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**Chief Experience Officer: The New Leader Driving Innovation to Transform Healthcare for Patients, Families and Care Teams**

Session 183, March 7, 2018

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# Conflict of Interest

Sue Murphy, RN BSN MS, Chief Experience Officer

Has no real or apparent conflicts of interest to report.

# Agenda

- Role of CXO in Healthcare
- Alignment with Quality, Safety and Experience
- Utilizing Patient Voice in Co-design
- Technology Enablers
- Staff Resiliency - hArt of Medicine

# Learning Objectives

- Define the role of the Chief Experience Officer (CXO) in healthcare and outline the attributes that make this emerging c-suite executive successful
- *Describe how to unify quality, safety, efficiency and experience strategies; and discuss who to engage in multi-disciplinary teams by getting to the heart of what they do*
- Recognize the power of capturing patient, family and staff voice and discuss ways to co-design innovations with these stakeholders to improve the healthcare experience
- Explain how healthcare technology is essential in elevating care teams communication, improving work flow, engaging patients and hardwiring processes that drive better experiences for all
- Analyze the impact of staff resiliency and discover ways to restore people to purpose and optimize performance

# At a Glance: UChicago Medicine



## 4 Inpatient Facilities

- Center for Care and Discovery
- Bernard Mitchell Hospital
- Comer Children's Hospital
- Ingalls Memorial Hospital

## 1290 Licensed Beds

- 804 Med Surg
- 67 OBGYN
- 171 ICU
- 84 Gen Peds
- 47 NICU
- 78 Acute Mental Illness
- 46 Rehabilitation



## 43 Operating Rooms

## 8 Ambulatory Care Facilities

- Duchossois Center for Advanced Care
- Ingalls Family Care Centers at Flossmoor, Calumet City, Tinley Park, Crestwood
- Ingalls Center for Outpatient Rehab
- Orland Park Center for Ambulatory Care
- South Loop Facility

