

Jewish Hospital

UL OF Health

EXPERIENCE MAPPING

JULY 2020





Jewish Hospital

U^{OF} Health



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This Experience map was conducted during the Covid-19 pandemic outbreak. Some of the processes and experiences captured may be different in a non-pandemic era and can be unique to this “special cause” event.

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**UNIVERSITY OF
LOUISVILLE HEALTH**

JEWISH HOSPITAL

**COMPASS ONE HEALTHCARE
PATIENT EXPERIENCE**

Special Thanks

The Patient Experience Design Team at Compass One Healthcare would like to especially thank the individuals below for making this project possible and bringing the focus group session together at Jewish Hospital:

- Jason Smith CMO UofL Health
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Introduction |



Jewish Hospital
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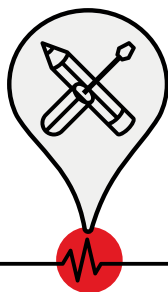
INTRODUCTION TO EXPERIENCE MAPPING

Customer journey mapping is a user experience and design tool that has developed over a couple of decades. It has been used to visualize the user experience through the lens of the customer lifecycle in order to improve processes, products, services as well as the acquisition and retention of customers.

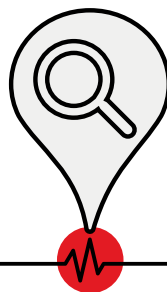
As the ever-changing healthcare industry becomes more competitive and complex, there has been an emphasis on creating an excellent patient experience. Healthcare organizations are always in search of new and proven methodologies and approaches to achieve brand awareness, patient satisfaction and loyalty.

Experience Mapping and Design can make a difference, as it puts the patient in the center of strategic planning; applying quantitative and qualitative data to understand the patient sentiment and visualize their experience from initial patient outreach and throughout the continuum of care.

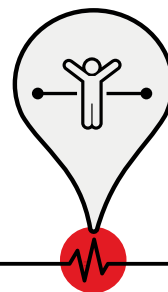
The final product sheds light on the pain-points and highlights from the patient's perspective. Thus enabling the organization to better understand the strengths and opportunities that directly impact the patient's experience.



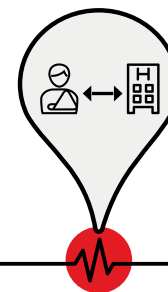
A DESIGN TOOL



VISUALIZE THE USER
EXPERIENCE THROUGH
THEIR LENS



USER END-TO-END EXPERIENCE
THROUGH EVERY STAGE OF
THEIR CARE JOURNEY



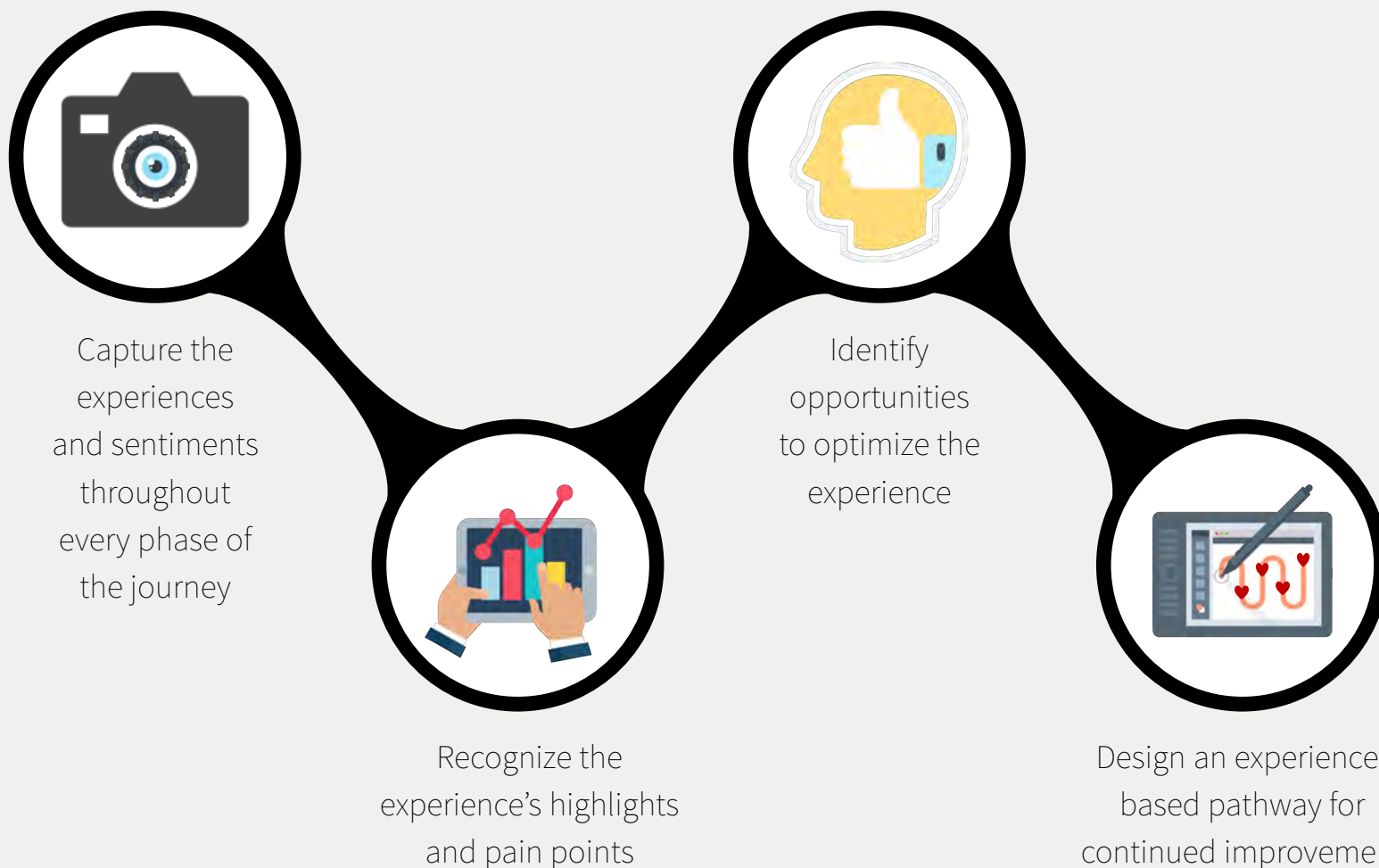
RELATIONSHIP BETWEEN THE USER
& THE ORGANIZATION THROUGHOUT
THE CONTINUUM OF CARE

OBJECTIVES

BACKGROUND

The Patient Experience Team at Compass One Healthcare, Part of Compass Group, is dedicated to enhancing the customer experience. One of the many ways we do so is through mapping out the patient's journey for a better understanding of the experience we aspire to optimize.

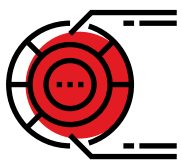
In this project, our Patient Experience and Design team of consultants partnered with University of Louisville Health's Jewish Hospital to map the experiences of patients, care givers and care providers throughout the inpatient journey.





| METHODOLOGY

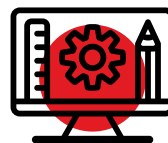
THE PATIENT EXPERIENCE AND DESIGN TEAM AT COMPASS ONE HEALTHCARE APPLIES A LEAN APPROACH TO THE MAPPING PROCESS:



DEFINE PROJECT
GOAL & SCOPE



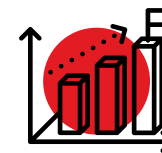
MEASURE QUALITATIVE
& QUANTITATIVE DATA



ANALYZE FINDINGS &
VALIDATE HYPOTHESIS

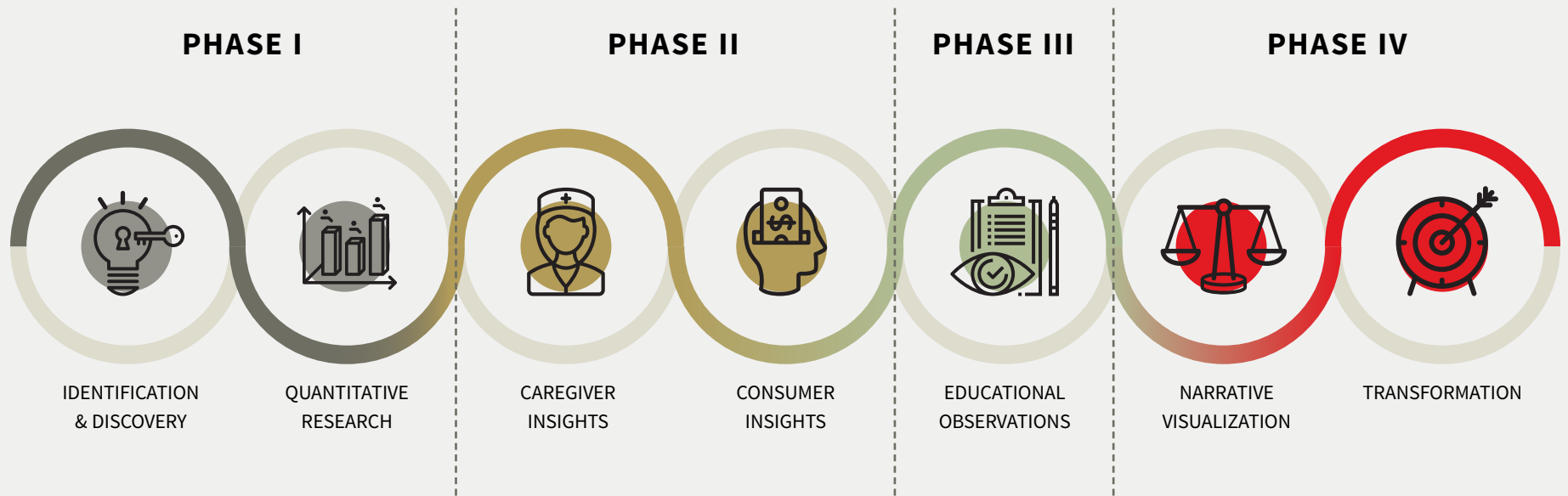


IMPROVE &
INNOVATE



CONTROL IMPROVEMENT
& OPTIMIZE EXPERIENCE

PROCESS



GOAL

To improve the experience of patients, their care givers and care providers by understanding the sentiments they go through at each interaction and touch point throughout the care journey at Jewish Hospital

SCOPE

For Jewish Hospital, the mapping scope included the experiences across the heart and cardiovascular services

**For best results, the scope should be very specific. The mapping focus was specific to the patients admitted onto the inpatient units 5 Tower and 7/8 Heart and Lung*



Methods I



Jewish Hospital
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MIXED-METHOD DATA ANALYSIS

Compass One Healthcare Design team applied mixed method approach that started with leveraging third party patient satisfaction data, a market analysis into the demographics within the geographic areas that Jewish Hospital serves as well as an analysis of the hospital's social media presence and users' reviews. The second phase deployed human-centered design approaches to create the patient experience map and identify opportunities for improvement based on which a theoretical framework/pathway for designing optimal experiences throughout the continuum of care is created.

QUANTITATIVE ANALYSIS

In an effort to develop strategic and hospital specific pathways for experience improvement, Compass One Healthcare consultants analyzed the third-party patient satisfaction survey vendor data.

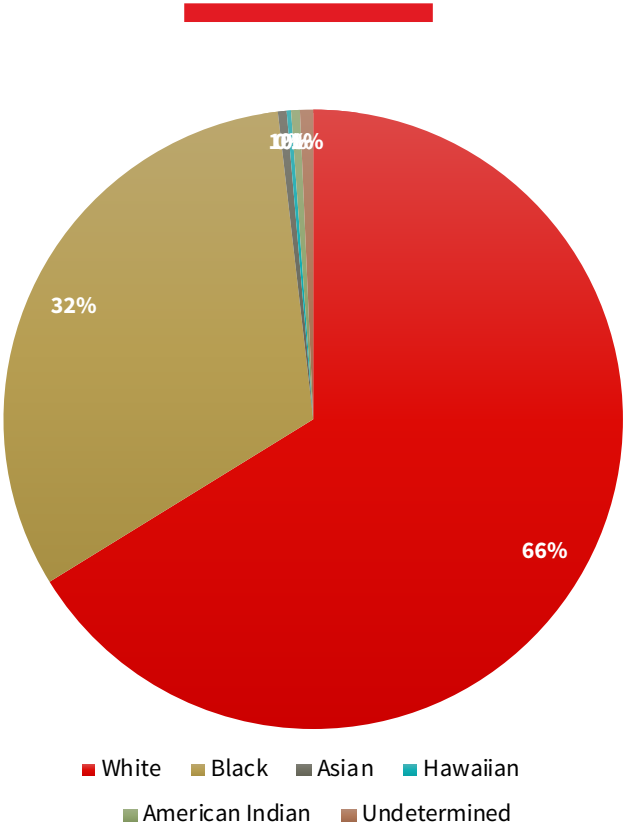
A thorough Press Ganey assessment of unit-specific data, standard deviation, gap analysis, correlations, co-efficiencies and patient demographics was leveraged to identify the key drivers of patient satisfaction at Jewish Hospital.



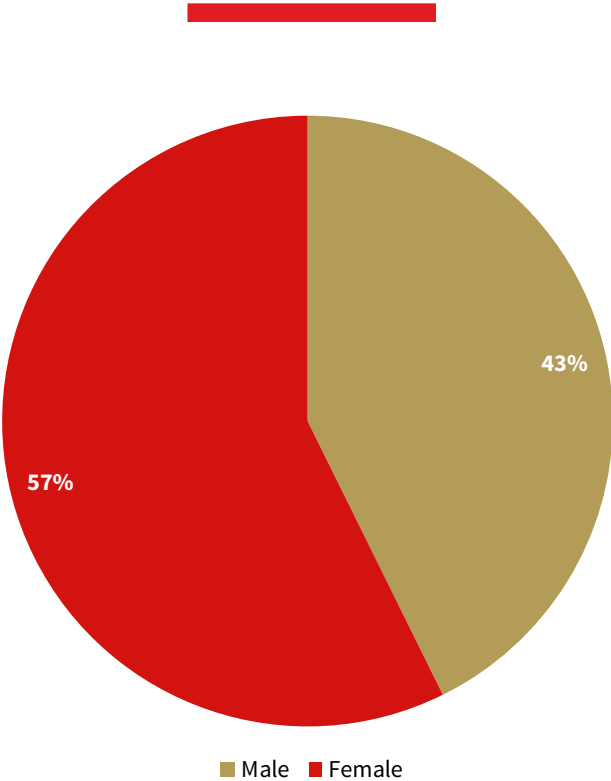
Patient Demographics | Emergency Department

To better understand our patient demographics we started at the Emergency Department where our persona’s journey begins

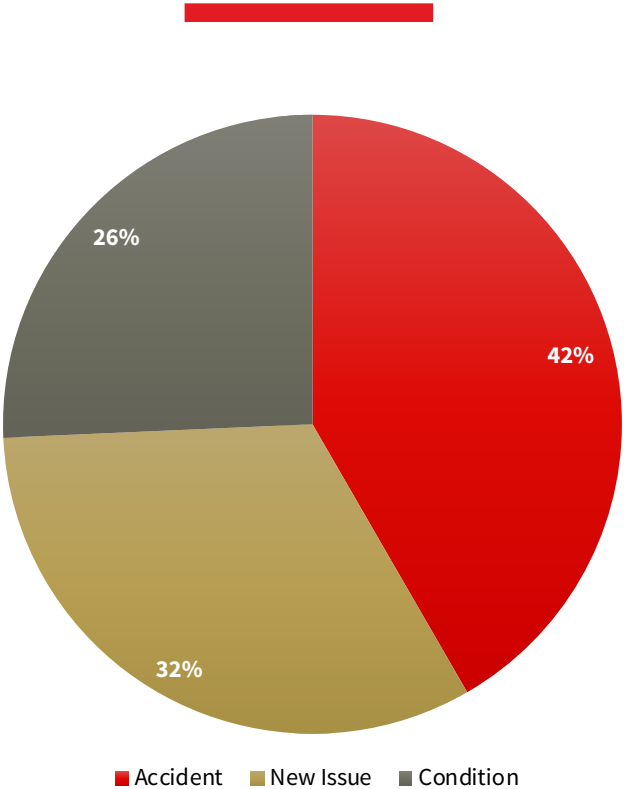
RACE



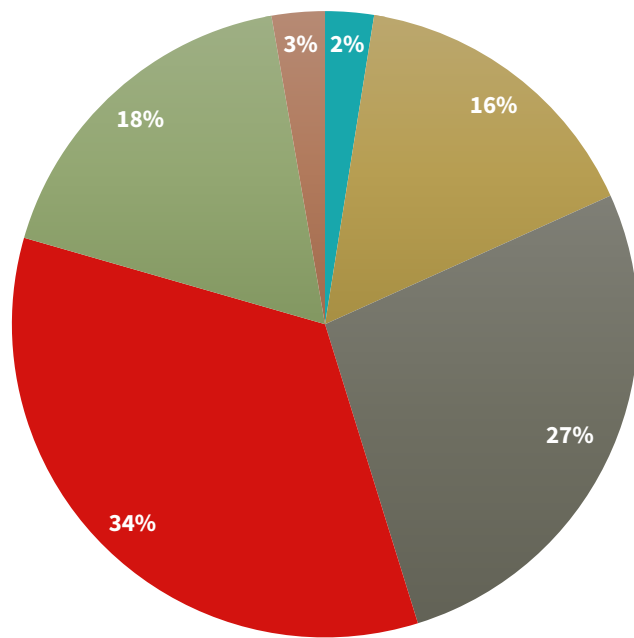
GENDER



REASON FOR ED ADMIT

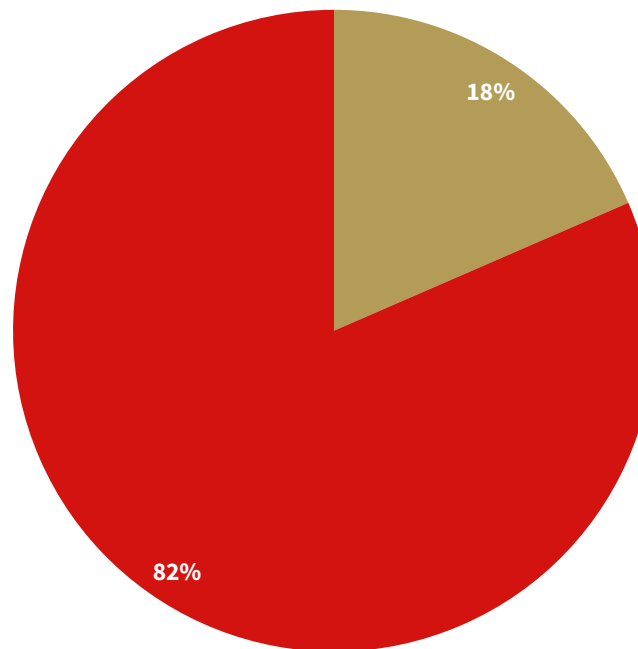


AGE



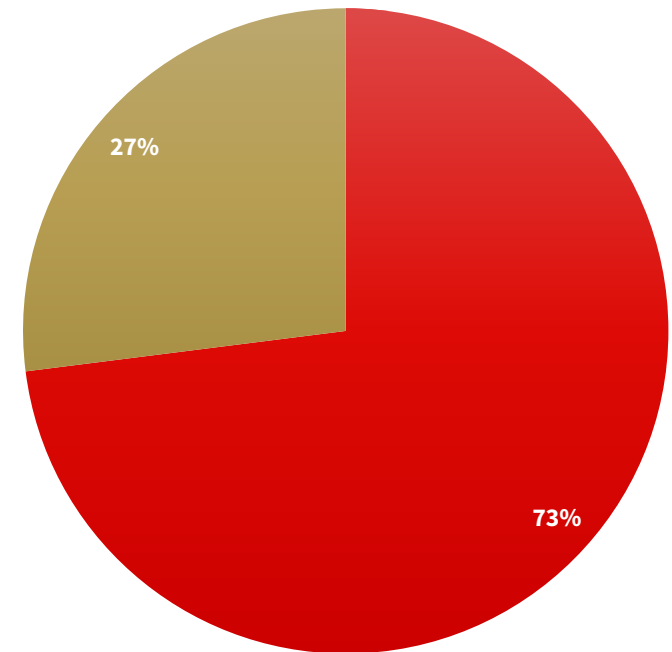
0-17 18-34 35-49 50-64 65-79 80+

ARRIVED BY AMBULANCE



Yes No

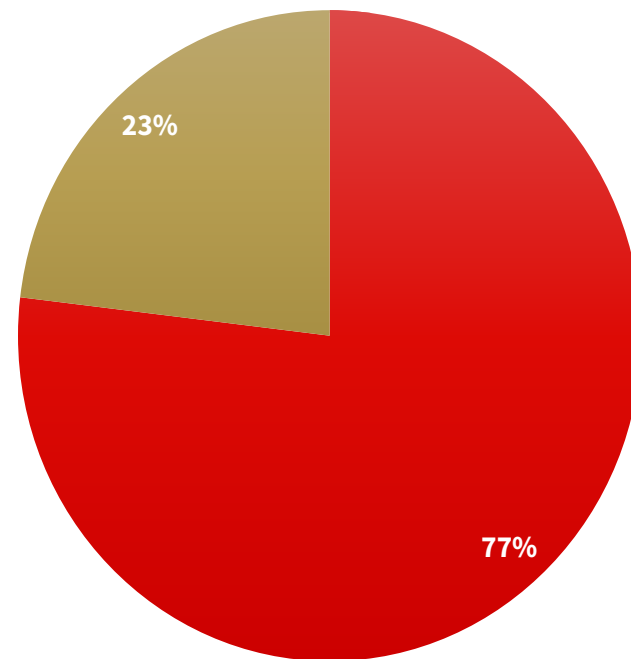
HOURLY ED VISIT



Yes No

Press Ganey Emergency Department Admission Findings

5 T ED ADMIT

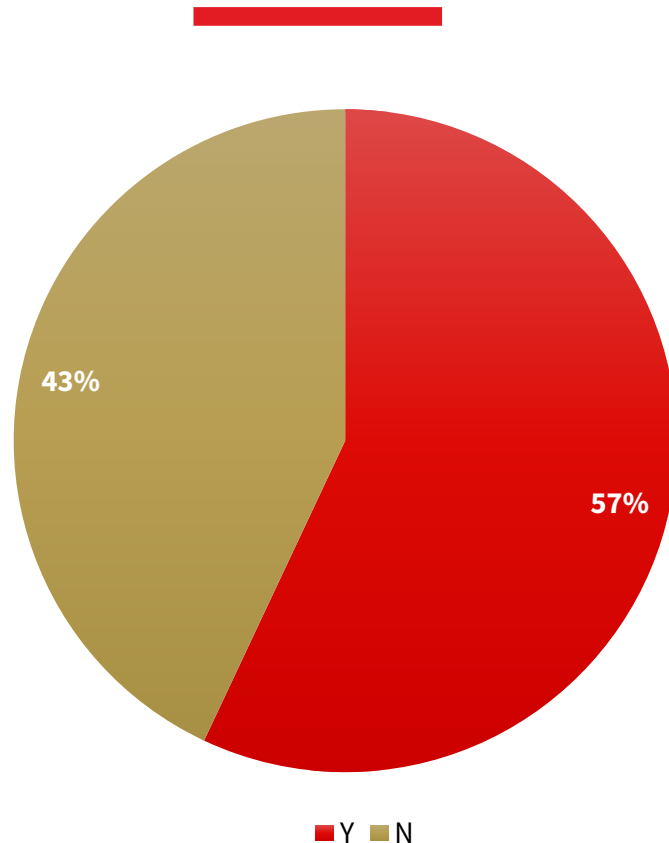


■ Y ■ N

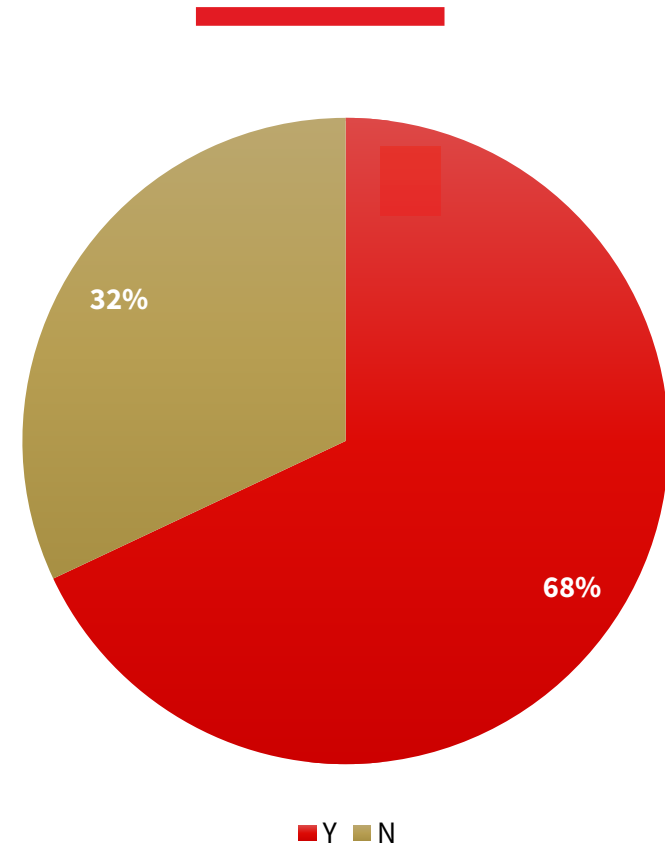
CARDIOVASCULAR SERVICES ED ADMISSIONS

- Patients admitted through the Emergency Department (“ED”) were less satisfied across most dimensions
 - Their dissatisfaction was most evident on the two overall questions: “rate the hospital” (in which ED patients’ average rating was 5.0 points lower than non-ED patients) and “recommend the hospital” (in which ED patients’ average rating was 7.4 points lower than non-ED patients).
- At Jewish Hospital 67% of inpatients under the cardiovascular services are admitted through the ED

7 HL ED ADMIT

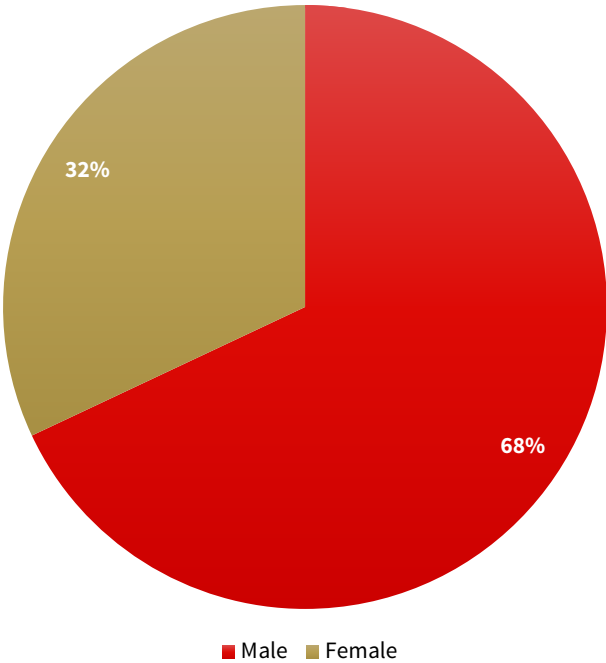


8 HL ED ADMIT

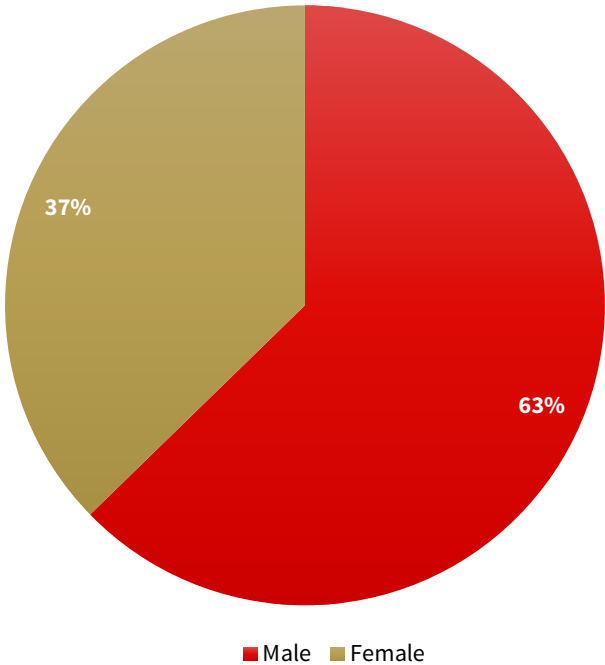


Press Ganey Demographics of Inpatients on the Heart and Cardiovascular Units

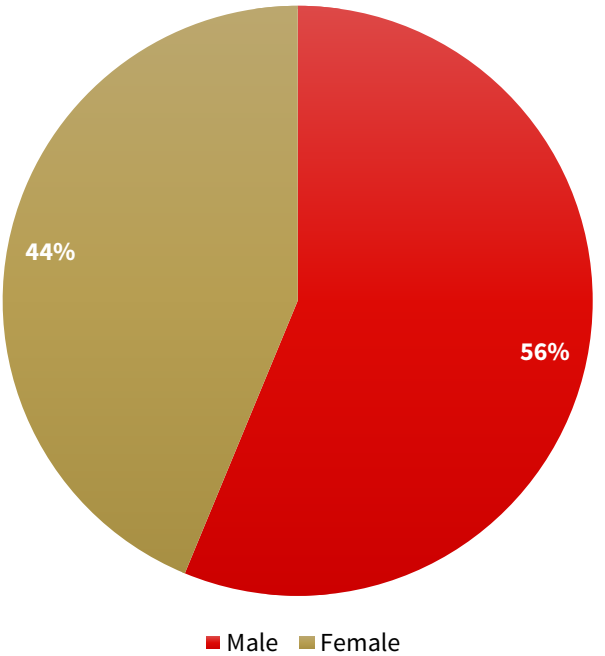
5 T SEX



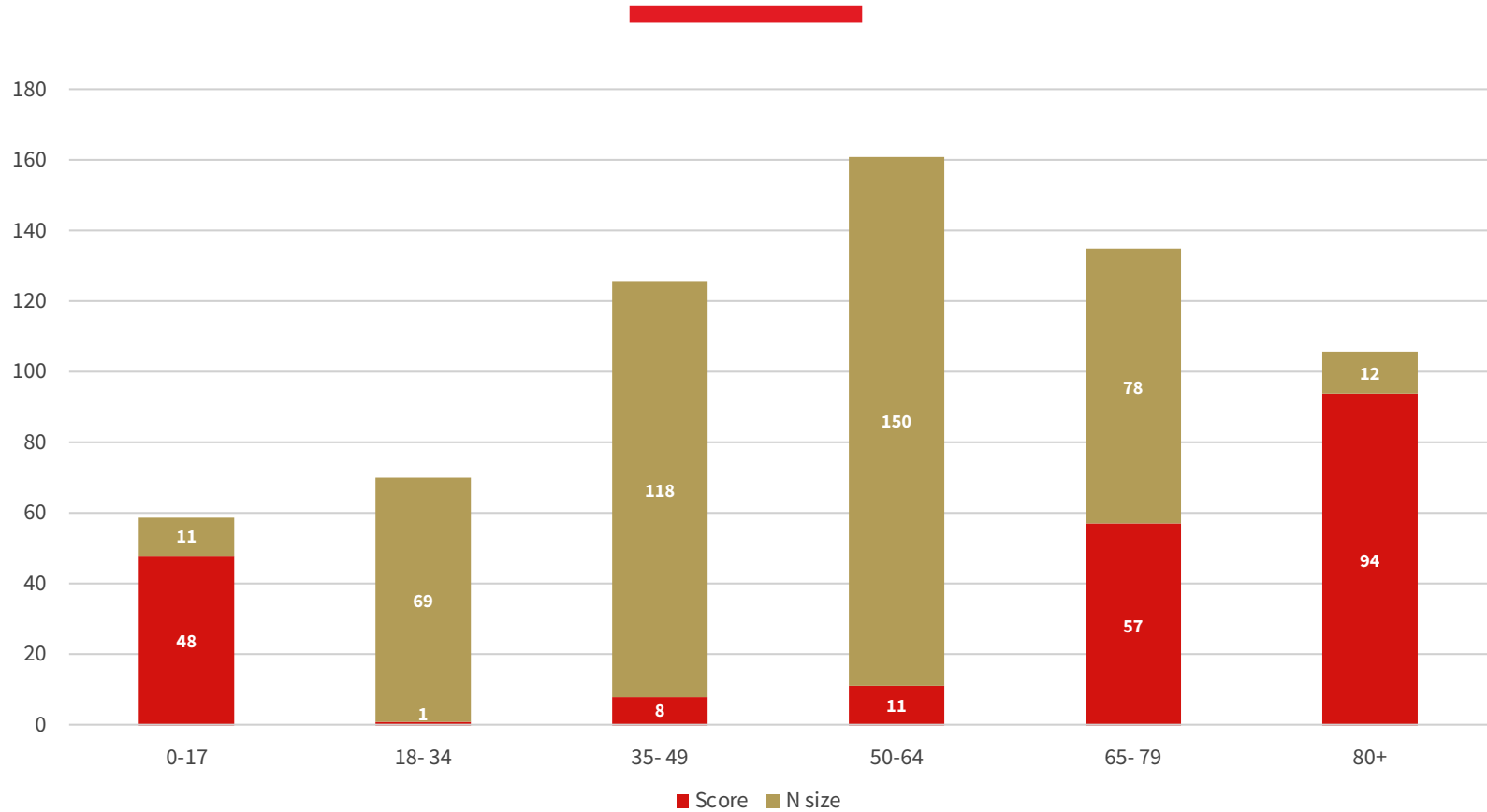
7 HL SEX



8 HL SEX



AGE





PROVISIONAL PERSONA

Based on the Press Ganey demographics
assessment our provisional persona is a:



