

EXPERIENCE MAPPING

EXECUTIVE SUMMARY

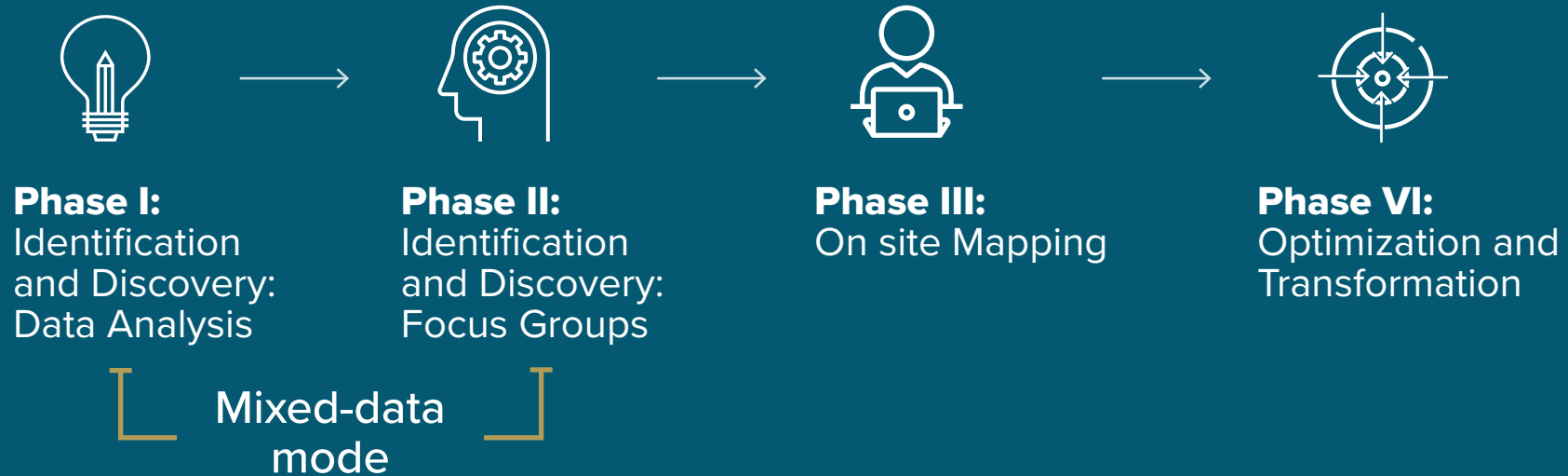


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Our Process



Goal

To improve the experience of patients, their caregivers, and care providers by understanding the sentiments they go through at each interaction and touch point throughout the care journey at this hospital .

Scope

Mapping the experiences across the healthcare journey at this hospital from the Emergency Department through discharge, with a focus on the 7th floor and inter-disciplinary synergies