## Leading Growth in the Market

**44K** Admissions

**253K** Patient Days

**26K** Surgical Cases

**1,138K** Ambulatory Encounters

**141K** Emergency Room Visits



**\$1.88B** Net Patient Service Revenue

**\$242M** EBIDA

**\$109M** Operating Income



**~10,500** UCM Employees

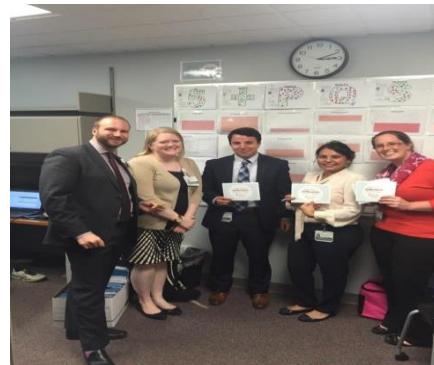
**1,292** Physicians

**2,830** Nurses

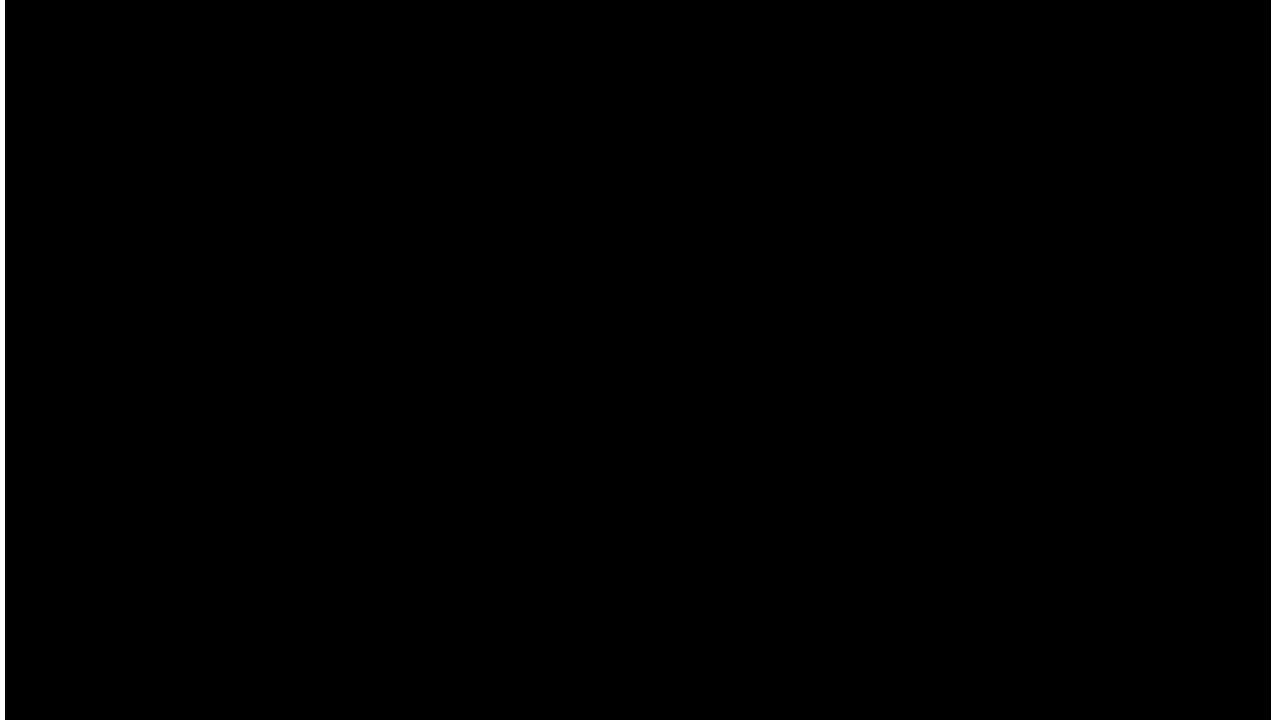
