Applying Technology, Team Approaches to Enhance Patient Experience

July 29, 2015
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.
RAISE YOUR HAND

• If you wish to speak telephonically, please “raise your hand”. We will call your name, when your phone line is unmuted.
AGENDA

• Introduction

• Applying Technology, Team Approaches to Enhance Patient Experience
  » The Ohio State University Wexner Medical Center
  » Ben Taub & Quentin Mease Hospitals

• Q&A

• Upcoming events
SPEAKERS

**Amy Helder, MS**  
Administrative Director for Patient Experience  
*The Ohio State University Wexner Medical Center*

**Stephanie Furniss, RHIA**  
Clinical Applications Consultant in Information Technology  
*The Ohio State University Wexner Medical Center*

**Jason Kunnacherry, MHA, MBA**  
Director, Hospital Operations  
*Ben Taub & Quentin Mease Hospitals*

**Peggy Turpin**  
Operations Manager, Environmental Services  
*Ben Taub & Quentin Mease Hospitals*
Using Technology to Improve Engagement and Patient Experience

Amy Helder
Stephanie Furniss, RHIA
Agenda

- Patient Satisfaction vs. Real-time Feedback
- Engaging a Patient and Family Advisory Council
- Innovative Strategy for Increasing Patient Engagement
- Results as Measured by Patient Satisfaction Surveying
Overall Rating of Hospital

HCAHPS Inpatient Progress

“During your stay how would you rate this hospital from 0-10”

FY15 Target - 90th Percentile (79.0%)

12 Mo. Moving Ave

Months currently shown on Hospital Compare
Best in Class Patient Driven Functions

- Dining on Demand
- Video Interpretation
- IHIS Patient Educational Video
- Video Conferencing (Skype)
Best in Class Patient Driven Functions

- Video on Demand (DVR)
- Video Gaming
- Internet (OSUMyChart, Email, Google, Facebook, Music, etc.)
- Patient Services
Technology Delivery Options

1. Enhanced Footwall TV
   • Smartroom
   • Lodgenet “Hotel”
   • Get Well Network
Technology Delivery Options

2. Bedside Device
   • iPad
   • Android

3. Workstation on Wheels
   • Limited Use
Critical Decision Point

- Advisory Councils
  - How to interact with technology
  - What can it do

- Organization
  - Not one silver bullet
  - Prioritize what patients value most and build it
Implementation

- Decision made to pursue use of Epic’s MyChart Bedside app
  - Android tablet
  - Native integration with Epic EMR
  - Available for admitted patients and families
- Additional elements not available within MyChart Bedside would be augmented
- Patients want to see what’s going on with them, utilize the schedule, medications, results, etc.
Implementation

- Multi-disciplinary team established to evaluate functionality, recommend workflows and determine pilot criteria.
  - Pilot locations included one unit each from James Cancer Hospital and Ross Heart Hospital
  - Additional resources?
Lessons Learned

- Who owns the process?
- Education, Education, Education
- Technology
Does MyChart Bedside Use Impact Patient Satisfaction?

MyChart Bedside Patients (n = 67)  
Pilot Unit Patients, No Tablet

NOTE: Dimensions are listed from highest to lowest correlation to Overall Rating.

HCAHPS data Dec 2013 – Mar 2015. Results from new James Tower are not included.
Successes

- "This is really smart...I can see how this can get me feeling more confident" -- patient
- “I love it. It’s a nice thing to have if you want to learn more about what you’ve got. I like to know what’s going on with me.” – patient
- Return patients have requested access upon admission
- Staff recognize the potential of patient engagement with their healthcare
Cleanliness: A Hospital-wide Approach

Improving & Maintaining Cleanliness Scores

America’s Essential Hospitals Distance Learning Webinar
“Applying Technology, Team Approaches to Enhance Patient Experience”
Presented by Jason Kunnacherry and Margaret “Peggy” Turpin
July 29, 2015
About Us

• 46 Locations:
  • 18 Community Health Centers
  • 3 Hospitals
  • 6 Same Day Clinics
  • 5 School-based Clinics
  • 5 Specialty Clinics
  • 9 Homeless shelter clinics*

Staffed by physicians from Baylor College of Medicine and The University of Texas Health Science Center at Houston (UTHealth).

