

Dramatic Improvement in Patient Satisfaction: A Case Study from Memorial Hermann Hospital System

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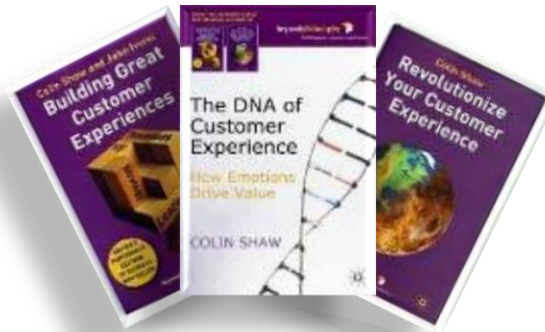
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Memorial Hermann



The Beyond Philosophy Perspective



**Customer Experience
is all we do!**



**Thought leadership is
our differentiator**



**New fourth book
Is now available**



**Offices in London,
Atlanta with partners in
Europe & Asia**



Links with academia



**Focus on the emotional side of
Customer Experience**

We are Proud to Have Helped Some Great Organizations...



Learning Objectives

- How to set the stage for implementing a patient experience program
- What it takes to achieve outstanding patient satisfaction results
- What works and what doesn't from a hospital that has done it successfully
- the key elements of a successful program



The hyper competitive market in Houston...

With over 100 hospitals and medical centres and 19,500 hospital beds, Houston has one of the best and largest medical communities in the world.

The Texas Medical Center

- comprises 49 member institutions
- receives 160,000 daily visitors
- over 6 million annual patient visits

Home of field leading:

- MD Anderson Cancer Center – the world's leading cancer hospital
- DeBakey Heart and Vascular Center
- Texas Heart Institute