*For best results, the scope should be very specific

Hypothesis Defined

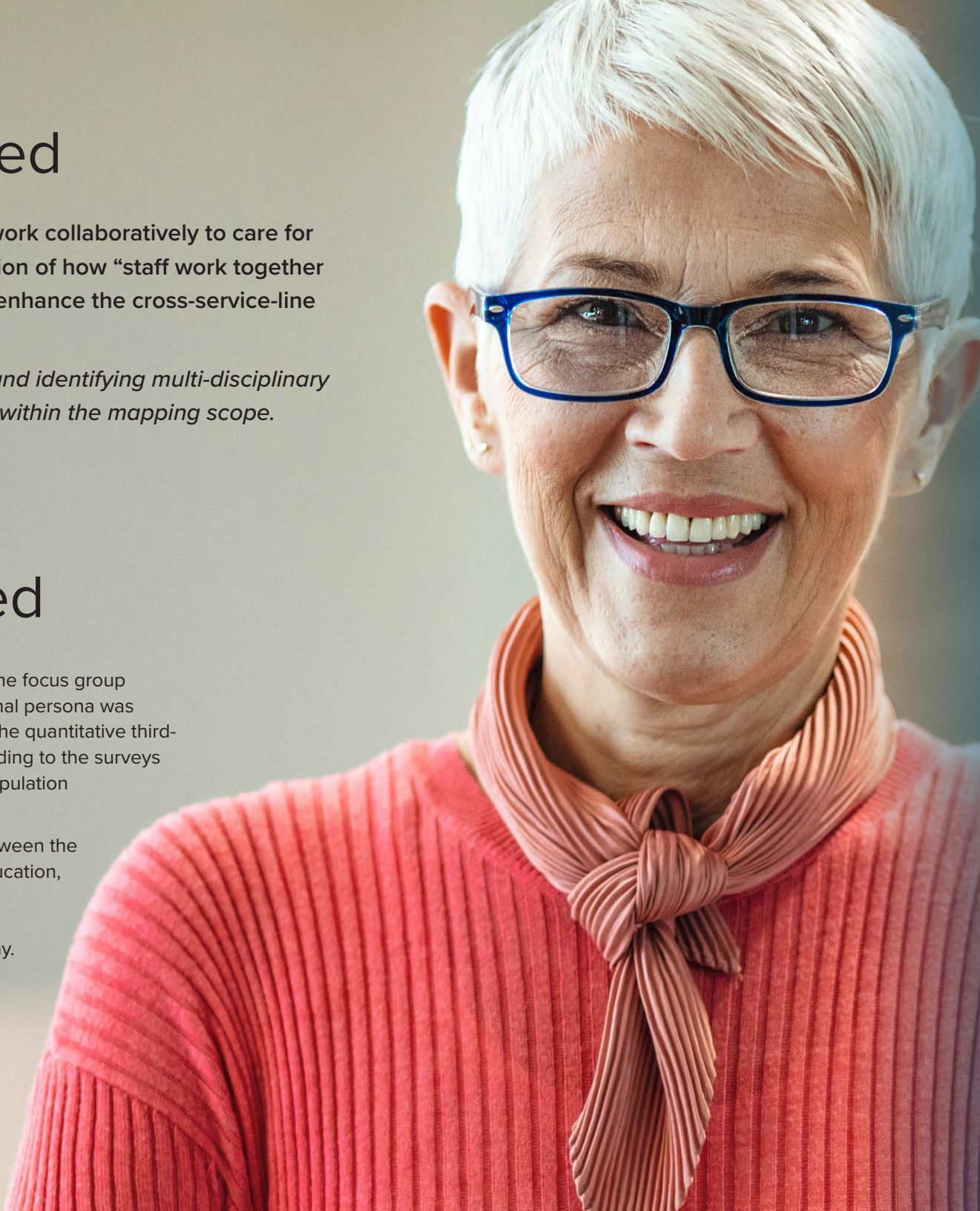
If clinical and non-clinical service-line staff work collaboratively to care for patients, it will result in the positive perception of how “staff work together to care for you,” inspire patient loyalty, and enhance the cross-service-line partnership and workflow experience.

Validate the hypothesis through observing and identifying multi-disciplinary cross-service-line synergies at this hospital within the mapping scope.

Persona Validated

Based on our qualitative data collection through the focus group sessions, shadowing, and observing, the provisional persona was almost identical to that initially created based on the quantitative third-party data. This indicates that the patients responding to the surveys are, in fact, a true representation of the patient population treated at this hospital .

Our provisional persona—a Caucasian female between the ages of 65 and 79, married with some college education, and admitted to the 7th floor—is presenting to the Emergency Department with a new condition and admitted to the Med-Surg unit for a 2- to 3-day stay.



Quantitative Analysis

Emergency Department Admission Findings

Inpatient admissions through the Emergency Department (ED) affect the patients' perception of care. Nationally, 56% of patients are admitted through the ED and, on average, score the overall experience thirty percentile-ranking points lower than direct admissions. While all values are statistically different between ED admits and direct admits, efforts to improve the service for patients admitted through the ED may result in ratings that are more favorable.

