Best Practices in Patient Care Experience
COMMUNITY INSIGHTS FOR DRIVING PATIENT EDUCATION, ENGAGEMENT, AND SATISFACTION
With the significant percentage of the Hospital Value-Based Purchasing Program that is and will be devoted to the patient and caregiver experience of care, many organizations are striving to identify the best opportunities to improve this measure. Beyond regulatory compliance, the benefits of bolstering patient experience are wide ranging and can include better patient outcomes, more engaged patients, and happier, more engaged healthcare staff. Nonetheless, even with these reasons, the patient care experience is often not as robust and superlative as it could be. Patients may not understand the education being provided to them, may not feel that the hospital or health system cares for their opinion or involvement in their care, and may not find the experience satisfying.

In response, the Cost & Quality Academy has identified, reviewed, and analyzed the practices of hundreds of organizations over the last year, gathering within this report case studies, implementation tools, and data that highlight the practices of better performing organizations within the membership community to help you and your organization maximize the patient and caregiver-centered experience of care.

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Best Practices in Patient Care Experience

CASE STUDIES
Following conversations with HBI members and a desire to present the most impactful information in the most efficient way, The Academy has adapted the introduction of each practice within this report to reflect the type of statements of work that are often utilized to build consensus and the case for changing processes as a means to improve cost, operational efficiency, and quality. Below is a visual guide for interpreting these pages in the report.

Each row corresponds to one of the case studies that can be found in more detail on the following pages.

- Provides a brief overview of the situation in the healthcare industry that drives need for improvement
- Describes a featured organization’s best practice
- Defines, in most cases, a historically common practice
- Summarizes the high-level improvements that may be seen as a result of the “Peer Best Practice”
- Identifies roles that are integral to the best practice’s success
- Summarizes positive results experienced by the featured organization using the “Peer Best Practice”

**Statements of Work**

**Practice 1: Creating Improved Patient Education Practices and Opportunities**

**A Disease-Specific Education**

- Scope Statement:
  - Newly diagnosed cancer patients without adequate support can feel overwhelmed and unprepared for treatment.
- Peer Best Practice:
  - Utilize nurse navigators at the front end of the diagnosis to ensure health literacy and engagement.
- Typical Approach:
  - Nurse navigators often provide generalized support intermittently throughout care but do not offer disease-specific education.
- Business Case:
  - Educating patients immediately following diagnosis with disease-specific resources can promote patient appointment compliance and care engagement.
- Stakeholder Alignment:
  - Physicians, Nurse Leaders, Nurse Navigators
- Intended Outcomes:
  - Tailoring education based on diagnosis increases program usage and satisfaction.

**B Reducing Stigma of Mental Illness**

- Scope Statement:
  - The stigma surrounding mental illness often discourages individuals from seeking necessary treatment.
- Peer Best Practice:
  - Apply structured programs to improve communication and educate patients, staff, and community on mental health.
- Typical Approach:
  - Many organizations implement mental health programs, but do not address challenges to delivering the care experience to each patient.
- Business Case:
  - Patients treated respectfully will enjoy a better experience, which can drive related score improvement and reduce compassion fatigue among staff.
- Stakeholder Alignment:
  - Nurses, Nurse Practitioners, Physicians, Counselors, Therapists
- Intended Outcomes:
  - Increased communication through TLC4 model reduces stigmatizing language and attitude among staff.

**C Standardizing Curricula**

- Scope Statement:
  - Inconsistent messages from providers can leave oncology patients feeling confused about next steps.
- Peer Best Practice:
  - Standardize the oncology education curriculum to provide a consistent message to patients from all staff.
- Typical Approach:
  - Departments typically have their own processes and procedures that are not necessarily communicated to other departments, leaving education fragmented.
- Business Case:
  - Offering collaborative approaches to oncology education can increase patient satisfaction and ultimately improve patient outcomes.
- Stakeholder Alignment:
  - Educators, Oncology Physicians, Clinical Leaders, Nurses
- Intended Outcomes:
  - Standardizing educational materials ensures oncology patients have the best opportunities to participate in their care.

**Industry Trends Supporting the Need for Improvement**

- Perceived General Public Attitudes Among Americans Toward People with Mental Illness:
  - Source: CDC (2010)
  - Perceived Sympathy (24.6%) and Perceived Indifference (75.4%)
- % of Medical Information Not Retained During an Office Visit:
  - Source: Agency for Healthcare Research and Quality (2015)
  - 40–80%

Data that emphasizes existing trends, and in some cases, challenges the “Peer Best Practices” aim to overcome.
Below is a visual guide for interpreting the following pages.

Each two-page spread that follows features a case study example of an organization that succeeded in employing a best practice or garnering significant improvements in overall performance, patient experience, etc.

At the top of each case study page, three highlights are listed to emphasize the key considerations or strategies realized by the organization as integral to success.

Illustrations quantify the organization’s improvement, show an analysis conducted by the organization, or provide further insight with respect to the practice employed.

The second page of each two-page spread displays a process aid that, in most cases, was utilized by the organization featured—or a related tool developed by The Academy may also be included.

The left-hand side of each case study explores either a common challenge currently facing healthcare organizations or an emerging trend, along with related data regarding nationwide performance of a certain metric or prevalence of a specific practice.

This introductory paragraph explains each process aid in more detail as well as how it was leveraged by the featured organization—or capacities in which it could be utilized effectively by other providers.

Each two-page spread closes by noting where additional information on the topic can be obtained via The Academy’s members-only web portal.
Best Practices in Patient Care Experience

CREATING IMPROVED PATIENT EDUCATION PRACTICES AND OPPORTUNITIES
Around the nation, many hospitals and health systems are experiencing shifting patient volumes, whether in terms of a net increase of census or flux across types of services most heavily utilized. In each of these cases—and any other care situation—the knowledge of the patient has a distinct, often significant impact on the eventual outcomes of any health services offered. Studies have shown limited health literacy to be associated with an increase in preventable hospital admissions and 30-day readmissions. Lack of patient education in healthcare can also have a negative psychological effect on patients, particularly in patient populations with an associated cultural and social stigma, such as those managing mental illness.