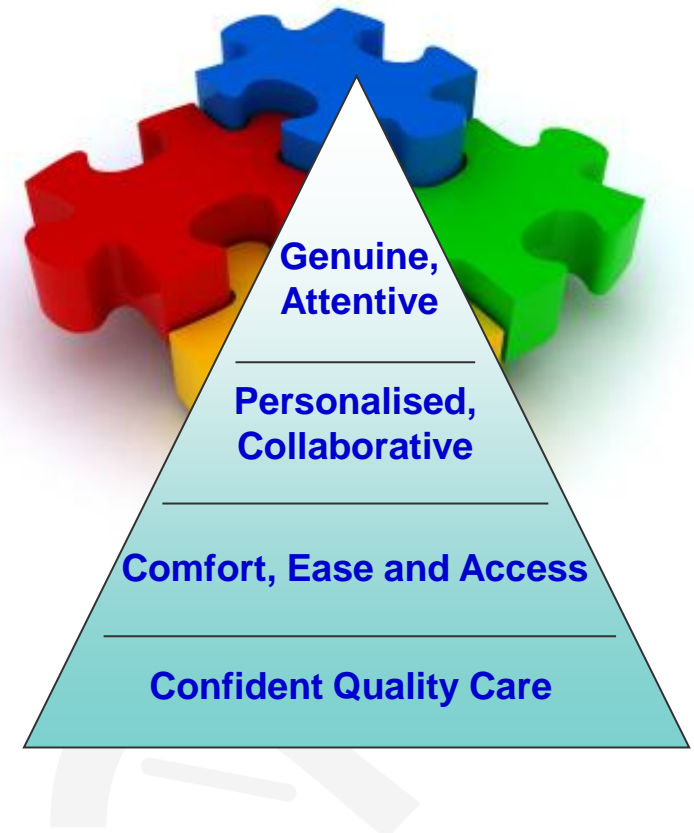
The Situation

Problem

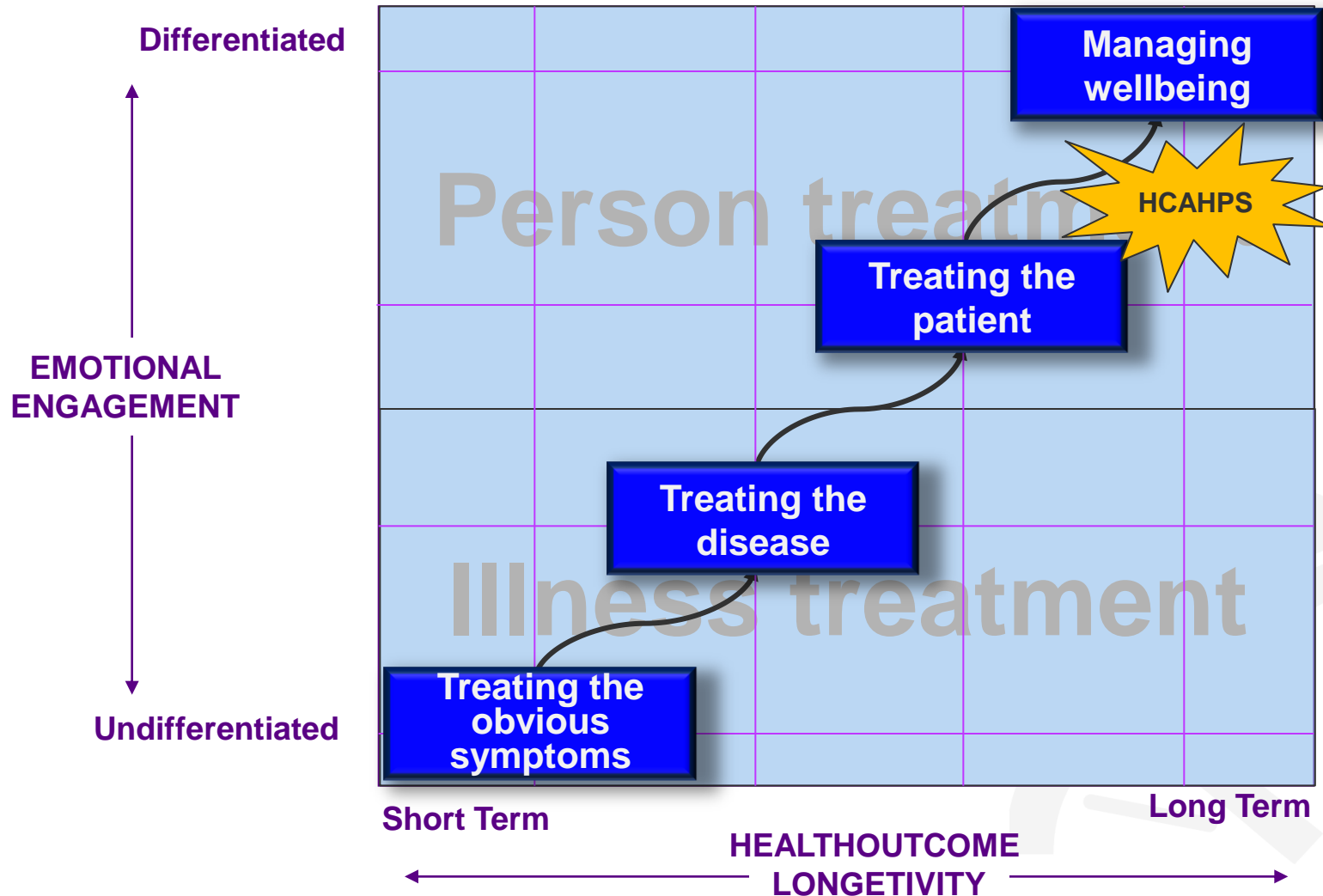
- To maintain sustainable and profitable growth, MHHS needs to attract the small but insured portion of the population with a focus on cancer patients
 - 31% of the population in Houston are uninsured
 - Only 20% would qualify for governmental assistance and have their expenses reimbursed by the government.

Solution

- MHHS recognised that loyalty is built in large part on great patient satisfaction.
- MHHS began on a mission to improve its patient experience in 2005.
- As a starting point it piloted revamping its 1) Cancer and 2) Heart & Lung service lines via the Beyond Philosophy approach
- After learning the approach, it has gone on to customize it based on their own experience.