Patients Admitted through ED to 7th

	Direct Admit	ED Admit	Difference
Overall Assessment Overall	96	49	47
Likelihood of recommending	99	52	47
Attention to needs	73	27	46
Staff worked together care for you	86	41	45
Overall rating of care	95	52	43
Overall	59	20	39
Nurses Overall	68	29	39
Response to concerns/ complaints	59	21	38
Nurses kept you informed	64	27	37
Personal Issues Overall	59	23	36
Staff addressed emotional needs	54	18	36
Nurses' attitude toward requests	65	34	31
Time doctors spent with you	88	60	28
Staff include decisions re:trmt	51	26	25
Doctors Overall	77	56	21
Doctors' concern questions/ worries	71	54	17
Staff concern for privacy	43	32	11
Doctors kept you informed	61	54	7

Quantitative Analysis

Call Received after Discharge

The 7th-floor specific data showed that a phone call performed after discharge provides higher scores when patients answer “yes.” As this data set clearly shows, all the questions fall below the 20th percentile ranks when patients answer “no” to receiving a call.

The impact on patients’ perception of their care is very significant. For how well staff was perceived as working together, data show a 58th percentile difference between those who replied “yes” versus “no” to receiving a post-discharge call.

Call Received after Discharge	No	Yes	Difference
Doctors kept you informed	9	85	76
Doctors Overall	11	85	74
Doctors' concern questions/ worries	11	84	73
Time doctors spent with you	15	86	71
Nurses kept you informed	3	70	67
Nurses Overall	4	68	64
Nurses' attitude toward requests	7	67	60
Attention to needs	4	64	60
Overall Assessment Overall	11	69	58
Staff worked together care for you	7	65	58
Likelihood of recommending	14	72	58
Overall rating of care	11	66	55
Staff include decisions re:trtmnt	3	57	54
Staff concern for privacy	8	61	53
Staff addressed emotional needs	3	53	50
Personal Issues Overall	5	54	49
Overall	3	51	48
Response to concerns/ complaints	5	42	37

* All data received from Press Ganey

Quantitative Analysis

Shift Handoff Communication

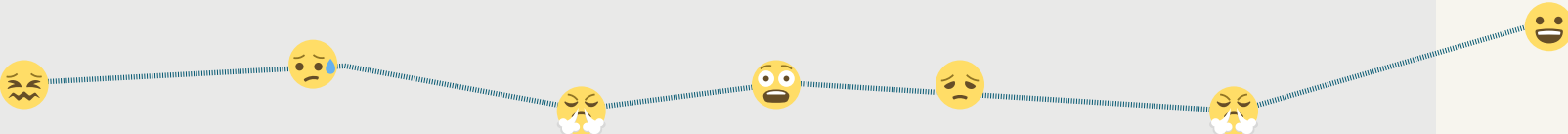
A deeper data dive revealed the impact of shift change communication on the patient experience and their perception of how well staff worked together to care for them. For the prompt, “nurses discussed care at shift change,” there was a 50% difference in percentile rank on “staff worked together” from those who reported it as “usually,” and a 95% difference for those who answered “never.”

Looking at this data set shows how much higher all the domains are ranked by patients who experienced being included in shift change communications.