Providing such patients with resources, such as peer-to-peer storytelling, can promote increased communication and education, while destigmatizing mental health conditions among patients and staff. Additionally, employing these tactics among staff members can promote effective communication between patients and providers by prioritizing welcoming language and reducing the occurrence of compassion fatigue.

The challenges of effective patient education are further exacerbated for patients with a chronic disease. For example, patients who receive a cancer diagnosis often feel confused about their next steps and available choices. Depending on diagnosis and treatment options, they could be choosing between radiation, chemotherapy, surgery, or another avenue—each of which comes with its own emotional, mental, physical, and financial costs. When combined with the preexisting responsibilities of each patient’s life outside of their new diagnosis, comprehending and balancing such choices and treatments can be more than many can handle without help.

Offering a standardized education curriculum from specially trained staff can ensure that these patients are receiving consistent information regarding their condition and what to expect during treatment. Furthermore, appointing a designated oncology educator who utilizes teach-back methods can promote a consistent point of contact and ensure effective communication and understanding for patients and families. Ultimately, appropriate education provides patients with the tools to understand the care they have received, the requirements expected of them going forward, and their experience of care as a whole.

% of Total Population Projected to Be Diagnosed with Cancer at Some Point During Their Lifetime

Source: National Cancer Institute (2012)

Average % of Patient Visits in Hospital Outpatient Department in Which Health Education Was Provided to Patient, by Provider Type

Source: Ritsema TS et al. (2014)
## Statements of Work

**Practice 1: Creating Improved Patient Education Practices and Opportunities**

<table>
<thead>
<tr>
<th>A</th>
<th>Disease-Specific Education</th>
<th>B</th>
<th>Reducing Stigma of Mental Illness</th>
<th>C</th>
<th>Standardizing Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope Statement</strong></td>
<td>Newly diagnosed cancer patients without adequate support can feel overwhelmed and underprepared for treatment</td>
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<td>Inconsistent messages from providers can leave oncology patients feeling confused about next steps</td>
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</tr>
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<td>Nurse navigators often provide generalized support intermittently throughout care but do not offer disease-specific education</td>
<td>Many organizations implement mental health programs, but do not address challenges to delivering better care experience to such patients</td>
<td>Departments typically have their own processes and procedures that are not necessarily communicated to other departments, leaving education fragmented</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Business Case</strong></td>
<td>Educating patients immediately following diagnosis with disease-specific resources can promote patient appointment compliance and care engagement</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

## Industry Trends Supporting the Need for Improvement

**Perceived General Public Attitudes Among Americans Toward People with Mental Illness**

*Source: CDC (2010)*

- Perceived Sympathy: 24.6%
- Perceived Indifference: 75.4%

With the rising importance of the patient experience, a wide majority of individuals perceiving indifference to their mental illness in general provides an opportunity for care providers to rise above the norm and consistently show empathy.

**% of Medical Information Not Retained During an Office Visit**

*Source: Agency for Healthcare Research and Quality (2015)*

- **At least 40%** of information conveyed to patients during an office visit is forgotten—and nearly half of the information patients do retain is incorrect—underscoring a need for effective teach-back strategies.

- **40–80%** of the medical information patients are told during an office visit is forgotten.
Utilizing Disease-Specific Education and Support

Practice 1: Creating Improved Patient Education Practices and Opportunities

**Business Challenge**

**Lack of Support Resources at Diagnosis Breeds Undereducation**

As more individuals are newly diagnosed with cancer, patient education resources to address the anxiety associated with that diagnosis often remain inconsistent across many hospitals and health systems. Often, a lack of designated staff to address these concerns contributes to greater patient misunderstanding. Treatment appointments between patients and physicians are therefore utilized as a venue to answer questions, connect to community resources, and address financial concerns, rather than focus on treatment itself.

Nurse navigators frequently used at some organizations to facilitate the care of these patients are able to provide general educational support but may lack disease-specific education. Without adequate support systems in place, oncology patients are less informed about their care plan, commonly overwhelmed with balancing traditional activities and new needs related to their condition, and often unable to fully engage in their treatment.

**Estimated Number of Individuals with New Cancer Diagnoses in the U.S. Annually**

*Source: American Cancer Society (2016)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of New Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,638,910</td>
</tr>
<tr>
<td>2016</td>
<td>1,685,210</td>
</tr>
</tbody>
</table>

With more cancer diagnoses projected each year, education to support this growing population remains critical.

**Offer education at a disease-specific level to increase understanding**

**Meeting patients early can free time to discuss treatment options**

**Monitoring progress between visits ensures patient needs are met**

- At Poudre Valley Hospital (PVH), a 270-bed regional medical center that is part of the University of Colorado Health System, navigation support is emphasized at the front end of cancer care, following patients from diagnosis through treatment to ensure that their patients are able to make informed health decisions regarding the future treatment plan.

- After initially offering navigation for patients who might need additional financial and community resources, PVH streamlined these services to a disease-specific level for enhanced education assistance.

- As part of this process, nurse navigators frontload each patient with education and support resources specific to the diagnosis; patients therefore feel confident and have a clearer understanding of the treatment while providers convey positive feedback regarding the nurse navigator’s educational responsibilities.

**Number of Oncology Patients Treated Utilizing Disease-Specific Education at Poudre Valley Hospital**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Oncology Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>&lt;900</td>
</tr>
<tr>
<td>2015</td>
<td>2,000</td>
</tr>
</tbody>
</table>

By offering nurse navigation support for oncology patients with built-in disease-focused education, Poudre Valley has experienced considerable program growth and commensurate positive patient feedback.

- Each week, a nurse navigator may see between five and eight new patients, but will have closer to 30 to 40 patients who are waiting—potentially up to a few months—for treatment for whom the navigator will progress and monitor medication therapies, as well as potential future treatment options.