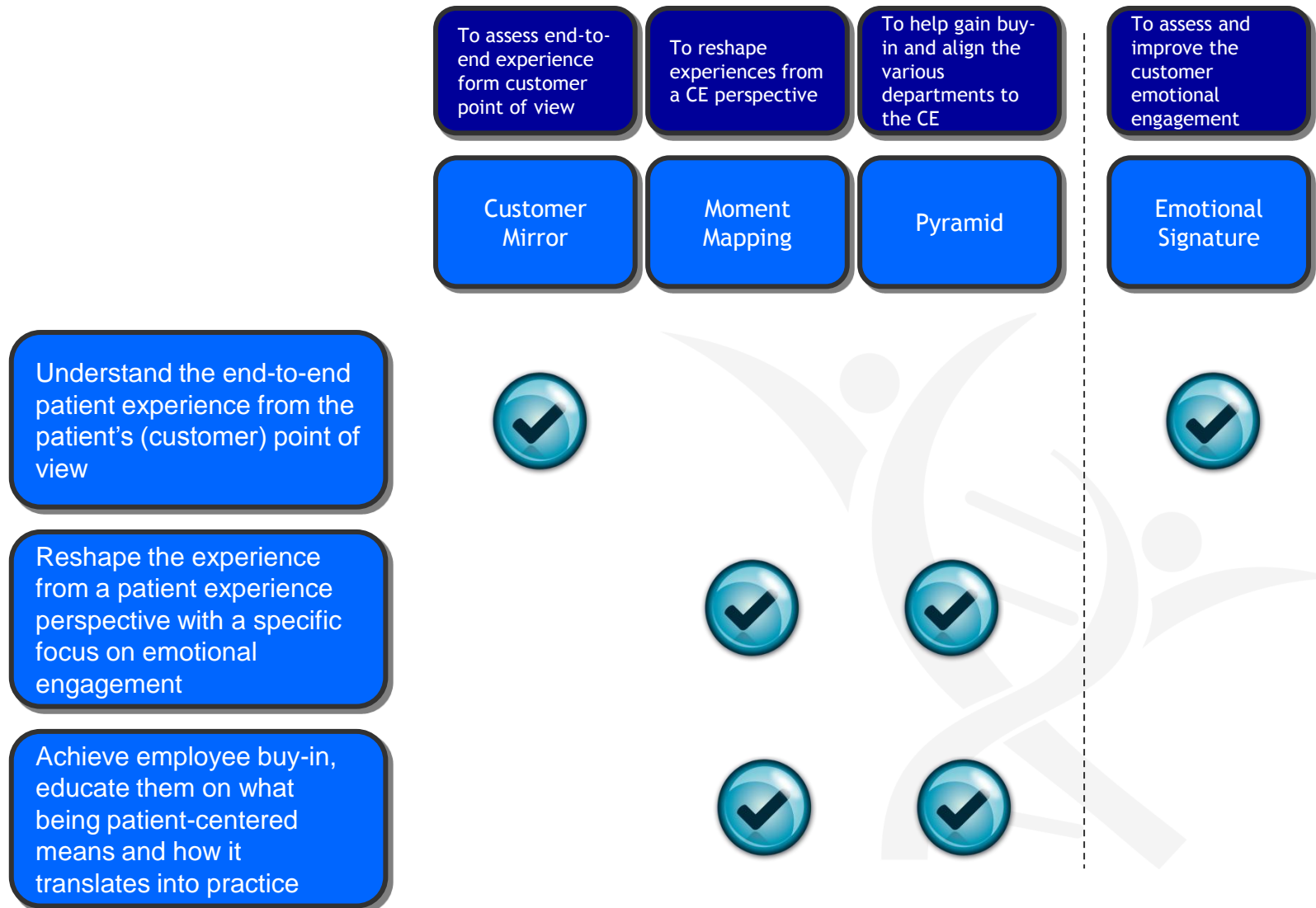


The Evolution of the Patient Experience and Healthcare

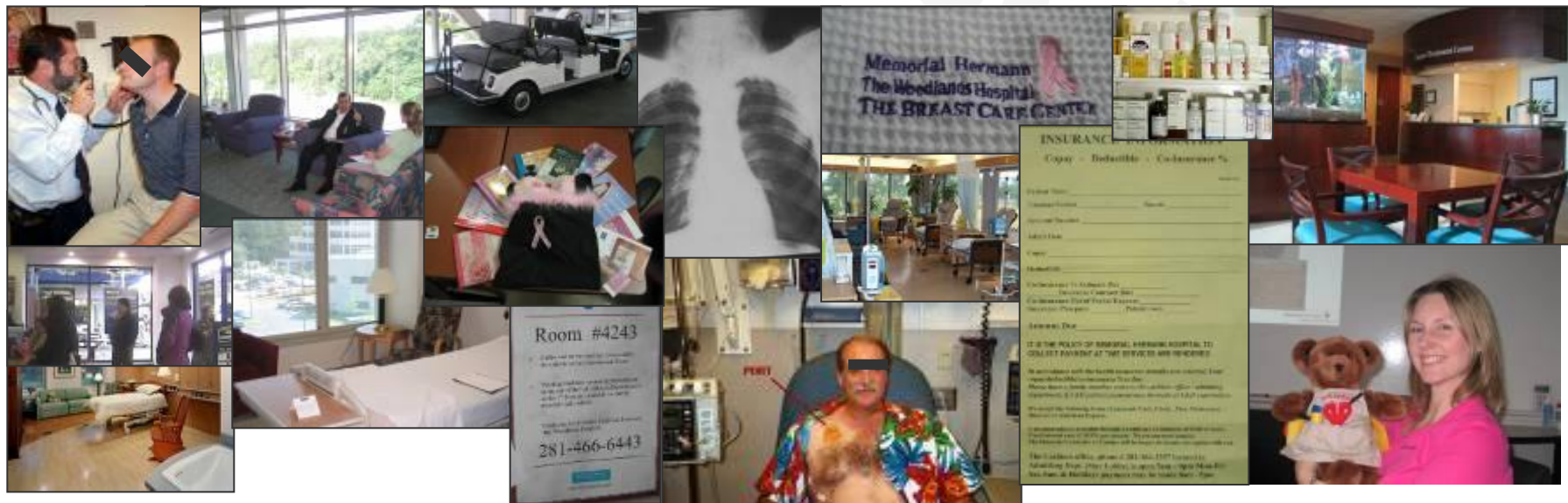
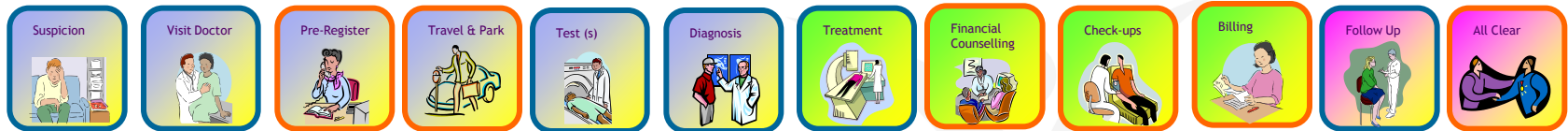


Adapted from: Welcome to the Experience Economy, Pine & Gilmore, HBR, July-August 1998