Shift Handoff Communication- 7th Floor	Always	Usually	Sometimes	Never	Difference from Always to Usually
Staff include decisions retirement	94	31	2	1	63
Staff addressed emotional needs	93	32	2	1	61
Overall	86	26	3	1	60
Response to concerns/ complaints	91	32	2	1	59
Personal Issues Overall	93	35	2	1	58
Staff concern for privacy	89	31	5	1	58
Staff worked together care for you	96	46	3	1	50
Doctors' concern questions/worries	97	49	16	2	48
Attention to needs	96	49	1	1	47
Doctors Overall	97	51	26	2	46
Doctors kept you informed	97	52	26	1	45
Nurses Overall	97	54	1	1	43
Nurses kept you informed	97	54	1	1	43
Time doctors spent with you	96	54	30	2	42
Nurses' attitude toward requests	97	59	3	1	38
Overall Assessment Overall	96	63	6	1	33
Likelihood of recommending	96	66	14	1	30
Overall rating of care	97	69	5	1	28

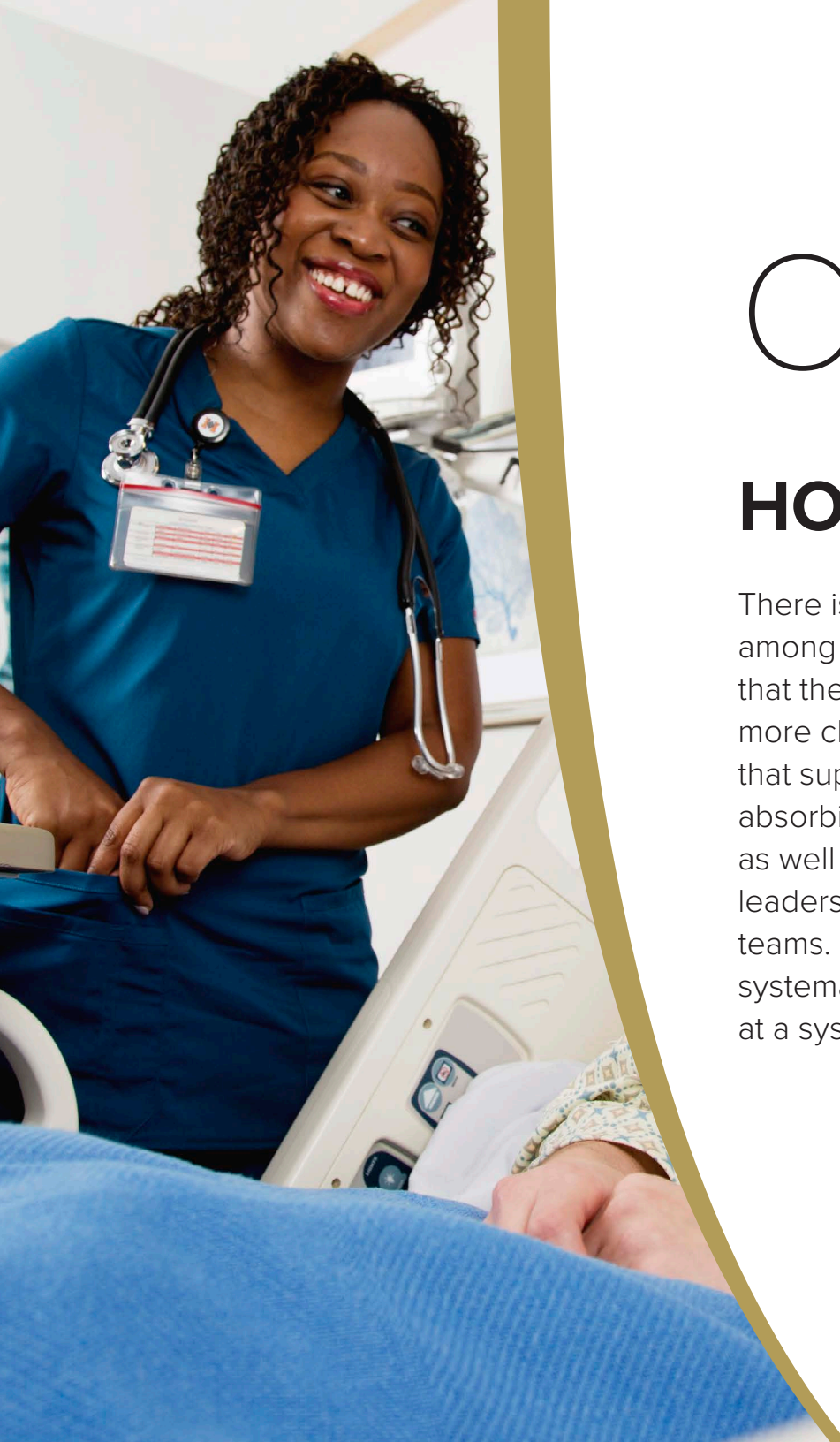


Experience Map

Visit Stages	Pre-visit		Emergency Department						
	Event onset/ decision	Drive	Parking	Registration	Waiting area	Triage	ED Room	Diagnostics	Physician Assessment
Actions	• Visiting at my daughter's while my husband was out of town • Pain onset with sickness	• Daughter drives me to the nearest hospital emergency department	• She pulls up to the ED but I'm too sick to walk in • She is asking anyone in ED for assistance and finally someone helps • I have to wait until someone finds a wheelchair and I'm feeling worse by the minute • She finds parking easily and then joins me at the registration desk	• I give my information • I have to repeat and speak loudly • Everyone in the waiting room can hear our conversation and I don't feel that my information is safe	• I thought that I'd be taken right back because of the pain I am experiencing but I wait for 4 hours and no one checks on me! • Wheelchair isn't comfortable, how much longer? • I am cold, my daughter covered me with her coat	• They finally call my name • They take my temperature, blood pressure and do an EKG • I thought I would be taken back to an ED room but they put me back in the waiting room full of people.	