- Apart from one-on-one therapy services, nurse navigators may additionally provide resources in a group setting for further support opportunities; as a result of the wide range of services the nurse navigators provide, Poudre Valley experienced over double patient participation between 2012 and 2015; with fewer than 900 in 2012 increasing to over 2,000 patients by 2015, highlighting the organization’s efforts in providing quality care across the oncology spectrum.
Appendix: Oncology Nurse Navigator Job Description

Poudre Valley Hospital’s emphasis on navigation support at the front end of cancer care is successful through the role of a nurse navigator. Nurse navigators provide disease-specific education while guiding patients from diagnosis through treatment, offering community resources, assessing financial stability and at-home support, and ensuring transportation needs are met. To encourage the recruitment and use of this position, The Academy has reviewed several job descriptions for the role and created this sample description based on common needs and requirements between those descriptions.

Excerpt from The Academy’s Oncology Nurse Navigator Job Description

Position Summary
As the primary point of contact for oncology patients, the oncology nurse navigator is responsible for guiding the patient through each facet of the care continuum, while integrating community resources to address the needs of the patient. The oncology nurse navigator monitors patients throughout their treatment and assists in facilitating their care, additionally providing thorough educational materials and services based on a particular condition and overall patient needs.

Roles and Responsibilities
• Identify patient financial, transportation, educational, and at-home care needs and provide support as necessary
• Build awareness surrounding a disease-specific diagnosis through educational resources, both written and verbal
• Coordinate a defined care plan which outlines goals for managing the patient’s condition
• Collaborate with the patient’s multidisciplinary care team to ensure all needs are met

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and should not be considered a detailed description of all the work requirements that may be inherent to the position.

Position Qualifications
Education
- Bachelor of Science degree in Nursing

Licenses
- Current RN license to practice in the State of [State] required

Experience
- Previous case management experience preferred
- At least two years of clinical experience required

Knowledge, Skills, and Abilities
- Strong communication skills, both written and verbal
- Understanding of available oncology community resources
- Proficient computer and telephone skills

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Rogers Behavioral Health System, comprised of 10 locations throughout the nation, created the Rogers InHealth program, which works to decrease the stigma surrounding individuals working through mental illness, as a means of enhancing care quality.

Rogers InHealth implemented the TLC4 model, an acronym for targeted, local, credible, continuous, and change-focused contact; the model evolved under the collaboration of other behavioral health community partners via a coalition as well as an academic researcher at the Illinois Institute of Technology.

Specifically, this evidence-based model works to decrease stereotypes, prejudices, and discrimination surrounding mental health by engaging providers and patients with individuals living in recovery with a mental health challenge; through the relationships that develop via these engagements, assumptions and suppositions can be broken down, with considerable benefit to empathy and compassion as a result.

With compassion fatigue acting as an all-too-prevalent threat in the industry, the TLC4 model additionally supports staff in fatigue relief by providing a safe space to share personal recovery stories; via practitioners willing to relate a personal experience of mental illness recovery to their peers, illusions of difference or barriers of understanding can be broken down, building personal experience and relieving tension, discomfort, or fear.

Through these efforts, Rogers Behavioral Health System has reduced the stigma surrounding mental illness through improved communication and education and created an inclusive environment for patients overcoming mental illness by incorporating the principles of the TLC4 model and offering resources for storytelling.

“We so often talk about the signs and symptoms of mental illness, and we don’t often talk about the hope of recovery. We raise up those stories to demonstrate that people with mental health challenges are good, are able.”

– Suzette Urbashich, Co-Director of Rogers InHealth, Rogers Behavioral Health System
Appendix: Tip Sheet to Reduce Stigmatizing Language

Often, corrective efforts for staff—even when out of a preventive or positive spirit—can be accompanied by feelings, intended or otherwise, of blame or shame. To bolster efforts to destigmatize mental illness in the care setting through education and awareness, Rogers Behavioral Health System additionally provides a list of suggested techniques to reduce stigma while avoiding judgement. Utilizing the techniques listed within this document can be used to hold other individuals accountable to their own words and actions while also encouraging those with a mental illness to share their own stories of recovery.

Excerpt from Rogers Behavioral Health System's Tip Sheet on “Culturally Sensitive Responses to Challenge Stigmatizing Language”

Culturally Sensitive Responses to Challenge Stigmatizing Language

General Tips:
1. Avoid value judgments (i.e. “that’s a terrible thing to say”; “you don’t know what you are talking about”)
2. The response depends on the relationship and level of trust you’ve built with a person.
3. The goal is to start a meaningful dialogue and conversation. We don’t want to be thought of as “language police”.
4. Use creative language.
5. Use humor.
6. Share recovery stories to counter myths.
7. Assume positive intent.
8. Tone makes a difference. Approach with compassion and curiosity.

Teach and Learn:
1. Re-frame what is said; offer language options. “I’m learning that people usually prefer person-first language, such as ‘a person living with bipolar disorder.’”
2. Gently suggest person-first language. “I dealt with challenges from anorexia, I’m not ‘an anorexic’. I don’t like to define myself by my past with an eating disorder.”
3. Normalize it. Say, “Everyone has a certain level of dysfunction.”
4. Ask others to help hold you accountable for your own language use to model openness to growth. “You’ve told me it bothers you when people say _______. If I slip up, will you hold me accountable? I want to respect your wishes.”
5. Be curious. “What about your experience makes you say that?” or, “Can you help me understand what you mean by that?” Or genuinely inquire about a person’s familiarity with mental health issues. “How much do you know about mental health?”
6. Talk about your own feelings and perspective in response to the comment. “I’m feeling uncomfortable as a result of you saying _______.” Or start with, “Well, in my experience…”
7. Name it, claim it, tame it. For example, someone says, “Crazy people should be locked up and not left to wander the streets.” Response: “You may not know this, but you’re talking about me. I have schizophrenia.”
8. Deflect their words. For example, if someone calls you crazy, say, “I’m good with that.”
9. When someone makes a stigmatizing generalization like: “Borderlines sure are crazy”, respond with compassion to elicit empathy, for example. “I wonder how traumatic her background was” or “I wonder what it’s like to face that challenge.”
10. Let people know how their words and actions make you feel. For example, “That felt a little harsh.” Then ask for what you need. “Can I ask you to be a little more sensitive?”
11. Share your preference for using or not using labels. “You know, I don’t like to use labels to talk about my experience with mental health challenges.”

