Improving the Patient Experience from Admission to Discharge

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Patient Access & Business Services
Mayo Clinic Arizona
Please rank your organization’s top 3 priorities for the next 3 years

- **Patient Experience/Satisfaction**: 70%
- **Quality/Patient Safety**: 63%
- **Cost Management/Reduction**: 37%
- **EMRs/meaningful Use/IT**: 35%
- **Employee Engagement/Satisfaction**: 22%
- **ACO Development/Implementation**: 18%
- **Physician Recruitment/Retention**: 17%
- **Construction/Capital Improvements**: 11%

**FIGURE 4. Top Three Organizational Priorities**

**SOURCE:** A REPORT ON THE BERYL INSTITUTE BENCHMARKING STUDY, THE STATE OF PATIENT EXPERIENCE IN AMERICAN HOSPITALS 2013: POSITIVE TRENDS AND OPPORTUNITIES FOR THE FUTURE, JASON A. WOLF, PH.D., PRESIDENT
Defining the Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Key Elements

Critical to the understanding and application of this definition is a broader explanation of its key elements

Interactions
The orchestrated touch-points of people, processes, policies, communications, actions, and environment

Culture
The vision, values, people (at all levels and in all parts of the organization) and community

Perceptions
What is recognized, understood and remembered by patients and support people. Perceptions vary based on individual experiences such as beliefs, values, cultural background, etc.

Continuum of Care
Before, during, and after the delivery of care

SOURCE: A REPORT ON THE BERYL INSTITUTE BENCHMARKING STUDY, THE STATE OF PATIENT EXPERIENCE IN AMERICAN HOSPITALS 2013: POSITIVE TRENDS AND OPPORTUNITIES FOR THE FUTURE, JASON A. WOLF, PH.D., PRESIDENT
What Forms the Patient Experience?

“Comprised of every voice, impression and encounter a patient (or family member) has with your health system.

“Whether it's making a phone call for additional information, scheduling an appointment,

“or whether your website is easy to navigate, every interaction impacts patient perception.”
Not Just Another Initiative

“Experience is not just another initiative you can measure and plan your way through, it requires direct, personal and in-the-moment efforts to achieve the greatest results.”

SOURCE: A REPORT ON THE BERYL INSTITUTE BENCHMARKING STUDY, THE STATE OF PATIENT EXPERIENCE IN AMERICAN HOSPITALS 2013: POSITIVE TRENDS AND OPPORTUNITIES FOR THE FUTURE, JASON A. WOLF, PH.D., PRESIDENT
Learning Objectives

• **Review opportunities** to impact patient experience in revenue cycle areas such as scheduling, registration, financial counseling and case management.

• **Identify tools and processes** to improve patient experience across the continuum of care – pre-service, time of service and post-service.

• **Consider methods** to monitor interactions with patients for a complete picture of the patient’s experience from first encounter to the point of admission to the point of discharge.

• **Evaluate opportunities** to conduct quality assurance and training in staff communication with patients.

• **Review scores** from Press Ganey and HCAHPS to identify opportunities for continual improvement and sustainability.
Mayo Clinic – Scottsdale

- 5-story, 240-exam room outpatient clinic
- Outpatient surgery, laboratory, diagnostic testing, imaging, pharmacy services and a patient education library
- Future home of Mayo Medical School – Arizona Campus
- Research facilities
Mayo Clinic – Phoenix

- Mayo Clinic Hospital – 268 licensed beds, 21 operating rooms, and Level II ED
- Mayo Clinic Specialty Building houses surgical specialties
- Mayo Clinic Building Cancer Center, Proton Beam Therapy
<table>
<thead>
<tr>
<th>Strategic Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Value</strong></td>
</tr>
<tr>
<td>The needs of the patient come first</td>
</tr>
<tr>
<td><strong>Mission</strong></td>
</tr>
<tr>
<td>To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
</tr>
<tr>
<td>Mayo Clinic will provide an unparalleled experience as the most trusted partner for health care</td>
</tr>
<tr>
<td><strong>Core Business</strong></td>
</tr>
<tr>
<td>Create, connect and apply integrated knowledge to deliver the best health care, health guidance and health information</td>
</tr>
</tbody>
</table>
Strategic Plan

**Achieve Operational Excellence**
- Patient Experience
- New Delivery Models
- Access/Yield Management

**Objective**
Enhance patient and customer experience

**Priority**
Patient experience improvement
Model of Care

Quality patient care
Integrated electronic medical record
Unhurried medical exams
Salaried physicians
Multi-specialty teamwork
Advanced diagnostic & therapeutic technology
Partnership with local physicians

Set of guiding principles and environment for delivering patient care
Mayo PX Organizational Structure

