



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Optimizing a Care Experience Model

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San Francisco Department
of Public Health

TRUE NORTH



TRUE NORTH TACTIC: CARE EXPERIENCE
OWNER(S): Jeff Critchfield & Aiyana Johnson

I. BACKGROUND AND PROBLEM STATEMENT

Background:

Patient and community is at the pinnacle of 2SFG's True North. We strive to provide compassionate and respectable care each person, each time. Our patients' experiences with our people and systems crosses a continuum of care marked by first and lasting impressions. Based on industry research, the biggest drivers of overall patient experience (for HCAHPS) are 1.) Communication, 2.) Environment, and 3.) Food, yet our Care Experience (CEX) efforts (before 2016) were not fully focused in these areas. So in 2017, 2SFG formalized a commitment to improving upon the impressions that culminate into one's patient experience by collaborating with leaders and departments to lead improvement work related to these drivers. Communication: CEX implemented 2SFG's caring framework, ICARE & Relationship Centered Communication (RCC). Environment and Food: CEX team engaged in a partnership with EVS and FNS to address patient's dissatisfaction with their food and room through a real-time feedback and service recovery effort. While, CEX improvement work aligned with the identified drivers of patient experience, there was very little movement in patient experience scores. Upon further analysis we found a misalignment between our 2017 drivers and organizational priorities. Departments were gearing up to engage in EHR and DMS implementation and the drivers we had been focusing on where not amongst the poorest performing, e.g. 2017 focus MD/RN Communication 78.5%, while one of our poorest performing metric was Care Transitions 51% or areas of active work amongst the departments. As a result, CEX efforts have been realigned with organizational priorities, e.g. Patient Flow (inpatient) and Access (specialty care), and leveraging the daily management system (DMS) rollout to engage departments and staff in further implementing ICARE. Through consistent patient experience across the continuum we hope 2SFG becomes the desired health care destination for our patients.

Problem Statement:

Since July 2016, we have seen stagnate "likelihood to recommend" patient experience scores due to misalignment between the focus of CEX improvement activities, and 2SFG operational priorities.

II. TARGET STATEMENT

Target:

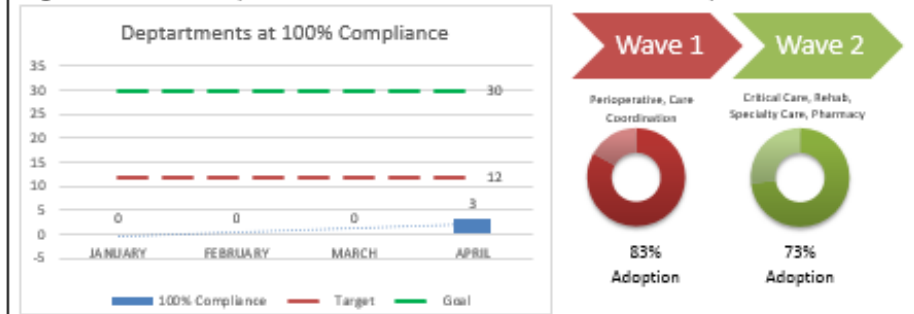
	Target	Goal
1. By 6/30/2019, increase the # of departments at 100% bundle compliance to 30:	32 By Dec 2018	30 By June 2019
2. By 6/30/2019, increase % positive responses for HCAHPS "Likelihood to recommend" from 78% to :	80% By June 2019	80% By June 2019

