Creating a Positive Patient Experience In Imaging

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Outline

• What does “Patient Experience” mean

• How “Patient Experience” is measured
  – Inpatient: HCAHPS scores
  – Outpatient: Press Ganey Surveys

• Patient Experience Institute Initiatives
  – Employee centered
  – Patient centered
  – Referring provider centered
What is Patient Experience?...
(And why is it so important?)

• Providing high quality medical care is no longer enough to generate patient loyalty. Excellent medical care is expected…

• Health systems must exceed patients’ expectations for clinical quality, safety, efficiency, and personal interactions

• Cleveland Clinic a pioneer in the field of patient experience:
  — Have made patient experience a strategic goal
  — First to appoint a Chief Experience Officer
  — One of the first to establish an Office of Patient Experience
Patient’s First

We strive to provide outstanding and compassionate care and service, every step along the way.

Putting patients first means we all address every aspect of a patient’s encounter with Cleveland Clinic, including the patient’s physical comfort, as well as his or her educational, emotional and spiritual needs.
How is Patient Experience Quantitatively Measured?

• Inpatient: HCAHPS surveys
• Outpatient: CGCAHPS/Press Ganey Surveys
Measuring inpatient satisfaction in the Imaging Institute
HCAHPS Key Quality Care Themes (specific to HCAHPS)

1. **Nurses** communicate well (ie explained things clearly, listened carefully, treated patient with courtesy/respect)

2. **Doctors** communicate well (see above)

3. Patients receive help quickly from hospital staff (ie. Quick response to call button or using bathroom/bedpan)

4. Pain well controlled (ie pain well controlled; everything possible done to help patients with pain)

5. Staff explain medicines before giving (ie. Explained what medicine was, potential side effects)
HCAHPS Survey Themes
(specific to HCAHPS)

6. Patients’ rooms/bathrooms kept clean

7. Area around patients’ room quiet at night

8. Info provided about what to expect at home (ie. Staff discussed help needed at home, gave written info about symptoms/potential problems to watch for)

9. Overall rating

10. Would recommend hospital to family and friends

…. (additional space provided to make specific comments)
Summary: Inpatient

• Three most common low scoring domains:
  • responsiveness to call light and bathroom requests
  • medications discussed with patient
  • environment quiet at night

• Radiology: wait times
Measuring *outpatient* satisfaction in the Imaging Institute
Outpatient Satisfaction

• CMS will require measurement for full reimbursement using the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) survey beginning 2015 – survey rolled out January 2013

• Payment incentives to outpatient facilities

Scoring Methodology

• Top Box Approach – % of survey respondents selecting very good

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<th>V. Poor</th>
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http://intranet.ccf.org/patientexperience
Press Ganey Outpatient Surveys

• Standardized, confidential surveys randomly mailed to patients based on types of outpatient services they received

• Radiology module (8 questions) included on survey if patient had imaging and provider appointments on same day

• Survey sent to ~ 32% of all medical practice visits (… however, not necessarily all associated with an imaging exam)

• Survey distribution commenced August-September 2010

• Patient experience scores reported on institute quarterly reviews and executive scorecards
CGCAHPS/Press Ganey
Radiology Questions

1. Friendliness/courtesy of staff providing test/procedure
2. Explanations from staff about what would happen during test/procedure
3. Skill of staff providing test/procedure
4. Staff concern for comfort
5. Staff addressed your questions/worries
6. Staff sensitivity to pain you may have experienced
7. Overall rating of care received during test/procedure
8. Likelihood of your recommending our radiology dept to others
So How Do We Improve Our Scores?
Who Contributes to the Patient Experience in Imaging?