White, English-speaking male
between the ages of 35-64



Admitted through the
Emergency Department



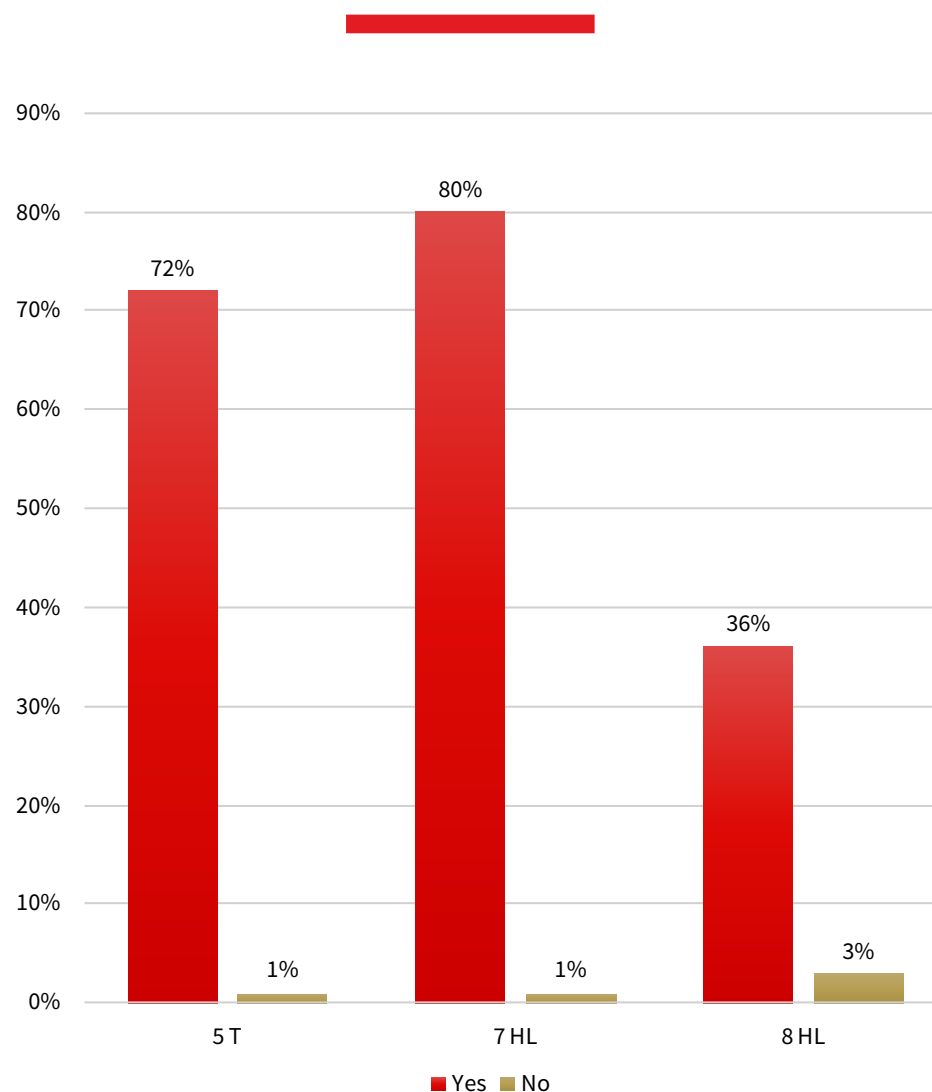
2-3 Days
Length of Stay

Press Ganey Unit Specific Data

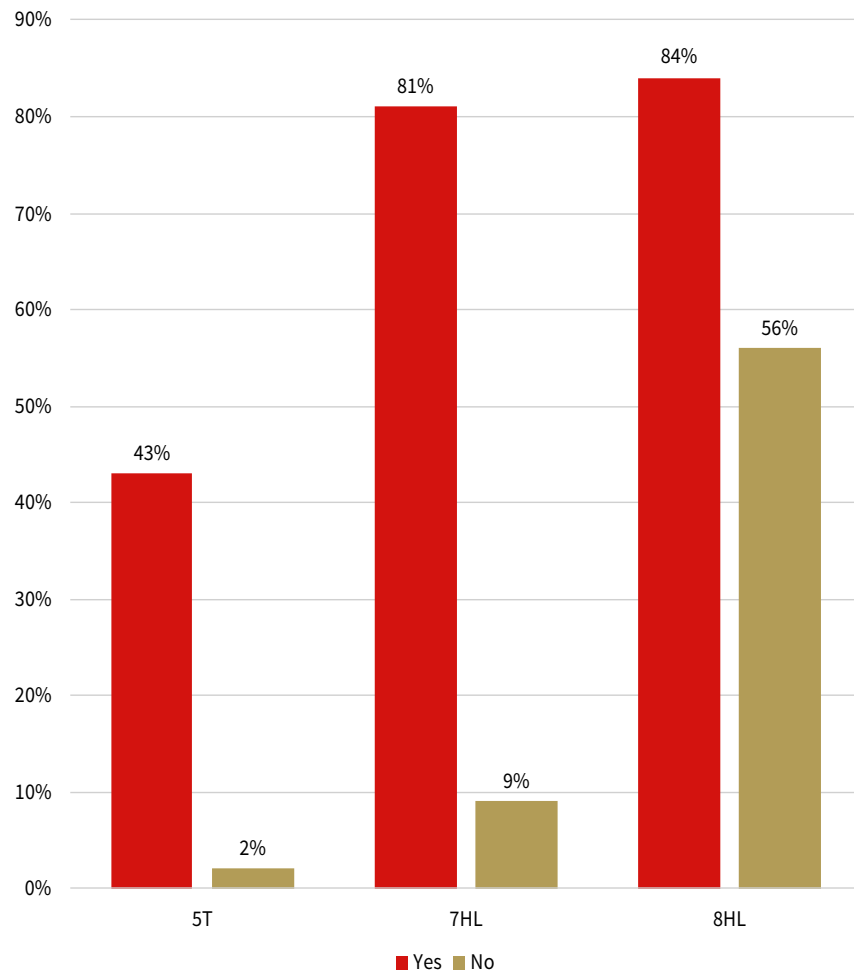
IMPACT OF LEADERSHIP VISITS ON PATIENT SATISFACTION

Implementing leadership visits is a best practice that impacts patient satisfaction positively. Through analyzing the Press Ganey 12- month data for Jewish Hospital, Compass One consultants noticed that although there's a positive impact to leaders' daily visits on the cardiovascular units and that is reflected in their overall rating of the hospital, **a *more significant impact*** is actually seen in relation to nurses rounding hourly on patients and patients receiving a post discharge follow up call.

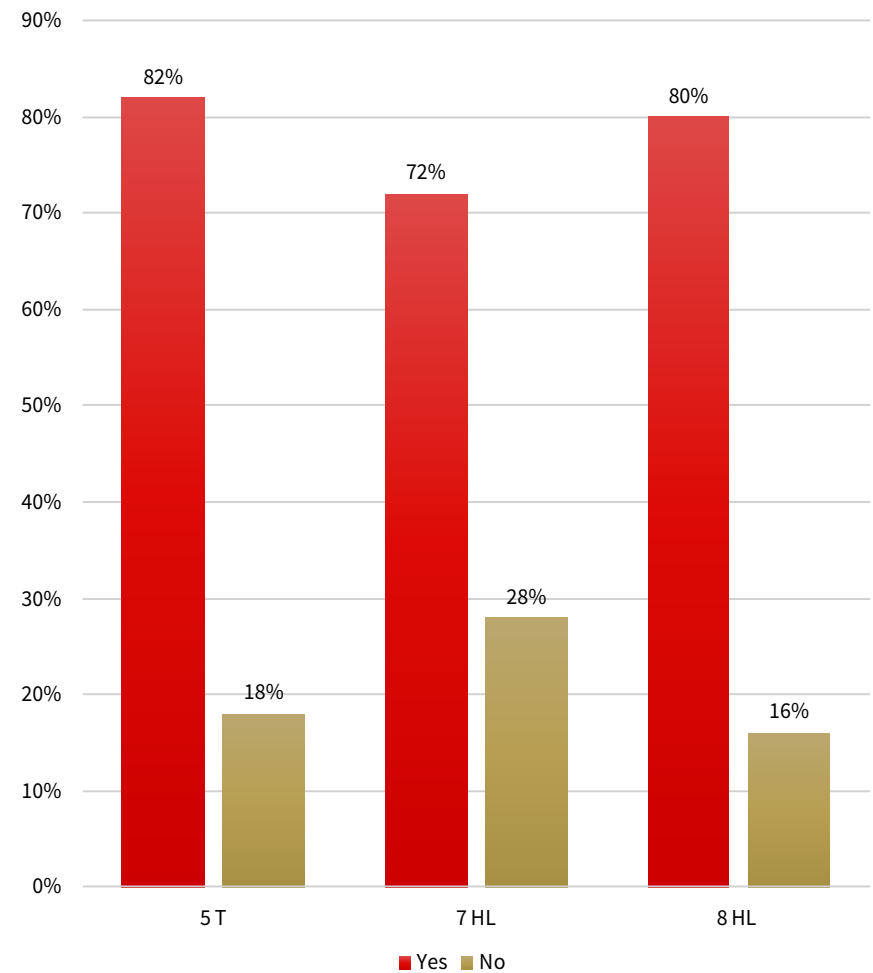
NURSE ROUNDED HOURLY IMPACT



RECEIVED CALL AFTER DISCHARGE

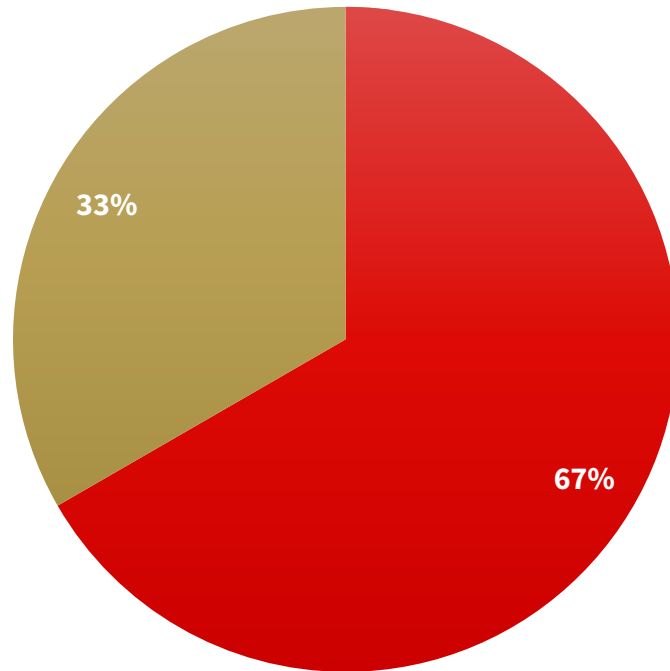


VISITED BY A LEADER IMPACT



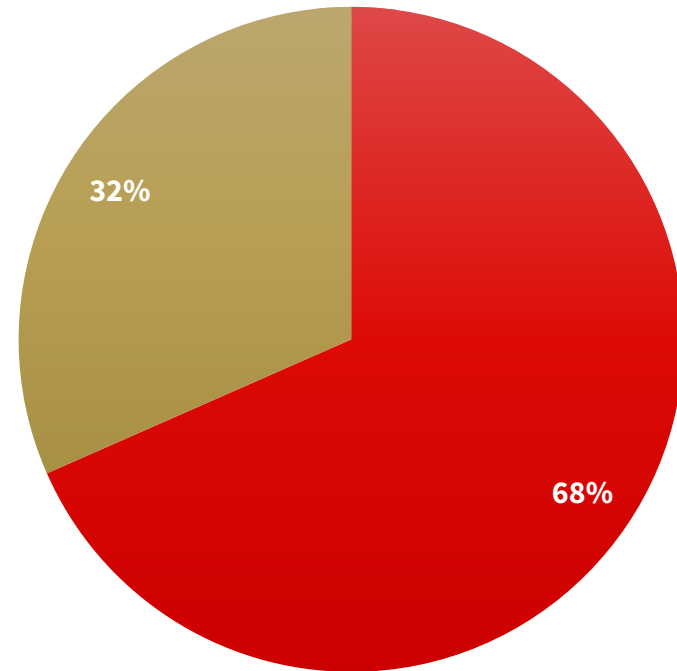
SHIFT CHANGE NURSES INCLUDE PLAN/CARE	YES 5/7/8	NO 5/7/8	YES ALL OTHER	NO ALL OTHER
Nurses kept you informed	83	1	76	1
Staff visits met your needs	78	1	90	1
Likelihood recommending hospital	72	2	54	1
Nurses communicated at shift change	70	1	93	1
Staff worked together care for you	65	1	62	1
Standard Physician	62	5	60	2
Standard Nurses	61	1	66	1
Skill of physician	60	18	48	1
Time physician spent with you	59	1	61	1
Nurses' attitude toward requests	59	2	58	1
Physician concern questions/worries	58	2	59	1
Response concerns/complaints	57	2	63	1
Standard Overall	57	2	63	1
Friendliness/courtesy of physician	56	2	45	1
Friendliness/courtesy of the nurses	55	3	63	1
Physician kept you informed	54	1	58	1
Attention to special/personal needs	46	1	63	1
Promptness response to call	45	1	53	1
Skill of the nurses	40	1	48	1

5/7/8



■ Yes ■ No

ALL OTHER UNITS



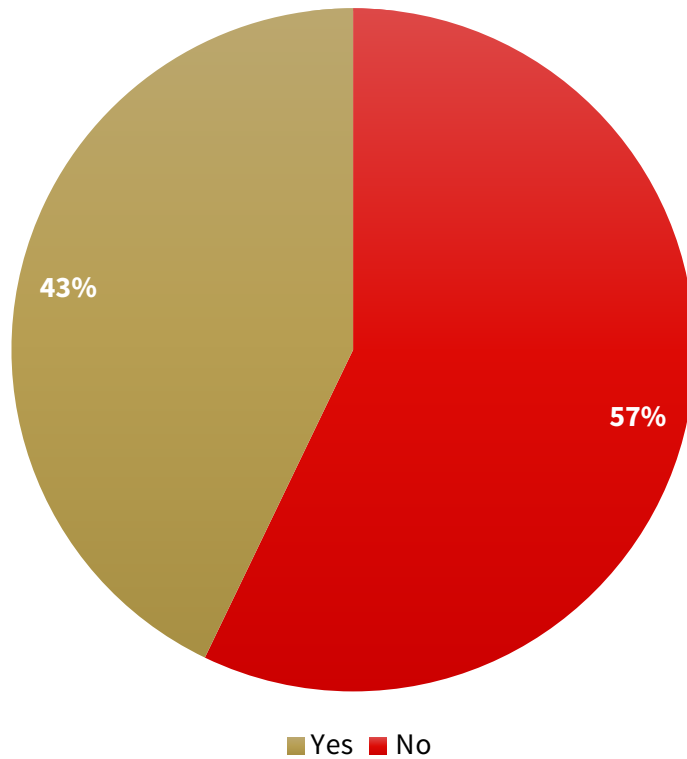
■ Yes ■ No

A deeper data dive was performed to view further opportunities with nurses' involvement with patients at discharge and post discharge for Focus Vs. All other units. For the question, **nurses discussed care at shift change** there was a similar percentage of patients at 67% and 68% reporting yes.

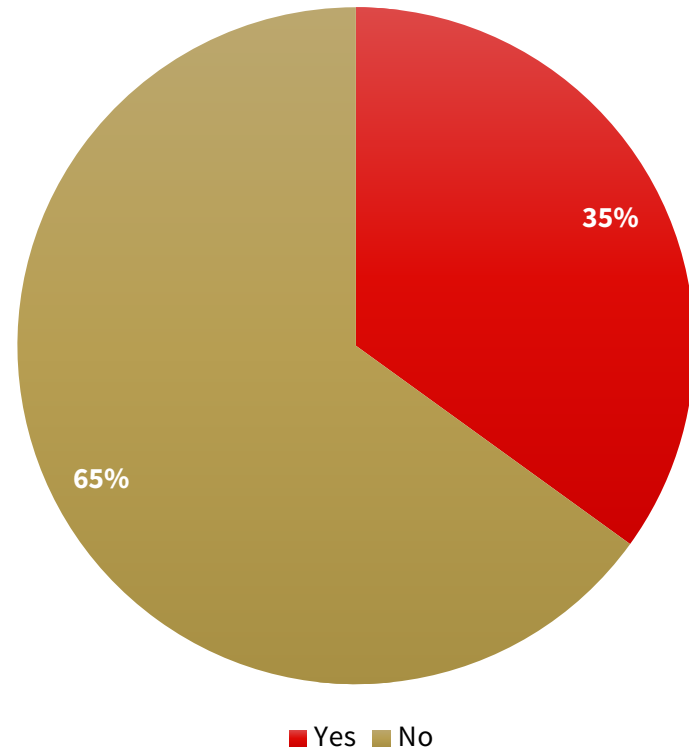
The combined 888 patients that said YES ranked Jewish Hospital **significantly higher** than those who reported NO. Low standard deviation also indicates that these are consistently high and will continue to drive up scores. If UL Jewish Hospital can increase the amount of YES scores from NO by nursing facilitating care at shift change, overall Jewish Hospital scores will increase.

PHONE CALL AFTER DISCHARGE	YES 5/7/8	NO 5/7/8	YES ALL OTHER	NO ALL OTHER
Visit by hospital leader meet needs	88	2	91	1
Staff worked together care for you	77	3	71	2
Staff visits met your needs	74	5	79	1
Nurses kept you informed	72	8	68	4
Response concerns/complaints	70	5	63	3
Likelihood recommending hospital	69	10	60	2
Skill of physician	62	22	57	6
Friendliness/courtesy of physician	61	4	60	4
Staff attitude toward visitors	57	7	64	9
Standard Overall	57	8	64	5
Standard Physician	56	12	63	13
Nurses communicated at shift change	54	1	81	1
Physician concern questions/worries	54	7	57	9
Standard Nurses	53	9	56	3
Nurses' attitude toward requests	50	10	47	3
Time physician spent with you	50	6	56	10
Attention to special/personal needs	46	7	51	2
Friendliness/courtesy of the nurses	45	10	50	3
Physician kept you informed	45	4	60	8
Promptness response to call	39	5	49	2
Skill of the nurses	33	6	40	2

5/7/8



ALL OTHER UNITS



Similarly to nurse discussing care, **a phone call performed after discharge** provides higher scores when patients say YES, especially occurring on focus units. A combined 839 patients, or 62% state no call was received after discharge.

86% of questions are >50%tile and will drive all scores if we can increase our YES rating from 65% of patients not being contacted. Currently 99.5% of patients who state NO scores are in the bottom quartile. Very high standard deviation shows there is opportunity for all questions with a NO rating.

PRESS GANEY QUESTION	SECTION	NAT'L N- NO	NAT'L N-YES	JEWISH YES- MEAN	JEWISH NO-MEAN	JEWISH GAP	NAT'L GAP	GAP DIFF
Staff include decisions retreatment	Personal Issues	23,000	100,941	88. 1	70. 7	17. 4	19. 2	-1. 8
Response concerns/complaints	Personal Issues	22,649	98,323	87. 7	69. 9	17. 8	18. 6	-0. 8
Nurses kept you informed	Nurses	24,253	102,527	91. 7	73. 6	18. 1	18. 1	0
Staff addressed emotional needs	Personal Issues	22,955	100,161	87. 8	72. 8	15	17. 5	-2. 5
Likelihood recommending hospital	Overall Assessment	25,001	104,785	90. 8	70. 2	20. 6	17. 3	3. 3
Attention to special/personal needs	Nurses	24,101	102,061	90. 7	73. 1	17. 6	16. 6	1
Promptness response to call	Nurses	23,408	99,237	88. 2	68. 8	19. 4	16. 4	3
Instructions care at home	Discharge	23,942	102,391	89. 4	72. 9	16. 5	15. 8	0. 7
Overall rating of care given	Overall Assessment	24,836	104,340	92	74. 5	17. 5	15. 7	1. 8

Nationally 76. 5% of respondents state that shift change nurses include plans which represents about 105,000 patients.

When **shift change nurses include plans**, patient perception of response to concerns/complaints increases by **25%**. Most importantly, when **shift change nurses include plans**, patient perception of the nurses keeping them informed increases by **24%** which is **significant**. On average, a **13-point mean score increase** is witnessed in inpatient survey satisfaction outcomes when **shift change nurses include plans**. Gap analysis differences vary among the top 9 questions with the highest gaps. However, Likelihood Recommending Hospital at Jewish is greater than National data by **19%** which is viewed more negatively.

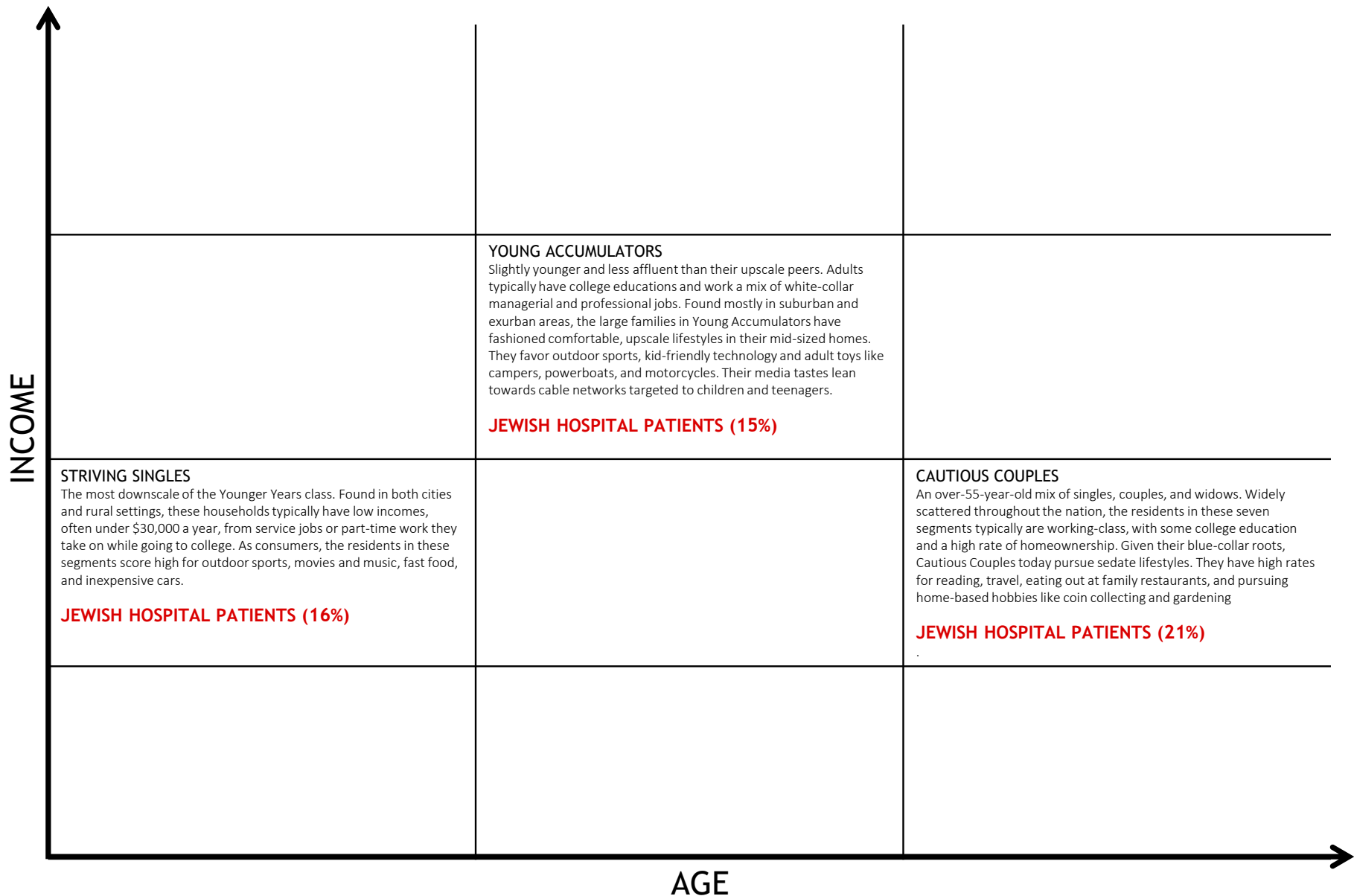
SHIFT CHANGE NURSES INCLUDE PLAN/CARE- HCAPHS	YES- 67% (N 893)	NO- 33% (N 439)
Nurses Explained In Way You Understand	85	1
Communication W/ Nurses	78	1
Nurses Treat With Courtesy/Respect	71	1
Nurses Listen Carefully To You	68	1
Doctors Treat With Courtesy/Respect	64	1
Communication W/ Doctors	60	1
Doctors Listen Carefully To You	59	1
Rate the Hospital	57	1
Recommend the Hospital	57	1
Doctors Explained In Way You Understand	55	1
Response of Staff	40	1

RECEIVED CALL AFTER DISCHARGE- HCAHPS	YES 43% (N 527)	NO 57% (N 844)
Nurse Explained In Way You Understand	80	8
Doctors Treat W/ Courtesy	74	7
Communication W/ Nurses	70	4
Nurse Treat W/ Courtesy	67	4
Communication W/ Doctors	62	7
Rate The Hospital	61	5
Recommend The Hospital	61	7
Doctors Listen Carefully To You	59	7
Nurse Listen Carefully to You	56	4
Doctors Explained In Way You Understand	51	9
Response of Staff	47	2

Inspecting **HCAHPS Nursing and Physician Domains** provides similar results when categorizing by **shift change nurses include plan/care** and **received call after discharge**. All questions score > 50%tile except Response of Staff with an emphasis on Nurse Communication at **78th and 70th %tile vs. 1st %tile when YES** is chosen. Capturing the 844 patients who stated NO is critical in moving any future scores significantly. Creating or allocating a Full-Time RN position to call patients back after discharge consistently would be beneficial in increasing scores.

TOP 3 SEGMENTS | Across Patient Types

Patients of all ages and affluence levels visit Jewish Hospital, and with that, food & beverage preferences vary. These segments were defined by Nielsen by identifying patients as people in the Louisville market who have used Jewish Hospital in the past three years. Understanding the breadth of patient needs and preferences is key to optimize programming.





PATIENT ATTITUDES

E15 measures consumers' attitudes and aspirations around a variety of topics to better understand how to plan offerings and activate messaging around the services offered in order to satisfy their shared and unique needs.



**Cautious
Couples**
21% of patients

"Newspaper ads give useful info on bargains."

"Better to put money in low-risk investments even if the return is not as great."

TECHNOLOGY

"Computers are too confusing to be of much use to me."

"I will keep a landline telephone even if cell service improves."



**Striving
Singles**
16% of patients

"I only save for a specific purpose."

"I purchase expensive models with luxury options."

"The internet is a good way to meet new people."

"I want others to say 'wow' when they see my electronics."



**Young
Accumulators**
15% of patients

"I'd be happy to use the internet for day-to-day banking transactions."

"Sometimes my cell phone makes me feel I am too available."

"The Internet is the media I trust the most."



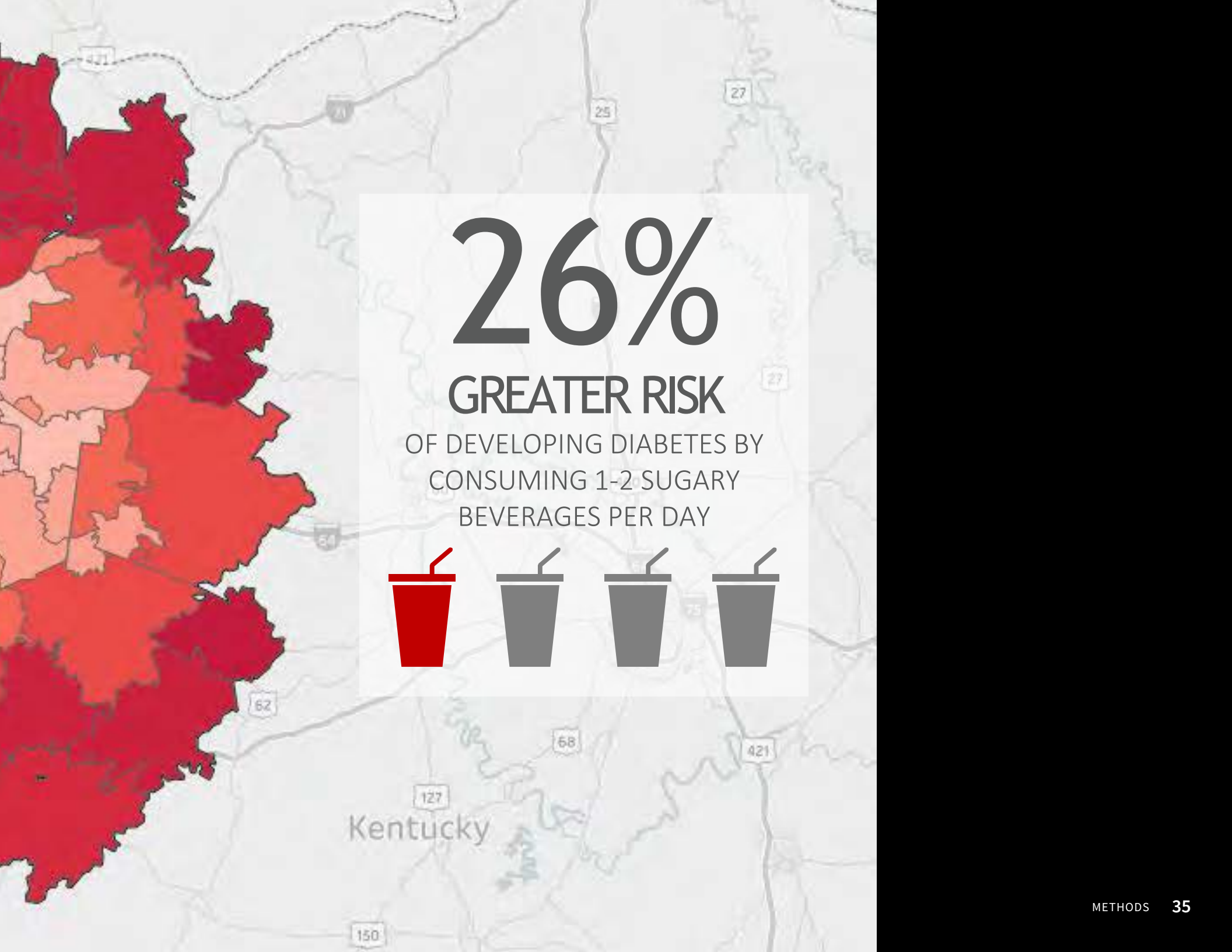
BRANDS	STATUS	FOOD & DRINK	SEEK TO SATISFY THIS SEGMENT WITH:
"In general, newer drug brands work better than older brands." "I don't often change brands for variety or novelty."	"I don't enjoy being the center of attention." "Living a lifestyle that impresses others isn't a priority for me." "My medical conditions limit my lifestyle somewhat."	"I try to eat a healthy breakfast every day." "I often eat my meals at home."	• Traditional comfort food options • Brands they will recognize • Interactions with staff and low tech checkout options
"I often change brands for variety or novelty." "Celebrity endorsements may influence my decision to buy a product."	"I strive to achieve high social status." "I enjoy being the center of attention."	"I have fun eating at fast food restaurants." "Frozen dinners are a convenient alternative for a meal."	• Fast-food type offerings • In-café messaging on premium items to drive purchases • Value menu items to drive volume
"My kids have an impact on the brands I choose." "My spouse has an impact on the brands I choose."	"I would consider my work a career, not just a job."	"I'm a creature of habit and stick to the foods I know I like." "I try to buy foods grown or produced locally." "I'm always on the lookout for quick and easy meal options."	• Traditional cuisines (as opposed to ethnic or unique offerings) • Average-cost offerings • Tech-forward service solutions • Kid-friendly offerings

POPULATION HEALTH

E15 can identify
neighborhoods at a zip
code level
with above average
affinity for sugar
sweetened beverages

Jewish Hospital

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26%

GREATER RISK

OF DEVELOPING DIABETES BY
CONSUMING 1-2 SUGARY
BEVERAGES PER DAY





QUALITATIVE ANALYSIS

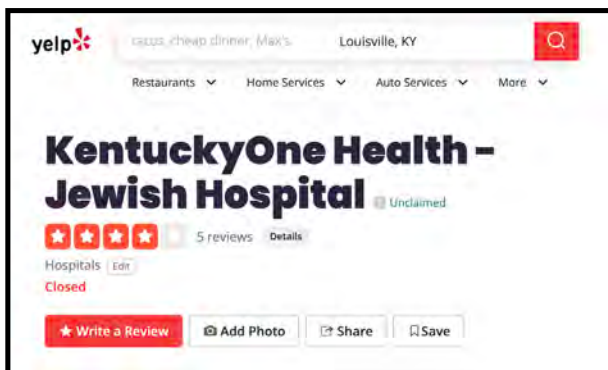
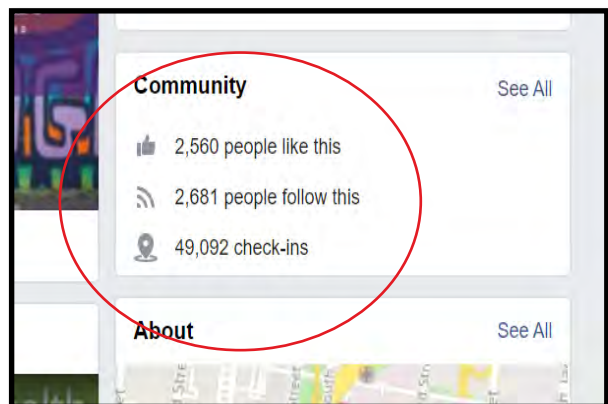
Why qualitative analysis?

Qualitative analysis has fewer participants but gathers more in-depth information about the subject of study. It allows you to understand the breadth of issues that exist within a given space while revealing the context behind and connections between the data. What qualitative analysis lacks in scale, it gains in depth and insight.

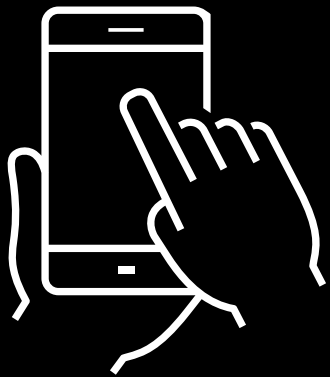
On the other hand, quantitative analysis has a higher number of participants but doesn't collect as much in-depth information about the data or the context behind it. Though quantitative analysis is good at gathering statistics around what is happening, it doesn't explain why or how.

For this project, qualitative analysis was used to understand the breadth of issues that participants have throughout their hospital visit, as well as how that is impacted by their surroundings.

Social Media Presence



NOTE: This Facility reports in a consolidated fashion with UofL Health – Jewish Hospital (Provider ID 180040). UofL Health acquired this facility from CommonSpirit Health – Kentucky One on November 1, 2019.



