Session 92AB
Improving Patient Experience and Outcomes Using Real-Time Care Rounding Technology

Presented by:
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Improving Patient Experience and Outcomes Using Real-Time Care Rounding Technology

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Disclosure of Relevant Financial Relationships

The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:

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Learning Objectives

• Describe the importance of multidisciplinary collaboration prior to implementation of a best practice is key to success
• Apply a systematic approach to using technology to enhance the patient experience
• Develop a better understanding of the triad of nurse, doctor, administrator when creating a patient experience and engagement program
• Recognize the use of a real-time service recovery closed loop tool to improve patient care
Agenda

• Priorities and Coordination
• Best Practice Innovation
• Patients as Partners
• Outcomes
• The Human Side of Change

The University of Chicago Medicine & Biological Sciences

• More than a century of groundbreaking research and innovation
• Embedded in the University of Chicago campus in Chicago’s Hyde Park neighborhood
• University of Chicago Medicine
  – 805-bed adult and pediatric hospital with operating income of $1.6 billion
• University of Chicago Biological Sciences
  – 800+ faculty: among top 5 U.S. medical schools for generating federal dollars per faculty
• Pritzker School of Medicine
The University of Chicago Medicine
Center for Care and Discovery, Bernard A. Mitchell Hospital, Comer Children’s Hospital and Duchossois Center for Advanced Medicine

- 29K Admissions
- 760k Diagnostic and Outpatient Treatment Visits
- 60K Adult ED visits
- 31K Pediatric ED visits
- 9,000 Employees
- 850+ Physicians
- 2,400+ Nurses
- 1,129 Residents/Fellows

Unified Strategy

Clinical Effectiveness

Patient and Family

Quality    Safety    Experience
2016 Goals

**Quality + Safety + Experience**

- Deliver a consistent patient experience across all UCM platforms of care
- Create lasting market differentiation and loyalty through innovation and consistent performance
- Develop a continuous improvement model that infuses the voice of patients, families, employees, and physicians
- Unify quality, safety, efficiency, and experience strategies to improve satisfaction and outcomes
- Incite change by creating and celebrating memorable moments

Road Map To Success

- Engage Hospital Leadership:
  - Manage change, motivate staff and generate results
- Care Process Integration:
  - Implement best practice workflows for improved outcomes
- Empowers Clinicians and Staff:
  - Train the staff support their pursuit of success
- Deliver World Class Service:
  - Support every caregiver, every patient, every hour, every day
Set Experience Strategy – Patient Experience

**Work streams**

- Business Optimization
  - Throughput and Asset Productivity
  - Ambulatory Operations
  - Improve Margin Position

- Growth and New Payment Models
  - Clinical Service Line Business Planning
  - Value Based Payment
  - Population Health Management

- Care Delivery Transformation
  - High Reliability Organization
  - Care Model Redesign
  - Clinician Accountability

**Service**

- Patient-Centered Care
- PRIDE value focused Environment
- Patient Engagement and Empowerment

**Foundational Elements**
(Human Capital Plan, Master Space Plan, Lean Deployment Plan, IS Plan, EIA)

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**Patient Experience and Engagement Program**

- Nurse/Physician Executive Leadership team
- Experience and Engagement strategic planning and implementation
- Analytics
- Patient Insights
- High Touch Services
- Technology Enablers/Interactive Patient Care
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Leader Rounding
Leader Rounding: Approach

**Challenges**
- Lack of structured rounding
- Lack of clarity on standard practice
- Needed to streamline accountability
- Limited ability to capture patient complaints or compliments
- Unable to track or address trends

**Solutions**
- Standardize rounding with iPad technology
- Create alert process for support departments
- Capture, act on complaints and compliments in real time
- Outline expectations and ensure accountability
- Report rounding trends
- Reward and recognize staff

Identified 29 Units
- Conducted leader education on tactics and importance of rounding
- Engaged frontline staff and leaders to design proper rounding process
- Implemented Care Rounds technology to streamline, standardize, and track real-time rounding using an iPad
- Took action and rewarded leadership and staff immediately for wins
Vocera iPad Rounding

Nurse Leader Care Rounds

“During our nurse leader care rounds using iPads, we now can capture the voice of the patient and their family along with immediately follow up on their requests. The iPad rounding automates the ability to spotlight high performing staff members, communicate quickly with other departments regarding patient feedback and helps us look for areas of opportunity to improve our patient care.”