• My daughter asked about the wait time and the nurse was rude to her • 8 hours later they take me to a room • My daughter had to leave to go to work so I'm all alone now	• A few tests are performed without me even seeing a doctor yet • Someone came in and took my blood but didn't tell me why it was happening	• The doctor comes and examines me • He requests tests
Feelings	In-pain and anxious	Anxious Scared/in pain		Frustrated	Tired and worried	Worried	Frustrated		Glad
									
Highlights	- Not alone		- My daughter is with me	- Pleasant staff	- Kind staff	- Some tests are done	- Finally on a bed with a blanket	- Nice staff - Tests are done	- Explained everything - Answered all my questions - Great doctors
Pain points	- Husband not here - Don't want to inconvenience my daughter			- No privacy	- Long wait - No blankets - Vending machine won't take credit card - Staff busy	- No room, back to the waiting area - Too tired and the wheelchair isn't comfortable - Need to lie down	- Alone and exhausted from the sickness - Body aches from long wait on a wheelchair - One very rude triage nurse - No updates	- They pricked me a few times in both arms - Long wait - No explanations	- Long wait - More tests - My daughter had to leave

Marie is a 65 year old retired, Caucasian female who lives with her husband William in their home they’ve owned for 35 years. She enjoys reading, walking, swimming and gardening. She has a son and a daughter and three grandkids. She loves spending time with the family and adores her grandkids.