RATINGS & REVIEWS

*This information was pulled in August 2020

Jewish Hospital

U of L Health

200 Abraham Flexner Way, Louisville, KY

2.9



149 Reviews



6 months ago

Very Very good



6 months ago

I went there in an emergency and everyone took great care of me. My husband drives 18 wheeler semi and the doctors and nurses called him and kept him informed of my progress. I would recommend



a month ago

The nurses and aides were super. They treated me well, in my time of need.



4 months ago - yelp

This is where my sister - despite all odds - did NOT die from COVID19 complications. This is where she received excellent care from people trying to heal others while learning about the disease as they went along. A nurse called us three times a day to give us updates on her progress and well-being while she was on the ventilator and in a medically-induced coma. They didn't just take care of my sister at this hospital, they took care of us as well with calls from the people caring for her and the chaplain's office. EVERYTHING sucks right now but for those of us who had it worse for month I can tell you that it isn't their job to check in on the family it was appreciated. These people are tired, they're working hard, and too many of y'all are rude, ungrateful, and going out of your way to make their job harder. They could have been jaded or looked to self-care first but they didn't. I appreciate it and so does my whole family. Not being able to see my sister would have been so much harder in the dark. ***My sister gave the appropriate HIPA release for them to do all this.

The nurses I had were amazing! Sweet Kind and generous!

  **a month ago**

I feel so heartbroken over the way my best friend was treated here! Nursing staff wearing the same gloves touching items including the toilet in the bathroom then moving on to handle the water pitcher and glass. Nurses arguing with her about meds, trying to give her meds that she is not prescribed and that effect her cancer or chrons, dropping meds in the trash getting them out and trying to give them, dropping and leaving meds in the floor, orders not being entered properly resulting in needed meds not be giving, antibiotics hung for IV but never turned one. NO ONE SHOULD EVER TO TREATED THIS WAY!

  **2 weeks ago**

Been here second night. First night did not get any of my meds. So next day my sugars are 200+. here I am second night fighting to get my damn insulin so I can get my sugars down. Asked for my meds at 8pm. 10:25 still waiting

  **a months ago**

I would only take my loved one here as an absolute last resort. Once you leave the patient, there will be less than zero attempts from the staff to keep family members informed of pertinent information, nor is there any attempt to help elderly patients see family members via any use of technology. This is by far the worst hospital experience. I hope my 88 year old mother gets the chance to forgive us for taking her there.

  **5 months ago**

My father died at this hospital, today he passed and we were making final arrangements in the foyer when security walked up and asked if we were visiting. When we explained the situation security said since your no longer visiting someone you need to leave. Complete disregard or respect for our family and the situation.



Qualitative Data Collection & Analysis

STAKEHOLDER FOCUS GROUPS

Stakeholder Focus Group Sessions are used to get stakeholders involved and allow consultants to understand what is currently known about the project topic. Stakeholders have some understanding of what issues may exist based on things they have seen and what they hear. These focus groups are a chance for consultants to gain this knowledge from various stakeholders, so they are more informed when they employ other methods.

Knowledge gained in this stage can determine what methods need to be used, what user groups consultants must talk to and some of the questions they need to ask. A lot of the information gained during this activity is based on stakeholders assumptions, so it is considered provisional data which needs to be validated through other project methods.

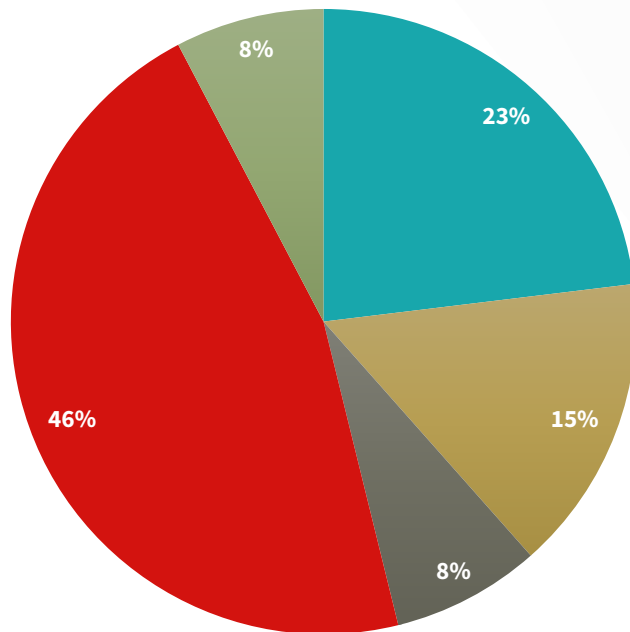
STAKEHOLDERS FOCUS GROUP SESSIONS

Compass One consultants held three focus group sessions with a total of thirteen participants from the different cardiac, cardiothoracic and cardiac surgery disciplines. Despite the low number of participants, the staff was very engaged and transparent. Compass One Healthcare consultants walked away with a lot of insightful and significant information.

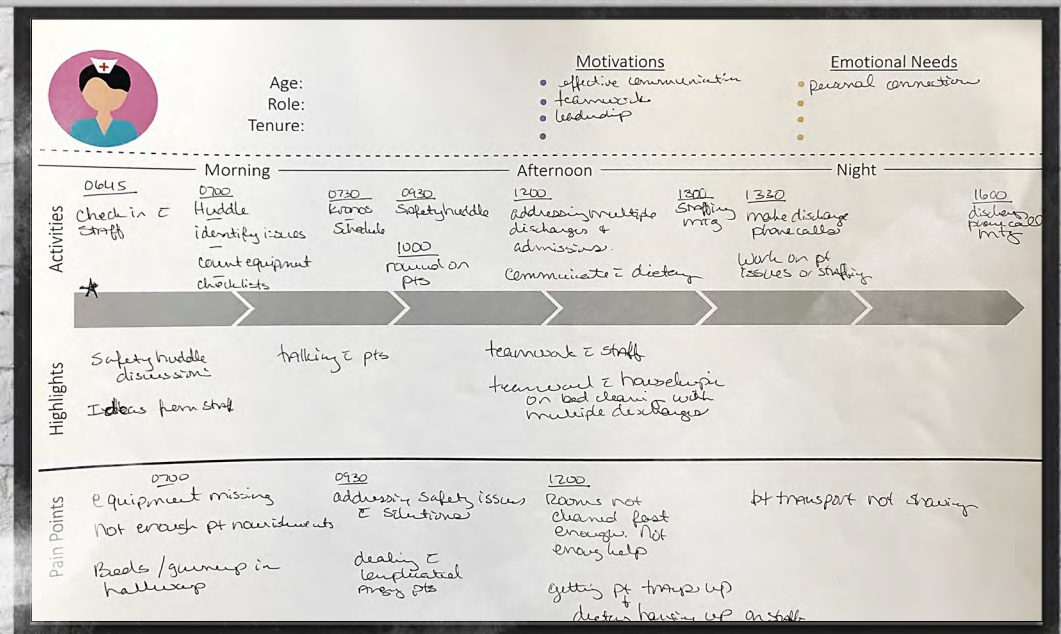
The participants in each session were asked to answer survey questions that characterize the different demographics of the patients they care for. This data was used to create the provisional persona. The groups then participated in an interactive exercise where they visualized the journey of their patients and tried to capture the high and low moments and their impact on the patient sentiments.

A group discussion led by Compass One consultants followed, and the sessions ended with identifying the main opportunities and common themes.

FOCUS GROUP PARTICIPANTS



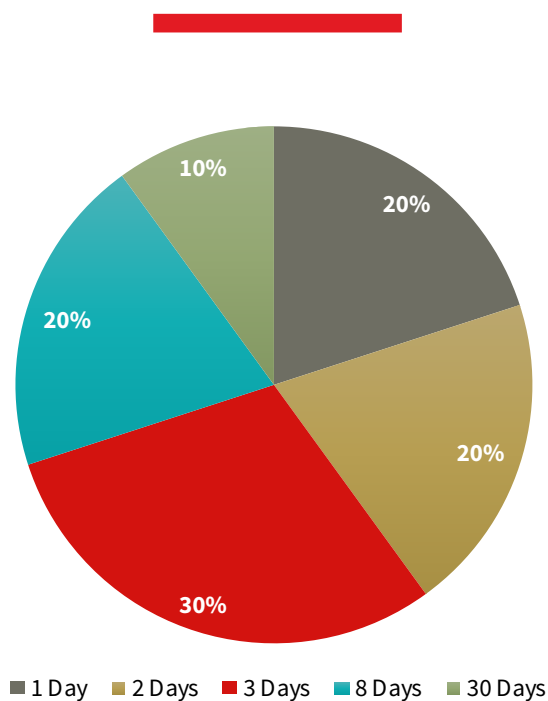
■ Physician ■ Cath lab tech ■ Non-clinical ■ Nurse ■ ED Tech



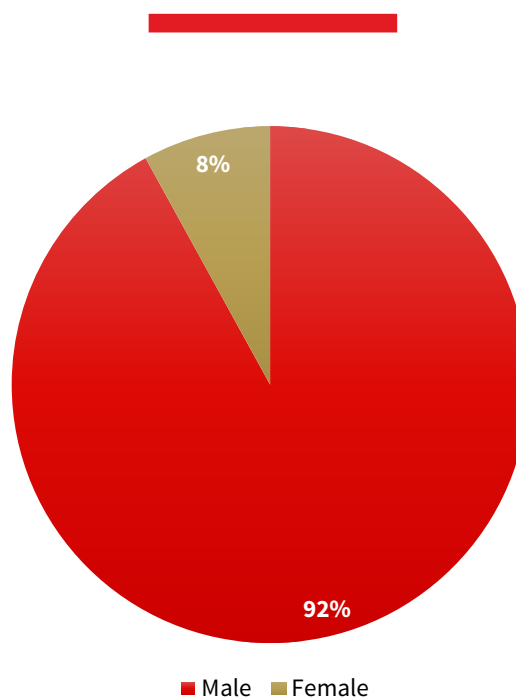
Focus Group Sessions & Provisional Persona

The persona data collected during the focus group sessions was identical to that created by Compass One Healthcare based on the Press Ganey data analysis. Our provisional persona is a 50-79-year-old white male presenting with chest pain and is married with a high school degree.

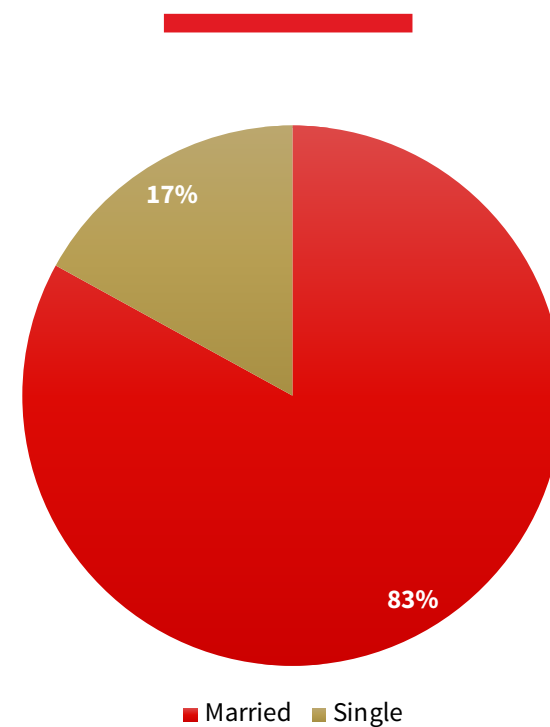
LENGTH OF STAY



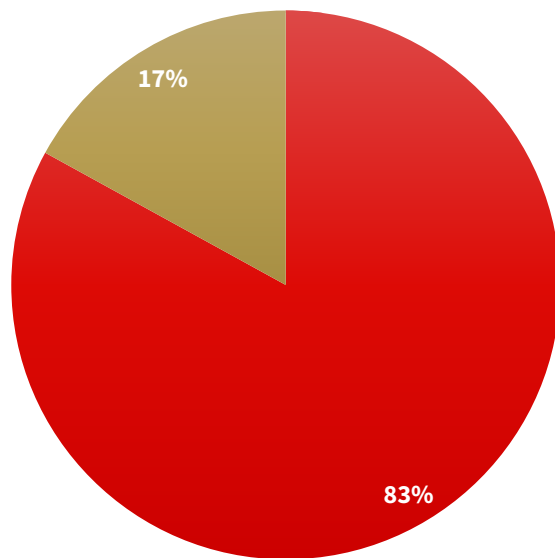
SEX



MARITAL STATUS

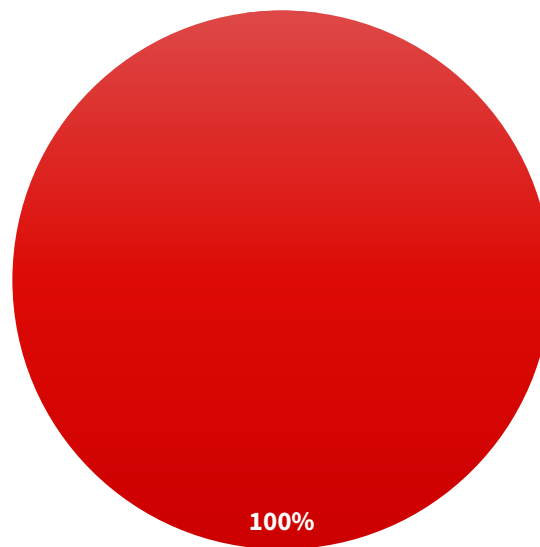


ETHNICITY



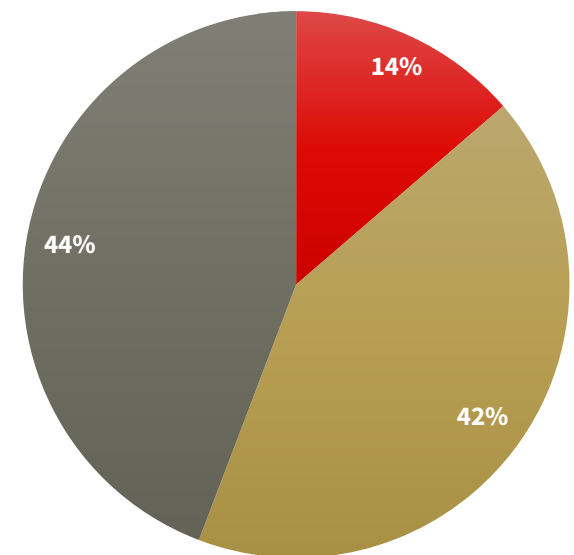
■ White ■ African American

EDUCATION LEVEL



■ High School ■ College

AGE GROUP

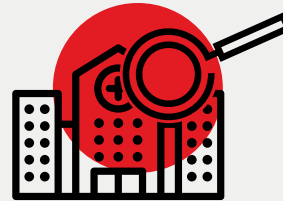


■ 35-49 ■ 50-64 ■ 65-79

Focus Group – Theme Categorization

STAFF FOCUS GROUP SESSIONS IDENTIFIED THE FOLLOWING MAIN THEMES FOR IMPROVEMENT OPPORTUNITIES:

FACILITIES

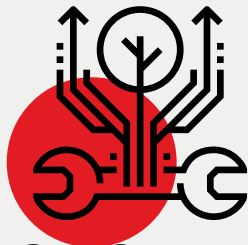


COMMUNICATION



TOOLS &

RESOURCES



STAFFING



Semi-Structured Interviews

Interviews are the core of human-centered design. They help the Patient Experience team unlock a variety of insights and understanding about a user's mindset and behaviors. They also allow researchers to probe deeper into interesting themes that might have emerged in previous project activities. The goal of user interviews is to explore the users' needs and experiences in more depth.

Semi-structured interviews mean that though there is a set of questions the researcher wants to ask, they can deviate from their plan if participants convey other topics of interest. This allows the interviewer to explore unexpected areas of inquiry.

Shadowing

Shadowing involves consultants immersing themselves in the lives of the customer, front-line staff, or people behind the scenes in order to observe their behavior and experiences. Shadowing allows consultants to spot the moments in which opportunities lie. Both highlights (positive) and pain points (negative) experiences are captured. By observing such moments first hand, consultants can document issues that the patient might not have been aware were effecting their experience. Shadowing is also a useful technique for identifying those moments where people may say one thing yet do another.



Hypothesis Defined

Jewish Hospital has the potential to become the premier choice in Heart and Cardiovascular services in Louisville and the surrounding areas.

Persona Validated

The provisional persona defined by our qualitative data (collected through focus group sessions, shadowing and observations), matched the persona initially created using the quantitative Press Ganey data. This indicates that the patients responding to the surveys are in fact a true representation of the patient population treated at Jewish hospital for heart and cardiovascular issues.

Our persona is a Caucasian English-speaking male between the ages of 50-79 years married with a high school diploma presenting with chest pain and an average of 3 days length of stay.







Personas

& MAP



Jewish Hospital

U^{of} Health

The provisional persona's journey at Jewish can potentially start at various intake points. Data analysis shows that 67% of patients admitted to the three cardiac services inpatient units come through the Emergency Department (ED). Therefore, following the experience from the ED is crucial. Nonetheless, the team recognizes that the experience of the 33% of patients who are not admitted through the ED is equally as important, and made sure to include that experience during their shadowing and observations phase.



Emergency Department



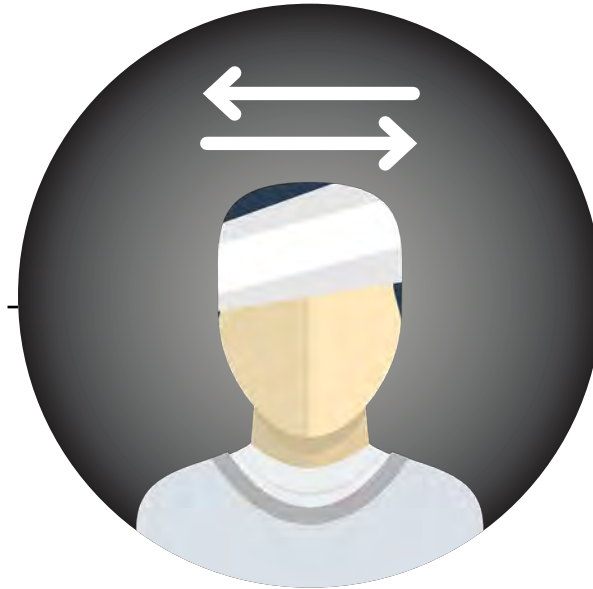
Physician Office

FOR JEWISH HOSPITAL WE HAVE CREATED TWO EXPERIENCE MAPS:

One map follows the persona from the ED to the Cath Lab. The second map follows from the physician's office to post-discharge care, and includes the follow-up phase.



Direct Admit



Transfer:

- Internal within ULH
- External from other facilities

Cardiac Catheterization

EXPERIENCE PERSONA



PATIENT PERSONA



Gary is a 62 old white male. He is married and has two children and three grandchildren. He loves his family, and his grandkids bring happiness into his life. He is retired but takes on some handyman repair work to supplement their income. He is overweight and has been a smoker for over 40 years. He loves gardening and his favorite pastime after watching sports is keeping his lawn in perfect shape. Gary does not exercise and enjoys hearty meals, his beer and potato chips.

CAREGIVER PERSONA



Susan is 58 and has been married to Gary for 33 years. She works part time at a grocery store. She also helps taking care of their grandkids. She does not enjoy cooking or exercising and would rather spend her spare time playing bridge with her friends when she can.

DOCTOR PERSONA



Dr. Smith is 42 years old. He recently moved to Louisville and joined Jewish Hospital. He is single, has a dog and maintains a healthy lifestyle.

NURSE PERSONA



Pat is 38, she has been working in the Cath lab for three years. She is engaged and her fiancé Henry is a respiratory therapist who also works at Jewish Hospital. She is very pleasant and passionate about her patients and her team.

CARDIAC CATHETERIZATION | EXPERIENCE MAP

The following Experience Map Narrative provides clarification into findings included within the Jewish Hospital Experience Map.

This narrative includes detailed descriptions of the Pre-Visit, Emergency Department, Cath lab, CVICU, and Post-visit experiences as observed by our consultants and described by patients and family members.

PRE-VISIT				EMERGENCY DEPARTMENT		
EVENT ONSET/DECISION		DRIVE	PARKING	REGISTRATION	TRIAGE	ED EXAM ROOM
PATIENT EXPERIENCE	 IN PAIN/SCARED	 LOTS OF PAIN/ANXIOUS	 IN PAIN & FRUSTRATED	 IN PAIN & CONCERNED	 IN PAIN/ANXIOUS	 WORRIED & SCARED
PATIENT ACTIONS	I was mowing my lawn and felt some discomfort, I thought it was indigestion so I went indoors to drink some water and take an antacid. I then went back outside to continue cutting the grass. The pain got worse, and I felt a heaviness in my chest. I left the lawnmower where it was and told my wife to drive me to the ED.	Jewish Hospital was about 15 minutes away from home but it felt so much longer because my pain was getting worse.	We didn't know where to park the car and couldn't find any street parking. My wife dropped me off at the ED entrance and then went to go find parking.	Registration was quick as I didn't have my insurance card with me. They were fine with my wife bringing it later because I was in so much pain.	Before I knew it I was already in the back of ED as triage happened so quickly. Nurses were sticking me with needles and got an IV started. I hate needles!	An EKG was started and medication was given to me. I don't even know what it was? I was told the EKG didn't look right so they are rushing me off to the cath lab for an urgent procedure.
CAREGIVER EXPERIENCE	 WORRIED	 CONCERNED	 FRUSTRATED	 ANNOYED	 WORRIED & FRUSTRATED	 WAITING & ANXIOUS
CAREGIVER ACTIONS	It was about 10am and I was in the kitchen making coffee while Gary was outside mowing the lawn. He came in and said he was having some stomach issues or something like that. I handed him a couple of Tums and water. A few minutes later he came in sweating and was flushed. He didn't know if it was from working outside but he said he was having chest pain and needed me to take him to the ED. I grabbed my car keys and insurance cards and rushed to the car.	The drive wasn't bad but I was frustrated with the traffic once we got off the highway. It took us around 20 minutes to get there.	Parking was a whole other issue. I couldn't park in front of the ED and I had no idea where to park. It was difficult to tell which lot would be closest to the ED and there was no street parking. I circled the block then decided to drop Gary at the ED entrance so they can help him with the pain and I went to look for parking again. I gave up and asked an employee who was walking who was kind and directed me to the best spot to park.	I walked into the ED and didn't see Gary in the waiting area. I approached the desk to ask about him, but the lady said I had to be tested for Corona first. Then she took my temperature and gave me a sticker. I went to registration and asked about Gary, the lady told me they took him to the back and that I needed to complete the registration since Gary didn't have his insurance card. She wasn't the nicest person but she was OK. I kept wondering what was going on with Gary.	I asked the person at the desk if they had any updates but they didn't. I tried Gary's cell but there was no answer. I waited in the waiting area for a while then I saw the triage nurse free so I headed to her. She said she'd try to find out for me and a couple of hours later I was told they took him up to the Cath lab. I asked where that was and was told it is in the building across the street on the third floor.	
HIGHLIGHTS	Gary isn't alone and there was someone to assist him	Easy drive		- Covid-19 screening- - ED waiting area observing social distancing	- Everyone was fast and efficient - Staff I helpful especially with directing visitors to locations	Feeling cared for
PAIN POINTS			Difficulty finding parking	Waiting area dirty and old	- Pricked several times by two different people - No communication or explanation - Cath lab is difficult to find - No clear signage	- Rushed environment - Limited communication with patient - Loved ones not there



MEET: GARY

Gary is a 62 old white male. He is married and has two children and three grandchildren. He loves his family, and his grandkids bring happiness into his life. He is retired but takes on some handyman repair work to supplement their income. He is overweight and has been a smoker for over 40 years. He loves gardening and his favorite pastime after watching sports is keeping his lawn in perfect shape. Gary does not exercise and enjoys hearty meals, his beer and potato chips.

CATH LAB			CVICU		POST-VISIT	
PREP AREA	TESTING		RECOVERY	ADMISSION	DISCHARGE	POST-DISCHARGE
 LOSS OF CONTROL/SCARED Everyone was in a hurry in the Cath lab and I didn't understand what was happening. I was being hooked up to some equipment I think that were monitors. Not sure though since no one told me what was going on. It didn't feel like it was my heart but no one explained anything to me. Does my wife even know I'm up here? What if I die without saying goodbye?	 VERY ANXIOUS I was placed on a hard, cold table and someone offered me a warm blanket because I was shivering! The doctor came in and said something about my EKG looking strange and they need to do a Cath to see if I have any blocked vessels. He said something about putting a stent in if I needed one and had me sign some papers.	 ACCEPTING THE FACT/ STILL SCARED Procedure wasn't as bad as I thought it would be and I had a kind nurse. She talked to me throughout the process and was telling me what to expect.	 RELIEVED ITS OVER & PAIN IS GONE- ANXIOUS TO SEE FAMILY & LEARN RESULTS I'm in a different room now and thankfully the heaviness and pain in my chest are no longer there. I'm very tired though. My nurse asked me how I was feeling and told me that the procedure is all done and I'm in the recovery area, where I have to lay flat for 4-6 hours. She stated that she'll bring my wife to be with me now. I ask her how the procedure went and what they found but she didn't give me any answers.	 FRUSTRATED TO STAY OVERNIGHT & UNCERTAIN WHAT'S HAPPENING I had to stay overnight and wasn't sure why. No one would give me any answers and I didn't see my doctor after the procedure. I didn't have any pain and wanted to leave. I was worried about the cost and the fact that no one is communicating with me the reason why I have to stay here overnight. My night nurse was pleasant but didn't have much information either. I couldn't sleep at night because it was noisy and I was still hooked up to monitors. The next morning a couple of physicians stopped by but the doctor who did my Cath wasn't one of them. I was told that I had a heart attack, and that I can be discharged today.	 EXCITED TO GO HOME/ ANNOYED WITH THE DELAY I wasn't discharged until later in the afternoon. I was put on new medications and a follow up appointment was scheduled for me. I had to wait a long time to be discharged as I was waiting for my nurse to give me the paperwork and instructions. There was no communication about the reasons for the delay and it just seemed that this is how things are when you are at this hospital. I was happy that I got to eat and the food was just ok.	 HAPPY TO BE HOME BUT CONCERNED ABOUT WHAT'S NEXT I didn't receive a call after discharge and I had some questions. I honestly didn't grasp my discharge instructions. My nurse was talking and I was nodding, but so eager to leave. I had to go over the papers she gave me and I still wasn't clear on a many things. I tried calling but that wasn't successful so I was really looking forward to some answers on my follow up appointment.
 ANNOYED Getting out of the ED was confusing. The main entrance was closed and I was looking around trying to find my way. The people who worked in the hospital were very kind and asked me if I needed help finding something. It was another challenge finding the Cath lab with the help of several staff I made my way there.	 RELIEVED BUT STILL ANXIOUS I was taken to the back where the patients are and the nurse had me sitting in an area that had a bed and a curtain and Gary's belongings. I was told to wait there while he was having a procedure. The nurse was very kind and explained to me what a cardiac cath is and how it is done. She even printed pictures to help me understand and asked if I needed anything.		 GLAD TO GO HOME BUT WORRIED ABOUT THE RESULTS I was able to see Gary when he came out but I couldn't stay for long because it was almost 6PM and with Corona the hospital policy was that family and to leave by then. Gary, had to stay in recovery for a few more hours. I didn't see his doctor and no one explained the results of his cath to us.	 EXCITED Gary called and told me that he was spending the night and sounded so tired and frustrated. I wanted to know why they were keeping him and what had happened during the cath but no one answered these questions for me. I called to talk to my kids about what was going on and I had difficulty sleeping that night because I was upset.	 ANNOYED A BIT WITH THE DELAY BUT HAPPY TO GET HIM HOME I still had a couple of hours left in my shift when Gary called to say they were letting him go home. I took the rest of the shift off and my boss wasn't very happy about it because he had to find someone to cover for me. I got to the hospital around noon but just sat there and waited for a few hours. The process seemed to take forever. I could have finished my shift at work and still made it in time to take Gary home. I had to go grab his new meds from the pharmacy. It was good that they schedule him for a follow up appointment though.	 HAPPY TO BE HOME A LITTLE LOST ON NEXT STEPS I was so tired and anxious when Gary was discharged that I didn't remember what we were supposed to do when we got home. I had to cook him dinner and then panicked because I realized I didn't know what I should be cooking for him now? What if what I cook makes him sick again? Who can I call?
• Cath lab staff very knowledgeable • Nurses attentive and caring	• Nurses using educational material to help the family understand what it means to have a cardiac Cath		• Kind nursing staff • Nursing explaining what they are doing and caring for the patient and family	• Pleasant nurse	• Can eat and drink • Going home	
• Limited communication • Not being included in the decisions	• Family was kept in the dark about what was happening in the procedure room • Procedure room cold and the table is very hard and cold		• No physician communication after procedure • Nurses hesitant to share information about the procedure or findings	• Very limited communication and explanation • Family had to leave not knowing the outcome or the next steps • Noisy at night	• Long wait on discharge • No communications regarding delays • No teach back method during discharge	• Lack of solid follow up process • Inadequate information in discharge package

* Disclaimer: The Personas are fiction and developed through the workshops and data collection. Any resemblance to a real person is mere coincidence. This experience map was conducted during the COVID-19 pandemic outbreak. Some of the processes and experiences captured may vary in non-pandemic times and might be unique to these extenuating circumstances.

Cardiothoracic Surgery

EXPERIENCE PERSONA



PATIENT PERSONA



Dave is a 58 years old white male. He is a high school graduate and works as a security guard. He is married and has three kids and a dog. He works out at the gym 3-4 times a week and enjoys long hikes with his wife and their dog.

* Disclaimer: The Personas are fiction and developed through the workshops and data collection. Any resemblance to a real person is mere coincidence.

CAREGIVER PERSONA



Laura is 47 years old and has been married to Dave for 15 years. She is an ICU nurse, currently studying for her Nurse Practitioner degree. Laura is an avid reader, loves spending quality time with her family and outdoor activities.

SURGEON PERSONA



Dr. James is 56 and has been a cardiothoracic surgeon at Jewish Hospital for the last 15 years. He is married and has two kids and one grandchild. Dr. James is proud to be a member of the Jewish healthcare team and all the great work that has been accomplished throughout the years.

NURSE PERSONA



Julia is a 52 year old single who has one son and two dogs. She has been at Jewish for over 20 years. Julia is an excellent nurse practitioner and works closely with Dr. James. She is perceived by patients as cold and removed.

CARDIOTHORACIC SURGERY | EXPERIENCE MAP

The following Experience Map Narrative provides clarification into findings included within the Jewish Hospital Experience Map.

This narrative includes detailed descriptions of the Pre-Visit, Procedure, Inpatient Stay, and Post-discharge experiences as observed by our consultants and described by patients and family members.

PRE-VISIT				PROCEDURE			
	EVENT ONSET/DECISION	PHYSICIAN OFFICE	PARKING	REGISTRATION	SURGERY	SURGERY	CVICU
PATIENT EXPERIENCE	 SURPRISE & CONCERN	 RELIEF & ANTICIPATION	 FRUSTRATION	 ANTICIPATION & WORRY	 ANXIOUS	 ANXIOUS	 PAIN & FRUSTRATION
PATIENT ACTIONS	During my annual physical check up, my doctor told me that my EKG was abnormal. Although I wasn't having any symptoms, he decided to do a stress test. The test came back positive and he informed me that I had two blocked arteries. I was referred to a cardiothoracic surgeon at Jewish Hospital	At the doctor's office the receptionist was short and rude. The visit with the surgeon was good. He explained the surgery to me and my wife, answered all our questions and I signed the consent forms. His secretary took care of scheduling my pre-op and my surgery date at Jewish hospital.	My wife drove us there. The parking was so confusing, we ended up parking in the upper level of the patient parking and walked to the building.	The lady sitting at the front desk appeared uncaring. The rest of the staff at pre-op were excellent, kind, engaging and they made me feel like family.	On the day of surgery, my wife and I were there early and knew where to park this time. The receptionist was very welcoming and friendly. They took me to the OR prep area and an OR tech came in to explain she needed to shave the surgical sites. I wasn't prepared for this and was a little embarrassed by it. I didn't see my surgeon before the surgery or anyone from the surgical team. The anesthesiologist stopped by for consents and was very matter of fact and all business.	I was taken back and the staff in the OR was polite. I believe it took a little less than three hours. And I was brought back to recovery.	My night nurse was an angel and tried to adjust my tubes to make me more comfortable. I was still in so much pain the next day too. I hadn't seen my doctor since the office visit. They tried laying me back and I was having a very hard time breathing and in pain. At that point I requested to see my doctor. Later that day, the nurse practitioner came with the intensivist and they finally decided to remove the tubes from my chest.
HIGHLIGHTS	The cardiologist diagnosis and quick action	- Getting a timely appointment - Skilled and knowledgeable surgeon - Pre-op and surgery all scheduled before leaving the office		- Excellent staff - Kind and warm nursing staff	- Well organized - Kind staff	Polite and caring staff	Experienced and skilled staff
PAIN POINTS		Impolite receptionist	Parking issues	Front desk staff unpleasant	- Accurate expectations were not set before the visit - Didn't see the surgeon or anyone from his team		- Not being heard - In so much pain

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MEET: DAVE

Dave is a 58 years old white male. He is a high school graduate and works as a security guard. He is married and has three kids and a dog. He works out at the gym 3-4 times a week and enjoys long hikes with his wife and their dog.