**1,129** Residents & Fellows



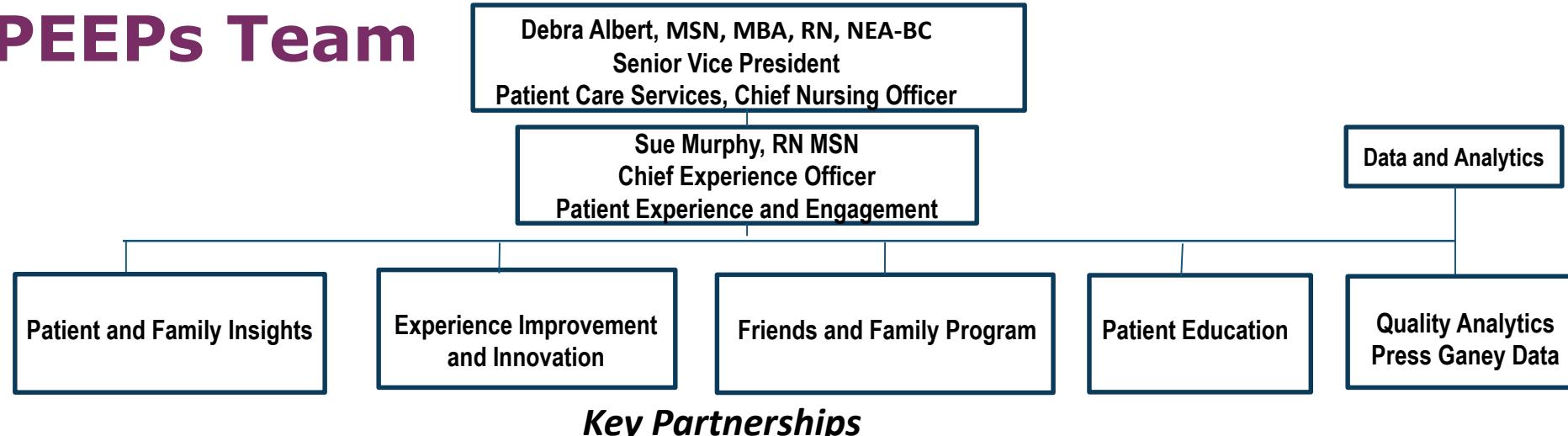
# Patient Experience and Engagement Program



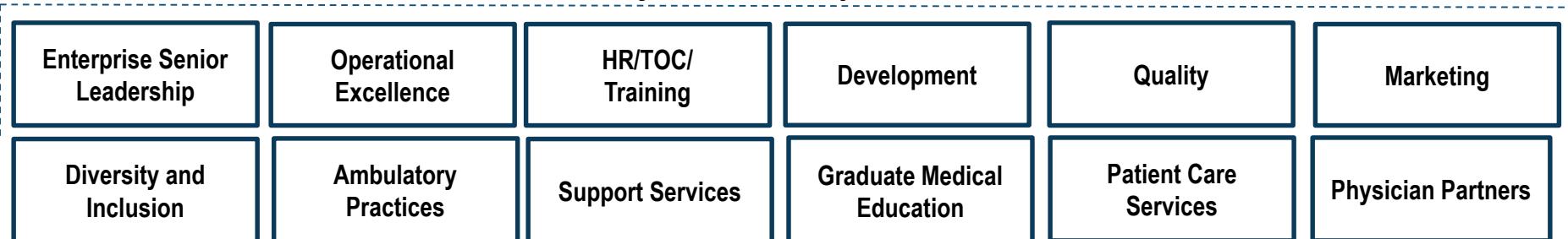
# Connecting to What Matters Most



# PEEPs Team



## *Key Partnerships*



# Role of CXO

Change agent to create sustainable system transformation that delivers optimal care to patients and families while empowering care teams and staff to achieve the highest healing potential by:

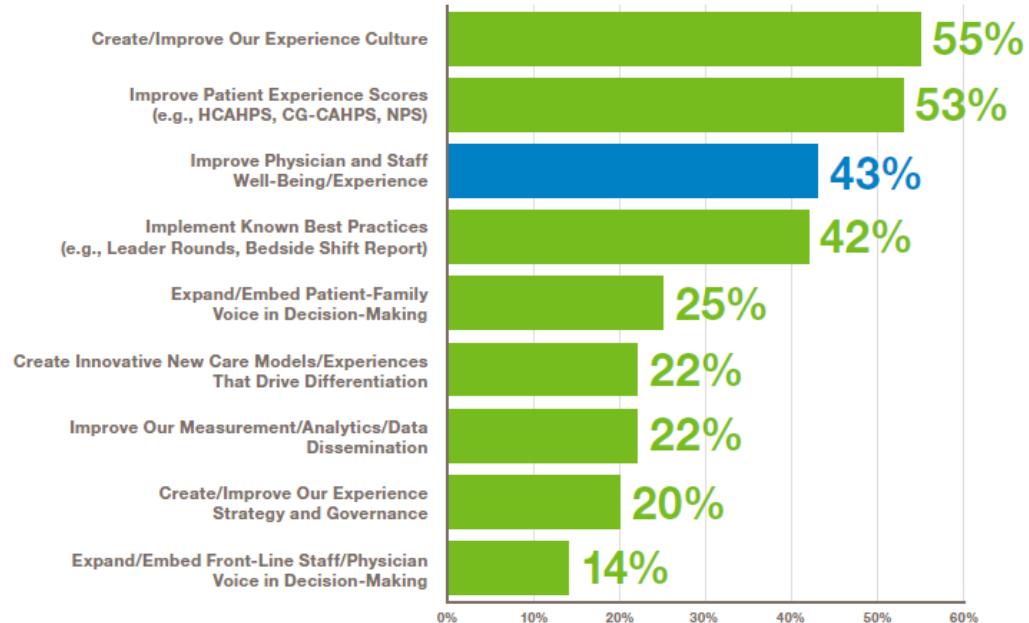
- Leading the enterprise strategy to ensure the mission and vision are met for the patients daily
- Driving culture transformation while unifying, quality, safety, experience strategies
- Ensuring alignment with the regulatory mandates around patient experience outcomes
- Restoring human connection in line with mobile communication technology
- Introducing innovation to improve communication, patient engagement, staff resiliency and more

# Role of CXO

Focus of CXO is resilience, well-being, and joy at work and transforming the experience culture.

What are your top three priorities for experience improvement in 2017?

n = 195



Source report: Experience Innovation Network: Experience Beyond Boundaries: The Next Generation CXO 2017 Research Report

## Intersecting Purpose and Passion with Skill

# COACH

# Aligning Quality, Safety and Experience

- Deliver a consistent patient experience across all UCM platforms of care
- Create lasting market differentiation and loyalty through innovation and consistent performance
- Develop a continuous improvement model that infuses the voice of patients, families, employees, and physicians
- Unify quality, safety, efficiency, and experience strategies to improve satisfaction and outcomes
- Incite change by creating and celebrating memorable moments

# Utilizing Patient Voice in Co-design

- Collection of Patient Voice through multiple platforms
- Patient Voice Integration into Lean Transformation Journey
  - Kaizen events
  - Patient Journey Value Mapping (PJVM)
- Patient Family Advisory Councils
- Making a Difference Everyday Best Practices Forum
  - Purpose: acknowledge best practices and cascade to other clinicians and staff in various areas
  - Lessons learned from the patient voice



# Utilizing Patient Voice in Co-design

- Integration into E3 leadership format: *Engage, Evolve, Excel*
  - E3 Leadership means that we are all **Engaged** in improvement efforts
  - We **Evolve** in our understanding of what works best to serve our patients and are willing to change the way we work to meet their needs.
  - We **Excel** in implementing this knowledge and ensuring that we remain at The Forefront in all we do.