The Original Beyond Philosophy Approach

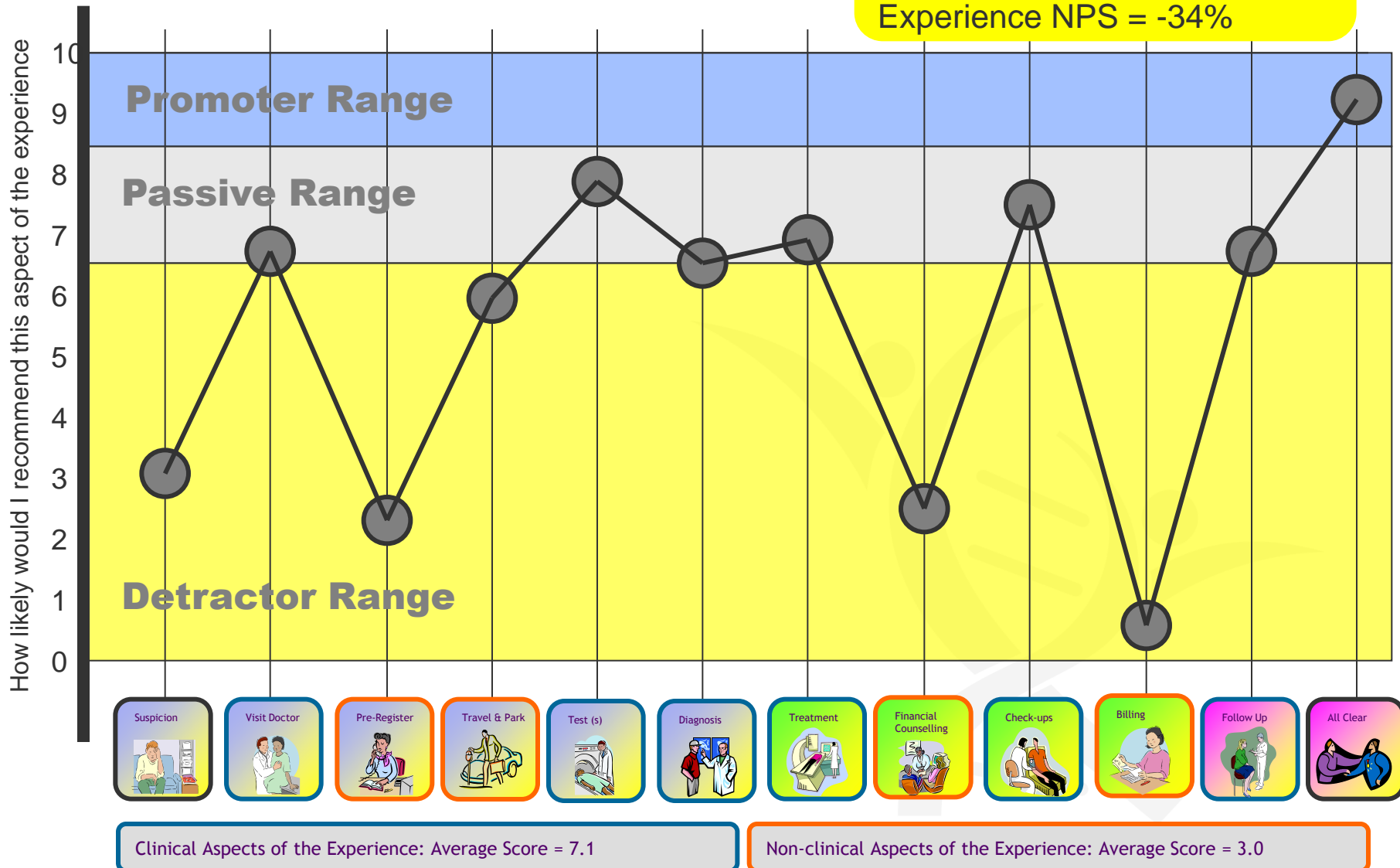


Customer Mirror: Walking the Experience



Net Promoter Barometer

Promoter: 8%
Passive: 50%
Detractor: 42%
Experience NPS = -34%



Pyramid: over 50 employees from the 8 functional divisions outlined ways to make the intended customer experience manifest