Inpatient						Discharge		
Admission	Inpatient Admission	Nurse Communication/ Treatment	Physician Communication/ Treatment	Meal Service	Environment of Care			
• They do more tests I wait in the ED for hours not knowing what was going on • The nurse came and said they will keep me 1-2 nights for further testing • I've called my husband and daughter to let them know • Finally a young man shows up with a stretcher to take me upstairs. He's nice and tries to take my mind off my pain	• I get to the room and he and the nurse get me settled into a bed on the 7th floor. • I ask my nurse to contact my daughter because my phone has died. I feel lost and alone now! • I asked for a toothbrush and tooth paste. I waited for over an hour and asked again. They are very busy and its not important but I need it after getting sick a few times in the ED	• I try asking my nurse what is wrong with me and what to expect next but she was in a hurry • The nurse came in and told me I was going to have more tests done tomorrow. I could no longer eat because of that.	• My doctor came in late afternoon and I was happy to see him. He thinks its my kidneys and wants to run more tests. • He left and said he or his PA would check in on me tomorrow. How much longer am I going to be here?	• I didn't realize how hungry I was until I got settled into my room. It's about 1 pm and my nurse said I can eat • She came back an hour later and said she can't reach anyone from the kitchen but she thinks she's ordered a sandwich for me! • At 2:30 a sandwich arrived and fruit cup. I don't normally like sandwiches and wish I'd gotten to order food I like.	• The room is nice and clean. There are plenty of places to put my things and seating. • I see a housekeeper while I'm there daily and they do a good job cleaning my room. • It is sometimes loud with a lot of chatter around shift change	• My doctor comes early in the morning and tells me I can go home • I call my husband and my daughter	• It's noon and no one has come to remove my IV or give me my discharge information • I call the nurse, the person who answers doesn't know says they'll ask my nurse • An hour later my nurse comes. she says we are waiting on some things and transport should be here soon	• Finally a young man with a wheelchair comes to take me down • My daughter meets me at the lobby
At Ease	Lonely and lost	Frustrated	Anticipation	Frustrated	Comfortable	Excited	Frustrated	Happy
								
- Nice young man - I have an update and things are moving	- I can rest - Finally in a room		- Informed	- Helpful nurse - Get to eat	- Clean room and surroundings - Pleasant staff	- Going home		- Left the hospital - Everyone was compassionate - I feel better than when I came
- Concerned about what's next. How serious is it? - Anxiety about the hospital stay - Long wait and no updates - Had to go to radiology twice - I don't know what to expect	- Very long wait - Didn't pack a change of clothes - No visitors - Staff very busy	- Staff very busy - No updates - Long wait before a nurse comes - Time doesn't pass - Haven't had food since I got here	- Long wait - Busy staff	- Unable to order food - Delays in getting food	- Noisy, can't get much sleep		- Long wait - Unexplained delays - No updates - Daughter needs to arrange for someone to watch the kids	



Opportunities

HOSPITAL CULTURE

There is a sense of pride in and belonging to this hospital among staff who had a long tenure. Nonetheless, staff shared that the culture is changing, and the environment is becoming more challenging. Senior leadership is not as present, senior roles that supported staff are being eliminated and other leaders are absorbing these roles. This has led to less visibility and engagement as well as a reduced sense of support and empowerment from leaders amongst frontline staff. This was most evident among nursing teams. There is a feeling that the hospital is not as aligned with systematic changes, not for a lack of interest more a lack of inclusion at a system level.

1 Leadership Visibility and Support

Most staff agreed that there were scheduled leadership rounds every Wednesday. There was no consensus that these rounds were taking place, nor which leaders were committed to them.

2 Teamwork and Collaboration

The qualitative data revealed an interesting culture at this hospital, where teamwork and collaboration is displayed at its best in front of patients but not so much so internally. In day-to-day interactions among the teams and departments an entirely different story is being told. There is a disconnect between teams. Each is working in their own bubble and perceive other teams responsible for delays and other challenges that impact the workflow.

3 Mutual Respect

Staff who have been working at this hospital expressed their longing for how things used to be. The environment they said, was very family oriented. They also shared that everyone felt that they were a part of the family, that they mattered, and they were all working towards the same goal. There is a culture of classicism. The consensus among different service lines is that nurses and physicians are regarded higher than the rest of the care teams.

4 Communication

The patients at this hospital were mostly complimentary of the provider teams and the clinical care they are receiving. Nonetheless a closer look revealed that there are opportunities to improve our communications. Peer to peer, interdepartmental and leadership to frontline communication were all noted as needing improvement.

5 Reward/Recognition

Compass One Healthcare consultants did not find any evidence of a reward and recognition program nor initiatives to engage the staff either department specific or hospital wide. There was a mention of a “point reward” system for leaders to reward staff but staff reported that it wasn’t being used nor did it carry a value. Employees are celebrated for their work years milestones. On the 7th floor staff celebrate certain milestones amongst themselves such as retirement, marriage and newborns. No work-related accomplishments are celebrated on the unit, no shout outs for a job well-done during huddles. There is a handmade Kudos board with sticky notes mainly from the charge nurses to their staff.