For more information on Rogers Behavioral Health System’s efforts to destigmatize mental illness in the healthcare setting, download The Academy’s white paper, “Using Peer-to-Peer Storytelling and a Targeted Model to Reduce the Stigma of Mental Illness in the Hospital Setting,” from the Analyst Advisory page of the members-only web portal.
Children's Hospital & Medical Center, a 145-bed non-profit organization in Omaha, Nebraska, includes an oncology continuum of care that consists of an ambulatory clinic, infusion center, inpatient unit, and home healthcare—viewed by staff as separate areas with their own processes, but seen by patients and families as one collective oncology service line.

To address inconsistencies across the continuum of care, nursing leadership implemented a performance improvement project, beginning with Lean principles, PDSA methodologies, and an oncology staff survey; results of this survey signified that only 39% of staff were confident in their role in the oncology educational process, while only 37% were aware of the available educational resources.

Given this evidence, an interdisciplinary team was formed to assess current educational resources and processes, and perform a comprehensive analysis to identify gaps and inconsistencies; patient and family feedback was additionally instrumental in developing the new diagnosis educational materials and processes.

In order to ensure that patients and families receive a consistent message, that could be provided at the patient’s own pace and customized to their learning style, the organization hired a dedicated oncology educator who was trained in the teach-back method and given responsibility for maintaining each educational document’s ongoing relevance.

Education materials were made available through the organization’s intranet site as well as to patients, families, and primary care providers via their online health portal.
Appendix: “Following Chemotherapy” Caregiver Educational Handout

Chemotherapy can cause a variety of side effects among children, such as nausea, vomiting, and fatigue—symptoms that usually reflect illness and can drive considerable concern. To ensure that patients and their caregivers leave a chemotherapy treatment with understanding of their care at Children’s Hospital & Medical Center, caregivers are given an educational handout. This document describes how to carefully dispose of clothing or bedding that comes into contact with the child’s bodily fluids, food preparation, sun protection, and nail care, among other suggestions.

For additional insight on how other organizations have improved the care experience of oncology patients, download The Academy’s white paper, “Expanding Survivorship Care with Persistent Follow-Up and Individualized Treatment,” from the Analyst Advisory page of the members-only web portal.
Best Practices in Patient Care Experience

PROMOTING A HIGHLY ENGAGED ATMOSPHERE FOR PATIENTS
Along with highly trained and dedicated doctors, nurses, and other medical staff, many procedures and practices in hospitals and health systems are aided by today’s technology advancements. By utilizing new equipment such as video conferencing stations that make telemedicine visits possible, electronic health records that document patients’ history, and ultraviolet germicidal irradiation that disinfects patient rooms, technology has made caring for patients and their families more efficient for healthcare professionals.

Nonetheless, technology has also resulted in growing complexity of care for some patients and has given all consumers of healthcare services the ability to share their care experiences instantaneously with almost anyone. Internet databases and advice forums can confuse patients or even lead to patients disengaged from their care through a mistaken belief that internet sources are as valuable as the services offered at their hospital or health system. Ultimately, any effort to improve the care experience must take into consideration the difficulties of ensuring patient engagement, especially in our socially minded, information-laden world.

In truth, encouraging patient engagement can be approached in a wide variety of ways, and for some organizations, has led to notable improvements in experience and patient outcomes. For example, offering complementary counselor meetings upon discharge to raise awareness of vital follow-up visits for chronic conditions, such as heart failure or COPD, can lead to a decrease in readmissions.

Likewise, engagement can also be improved by implementing patient and family advisory councils, where community members can share their thoughts and concerns about the care they are receiving with service excellence and quality healthcare personnel. By expanding follow-up care and strengthening relationships based on compelling communication between physicians, patients, and family, healthcare organizations can offer a better overall experience.

Engaging patients is not a simple task, and even the best efforts of many leading organizations have left some patients feeling disinterested in care processes. The experiences and insights of industry innovators, however, offer guidance that can help other organizations limit “exit points”—opportunities for patients to disengage from their caregivers and their care—and create more effective points of entry through which to reengage. The tactics that follow share such experiences and may be a useful first step for organizations striving to better engage patients across the continuum.

### Engagement Levels of Patients at Their Facilities According to New England Journal of Medicine (NEJM) Catalyst Insights Council Members

Source: Massachusetts Medical Society (2016)

<table>
<thead>
<tr>
<th>Engagement Levels</th>
<th>Low Engagement</th>
<th>High Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–24</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td>25–49</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>50–74</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>75–100</td>
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</table>

When surveying the experienced hospital leadership that makes up its Insights Council, the New England Journal of Medicine Catalyst reported that they believed fewer than one in 10 patients were highly engaged.
## Practice 2: Promoting a Highly Engaged Atmosphere for Patients

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
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<tbody>
<tr>
<td><strong>Involving Patients and Families</strong></td>
<td><strong>Using Patient-Family Advisors</strong></td>
<td><strong>Employing Free Rehabilitation Services</strong></td>
</tr>
<tr>
<td>Patients often have little voice in their own care and how it is offered, leading to poor experiences</td>
<td>Hospital improvement initiatives often lack accounts from patients and families, relying on clinician or “insider” perspectives</td>
<td>Heart failure patients often have difficulty maintaining their health after hospital stays due to the high challenge and frequently poor care engagement</td>
</tr>
<tr>
<td><strong>Peer Best Practice</strong></td>
<td>Recruit community members who have had varying types of experiences to guide conversation on hospital improvements</td>
<td>Create free cardiac rehabilitation visits after treatment and discharge for heart failure patients to curb readmission risk</td>
</tr>
<tr>
<td>Develop advisory council meetings for patients and families to raise engagement</td>
<td>Patients may not be asked or want to participate in councils, leaving the hospital without valuable insight</td>
<td>Patients are discharged and expected to overcome financial hurdles and other costs to attend follow-up visits on their own</td>
</tr>
<tr>
<td><strong>Typical Approach</strong></td>
<td>Giving patients, especially those who had a poor experience, an opportunity to make the experience better for others drives considerable engagement</td>
<td>Assisting patients with chronic disease management prevents future readmissions, supports discharge planning, and protects costs</td>
</tr>
<tr>
<td>Organizations may not create avenues to regularly gather feedback from patients, believing staff know better</td>
<td>Involving patients and families in their care can improve satisfaction scores and lead to meaningful care improvements</td>
<td>Cardiologists, Readmissions Analysts, Cardiac Rehabilitation Staff</td>
</tr>
<tr>
<td><strong>Business Case</strong></td>
<td>Patient and Family Advisory Facilitators and Moderators, Quality Staff</td>
<td>Since implementing free cardiac rehabilitation visits, the organization has prevented 77 readmissions and saved an estimated $548,000</td>
</tr>
<tr>
<td>Quality Staff, Service Excellence Staff, Clinical Managers</td>
<td>Following implementation of these councils, “Communication with Doctor” scores rose from 78.7% to 80.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder Alignment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient participation in advisory councils has risen considerably, demonstrating a new level of engagement with healthcare</td>
<td></td>
<td></td>
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<tr>
<td><strong>Intended Outcomes</strong></td>
<td></td>
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</table>