INPATIENT STAY

POST-DISCHARGE

CVICU	STEP-DOWN UNITS	DISCHARGE	POST-DISCHARGE	POST-OP VISIT	AT HOME	SECOND POST-OP VISIT
						
HELPLESS	TIRED & HELPLESS	EXCITED & RELIEVED	PAIN & FRUSTRATION	HELPLESS	FRUSTRATED	HELPLESS & HOPELESS
Removing the tubes was very painful. They didn't use anything to numb the area it was horrible and there was no warning. Then they just stitched the holes without numbing so I could feel the needle going in and out. What a horrible experience! Later that day we were able to get out of bed with the help of my nurse and wife. I owe a lot to my wife, being a nurse herself, she was the one who helped set expectations, walked me through post-op and the fact that I would have tubes and stuff. She advocated for me when I couldn't breathe and when I needed pain meds.	I was moved to an inpatient unit on the third day after surgery. The unit was chaotic. It was busy, cluttered and noisy with the phones ringing all day. I remember being thirsty and when I pressed the call button the lady who answered was rude and said she'll tell someone. My wife came to see me 20 minutes later and she had to get water. I was still having pain and sleeping was difficult. My nurses and techs were all nice and helped me out of bed and with walking when needed.	Two days later, the nurse practitioner came by and informed me that everything looked good and that I will be going home today. It took some time, but I finally got my discharge instructions and prescriptions. My wife picked me up and I was glad to be going home. I was shocked that I hadn't seen my doctor at all during my stay.	My pain meds were only for three days. I ran out and was still in so much pain. I called the doctor's office and told them that I was still in pain because I ran out of pain meds and was finding it difficult to sleep at night. The secretary was rude and rescheduled my post-op follow up to a sooner date.	The same nurse practitioner was the one to see me for my post-op appointment. I told her that my incision wasn't healing properly and that my chest hurt. She looked at the wound, said it was healing fine and that I didn't need any more pain meds and could take Tylenol if I had pain. She gave me a referral for physical therapy.	I called to schedule my rehab and the next available appointment until 3 weeks. I had done my research and I was doing the exercises we did while in the hospital. With the research I've done and my wife's help, I was introducing more exercises and going for walks. Four more weeks passed, the pain was still there and my wound looked infected. I called the doctor's office. They had me talk with the nurse practitioner who said it will heal with time and that there was nothing to worry about. At that point I requested an appointment with my doctor.	That visit with my doctor came 30 days after my surgery. The doctor looked at my incision and agreed that it wasn't healing properly. At that point it had pockets of puss and it was possibly infected and may require more surgery. I left the office more frustrated than when I had arrived because this had been avoided. To add insult to injury I was charged for the second visit and it wasn't considered as part of my post-operative care. I am now back to seeing my cardiologist and my chest is still tender. I've currently only had access to the nurse practitioners for any post-surgical concerns.
Caregiver (wife) serving as advocate	- Skilled and kind nursing staff - Getting out of bed, sitting in a chair and walking - Physical rehabilitation	- Recovering well - Ready to go home - Everyone was nice	- Being home with family - Sleeping in own bed	Post-op visit with nurse practitioner	- Being more active - Going back to normal life routines	- Getting face time with the surgeon - Regular follow up with cardiologist - Heart health improving
- Not given anything to numb the pain when removing tubes - Not telling the patient what to expect - Not being included in the care - Not having a voice or advocate	- Unit too noisy - Delayed response to call button	- Rehab not scheduled before discharge - Not seeing the surgeon	- Not given enough pain meds - Unable to sleep at night - No follow up call - Unable to reach the physician	- No access to physician - Concerns not taken seriously	- Rehabilitation appointment three weeks out - Wound not healing and painful - Nurse practitioner not listening to concerns	- Being charged for the 2nd post-operative visit - Wound not healing and could be infected - The possibility of a second surgery

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"They all cared similar- but different - all personable, One of the nurses wrote down the phone number at the nurses' station and they shared updates with our family. " – Caregiver

"My room is clean and the person that cleaned it's been very nice. " –

Patient

"Very satisfied with the care" –

Patient

"Nursing staff have been attentive and kind" – Patient

"Day nurses were Angels"

– Caregiver

"A male nurse did and exceptional job"

- Patient

"The food is good" – Patient

"The doctor was waiting for me in post-op area, called me by name, and said, "Let's go see Mike" He explained what had happened, the procedure, and the plan. " – Caregiver

Patients are very complimentary and loyal

– Compass One Healthcare consultants' observation

“The nursing staff have been kind and caring and have taken care of everything my husband needed. Nurses brought him a fan when he was hot.” – Caregiver

***“The friendliness
and professionalism
of the team was
excellent”
– Patient***

*“I have the best
team in whole
hospital”
– Nurse
Manager*

*“Communication with nursing over the
phone has been good” – Caregiver*

*“Caring,
responsive staff”
– Patient*

***Staff have tremendous heart and care very
much about the patients and the facility
– Compass One Healthcare
consultants' observation***

*They're quick with
the call bell”
– Caregiver*

*A nurse practitioner spent over
an hour with a patient and family
– Compass One Healthcare
consultants' observation*





Opportunities |



Jewish Hospital
U^{of}**L** Health

HOSPITAL CULTURE

1 Communication

Communication is one of the main themes that came out of the focus group sessions.

The patients at Jewish Hospital were complimentary of the provider teams and the clinical care they were receiving. Nonetheless, there were concerns regarding communications. The need for more timely and clear communications from their care team was common, as well as bedside manner, courtesy, the time physicians spent with them and specifically the need to see their physician post procedure.

PHYSICIAN TO PATIENT & CAREGIVER COMMUNICATION

There is no standardized policy or guidelines for physician to patient or caregiver communication. It's left primarily to the discretion of the physician. Compass One consultants observed physicians that were great in communicating with the family and patients. Consultants also talked with patients who were able to narrate their condition and care plan. Other observations were of patients and caregivers completely at a loss and frustrated.

One huge dissatisfier is that the patient doesn't get to see their physician the day of the procedure, and in many cases they don't see the physician after the procedure while still in the hospital. For many patients we spoke with, the physician relationship begins and ends in the physician's office.

- *"We've been here for two days and haven't seen the doctor yet!"* – Caregiver
- *"Doctors don't see their patients in the ED, they look at the computer screen and rely on the notes from their residents."* – Staff
- *"The doctor came in and told me he's going to place an additional stent. I had a lot of questions and I'm really concerned about it, but they were in a hurry. And now every time I ask to see him, they tell me he's busy or in surgery."* – Patient
- *"The communication with my doctor hasn't been great. I feel like I have a time limit with my doctor. I have a list of questions for him."* – Patient
- *"If there is one change I could change; it'd be improved visibility and communication from the doctors providing the care. I haven't seen a doctor today!"* – Patient
- *"There is no standardized process to bring family in the room after the procedure, there is no consistency."* – Staff
- *"If the doctor doesn't say bring the family back the family isn't informed. Some doctors are organized and some very busy. There is no uniformity or standard"* – Staff



PHYSICIAN TO NURSING TEAMS

- *“Vascular doctors don’t respond” – Staff*
- *“Was trying to reach them and the fellow called and told me to page the resident” – Staff*
- *“The vascular doctors don’t ever give discharge orders; we scramble to create discharge paperwork” -- Staff*
- *“We have to tell them to enter the history and physical and sometimes they do it the day of and without seeing the patient. We don’t feel comfortable . This shouldn’t come from us” – Staff*

PHYSICIAN’S OFFICE STAFF

Patients find it difficult to reach their physicians after a procedure. Office staff is found to be not helpful, calls are returned at least 24 hours later, and staff is often described as *“short, cold and rude.”*

- *“When I was having problems after my surgery it was difficult to reach my doctor, had to call the office multiple times and leave messages. They call you back 24 hours later or more!” – Patient*

CARE TEAM COMMUNICATIONS & THE PATIENT PERCEPTION

Patients felt that their voice wasn't being heard and they expressed feelings of helplessness, loss and frustration.

- *"I don't think the many doctors taking care of my husband are talking to each other. It feels like each is looking at their own specialty, and not coming together to see him overall."* – Caregiver
- *"The triage nurse in the ED wouldn't listen to me, she was also disrespectful."* – Caregiver
- *"The nurses do their thing, and I feel forgotten about during shift change"* – Patient
- *"My incision was infected. The nurse practitioner didn't listen to me. She just brushed it off and said there was nothing wrong with it"* – Patient
- *"I kept telling them I was having so much pain and couldn't breathe when they lay me back, they kept doing so and telling me to just breathe". I would if I could!"* – Patient
- *"On occasion you have to wait too long, and no one told you why there's a delay, you think they'd forgotten about you."* – Patient
- *"I felt helpless and hopeless!"* – Patient
- *"No one listened to me, my voice and feelings seemed to not matter"* – Patient
- On two occasions, Compass One consultants went into patient rooms to speak with the patient and found the clinical whiteboards blank



STAFF COMMUNICATION & COLLABORATION

Communication among staff within the same department and inter-departmental could be improved upon to promote teamwork and collaborations.

- *"When hearing stuff that affects me and my patients, I need to hear about it firsthand. But I'm hearing about it third hand!"* – Charge Nurse
- *"Shift change is an issue, the patient feels forgotten about!"* – Staff
- *"We could use better communications from nursing. Give us a few key tasks to assist with"* – Tech
- *"Nurses aren't notified in advance that a new patient is being admitted"* – Staff
- *"There are communication issues during shift change handoff"* – Staff
- *"There is no daily list for the MDs, so we know who to call."* – Staff
- *"There are no communications between departments until they're ready to transfer the patient"* – Staff
- Compass One consultants observed Food and Nutrition staff avoiding the dietary restriction signs on patient room door and assisting patient with eating without checking with the nurse. The nurses confirmed that this occurs often.
- Two different menus were left in patient room and patient reported that they weren't sure which one to use and caused confusion



CHANGE MANAGEMENT COMMUNICATION

Staff and specifically “legacy” staff are excited about becoming a part of UofL Health. They’re cautiously optimistic and still skeptical given the extended state of uncertainty and constant change. Staff feels that communication, follow up and follow through haven’t been the best.

- “How many times do you turn over the administration. People stop believing!” – Staff
- “Do what they say so staff recognize this is a group that follows through!” – Staff
- “Transition was looking good till Covid hit!” – Staff

Planning & Communicating Changes:

- “Plans change quickly, next week it’s going to be something different from what we said this week.” – Staff
- “Plans are short-lived. We have no consistency or accountability!” – Staff
- “Majority of the C-Suite aren’t onsite!” – Staff
- “With the transition staff needed support, there were concerns about follow up and follow through!” – Staff





2 Hospital Image

Jewish Hospital had received some negative publicity before becoming a part of UofL Health. Staff feels that this negative publicity has tarnished the hospital image and that marketing has not responded well. Social media presence is not impressive; patient reviews and comments are not responded to and some recent ones are still showing under “Kentucky One”.

- *“Marketing needs to be worked on. The hospital receives a lot of negative publicity.” – Staff*
- *“We’re Known as dirty, old, up for sale, no one wants it etc.” – Staff*
- *“Can’t convince anyone to come work here.” – Staff*
- *“When CHI took over Jewish took a nosedive. Communications, accountability, everything. There was no sense of direction and we’re still living the aftermath” – Staff*

3 Staff Engagement

Jewish Hospital “Legacy” staff, a term used for employees who have longer tenure and have seen the organization through the ups and downs, are very passionate about their organization, their work and their patients. They are also optimistic and excited to have become a part UofL Health. Yet they all expressed that they were “at their wit’s end!” Engaging staff especially at times of change is crucial.

There is no evidence of a reward and recognition program, or other staff engagement initiatives or activities whether department specific or hospital wide. Consultants learned during staff interviews that the teams only celebrate when an employee is leaving the organization. Staff was unable to speak to any unit specific action plans or goals geared towards improving the staff or patient’s experience.

4 Responsiveness of Staff

Patient and caregiver perceptions of how responsive their care team was differed from one location to the other, and from one shift to another. Consultants observed staff who were promptly attending to their patient's needs as well as staff that weren't. Call lights were observed going unanswered or being answered in a rude tone.

- *"She requested a walker to use while she's in the hospital and haven't gotten it yet"* – Caregiver
- *"Trays piled up over the weekend that they started to stink"* – Caregiver
- *"I waited an hour after calling for someone to help with shortness of breath overnight. I'd called the desk but when my nurse came an hour later, she said no one told her"* – Patient
- *"Weekend staff wasn't the best. We had quite a wait till nursing came to assist!"* – Patient & Caregiver





QUALITY OF SERVICE

Access

THROUGHPUT

Admission & Discharge Process

Admissions and discharges are crucial touchpoints in our patient's journey as they're the first and last impressions of their healthcare experience with Jewish Hospital. The admission process is causing frustrations for both patients and caregivers. A value stream map for the throughput process is recommended to identify the delay touchpoints, wait times and other improvement opportunities. The consultants did observe a direct STEMI transfer admission in process at the access center and it was well managed and coordinated in a timely manner. Yet other observations and interviews revealed that there is opportunity for improving the throughput process and cross team communication and collaboration throughout that process.

- *"The process of moving patients into the system could be improved on. Patients get shuffled around before they're done with their pre-op testing!"* – Staff
- *"There were a lot of delays and no explanation or reason for that delay!"* – Caregiver
- *"It took 8 hours to get me into a bed. I was sleeping most of the time, my wife wasn't happy though!"* – Patient
- *"Bed board determines what bed and sometimes they're not accepted on that unit. There are nurses in Access, and they should be able to know what patients can go to what floor!"* – Staff
- *"A bed is assigned you click ready to move and should have a bed. But I wish it were that easy! Waiting on discharges and the bed is usually not emptied till 4:00 Pm when EVS isn't well staffed, so there is a delay in cleaning and by the time its ready, you're close to shift change and you can't get anyone to take report. Waiting on transport is yet another delay!"* – Staff
- *"Patient was sent up to the unit and the original patient who should have been discharged wasn't out yet. Made us seem disorganized and dysfunctional. "* – Staff

HANDOFFS

Although a handoff process and checklists do exist, they're not constantly being followed, which leads to additional delays and frustration.

- *"For me whenever my patient is to be admitted to the floor or ICU they never know they're getting the patient, it's always oh, we didn't know we were getting the patient, we need to figure out who's taking the patient let me call you back and it's like 15 – 20 minutes delay!"* – Staff
- *"Trying to get somebody to accept the report to take the patients that's frustrating!"* – Staff
- *"There are communication issues during shift change and admission handoff!"* – Staff
- *"Sometimes the information is missing, and the patient gets admitted to the wrong floor, where the team isn't skilled or equipped to provide the care that patient needs!"* – Staff

SCHEDULING & REGISTRATION

Staff and patients are frustrated with the central scheduling system and referred to it as inefficient. Physicians expressed concern that their staff is on the phone for hours trying to schedule patients. Introducing new services before creating a scheduling process created a backlog, added work and was perceived as chaotic by staff. Registration for the different services is confusing to the patient with different processes and locations.

- *"Takes hours to schedule patient. Information isn't always there, and I have to dig and find out!"* – Staff
- *"Access center- takes multiple calls to reach them"* – Staff
- *"They schedule outpatient procedures in inpatient slots, which messes up the schedule, we have to override the system and call them to reschedule it correctly!"* – Staff
- *"Scheduling for the new vascular team in the Cath lab was a total mess!"* – Staff
- *"Cath lab scheduling issues, too difficult of a process."* – Staff
- *"Outpatient registration is very rude. I missed my appointment due to a "dot" I put by my name. She preached to me about the dot and made me miss my appt."* – Patient
- *"You register across the street for this test but up in the lab for the other test. I've been doing this a while, so I know where to go. It could be confusing for first timers!"* – Patient

PATIENT TRANSPORT

There is an opportunity to improve the patient transport processes and services. Standardization as well as scripting and customer service training are recommended. Consultants observed delays in transporting patients from tests and procedures back to their units.

- *"Inpatients wait for hours to be transported back to the unit after a test or procedure. Transporters prioritizes more urgent requests."* – Staff
- *"We used to have our own transporter and that made things run much smoother."* – Staff
- *"Transport employee, young man, was rude, careless, and unsafe. Picked up wrong chart, let wheelchair go down the ramp unattended, and had surly attitude."* – Patient

Staffing

Jewish Hospital has lost quite a few of its talented tenured employees and the hiring process seems to staff to be at a standstill. Staff is concerned that the hospital can no longer attract skilled talent. Communication regarding staffing, pay adjustments and hiring plans are rarely happening.

TURNOVER

- *“Lost high-quality staff that the organization has invested in and trained to competitors” – Staff*
- *“Inability to recruit and hire experienced and seasoned staff” – Staff*

CAPACITY

- Unit capacity isn't at full because of staffing.
- *“Operating with 10 beds but has 16 (6 closed due to staffing issues)” – Physician*
- Units are closed at times due to staffing
 - *“It's recovery and they close the unit for staffing, send the patients to 7 and 8. The nurses there aren't trained to deal with the specific patient needs at that stage” – Staff*
- Physicians are shared across the system and some practice in other hospitals
- Surgeries get canceled due to unavailability of surgeons or anesthesiologists
 - *“Daily surgeries get canceled due to doctors being too busy covering all major hospitals. ” – Physician*
- Managers are taking on several responsibilities and being interim leaders over more than one unit/department due to turnover

RATIO

- Charge nurses have patients and preceptors/mentors. Consultants interviewed a charge nurse who had 5 patients at the time a mentee and was acting as the unit secretary
- Nurses ratio is 5 or 6 to 1.
- *“It's functional but not safe!” – Nurse*
- *“UNSAFE and put that in capital letters!” – Charge Nurse*





Patient & Caregiver Resources/ Education Material

Compass One consultants observed staff on different occasions print out educational material for patients and caregivers. This is not a standardized process; it is left to the discretion of the care provider. Consultants also came across several brochure displays that were empty or still had printed educational material from Kentucky One Health.





8 Accommodation & Comfort

The Starbucks in the hospital's main lobby was open and left unattended. Compass One Consultants left after a 30 minute wait. There were two other staff members and a visitor waiting to be served.

Vending machines were not restocked across the Heart and Lung building, including OR and ICU waiting areas. Caregivers waiting for news about their loved ones mentioned it being an inconvenience to head to the main hospital for a snack especially with the main entrance to the hospital being closed.



Accessibility / Language Needs

ACCESS TO INTERPRETATION SERVICES

Only one sign, placed on an ED desk in the waiting area, was found by our consultants (pictured below). It is old, still has Kentucky One logo and the phone numbers are scratched out and different numbers are handwritten to replace them.



Accessibility

No one available to greet patients and visitors at the stress test waiting area. They must ring the bell for assistance. Self-check-in stations are a better alternative in this case.

"I rang the bell multiple times no one answered. Then I saw there is another note with a number so I called they answered and said someone will update me. Didn't hear anything until a nurse passed by, she's my neighbor, so I asked her, and she went back got some information and updated me." – Caregiver



HOSPITAL ENVIRONMENT – FACILITIES

Wayfinding/Accessibility

The campus is confusing, there is inadequate and unclear signage, especially with the current closing of the main lobby to redirect traffic towards a centralized Covid-19 screening table. Although the idea is great, the implementation is not user friendly. Navigating through the different buildings is quite confusing. Staff acknowledges this challenge and is very helpful and approachable and at times offer to walk the person to their destination.

- “A patient, older lady, missed a cardiac Cath appointment and was alone in a wheelchair trying to navigate the buildings. She went to the outpatient registration, who sent her across the street, instead of crossing to Heart and Lung, she crossed to Frazier, where they told her to go to UofL and finally our staff found her outside trying to make her way to UofL. But unfortunately she had already missed her appointment and we had to reschedule her!” – Staff
- An outdated, out-of-service intercom system at the entrance of the Heart and Lung Building was mistaken by patients and visitors for a handicap push-button to open the doors. Compass One consultants assisted a caregiver who pressed it several times and waited for the door to open, while pushing the patient in a wheelchair.



- No signs near or in elevators that direct patients to the floors the different departments and units are on.
- *"It was a bit confusing on the elevator, but someone helped me"* – Caregiver





1

Parking/ Accessibility

Parking is a concern for patients and their families. The fact that there is no designated and convenient parking space for ED patients or patients coming for outpatient procedures defines the first experience with the hospital as confusing and frustrating.

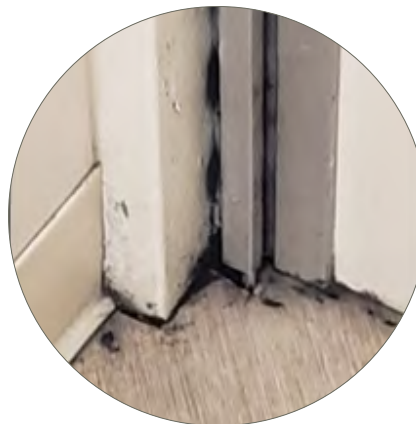
- *“Parking was difficult and I felt unsafe!”* – Patient
- *“I tried to find parking but ended up using valet!”* – Caregiver
- *“Parking was so confusing. I didn’t know where to park!”* – Patient
- *“Parking was a joke! I remember reading a sign that read: (Don’t Ever Give Up)”* – Caregiver

13

Cleanliness

The facilities are visibly dirty, outdated, and cluttered. Consultants observed dirty floors, dusty equipment, windowsills, corners and edges, trash cans weren't emptied for days, and bathrooms weren't cleaned.

- Patients mentioned complaining of roaches and staff validated that
- *"The Emergency Department was very dirty"* – Patient
- *"The ED is dirty compared to other hospitals in the area."* – Staff
- *"Been here two days, I haven't seen a housekeeper"* – Patient
- *"No one came to empty the trash"* – Caregiver



14

Physical Plant

The facilities' physical state needs attention. Many maintenance issues were noted. To the patient and visitor, the establishment looks old, not well-maintained, and dirty.

- *"They need new chairs that recline in recovery and in OR waiting room. VERY uncomfortable!"* – Caregiver
- *"OR waiting area is too open and noisy"* – Caregiver
- *"It's rundown"* – Patient
- *"The furniture is old and uncomfortable"* – Caregiver

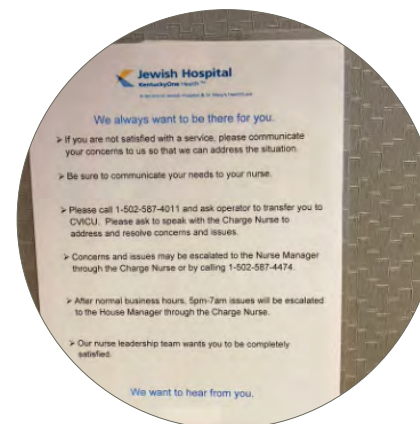




15

Wall Signage

There is no unified, professionally-printed, and consistent look to the signs across the facilities. Handmade signs, both printed and handwritten, were displayed on walls. Kentucky One signage and logos are still visible across the organization. This confuses the visitor, and negatively impacts staff morale.



SECURITY

1 Security visibility is almost non-existent. Their lack of presence and “mall security” appearance lend to feelings of fear and insecurity from patients. Patients and visitors had safety concerns about the location, and the fact that they had to walk outside to and from the parking garages especially during late hours. Consultants learned that previous security experience is not required upon hiring and turnover is very high. The PM Security lead was 2nd in command and had only been onsite 9 months. De-escalation and mediation skills training is needed.

Although the entrances are supposed to be locked at nighttime, Compass One Consultants were able to walk through the doors that were unlocked.

- When visiting the ED at night there was no security presence, then consultants saw the security guards sitting in an office and stayed there throughout
- During an early morning visit to the ED consultants observed a security guard sleeping
- *“The security guard was not helpful at all”* – Patient
- *“We came at night and felt unsafe”* – Caregiver





TOOLS & RESOURCES

1 Supplies

Several departments have challenges with ordering and receiving supplies on time. There seems to be various reasons; the supply ordering process has changed, and many weren't clear on the new process, there is a drop in communication flow and accountability of staff in adhering to the systems in place.

Equipment

Outdated and old equipment that cause delay in service and frustration for all involved.

- *"In the Echo lab we have only one machine for dobutamine stress test which dates to the eighties." – Staff*
- *"The computers in registration freeze and crash daily and the printers always jam." – Staff*
- *"Everything went well, I just had a bit of a wait because the printer didn't work, and the lady had to go downstairs to print my labels!" – Patient*

NEW PROCESS IMPLEMENTATION

New processes implementation is perceived as cumbersome, rushed and flawed by staff.

- *“New vascular team came onboard, the OR had no capacity, so the team was frustrated. A decision was made to do these cases in the Cath lab. A process to do so smoothly wasn’t put in place” – Staff*
- *“New vascular team started doing quick cases in the Cath lab. Patients came in without orders, no procedure codes, consents didn’t match what was being done. It was a mess!” – Staff*
- *“Patients showed up we had no orders for them, we didn’t know what to do with them. So we did the generic stuff and tried to make it seamless in front of the patient until we hear from the doctors, so we don’t look incompetent!” – Staff*
- *“The first week of scheduling for the vascular team was crazy, but we’re working on resolving this now” – Staff*
- *“We weren’t set up properly to receive those cases” – Staff*



19

COVID19

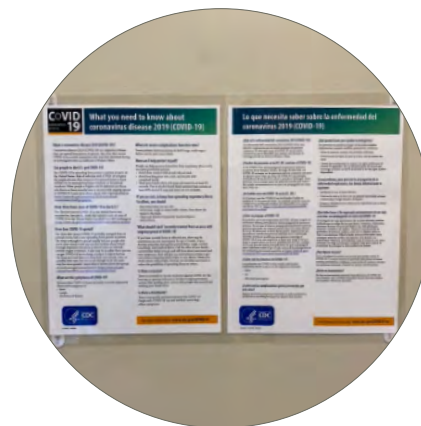
The consultants noted the efforts and processes put in place to manage the pandemic. Despite these efforts there were many opportunities for better control.

SCREENING TABLES

As long as Compass One team had their badges on, they were able to bypass the screening tables and were not stopped at the Heart and Lung Building entrance for screening.

SIGNAGE

There were no large signs with easy to follow guidelines and images or information. CDC print out in both English and Spanish were displayed on some walls. They do not stand out or capture the visitors' attention.



ELEVATORS

There were no restrictions to the number of people that could be on an elevator and no signs were seen anywhere to indicate a maximum number allowed. Consultants were on elevators that carried over six people at a time.

WATER FOUNTAINS

The water fountains were running and being used by visitors.







Experience

BASED DESIGN & PATHWAYS



Jewish Hospital

U^{OF} Health

EXPERIENCE BASED DESIGN is a method that applies the emotional content captured during the mapping project as a foundation to create patient-centered changes.

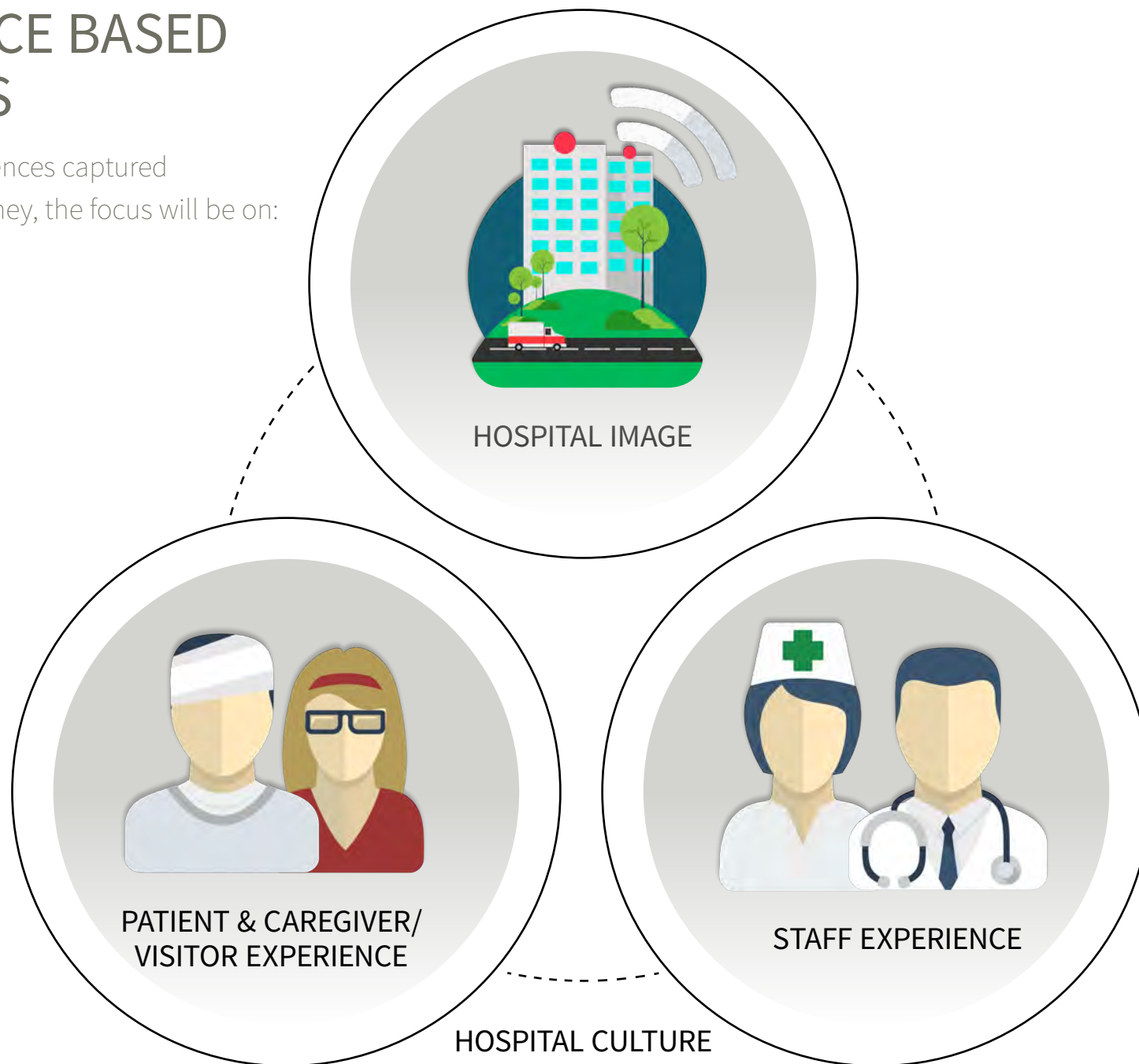
The hospitals that make the most significant improvement are those that shift towards a human centric culture. Recognizing that the experiences of patients, caregivers and the hospital staff are equally as important, and in the center of the improvement.

The more quickly a hospital grasps that concept and the more fundamental it is made into the operations and processes the more proficient they will serve their internal and external customers

The Compass One Healthcare recommendations can be used as a pathway and guideline towards this transformation.

EXPERIENCE BASED PATHWAYS

Based on the experiences captured throughout this journey, the focus will be on:





HOSPITAL IMAGE

Marketing & Rebranding

MARKETING INITIATIVES RECOMMENDATIONS

ENHANCE VIRTUAL PRESENCE

- A targeted marketing campaign that highlights the medical achievements and successes specifically in the cardiology, cardiovascular and cardiothoracic fields is recommended
- The best marketing tool is our legacy staff, they are the heart of the organization. Tell the stories of those who have persevered with the same passion and drive through thick and thin to make a difference and save lives
- Short videos of success stories told by patients and their caregivers are very powerful and can be uploaded to the official hospital website and social media platforms

INTERNAL REBRANDING

- Remove all Kentucky One posters and signage across the facilities
- Promote UofL Health vision, core values and competencies
- Celebrate the small wins and encourage UofL Health aligned behaviors

ENHANCING VIRTUAL PRESENCE

- Review, address and respond to both positive and negative social media comments
 - **Positive Reviews:** Respond with “Thank You for the great review” and let them know that the department/staff was rewarded will increase loyalty
 - **Negative Comments:** Responding to the patient with an apology and assuring them that the issue will be addressed can go a long way. Upset patients may not return but acknowledging their feedback and letting them know it’s being acted on, is a step in the right direction
- Targeted online marketing initiatives
- It is best practice to reward and recognize these departments and staff that have positive comments on social media It is a big deal to be mentioned on ANY survey or review.





Hospital Environment

CLEANLINESS

First Impression Areas:

- All core areas, waiting rooms, hallways and elevators need attention
- Consider dedicating 2-3 housekeepers to focus only on these areas until clean

High Touch Surfaces:

These surfaces must be cleaned daily. More so with a pandemic. Ensure housekeeping staff is trained to recognize these surfaces and is disinfecting them across the hospital specifically and not exclusively inpatient rooms.

Floor Care:

People equate shiny floors with cleanliness. The floors in hallways, patient rooms, pantries, bathrooms and staff rooms need care. Consider creating a floor care and shining schedule to routinely provide these services especially in high traffic areas.

Promote a Culture of Clean:

Maintaining a clean environment is everyone's responsibility. Picking up trash and tidying up spaces should be the norm. Consider a clean campaign to kick off this practice until it becomes who we are and what we do at Jewish.

Picture Perfect:

A Compass One Healthcare best practice is having a standardized "hotel finish" to each patient room. Paying attention to the cosmetic details like folding the paper towels and leaving a welcome card are also important, the appearance should communicate high quality.

WALL SIGNAGE

- Start with removing all Kentucky One signage from the facility
- Remove all handmade and handwritten signs
- Signs must be approved by marketing and professionally printed
- Wall signs must serve a purpose and be easily legible, clear, and capture the visitor's attention and interest
- Wall signage must be kept to a minimum

MAINTENANCE

Appearance even if considered cosmetic is important and is equated with the hospital cleanliness. Chipped paint, peeling wallpaper, stained and loose ceiling tiles should be fixed. They do impact the patient's perception of the quality of care and level of service received and contribute to the hospital image.

- Make sure all furniture is in good repair
- Consider planning and staffing the process to include cosmetic maintenance
- Consider scheduling routine refreshing and repairs of patient rooms and first impressions areas
- Purchase reclining chairs for some high-volume waiting rooms
- Purchase at least one charging station per waiting room and it should be easily accessed



HOSPITAL CULTURE

Research shows that higher employee satisfaction has a positive impact on patients including improved patient care, safety, satisfaction and loyalty.

Becoming a human-centered organization takes time, it is not a seasonal activity nor “the flavor of the month” that is then shelved. It should be a slow progression that, over time, engages more staff, patients and caregivers through strategic change management tactics.

Evidence of the compounding impact that a positive patient and staff experience have on the organization growth and business outcome is well worth investing the efforts and time. Monitoring and continuously improving the key structures, processes and initiatives that drive better results in both domains (staff and patient experience) is crucial.

Therefore, a patient centric culture should be driven by staff through valuing, engaging, and partnering with our staff. Start by formally defining what that culture means to UofL Health and Jewish Hospital, what it would look like and how do we strategically create that cultural shift.

The Compass One recommendations are a pathway to effect that change.



STAFF EXPERIENCE

Staff Engagement

Staff engagement is directly related to the level of care they provide to their patients. Engaged employees display a genuinely caring attitude towards patients, and are more loyal to their organization.

- Consider sharing the findings of the Experience Map and the action plans stemming from it with staff to let them know that their voices are heard
- Include staff in the solution and empower them to act
- Create a reward and recognition program
- Enforce daily huddles and incorporate Compass One's "Nursing Minders"
- Look into ways to ensure that nursing staff is getting their lunch break. Some best practices include providing snacks or sandwich carts on the units
- Leadership rounding on staff and taking genuine interest in listening to their concerns
- Consider lean boards that display staff challenges and track the solutions

Fostering Cross-Collaboration & Teamwork

Staff Worked Together to Care for you has a 0.796 correlation to HCAHPS Recommend the Hospital, which is the third highest correlation. Teams that work cohesively as a unit are more engaged, have higher morale, achieve higher success rates and have more satisfied patients.