Moment Mapping

Experience Design Construction Site

Set Up



In Progress

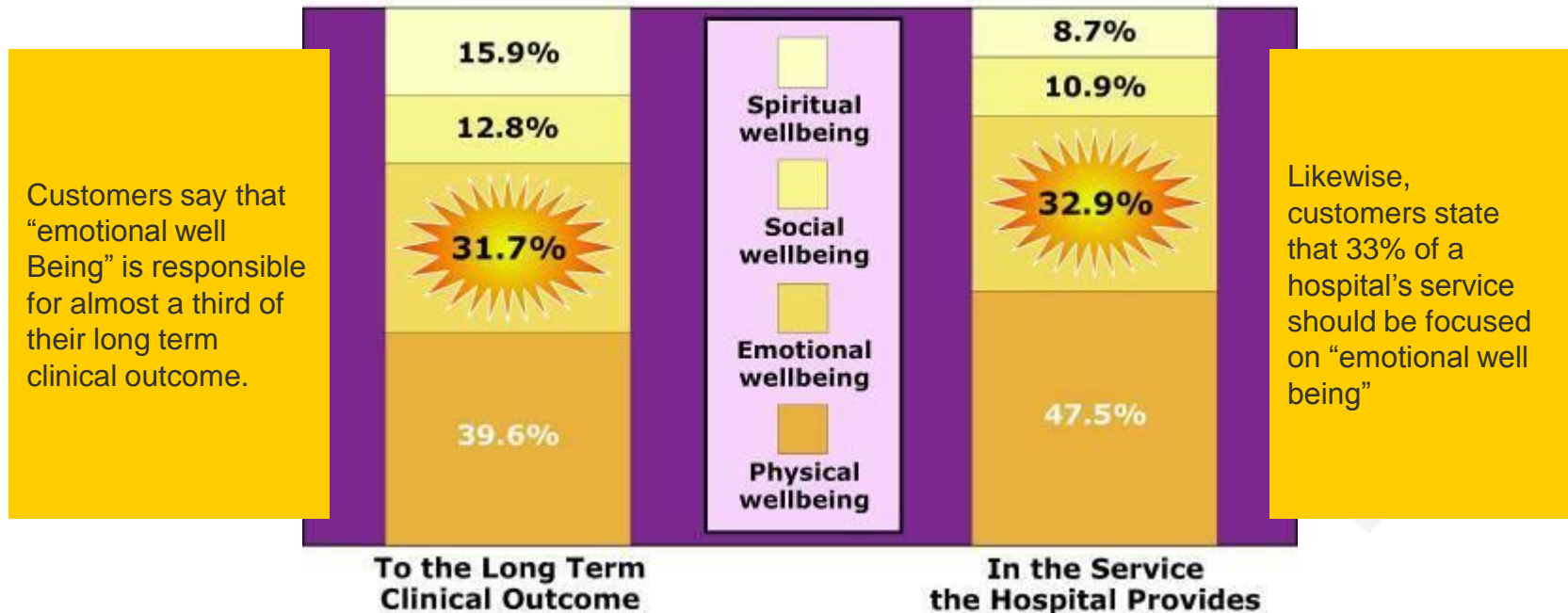


- Custom designed experiential standing workshop – multiple exercises (*Main board, Emotional barometer, Red Dot/ Green Dot, Expectations, etc.*)
- The tour - Bringing the construction site to the employees, not the other way around (*spreads the word, generates interest and excitement*)
- It should look a bit rough like a construction site – sends subtle message that they are building the experience (*overcomes organisational formality, motivates honest feedback*)

We conducted focus groups to gather further items from customers and validate the “construction site” research



Customers' View of the Relative Importance of 4 Key Factors



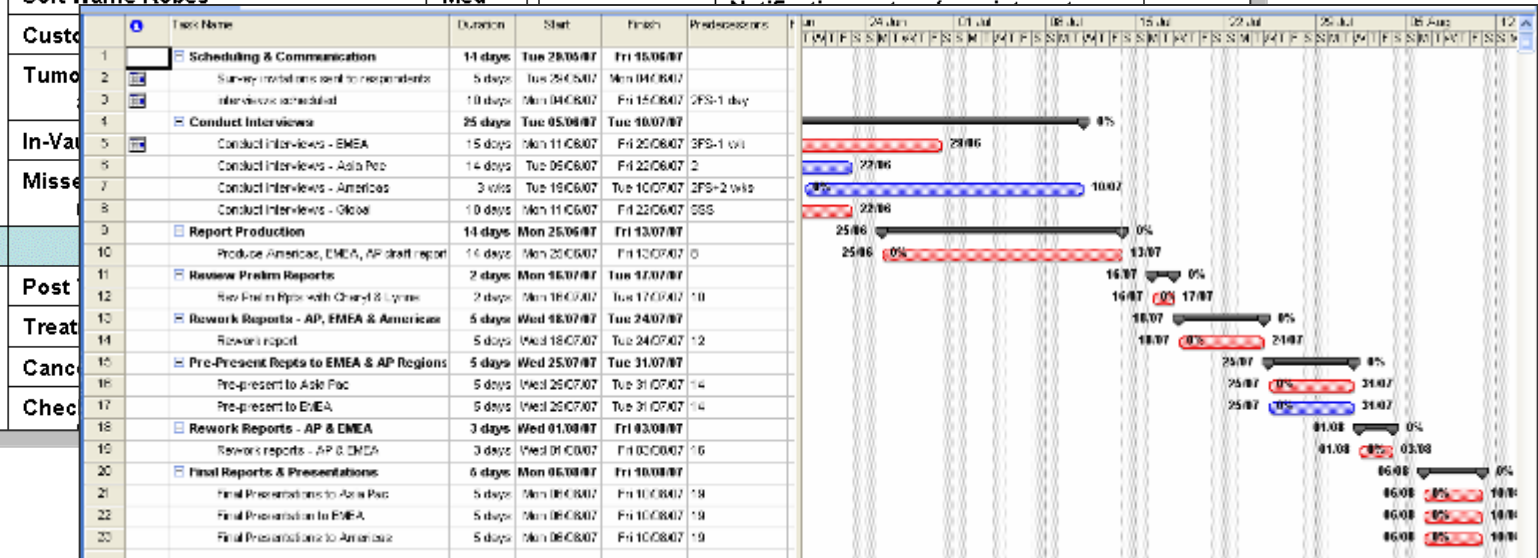
Patient Satisfaction Matrix

Clinical outcome + -	Satisfaction at risk! Customer Comment: "It was hell I would not wish for anybody to go through it" Recommendation: "just get the best doctor"	Satisfied Customer Comment: "I was surprised and this was life reaffirming. It has made me a better person." Recommendation: "If possible, go to my hospital"
	Dissatisfied Customer Comment: "Not the best care" Recommendation: "don't go there"	Satisfied Customer Comment: "They did all they could for me." Recommendation: "They are wonderful, they do all they can and more."
	-	+
	Emotional Outcome	

They may forget what you said, they may forget what you have done...but they will never forget how you made them feel....