Enterprise

- Board of Governors
- Clinical Practice Committee
- Quality Care Subcommittee
- Patient Experience Subcommittee

- Mayo Clinic Arizona
- Mayo Clinic Florida
- MCH Community Practice
- Mayo Clinic, Rochester Campus
Improved Patient Experience

Pxi Model

- Continuous Improvement
- Mayo Clinic Values
- Change Management
- Consultation & Coaching
Patient Experience “Star” Committee

Central service focused resource that monitors and acts upon service outcome data

Fosters service innovation to support Mayo Clinic goals

Provides feedback to leadership

Creates a forum to share best practices

Recognizes service excellence
Patient Experience Data Sources

- Avatar Quarterly Pushed or Other Reports
- HCAHPS CG-CAPHS Heat Maps Org/Unit Level
- Quality Scorecard HCAHPS Adjusted Current Data
- Improving Care Tools & Service Culture Survey
- Provider Comp (MCHS)
- Touch Point Map
- P3, BOG, Scorecards
ADKAR and the Consulting Model

- **A** • Awareness of the need for change
- **D** • Factors, motivation and desire to support the change
- **K** • Skills and know how to implement the change
- **A** • Capabilities to implement the change
- **R** • Actions or events to strengthen and reinforce change

Giving staff knowledge and tools to be successful with change.
Staff Skillsets

- Listening
- Appreciative Inquiry (Discover, Dream, Design, Deliver)
- Coaching
- Change Management
- Facilitation
- PEARLS (Empathetic Redirection)
- Service Quality Improvement
PEARLS

P - Partnership
E - Empathy
A - Apology/Acknowledge
R - Respect
L - Legitimization
S - Support
Revenue Cycle Impact

Pre-service communication sets the tone for the entire encounter.

Post-service communication may be last touch point a patient has with the organization.

These interactions are about health and money; two of the most emotional subjects we deal with as humans.
Pre Service
Tools & Processes
Setting the Tone

Patient experience begins in Patient Access

- Obtain correct information
- Schedule and register patient appropriately
- Ensure services are covered and reimbursed

First phone call or face-to-face sets the tone

- Staff scripted with opening and closing scripts
- Specialized training in customer service and setting financial expectations
Patient Access Touch Points

- Physician scripts
- Consents and authorizations
- Insurance benefits verification
- Prior authorization
- Notification of admission
- Patient out-of-pocket estimate
- Financial Counseling/Medicaid Eligibility
- Identify payer sources
Patient Expectations

- Information regarding benefits
- Prior auth and/or precert completed prior to service
- Knowledge of costs and out-of-pocket expectations
- Services are covered by insurance company
<table>
<thead>
<tr>
<th>Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty scheduling an appointment</td>
</tr>
<tr>
<td>Long wait times</td>
</tr>
<tr>
<td>Un-empathetic or uncaring staff</td>
</tr>
<tr>
<td>Lack of coordination of care</td>
</tr>
<tr>
<td>Poor/ineffective treatment</td>
</tr>
<tr>
<td>Uncomfortable or unclean environment</td>
</tr>
<tr>
<td>Billing problems</td>
</tr>
<tr>
<td>Unprofessional conduct</td>
</tr>
<tr>
<td>Poor patient-provider communication</td>
</tr>
<tr>
<td>Unreturned calls</td>
</tr>
</tbody>
</table>
Complaint/Grievance Issues

Top 2-3 event types (issues):

1. **Delay**
   1. Wait time Provider
   2. Procedure/Testing
   3. Wait Time

2. **Communication**
   1. Courtesy and Respect/Interactions Behavior
   2. Staff
   3. Listening to Care Concern/Involvement in Care
   4. Licensed Provider

3. **Access**

4. **Scheduling Error**
Perception & Clinical Satisfaction

Satisfied with Billing Experience

93% Satisfied with Clinical

Unsatisfied with Billing Experience

63% Satisfied with Clinical

Source: “Study Shows Link between Patient Satisfaction with Billing Experience and Clinical Satisfaction,” Executive Insight, ©2011.
#1 Issue – Communication

**Scripting**
- Timeliness, accuracy of communication
- Keeping patients and family members informed

**Setting Expectations**
- Time estimates
- Patient responsibility
- Discharge info
Clear and Accurate Communication

- Call recording
- Face-to-face communication
- QA reviews
- Quality measures, competency reviews
- Training
Voice Recording

- Authorizations, certifications, referrals
- Physician calls
- Scheduling calls
- Pricing hotline/estimates
- Patient calls on nurse help-line or ED
- Customer service calls
- In-person encounters
- Discharge follow-up phone calls
Monitoring

Monitor quality indicators (wait times, talk times, customer service)