III. COUNTERMEASURE IMPLEMENTATION

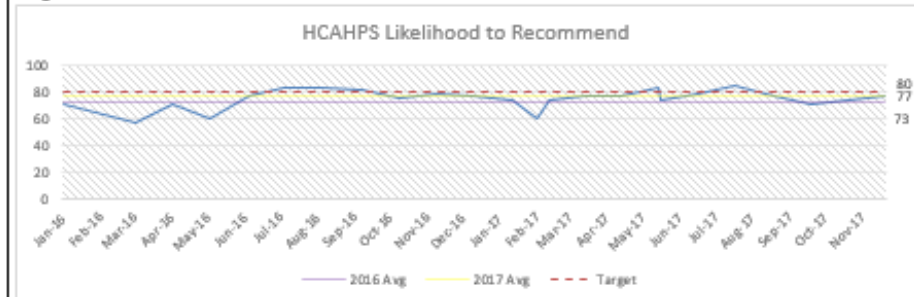
Action	Who	When	Status
Establish ICARE A3SR	Brandi Frazier	February 2018	In process
Update ICARE hospital orientation presentation	Brandi Frazier	February 2018	Complete
Incorporate ICARE in new leader orientation and accelerated learning sessions	Brandi Frazier	March 2018	Complete
Meet with 30 targeted clinical and ancillary departments to identify PEX metrics	Aiyana Johnson, Jeff Critchfield	May 2018	In process
Develop ICARE Executive Rounds	Brandi Frazier	June 2018	In process
Ongoing ICARE support, e.g. NED, Coaching, etc.	Brandi Frazier	Ongoing	In process
Implement 2017 Priscilla Chan QI fund proposal; Building 5 Lobby Remodel	Aiyana Johnson, Jeff Critchfield	December 2018	Plan
Transition from NRC to Press Ganey	Aiyana Johnson, Jeff Critchfield	December 2018	Plan
Restructure Care Experience Data Review Committee (CEDR); update membership, reporting out standard work and agenda	Jeff Critchfield	May 2018	In process
Update CEDR scorecards to align with new drivers and watch metrics	Brandi Frazier	June 2018	In process
Identify and plan for implementation of a grievance tracking and reporting system	Jeff Critchfield, Colin Hart	December 2018	In process
Develop staffing infrastructure for Office of Patient Experience to	Colin Hart	July 2018	In process

IV. IMPACT (BASELINE/TARGET/ACTUAL/YTD):

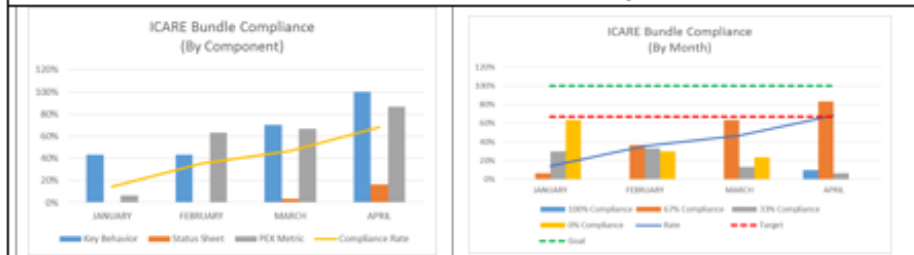
Target 1: ICARE Bundle Adoption



Target 2: Likelihood to Recommend



V. FURTHER ANALYSIS AND STRATIFICATION OF GAPS; LEARNINGS:



Gaps: ICARE status sheet implementation highly dependent on DMS roll-out Learnings: Dept/unit level alignment is key to uptake

VI. NEW COUNTERMEASURES/ ADJUSTMENTS

Action	Who	When
Meet with remaining departments to identify PEX driver and watch metrics	Brandi, Jeff & Aiyana	June 2018
CEX team to attend huddles of 30 identified departments on a rotating basis	CEX team	June 2018

VII. UNRESOLVED ISSUES

- ICARE report for Manager level and below is not available; updates from IT cannot be supported due to EPIC