• *not shown on map
Ben Taub Hospital

- Flagship hospital
Ben Taub Hospital

- Flagship hospital
- Texas Medical Center location
Ben Taub Hospital

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- 586 licensed beds
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Ben Taub Hospital

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- Texas Medical Center location
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- 2015 Lifeline Gold Plus (AHA)
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- Area’s busiest Emergency Center; only psychiatric EC in Houston
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- Stroke Gold Plus (AHA/ASA)
- 2015 Lifeline Gold Plus (AHA)
- Area’s busiest Emergency Center; only psychiatric EC in Houston
- 152,872 total patient days (inpatient & observation/FY2014)
Problems to be addressed:

• Below target (>5%) hospital cleanliness scores for years
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• Unwillingness to accept sub-par scores (no excuses)
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• Below target (>5%) hospital cleanliness scores for years
• Unwillingness to accept sub-par scores (no excuses)
• Need to develop sustainable process for improvement and maintenance of cleanliness scores
A Hospital-wide Approach

• Cleanliness is everyone’s responsibility
A Hospital-wide Approach

• Cleanliness is everyone’s responsibility

• Multidisciplinary team
  • Administration
  • Environmental Services
  • Nursing
  • Facilities Engineering
  • Patient Satisfaction
Four High-Impact Initiatives

Room of the Day Cycle
Four High-Impact Initiatives

Room of the Day Cycle

Waste and Soiled Linen
Four High-Impact Initiatives

Room of the Day Cycle

EVS Discharge Team

Waste and Soiled Linen
Four High-Impact Initiatives

- Room of the Day Cycle
- EVS Discharge Team
- Waste and Soiled Linen
- Customer Service Agents
#1: Room of the Day Cycle Plan
#1: Room of the Day Cycle Plan

- One patient room taken offline each day
#1: Room of the Day Cycle Plan

- One patient room taken offline each day
- 10-hour complete room makeover
#1: Room of the Day Cycle Plan

- One patient room taken offline each day
- 10-hour complete room makeover
- 12 day average to complete typical nursing unit
#2: Waste and Soiled Linen
#2: Waste and Soiled Linen

- Right-sizing and replacement receptacles
#2: Waste and Soiled Linen

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- Waste segregation education
#2: Waste and Soiled Linen

- Right-sizing and replacement receptacles
- Waste segregation education
- Shared responsibility for linen removal (Nursing/EVS)
#3: EVS Discharge Team
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- 8-member team focused exclusively on discharges and transfers
#3: EVS Discharge Team

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- Increased attention to routine daily cleaning
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- 8-member team focused exclusively on discharges and transfers
- Increased attention to routine daily cleaning
- Improved and more consistent bed turnaround times (50 min average)
#4: Customer Service Agents
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- Active rounding by a 5-member EVS team to ensure sustainability of program/efforts
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- Immediate feedback to nursing and housekeeping
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- Stronger patient engagement
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- Active rounding by a 5-member EVS team to ensure sustainability of program/efforts
- Immediate feedback to nursing and housekeeping
- Stronger patient engagement
- Liaison to nursing
Performance Improvement

Cleanliness Scores

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Multidisciplinary approach to solving patient satisfaction challenges has proven to be the source of success.
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Multidisciplinary team continues to drive strategic approach to improving patient care environment.

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When applied to other challenges, the multidisciplinary approach has significantly improved our ability to impact change.

Multidisciplinary team continues to drive strategic approach to improving patient care environment.

Multidisciplinary approach to solving patient satisfaction challenges has proven to be the source of success.
Room of the Day
Cycle
Room of the Day Cycle

EVS Discharge Team
Room of the Day Cycle

EVS Discharge Team

Waste & Soiled Linen
For more information, contact:

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