REFERRING DR

RADIOLOGIST

TECHNOLOGIST

NURSE

SCHEDULER PSR

ENVIRONMENT
Patient Experience Institute Initiatives

• Employee centered
• Patient centered
• Referring provider centered
Patient Experience

Imaging Institute Initiatives:

Employee Centered

1. Commitment to Respect / 360°radiologist evaluations
2. Imaging Institute Patient Experience Committee
3. New caregiver orientation / Chairman office hours
4. Town halls / Chairman office hours
5. Others…
1. Commitment to Respect

- 2011 – Recognizing importance of employee satisfaction and its influence on patient experiences, institute leaders met with employees to learn more about daily challenges.

- General theme – employees did not always feel part of a “team”.

- In response, Imaging Institute developed a code of conduct by which every employee expected to abide.

- Institute Chairman & Patient Experience Officer presented “Commitment to Respect” to all 1342 imaging employees during dedicated lectures held enterprise wide.
1. Commitment to Respect

- Patients, their families, and significant others are the most important people to the healthcare team
- We all lead by setting a good example
- We make ourselves accessible to others
- We exhibit a personable, pleasant, and professional demeanor
- We create a positive environment of support, respect and appreciation
- We are all caregivers and help each other achieve our potential
- We manage stress appropriately both in the workplace and on a personal level
- We value every member of the care delivery team equally and recognize the “main ingredient for success is the rest of the team” – John Wooden
1. **Commitment to Respect**

**360° Evaluations**

- Service oriented behaviors must start at top – must lead by example
- To make radiologists accountable for their behaviors, confidential survey sent to team members (technologists, nurses, support personnel) giving them opportunity to evaluate radiologists with whom they work
- Results reviewed with each radiologist individually and factored into radiologists’ annual performance review
- Those scoring below average offered opportunities for behavior modification and remediation
- Results will also factor into Chairman’s compensation adjustments
2. Patient Experience Committees
Main Campus & Family Health Centers (FHC)

• Representatives include nurses, technologists, patient service representatives, research personnel, residents

• Meets once per month with institute leadership

• Review monthly Press Ganey data and direct calls from patient experience line

• Review institute specific initiatives / share ideas

• Review construction plans

• Representatives report monthly to their respective sections

• Also provide updates thru section newsletters
3. New Caregiver Orientation / Chairman Office Hours

- Patient experience officer meets with all new hires on quarterly basis, as part of new caregiver orientation

- Review significance of patient experience and institute initiatives; introduce patients to our culture

- Institute Chairman has scheduled weekly office hours during which he meets again with all new hires to emphasize patient experience
4. Caregiver Townhalls / Chairman Office Hours

- Quarterly meetings with institute leadership and all employees
- Attendance strongly encouraged; door prizes provided
- Opportunity to review ongoing institute and enterprise specific projects
- Forum for employees to ask questions, present their challenges, offer suggestions
- Weekly office hours also open door for employees to meet with Institute Chairman one-on-one
5. Others....

- Mandatory S.T.A.R.T. with H.E.A.R.T. training for all Main Campus PSRs

- Staff radiologists have attended Foundations of Healthcare Communication course

- All employees encouraged/empowered to perform service recovery

- Imaging lanyard reward program for employees recognized by patients/families on the Patient Experience direct line; recognition celebration of employees held annually

- Leadership recognizes life-altering events for their caregivers
Patient Experience

Imaging Institute Initiatives:

*Patient Centered*

1. Patient Experience cards / phone line
2. Patient education handouts and videos
3. Release of imaging reports to MyChart
4. Others…
1. Patient Experience Cards / Telephone Line

- Card given to every patient at exam check-in – reminded by every caregiver thereafter
- Reminder posters placed in strategic places in each area
- Patient phone calls personally answered during workhours; voicemails after hours, weekends
- Calls triaged to Administrator / Nurse Director / Physician Patient Experience Officer for response within 24 hrs

THANK YOU for choosing Cleveland Clinic Imaging Institute as your Radiology provider.

Your opinion of our service is very important to us. Our goal is to provide you exceptional service. Please let us know if any aspect of your experience was less than very good today in Radiology. Please contact us at 216.444.5853.