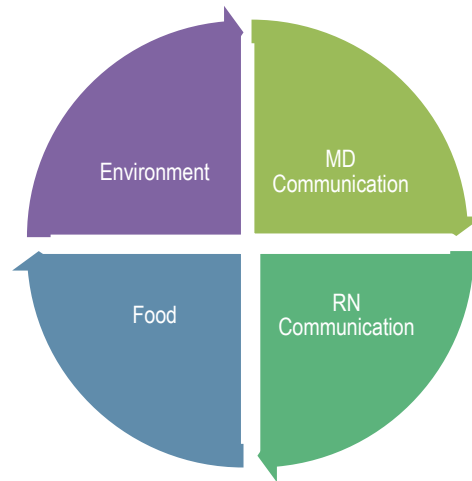
BACKGROUND

2016
Structure



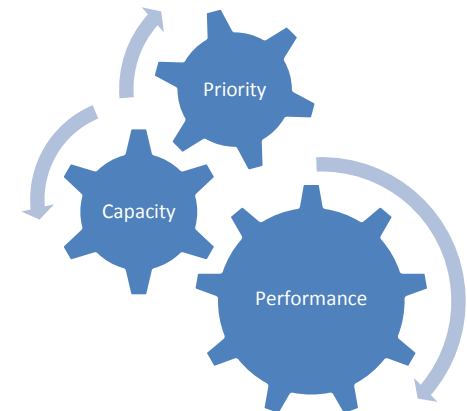
- Created CEX dept.
- Adopted ICARE

2017
Focus



- Improvement driven by first and lasting impressions

2018
Alignment



- Align with dept. level improvement work

2017 LESSONS LEARNED

1. Focus must be **aligned** with patient experience performance and operational priorities.
2. Departmental level **engagement** is required for sustained improvements.