6 Institute Wide Accountability

Staff feel strongly about RL 6 reporting. Their perception is that RL 6 is used too often by nursing to scrutinize them and for issues that could easily be resolved through partnership, collaboration and communication. However, on the contrary, support staff feel that if a nurse is reported for poor behavior, little is done to address the situation and often goes unreported due to this.



QUALITY OF CARE

7 Responsiveness of Staff

This was not only from patients regarding staff but also staff to staff.

8 Staffing Overall

This is one of the hospitals that has been able to retain staff. Recently, quicker turnover has been noted, which staff is attributing to burnout, higher patient to nurse ratios and lower pay especially when compared to the supplemental agency temp staff's pay and schedule flexibility. There is a reliance on temporary staffing through agencies which is seen as a necessity to keep the unit open yet as a dissatisfier for staff.

Access

Patient Transportation and Registration-There is no privacy in the ED when patients are being registered. The location, the way it is set up, with the protective screen and the masks, patient protected information is spoken loudly in the lobby.

Emergency Department Wait Times

Patients, their caregivers and staff all commented on the long wait time in the Emergency Department. This is the number one issue that is commented on in Google reviews. There is evidence of efforts to prioritize Emergency Department admissions and discharges.

Processes and Safety

This hospital is ahead when it comes to process improvement. There is a whole department focused on this and through the observations and interviews, it was noted by Compass One consultants that frontline staff or mid-level managers are included in these initiatives. There was a confusion among staff on who is responsible for changing the status of isolation patients. Nursing teams said it was only infection prevention who could change it. Other teams believed it fell under nursing.

Throughput

Admissions and discharges are crucial touchpoints in our patient's journey as they're the first and last impressions of their healthcare experience with this hospital. Observations and interviews revealed that there is opportunity for improving the throughput



Experience Based Design Solutions

Experience Based Design is a method that applies the emotional content captured during the mapping project as a foundation to create patient-centered changes. The Compass One Healthcare recommendations can be used as a pathway and guideline towards this transformation.

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- Revamp True North in a way that reinforces staff's belief in it.
 - Revise the current Diversity and Inclusion training that is provided to your staff annually. An initial wave of training should focus on Connecting with Respect.
 - Consider investing in a third- party company to facilitate hospital- wide training on Connecting With Respect. The training targets and provides resources on tackling a toxic workplace where disrespect is becoming common.
 - Look into ways to ensure that nursing staff is getting their lunch break. Some best practices include providing snacks or sandwich carts on the units
 - Leadership rounding on staff and taking genuine interest in listening to their concerns
 - Revamp the points reward system in a way that adds value to it and excites staff or use it more often
 - Make sure communication is reaching the frontline staff in a timely manner
 - Revamp the weekly newsletter to include need to know information that is important to staff
 - Provide regular patient satisfaction data and comments, good and bad with teams on a monthly basis. Choose a behavior survey question to track and work as a team to create actions to address low scores
 - Create a notification to check-in on or update patients who have been waiting for a minimum of 3 hours, which can be done by a non-clinical or HUC staff
 - Consider volunteer services to update patients on wait time, provide amenities, etc.
 - Invest in a digital system that could text patients updates when available
 - Consider installing free drinking water stations

Hypothesis Validation

A very interesting finding regarding the hospital culture at this hospital is that there is a discrepancy between how staff present to patients and visitors and how things are behind the scenes.

The qualitative data tells us that patients perceive our staff working well together as a team to care for them. Yet, internally, there are challenges that need to be looked at more closely, from communication to collaboration and, more importantly, camaraderie and mutual respect.