## Technology Enablers

- Creating synergy of experiences across service areas
- Collaborative continuum of patient voice
- Leveraging innovative technology platforms to trend and track best practices and opportunities
  - Nurse leader rounding
  - Get Well Network

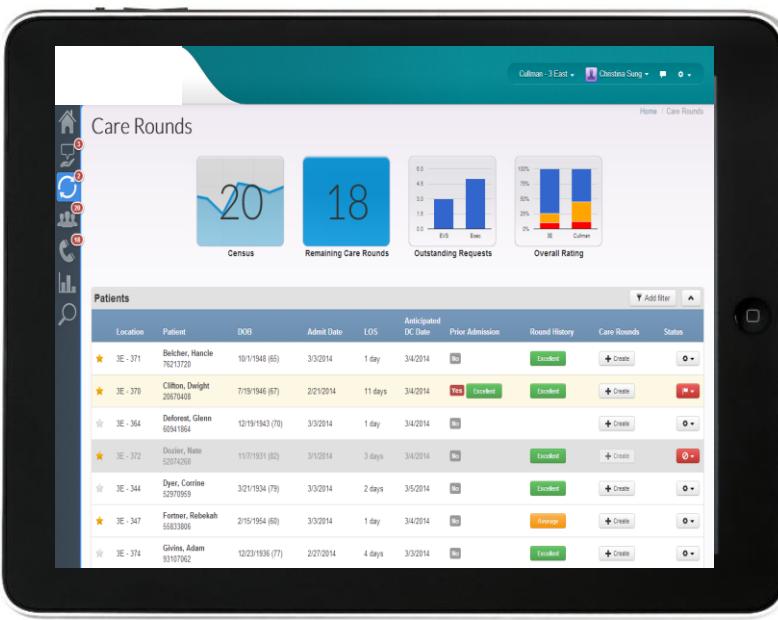
# Leader Rounding Technology Solution

- **Challenges**
  - Lack of structured rounding
  - Lack of clarity on standard practice
  - Needed to streamline accountability
  - Limited ability to capture patient complaints or compliments
  - Unable to track or address trends
- **Solutions**
  - Standardize rounding with iPad technology
  - Create alert process for support departments
  - Capture, act on complaints and compliments in real time
  - Outline expectations and ensure accountability
  - Report rounding trends
  - Reward and recognize staff

# Leader Rounding Technology Solution

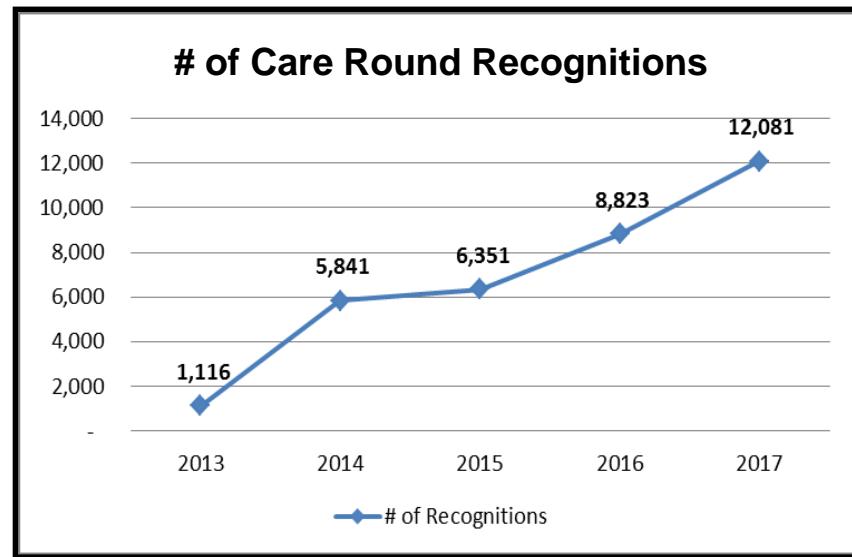
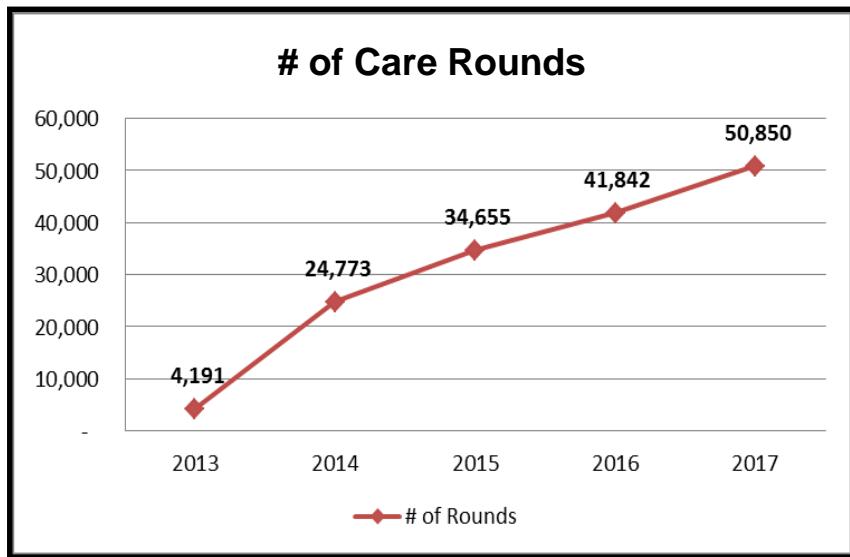
- Identified 29 Units
  - Conducted leader education on tactics and importance of rounding
  - Engaged frontline staff and leaders to design proper rounding process
  - Implemented Care Rounds technology to streamline, standardize, and track real-time rounding using an iPad
  - Took action and rewarded leadership and staff immediately for wins
- Adult Inpatient
  - Pediatric Inpatient
  - Adult Emergency Department
  - Pediatric Emergency Department
  - NICU
  - PICU
  - Child Life