2018 STRATEGIES

8



Advancing Equity



Improving Value and Patient Outcomes



Ensuring Flow and Access



Optimizing Care Experience



Optimizing Workforce Care & Development



The ZSFG Way



Building for the Future



Implementing an enterprise-wide Electronic Health Record

3



The ZSFG Way



Advancing Equity



Improving Value and Patient Outcomes



Ensuring Flow and Access



Optimizing Care Experience



Financial Stewardship



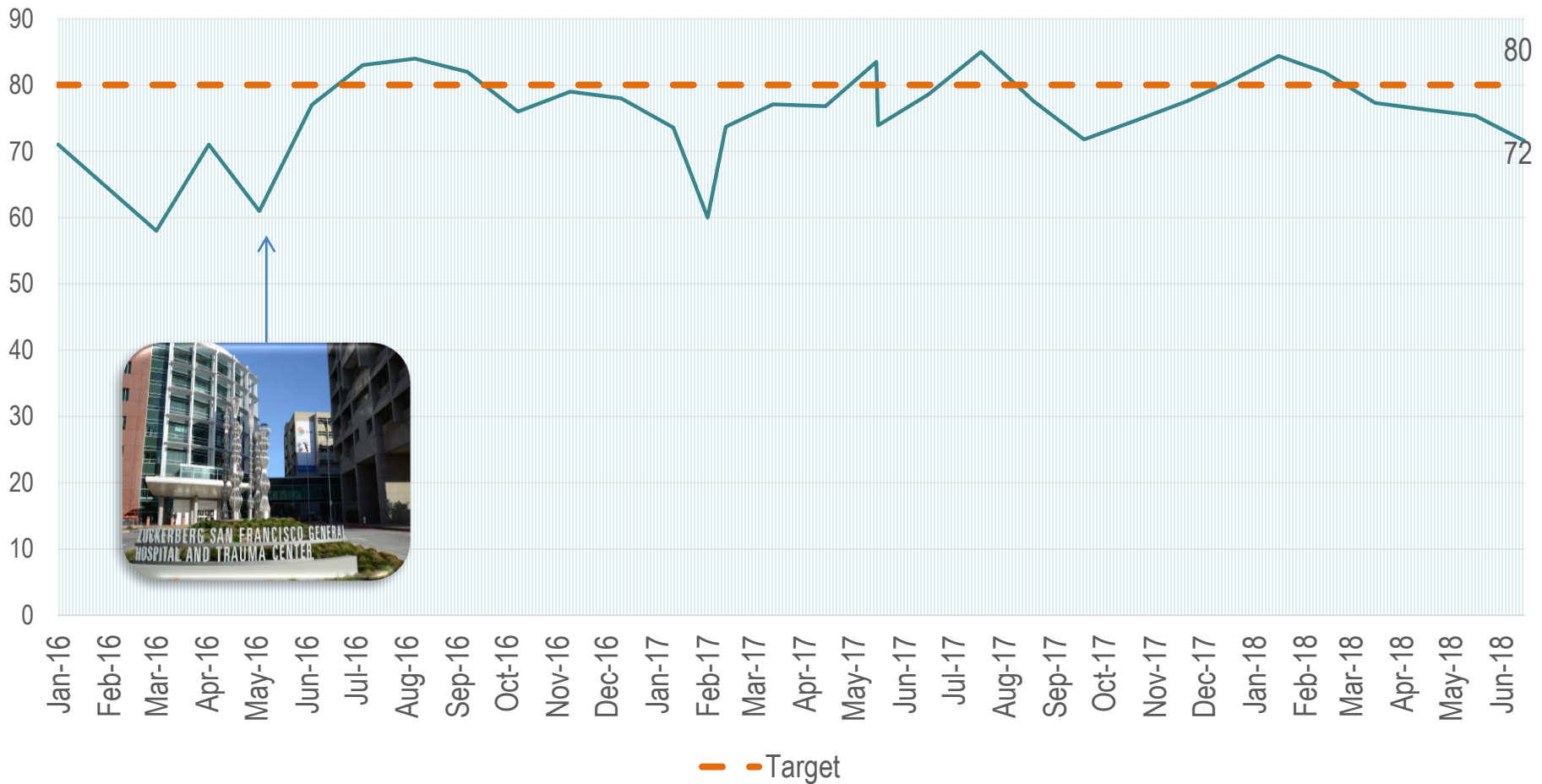
Building for the Future



Implementing an enterprise-wide Electronic Health Record

PROBLEM STATEMENT

HCAHPS Likelihood to Recommend



Performance & Priority Alignment

PATIENT FLOW

30 DAY READMISSIONS

PRIME METRIC

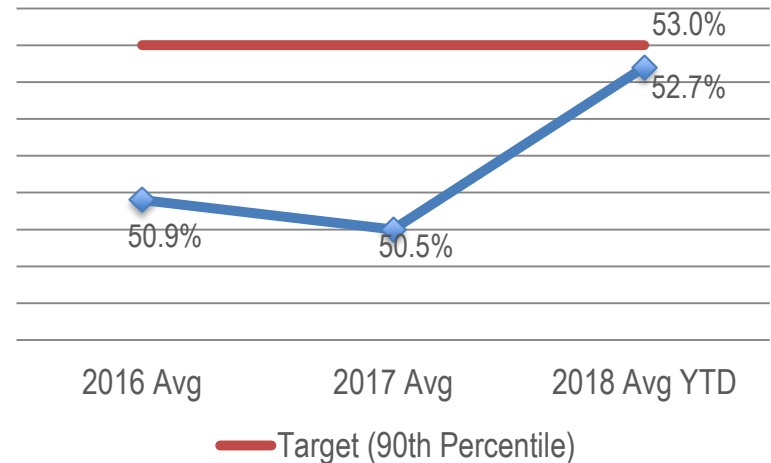
STAR RATING

Staff took preferences into account **44.9**

Understand purpose of medications **61.9**

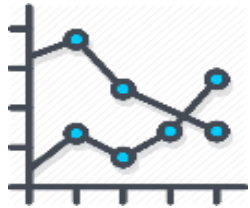
Understood mgmt. of health **51.9**

Care Transitions
HCAHPS Composite



CARE TRANSITIONS

Engagement via ICARE Bundle



PEX Metric

1. Patient experience (PEX) watch or driver metric.

PEX watch metric in Med/Surg = Care Transitions



Key Behavior

2. Implementation of ICARE Key Behavior

Introducing real-time patient experience survey in Med/Surg



Status Sheet

3. Incorporation of ICARE status sheet question

How are you following ICARE in your area?