Pilot Planning - The approved opportunities were then placed in the regular project calendar

Functional Group	Item Name	Impact	Functional Group	Item Name	Impact
Outpatient	Reduce Physician base overbooking	High	Support	Coping Style Assessment	High
	Post Treatment contact - OP	High		360 Patient Complaint follow up	High
	Calling patients who miss an appointment	High		Dedicated Social Worker/Psychologist	High
	Treatment collaboration - OP	Med		Survivor Groups/Buddies	High
	Keep appointments/explain delays	Med		Spiritual Outreach	Med
	Symbols of inspiration	Med		Refreshments (Smoothie) cart	Med
	Reduce Waiting Points	Med	Business Office		
	Celebration of key milestones including last day of treatment	Med		Recognizing/Remembering patients	High
	Soft Waffle Robes	Med		Local travel advice for patients	Med

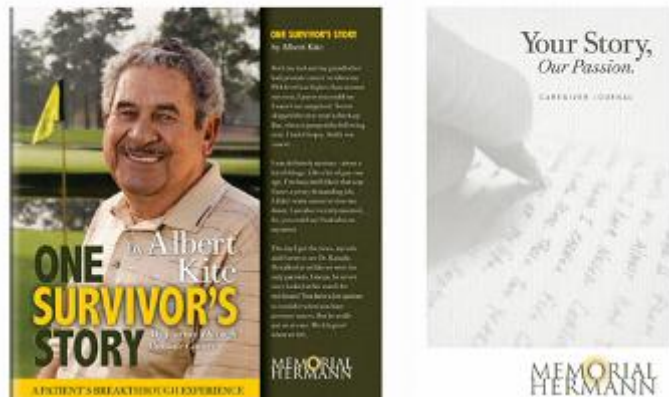


The New Experience

Creating a vision for employees



Samples of patient story poster and caregiver journal



Feedback from employees and patients

- A previous cancer patient said, "I got the package you sent with the journal MH gives Cancer Patients. It is very well done, especially the pages for people to record side effects. When you're in treatment it is all about managing side effects and that gives patients a systematic way to quantify just how crappy they are feeling so their care team can help them. I think a lot of people endure the side effects way too long before asking for help and I think your "treatment tracker" section is EXCELLENT!"
- A transporter at The Woodlands said, "I love these. I have been around the entire hospital reading them. Great job!"

Samples of staff and equipment story cards



MEMORIAL
HERMANN



Initial Success (within 6 months post project)

Efficiency: Cancer Diagnosis to Treatment

40 days

5 days

Before BP

After BP

MHHS Market Share: Cancer + Heart & Lung Service Lines

17%

23%

Before BP

After BP

MHHS Patient Satisfaction: Low Performing Hospital

MHHS Patient Satisfaction: High Performing Hospital

Patient satisfaction increased from 42nd to 99th percentile on average!

Before BP Q1 After BP Q2 After BP

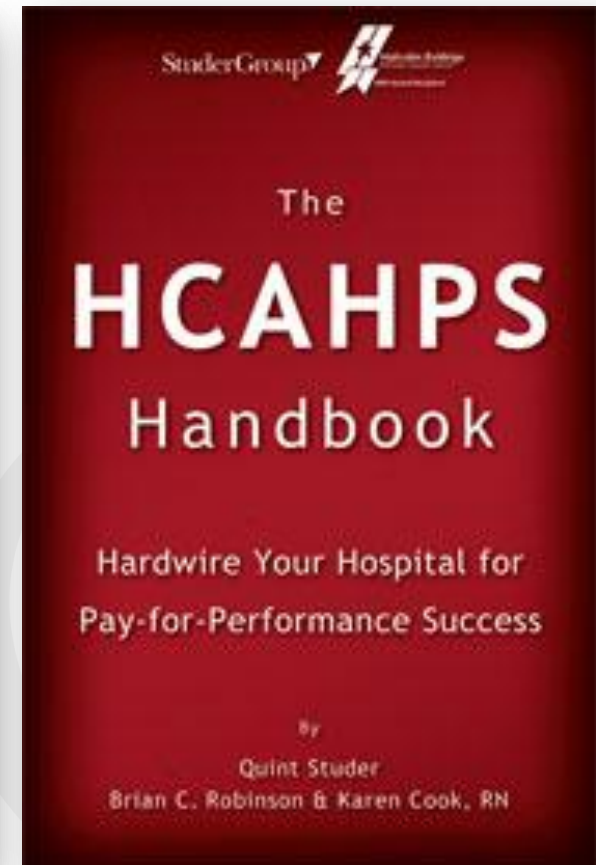
Before BP Q1 After BP Q2 After BP

Some Key Insights that Made a Big Difference

Strategic Insight	Difference it Made
<ul style="list-style-type: none"> • Customers say that “emotional well Being” is responsible for almost a third of their long term clinical outcome. • Likewise, customers state that 33% of a hospital’s service should be focused on “emotional well being” 	<ul style="list-style-type: none"> • Gave the program and the hospitals the ammunition to argue that the patient experience is <u>crucial to clinical outcomes</u> not just satisfaction scores. • It’s the shift from Patient Experience work as “nice to have” to “must have”.
<ul style="list-style-type: none"> • While the cancer is a big negative, the cancer service experience does not have to be. • Patients know how to tell the difference 	<ul style="list-style-type: none"> • Overcame the general resistance of thinking about delivering a “Positive” or “life changing” experience. • MHHS now treats the experience as opportunity rather than necessary evil
<ul style="list-style-type: none"> • While the clinical care provided is top notch, patients tend to judge the cancer service on the basis of non-clinical “moments of contact” 	<ul style="list-style-type: none"> • Brought home the fact that patient judgement and expectation is not the same as physician opinion. • Ex.: developing Cancer Business office, patient defined scheduling of financial counselling, traffic advisory planning service
<ul style="list-style-type: none"> • A 1% improvement in the “key” emotions could be worth millions to MHHS. • A initial focus on the Attention emotions would provide the biggest “bang for the buck”. 	<ul style="list-style-type: none"> • The opportunities which focused on the Attention emotions were prioritised. • This gave the patient experience program a tangible focus in it’s initial stages.
<p>The care provided by lower skilled “support clinicians” (eg, phlebotomists, etc) was being overlooked but patients pay a great deal of care to these because they feel they have a better ability to judge these</p>	<ul style="list-style-type: none"> • One of the items opportunities out of the MM was the creation of the & Deadly sins of care. These are basics of “support care” that MHHS would focus on getting right. As one sin is cleared, it would be replaced by the next biggest sin and so on.