# Evidence-based Questions Designed to Drive Outcomes



- Hardwire rounding process
- Match patient experience with known key drivers
- Resolve patient needs and requests immediately
- Identify issues before there is a need for service recovery
- Recognize staff in the moment
- Close the Loop

# Leader Rounding



# Linkage to Discharge Care Calls

## Goals

- Elevate service to reduce readmission rates
- Extension of the service team and caring to home
- Coordinate feedback related to service experience

**Discharge Care Call Center**

The University of Chicago Medicine has implemented a Discharge Care Call Center. The discharge calls are focused on addressing the service components of a patient and families' experience with UCM.

**Impact to Patient Safety and Quality**

Discharge care calls have served to be a great asset to like institutions by reducing readmission rates and capturing opportunities to elevate service prior to the patient's receipt of a patient satisfaction survey.

Additionally, our discharge calls allow us to recognize staff that have been identified by patients as positively impacting their experience. This in turn improves staff recognition and morale as well as patient satisfaction.

**Patient Survey Questions**

Discharge Calls have a direct impact on patient satisfaction survey questions:

1. Likelihood to recommend center/hospital to others
2. Attention to your care needs and concerns
3. Responsiveness of staff
4. Helpfulness, friendliness, courtesy of staff/RNs/physicians

**Background**

Studies issued through Population Health Management have identified that post-discharge telephone follow-up on hospital discharges has had a positive impact on hospital readmission rates.

- A study conducted at the University of California San Diego Health System demonstrates a strong association between post-discharge patient call back and likelihood to recommend scores.
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC312846/>
- <http://www.ncbi.nlm.nih.gov/pubmed/23089204>

**Clinical Intervention/Triage Process**

- Care Transition Coordinators (CTCs) are utilizing a care discharge call program in the Vocera system to track calls.
- Prior to making a call, the CTCs will review the EPIC After Visit Summary (AVS) and appropriate encounter information to understand the patient clinical experience.
- In the event a clinical image or intervention is required regarding clarity on discharge instructions or follow-up appointments, or if a patient feels they did not receive worse post-discharge, the CTCs will make the call back to the following provider or a clinical team identified in the EPIC AVS or per service preference.

**Contact Information**

The Discharge Care Call Center is part of the institution's program to support service excellence. Should you have any questions, please contact Sunitha Sastry, Director of Experience Improvement and Innovation @ [sunitha.sastry@uchospitals.edu](mailto:sunitha.sastry@uchospitals.edu)



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## Linkage to Discharge Care Calls

- Call inpatient, emergency department, ambulatory surgery patients post discharge to home
- Calls placed within 3 to 5 business days post discharge
- Forward compliments and complaints to management and Patient & Family Insights team
- Practice service recovery for patients and families
- Confirm post op and additional follow-up appointments
- Connect patients with specific clinical services for follow-up
- Coordinate with clinical services on follow-up clinical concerns
- Support a smooth transition for patients and families

## Discharge Care Call Executive Summary

- From Mar 2013 – Dec 2017, the discharge care call center has placed 82,466 calls total
- 35,775 Staff recognitions
- The call center has connected with 78.5% (completed/attempts) of the calls placed
- 70% of those calls were completed within 3 days post discharge
- 94% were placed within the first 1 week or less

# Lessons Learned

- Engage and excite leadership by explaining the why behind the new technology / practice, share the success/patient & family stories
- Educate and involve frontline staff early in the training and development process
- Create a culture for cross-departmental collaboration and coordination
- Reward and recognize employees throughout new process training
- Consistently track, report, act and improve
- Hardwire experience improvement strategies with technology

