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Defining the Initial Attributes of a Consistent Exceptional Ascension Health Experience

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Defining the Initial Attributes of a Consistent, Exceptional Ascension Health Experience

Sandra S. Liu, PhD, MBA
July 17, 2006
Introduction

• Consumers are becoming the driving force to the innovation of healthcare delivery in the knowledge economy (Morath 2003; Scott 2003). *Frontiers of Health Services Management*

• Purdue’s team collaborated with Bain & Company under the leadership of Ascension Health (Dr. Hyung Kim’s team) on one of the calls to action of Ascension Health. Phase I was completed in May, 2006.

• Phase II has been launched in July, 2006. Purdue continues working with AH on this project.
OUR CALL TO ACTION

Together we promise:

- Healthcare That Works
- Healthcare That Is Safe
- Healthcare That Leaves No One Behind

Adopted from the presentation of Dr. Hyung T. Kim, MD, MBA
Vice President, Research & Development
•OUR CALL TO ACTION: HEALTHCARE THAT WORKS

Today there is widespread dissatisfaction with healthcare

Through two related tracks of work in partnership with others

Creating a consistent, exceptional Ascension Health Experience
Holistic • Humanizing • Hassle-free

Developing financially sustainable models of care
Ensuring value for communities we serve

By 2020 we aspire to achieve absolute satisfaction

Adopted from the presentation of Dr. Hyung T. Kim, MD, MBA
Vice President, Research & Development
Phase I is only the beginning of a multi-year effort to transform the patient experience.

Year 1: Initial design principles and pilot

Year 2: Roll out successful pilot programs

Year 3: Extrapolate design principles and pilot

Year 4+: Roll out second round of successful pilot programs

- Near term opportunities
- Longer term (and visionary) opportunities

Adopted from Bain’s proposal to Ascension Health in Dec. 2005
Phase I Project Objectives

- Understand the baseline patient experience in selected ministries of Ascension Health

- Identify the best practices within Ascension Health ministries
Patient Touchpoint Corridor

Pre-hospital
- Ongoing care with primary care physician
- Interactions with family/friends

Entry
- Referral/Direction
- Pre-Registration/Education
- Arrival/Admission

Service Encounter
- Pre and during procedure
- Hospital units
- Follow-up

Exit
- Transition to outpatient/Education
- Billing/Insurance

Post-transition
- Follow-up care with primary care physician
- Interactions with family/friends

Focus of the project is the three central steps of the patient experience

Adopted from Bain’s proposal to Ascension Health in Dec. 2005
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Methods

Qualitative Study

Construct and Survey Instrument Development

Quantitative Study

Data Analysis and Presentation
## Preliminary Construct Development

**Inpatient survey**
- Admission
- Meals
- Physicians
- Visitors and family
- Discharge

**Patient/physician/associate satisfaction survey**
- Admitting
- Surgery
- Doctors
- Interns/Residents
- Nursing staff
- Room
- Food
- Discharge

**Telephone patient survey for emergency department**
(Mayer, et.al. 1998)
- Room
- Nurses
- Tests and treatment
- Personal issue

**HCAHPS**
- Nurses
- Doctors
- Experiences in hospital

**Member satisfaction Survey**
(Braunsberger and Gates, 2002)
- System problems
- System access
- Service by doctor/nurse

**Healthcare**
- Admission
- Meals
- Physicians
- Visitors and family
- Discharge
- Room
- Nurses
- Tests and treatment
- Personal issue
- Nursing staff
- Room
- Food
- Discharge
- NHCPS
- Doctors
- Experiences in hospital
- Member satisfaction
- System problems
- System access
- Service by doctor/nurse
Important Factors for Patients to Have a Positive Hospital Experience

- Clinical Image: 27.2%
- Empowerment: 13.9%
- Communication: 13.6%
- Respect: 13.0%
- Compassion: 12.6%
- Efficiency: 8.7%
- Environment: 6.3%
- Spiritual Support: 4.7%
Performance in Patient Satisfaction - Experience (raw)

- Care Responsiveness
- Compassionate Care
- Clinical Reputation
- Realm 1: Safe, Effective Evidence-based Care
- Realm 2: Coordinated Efficient Processes
- Realm 3: Emotional and Spiritual Support
- Communication Empowerment
- Comfort Physical Environment

Current performance:

1 = means does not describe your experience at all
7 = means describes your experience completely
Performance in Patient Satisfaction (raw)

- Current performance
- Importance

- Care Responsiveness
- Compassionate Care

- Clinical Reputation
- Communication Empowerment

- Clinical Execution

- Efficiency
- Comfort Physical Environment

- Comfort and convenient Physical Environment

- Compassionate Care
Performance in Patient Satisfaction (weighted)

1 to 5 represent weighted ratios
Performance in Patient Satisfaction (Weighted)

- Current performance
- Importance

- Compassionate & Respectful Care
- Care Responsiveness
- Respectful Care
- Compassionate Care
- Communication Empowerment
- Efficiency
- Clinical Execution
- Clinical Reputation
Performance in Patient Satisfaction (weighted)

- Compassionate & Respectful Care
- Care Responsiveness
- Compassionate Care
- Communication Empowerment
- Clinical Reputation
- Efficiency
- Comfort Physical Environment

Current performance
Importance
Transformation of Patient Experience

Financially Viable and sustainable Service Delivery

Service Portfolio Design

Organization Renewal
Proposed projects for Phase II

- Survey of health ministries for leading practice around patient experience, including ethnographic and quantitative studies
- New patient satisfaction survey for non-Ascension Health inpatients
- Vendor satisfaction data analysis together with NPS (net promotion score)
- Associate survey
- Outpatient survey and analytics
- Physician experience survey and analytics
Research Deliverables

• Liu, S.S. and Kim, Hyung “Strategic Implications of patient experience studies.” Manuscript in progress.
• Proposal for RWJF’s “Investigators’ Award”.
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