Patient Satisfaction directly relates to revenues now

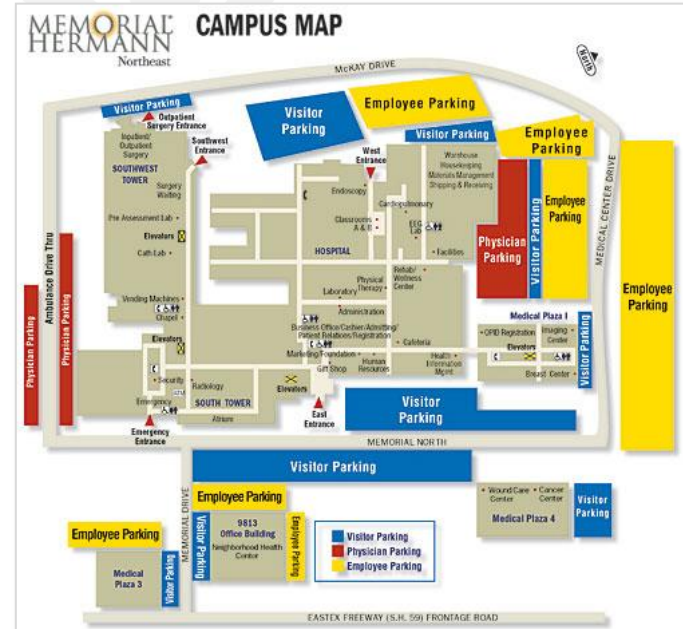
HCAHPS COMPOSITES AND QUESTIONS			
	Composite	Question Summary	Response Scale
8 Value Based Purchasing Measures	Nursing Communication	Nurse courtesy and respect	ALWAYS, Usually, Sometimes, Never
		Nurses listen carefully	ALWAYS, Usually, Sometimes, Never
		Nurse explanations are clear	ALWAYS, Usually, Sometimes, Never
	Doctor Communication	Doctor courtesy and respect	ALWAYS, Usually, Sometimes, Never
		Doctors listen carefully	ALWAYS, Usually, Sometimes, Never
		Doctor explanations are clear	ALWAYS, Usually, Sometimes, Never
	Responsiveness of Staff	Did you need help in getting to bathroom? ²	Yes No (screening question)
		Staff helped with bathroom needs	ALWAYS, Usually, Sometimes, Never
		Call button answered	ALWAYS, Usually, Sometimes, Never
	Pain Management	Did you need medicine for pain? ²	Yes, No (screening question)
		Pain well controlled	ALWAYS, Usually, Sometimes, Never
		Staff helped patient with pain	ALWAYS, Usually, Sometimes, Never
	Communication of Medications	Were you given any new meds? ²	Yes, No (screening question)
		Staff explained medicine	ALWAYS, Usually, Sometimes, Never
		Staff clearly described side effects	ALWAYS, Usually, Sometimes, Never
	Discharge Information	Did you go home, someone else's home, or to another facility? ²	Own home, Someone else's home, Another facility (screening question)
		Staff discussed help need after discharge	YES, No
		Written symptom/health info provided	YES, No
	Cleanliness and Quietness of Hospital Environment	Area around room kept quiet at night	ALWAYS, Usually, Sometimes, Never
		Room and bathroom kept clean	ALWAYS, Usually, Sometimes, Never
	Overall Rating	Hospital Rating Question	0 to 10 point scale (percent 9 and 10 reported)
Willingness to Recommend will continue to be reported but not included in VBP formula		Willingness to Recommend	DEFINITELY YES, Probably Yes, Probably No, Definitely No



4 out of the 7 components and **57%** of the questions in **HCAHPS** are related to the “Person management” side of the experience

Replicated Success (Memorial Hermann Northeast Hospital)

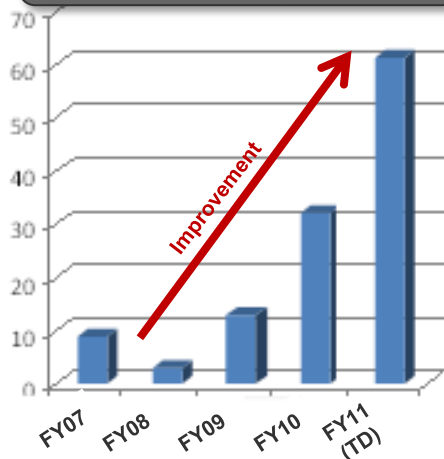
- *In 2005/ 2006 Northeast Hospital was not a part of MHHS when Beyond Philosophy was engaged there*
- *In 2007, it had a terrible track record*
 - **33 straight years of being unprofitable**
 - **5% Patient Satisfaction**
- *Memorial Hermann assumed management of it in 2007 and applied the Beyond Philosophy customer experience approach that it had been optimising*