Laura Shepardson, MD
Patient Experience Officer
Cynthia Sears, RN, MSN
Director of Nursing
Susan Weber, RT
Department Administrator
Areas “In Need of Improvement”
As Addressed on Calls for Main Campus

*Does not = 100% as multiple concerns could be raised on a single phone call

12/2011-03/2014: 1590 calls
80% positive
17% negative (n=278)
6% neutral
Areas “In Need of Improvement”
As Addressed on Calls for FHCs

*Does not = 100% as multiple concerns could be raised on a single phone call

10/2012-02/2014: 2061 calls
  92% positive
  8% negative (n=156)
  2% neutral
2. Patient Education Handouts

Details what patients should expect during their radiology exam:

- Abdomen Ultrasound
- Angiogram
- CT scan
- Upper GI exam
- PICC placement
- Lumbar Puncture
- MRI
- MRI – abdomen
- Nuc med HIDA or gastric scan
- Lower GI exam (Barium enema)
- Ultrasound
- Fistulagram

- Link to patient education handouts provided on intranet
- Allows caregivers to print and give to patients
- Plan to place picture “look-books” on reception area tables in MRI
You’re Having a Lower GI Exam (Barium Enema) Today!

Bowel Preparation will be ordered by the physician.

Have your pain assessed prior to transport.

Transport called - Travel from your room by stretcher or wheelchair.

MD or Tech will explain procedure and place you on x-ray table.

Images show the large intestine.

Radiologist and Tech will take pictures in several positions.

Radiologist will place a tube in your rectum attached to a bag of liquid that shows under x-rays.

You will go to the restroom before leaving the department.

The total exam will take about 1-2 hours.

Travel back to your room by stretcher.
2. Patient Education Videos

• Education videos describing what happens during each exam performed in Nuclear Medicine; plan to develop for other modalities

• Produced by Medical Education Department

• Listed as programs for On-Demand channel inpatients can request from rooms

• Also offered at exam check-in for outpatients to view in the subwaiting areas

• Working to include link on patient portal for patients to view at home prior to their appointments
3. Release of imaging reports to MyChart

- CMS offers incentive payments to providers demonstrating **MEANINGFUL USE** of electronic health records (EHRs) – ie. use EHRs to positively impact patient care
- As part of enterprise efforts to improve patient-provider communication / patient engagement, Imaging Institute helped orchestrate *automatic* release of radiology reports from EHRs to patient portal
- **October 2012** – plain film reports released after 3 business days
- **April 2013** – advanced imaging reports released after 10 days
- Radiologists’ fear of increased patient call volume not substantiated
• Website redesign – Ongoing project started by Patient Experience Committee; incorporates patient information, basic education

• “Wait Time” boards – used to update patients (considered pagers)

• Developed IV access algorithm and pager to assist floors/units with difficult IV access patients

• “Project Positive PICC” – PICC team distributed a survey to 70-75 inpatient units asking floor personnel to anonymously evaluate the PICC team’s response time and quality of communication

• New consolidated MRI suites with increased nursing support
Patient Experience

Imaging Institute Initiatives: Referring Provider Centered

1. Structured reporting
2. Radiologist accessibility
1. Structured Reporting

• Variability in reporting – some too descriptive/not descriptive enough; Impressions, differentials “buried”; ambiguous recommendations

ADVANTAGES

• Makes content/format/structure of reports more uniform, clear, concise – easier for colleagues, referring providers, patients to understand

• Helps practices earn pay-for-performance incentives by reducing risk of penalty for omitted details

• Allows researchers to easily cull and extract data from reports

• Enhances trainees’ education by emphasizing organization and construction of reports using proper radiology lexicon
1. Structured Reporting

• RSNA Radiology Reporting Initiative has created a free library of > 100 specific report templates designed to improve reporting practices

• Templates available at https://www.rsna.org/Reporting_Initiative.aspx

• Cleveland Clinic has developed our own standardized disease/exam specific templates which allow for free text

• Radiologists strongly encouraged to use; nearly 100% participation