask for permission before putting caller on hold
- Ask caller for permission to transfer call
- Before ending call, ask "Is there anything else I can do for you?" End call with a thank you
- Use a friendly tone of voice; listen attentively
- Smile—patients can hear your smile

EXAM ROOM

Service Expectations

Providers and other clinical professionals entering an exam room will consistently follow a general process for managing patient interactions

Associated "ALWAYS" Behaviors

BEGINNING

- Knock before entering
- Introduce yourself and your role
- Apologize for wait, if appropriate

MIDDLE

- Explain steps you are taking as part of the exam
- Keep patient updated during each step
- Check for patient comfort/concerns

END

- Explain results of exam/procedure
- Explain next steps needed (e.g., tests, follow-up appointment, etc.)
- Check for questions and understanding
- Ask, "Is there anything else I can do for you?"
- Express your thanks for coming to Mass General Institute for Heart, Vascular and Stroke Care

OTHER

- When possible, sit facing patient and make eye contact
- Always speak positively about other members of the team

INFORMING ABOUT WAIT TIMES

Service Expectations

- Patients will be informed of current delays at check-in
- Patients will be updated periodically in waiting areas of provider delays that exceed 15 minutes
- Uniform wait time boards will be used in all practices and kept updated on status at least every 15 minutes
- Patients experiencing delays in exam room will also be updated every 15 minutes

Associated "ALWAYS" Behaviors

- Always apologize for waits and delays
- Offer comfort items where possible (e.g., magazines)
- Announcement in waiting room will be made whenever updates to board are made
- After each update, let patients and families know when they can expect another update

SERVICE RECOVERY

Service Expectations

- When complaints or concerns are voiced by patients or families, staff will act to the best of their ability to address the problem
- Staff will use a four-part process to address complaint with a patient or family member
- When needed, staff will use items from a service recovery toolkit (e.g., food / parking vouchers) as part of process to amend the situation

Associated "ALWAYS" Behaviors

- All staff will use LEAD model for service recovery when addressing a complaint:
 - **Listen:** Allow the patient/family to feel heard
 - **Empathize:** Notice and acknowledge feelings
 - **Apologize:** Acknowledge error without blame and apologize on behalf of hospital for inconvenience
 - **Do the Right Thing:** Determine best solution, be timely with corrective action
- Escalate issues promptly to manager when situation cannot be rectified on the spot

Service Expectations

Involving Patients and Families



- Patient and Family Advisory Councils
- Patient panels
- Focus groups
- Community partnerships

Patient Experience and Policy

YES, payment for outcomes – but also:

- Structures for patient and family involvement
- Support for prevention and wellness programs and services
- Survey development and management
- Research
- Influencing training programs for medical professionals
- Support for other critical resources needed for effective care



Questions/Comments?



Anything else I can do for you?

Rick Evans

Senior Vice President & Chief Experience Officer
NewYork-Presbyterian Hospital

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212-305-4455

Presenter Biography

Rick Evans is the Senior Vice President and Chief Experience Officer for the NewYork-Presbyterian Hospital. In this role, he oversees NYP's efforts to enhance the patient and family experience across its continuum of care and implementation of a comprehensive strategy to increase patient satisfaction across NewYork-Presbyterian Hospital and its Regional Hospital Network – comprised of nine facilities in and around New York City.

Before returning to NYP, Rick was the Senior Director and Chief Experience Officer for the Massachusetts General Hospital and Massachusetts General Physicians Organization in Boston, MA, where he coordinated the organization's effort to improve the patient experience. He also had responsibility for the organization's Referral Management Office, the Physician Leadership Program and the Visitor Education Program.

Prior to MGH, Rick served as the Vice-President of Support Services and Patient Centered Care for the NewYork-Presbyterian Hospital, where he oversaw support services functions including housekeeping, food service, patient escort and laundry departments and where he also led the organization's successful strategy to improve the patient experience called "We Put Patients First."

Before joining NYP, Rick served as the Vice-President of Mission Services for the Bon Secours and Canterbury Partnership for Care in Hudson County, New Jersey and also as the Director of the St. Francis Hospital Foundation in Wilmington, Delaware. He also served in leadership roles in local and national not-for-profit organizations before moving into healthcare.

Rick holds a Masters Degree in Theology from Christ the King Seminary in East Aurora, NY and a Bachelor's Degree in Philosophy from Wadhams Hall Seminary College in Ogdensburg, NY.

Thank you for attending!!!