TARGET AND GOALS

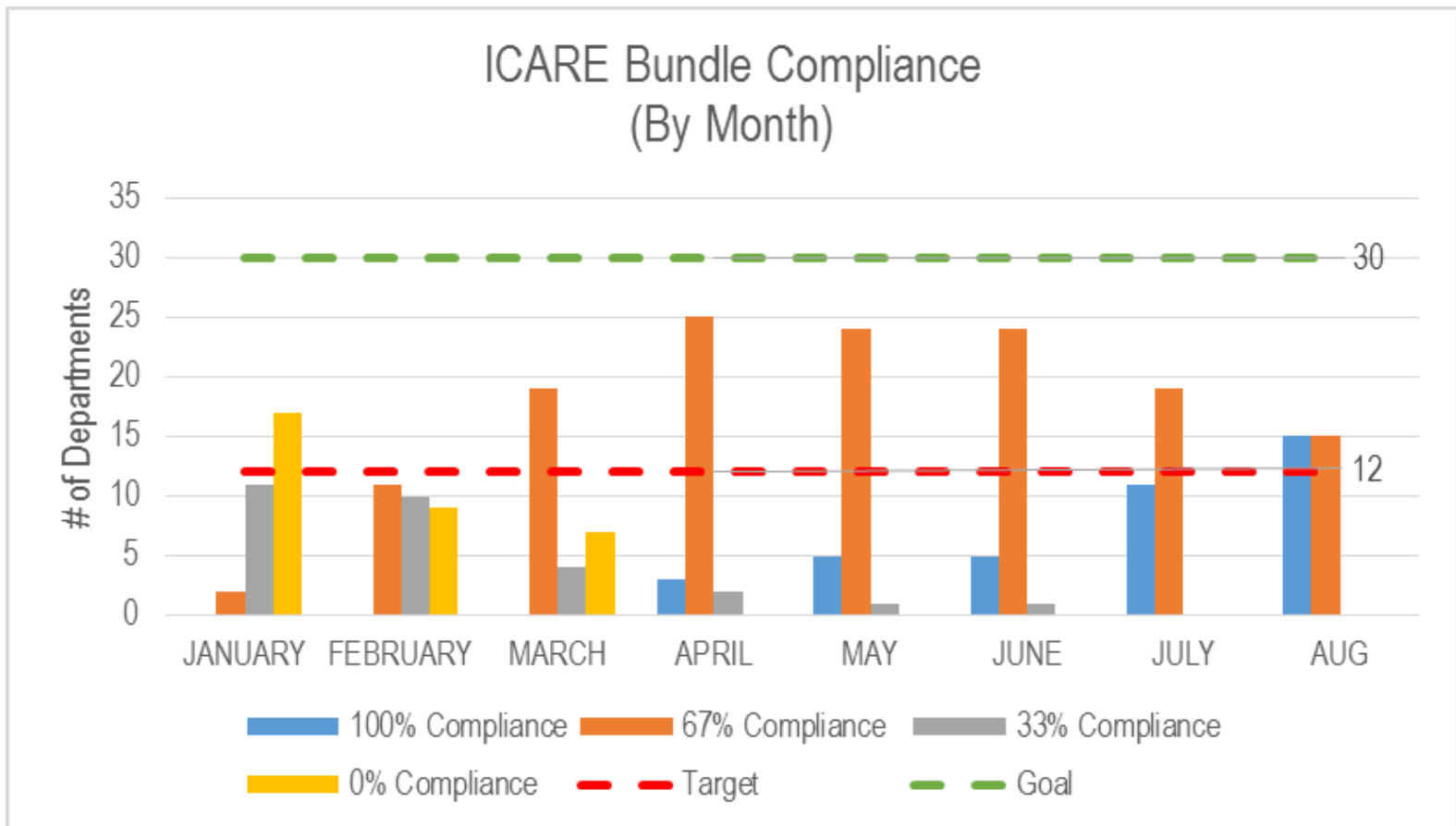
	TARGET	GOAL
By 6/30/2019, increase the # of departments at 100% ICARE bundle compliance from 0 to:	12 by Dec 2018	30 by June 2019
By 6/30/2019, increase % positive responses for HCAHPS “Likelihood to Recommend” from 78% to:	80% by June 2019	80% by June 2019

COUNTERMEASURES

No.	Countermeasure	Date	Status
1	Partner with Care Transitions Committee in leading PDSA to improve HCAHPS “Care Transition” composite	7/30/18	In process
2	Update real-time survey questions	8/30/18	Complete
3	Meet with remaining departments to identify Patient Experience watch or driver metrics	9/30/18	In Process

