

ORGANIZATIONAL MANAGEMENT OF THE PATIENT EXPERIENCE

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Learning objectives:

1. understand that multiple groups and factors in addition to the basic medical office encounter influence the patient experience
2. identify sources of provider engagement including leadership messaging and transparency
3. review the 8 components of Mayo Clinic's strategy for managing the patient experience

How a patient experiences their encounter with the healthcare system is influenced by the service provided in every aspect of the encounter. While the core “product” of healthcare is a medical professional's diagnosis and treatment of a patient's problem, the experience of a patient is influenced by factors that go well beyond the medical office. Whether viewed from the perspective of a small private office or a large medical center, patient encounters involve office staff, the facility itself, scheduling, billing, and so on. The “patient experience” can and does mean all things to all parts of an organization. To effectively manage the patient experience requires defining what a specific group's role is, and then having a deliberate management plan. Management plans are the province of leaders, that is, a small group of individuals whose strategic thinking influences the overall performance of an organization, but importantly, no small group of leaders can themselves impact a patient's experience unless those being led are engaged with the management plan. Therefore, there are (at least) three critical elements to effectively managing the patient experience: 1) identifying the “moving parts” of an organization and understanding their role in the patient experience, 2) engaging the actual workforce including doctors, nurses, and all who “touch the patient”, and 3) having a deliberate, explicit management plan.

The larger an organization, the more numerous and complex are its “moving parts” that risk working in “siloes” unless communication avenues are established. For example, while parking may be a problem for patients, the facilities personnel who manage parking may not be included in discussions about the patient experience, but at some point need to see the data about patient parking complaints and provide to leadership plans to address them. Regarding engagement, the more something matters to me, the more it will engage me. As it pertains to patient experience there are positive and negative factors that influence the engagement of staff. Transparency is an example of a very powerful and positive engagement factor. Positive does not mean people like it, but rather that transparency focuses a providers attention on their performance relative to their peers. Discussion of financial performance on the other hand is an example of a negative engagement factor. Financial concern is a very powerful motivator, but reflects a different set of values, and distracts providers from focusing their efforts on the patient experience. What leadership communicates and how it does so tells employees what is most important, and so careful thought needs to go into communication plans. For example, it is likely essential that boards communicate financial targets to department chairs who are accountable for their department's performance, but it may be less essential for the chair to justify every decision to department members based on financial targets. Instead a chair might give out the targets, explain these have been set in consultation with leadership and then move on to discuss that reaching the targets is a baseline expectation, but that what matters in doing so is a providers performance in the eyes of their patients. Provider patient experience metrics then are what are tracked, and compared in a transparent way. Transparency strategies vary, but generally transparency has been shown to be an effective way to improve performance in just about anything. Especially for high achieving, naturally competitive groups like physicians, no one wants to be at the bottom, and simply showing where an individual stands relative to their peers can be a powerful motivator that engages a provider in seeking ways to improve their patients' experience.

Regarding a specific management plan, different groups that “own” specific aspects of the medical practice may have their own site specific strategies. For example, a nursing unit may employ scheduled nursing rounds to reduce patient anxiety about being left alone. As a central group, the Patient Experience Committee at Mayo Clinic and its site-based iterations strives to be a more general catalyst for improvement. The following comprise the 8 elements we employ at Mayo Clinic:

1. **Data.** Over the years we have employed different survey vendors, but the main message is that patients must be asked about their experience. In the current “pay for performance”/CAHPS environment there is no longer a choice about this, but different survey methods (phone, letter, electronic, point of care, etc.) are employed to address specific needs. Data are typically analyzed in a way that provides recommendations about what areas need to improve to provide the biggest overall impact on performance.
2. **Improvement Partnerships/Consultation.** However a department or division is identified, whether by low performance, strategic importance, size, etc. a patient experience expert (typically administrator and physician partner) reviews and analyzes a department’s data, and reviews possible action steps for improvement with department leadership.
3. **Accountability.** A department’s performance should be tracked by leadership so that an underperforming department can be identified. If a department is failing to reach out for help, and is enacting no efforts on their own (perhaps distracted by other priorities), then the leadership group requests the department chair and administrator to discuss their performance and offer plans for improvement, as well as suggesting they consult with the PX experts.
4. **Service standards and behaviors.** Explicitly articulated behavioral expectations are included in new employee orientations, and are posted around the facility.
5. **Education.** Different levels of need for groups and individuals are addressed with educational offerings that include web based courses, classroom style courses, and one on one counseling sessions.
6. **Departmental monitoring and control.** A department that has developed an action plan continues to monitor its own performance and enact further actions to control the improvement level it has achieved.
7. **Recognition and Reward.** Annual public events are held recognizing excellent performance at department and individual levels in conjunction with institution-wide celebratory events (e.g., an ice cream social for all employees celebrating excellent service).
8. **Service Recovery.** Ensuring that front line staff are empowered to immediately address nonthreatening problems as they arise in a fashion that encourages standard timeliness and compensation (e.g., lunch voucher for an unreasonably delayed appointment), as well as a clear escalation plan for more serious concerns; data entry documenting the event and its specifics with metrics analyzed and communicated to leadership, departments, and individuals periodically.

These 8 components represent management essentials and are not meant to be interpreted as sufficient to address all needs. It is also necessary for a Patient Experience Officer or Committee to communicate with the many other parts of the organization to insure that any issue that impacts the patient is identified and addressed in an appropriate fashion by the relevant stakeholder.

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