Each scheduler listens to percentage of calls on a monthly basis

Quality/accuracy goals set for each employee and reviewed each month
Quality Assurance

*Perform consistent, objective QA of communication; quickly pinpoint issues & training needs*

- **Score cards and reports:** Track and trend quality scores by team, agent or focus area
- **Review with staff:** Share recordings and reports for training and performance improvement
- **Performance evaluation:** Tie QA scores to employee evaluations, incentives & recognition
# Quality Assurance – Sample Scorecard

## Quality Assurance Check List for Scheduling

<table>
<thead>
<tr>
<th>Associates Name:</th>
<th>PSR: Yes or No</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<em>Is there anything else I can help you with today?</em>)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|-------------------------------------------------------------|-------------|--------|--------|--------|------------|

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<table>
<thead>
<tr>
<th>9.) Difficulty of Caller:</th>
<th>Difficult</th>
<th>Average</th>
<th>Pleasant</th>
</tr>
</thead>
</table>

|----------------------------------------|-------------|--------|--------|--------|------------|

|----------------------------------------|-------------|--------|--------|--------|------------|

Length of Call: [Textbox]
Communication Quality Reports

Track and trend scores over time by team, agent or question.

- Trending reports by question to identify problem areas
- Roll-up reports by team and agent
- Individual scorecard reports for performance evaluation
Documenting Patient Touch Points

Appointment scheduling
  • Referring physicians
  • Patient requests

Cost estimation

Patient notification

Registration

Patient administrative liaison encounters
Comprehensive by patient, easily retrieved, shared and accessible.

**Patient Details**
- **Last:** Stanton
- **First:** David
- **Acct. #:** 0411362
- **MRN:** 9584166
- **DOB:** 05 Nov 1941
- **Admit Date:** 27 Jun

**Patient Transactions**

<table>
<thead>
<tr>
<th>#</th>
<th>Transaction Date</th>
<th>Activity</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25 June 11:57 AM</td>
<td>Verification</td>
<td>Web</td>
</tr>
<tr>
<td>2</td>
<td>26 June 10:16 AM</td>
<td>Authorization</td>
<td>Phone</td>
</tr>
<tr>
<td>3</td>
<td>26 June 1:44 PM</td>
<td>Registration</td>
<td>Phone</td>
</tr>
<tr>
<td>4</td>
<td>26 June 2:58 PM</td>
<td>Notification</td>
<td>Fax</td>
</tr>
<tr>
<td>5</td>
<td>27 June 7:33 AM</td>
<td>Financial Counseling</td>
<td>Face-to-Face</td>
</tr>
<tr>
<td>6</td>
<td>27 June 10:05 AM</td>
<td>Continued Stay Review</td>
<td>Web/Fax</td>
</tr>
<tr>
<td>7</td>
<td>28 June 2:05 PM</td>
<td>Discharge Teaching</td>
<td>Face-to-Face</td>
</tr>
<tr>
<td>8</td>
<td>28 June 2:34 PM</td>
<td>Discharge Notification</td>
<td>Fax</td>
</tr>
<tr>
<td>9</td>
<td>29 June 11:34 AM</td>
<td>Post-Discharge Follow-Up</td>
<td>Phone</td>
</tr>
<tr>
<td>10</td>
<td>07 July 1:08 PM</td>
<td>Denial Overturn</td>
<td>Phone</td>
</tr>
</tbody>
</table>
Referring Physicians

Online Services

Mayo Clinic offers online services to patients, health care providers and employees in a secure, personal environment available from any location.

Physicians Outside Mayo Clinic
Practice Sign Up | Contact Information

For Medical Professionals

Mayo Clinic Online Services for Referring Physicians is offered to enhance interactions with Mayo Clinic.

This service provides a secure environment for you to refer patients to Mayo Clinic and to view online clinical notes, radiology reports and test results for those patients.

Sign Up

Log In
Professional User Name
Password
Log In | Forgot your password?

If you have trouble logging in or would like more information, please contact the Mayo Clinic Referring Physician Office.

When calling from inside the U.S.:

Mayo Clinic in Arizona - 866-629-5362 (toll free)
Mayo Clinic in Florida - 800-934-1417 (toll-free)
Mayo Clinic in Minnesota - 800-881-9764 (toll-free)

For technical support after normal business hours (8 a.m. - 5 p.m., Central time), please call 877-858-0398 (toll-free).

When calling from outside the U.S.:

Mayo Clinic in Arizona - 480-301-8539

Provide direct access through:

- Online Services for Referring Physicians
- Referring MD Service Phone or Fax

Streamlined vehicle for:

- Requesting appt
- Viewing records
Integrated Appointment System

1. Initial evaluation scheduled
2. Auto-notification to clinical department
3. Department reviews records, pre-orders additional tests/consultations as appropriate
4. Orders flagged to expedited scheduling queue
5. Itinerary prepared (Appointments, Preps)
Patient Online Services

An easier way to a healthier you.