Currently, this hospital is an on-stage off-stage culture with questionable sustainability. Insufficient communication with a lack of collaboration, courtesy, and respect across different service lines has had a negative impact on the work environment. Poor staff morale has led to disruptions in day-to-day workflow, and it has already been noticed by our patients, as reflected in this graph.

The quantitative data support the finding that the “Staff work well together to care for you” score is already at a declining trend.

The data set shows the importance of this metric at this hospital and its correlation to the patient overall Rate the hospital

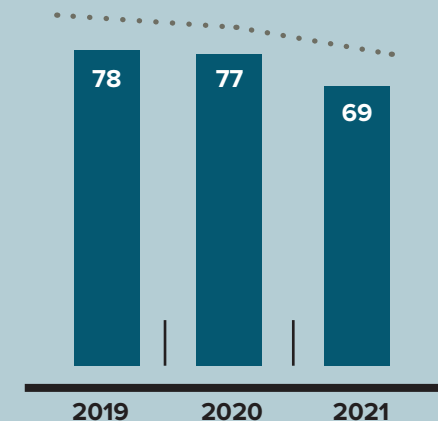
Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	ER kept you informed of condition/treatment	55	0.42
2	PG	Responded to concerns/complaints	70	0.50
3	CAHPS	Nurses listen carefully to you	66	0.44
4	PG	Staff worked together to care for you	71	0.54



Staff worked together to care for you



The same applies to the 7th floor. Here, it's an even lower percentile rank, with a 0.58 correlation to overall rate, and it is the third in the priority index for what matters most to our patients.

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months Benchmark by: All Respondents

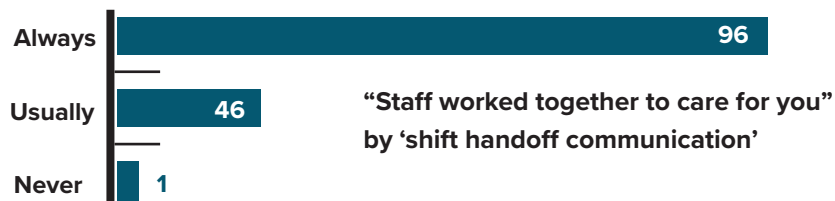
Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Staff included decisions on treatment	13	0.53
2	PG	Responded to concerns/complaints	14	0.51
3	PG	Staff worked together to care for you	17	0.58

As evident in the qualitative data findings, staff is not working well together. There are opportunities to improve our synergies through communication, teamwork, collaboration, and mutual respect.

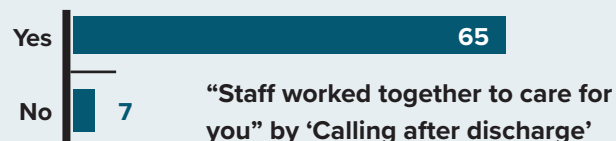
The quantitative data support these findings and show that our patients' rating of their care is, in fact, impacted by their perception of how seamlessly staff work as a team to care for them.

“Staff worked together to care for you” is mainly impacted by the following:

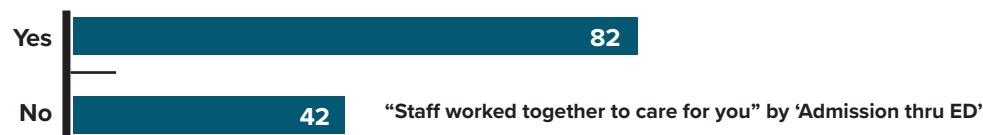
1. Shift handoff communication: The difference in “always” versus “usually” is a 50% increase in percentile ranking. When “always” and “never” were compared, the percentile rank increased by 95%, which is very significant.



2. “Receiving a call after discharge” had a 58% positive increase in percentile rank on “staff worked together to care for you.”



3. Admission through the Emergency Department had a negative impact on patients' perception of how well we worked together to care for them, as shown by a 42% decrease in percentile rank.



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