## Industry Trends Supporting the Need for Improvement

### Biggest Challenges in Improving Patient Health Outcomes According to NEJM Catalyst Insights Council Members

**Source: Massachusetts Medical Society (2016)**

- **Health Delivery System That Is Geared Toward Treating and Not Preventing Disease**: 64%
- **Low Rates of Patient Engagement**: 47%
- **Not Enough Time**: 46%
- **Fee-for-Service Provider Payment Incentives**: 33%

*Among the same group of surveyed hospital executives, nearly half reported that improving low rates of patient engagement was a considerable challenge, second only to reenvisioning the entire care paradigm.*
After having success in its main hospital-based patient and family advisory councils, Gundersen Health System—headquartered in La Crosse, Wisconsin—has created additional councils at 11 of its regional clinics to give rural patients and families the opportunity to be more engaged in their healthcare.

Under supervision of the system’s Service Excellence Department, 8–12 community members meet at their respective clinics quarterly, where they will enjoy a light supper before discussing topics regarding but not limited to patient education and marketing, behaviors of healthcare staff, and even billing practices.

Requiring that members make a one to three year commitment to the council allows strong bonds and friendships to materialize among council participants and the meeting facilitator, which can encourage passionate discussions; when community participants of the advisory councils are more comfortable with each other and the facilitator, more honest and, ultimately, more useful feedback can be garnered on hospital and health system practices.

Following a printed agenda, meetings begin with members stating what they think is working well at the clinic, such as new electronic check-in kiosks, and conversely, opportunities for improvement, which could be items ranging from physical facility improvements to increasing the number of patients participating in advanced care planning in the clinical setting.

Maintaining 11 different regional councils with 12 diverse members each enables these staff-selected individuals to act as liaisons within their communities, promoting these positive patient experiences through word-of-mouth and explaining that their questions are answered and their advice for improvement is heard.

By nearly doubling the amount of patient and family advisory councils at Gundersen clinics and partner organizations in a three-year span, the health system has shown confidence in these council meetings to increase patient engagement, satisfaction, and morale.

% Increase of Patient and Family Advisory Councils from 2013–2016 at Gundersen Clinics and Partner Organizations

<table>
<thead>
<tr>
<th>% Increase in Councils</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Listening</td>
<td>80%</td>
</tr>
<tr>
<td>Actual Listening</td>
<td>61%</td>
</tr>
</tbody>
</table>

With a nearly 20% gap between what patients expect and receive from providers, healthcare organizations must realize the importance of fielding patient concerns.

% of Patients Desiring Provider Listening vs. Patients Reporting Being Listened To

Appendix: Patient and Family Advisory Council Contract

To increase patient experience and engagement, facilitating advisory councils to hear healthcare concerns, improvement ideas, and overall feedback from patients and their families can be effective. In order to maintain high levels of discussion, a signed contract can serve as a written record to which members can refer if they need reminding of their consents and obligations.

The following document is a sample member contract shared by Gundersen Health System as part of their patient and family advisory councils. This contract is used as an agreement between members and council facilitators to ensure confidentiality of the council, responsible actions as a representative of Gundersen Health System, and constant support of the council work. It also states the intent of the council, which is to serve as a venue for patients and families to provide input into policy and program development at Gundersen Health System.

Gundersen Health System’s Patient and Family Advisory Council Member Contract

As a member of the Gundersen Patient and Family Advisory Council, I agree to:

1. Commit to a minimum of one year of regular attendance of meetings
2. Respect the confidentiality of the Council and of Gundersen
3. Conduct myself as a responsible representative of Gundersen
4. Give thoughtful and pertinent feedback, responding to email requests within 48 hours

Gundersen contracts to:

1. Consistently support the Council work and its members
2. Give reasonable notice if there is a change in plan or schedule
3. Respect the confidentiality of the Council
4. Use advisors time wisely and effectively

Council Member Signature__________________________________________ Date_____
Council Member Name _____________________________________________________
Gundersen Employee Signature_________________________________________ Date_____

Gundersen Health System
Patient and Family Advisory Council
Using Patient-Family Advisors to Center Care on Patients

Practice 2: Promoting a Highly Engaged Atmosphere for Patients

Business Challenge
Capturing All Voices in the Continuum of Care

To understand the total value of healthcare, suggestions and considerations must be taken from more than solely physicians or other clinical staff. However, within many hospital committees and oversight groups, healthcare providers sometimes represent the majority, offering a limited perspective toward the assessment of quality improvement initiatives. This creates an incomplete narrative of healthcare practices and risks limiting the perspectives of providers when it comes to honest criticism and opportunities for legitimate, long-term improvement.

For patients in such a hospital or health system, care practices and the related experience may seem to stagnate or obvious problems—at least to the patient’s observations—may not be solved. Thus the involvement of patients and their families or caregivers continues to be an opportunity for sincere improvement of practices.