- Hold joint celebrations of milestones and achievements
- Include staff in decision making (Shared Governance bodies/committees)
- Encourage cross service lines collaborations
- Consider an Employee Action Council (EAC) and reward those who volunteer

Invest in Staff

- A soft skills training on service excellence is a must for both clinical and non-clinical hospital staff
- Create a coaching and mentorship program for clinicians
- Challenge staff towards career development
- Consider a buddy program to pair new clinical staff with more experienced or “legacy” staff, which will prove rewarding to both

Recognition Programs

- Create an engaging and fun reward and recognition program
- Celebrate small wins
- Reward and recognize behaviors that align with UofL Health values, competencies and the culture you aspire towards
- Use data to track successes and setbacks:
 - Unit specific targets
 - Physician monthly scorecard





Transparent & Efficient Communication

- Listen to staff and include them in problem solving
- Use different avenues in getting the message across to meet the different communication styles across multiple generations and personality types
- Engage all voices in driving comprehensive, systemic, and lasting solutions
- Communicate change in a timely manner and provide updates especially when there is a delay
- Foster a healthy environment where staff feels it is safe to communicate mistakes
- Make sure communication is reaching the frontline staff in a timely manner

Institution-Wide Accountability

- Identify and support accountable leadership with committed time and focused intent to shape and guide a patient experience strategy
- Apply a lean six sigma approach to optimize processes and minimize redundancies and non-value-added tasks
- Review, reassess, and refine programs and processes and then teams





PATIENT & CAREGIVER/ VISITOR EXPERIENCE

Compass One consultants noted that communications with the clinical teams throughout the cardiovascular journey is crucial in defining the patient's experience and relationship with Jewish Hospital. Both quantitative and qualitative data analysis determine that the three most important factors that are shaping the patients' experiences and their perception of the overall care provided to them at Jewish Hospital include:

- Nurses round hourly is increased by 75th percentile
- Shift change nurses include in plan of care is increased by 82nd percentile
- Received call after discharge is increased by 64th percentile

To address these three is to create a more **patient-centric culture** that is driven by engaged staff.

TOP 3 INITIATIVES

1

PRIORITIZE THE VOICE OF THE PATIENT

- Get direct feedback from patients while they're still in your house
- Set the expectations through new admission visit
- Ask the right questions that would provide insight into their experience and where the organization met or failed to meet their needs and expectations

2

PURPOSEFUL HOURLY ROUNDING & BEDSIDE COMMUNICATION

- Reviewing the four P's (pain, positioning, placement, and personal needs) on every round
- Practicing responding to call lights while rounding on another patient in a daily huddle. Role-play is a great way to practice without the pressure of a real-life scenario
- Using teach-back techniques to improve communications and patient safety
- Setting expectations with patients on the frequency of rounds and how to get help in addition to rounds
- Ensuring patients have everything they need within easy reach

3

POST CARE ENGAGEMENT & FOLLOW UP

- The patient experience extends beyond the hospital walls. To create patient loyalty and reinforce the positive experience they had during their hospital stay, it is important to follow up on them post-discharge.
- Follow up to check on the patient recovery and healing process and ensure they are taking medications and following discharge instructions
 - Consider a CRM system that alerts the care team to check on the patient post-discharge
 - Focus on alignment across all segments of the continuum and the gaps in between

Inclusive Bedside Communication

ADAPTATIONS TO BEDSIDE SHIFT REPORT FOR ISOLATION PATIENTS

During last interaction prior to going home, the off-going nurse tells patient he/she will be leaving and manages up on-coming nurse (if known) and provides a quick update on what will be shared with on-coming nurse

The on-coming nurse, on first contact with patient, introduces self to patient and lets the patient know that they will be rounding throughout the shift to check on their comfort and safety

During shift, nurse offers to call support person; introducing themselves and assuring great care which may reduce frequency of family calls to nurse

PATIENT EXPERIENCE CHECKLIST

	ESSENTIAL SKILLS	NOTES ON STRENGTHS, AREAS FOR IMPROVEMENT
BEGINNING	CREATE A CONNECTION	
	Knock, clean hands, close door as you enter to create sense of privacy	
	Smile, greet patient and any visitors	
	Assess language assistance needs and offer interpreter services if applicable	
	Introduce yourself with your name, role and say something positive that builds trust.	
	If hand-off, outgoing person introduces incoming person and manages them up saying something positive that builds trust.	
	SET EXPECTATIONS	
	Acknowledge concerns for privacy/comfort/noise in semi-private room: If appropriate, offer headphones, ear plugs, closed door	
	Explain visitor guidelines	
	Explain the purpose of bedside report and hourly rounds (staff and patient/family together go over safety, quality, and personal needs).	
MIDDLE	SAFETY & ASSESSMENT DURING HOURLY ROUNDS AND BEDSIDE SHIFT REPORT	
	If visitors are present, ask patient if they would like them to step out or be included.	
	Talk TO the patient not OVER the patient.	
	Address all 4P's (Pain, Position, Personal hygiene/bathroom, Personal Needs). Explain options for pain, comfort, hygiene, etc.	
	Provide and refer to Ask 3 Teach 3 medication handout when giving meds or addressing pain.	
	Conduct verbal SBAR report (include the patient & family). - Situation: What is going on with the patient? - Background: What is the pertinent patient history? - Assessment: What is the patient's problem now? - Recommendation: What is the plan of care?	
	Assess patient: inspect all wounds, incisions, drains, IV sites, IV tubings, leads, etc.	
	Review tasks that need to be done: labs or tests, medications, forms to be completed	
	Assess environment: Do a visual sweep of the room and bathroom for any physical safety concerns. Detangle cords, clean up/organize surfaces and tray table, and move items within reach (table, call light, phone, water).	
	PM CARE	
END	Provide comfort and safety services on the PM Care checklist in the room	
	Communicate options for relaxation and rest during the night. Communicate expectations about potential disruptions for labs, care of a roommate, or other services	
	LISTEN & EXPLAIN	
	Ask open-ended questions to encourage patient and family to express concerns.	
	Update white board while reiterating names, plan of care, tests & treatments, needs/questions to be followed up on. Use layman's terms.	
	Say how long things will take, what timeframes to expect, provide updates on waits or plan.	
	Use teach-back to ensure medications, procedures and plans are understood.	
	Narrate what will happen next and when the patient will be checked on again.	
	PROVIDE CLOSURE AND SET EXPECTATIONS	
	Help patient/family fill out Leave SMART handout and remind them about discharge.	
	Ask, "What else can I do for you?" or "What questions do you have?"	
	Thank the patient and their visitors, clean hands and shut door to reduce noise	
	ENGAGEMENT ATTRIBUTES	
	Bring patient into conversation. Encourage them to express concerns.	
	Express empathy; create personal connection that shows care and concern.	
	Eye contact, body language, active listening	
	Volume and tone of voice does not appear rushed and is gentle if patient was resting.	

Employee Name:

Evaluator Name:



Personalize the Patient Experience

- Humanize the patient by getting to know them as people first. A best practice is to create a patient profile that tells the care team some personal details about their patient (e.g. their favorite sports team, their caregiver's name, their favorite holiday, etc.).
- Listen, empathize and make sure they know they're heard
- Engage the patient in their health care
- Empower them to make decisions and to work towards improving their health condition and leading a healthier life
- Provide them with visual aids and help them better understand their condition

Proactively Engage the Patient & Caregiver in the Plan of Care

- Gather patient and family perspectives and incorporate it to create a more proactive approach
- Implement a defined process for continuous patient and family input and engagement

Patient Access Optimization

Patients who travel to and trust us with their care at their most vulnerable times deserve services that would make their experience as comfortable as possible throughout the continuum of care. This will help them focus on healing rather than worrying about the coordination of their care and dealing with nuances and minor details.

- Consider calling the patient prior to their visit, especially before procedures, to make sure they're prepared and answer any questions they may have
- Offer to assist with transportation options
- Offer to meet patients on the morning of their procedure, out-front, helping them navigate through the building to ease the stress and frustration of wayfinding on that difficult day



Preemptive & Robust Service Recovery

- Review and discuss regular complaints as a team to observe trends and find ways to avoid them
- Know who to go to when a patient or their family is unhappy
- Respond to, and work on, resolving concerns within the same day. A two-hour timeline for follow up with the patient is a best practice
- Practice de-escalating a situation that involves an upset family member in a daily huddle by using the Compass One Nursing Minders. Several of these are geared towards conflict resolution
- Maintain professionalism and remember not to take patient or family anger personally. However, encourage nurses to debrief stressful or negative situations with someone else on their team, so those interactions do not negatively affect their mental health
- Track and trend complaints to identify opportunities that will lead to a more proactive approach

Population Health Initiatives & Community Outreach

Invest in community outreach initiatives that focus on wellness, healthy habits and community awareness and education

- Introduce the Patient Family Advisory Council
- Create discharge packets that accommodate the needs of the patient population and serve as a resource for them post discharge
- Hold community wellness education and screening events





Conclusion |



Jewish Hospital
U of Health

CONCLUSION

HYPOTHESIS VALIDATED

Jewish Hospital has the potential to become the premier choice in Heart and Cardiovascular Services for University of Louisville Health as well as the surrounding area.

The mapping revealed that Jewish Hospital has the clinical expertise to become the “Heart Hub” of the region. Legacy staff from all disciplines have the passion, experience, and drive to see that through. Nonetheless, we need to look beyond the clinical aspect of care to the touchpoints and interactions that, directly and indirectly, impact the perception of the overall care and experience at Jewish Hospital

The opportunities captured through the experiences of patients, caregivers and care providers were used to design improvement pathways. Following these pathways along with the Compass One Healthcare Patient Experience Program specifically tailored for University of Louisville Health will help create optimal experiences and successfully position Jewish Hospital as the premier Heart and Cardiovascular Hub in Louisville and the surrounding areas.





Mary & Elizabeth Hospital

UL Health

EXPERIENCE MAPPING

JULY 2020





Mary & Elizabeth Hospital

U of L Health



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This Experience map was conducted during the Covid-19 pandemic outbreak. Some of the processes and experiences captured may be different in a non-pandemic era and can be unique to this “special cause” event.

| EXPERIENCE DESIGN TEAM



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VICE PRESIDENT PATIENT
EXPERIENCE PROJECT CHAMPION



Arwa Mustafa LSSGB

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DIVISION PATIENT
EXPERIENCE DIRECTOR

| CONTRIBUTORS

Clients/Sponsors

**UNIVERSITY OF
LOUISVILLE HEALTH**

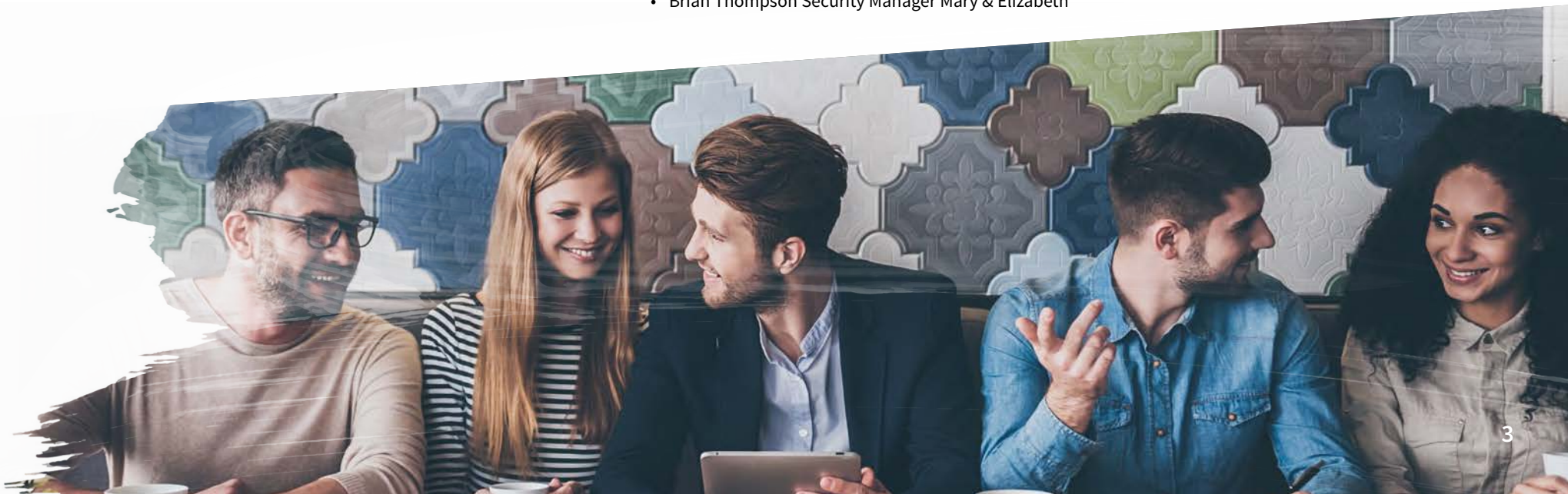
**MARY AND ELIZABETH
HOSPITAL**

**COMPASS ONE HEALTHCARE
PATIENT EXPERIENCE**

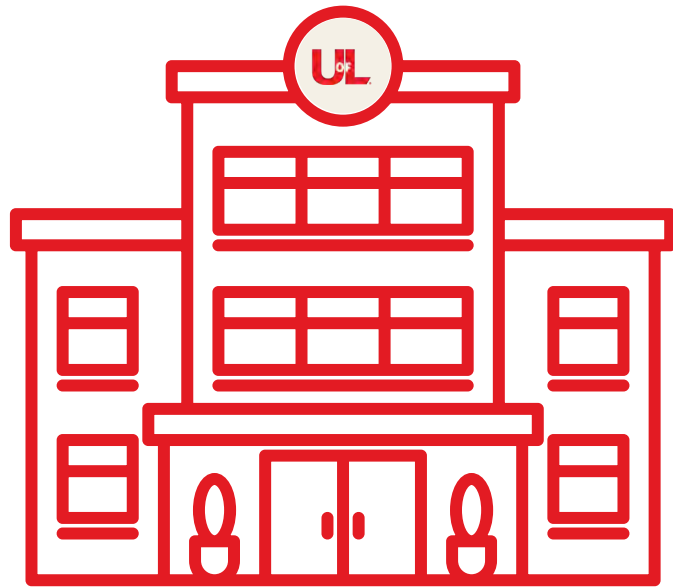
Special Thanks

The Patient Experience Design Team at Compass One Healthcare would like to specially thank the individuals below for making this project possible and organizing the focus group sessions at Mary and Elizabeth:

- Jason Smith CMO University of Louisville Health
- Kami Walker Executive Director Quality and Safety University of Louisville Health
- Jeff Graves CMO Mary & Elizabeth
- Melisa Adkins CAO Mary & Elizabeth
- Shane Fitzgerald COO Mary & Elizabeth
- Pam Akins VP, CNO Mary & Elizabeth
- Brian Banks Manager Quality and Patient Safety Mary & Elizabeth
- Jennifer Hoert Director Patient Experience University of Louisville Health
- Brian Thompson Security Manager Mary & Elizabeth



HOSPITAL PROFILE



MARY AND ELIZABETH
IS PART OF THE UNIVERSITY
OF LOUISVILLE HEALTH
ACQUIRED BY UOFL HEALTH
ON NOVEMBER 1, 2019

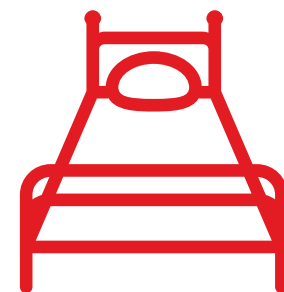


VOLUNTARY
NONPROFIT

SHORT TERM
ACUTE CARE
FACILITY



331
LICENSED
BEDS



Mary & Elizabeth Hospital

UL Health





Introduction I



Mary & Elizabeth Hospital

U of L Health



INTRODUCTION TO EXPERIENCE MAPPING

Customer journey mapping is a user experience and design tool that has developed over a couple of decades. It has been used to visualize the user experience through the lens of the customer life-cycle in order to improve processes, products, services as well as the acquisition and retention of customers.

As the ever-changing healthcare industry becomes more competitive and complex, there has been an emphasis on creating an excellent patient experience. Healthcare organizations are always in search of new and proven methodologies and approaches to achieve brand awareness, patient satisfaction and loyalty.

Experience Mapping and Design can make a difference, as it puts the patient in the center of strategic planning. Applying quantitative and qualitative data to understand the patient sentiment and visualize their experience from initial patient outreach and throughout the continuum of care.

The final product sheds light on the pain-points and highlights from the patient's perspective. Thus enabling the organization to better understand the strengths and opportunities that directly impact the patient's experience.

BACKGROUND

The Patient Experience Team at Compass One Healthcare, part of Compass Group, is dedicated to enhancing the customer experience. One of the many ways we do so is through mapping out the patient's journey for a better understanding of the experience we aspire to optimize.

In this project, our Patient Experience and Design team of consultants partnered with University of Louisville Health's Mary and Elizabeth Hospital to map the experiences of patients, caregivers and care providers throughout the inpatient journey.

OBJECTIVES



Capture the experiences and sentiments throughout every phase of the journey



Recognize the experience's highlights and pain points



Identify opportunities to optimize the experience

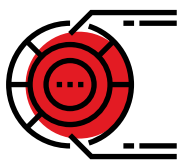


Design an experience-based pathway for continued improvement



| METHODOLOGY

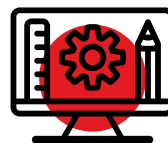
THE PATIENT EXPERIENCE AND DESIGN TEAM AT COMPASS ONE HEALTHCARE APPLIES A LEAN APPROACH TO THE MAPPING PROCESS:



DEFINE PROJECT
GOAL & SCOPE



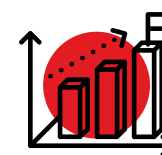
MEASURE QUALITATIVE
& QUANTITATIVE DATA



ANALYZE FINDINGS &
VALIDATE HYPOTHESIS

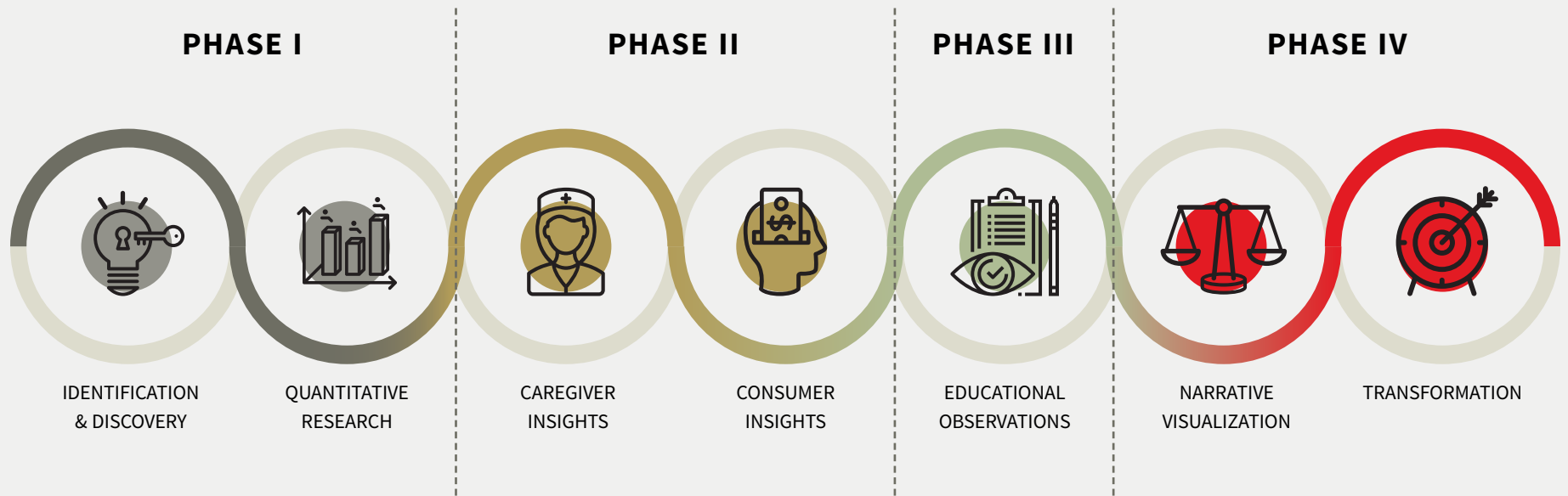


IMPROVE &
INNOVATE



CONTROL IMPROVEMENT
& OPTIMIZE EXPERIENCE

PROCESS



GOAL

To strategically design pathways that would optimize the experiences of our patients, their caregivers and our teams of care providers by capturing and understanding their sentiments during their journey across the continuum of care at Mary and Elizabeth Hospital within the identified and agreed upon scope.

SCOPE

Mapping the experiences across the healthcare journey at University of Louisville Health Mary and Elizabeth Hospital from the Emergency Department through discharge with a focus on unit 2A

**For best results, the scope should be very specific*



Methods I



Mary & Elizabeth Hospital

U^{of}L Health



MIXED-METHODS DATA ANALYSIS

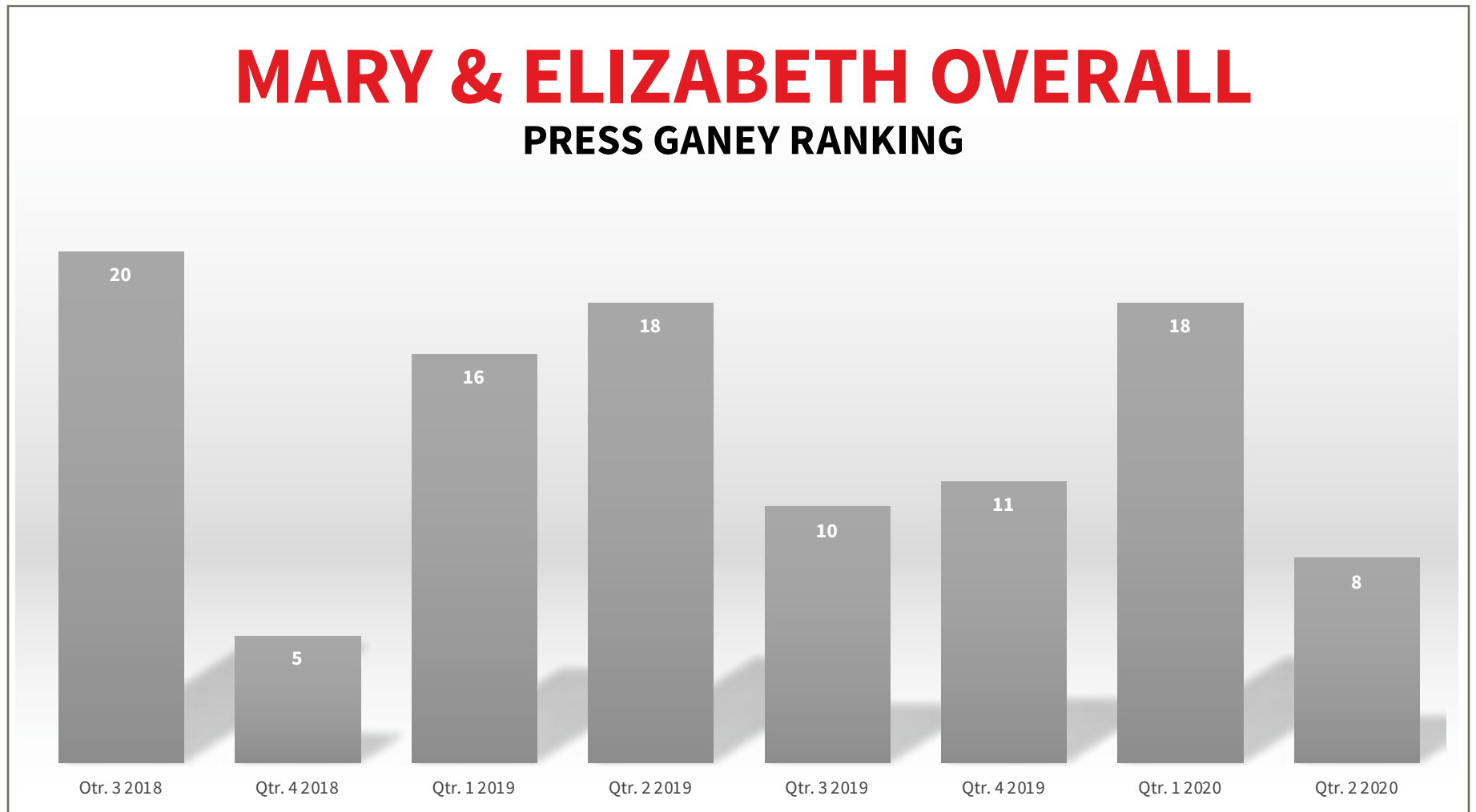
Once the project's overarching goal and scope have been identified, the mapping process moves to the identification and discovery phase.

Our Patient Experience and Design team at Compass One Healthcare applies a mixed data analysis approach that includes quantitative data analysis by reviewing market data, population information, and third-party patient satisfaction survey vendor data (Press Ganey Inpatient Survey).

This is followed by validating the data findings through qualitative analysis

QUANTITATIVE ANALYSIS

In an effort to develop strategic and hospital specific pathways for experience improvement, Compass One Healthcare consultants analyzed the third-party patient satisfaction survey vendor data. A thorough Press Ganey assessment of unit-specific data, standard deviation and patient demographics was leveraged to identify the key drivers of patient satisfaction at Mary and Elizabeth Hospital.



MARY & ELIZABETH OVERALL

A 12-month review of all HCAHPS Domains and Press Ganey related questions was conducted to determine if survey questions trend together and whether focusing on core questions outlined on priority index drives the overall patient experience.



Sts Mary & Eliz Hosp Louisville-KY

HCAHPS 12 Month Priority Index

Surveys Returned: July 2019 - June 2020

Survey items are correlated to H CAHPS Overall Rating 0-10

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	How well your pain was controlled	PG	5	0.49
2	Staff visits met your needs	PG	5	0.49
3	Promptness response to call	PG	5	0.48
4	Likelihood recommending hospital	PG	9	0.59
5	Nurses' attitude toward requests	PG	7	0.47
6	Instructions care at home	PG	6	0.45
7	Response concerns/complaints	PG	9	0.50
8	Room cleanliness	PG	6	0.44
9	Speed of discharge process	PG	2	0.41
10	Staff include decisions re:trtmnt	PG	9	0.48

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.

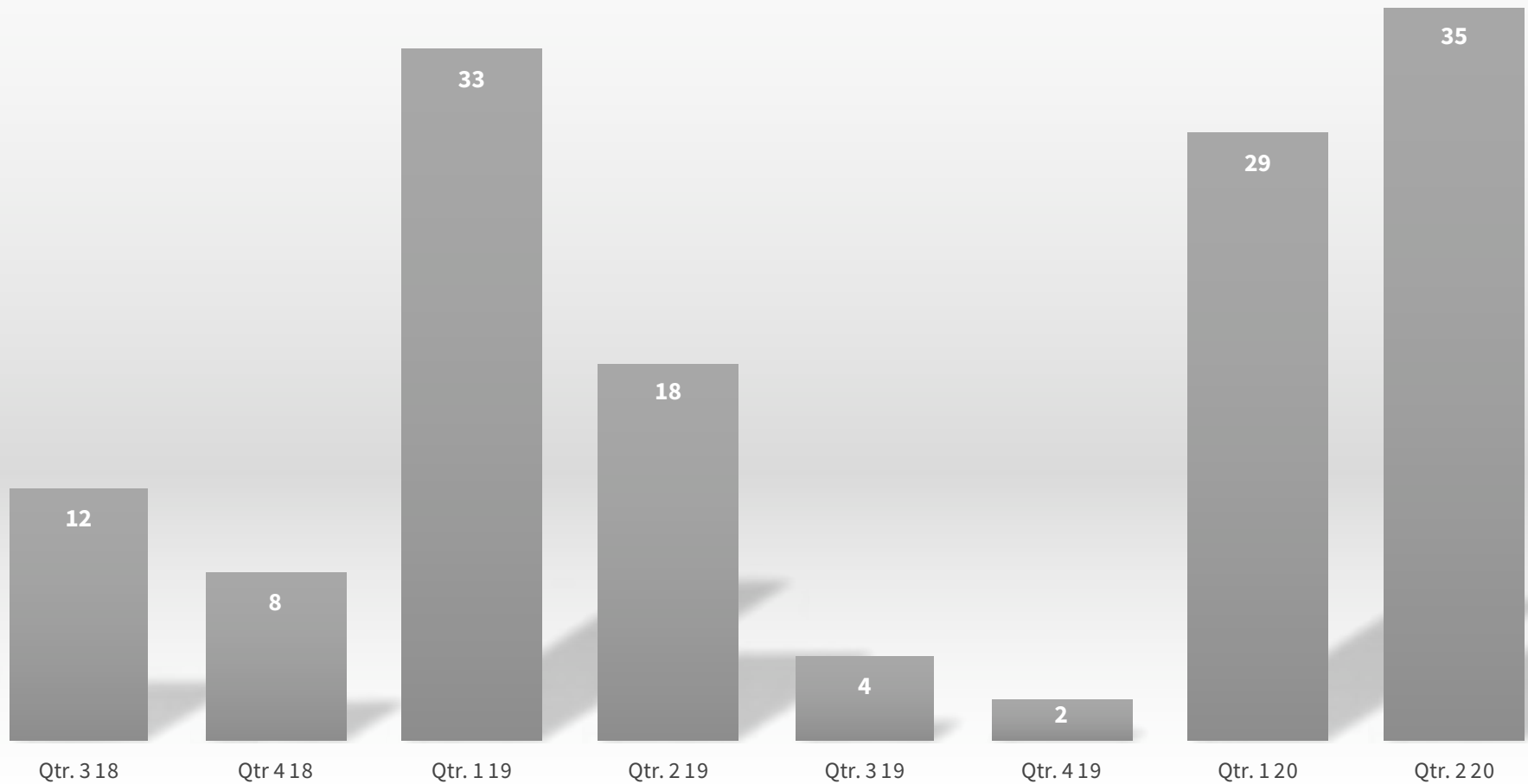
Real Time Priority Index April 1- June 30/ 2020

ORDER	SURVEY ITEM	PERCENTILE RANK	CORRELATION 1
1	Staff visits met your needs	4	0.78
2	Response to concerns /complaints	3	0.73
3	Instructions care at home	4	0.74
4	Staff include you in decisions re-treatments	5	0.77
5	Nurses attitude towards requests	5	0.76
6	Staff addressed emotional needs	6	0.77
7	Staff worked together to care for you	8	0.81
8	Attention to special/personal needs	9	0.81
9	Physician kept you informed	5	0.73
10	Physician concern questions/worries	4	0.71

MARY & ELIZABETH 2A

PRESS GANEY RANKING

A thorough analysis into the patient satisfaction survey data on 2A was completed.
Quarter over quarter scores showed a significant upward trend for Q1 and Q2 of 2020



MARY & ELIZABETH 2A

A 12-month review of all HCAHPS Domains and Press Ganey related questions was conducted to determine if survey questions trend together and whether focusing on core questions outlined on priority index drives the overall patient experience.



Sts Mary & Eliz Hosp Louisville-KY

HCAHPS 12 Month Priority Index

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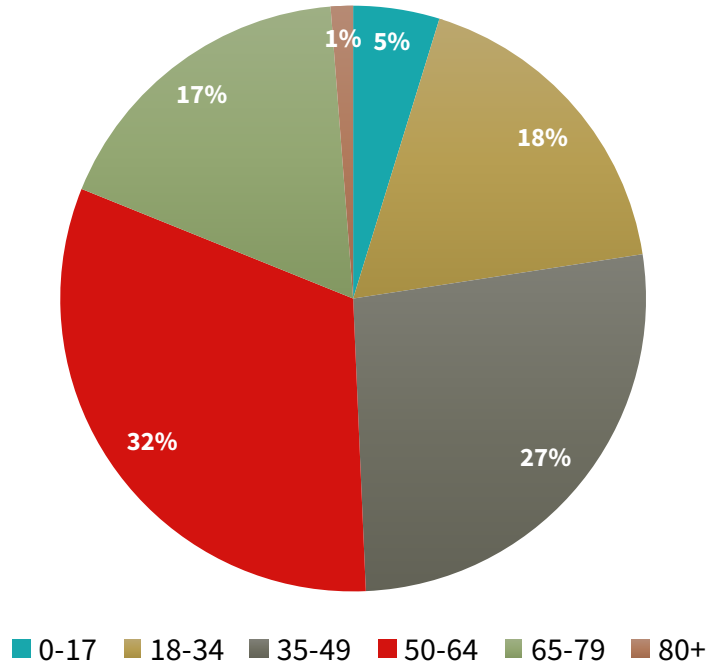
Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Likelihood recommending hospital	PG	5	0.63
2	Physician concern questions/worries	PG	4	0.50
3	Overall rating of care given	PG	7	0.56
4	Nurses kept you informed	PG	7	0.54
5	Nurses' attitude toward requests	PG	6	0.48
6	Friendliness/courtesy of physician	PG	4	0.45
7	Room cleanliness	PG	6	0.47
8	Attention to special/personal needs	PG	9	0.51
9	Instructions care at home	PG	4	0.42
9	Time physician spent with you	PG	7	0.48

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.