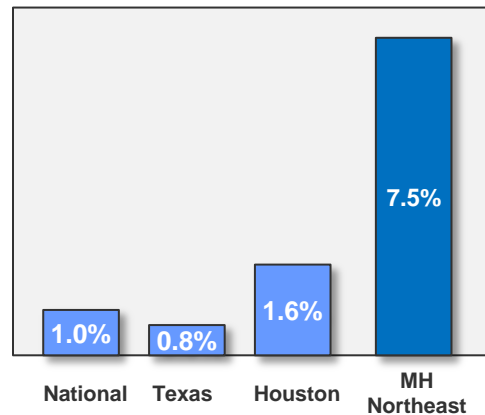
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- **Immediately, MH Northeast began to show the effect of the approach**
 - **Bested plan to break even in 2015 by becoming profitable by \$18million in 2011!**
 - **Patient satisfaction improved to 65% up from 5% when MHHS acquired it**

MH Northeast Patient Satisfaction



Patient Satisfaction Average Improvement

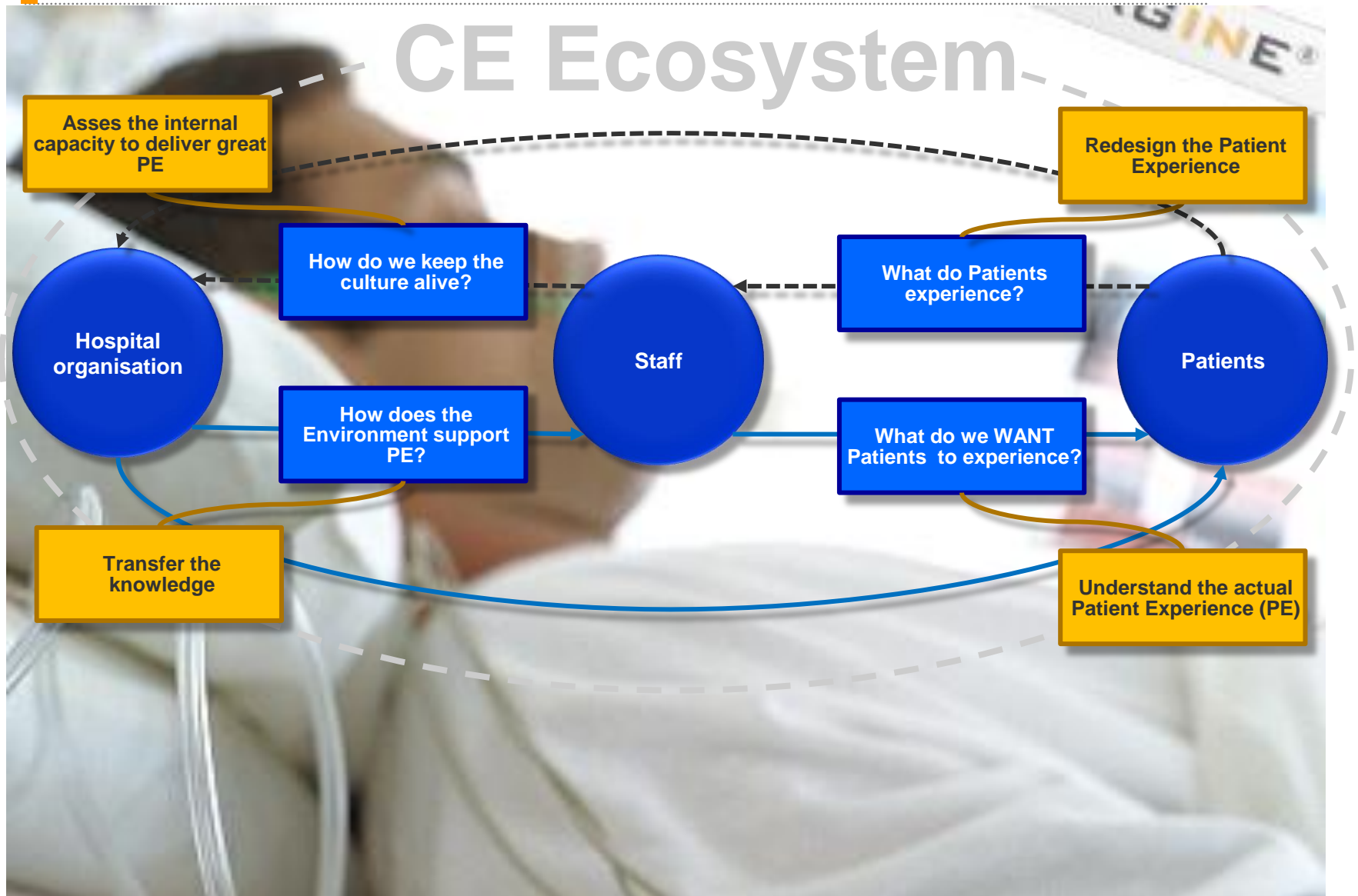


Press Ganey Top Improver Award 2010



Press Ganey measures patient care for more than 10,000 health care facilities.

Want to improve your Patient Satisfaction?



Thank You



We invite you to continue the conversation and ask questions



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