Recruiting active community members evokes suggestions
Create opportunities for both structured and open discussion
Ensure council members advocate for initiatives in their social groups

• Through an effort to actively engage community members in quality initiatives, Lowell General Hospital—a 434-bed acute care facility in Lowell, Massachusetts—established a patient and family advisory council (PFAC) allowing for an organized two-way conversation between the community and the hospital that elicits changes based on firsthand care experiences

• Using advertising, pamphlets, a website, and word of mouth, the PFAC recruits and incorporates individuals into the committee who have had varied experiences at the hospital, creating a group comprised of people with diverse perspectives toward the inpatient stay

“Always” HCAHPS Scores Across Three Questions at Lowell General Hospital During PFAC Integration

![Bar chart showing improvements in communication with nurse, doctors, and about medicine over two years](chart.png)

- A nominating chair vets applicants who will then meet with guests to learn about the responsibilities of the council and are later assigned a “committee buddy” to help educate them about the typical expectation and time commitments of the PFAC

- Assembling six times a year, council members discuss a standardized agenda on quality improvement, patient education, and annual priorities; additionally, an open agenda roundtable offers the opportunity to discuss more wide-ranging topics such as hospital improvement, visitation policies, communication tools, continuity of care, and social services

- Much of a PFAC member’s time is used to advocate for the council and present initiatives in their own social circles which has led to the formation of strong bonds between members and their communities with improved healthcare engagement as the product
Appendix: Patient Family Advisory Council Application

Recruiting patients and family members to participate in hospital committees requires hospital staff to take greater efforts than simply informing an individual about a group. Patient information must be gathered and considerations made for the type of group membership that will result from those included. The following document is a sample application shared with The Academy by Lowell General Hospital that provides fields for any needed information and attempts to gauge the interest and reasoning for applicants in being a part of the patient family advisory council.

Lowell General Hospital’s Patient Family Advisory Council Application

For more information on Lowell General Hospital’s efforts with patient and family advisory councils, download the white paper, "Increasing Community Engagement with Care Initiatives Through Active Patient and Family Presence on Hospital Councils," from the Analyst Advisory page of the members-only web portal.
To improve clinical outcomes and reduce its heart failure readmissions, the Regional Medical Center (RMC) in Orangeburg, South Carolina, began a process of internal review and discussion that led to a growing awareness that cardiac rehabilitation visits were a potent force in favor of long-term improvement in heart failure patients’ health.

As cardiac rehabilitation staff are better able to develop strong relationships with patients—due to weekly visits and a focus on building the patients toward success—RMC sought a way to regularly engage heart failure patients in rehabilitation, ultimately deciding that offering these visits for free would drive higher usage and could prevent some readmissions.

The plan approved by hospital leadership allowed for patients treated and discharged for heart failure to receive two weekly cardiac rehabilitation visits for one month at no cost; considered Stage IV participants in rehabilitation, the cost for these visits was underwritten by the hospital.

To facilitate usage of the new free visits, RMC educated its staff hospitalwide and developed a custom electronic order that alerts rehabilitation staff upon submission.

Further, patients are provided an informational packet about rehabilitation during their hospitalization and have their first free visit entered into their discharge instructions; thanks to these efforts, RMC has exceeded its goal of at least 25% of patients referred attending a minimum four of eight visits; as a result, RMC has prevented 77 readmissions since May 2013 with an estimated savings $548,000.

While services that can improve the health of heart failure patients in the long term, such as cardiac rehabilitation, can be extremely beneficial, only one in five patients make use of them.
Appendix: Heart Failure Subphase Order Set

Managing a heart failure patient during their stay requires structure, coordination, and organization to ensure successful clinical outcomes. The following document is a sample physician order set shared by Regional Medical Center that acts as part of its electronic physician order set for initiating cardiac rehabilitation services. The order includes categories to ensure patients receive all needed ancillary cardiac rehabilitation services including dietary and pharmacy consultations.

Regional Medical Center’s Heart Failure Subphase Order Set

Heart Failure Subphase
Patient Care
☐ Heart Failure Education
 t,n, T.N. q12h Standard
Consults
☐ Dietary Consult
t,n, Heart Failure Management
☐ Pharmacy Consultant
 t,n, CHP Medication Management review - interdisciplinary team management and teaching.
☐ Consult to Cardiac Rehabilitation
t,n, HF Monitoring
☐ Case Management Consult
t,n, Routine, Heart Failure Management
☐ Communication Order MD to Nursing
t,n, Heart Failure Management - One time Home Health visit
☐ Referral to Discharge Clinic
t,n, follow up within 3 days of discharge from the hospital

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase

For greater insight into other means to reduce heart failure readmissions, watch or download the Virtual Conference presentation, “Reducing Heart Failure Readmissions – A Case Study in Improving Care Through a Standardized, Team-Based Approach,” from the Events page of the members-only web portal.
Best Practices in Patient Care Experience

3

REducing Stressors and Miscommunication To Bolster Patient Satisfaction
As the effects of the Affordable Care Act and the shift to value-based care continue to be felt throughout the healthcare industry, patient satisfaction has risen in prominence to become a core facet of appropriate, effective care. The importance of ensuring patients are provided with a positive, satisfying care experience is reinforced by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey issued by the Centers for Medicare & Medicaid Services, which currently comprises up to 25% of a hospital’s total performance score—used to calculate reimbursements from CMS equal to 2% of organizations’ diagnosis-related group (DRG) payments as of 2017.

Although it is a comparatively small portion of the total DRG payment range, 2% of CMS payments can represent millions of dollars, a significant portion of which is reliant on providing a positive care experience, with satisfaction a foremost factor in that consideration. Beyond fiscal incentives, though, ensuring that patients are engaged and educated—two foundational elements of the care experience—can help support a number of clinical outcomes and other hospital metrics, such as compliance with postdischarge care instructions leading to reduced readmissions for complex chronic conditions.

To meet the patient satisfaction requirements established by CMS, hospitals and health systems across the country have implemented a wide variety of new initiatives or have expanded upon previously created experiential programs. For example, some organizations have begun integrating the use of complementary alternative care methods, such as music or aroma therapies, into their service offerings or have expanded such programs to reach a particular patient population that may benefit from complementary treatments.

Other hospitals and health systems have focused on improving communication between patients and providers to encourage greater participation on the part of the patient and to ensure that caregivers are clearly aware of patients’ needs. Still further, some organizations have implemented technologies and services geared toward supporting patients’ and their family members’ emotional needs to reduce the stress and anxiety that often accompanies a hospitalization.