# Outcomes



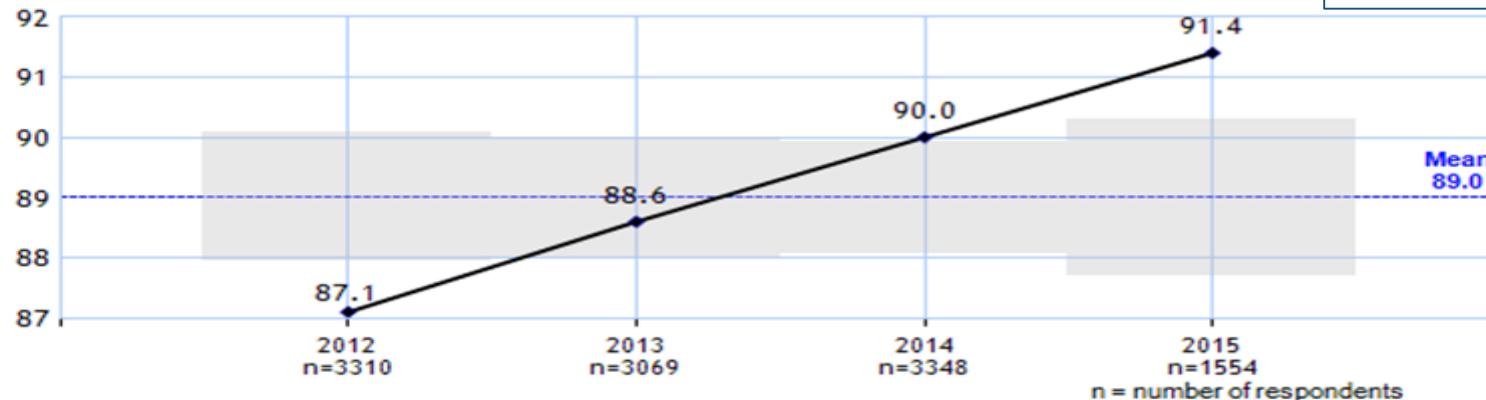
## Mean Trends

## Inpatient

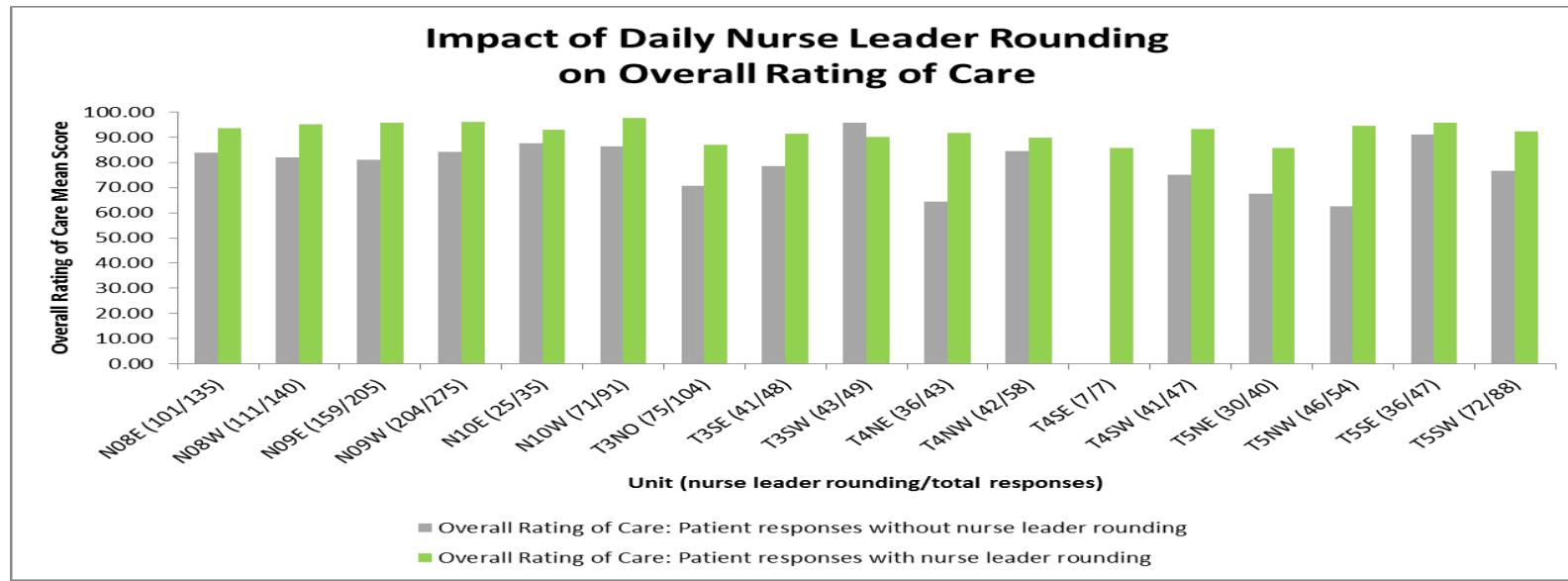
The University of Chicago Medicine

Question - Overall rating of care given

2017: 91.9

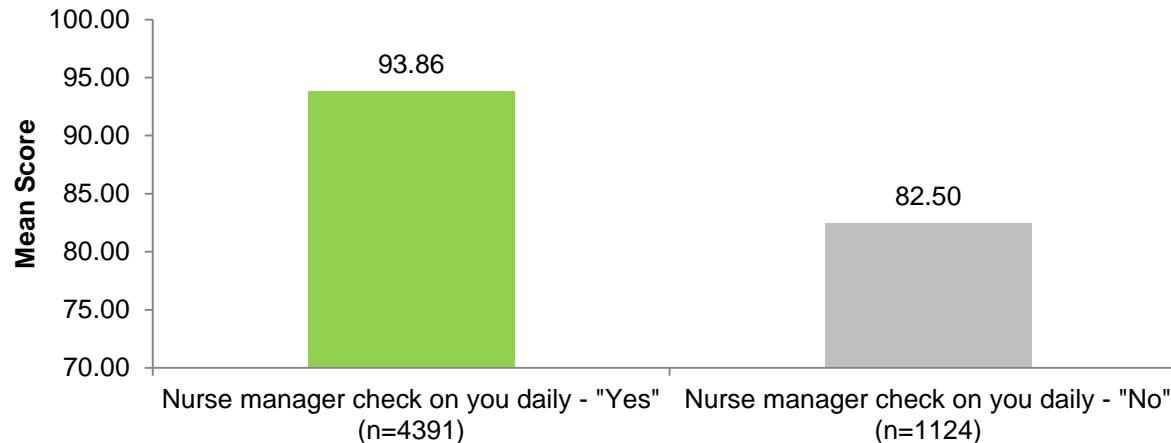


# Substantial Impact of Enhanced Leader Rounding



# Rounding Effectiveness: Nurse Manager Check

Overall Rating of Care  
Aug 2015-Dec 2017



Definition: These data reflect mean score for Overall Rating of Care. Patients with multiple visits with the same encounter type will only qualify for a survey 1 time per 90 day window. Time frame reflect the time which the survey was returned. Surveys are distributed by email and paper.

Data Source: Press Ganey

# Staff Resiliency: hArt of Medicine: Leading Change in Actions, Attitudes and Behaviors



## Connect & Equip

- Connect actions, attitudes and behaviors to meaning & purpose
- Draw awareness to strengths and impact of interactions
- Equip with skills in creating therapeutic relationships, empathy and communication skills
- Offer an experiential learning environment where participants learn from each other