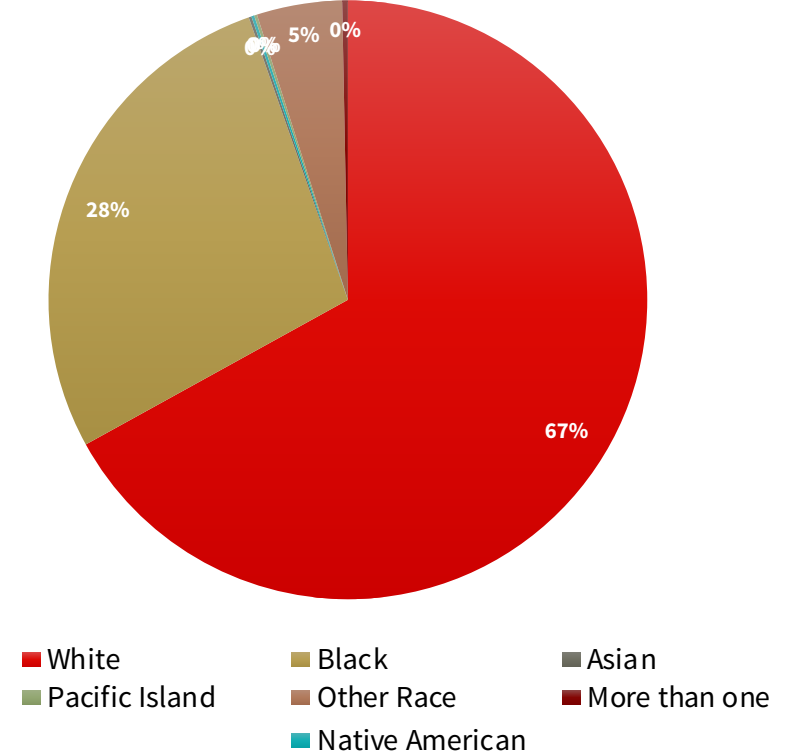
LEVERAGING DATA TO CREATE PROVISIONAL PERSONA

Patient Demographics | **Emergency Department**

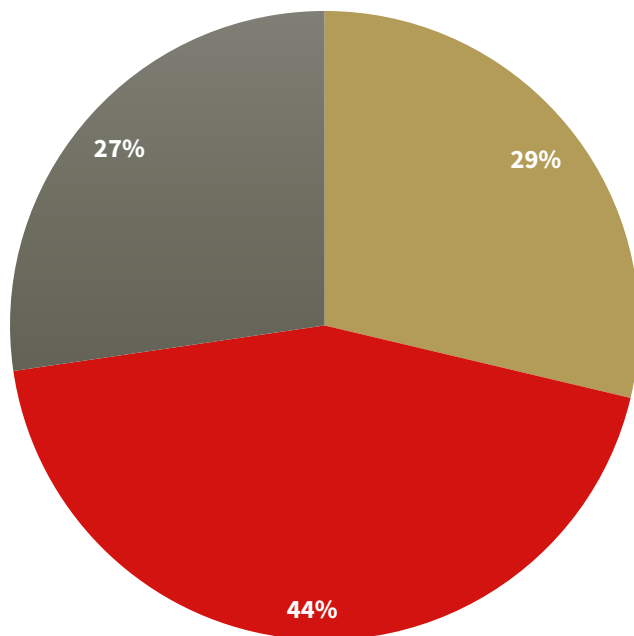
AGE



RACE

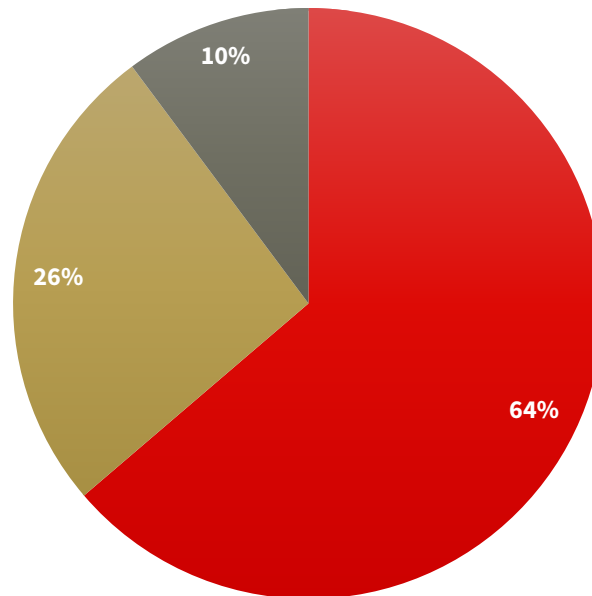


REASON FOR ED VISIT



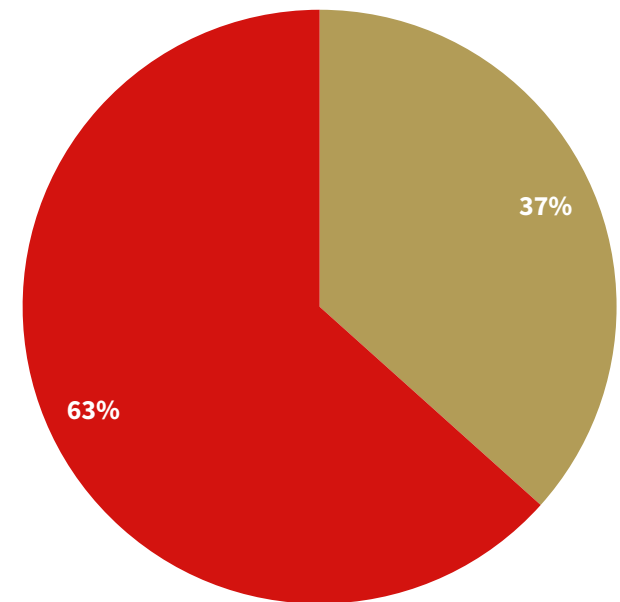
■ Accident ■ New Issue ■ Condition

TIME-FRAME ADDRESSED IN ED



■ Less than 5 ■ 5 - 15 min ■ > 15 min

CHARGE NURSE VISITED

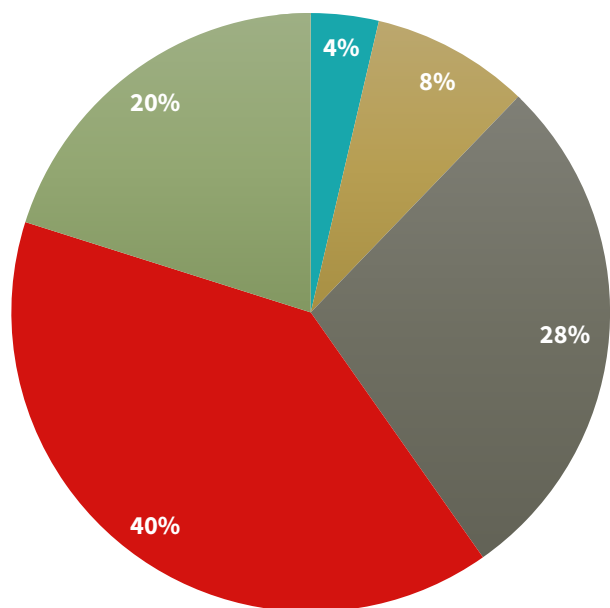


■ Yes ■ No

LEVERAGING DATA TO CREATE PROVISIONAL PERSONA

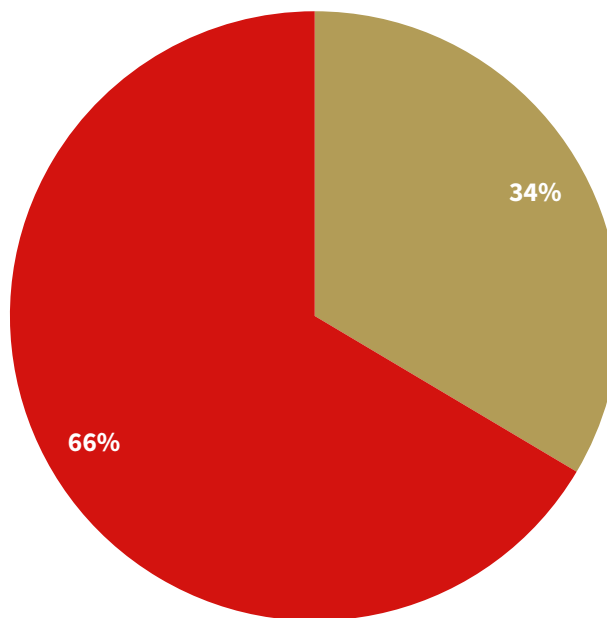
Patient Demographics | 2A

AGE



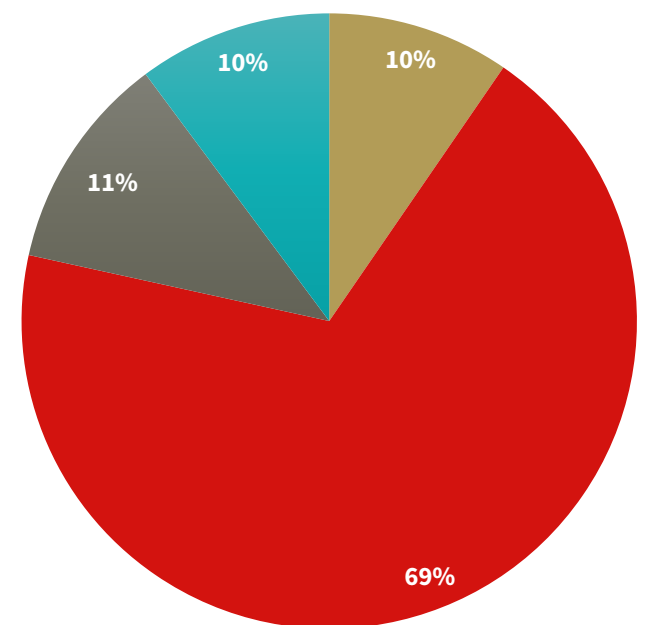
■ 18-34 ■ 35-49 ■ 50-64 ■ 65-79 ■ 80+

GENDER



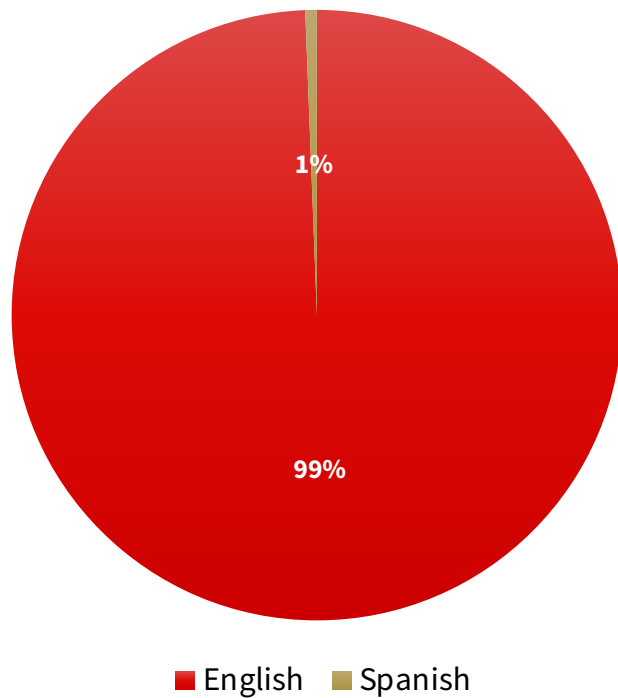
■ Male ■ Female

PAYOR MIX

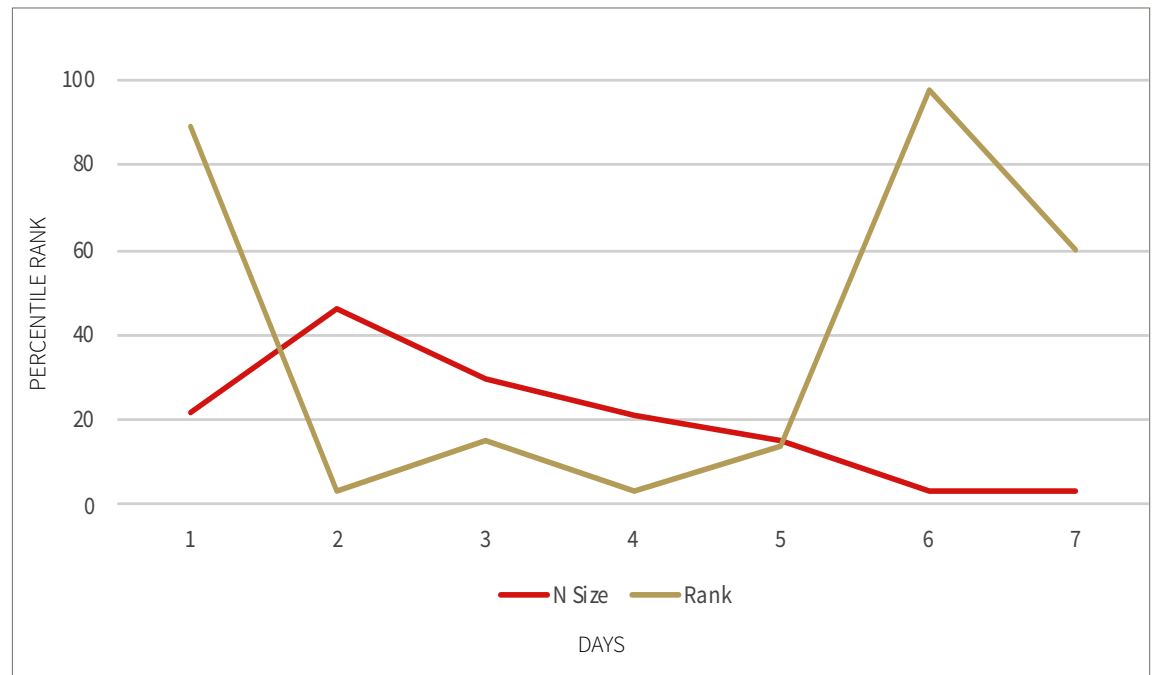


■ Medicaid ■ Medicare ■ Blue Cross ■ Other

LANGUAGE

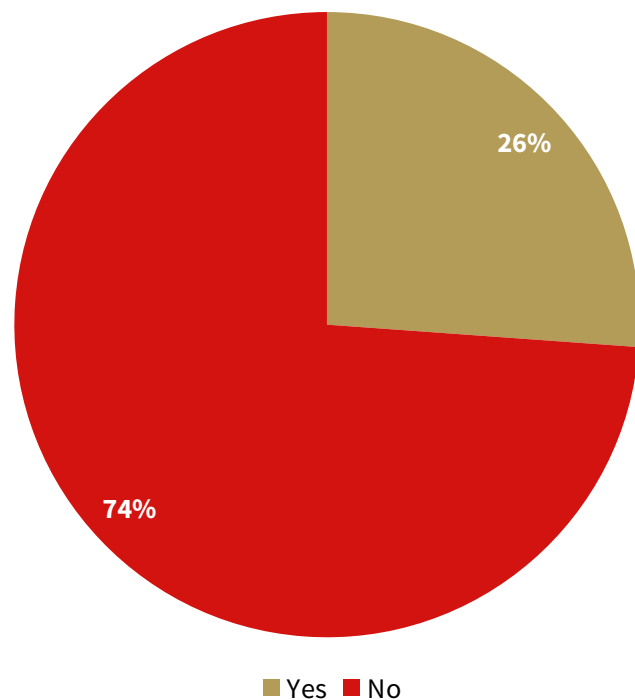


LENGTH OF STAY



Data revealed that “Received call after discharge” does have a positive yet not a very significant impact on scores. However, when “Shift change staff includes patient in plan of care” a significant positive impact on how patients rank the other domains that are highly correlated with HCAHPS Rate and Recommend the Hospital was evident.

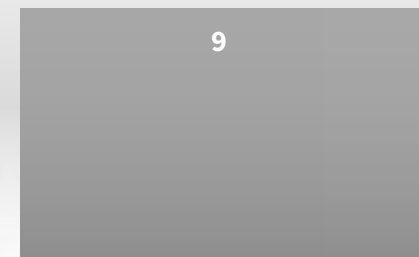
RECEIVED CALL AFTER DISCHARGE



PERCENTILE RANK

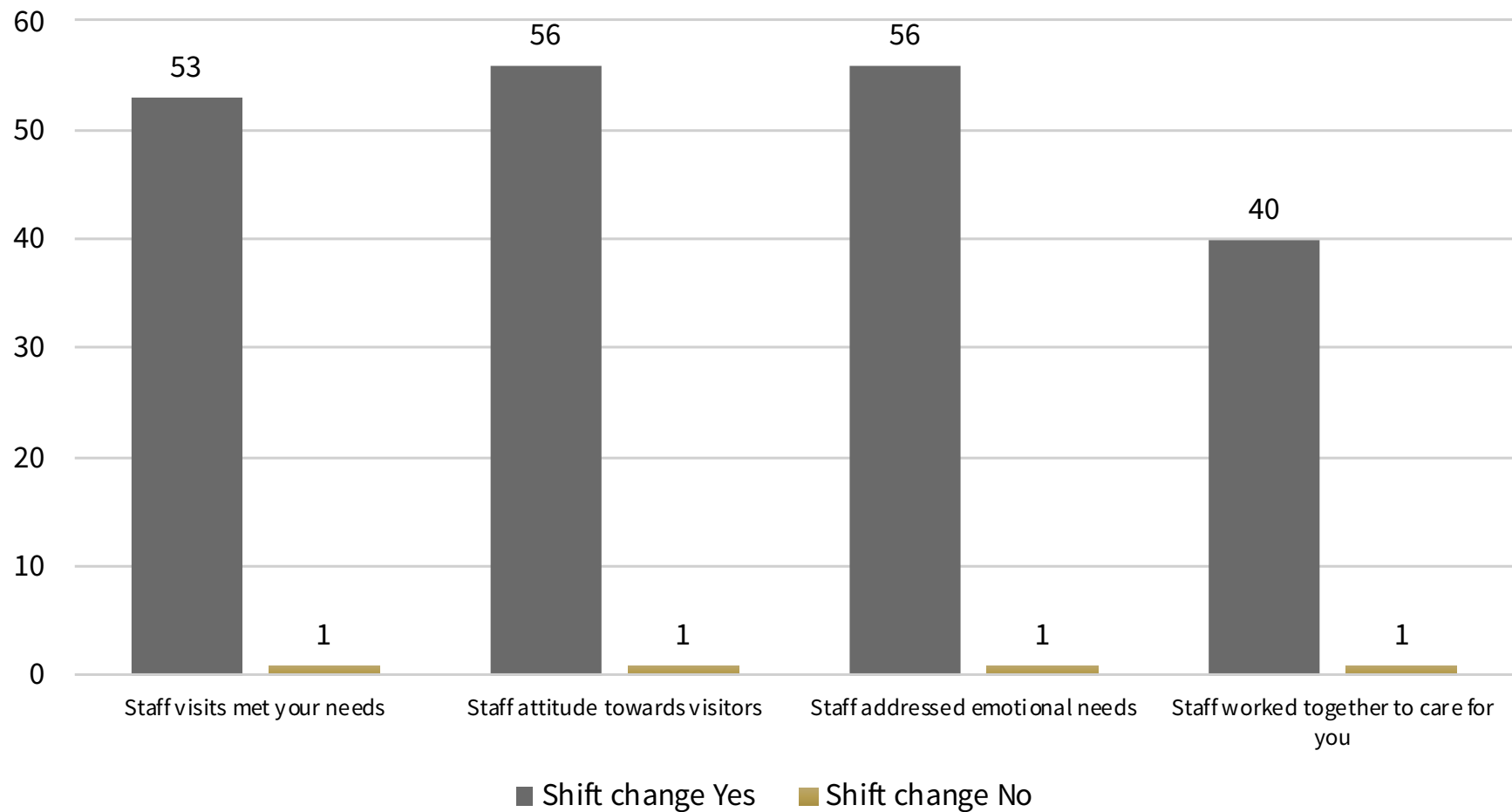


Yes



No

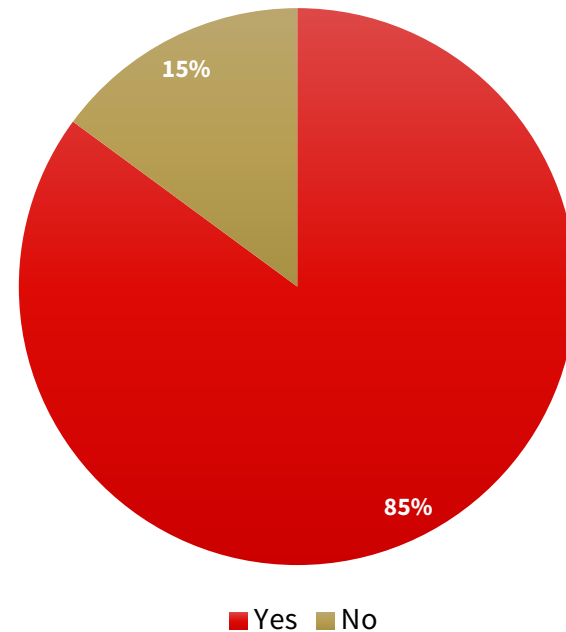
SHIFT CHANGE INCLUDE IN PLAN OF CARE



Inpatient admissions through the ED affect the patients' perception of care. Nationally, 56% of patients are admitted through the ED and, on average, score the overall experience thirty percentile-ranking points lower than direct admissions. While all values are statistically different between ED admits and direct admits, efforts to improve the service for patients admitted through the ED may result in ratings that are more favorable.

On unit 2A 85% of patients who complete the patient satisfaction surveys are admitted through the ED and they score their overall experience 34 percentile ranking lower than those who were directly admitted to 2A

ED ADMISSION



PERCENTILE RANK





PATIENT ATTITUDES

E15 measures consumers' attitudes and aspirations around a variety of topics to better understand how to plan offerings and activate messaging around the services offered in order to satisfy their shared and unique needs.



	SPENDING	TECHNOLOGY
Cautious Couples 26% of patients	"Newspaper ads give useful info on bargains." "Better to put money in low-risk investments even if the return is not as great."	"Computers are too confusing to be of much use to me." "I will keep a landline telephone even if cell service improves."
Sustaining Families 20% of patients	"I tend to make impulse purchases." "I only save for a specific purpose."	"I want others to say wow when they see my electronics." "I would receive ads on my cell phone for lower monthly costs."
Striving Singles 15% of patients	"I only save for a specific purpose." "I purchase expensive models with luxury options."	"The internet is a good way to meet new people." "I want others to say 'wow' when they see my electronics."



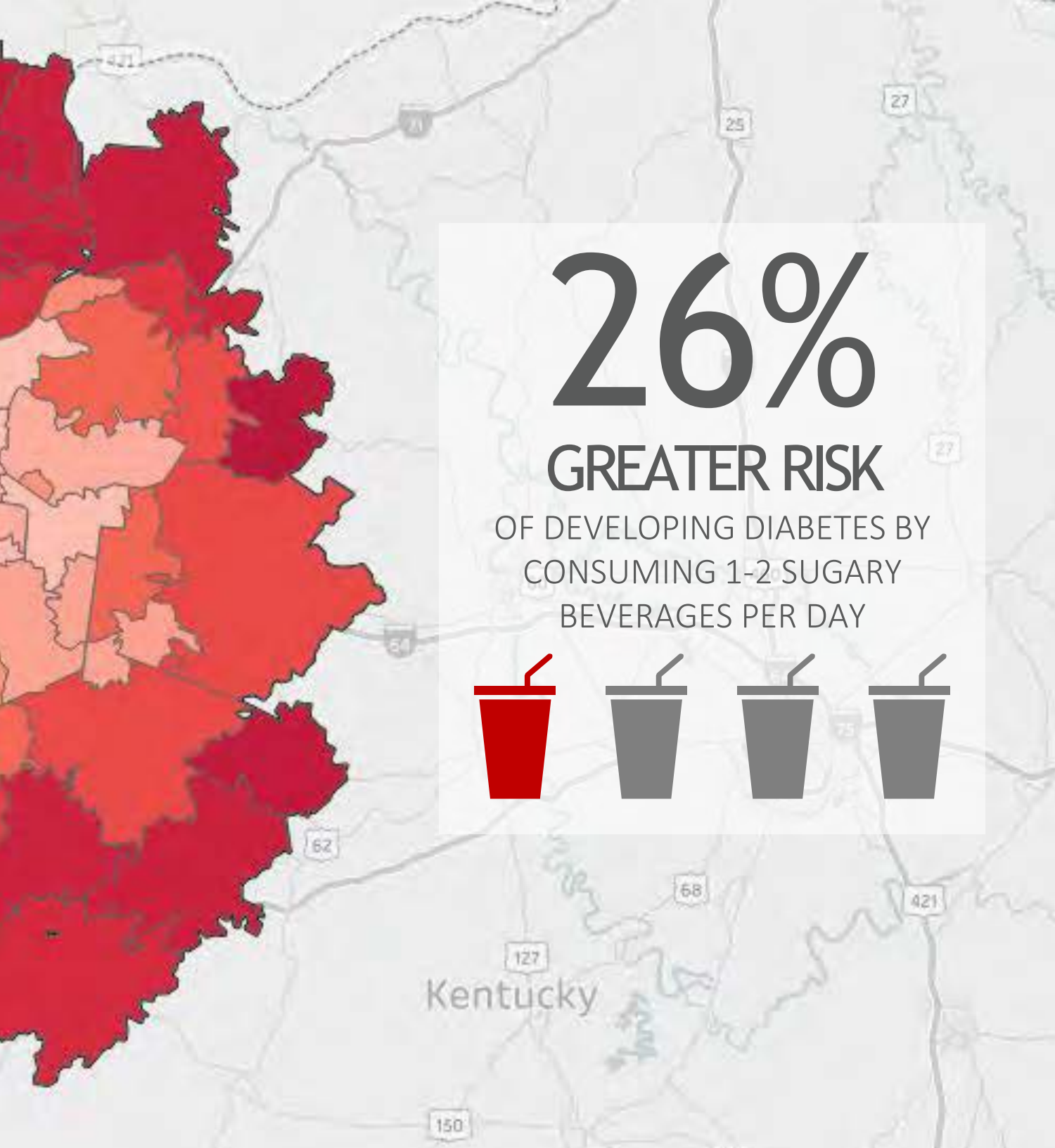
BRANDS	STATUS	FOOD & DRINK	SEEK TO SATISFY THIS SEGMENT WITH:
"In general, newer drug brands work better than older brands." "I don't often change brands for variety or novelty."	"I don't enjoy being the center of attention." "Living a lifestyle that impresses others isn't a priority for me." "My medical conditions limit my lifestyle somewhat."	"I try to eat a healthy breakfast every day." "I often eat my meals at home."	• Traditional comfort food options • Brands they will recognize • Interactions with staff and low tech checkout options
"I like to share my opinions on products/services by posting reviews online."	"I enjoy being the center of attention." "I buy things my friends / neighbors approve of."	"Eating at a fast food restaurant is fun." "Often, I eat my meals on the run."	• Affordable offerings • Fast-food type offerings
"I often change brands for variety or novelty." "Celebrity endorsements may influence my decision to buy a product."	"I strive to achieve high social status." "I enjoy being the center of attention."	"I have fun eating at fast food restaurants." "Frozen dinners are a convenient alternative for a meal."	• Fast-food type offerings • In-café messaging on premium items to drive purchases • Value menu items to drive volume

POPULATION HEALTH

E15 can identify
neighborhoods at a zip
code level
with above average
affinity for sugar
sweetened beverages

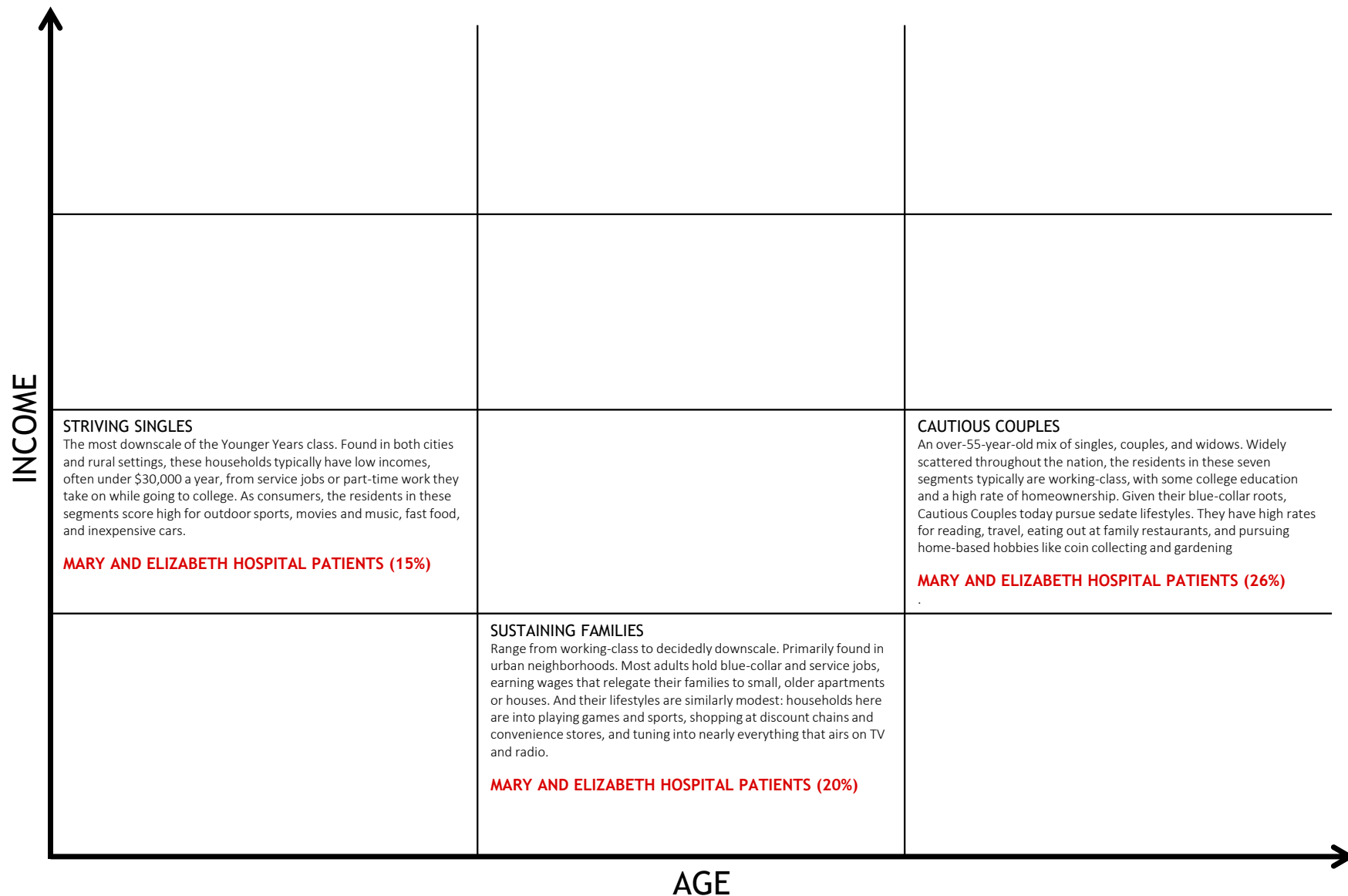
Mary & Elizabeth Hospital

UL Health



TOP 3 SEGMENTS | Across Patient Types

Patients of all ages and affluence levels visit Mary and Elizabeth Hospital, and with that, food & beverage preferences vary. These segments were defined by Nielsen by identifying patients as people in the Louisville market who have used Mary and Elizabeth Hospital in the past three years. Understanding the breadth of patient needs and preferences is key to optimize programming.



PROVISIONAL PERSONA

An analysis of a 12-month Press Ganey and E15 market data was leveraged to create a provisional persona



English-speaking
Caucasian Female between
the Ages of 50-79



Admitted through the
Emergency Department



2-3 Days –
Length of Stay



Medicare
Insurance





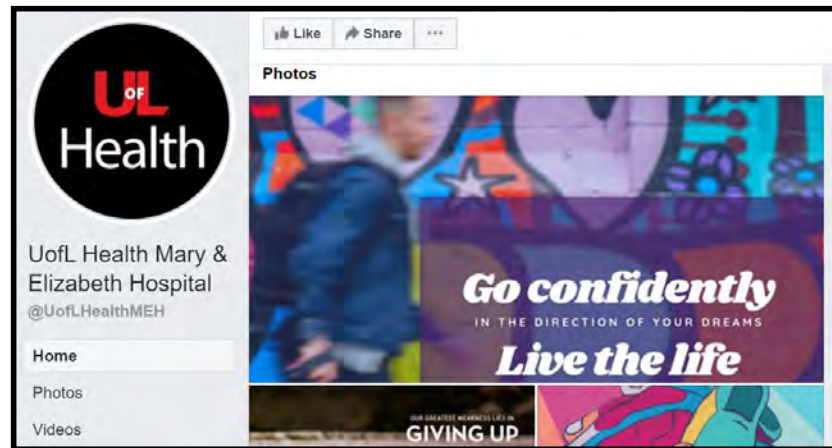
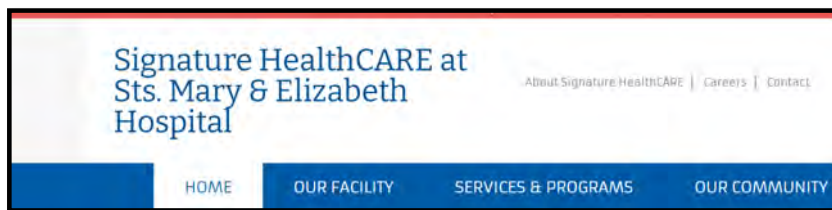
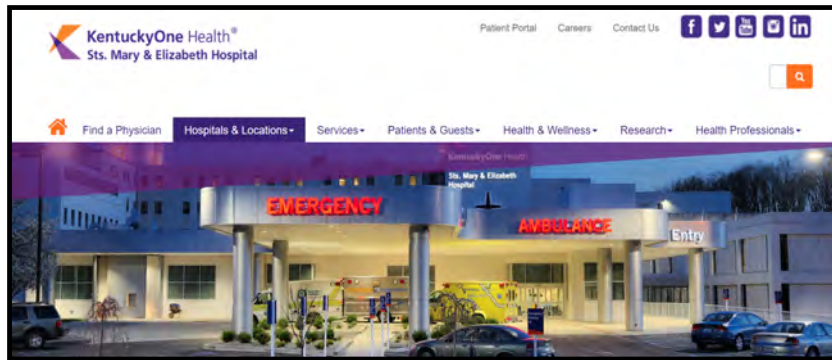
QUALITATIVE ANALYSIS

Qualitative analysis has fewer participants but gathers more in-depth information about the subject of study. It allows you to understand the breadth of issues that exist within a given space while revealing the context behind and connections between the data. What qualitative analysis lacks in scale, it gains in depth and insight.

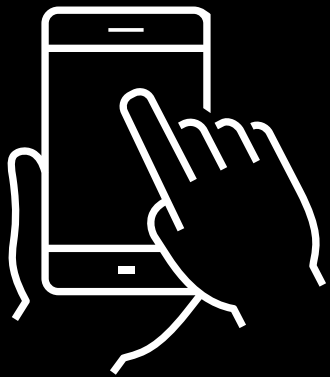
On the other hand, quantitative analysis has a higher number of participants but doesn't collect as much in-depth information about the data or the context behind it. Though quantitative analysis is good at gathering statistics around what is happening, it doesn't explain why or how.

For this project, qualitative analysis was used to understand the breadth of issues that participants have throughout their hospital visit as well as how that is impacted by their surroundings.

Social Media Presence



NOTE: This Facility reports in a consolidated fashion with UofL Health – Jewish Hospital (Provider ID 180040). UofL Health acquired this facility from CommonSpirit Health – Kentucky One on November 1, 2019.



