Optimizing
A Care Experience Model

Aiyana Johnson, Chief Experience Officer
Jeff Critchfield, Chief Medical Experience Officer
Brent Andrew, Chief Communications Officer
VISION
To be the best hospital by exceeding patient expectations and advancing community wellness in a patient centered, healing environment.

MISSION
To provide quality healthcare and trauma services with compassion and respect.

VALUES
Joy in our work
Thirst in Learning
Compassionate Care

True North Goals
Equity
Safety
Quality
Care Experience
Workforce Care & Development
Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
Title: Optimizing a Care Experience Model

I. Background

Patient and community health is at the heart of ZSFHs True North. We strive to provide compassionate and respectable care to each patient. Our patient experiences with our people and systems create a continuum of care marked by first and lasting impressions. Based on industry research, the biggest drivers of patient experience are: 1) Communication, 2) Environment, and 3) Food (especially for HCAHPS). Yet, our previous efforts (before 2016) were not fully focused in these areas. So in 2016, ZSFH redefined its commitment to improving the impressions that culminate in one's patient experience by developing a Care Experience (CEx) department. The CEx team collaborated with leaders and departments to seek improvement work related to these drivers. Communication: CEx implemented improving a care framework, ICARE & CARE, in collaboration with staff and provider-patient interaction to achieve a caring patient-centered environment. Environment: CEx team supported the opening of the new acute care hospitals and trauma center, providing an ideal healing environment to receive care. Food: CEx engaged in partnership with food and nutrition services to address patients’ dissatisfaction with food. While, CEx improvement work aligned with the identified drivers of patient experience, there was an urgent need for improvement between specialty and specialty care, e.g., CQA not incorporated into previous CEx, A3, and attention to proper food service, e.g., 2016 focus communication 74%, while finest performing metric was food 26%. As a result, we continue to observe fluctuations in patient experience across the continuum and have not sustained ZSFH as a desired health care destination for our patients.

II. Current Conditions

1. Moving into the new hospitals, we did experience a building bump; however, the effects are tapering off (likelihood to recommend scores: May 81%, July 73%, Dec 78%)
2. ZSFH is not consistently performing in the areas pertaining to the drivers of patient experience, Communication, Environment, and Food.
3. ZSFH has seen improvements related to inpatient communication (HCAHPS) since the implementation of ICARE, before 2016 after 70%
4. ICARE has not been implemented in specialty care, so impact on scores is not reflective of this.

HCAHPS - Food Taste (2016)

<table>
<thead>
<tr>
<th>HCAHPS - Communication (2016)</th>
</tr>
</thead>
</table>

| HCAHPS - Environment (2015) |

CQA - Communication (2016)

Problem Statement (Gap): We have seen fluctuating "likelihood to recommend" gains due to patient inconsistent encounters with our people and systems across these settings.

III. Target & Goals

<table>
<thead>
<tr>
<th>TARGET</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meet all (pauper and non-pauper) patient food preferences, within one day of admission, from 21%:</td>
<td>33% By July 2017 50% by Dec 2017</td>
</tr>
<tr>
<td>2. Improve HCAHPS Food Taste from 20% to:</td>
<td>28% By July 2017 30% by Dec 2017</td>
</tr>
<tr>
<td>3. Reduce GQA - CQA Hostel, Courteous &amp; Respectful Office Staff from 83%:</td>
<td>60% By July 2017 70% by Dec 2017</td>
</tr>
</tbody>
</table>

IV. Analysis

| A. Food Quality |

- Food cooked 3 days prior, frozen, heated (cooker-chill model)
- Recipes are under one-one nutritional count; thus, not satisfying all patients’ food preferences
- Food temperature fluctuates due to delivery process
- Patients are unaware of their diet order specifically around restrictions and requests
- Patients food preferences are not communicated

| B. Food Choice |

- Food menu not shared with patients or healthcare team
- Available food choices are not communicated
- Diet office staffing does not support cell center model

| C. Service Communication |

- Leaders do not hold staff accountable
- No standards to adhere to
- Leadership teams for sub-specialty clinics are not fully developed
- Fluctuating patient experience