Regardless of their focus, these and other programs being instituted by hospitals around the country have demonstrated a markedly positive impact on improving patient and family member satisfaction—resulting in both a better care experience and higher reimbursements.
## Practice 3: Reducing Stressors and Miscommunication to Bolster Patient Satisfaction

### A: Calming Music Therapy Interventions
- **Scope Statement**: Discomfort stemming from injury and sickness may negatively influence perceptions of care.

### B: Improving Communication
- **Peer Best Practice**: Offer holistic services such as music therapy to address the full spectrum of patient needs and improve satisfaction.
- **Typical Approach**: Staff can often overlook patients’ emotional needs in favor of supporting physical comfort, leaving anxiety and stress unaddressed.
- **Business Case**: Enriching patients’ hospital experience assists in improving HCAHPS scores, thereby subsequently impacting reimbursements.

### C: Minimizing Stress Through Patient Tracking
- **Scope Statement**: A lack of organizational focus and awareness of current state on patient satisfaction may impact care on the frontline.
- **Peer Best Practice**: Adopt multiple electronic surveys and dashboards to provide more comprehensive feedback data.
- **Typical Approach**: Organizations focus on national reporting standards instead of also looking at hospital-specific measures, limiting patient satisfaction information.
- **Business Case**: Maintaining a focus on satisfaction improves patient engagement, contributing to better clinical outcomes.

### Stakeholder Alignment
- **Intended Outcomes**: Providing services to address patients’ foundational emotional and mental discomforts can assist with symptom management and improve HCAHPS scores.
- **Business Case**: Sustaining communication about the patient experience between clinic leadership and providers, while also improving key CGCAHPS measures increased overall CGCAHPS value from 72.9% to 78.9%.
- **Stakeholder Alignment**: Music Therapists, Nurses, Physicians, Administrators, Quality Department Staff, Physicians, Nurses, Surgeons, Nurses, Patient and Guest Relations Staff Members, Making individuals in the waiting room aware of related patient status updates without directly consuming staff time can bolster the satisfaction of all parties involved.

### Industry Trends Supporting the Need for Improvement

**Average “Top Box” HCAHPS Score in 2015 at Participating U.S. Hospitals**

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Doctors</td>
<td>82%</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>80%</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>68%</td>
</tr>
<tr>
<td>Communication About Medications</td>
<td>65%</td>
</tr>
</tbody>
</table>

*Source: CMS (2016)*

Although many hospitals and health systems have dedicated time and resources to improving HCAHPS domains, there is still considerable room for improvement.
Lake Health—a 10-facility, non-profit community healthcare system servicing greater northeast Ohio—has offered music therapy services since 1991, which have contributed to improved satisfaction and physiological effects through a variety of healing services provided by its music therapy staff.

Through its Wellness Institute, Lake Health created an integrated medicine program for music therapy, weight loss, wellness coaching, and other holistic services that hired board-certified music therapists to encourage a balance of mind, body, and soul through 15- to 30-minute music therapy sessions on inpatient units for 14 hours each week throughout the organization’s facilities.

If a physician or medical staff member notes that an inpatient may benefit from music therapy services, or a patient requests these services on their own, a music therapist will come to the patient’s room with instruments that may include an electronic keyboard, acoustic guitar, small hand drums, and other percussive or rhythmic instruments for patients to engage in music-making. Music therapists at Lake Health also offer music-assisted relaxation and imagery recordings, which use tranquil music and verbal cues to counteract negative stressors a patient may be feeling, induce deep breathing, and provide positive affirmation to patients in the emergency department and on inpatient units.

Lake Health has found that guiding patients in music therapy assists with symptom management, creates a diversion from anxieties while individuals are recovering at the hospital, and provides an outlet to reduce stress surrounding their medical conditions and hospitalization.
Appendix: Music Therapy Treatment Plan and Documentation Record

Long employed by a small number of hospitals and health systems, music therapy has demonstrated a positive impact on improving patients' mood and morale, reducing anxiety, and assisting with pain management. This music therapy treatment plan from Lake Health serves as a method of documenting individual sessions and includes a large list of interventions that can be employed, goals for the session, and areas for comments specific to the patient and reason for the session. Additionally, it includes spaces for documenting and tracking outcomes including patient pain, mood, vocal feedback, anxiety, and sadness, as well as post-session heart rate and blood pressure.

For further details on Lake Health’s music therapy program, download the Academy’s white paper, “Creating a Calming Atmosphere Through the Use of Music Therapy Interventions,” from the Analyst Advisory page of the members-only web portal.
Business Challenge

Improving Patient Satisfaction Remains Vital to Value-Based Care

As the healthcare industry continues to strive toward enhanced care quality and reduced care costs, many hospitals and health systems have emphasized improving clinical and outcome measures to accelerate progress. Yet, focusing efforts solely to those areas will not always bring about the desired results, therefore, organizations are looking to create a culture focused on patient satisfaction and patient-centered care in hopes of enhancing outcomes through the patients themselves.

Increasingly, evidence shows that dissatisfied patients often do not engage with care as effectively, risking individual and organizational outcomes. Conversely, satisfied patients who trust and feel respected by their providers are typically more engaged and more likely to adhere to follow-up care directives, contributing to decreases in length of stay and readmissions. To appropriately leverage satisfaction to achieve better outcomes, organizations must improve.

- Both to sustain ongoing communication between clinic leadership and staff about patient satisfaction and to improve its Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) survey scores, Maricopa Integrated Health System (MIHS)—Arizona’s only public teaching hospital and health system—made a concerted effort at collecting data regarding patient feedback and leveraging these opinions to address the concerns of its patients
- First, in addition to the CGCAHPS survey, MIHS adopted a second patient satisfaction survey that tracked clinic- and provider-level analytics in order to make more comprehensive feedback on patient satisfaction available
- Second, MIHS integrated a service alert tool with an Excel-based dashboard into its EHR, which sent real-time alerts to clinic managers so they could address any customer service issues as well as help track satisfaction issues
- Integral to the data collection process and the continued focus on patient satisfaction, the Quality Management Department at MIHS educated staff on new workflows to address service alerts in a timely fashion, set targeted goals for providers on the monthly scorecards, promote patient care experience best practices to all staff, and track overall patient satisfaction scores

Improvement to CGCAHPS Scores at MIHS

<table>
<thead>
<tr>
<th>Overall Score</th>
<th>Provider Listened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Implementation</td>
<td>Post-Implementation</td>
</tr>
<tr>
<td>72.9% (FYTD)</td>
<td>81.2%</td>
</tr>
<tr>
<td>78.1%</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

Roughly equivalent numbers across the Academy’s membership community have seen satisfaction scores rise or fall, indicating that there is still room for improvement for many organizations reporting change to patient satisfaction scores.