RATINGS & REVIEWS

Mary & Elizabeth Hospital

U of L Health

1850 Bluegrass Ave, Louisville, KY

2.4  130 Reviews



4 weeks ago

"I have never stayed at St Mary's and Elizabeth before, and had been told many negative things about it. However I just stayed 5 days on the 5th floor. Here's what I have to say about them. From the house keepers to the doctor himself and all in between, I've never been treated with as much respect and compassion. I can't brag enough on them! So I want to say THANK YOU to each of them. You're the BEST!"



a month ago

"I am admitted into the hospital because of bowel leakage from me having my gallbladder taken out. And the staff here is amazing they always make sure I'm ok. They make sure they give me my pain meds when needed. They have shown so much kindness toward me. I couldn't ask for a better staff. The nurses are amazing Richard and Jackie and all other nurses have made my time here less painful. They are so friendly here. And the aids are just as wonderful I don't think I have met a single person that hasn't went out of their way to make my time here better. They have an amazing staff here. Would recommend anyone come here."



6 months ago

"Michael (I believe is his name) in medical records has been so awesome and extremely patient with getting medical records set to our home hospital! Definitely, not my typical experience with medical records staff so it was a great change and very much appreciated! Thank you, sir, for being so patient and willing to help me!"



7 months ago

"I was admitted to the emergency department on December 16 because of pain in my back and sides. The staff was nice, caring, friendly and took care of me exceptionally well. I was treated very quickly with medication through an iv for pain, and quickly diagnosed in a matter of an hour or so."

 **2 months ago**

“My father fell and broke his fibula and dislocated his ankle...had surgery now he’s fighting for his life! Kept getting wrong info a lot....then to top it off someone evidently between the ambulance and emergency room has stolen his phone wallet \$400 cash his memo pad along with his 2 favorite pens.....used to be top of the line facility before merging with u of l”

 **5 months ago**

“Every experience I have had there was less than good”!

 **5 months ago**

“The nurses are real Petty here, will never be back to save my life !!!”

 **6 months ago**

“The night shift ladies at the front desk ER 2.11.20 have the worst attitude of anyone I’ve ever encountered at a hospital. The Dr or nurses didn’t ask my dad for a medication list and yet started giving him medicines. Now that he’s been admitted they ask what medicine he’s on.”

 **6 months ago**

“Very rude, impatient and uncomfortable professional you will be treated as a burden on the staff, they do not care about your worries or fears, just to get u in and out.”

 **6 months ago**

“Very disrespectful nurses. There is no sense in 6-7 nurses yelling at each other through a hallway talking about how they will miss each other when they go on break. No respect towards the patients and their families”



Qualitative Data Collection & Analysis

STAKEHOLDER FOCUS GROUPS

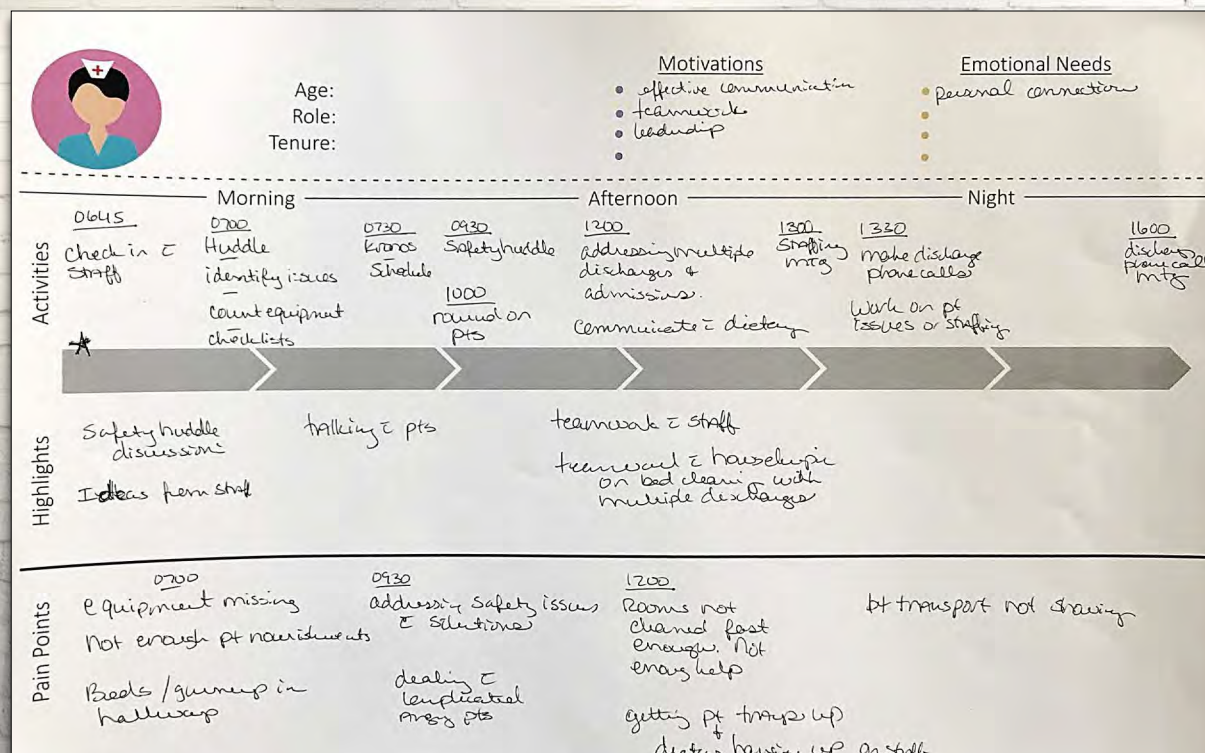
Stakeholder Focus Group Sessions are used to get stakeholders involved and allow consultants to understand what is currently known about the project topic. Stakeholders have some understanding of what issues may exist based on things they have seen and what they hear. These focus groups are a chance for consultants to gain this knowledge from various stakeholders, so they are more informed when they employ other methods.

Knowledge gained in this stage can determine what methods need to be used, what user groups consultants must talk to and some of the questions they need to ask. A lot of the information gained during this activity is based on assumptions that stakeholders have, so it is considered provisional data which needs to be validated through other project methods.

STAKEHOLDERS FOCUS GROUP SESSIONS

Three focus group sessions were held at Mary and Elizabeth on day one. Each session consisted of a diverse group of participants and lasted two hours. The participants in each session were asked to answer survey questions that characterize the different demographics of the patients they care for. This data was used to create the provisional persona. The groups then participated in an interactive exercise where they visualized the journey of their patients and tried to capture the high and low moments and their impact on the patients' sentiments.

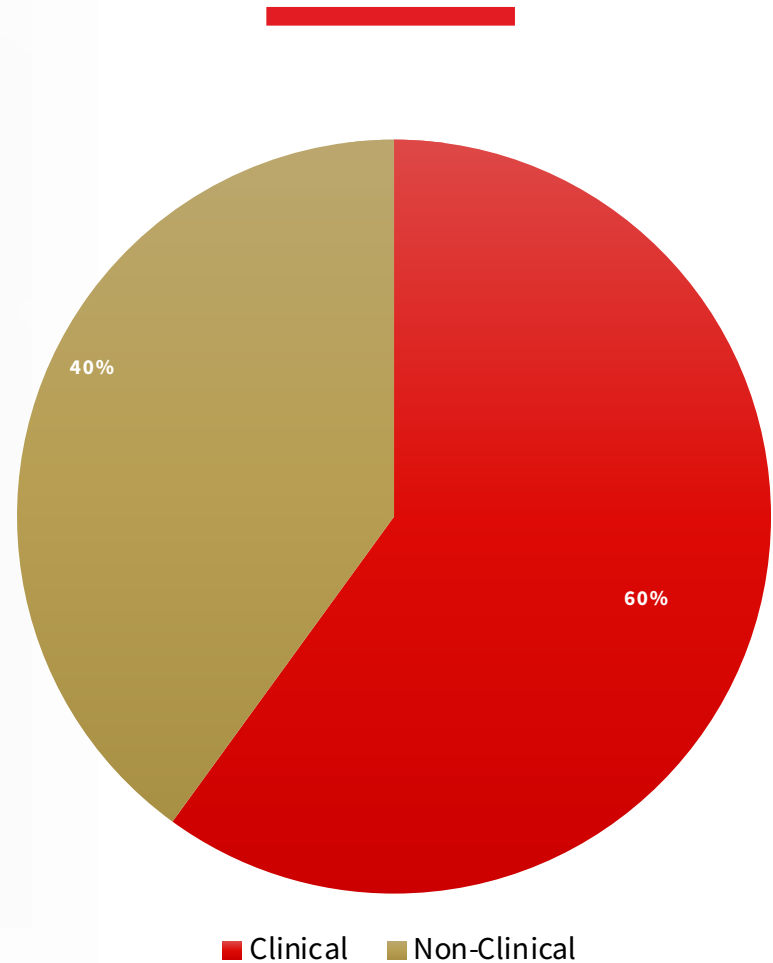
A group discussion led by Compass One Healthcare consultants followed and the sessions ended with identifying the main opportunities and common themes.



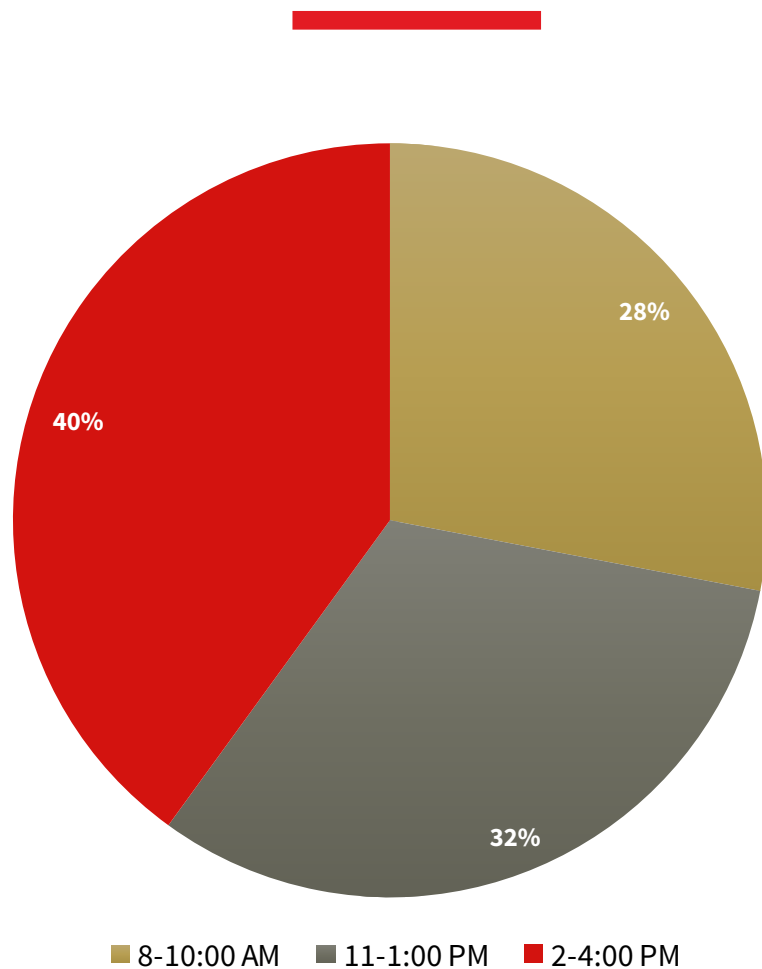


Staff Focus Group Participation

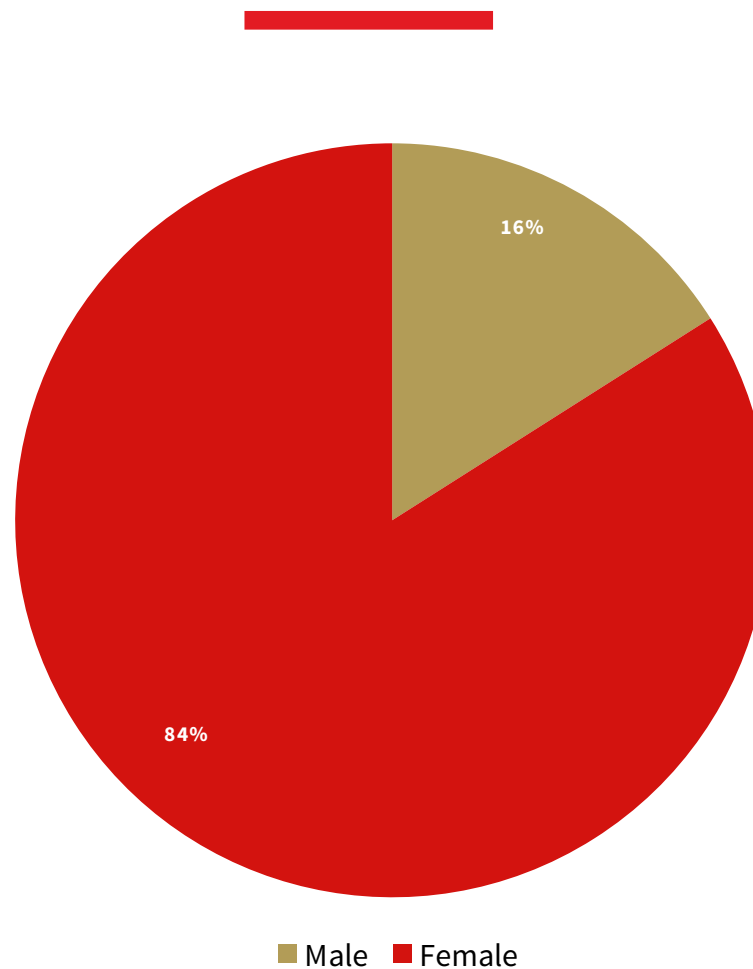
CLINICAL & NON-CLINICAL PARTICIPATION



STAFF PARTICIPATION BY SESSION TIME



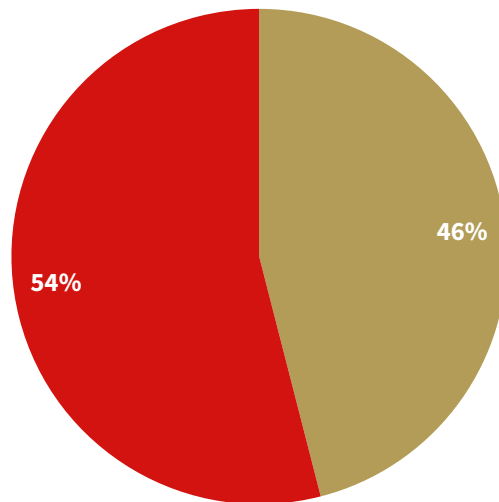
PARTICIPATION BY GENDER



Focus Group Sessions and Provisional Persona

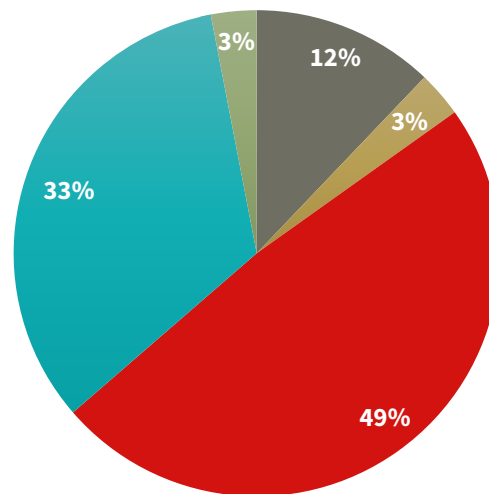
The persona data collected during the focus group sessions was identical to that created by Compass One Healthcare based on the Press Ganey data analysis. Our provisional persona who is admitted to unit 2A through the ED is a 50-79 year old white female married with a high school degree.

SEX



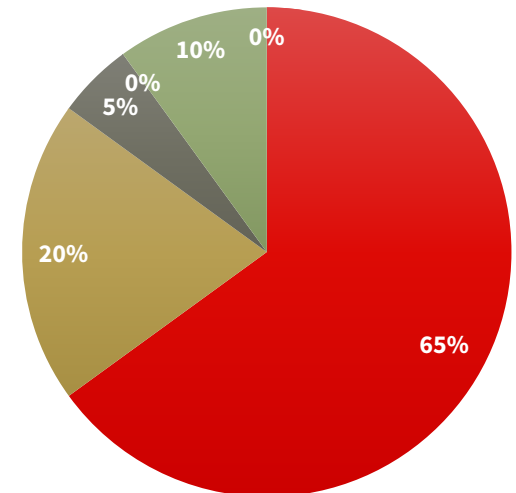
■ Sex Male ■ Sex Female

AGE GROUP



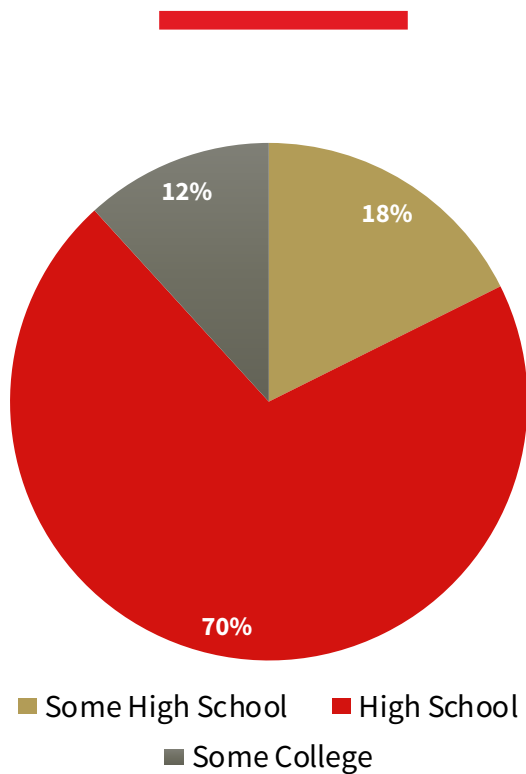
■ 18-34 ■ 35-49 ■ 50-64 ■ 65-79 ■ 80+

ETHNICITY

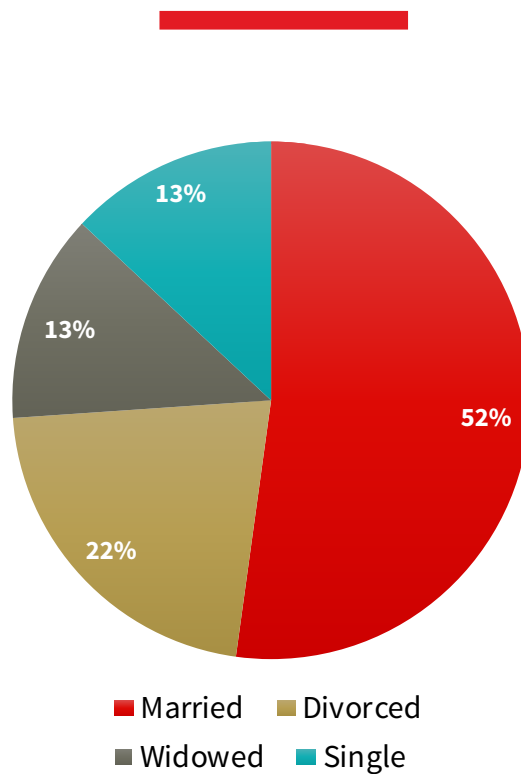


■ White ■ African American ■ Hispanic
■ Asian ■ Mixed

EDUCATION LEVEL



MARITAL STATUS



Focus Group – Theme Categorization

STAFF FOCUS GROUP SESSIONS IDENTIFIED THE FOLLOWING MAIN THEMES FOR IMPROVEMENT OPPORTUNITIES:



STAFFING

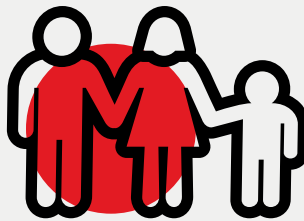


**INFORMATION
SYSTEM
INTEGRATION
& ACCESSIBILITY**

TRAINING



**MANAGING
PATIENT
& FAMILY
EXPECTATIONS**



COMMUNICATION



**PROCESS
STANDARDIZATION**



**THROUGHPUT
PROCESS**



Semi-Structured Interviews

Interviews are the core of human-centered design. They help the Patient Experience Team unlock a variety of insights and understanding about a user's mindset and behaviors. They also allow researchers to probe deeper into interesting themes that might have emerged in previous project activities; therefore, the goal of user interviews is to explore the users' needs and experiences in more depth.

Semi-structured interviews mean that though there is a set of questions the researcher wants to ask; they can deviate from their plan if participants convey other topics of interest.

This allows the interviewer to explore unexpected areas of inquiry.

Shadowing

Shadowing involves consultants immersing themselves in the lives of the customer, front-line staff, or people behind the scenes in order to observe their behavior and experiences. Shadowing allows consultants to spot the moments in which opportunities lie. Both highlights (positive) and pain points (negative) experiences are captured. By observing such moments firsthand, they can document issues which the subject of project may not even recognize. Shadowing is also a useful technique for identifying those moments where people may say one thing yet do another.





Personas

& MAP



Mary & Elizabeth Hospital
UL Health



PATIENT PERSONA



Jane is a 65-year-old female. She has a high school degree and is currently without a job. Jane is single and lives with her 32-year-old son Paul. She has two cats, and enjoys watching reality TV, while eating fast food her son brings home. She has a history of diabetes and is morbidly obese.

** Disclaimer: The Personas are fiction and developed through the workshops and data collection. Any resemblance to a real person is mere coincidence.*

CAREGIVER/FAMILY MEMBER PERSONA



Paul is 32, he is a handyman with no fixed schedule or income. He lives in his mother's basement, helps around the house and takes care of Jane.

NURSE ED PERSONA



Charlie is 34 years-old, she has been a nurse at Mary and Elizabeth for 12 years. Has worked as bed-side nurse on the units, an ICU nurse and has been an ED nurse for 7 years. She loves her job and caring for very sick patients is her calling. She is very knowledgeable and passionate about her work and has great bed-side manners and is empathetic towards her patients and their families. She is a team player and has great ideas to enhance the workflow but is very frustrated with the ED processes.

NURSE 2A PERSONA



Elizabeth is 38 years old married with two kids and a dog. She has been the charge nurse on 2A for three years. Elizabeth hopes to go back to school and get her nurse practitioner degree. She loves her team and her unit. Her main frustration is managing the workload on weekends

EXPERIENCE MAP

The following Experience Map Narrative provides clarification into findings included within the Mary & Elizabeth Hospital Experience Map.

This narrative includes detailed descriptions of the Pre-Visit, Emergency Department, Inpatient, and Discharge experiences as observed by our consultants and described by patients, family members, and Mary & Elizabeth Hospital staff members.

PRE-VISIT				EMERGENCY DEPARTMENT							
	EVENT ONSET/ DECISION	DRIVE	PARKING	SECURITY	TRIAGE	WAITING ROOM	NURSING ASSESSMENT	REGISTRATION	WAITING	PHYSICIAN ASSESSMENT	DIAGNOSTICS
EXPERIENCE											
	ANXIOUS	IN PAIN & CONFUSED	FRUSTRATED	WORRIED	CONFUSED AND SCARED	WORRIED & ANXIOUS	IN PAIN BUT RELIEVED TO SEE & TALK TO HER NURSE	TIRED	LESS PAIN, RELIEVED TO BE TAKEN CARE OF	HAPPY TO SEE THE DOCTOR/ CONFUSED & FELT LOST	WORRIED & TIRED
PATIENT'S ACTIONS	Jane was found unconsciousness in her bathroom by her son Paul. He called 911 and the ambulance arrived the first responders were in masks they acted promptly , helped Jane with a n Oxygen mask and safely onto a stretcher to the ambulance	The ambulance transported her to Mary and Elizabeth Hospital. It was a short drive, Jane was in-and-out she couldn't remember much.	Jane's son Paul missed the sign that led to the ED. He circled the block and finally found it. He drove towards the entrance, but all these spaces were reserved for handicapped parking. There were a couple of ambulances and one of them was taking assume space for regular parking. Finally he found a spot, parked and ran to the doors.	At the entrance Paul was met by a gentleman behind a desk who checked his temperature as part of the Covid-19 scanning. He was given a visitor sticker. Paul didn't see a security guard	The ambulance arrived 11:27 and Jane was immediately triaged and assigned to a room in Red Zone high acuity at 11:37 to room 2	Paul waited in the waiting room . there were three other people there. Paul needed some water, but the water fountains were out of order. There were vending machines close by but Paul had forgot his wallet. The waiting area is clean and relatively small. There is one TV , two vending machines and three double wall outlets for charging, two of which are not visible (behind chairs). Waiting area doesn't allow for social distancing.	Nurse took vitals explained what she was doing- labs were drawn. Nurse asked for pt. son name so she can call him back. The nurse Charlie had very good bed-side manners. Been a nurse for a 12 years at ME and loves her job. She included family member in the conversation by asking if they had any questions. She explained next steps to pt.	A young lady came in she didn't introduce herself, but said that she needed some information to complete Jane's registration. She proceeded to ask Jane and Paul questions and collect insurance information. Jane was too tired, so Paul was answering on her behalf	Jane waited on the stretcher. Her nurse Charlie and another young lady, who wasn't introduced to Jane, were kind to her. They helped with her breathing and her pain. The bed was very uncomfortable, the longer the wait the worse it got.	The physician came in, Jane felt he was rushed. He didn't say much just asked her a couple of questions, talked with the nurse and walked out. Jane was so tired she dozed off as soon as he left. Paul found Charlie their nurse and asked her for clarification. At 3:30 the doctor came back in for a few minutes, talked with Charlie, then asked Jane some questions and told her that he'd like to admit her and walked out.	Blood was drawn, and Jane was taken to CT scan. There was a very long wait on results. Every time Paul would inquire about the reason for the delay, he was told that they were waiting on results.
HIGHLIGHTS	Paul was there to help	The ambulance ride was short		Covid-19 screening	Quick triage and room assignment	Covid-19 guidelines compliance	Nurse was polite had great bedside manners	Registration was done at bedside	Kind nurse	Seen by the doctor	Tests were done in timely manner
PAIN POINTS	Jane was in a lot of pain		• Signage to the ED • Not enough parking spots in front especially when ambulance parks in them	Inconsistent presence of security		• No alternative free water source for patients and visitors • Chairs are not set up to observe social distancing • Outlets are not visible only two were in sight			Uncomfortable stretcher	• Doctor interaction was short • Doctor seemed rushed • Inadequate information and patient and family felt left out and confused	• Long wait for results • No communication about the delay



MEET: JANE

Jane is a 65-year-old female. She has a high school degree and is currently without a job. Jane is single and lives with her 32-year-old son Paul. She has two cats, and enjoys watching reality TV, with fast food her son brings home. She has a history of diabetes and is morbidly obese.

INPATIENT							DISCHARGE				
WAITING	ADMISSION	TRANSPORT	INPATIENT ADMISSION	NURSE COMMUNICATION/ TREATMENT	PHYSICIAN COMMUNICATION/ TREATMENT	ENVIRONMENT OF CARE	CASE MANAGEMENT	DIAGNOSTICS	WAITING	PENDING DISCHARGE	TRANSPORT
											
UNCOMFORTABLE	TIRED	APPREHENSIVE	EXHAUSTED & GRATEFUL	HUNGRY, TIRED & FRUSTRATED	CONFUSED & HUNGRY	ANXIOUS	CONFUSED YET THANKFUL PAIN IS MANAGED	STRESSED	ANGRY	RELIEVED & HAPPY TO LEAVE	FRUSTRATED
Jane was in and out of sleep. They had given her pain meds so she was more comfortable. But whenever she woke up, she could feel how hard the surface she was sleeping on was. Paul checked with the nurse, Charlie told him that the doctor has decided to admit Jane. Paul wanted to know the time-frame as he needed to grab a bite. Charlie didn't have an answer for him, but assured him that it will in a couple of hours, so he had time. Paul gave her his cellphone number in case she needed to reach him. Charlie came in and told Jane that her labs showed that she was very anemic and they were going to give her some blood. Jane could feel Charlie fidgeting with her arm, where she already had a needle or something. She could see out of the corner of her left eye a bag with blood hanging there. She drifted back to sleep with her oxygen mask on	At 5:30 Jane and Paul were informed that she will be admitted and they are waiting on the doctor to put in the orders and some paperwork. Charlie also told them that Jane will get a second unit of blood because she was bleeding and her hemoglobin levels were low. A GI consult has been requested and she will also be seen by a dietitian At 6:40 PM, Charlie came and told them that Jane will be going up the fifth floor. She told them that the doctor would like to keep her under observation for a couple of days and run some more tests.	At 8:09 PM an ED nurse and tech came checked Jane's wrist band, and told her they will be moving her up to the unit. As they were wheeling her out, a young lady came with a food tray that had clear liquids. Jane can now eat and her food was finally there. The tech placed the tray on the stretcher and they proceeded up to the unit. The tech was kind and making Jane aware of any bumps along the way.	They arrived to the unit, but had to wait in front of the room, there was no patient bed. Jane was tired and could see that the room across the hallway had a bed, why can't they just put her there. The nurse came after about 5-10 minutes wheeling a bed down the hallway. Jane was relieved! Jane was morbidly obese and couldn't get onto the scale. The tech zeroed the bed to weigh her. The charge nurse was there too, she asked Jane for her name date of birth, if she knew where she was, which hospital, city, state, date, month, year and who the president of the country was. There were 3 nurses and 2 techs. They were around the bed from all sides as they were sliding her from the stretcher to the bed.. Jane was so happy to feel the soft mattress under her	The nurse took Jane's vitals asked some questions, and worked on the computer. Someone else came in maybe a tech or another nurse, they propped Jane up, placed the tray on a table in front of her. Jane could eat, the liquid diet had a clear soup that was cold, but she ate it anyway. The food wasn't enough and she asked for more, but was only given some jello. Paul had left because visiting hours were restricted due to the Covid-19 guidelines. Jane went to sleep. Was woken a couple of times by someone coming in to check on her.	A doctor came in, said he was GI said because she was bleeding more tests are needed. When Paul came to visit Jane couldn't remember what they were. A doctor came later that day he explained what they did and asked if they had any questions. Jane and Paul were still unclear about the next steps. Jane remembers many people in scrubs coming in and out of her room, some took time to explain things others didn't. She was still unsure of her plan of care and what was happening.	The cleaning lady came in she emptied the trash, wiped the door knob and mopped the floor from the window to the door. On her second day, Jane wasn't comfortable with the way her room was being cleaned especially with Covid-19. People were coming in and out touching everything, but nothing was being wiped during the cleaning her bed sheets and gown weren't changed either. Jane was woken up by a beeping sound, It was coming from a thing she was hooked to. She pressed the call button. Paul came shortly after the machine was s till beeping. Jane had already pressed the call button twice. No one came. Paul went out to find her nurse. He talked to a lady at the desk, she informed him the nurse was busy and that she will send someone. Paul and Jane had to wait for another 10 minutes before a nurse came and took care of it	Jane didn't meet with her case manager but was told there were some issues with her insurance that they were working on. Paul asked to speak with someone to understand what was going on, when was Jane being discharged, will there be home care arranged, no one was available at that time and he had to leave.	Jane had to get a colonoscopy, she was told they'd take her at 10 am she didn't get there until 2 pm. No one came in to let them know that there was a delay. Paul had to check with the nurses a few times and couldn't get an accurate answer! She was fasting and hungry after two days of being on clear liquids. She doesn't remember much but she needed to use to the bathroom there and she recalls it being really dirty. She had labs drawn daily while in bed.	Jane had to wait for an additional 24 hours for transport, she was told that she is in line for EMS, but her transfer wasn't urgent and they prioritize emergencies.	Finally Jane was informed that her ride was there. Her nurse removed the IV went quickly over some instructions, information and medications, handed her the "discharge packet" which was three pages stapled together.	When home, Jane felt her discharge papers didn't have enough information and were confusing. Home care wasn't pre-arranged and they didn't know who to contact. They called and were put through to someone who said they were patient experience and promised to look into it and get back to them
Knowledgeable and kind nurse	Professionalism and kindness of nurse	Kind nurse and tech transporting patient up	Made it to a room	- Being on a bed - Can finally eat	- Tests were being done - Closer to a diagnosis and going home	Kind nurses			Going home	Going home	Someone promising to find answers.
- Long wait - Limited communication	- Very long wait - No clear reason for the wait - Very uncomfortable stretcher that patient was on for almost nine hours	Food came while leaving the ED to be admitted and was cold by the time she got to it.	More delay with the room not having a bed	- Liquid diet wasn't satisfying - Had to be NPO again for more testing	- Not understanding what the physicians were saying - Not clear on the treatment plan - Nurses were not rounding hourly - Limited family visiting hours	- Room not cleaned thoroughly - Concerned about cleanliness especially with Covid-19	- Not sure of the plan - Couldn't meet with the case manager	- Unable to eat - Delays - No communication - Dirty bathroom	- Not understanding the care plan - Waiting on EMS transport for an additional 24 hours	Unclear discharge instructions	Not sure who to contact for clarity

* Disclaimer: The Personas are fiction and developed through the workshops and data collection. Any resemblance to a real person is mere coincidence.

This experience map was conducted during the COVID-19 pandemic outbreak. Some of the processes and experiences captured may vary in non-pandemic times and might be unique to these extenuating circumstances.

PERSONA VALIDATION

After mapping the persona's journey the Compass One consultants concluded that the persona admitted to Mary and Elizabeth's unit 2A through the ED matched the provisional personas created based on the Press Ganey analysis and during the Focus Group sessions.

This indicates that the patients responding to the surveys are in fact a true representation of the patient population at Mary and Elizabeth.





“Great staff. From the cleaning folks to the doctors, all amazing!”

– *Patient*

“Had a short wait in the ER and they did my tests fairly quickly”

– *Patient*

**“Just continue doing what
you’re doing!”**

– Patient

“ My nurse is really kind”
– ED patient

**“The nurse called
me back right away
and explained
everything to me”**
– Caregiver

**“I have been working here for 12 years, I love my patients
I love this place I wouldn’t go anywhere else!”**
– ED Staff

**“Everyone has
been amazing”**
– Caregiver

**“I requested communion
the chaplain has visited me
daily since to check on me”**
– Patient





Opportunities |



Mary & Elizabeth Hospital

U^{of}L Health



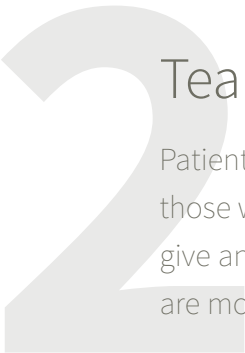


HOSPITAL CULTURE

1 ULH Integration

It was clear throughout the mapping process that ULH leadership has a vision for Mary and Elizabeth, and despite their best efforts to fully integrate the hospital into the University of Louisville Health and to manage the transition through townhall meetings and leadership visits staff still didn't feel a part of ULH and expressed that they were merely part of the deal. The fact that townhall meetings were stopped prematurely due to the pandemic further intensified poor communication. The shift in focus in the post pandemic reality made staff less than enthused and engaged about the change. Staff felt that the status quo would continue and what was stated in the beginning were just empty promises.