V. Proposed Countermeasures

1. Complete roll out of ICARE framework (C)
2. Develop an infrastructure to improve patient experiences with food (A, B)
3. Understand the drivers of patient experience and align improvement work (A, B, C)

VI. Plan

<table>
<thead>
<tr>
<th>#</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C</td>
<td>Establish ICARE operations (A3) a. Spread ICARE in Nursing, Quality Care &amp; with Services (e.g., Physicians) b. Develop ICARE management rounds c. Partner with primary care d. Ongoing ICARE support, e.g., NCO, Coaching, etc.</td>
</tr>
<tr>
<td>2A</td>
<td>Partner with FVS in developing an operational A3 on Food Quality</td>
</tr>
<tr>
<td>2B</td>
<td>Partnership with FVS in developing an operational A3 on Food Choice</td>
</tr>
<tr>
<td>2A,B</td>
<td>Develop and present QI Fund proposal to support patient experience transformations related to food, and environment</td>
</tr>
<tr>
<td>2A,B</td>
<td>Implement 2017 QI fund proposals</td>
</tr>
<tr>
<td>3A,B</td>
<td>Transition from NRC to Press Ganey</td>
</tr>
<tr>
<td>3A,C</td>
<td>Develop and lead communication plan for Care Experience efforts, e.g., Press Ganey Staff Engagement, Healing Arts Program, etc.</td>
</tr>
<tr>
<td>3C</td>
<td>Restructure Care Experience Advisory Council to ensure Care Experience alignment throughout the organization</td>
</tr>
</tbody>
</table>

VII. Follow-Up

- CEx A3 Presentation to JCC March 2017
- CEx Countermeasure Summary to Executive Team monthly
- CEx A3ER quarterly to Executive Team

3/14/2017

Zuckerberg San Francisco General Hospital and Trauma Center

3
BACKGROUND

Drivers of Patient Experience
First and Lasting Impressions

- CEX team established to support improvement work related to drivers.
- 2016 focus: Communication via ICARE.
- Unequal effort in application, e.g. inpatient vs. specialty care.
- Unequal attention to poorer performing drivers, e.g. food
CURRENT CONDITIONS

- Received a “building bump”; effects are tapering off.
- ZSFG is not consistently performing in the areas pertaining to the drivers of patient experience.

**HCAHPS – Communication (2016)**

- 2016 MD Avg: 78%  Calif MD Avg: 82%
- 2016 RN Avg: 74%  Calif RN Avg: 78%

**CGCAHPS – Communication (2016)**

- 2016 Avg: 66%  Calif Avg: 76%

**HCAHPS – Environment (2016)**

- 2016 Avg: 64%  Calif Avg: 63%

**HCAHPS - Food Taste (2016)**

- 2016 Avg: 27%  Calif Avg: 34%
PROBLEM STATEMENT

We have seen fluctuating “Likelihood to Recommend” gains due to patient’s inconsistent encounters with our people and systems across diverse settings.
TARGET AND GOALS

<table>
<thead>
<tr>
<th>Target and Goals</th>
<th>Target</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet all (regular and therapeutic) patients’ food preferences, within one day of admission from 21% to:</td>
<td>38% by July 2017</td>
<td>50% by Dec. 2017</td>
</tr>
<tr>
<td>Improve HCAHPS “Food Taste” from 26% to:</td>
<td>28% by July 2017</td>
<td>30% by Dec. 2017</td>
</tr>
<tr>
<td>Improve CG-CAHPS “Helpful, Courteous &amp; Respectful Staff” from 68% to:</td>
<td>69% by July 2017</td>
<td>70% by Dec. 2017</td>
</tr>
</tbody>
</table>
# COUNTERMEASURE

<table>
<thead>
<tr>
<th>No.</th>
<th>Categories</th>
<th>Proposed Countermeasure</th>
<th>Completion Date</th>
<th>Status Update</th>
</tr>
</thead>
</table>
NEXT STEPS

• Patient Experience funding to support Food Service transformation.
  - Cook-chill
  - Sourcing
  - Recipes

• Care Experience alignment throughout SFHN via Care Experience Advisory Council.
  - Patient menu redesign
  - Patient menu communication