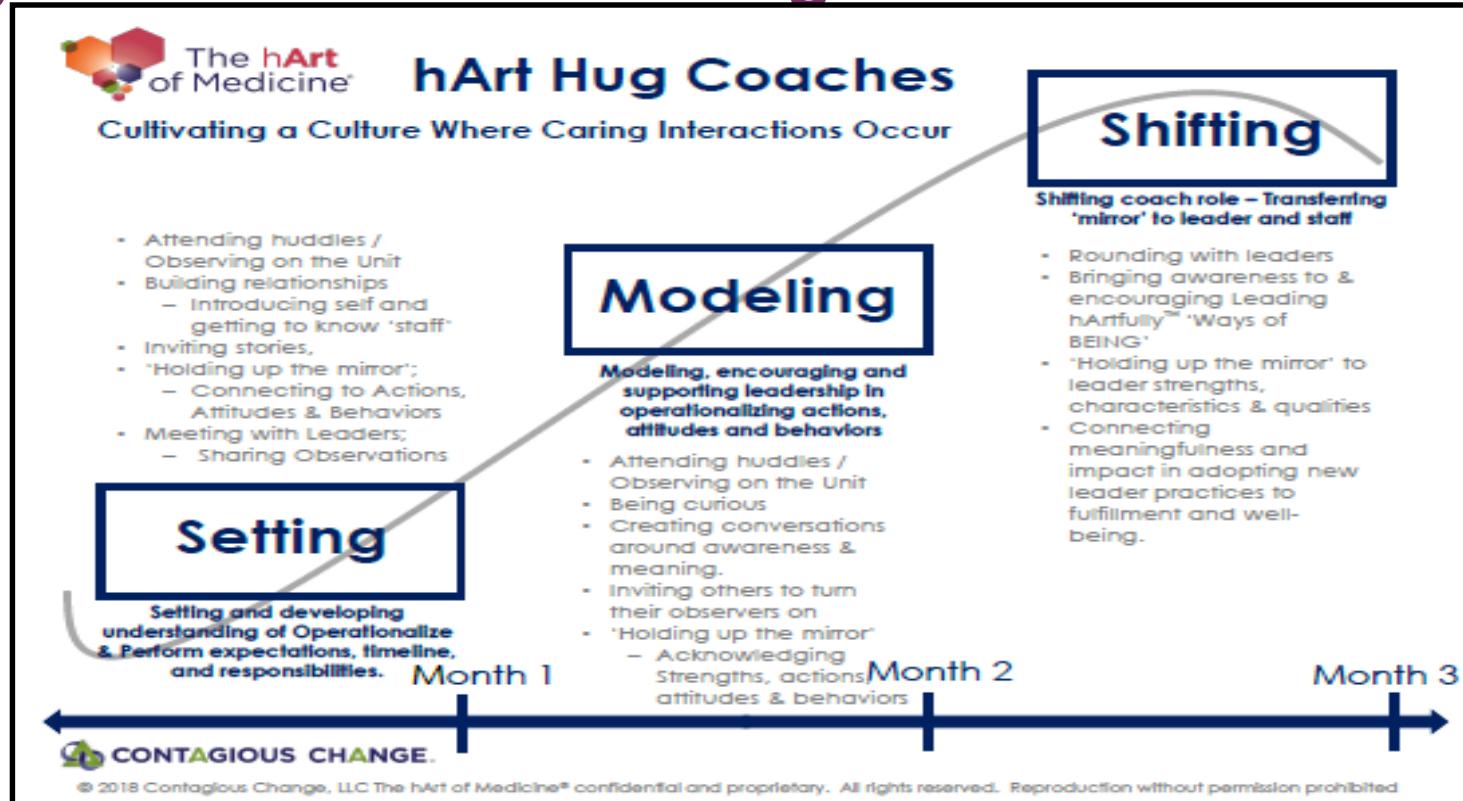
## Operationalize & Perform

- Leverage insights and relationships established in Connect & Equip to drive improvements at the individual, team and departmental level
- Deploy strategies / tactics for embedding practices into day to day operations
- Identify metrics and measure performance

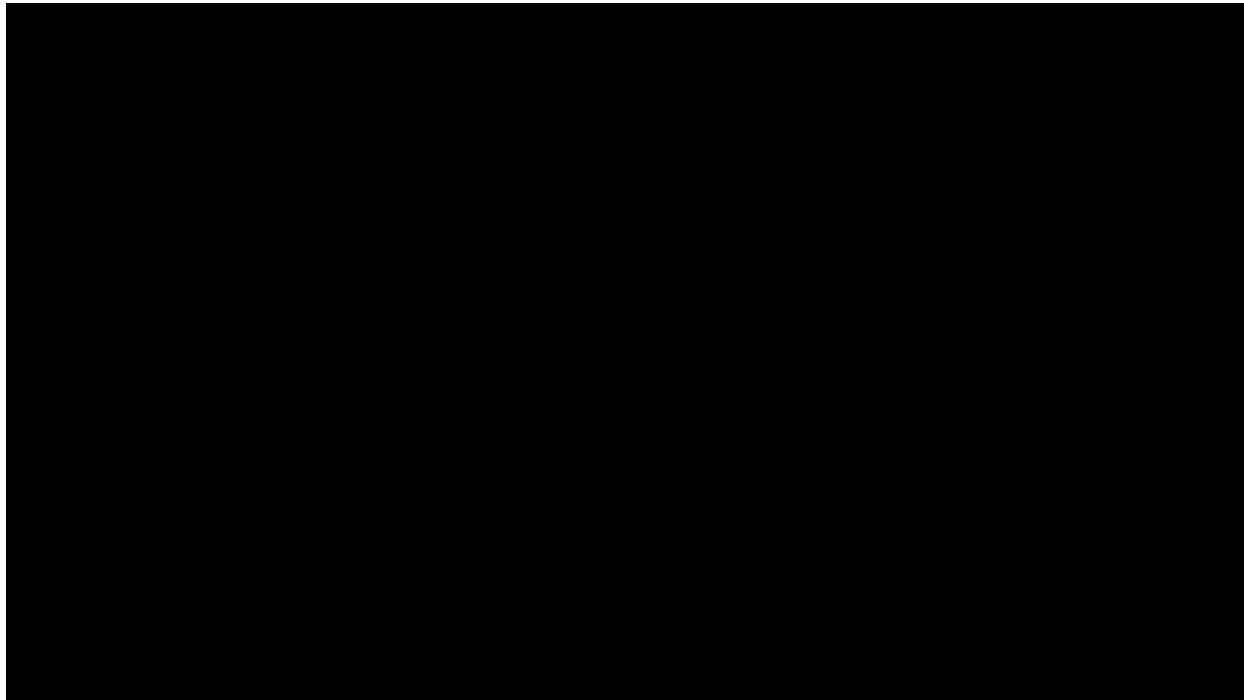
## Culturalize & Evolve

- Behaviors, attitudes and actions become part of the organizational culture and individual experience

# Integration of Coaches Program



# Staff and Clinician Voice: hArt of Medicine



# Questions

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