- *"The only change is we now have new badges and a more complicated computer system with different logins!" – Staff*
- Staff reported feeling like the "red headed stepchild" of all hospitals. They don't receive the same resources, reward, recognition and supplies as the rest of the system and feel like they're given "the leftover"
- *"Suits walk around and don't say anything. Don't know who they are, and we're just told to act right until they leave." – Staff*
- *"Unclear direction and expectations since transition. Discrepancy in pay, some staff pay was adjusted others not and there has been a lack of transparency communicating the plan to staff which caused frustration and feeling of insecurity about their job." – Staff*



Teamwork and Collaborations

Patients who perceive that their care team is working together to meet their needs rate their experience of care higher than those who do not. In fact, as can be seen in this set of findings regarding patient perception of care coordination, patients who give an optimal response (i.e., top-box rating) to the patient experience survey measure regarding staff working well together are more likely to rate the hospital as a 9 or a 10 and to indicate that they are certain they would recommend the hospital.

CORRELATION COEFFICIENTS FOR STAFF WORKED TOGETHER ARE AMONG THE STRONGEST CORRELATIONS TO OVERALL CARE

PRESS GANEY QUESTION	CORRELATION TO OVERALL RATING OF CARE GIVEN	CORRELATION TO LIKELIHOOD TO RECOMMEND HOSPITAL
Staff Worked together to care for you	0.966	0.917

I. LACK OF TRUST IN PEER COMPETENCY

There is a lack of trust among team members that everyone on their unit has the skills, tools and resources to do a good job. This was especially noted with new hires and traveling or temporary staff, which was attributed to a lack of training and standardization. Staff is frustrated by an antiquated computer system which leads to process errors and inefficiencies

Nurses reported that some nurses refuse to take on the role of “throughput”. This is a term used to refer to a floating nurse who isn’t assigned a set number of patients per shift but assists where needed throughout the day. While there are other nurses who use it to get away with doing less.

- “Other nurses, you don’t want them to, because they’d waste time, choose a specific area/zone and only work there.” – Staff

II. POOR TEAMWORK LEADS TO OPERATING IN SILOS

There is a disconnect between teams. Each is working in their own bubble and felt other teams were responsible for delays and other challenges that impact the workflow. This was most evident in the admissions process.

- Unit nurses indicated that they must do extra work because ED nurses failed to do their part especially with documentation.
- “They don’t put in all the information especially patient’s med list... we know they had a copy they just didn’t want to do the work” – Unit Nurse
- ED nurses blamed unit nurses for the delay in admissions. “They refuse to take report, they give us the run around and they leave it till the shift changes without consideration for us or the patient waiting” – ED nurse

III. COMMUNICATION

Communication is a common theme that presented itself in the focus group sessions. And it's a common theme that Compass One Healthcare consultants have seen in other experience mapping projects.

“80% of issues are communication related” – Staff

LEADERSHIP COMMUNICATION:

- Some staff received pay adjustments and others didn't. Leadership has a plan yet hasn't communicated fully to staff which has left an uneasy feeling among staff
- Manager communication is particularly poor and substandard on weekends

PHYSICIAN COMMUNICATION:

- There is an opportunity to improve physician-to-physician communication
- Nurses reported that the physicians don't communicate or read the notes from other treating physicians
- Caregiver reported that the care seemed fragmented, several doctors different messaging

INTERDEPARTMENTAL COMMUNICATIONS:

- Waiting for results can be lengthy which impedes communication between departments

COMMUNICATIONS WITH PATIENTS AND CAREGIVERS:

- MD offices open at 9 AM so if there is a question about tests, procedures, appointment, etc. They are often not answered until then. This can leave the patient waiting for hours
- Families reported being kept uninformed about their loved one's treatment plan, expectations and next steps
- Poor communication with patients regarding admission delays and long wait time for bed as well as the reasons for the delay in discharge
- Families expressed they were kept uninformed while their loved ones were in the ED back area. There was no communication!
- *“Not sure what my husband has, and I don't know what the plan is at the hospital or when he goes home!”* – Caregiver

DISCHARGE INSTRUCTIONS:

- Discharge papers consist of three pages that cover the doctors' information, any follow up appointments, medication list, and wound care instructions if applicable
- There is no additional information included that would provide a list of resources, education and specific instructions on drug abuse and overdose a condition that a large number of the patient population at Mary and Elizabeth struggle with
- Phone number on discharge paperwork is for Healthy Lifestyles and they often receive calls regarding medication use, appointments and follow up, which they are not equipped to answer
- Teach back techniques are not a standard procedure and are not used consistently



3 Hospital Image

Staff feels that no one wants to come to Mary and Elizabeth, and nothing goes right. They feel that they're continuously apologizing for everything throughout their shift.

- *"So tired of spending my day apologizing."* – Staff
- *"Every experience I had was less than good"* – Patient
- *"Nothing works right, I wouldn't want to come here. Would you?"* – Staff
- Staff expressed that they feel the administration lets the patients get away with unaccepted behaviors such as; harassing and talking back to nurses as well as going out to smoke.

4 Leadership Visibility

Compass One Healthcare consultants noticed during focus group sessions and observations as well as in conversations across the organizational tiers that there was a disconnect between leadership and frontline staff.

Leadership was excited about the transition and the new changes; they had a lot of plans that were being executed and might have been delayed due to the pandemic. Yet there was a break in communication between the leaders and their staff. There was mention of a few townhall meetings that occurred, but leaders were referred to as "bunkered in" since the pandemic. Some staff learned of their new CNO during our focus group session discussions, as others were aware but haven't met the CNO. Compass One Healthcare consultants didn't observe any leadership rounding or presence on the units and staff mentioned that leadership used to round on patients but not on staff

"I heard we have a new CNO, but haven't met her only management has" – Staff

Staff Engagement

Compass One Healthcare consultants did not find any evidence of a reward and recognition program nor initiatives to engage the staff either department specific or hospital wide. Most boards observed on units had outdated information and Kudos boards were empty.

One of the best ways to motivate and recognize staff is in daily unit huddles. Daily huddles along with monthly team meetings are occurring sporadically. Staff reports that there is a binder on the unit where the information is kept, and staff is expected to read. All information sharing currently is happening through an email sent or a printout left in the break room.

There is a lack of engagement around patient experience and satisfaction scores or best practices. The unit scores were printed and hung on the board or left on the break room table. No evidence of unit specific action plans to improve patient satisfaction or celebrate positive interactions were noted.





6 Training

Staff mentioned the need for training especially with transitioning to new systems and processes. Staff also expressed that new employees seem overwhelmed especially on “tough units” like 3A and don’t seem to have had enough training. Compass One Healthcare consultants noted some areas for training opportunities.

- New ULH systems
- ULH processes
- How to deal with difficult patients/family and properly address them in tough situations
- Service excellence and empathy

Managing Patient and Family Expectations

Staff consistently referred to their patient population as “*difficult and rough clientele*” who don’t adhere to hospital regulations and it seems that staff lack the tools, resources and knowledge to work efficiently with this segment of the population.

- There are no Welcome Packets to educate patients and families and manage their expectations
- “*Management allows patients and families to get away with a lot like smoking while it’s a non-smoking hospital!*” – Staff
- Staff expressed frustration with patient unrealistic expectations “they only think of themselves. As if no one else matters. They don’t think that we have other patients who may be even sicker than them. They just want all the attention all the time”
- Staff isn’t aware that Channel 56 is Hospital & Patient Education



BRANDING

Lack of Virtual Social Media Presence

A search on Google showed a few opportunities with the virtual presence for Mary & Elizabeth hospital.

The presence of the Kentucky One/ M&E site is still accessed and can lead to external customer confusion.

- The Hospital Compare website provides your customers the ability to look at the scores and star rankings compared to other hospitals in the area. M&E is not currently listed separately but combined with Jewish hospital.
- An entirely separate link for Signature Health, a 20-bed rehab facility, was found and appears as a detached entity.
- M&E Facebook page has little engagement even though uploads are weekly. There are about 1200 followers but only 1 -5 likes on a post. Consider a Social Media push for M&E employees to follow and engage. That boosts community engagement and interest.

INTERNAL BRANDING:

Efforts were made to remove Kentucky one signage. On white boards staff covered old logo with stickers or markers.







INFORMATION SYSTEM INTEGRATION & ACCESSIBILITY

Complicated ULH Information System

There was an immense frustration among staff with their systems which translated to patients and caregivers in several ways. The long wait time taken for registration and admissions, as well as the need to add the same information repetitively, and interruption in the plan of care were a few areas noted.

- Staff reported that transitioning to ULH there was confusion with the complicated and multiple systems for personnel information, training modules, system information and accessing emails. Each required a different login
- Consultants observed staff using each other's login information to access the computers and systems
- Staff reported having multiple different UL accesses or no access which is frustrating

10 Outdated Systems are Not Integrated

The hospital uses two different systems. Meditech is used to register patients and Tele tracking is used when patients are admitted. The two systems are not integrated, therefore patient information does not electronically transfer and must be reentered manually which creates reworks, delays and room for error. There is also heavy use of faxing sensitive patient medical information among departments.

- Unit nurses cannot see the patient in their system unless the initial registration process is fully completed, and all information is entered in the Meditech system. At times, the patient is assigned a bed and brought to the unit without the unit nurse being aware that they are in the system
- ED nurse inputs paper orders (including meds) into the system and they must double and triple check for errors
- Patients are registered in Meditech which does not communicate with the tele-tracking system used for admissions
- The ED has only one computer with access to patients' outside medications, and only two staff members can access this system. One works day shift and the other works night shift. The system is always kept logged onto so all ED staff can access which poses a hospital policy and HIPAA violation. It also causes huge delays and potential errors
- The staff prints the patient medication list and faxes it to the pharmacy





QUALITY OF SERVICE

1 Registration

The registration process is cumbersome at Mary and Elizabeth and has attributed to factors that leadership seems to be aware of and taken steps to mitigate. The two software systems are not integrated which delays the admission process and causes frustration for the unit nurses. Patients arrive to the floor without there being a record of their admission in the system. This causes patients to question our efficiency and communications as well as an additional delay in the admission process that stretches beyond the ED to the unit. The registration for outpatient appointments was even more convoluted and created an actual bottleneck along with patient and care-giver dissatisfaction.

REGISTRATION STAFF TURNOVER AND TRAINING

- With the transition from the previous system to ULH the registration team lost 80% of their staff. At the time of the mapping there were only two people trained on the system. The Compass One Healthcare consultants did observe the manager accessing the system while training a new hire simultaneously
- *“Only two people are trained, and the systems sometimes crash. It is a nightmare.” – Staff*
- *“Things get even worse when we only have one person working the desk “it is a huge issue and causes a lot of delay and frustration” – Staff*

Emergency Department

UNCLEAR EXPECTATIONS WHEN ED PATIENT STATUS CHANGES TO INPATIENT

There is no standard process to manage patients once their status moved to inpatient. Patients can be held in ED for hours. Nurses who have no inpatient experience were at loss in managing the case at that point. Simple things like paging a physician became a problem.

PATIENT COMFORT

The ED staff is focused on “fixing the issue and moving the patients across the process” that they may overlook the patient’s physical comfort.

- Patients stay on the uncomfortable stretchers for hours especially if on hold while waiting for a room.
- “*It feels like you are sleeping on steel.*” – Patient
- “*My back really hurt*” – Patient

Some nurses take the initiative to move their patients onto an actual bed, when they know they will be admitted, and it will be a long wait. This is not a standard practice.

- Old blood pressure cuffs take a long time to inflate and deflate is cumbersome and can cause increased pain/anxiety. Compass One Healthcare witnessed a patient remove the cuff themselves because it caused a lot of pain during triage process

DELAYS IN TESTS

- A delay in lab results was identified along with specimens getting misplaced
- “*I have to call several times and at times walk to the lab because they cannot find the specimen, although I walked it there myself!*” – Staff
- Wait time for results are lengthy
- Delay in getting orders in and the lengthy manual process of entering patient information, doctors’ orders and medication conciliation
- ED Nurses are unsure why they are pulled to help in Covid-19 screening

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Staffing

Staffing was one of the main common themes throughout the Focus Group sessions and it was the first issue that staff attributed any and all shortcomings to during interviews. Compass One consultants noted the following

STAFF TO PATIENT RATIOS

PCA RATIOS:

- Inpatient units have either zero or one PCA/nursing tech for the whole unit. Compass One Healthcare consultants observed nurses working without a PCA which made the nurse responsible for the tasks that are normally covered by the PCA
- *“Most of the time we do not have a PCA or must share them with another floor. So nurses have to take vitals themselves and assist with other patient needs that a PCA normally does.”* – Staff

NURSE RATIOS:

- Nurse to patient ratio in the ED were 1:3 to 1:4 depending on the acuity
- Nurse to patient ratio on 2A ranged between 1:5 and 1:6 which is around the national average
- Compass One Healthcare observed over the weekend that a charge nurse on a busy unit was overwhelmed. The charge nurse was assigned to care for a number of patients in addition to her regular duties
- *“I am actually very busy today and trying to cover because we are understaffed!”* – Charge Nurse

- The use of PRN is more evident over the weekend

TRAVELING AND PRN NURSING

- Staff also reported that there was a heavy reliance on traveling nurses specially which was noted on 3A where patient satisfaction scores are lowest in the hospital
- Staff expressed that they were short-staffed and the administration had canceled the traveling nurses' contracts which made things even worse
- Staff training: staff also expressed that new staff seem overwhelmed especially on “tough units” like 3A and do not seem to have had enough training
- *“PRN’s in ED and on units on weekends occurs. Chaos because no one really knows the system, what to do, etc.”* – Staff
- *“The girls (nurses) could use help”* – Patient
- *“I did not want to push the button because I know they are very busy and did not want to be that person.”* – Patient

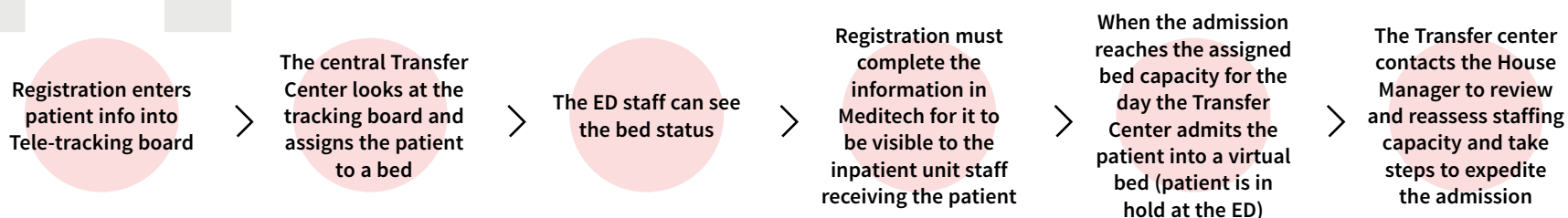


PROCESS EFFICIENCY

Throughput Process

Mary and Elizabeth's throughput process requires optimization. There are many variables contributing to the inefficiencies directly impacting both the staff and patient's experience.

I. ADMISSION PROCESS:



UNDEFINED ROLE OF HOUSE MANAGER

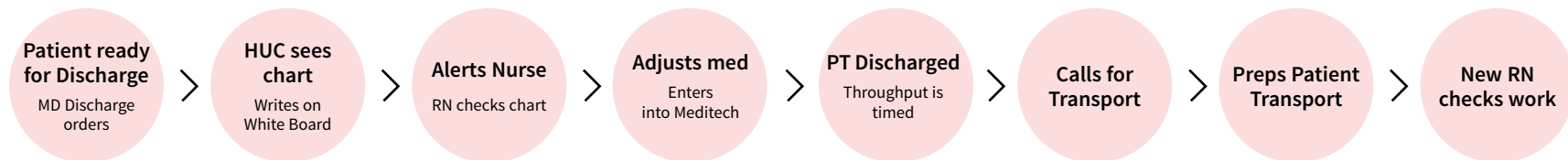
- The House Manager plays a big role in coordinating admissions. They set the daily bed capacity according to staffing. The Transfer Center informed Compass One Healthcare consultants that the capacity is not set at the maximum staff capability. This requires contacting the house manager with every admission once they have reached the pre-set capacity. The admissions responsibility recently transferred from the House Managers at Mary and Elizabeth to the Transfer Center. The House Managers have not fully adapted to that change and are still heavily interfering in the admission process and making changes after the Transfer Center has already assigned beds.
- *"We now wait on bed assignment till we hear from the house supervisor, because we know they will call and make changes. So why do double work!?"* – Transfer Center Staff
- *"It is difficult for the house supervisor because they did this for so long, but this interference causes delays!"* – Admission Staff
- *"They call and ask that we move the patient to a different bed, they give specifics and cause delay and frustration!"* – Transfer Center Staff

INFORMATION SYSTEMS NOT INTEGRATED WHICH CAUSES DELAYS AND CONFUSION

INTERDEPARTMENTAL TEAMWORK LACKING

- Giving report is challenging. Units refuse to receive patients (especially after 5:00 and during daily shift blackout)
- Rooms can be assigned to patients at proximity to end shift which causes delays
- *"Admission process is lengthy and repetitive"* – Nurse

II: DISCHARGE PROCESS



DELAYS

- EMS Transporting patients
 - Staff reported that nurses do not remove the IV until the patient is about to be wheeled out of the unit because at times patients end up waiting for many hours after being discharged for transport
 - *“Discharged patients wait on EMS for transportation, it sometimes takes up to 24h before the patient is moved”* – Staff
- Discharge planning
 - Discharge planning falls short at times especially when coordinating with outside facilities
 - *“Rehab gave incorrect timing, and family had to wait longer than expected”* – Staff
- Discharge room turnaround time
 - Discharges happening later in the day when Environmental Services staffing decreases and takes longer to turn rooms around



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Processes in the Emergency Department

Consultants noted through their observations and their conversation with staff that some processes within the Emergency Department need review and optimization

- When a patient status changes to admitted and the patient is still in hold in the ED, their file is kept in a file holder labeled Admits & Holds. There is not a visual trigger to alert the nurse that a physician has seen this patient and new orders added. Since the orders are handwritten, there will not be any notifications in the computer system to alert the nurse either
- *“I keep my patient’s charts with me all the time; once they are admitted I do not put it in the rack so if a doctor orders tests, etc. they must find me to be able to put that in the chart. This is the only way I can make sure they get done. Tests get missed all the time and sometimes for a day or more!” – Staff*
- Staff reported MD’s are generally frustrated by breakdown of flow prior to orders even being processed
- Specialty physicians expressed frustration with the ED process for writing patient orders
- *“When we are called to write orders, we rarely get the chance to speak to the patient’s nurse which should be the standard since that is the nurse who’d be able to answer all the questions. They know the patient best and this way we can make a more informed decision!” – Cardiology physician*





HOSPITAL ENVIRONMENT

First Impressions Areas

SOCIAL DISTANCING

ED waiting area didn't allow for social distancing and no efforts were made to adapt by rearranging seating or placing visible signs about masks, hand hygiene and social distancing.

NON-SMOKING FACILITY

- Although Mary and Elizabeth is a non-smoking facility, the entrance to the emergency department had a lot of cigarette buds, didn't look clean or welcoming
- Evidence of smoking right outside the hospital doors was also seen at the entrance to the main plaza

ACCOMMODATION FAMILY & VISITORS

- In compliance with the CDC regulations all water fountains were wrapped with an out of order sign. There was no alternative free water source provided to visitors
- Compass One Healthcare consultants were informed that the hospital wanted guests to use their patient's restroom instead of any public one. However, public ones were available for use





Cleanliness

Although the hospital and its first impressions areas seem clean, the patient room cleaning is not thorough. Compass One Healthcare consultants observed HK cleaning a patient room, they swept and mopped the floors, flushed the toilet and wiped the phone!

- “The room is dirty, and dust keeps flying in my face” – Patient
- Compass One Healthcare consultant observed significant dust in windowsills behind the patient chair
- Compass One Healthcare consultants observed the housekeeper cleaning process as emptying the trash, wiping the door handle and mopping from privacy curtain to door
- “The bathroom in colonoscopy was dirty.” – Patient
- Compass One Healthcare consultants also observed dust on windowsills of floor leading to ED. The lights are turned off around empty rooms on certain units which makes the space appear dark, dim and dirty

Signage & Wayfinding

- Cafeteria is difficult to find and supposedly guests are not allowed to eat in the cafeteria. As visitors we were able to access, purchase and sit to dine.
- Wayfinding is difficult in most areas. Small writing above eye level in hallways
- Not all elevators access the different hospital floors. There are no clear signage or color codes to assist patient and visitors
- There is no information desk or security presence in the main plaza entrance so if one were lost or needed assistance there is no one to reach out to



1

Security

INCONSISTENT SECURITY PRESENCE ACROSS THE FACILITY

- Visitors reported that security was unhelpful, very rough and rude with them and a staff member agreed that this tends to be a problem with some of the security team members
- Patient belongings being lost or misplaced was observed by Compass One Healthcare and it came up during the focus groups as well as it being an issue posted in social media reviews
- Logging in and tracking patient belongings. Several patients claimed lost items and valuables. Many times security has no record of any personal belongings for the patient





CUSTOMER SERVICE

Patient Satisfaction

Patient Experience coordinator's role was more reactive than proactive and focused on managing complaints and grievances

- Leadership rounding on patients
 - Nurse managers do not round on patients and when it occurs, it is reactive rounding generally for service recoveries only
- Use of interpretation services for non-English speaking patients (using bilingual staff or patient family to convey info)
- Staff were not aware of their patient satisfaction scores
- There were no patient experience related initiatives in place to address top patient issues on units or across the hospitals

2 Responsiveness and Courtesy of Staff

During the focus group sessions staff discussed IV equipment beeping and poor call light response on units. Compass One Healthcare consultants witnessed this firsthand during inpatient unit observations.

- The IV pump was beeping for over ten minutes and the Compass One Healthcare consultants had to reach out to the nursing station for assistance.
- *“Very rude, impatient and uncomfortable professional you will be treated as a burden on the staff, they do not care about your worries or fears, just to get u in and out.”* – Patient social media review
- *“Everything was good until one of the nurses was rude and bossy!”* – Caregiver





Experience

BASED DESIGN & PATHWAYS



Mary & Elizabeth Hospital

UL Health

EXPERIENCE BASED DESIGN is a method that applies the emotional content captured during the mapping project as a foundation to create patient-centered changes.

The hospitals that make the most significant improvement are those that shift towards a human centric culture; where the experiences of patients, caregivers and the hospital staff are equally as important, and in the center of the improvement.

The quicker a hospital grasps this concept, and the more fundamental the concept becomes to basic operations, the better staff will be able to provide patients an outstanding experience.

The Compass One Healthcare recommendations can be used as a pathway and guideline towards this transformation.

EXPERIENCE BASED PATHWAY

Based on the experience map at Mary and Elizabeth the recommended pathway to co-create optimized experiences is threefold





INTERNAL & EXTERNAL REBRANDING

Staff were very vocal about their hospital image being tarnished by the negative reviews it had received prior to becoming part of University of Louisville Health. Rebranding Mary and Elizabeth both externally and internally will aid with the successful integration into the ULH system and improve the hospital image and staff's morale.

TACTICS:

ENHANCE VIRTUAL PRESENCE

- Review, address and respond to all social media comments. Responding to a patient's positive review with a "Thank You" for the great review and letting them know the department/staff was rewarded will increase loyalty
- Negative comments should be addressed too. Responding to the patient with an apology and assuring them that the issue will be addressed can go a long way. Upset patients may not return but responding is the right thing to do
- Targeted online marketing initiatives
- It is best practice to reward and recognize these departments and staff that have positive comments on social media. It is a BIG deal to be mentioned on ANY survey or review

INTERNAL REBRANDING

- Remove any Kentucky One signage
- Promote ULH vision, core values and competencies
- Celebrate the small wins and encourage ULH aligned behaviors





STAFF EXPERIENCE

Research shows that higher employee satisfaction has a positive impact on patients, including improved patient care, safety, satisfaction and loyalty.

Becoming a human centered organization takes time, it is not a seasonal activity or “the flavor of the month” that is then forgotten about. It should be a slow progression that engages more and more employees, patients and caregivers over time and through strategic change management tactics.

Evidence of the compounding impact that a positive patient and staff experience have on the organization growth and business outcome is well worth the effort and time. Monitoring and continuously improving the key structures, processes and initiatives that drive better results in both domains (staff and patient experience) is important.

The majority of Mary and Elizabeth staff showed passion for and loyalty to their organization, patients and the work they do daily.

Nonetheless there was obvious frustration and employee dissatisfaction that was impacting the patient care and experience.

THE PATHWAY TO IMPROVING THE EMPLOYEE EXPERIENCE AT MARY AND ELIZABETH HOSPITAL FALLS INTO FOUR CATEGORIES:

- Basic needs (tools and resources)
- Alignment with the organization’s values and vision through integration
- Staff Engagement supported by the patient experience program
- Staff Development

Basic Needs

TOOLS & RESOURCES

For staff to perform at their highest levels, the basic resources should be easily accessible to them. At Mary and Elizabeth the outdated information systems, heavy use of paper trail with faxes and the staff's perception that they are at the recipient end of hand-me-down equipment has created a negative culture and frustration among staff. Compass One Healthcare consultants learned from leadership that the transition to a new system will be happening in January 2021. In the interim, staff needs to feel supported and reassured.

TACTICS:

- Continuous messaging on the timeline and the progress
- Schedule all staff for the new system training even if the training is not happening until January. Having a date to look forward to and feeling part of the change makes a difference
- Standardize the supply ordering process. Using a pull system to ensure that departments are not running low on their supplies is a best practice
- Look into the possibility of providing more support staffing to account for the manual work until the successful transition to the new system is completed





Alignment with the Organization

INTEGRATION AND COMMUNICATION

One of the key successes in integration and change management is strategic and effective communication. Staff needs to feel a part of University of Louisville. Mary and Elizabeth Hospital leadership and specifically frontline staff's direct managers can play a big part in this integration, by being more visible, communicating in person and engaging with their teams, especially frontline associates.

TACTICS:

- Make sure staff feels that they have been heard, and their opinions matter
- Consider implementing a place for staff to add suggestions anonymously. Leaders must check this weekly using a stoplight response board
- Share some findings from this experience map with the staff to let them know that you are aware of their pain points, then outline the strategies that will be taken to alleviate those stressors
- Paint a realist picture of the outcome and the plans and steps taken to get there
- Display wins, achievements by speaking to what's already been accomplished. Share when there are delays or obstacles and, provide realistic timelines
- Ensure that board room conversations that frontline staff need to be aware of are actually reaching them
 - Use multiple avenues to communicate. People have different styles and not everybody has the time to read through a binder
 - When senior leadership visits a unit, they should take time to introduce themselves to staff, or call a 5 minutes huddle to engage staff.

Staff Engagement

THERE IS A DIRECT CORRELATION BETWEEN STAFF ENGAGEMENT, THE CARE THEY PROVIDE TO THEIR PATIENTS AND THE PATIENT'S SATISFACTION

- 85 percent of engaged employees displayed a genuinely caring attitude toward patients, compared to only 38 percent of disengaged employees
- 91 percent of engaged employees recognize their workplace as dedicated to patient care, compared to only 42 percent of disengaged employees
- 82 percent of engaged employees would want to use the facility where they work as a healthcare provider, compared to only 22 percent of disengaged employees

TACTICS:

- Team building activities
 - In-person Huddles (incorporate nursing minders)
 - Use lean huddle boards to include staff in identifying the issues and finding the root causes. Empower them to take ownership in carrying out the lean initiatives and solutions
 - Implement a reward and recognition program and celebrate small wins and milestones
 - Focus on the positive and reward positive attitudes and behaviors
 - Management rounding on staff and listening to their concerns must occur
 - Include staff in decision making (Shared Governance bodies/committees). Consider an employee action council and reward those who volunteer
 - Update Patient Satisfaction board by creating a digestible data board with unit specific goals. Celebrate when achieved
 - Monthly meetings on units must occur. This is the time to celebrate birthdays and successes. Include a team activity which helps everyone get to know each other personally





PATIENT & CAREGIVER/ VISITOR EXPERIENCE

The opportunities identified during the qualitative data collection through focus group sessions, observations, shadowing and interviews validated the quantitative analysis. Many of them were aligned with the top correlated items to rate and recommend the hospital.

Press Ganey and HCAHPS Mean Scores Correlation to HCAHPS “Recommend This Hospital”

SURVEY ITEM	CORRELATION TO HCAHPS RECOMMEND THIS HOSPITAL
Staff work together	0.796
Staff include in decisions re-treatment	0.796
Response to concerns	0.787
Staff addressed emotional needs	0.787
Attention to special/personal needs	0.754

Data analysis revealed a strong relationship between the “degree to which staff paid attention to special and personal needs” and overall patient satisfaction. Three measures most highly correlated with this measure are :

STAFF VISITS MET NEEDS

- New admissions visitation is a best practice that helps staff set the expectations and tone on day one. It also helps in the patient and family’s perception of the care and communication
- When rounding on a patient the time spent with them and their perception of the care and empathy could be maximized by pulling a chair and sitting at their level, making eye contact and speaking in terms they understand
- Educate managers on purposeful rounding tactics and asking the right questions to ensure meeting the patient needs
- Patient’s and/or family’s needs are to be handled in a timely, considerate, and empathetic way
- Educate and bring awareness to the existing TV channel that speaks to hospital guidelines

STAFF INCLUDED YOU IN DECISIONS RETREATMENT

- Shift change hand-off should occur in patient room, the patient and caregiver should be included and the language simplified so they can follow. A best practice to make them feel included is to ask for understanding and whether they had any questions
- All tests, interventions and treatments should be explained in an emotionally sensitive and supportive decision-making process
- Discharge information education and developing Teach-Back methods

RESPONSE TO CONCERNS & COMPLAINTS

- The Mary and Elizabeth teams should adhere to standard service recovery guidelines in order to facilitate an elevated patient experience. The manager’s focus should be on identifying service trends through patient visitation
- An extensive service recovery process plan should be put into place to ensure all opportunities are resolved for our current patients and future guests. Follow-up should occur within 2-hours of the issue to ensure resolve
- The service opportunity, root cause analysis, and follow-up will be documented daily and monitored to identify trends for continued service improvement
- Enforce the “no pass zone”. There are many tactics starting from secret shoppers to “caught in the act” cards to encourage positive behavior

Other Best practices to consider in order to improve the relationship with the patient population and promote brand awareness and loyalty include setting and managing patient and caregivers’ expectations:

- Community outreach initiatives that focus on wellness, healthy habits and community awareness and education
- Revamp and re-introduce the Patient Family Advisory Council
- Discharge packets that accommodate the needs of the patient population and serves as a resource for them post discharge



Communication

Studies show that there is a significant positive relationship between patient satisfaction and teams that communicate efficiently amongst themselves, with patients and their caregivers. As previously mentioned, patients that perceive staff working cohesively together to care for them have a better perception of the level of care they received and tend to score their overall satisfaction higher. In addition to the solutions presented on page 83.

TACTICS

- Proactive communication of delays and changes
- Completion of whiteboard information in patient rooms must be the standard
- Consider adding a place for patients to add suggestions anonymously
- Add a visual in the patient room that represents their satisfaction with the care real time and educate staff to speak to it and update when they enter the room
- Encourage a culture of holding one another accountable



Courtesy & Respect

Both quantitative and qualitative research on 2A revealed the need to improve soft skills related to customer service. Friendliness and courtesy of nurses on 2A is in the 5th percentile rank while nurses' attitude towards requests is the 4th percentile rank.

TACTICS

- Service excellence training for all hospital staff (Empathy/courtesy)
- Staff education on how to deal with difficult customers and manage patient expectations
- Interdepartmental teamwork/group activities to promote a positive culture
- Utilize Compass Learning & Development staff to train nurses on "Respect Effect" 90 min course
- Spotlight Courtesy of Nurses Press Ganey question on each unit satisfaction board
- Focus on nurses – acknowledge and reward them when a patient writes a positive comment either in Press Ganey or comment card

Cleanliness

Room and bathroom cleanliness scores are at the 6th percentile rank. It was an issue brought up by patients and a concern especially highlighted during the pandemic. From Compass One Healthcare observations, more detail should be paid to cleaning and disinfecting patient rooms and bathrooms.

TACTICS

- Clean all the high touch surfaces
- All core areas, hallways and elevators need attention. These are first impressions areas that have been neglected during the pandemic. Incorporate 2-3 housekeepers to focus only on these areas until clean
- Implement a Culture of Clean in facility that it is everyone's responsibility to clean
- Staff were very complimentary of the EVS manager, but she needs support with training staff and auditing rooms
- Implement "While you were out" cards





Compass One Healthcare Patient Experience and Design team has already set the foundation for a system-wide patient experience program. The program's Four Pillars encompass many of the tactics and strategies needed to take the experiences at Mary and Elizabeth to the next level.



DEFINING MOMENTS

- New Admissions Rounding
- Service Recovery-Enhanced Processes
- First Impressions
- Situational Scripting
- Care Narrative



ENGAGEMENT

- Appreciative Coaching
- Reward & Recognition Programs & Drivers
- Employee-Led Councils
- Nursing Engagement Best Practices
- Priority Partnerships – Nursing Huddles & Meetings



TAILORED TO FIT

- Unit-Specific Action Plans
- Emergency Department Strategies
- Digestible Data Board Enhancements
- Unit-Specific Goals
- Unit-Specific Projects



EXPERTISE

- Service Excellence Training
- Effective Huddles – Best Practices
- Leverage Data-Interactive Dashboards
- Nursing Minders



Conclusion |



Mary & Elizabeth Hospital

UL Health

IN SUMMARY

The Compass One team observed many positive experiences throughout the healthcare journey at Mary and Elizabeth.

The staff's loyalty and passion came across in their eagerness to take their organization to the next level, and the openness and transparency with which they shared opportunities and ideas.

The service opportunities and teaching moments that Compass One consultants captured, are the pieces of the journey that can turn a patient's experience from good to great.