Anabel Bedoya, MSN, RN
Patient Care Manager for 9W, CCD
Evidence-based Questions Designed to Drive Outcomes

- Hardwire rounding process
- Match patient experience with known key drivers
- Resolve patient needs and requests immediately
- Identify issues before there is a need for service recovery
- Recognize staff in the moment
- Close the Loop


- Total Rounds: 142,075
- Rounds with Positive Rating: 77,785
- Staff Recognitions: 27,380
- Follow-up Requests: 2,998
- 42 units practicing leader rounding
Rounding Effectiveness: Nurse Manager Check

**Overall Rating of Care**
**Aug 2015-Dec 2016**

<table>
<thead>
<tr>
<th>Score</th>
<th>Yes (n=4391)</th>
<th>No (n=1124)</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.86</td>
<td></td>
<td>82.50</td>
</tr>
</tbody>
</table>

- **Definition:** These data reflect mean score for Overall Rating of Care. Patients with multiple visits with the same encounter type will only qualify for a survey 1 time per 90 day window. Time frame reflects the time which the survey was returned. Surveys are distributed by email and paper.
- **Data Source:** Press Ganey
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Leader Rounding

- Engage and excite leadership by explaining potential for standardizing and tracking meaningful rounds
- Educate and involve frontline staff early in the training and development process
- Create a culture for cross-departmental coordination
- Reward and recognize employees throughout new process training
- Consistently track, report, act and improve
- Hardwire experience improvement strategies with technology
Discharge Care Call Center

- **Goals**
  - Elevate service to reduce readmission rates
  - Extension of the service team and caring to home
  - Coordinate feedback related to service experience

- **Functions**
  - Call DCAM and CCD ambulatory surgery patients post discharge to home
  - Calls places within 3 to 5 business days post discharge, unless otherwise notified
  - Forward compliments and complaints to management and Patient & Family Insights team
  - Practice service recovery for patients and families
  - Confirm post op and additional follow-up appointments
  - Connect patients with specific clinical services for follow-up
  - Coordinate with clinical services on follow-up calls and clinical issues
  - Support a smooth transition for patients and families
Results and Outcomes with Care Calls: March 2015 – December 2016

- Patient population breakdown
  - Ambulatory Surgery – 8.4%
  - Clinic Visits – 14.4%
  - Emergency Departments – 28.9%
  - Inpatient Adult – 39.5%
  - Inpatient Pediatrics – 8.9%
- 84.2% of the patients have indicated positive (Very Good) experiences

Discharge Care Call Executive Summary

- From Mar 2015 – Dec 2016, the discharge care call center has placed 45,807 calls total
- 11,213 Staff recognitions
- The call center has connected with 82.7% (completed/attempts) of the calls placed
- 66.1% of those calls were completed within 3 days post discharge
- 96.4% were placed within the first 1 week or less
Lessons Learned

• **Engage and excite** leadership by explaining the why behind the new technology/practice, share the success/patient & family stories

• **Educate and involve** frontline staff early in the training and development process

• **Create a culture** for cross-departmental collaboration and coordination

• **Reward and recognize** employees throughout new process training

• **Consistently track**, report, act and improve

• **Hardwire experience improvement** strategies with technology

Agenda

• Priorities and Coordination

• Best Practice Innovation

• **Patients as Partners**

• Outcomes

• The Human Side of Change
Interactive Patient Care (IPC)

Why Interactive Patient Care (IPC)?

- IPC provides a more personalized care environment for patients and their families
- IPC supports clinicians with a consistent approach for providing patient education that increases patient engagement
- Engaging patients to play a more active role in their healthcare...
  - Improves the patient experience (patient satisfaction)
  - Enhances patient safety and improves quality
  - Improves hospital performance
Get Well Network

Hello Patient

My Action Plan

Here are some things we would like you to do while you are here.