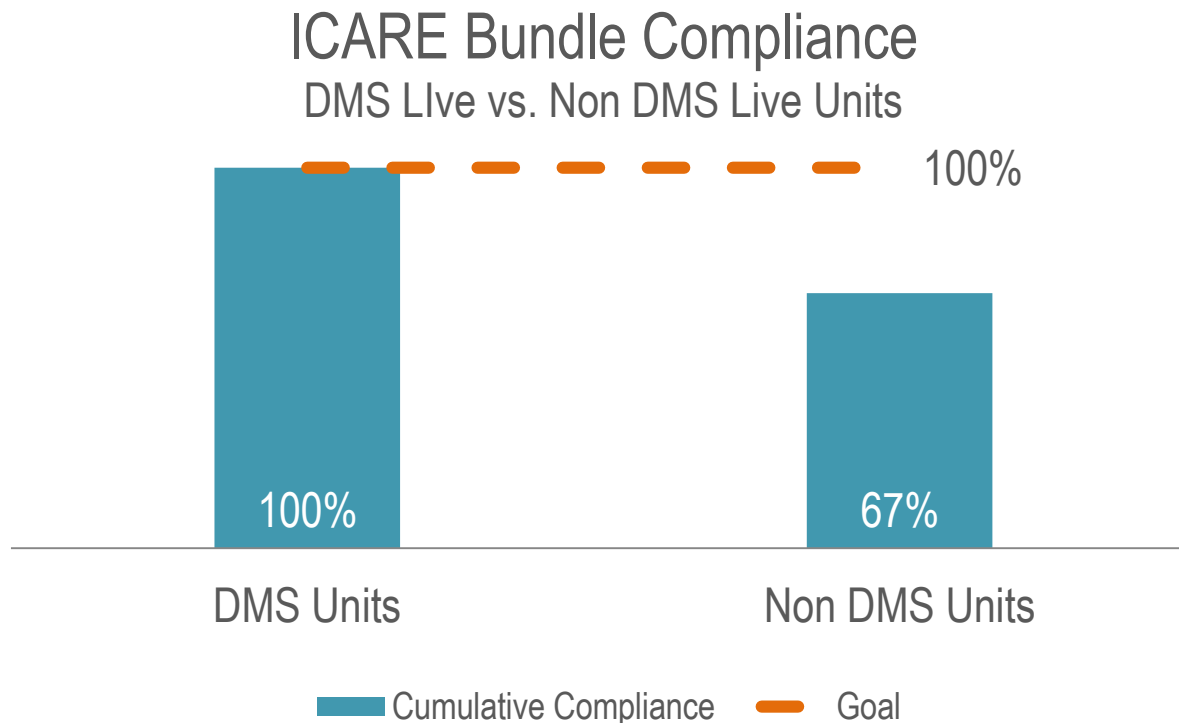
2018 ACHIEVEMENTS

- ICARE Bundle compliance target exceeded



2018 ACHIEVEMENTS

- Leveraging daily management system has resulted in greater adherence to ICARE bundle.



2018 ACHIEVEMENTS

- Measuring Care Transition in real-time

The instructions on where to go or who to call if your condition worsens after leaving the hospital is clear? **42**

How well do you understand why you are taking your medications? **77**

Someone has spoken to you about your discharge date. **32**

The education you have received to prepare for your discharge has been helpful. **50**