See your records and results as fast as your clinician does.

Manage your appointments with updated schedules and instructions.

Handle your bills more quickly and simply.

New to online services? Log in to Your Patient Account
Create your account

Pay your bill online
Just use the myEasyMatch code on your printed billing statement. Simple!

Refill your prescription
Refill any Mayo Clinic prescription online thru your Mayo Clinic pharmacy.

Try the Mayo Clinic Patient app
Mayo Clinic at your fingertips on Apple mobile devices.
Time of Service

Tools & Processes
Integrated Appointment System

Initial evaluation scheduled

Auto-notification to clinical department

Department reviews records, pre-orders additional tests/consultations as appropriate

Orders flagged to expedited scheduling queue

Itinerary prepared (Appointments, Preps)
Best Practices: Patient Financial Communication

- Bring consistency, clarity, and transparency to patient financial communication
- Help patients understand cost of services, insurance coverage and their individual responsibility
- Incorporate compassion, patient advocacy and education in all patient discussions
- Maintain a thread of registration, insurance, verification and financial counseling discussions
- Resolve issues face-to-face when able
Patient Administrative Liaisons (PALs)

- Facilitate communication between patients and Mayo staff
- Receive patient feedback: grievances, complaints, compliments and suggestions
- Identify opportunities to recognize excellent service and/or improve service
- Serve as neutral facilitators in addressing patient issues
Member Experience

Custom reports on variety of metrics

- Appointment
- Billing
- Providers
- Facilities
- Getting around
- Nursing care
- Safety
- Problem resolution etc.

Communication Materials
Quality/Improvement Initiatives

Clinical team process for quality improvement
Drive for best-in-class care

- Feedback on process outcomes and customer service
- Strategic plan for attaining highest levels of care
- Clear roles and responsibilities to track and trend data
- Create a forum for sharing best practices
LEAN Process Improvement

Streamline and improve business processes.

Optimize time and resources to improve organizational performance.

Smooth process flows by performing activities that add customer value and eliminating those that don’t.
Example of Inpatient Action Plan

**Nurse Comm.**
- Nurse Leader Rounding
- AIDET
- Address Pain
- Bedside Report
- Hourly Rounding
- White Boards
- Post and Share HCAHPS Reports

**Doctor Comm.**
- Hospitalist “Sit and Listen” to Patient
- Address Pain
- Review HCAHPS Report

**Pain Mgmt.**
- Implement Pain best practices
- Leader Rounding – address pain
- Nurse Hourly Rounding – address pain
- Hospitalists/Surgeon – address pain
- Post and Share HCAHPS
Department Accountability

- Department leadership provide support and accountability
- Review data at meetings
- Post data on quality boards
- Ideas are generated i.e., best practices or other interventions
- Small tests of change are implemented
- Department, division and unit practice leadership report on progress
- Reports to accountable senior leader or accountable committee
Accountability Cycle

Patient Experience leadership meets with senior leadership to review data and may identify opportunities for improvement.

Px data is pushed out to clinical leadership monthly or quarterly.

Best Practices are shared for ongoing monitoring with other areas. Best practices with good results may be spread to other units or departments.

Transparently post data and improvement project progress.
Post Service

Tools & Processes
Discharge Planning

- Improved transitions of care
- Involve patient/family in care plan
- Streamlined placement for patients
  - Blast fax discharge placement
  - Fax orders/discharge summaries to HH agencies
Discharge Phone Calls

- Early identification of symptoms – early intervention
- Ensure patient understanding of care plan
- Phone calls post discharge – recorded
- Review calls for quality
  - Teachback
  - Customer service
  - Complaints
  - Training
Satisfaction Outcomes

- HCAHPS/Press
- Ganey
- Physician/Family Experience
- Staff Performance – training, quality assurance, performance improvement
Financial/Operational Outcomes

- Increased POS collections by 12%
- Streamlined referral process; improved appointment scheduling time by 4 days
Follow the Patient

- Scheduling
- Pre-Registration
- Registration
- Time of Service
- Discharge
- Clinical Follow-Up
- Financial Follow-Up
Conclusion

**Patient Experience.** Begins pre-arrival and continues post-discharge; begins in Patient Access

**Communication.** Ensure consistency, clarity, and transparency at every touch point

**Recording.** Insight for root cause analysis, dispute resolution & performance improvement

**Quality Assurance.** Monitor for consistency across departments and associates; provide training where needed
Are We Ready?

We can be the difference

Our highest honor

Make the connection
Questions?

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