- Nominated my nurse for a DAISY Award
- Find movies about health topics
- Learn about my medicines

Change my language
Read our patient handbook
Watch TV
Watch a movie
Surf the internet

Utilization is key to realizing the impact

Requires strong nursing adoption and integration into the clinical practice

Must be hardwired into care-giver role

Important to design and configure the tools for seamless integration and flow into daily practice
Patient Experience Perception (PxP)

• Patients receive survey questions on GetWell Network
  – 1 survey (3 questions) at 1 PM CT (Monday-Friday)
    • Every other day (starting day 2 after admission, ending on day 10)
  – 1 survey question at 10 PM CT (Monday-Friday)
    • Every day

• Provides the ability to monitor patient satisfaction in real time
  – Address patient feedback and provide service recovery

• Identify trends and utilize patient feedback to improve the patient experience at University of Chicago Medicine

Answering PxP Questions

Patients/families utilize the keyboard or pillow speaker to respond to the survey question

Pillow Speaker:
  ➢ Use the arrow buttons to navigate to the desired response
  ➢ User the SELECT button to enter the response

Keyboard:
  ➢ Use the touch pad to move the cursor to the desired response
  ➢ Press the ENTER key to enter the response
Staff Experience – Notifications and Scorecard

- If the patient/family selects the negative response (Not Good/No) a notification is sent for follow up to:
  - The Nurse Manager and Charge Nurse
  - The Patient Relations team
- All patient responses are tracked and trended in the PxP scorecard on the Management Console for GetWellNetwork

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HCAHPS (Inpatient) Data

- Overall Rating of Hospital
- Reporting Time Frame - CY
- Definitions:
  - CMS Hospital Compare public reporting.
  - Patients with multiple visits with the same encounter type will only qualify for a survey 1 time per 90 day window.
  - Surveys are distributed by email and paper. Time frames reflect the time which the survey was returned.

Data Source: Press Ganey
Clinical Effectiveness Analytics Contact: Mary Kate Springman 4-2747

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Overall Rating of Care (Press Ganey)

- Inpatient - Adult
- Overall Rating of Care
- Definitions:
  - These data reflect mean score for Overall Rating of Care. Patients with multiple visits with the same encounter type will only qualify for a survey 1 time per 90 day window. Time frame reflects the time which the survey was returned, including YTD (year to date) data. Surveys are distributed by email and paper.

Data Source: Press Ganey
Clinical Effectiveness Analytics Contact: Mary Kate Springman 4-2747

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How Do We Change a World?

Capacity to Change a World – Making a Difference Every Day
Making a Difference Every Day
Best Practices Forum

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2017 CONGRESS ON HEALTHCARE LEADERSHIP

Making a Difference Every Day
Best Practices Forum

Identifying Patients
Interviewing Patients
Identifying Care Teams
Prepping Care Teams
Promoting the Event

Structure of the Best Practices Forum

Opening by Senior Leadership
Introduction of patient/family
Interview of Patient by Patient Experience Leadership
Interview of Care Team
Thank you & Closing by Senior Leadership
Recognition

2017 CONGRESS ON HEALTHCARE LEADERSHIP
Making a Difference Every Day
Best Practices Forum
Making a Difference Every Day

Making a Difference Every Day Video

PLAY VIDEO
Sue Murphy, RN BSN MS

- A Nurse who helps manage the care of patients
- A Chief Experience and Innovation Officer for a $1.4B healthcare system
- Working to improve the intersection of technology, patient engagement, and experience
- A mom, a wife, a daughter, who has experienced the good and bad that healthcare has to offer as a loved.

Susan Murphy, RN, BSN, MS
Chief Experience and Innovation Officer
Susan.Murphy@uchospitals.edu

Alison Tothy, MD

- A pediatric emergency medicine doc who last saw patients five days ago
- A Chief Experience and Engagement Officer for a $1.4B healthcare system
- Researching how and why the patients make the choices they do as it relates to their health and the health of their loved ones.
- A mom, a wife, a daughter, a sister who has experienced the good and bad that healthcare has to offer.

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Bibliography/References

• Patient Experience Journal, Volume 3/Issue 2; Showcasing patient experience and engagement best practices through an innovative forum celebrating patients, families, and multidisciplinary care teams
• Patients Come Second, Paul Spiegelman and Britt Berrett
• The Heart of Coaching, Thomas G. Crane; 4th Edition