Measuring patient feedback identifies areas for improvement
Communicating satisfaction scores offers a patient-centered focus
Educating staff on new processes helps spread best practices

Organizations Reporting Change to Patient Satisfaction Scores
Source: Cost & Quality Academy (2016)
Appendix: Pilot Training Presentation and Service Alert Flowchart

Imperative to the success of its efforts, Maricopa Integrated Health System educated clinic managers on the purpose of its new processes and trained these individuals in the proper use of the associated technology and best practices in addressing patient satisfaction issues. When piloting this effort, the health system created the following presentation to clarify the responsibilities of clinic managers and more fully describe the documentation requirements in the process of addressing customer service alerts.

Maricopa Integrated Health System’s EHR-based service alert tool was created to provide follow-up documentation related to customer service issues flagged by the health system’s second patient satisfaction survey and to ultimately reduce the number of patient grievances. Alerts are sent to clinic managers in real time so they can remedy patient satisfaction issues in a timely fashion. To ensure managers understand the correct steps to follow in addressing customer service issues and tracking progress on patient complaints, MIHS’s service alert process flowchart for managers was created to act as a visual representation of the process.
• Crouse Hospital, a 506-bed hospital in Syracuse, New York, integrated patient tracking technology into its surgical waiting area and guest center to keep family members informed of a patient’s whereabouts during surgical procedures.

• Upon admission, the patient is assigned an anonymized identification number that is only shared with those whom the patient authorizes via a printed card; the technology tracks exactly how far along and where a patient is located during the surgical process.

• This information is presented on television monitors in the waiting room, which display a patient’s anonymized ID number surrounded by a large colored bubble that correlates with the patient’s current status and location; for example, the bubble turns green when surgery commences and shifts to pink when the patient has moved to the recovery area following their operation.

• Using this technology, hospital staff are able to update a patient’s whereabouts and status in real time by inputting the information into a computer program, as all nursing staff within surgical services are trained to use the technology; staff members also have access to their own monitor screens, providing them with another way to quickly check a patient’s status throughout the care process.

• The organization also created a dedicated relations team stationed in the hospital’s waiting areas to explain the tracking system to guests and visitors, answer any questions from family members, and provide comfort to anxious individuals, ultimately promoting a less stressful waiting experience.
Appendix: Sample Operating Room Tracer Card

Even after patient tracking monitors are installed, visitors and caregivers waiting for word on a patient may not immediately understand how they are supposed to use the technology. This sample operating room tracker card utilized by Crouse Hospital explains the purpose of the patient tracking monitors posted in the guest waiting areas and provides the family with the unique identifying number of the given patient so that the family may track progress through the surgical process. It also defines and describes the different levels of the surgical process and provides directions to family members who may have further questions.

Crouse Hospital’s Operating Room Tracer Card

To Family Members and Guests of Witting Surgical Center Patients:

The Witting Surgical Center guest areas have display screens that will allow you to track the progress of your loved one as they go through the surgical process.

Please take note of this unique number: __________.

It will appear on a bubble on the monitor. This number is only identifiable to you or anyone you wish to share it with.

The bubble on the monitor will change color, indicating where the patient is in the surgical process.

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Patient is in Preoperative Holding Area</td>
</tr>
<tr>
<td>BLUE</td>
<td>Patient is in Operating Room</td>
</tr>
<tr>
<td>GREEN</td>
<td>Surgery has begun</td>
</tr>
<tr>
<td>PINK</td>
<td>Patient is in Post-Anesthesia Care Unit (Recovery Room)</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Patient has left Post-Anesthesia Care Unit and is being moved to a nursing unit</td>
</tr>
</tbody>
</table>

Questions?

Please ask the Guest Services Receptionist to assist you with any questions you may have on the status of your loved one.

For additional tactics to improve the satisfaction of patients and their families during or following operations, download The Academy’s white paper, “Enhancing Throughput and Satisfaction with a Patient Departure Lounge,” from the Analyst Advisory page of the members-only web portal.
Healthcare Business Insights enables healthcare providers to improve their business outcomes through best practice research, industry insights, and implementation resources. Each HBI Academy is focused on distinct business functions, providing hospital and health system members with numerous offerings intended to help them improve the way they do business.

**Academy Communities**

**Healthcare Business Insights**

**Revenue Cycle Academy**

The Revenue Cycle Academy membership community serves Chief Financial Officers, Revenue Cycle Vice Presidents and Directors, and all other revenue cycle leaders who oversee patient access, documentation, charge capture, coding, and billing & collections processes.

**Information Technology Academy**

The Information Technology Academy membership community serves Chief Information Officers and departmental leadership responsible for IT and clinical informatics governance, infrastructure management, support networks, and application deployment, security, and optimization.

**Supply Chain Academy**

The Supply Chain Academy membership community serves Chief Financial Officers, Chief Purchasing Officers, and their management teams in planning & forecasting, purchasing & sourcing, contracting, and materials management & logistics processes.

**Physician Network Academy**

The Physician Network Academy membership community serves leaders focused on physician engagement, alignment, and cohesion—from Chief Medical Officers and Chief Transformation/Integration Officers to vice presidents, directors, and managers over the physician network or medical group.

**Cost & Quality Academy**

The Cost & Quality Academy membership community provides Chief Quality Officers, Chief Nursing Officers, Chief Medical Officers, and their managers with resources to assist in the transition to a value-based care environment, care delivery improvement, disease management, and care quality and patient satisfaction initiatives.

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