Improvement Focus

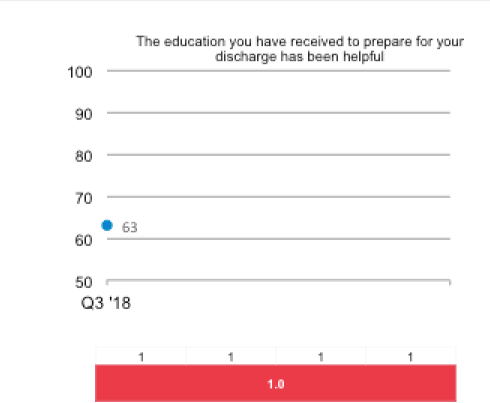
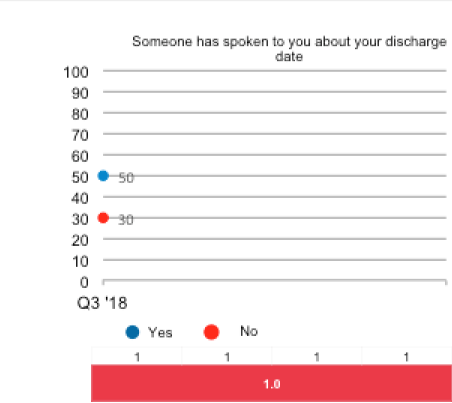
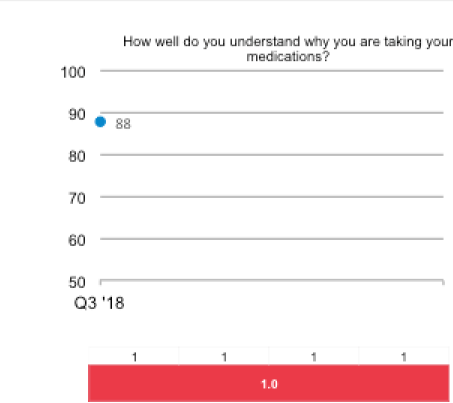
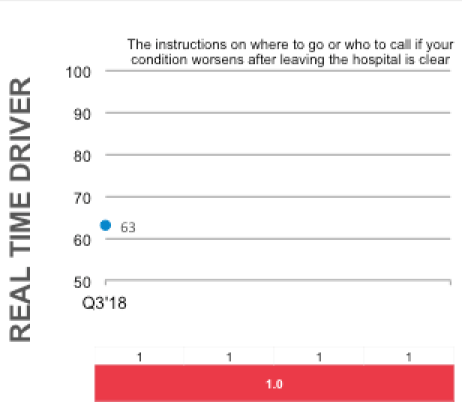
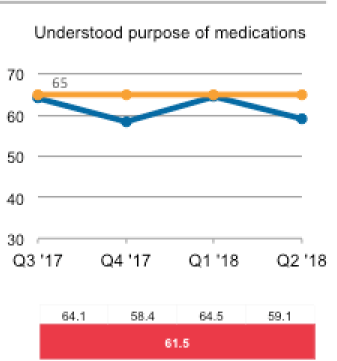
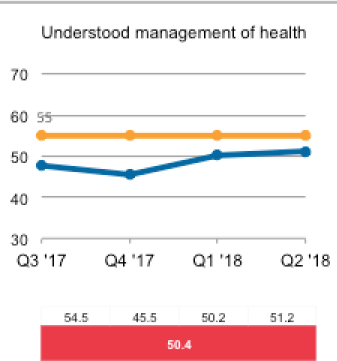
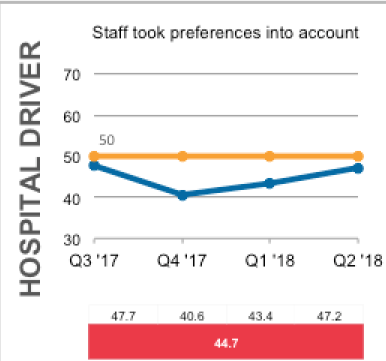
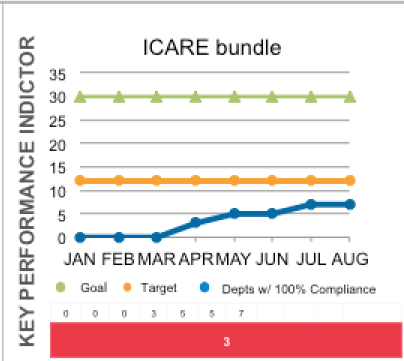
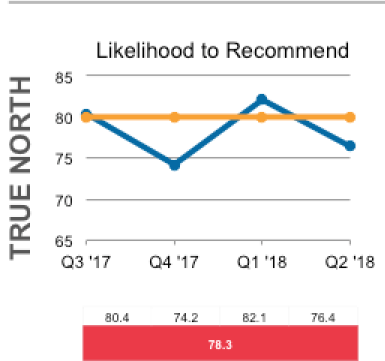
Real-time feedback volume

Survey timing

2018 ACHIEVEMENTS



ZSFG – Care Experience – Hospital-Wide-V1



● Target ● Topbox Score

■ Meet Target ■ Not meet Target

NEXT STEPS

- Transition HCAHPS survey vendor.
 - Establish patient experience survey strategy for Emergency Department.
- Evaluate Care Transition PDSA in Med/Surg and determine spread.
- Deeper dive into downward trend of HCAHPS “Likelihood to Recommend.”