

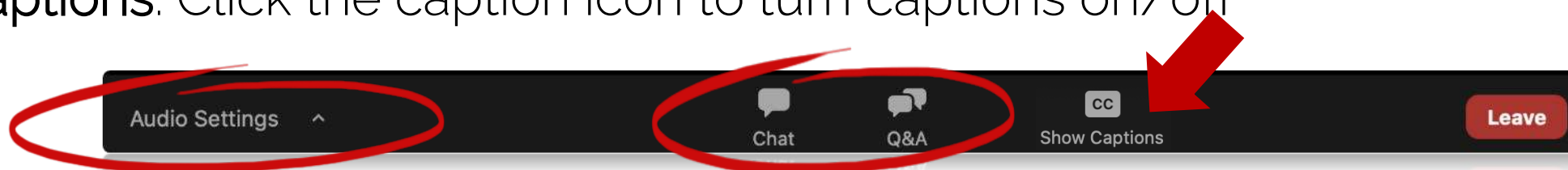
Effectively Leveraging Patient Comments for Strategic Improvement

August 1, 2023



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Our Speakers



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PatientsVoices



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PatientsVoices



Mandy Riemer
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Children's Mercy Kansas City



Effectively leveraging patient comments for strategic improvement

Philip Duncan, Mandy Riemer, Mary Kay O'Connor



Setting the stage

Let's start with an analogy



What are we doing with comments?

How would you rate the communication of your provider?

1 2 3 4 5

How would you rate the timeliness of your visit?

1 2 3 4 5



What usually takes priority

Tell us about your recent healthcare experience. What did you feel did and did not go well?



What needs prioritized
but is often “tossed out”

**How can patient
comments inform
strategic decisions?**



Objectives for today

- Show how to use patient feedback in strategic planning and beyond
- Provide examples of how qualitative patient feedback is used to solve problems that matter to patients
- Assess both patient and provider needs in responding to patient feedback
- Demonstrate the impact of this approach on key metrics

Why patient comments?

Which has more insight?

How would you rate the timeliness of your visit?

1 2 3 4 5



Gives info on **what** an issue is and **how much** it matters (to an extent)

Gives info on **what** an issue is, **how much** it matters, and **how** you can solve the problem(s)



Tell us about your recent healthcare experience. What did you feel did and did not go well?

I think perception is key. Everyone knows EDs are packed right now. The front desk staff was kind and helpful. But I watched family after family leave without being seen, sick kids in their arms. No one updated anyone about how much longer their waits would be without families nagging the staff at the desk. As we reach incredibly long wait times I would recommend investing in tracking boards or ways to help families not feel helpless sitting for hours with their sick children.

What's needed: Comment Culture

How can a **comment culture** be nurtured in a health system?

- Taking comments seriously—center them in huddles, leadership meetings, etc.
- Connecting comments to lived experiences of providers and patients
- Acting on comments & sharing the impact
- Accountability to leadership
- Letting patients/families know that you're listening and acting, as well
- Celebrating wins/filling buckets—don't focus on just the negative!

Recognition: Project Gratitude

- Staff morale was not bouncing back
- Received steady-stream of positive patient comments each month that could be celebrated
- Partnered with Communications and Marketing
- Rotated and displayed comments on the internal website for staff to enjoy

PATIENT SURVEY

Children's Mercy Patient Experience Ratings



4.76 out of 5

28,750

Reviews

Proud to provide the best care to children and families. Learn more about our [patient experience survey](#).

"The small touches they provided to my child during her stay were so memorable. Best team I could have wished for. We wholeheartedly thank you all. "

- 4 West inpatient parent

Perceptions of hospital personnel

“ Patient experience comments are a phenomenal source of what patients and caregivers value and what they pay attention to as they navigate their health care experience. Explicit comments are the most valuable in terms of providing descriptive praise to providers. By sharing comments about these exceptional providers to their peer group, we anticipate that these comments will serve as the benchmark of care to emulate.

It also allows our patient experience team an opportunity to use this information to coach others who may be underperforming to understand what patients and families expect from their healthcare experience.



Dr. Vincent Barone, Ph.D.
Clinical Child Psychologist
Medical Director, Patient and Family Engagement
Children's Mercy Kansas City

Why CM ED?

Why CM ED?

- Improve first impression for patients / families
- Align actions and results with True North Metrics
- Convert 'data doubters' to empower organization

Partnering with the ED

- Met with ED leaders in January 2020
- Presented summary of patient experience data
- ED leaders expressed skepticism about data, particularly comments
- Continued sharing data with leaders despite apparent lack of interest
- Conducted ‘strategy refresh’ with leaders in June 2020; joined management team
- First physician leaned in and listened, became strong advocate for applying insight from patient experience data

Comment Culture: Finding Advocates

“ Since I started reading the patient comments [every morning], **I've changed my practice.**

—A. Sarin, MD



Monthly Summary Reports

Main goals:

- Provide an easy to consume report for highlighting critical issues
- Increase exposure to & reliance on comments

Two versions:

- **Performance report:** focus on positive comments to improve staff morale
- **Improvement report:** focus on priorities to be addressed by management & lean team

Monthly summary reports: Examples

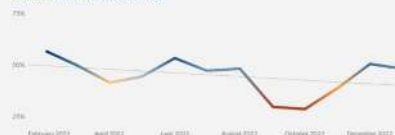
From start to finish - and on New Year's Eve in the evening, nonetheless - we were completely impressed with the quality of attentive, timely care we received at Children's Mercy's Kansas ER. Literally **100%** pleased! Thank you for being excellent!



Emergency Department Performance Summary*, Dec 2022-Jan 2023 Data

*Summary report based on patient and family responses to open-ended comments from NRC surveys. Analysis identifies key themes and their associated sentiment. **Questions?** Contact Mandy Riemer (marisr@cmh.edu).

%Positive: 12 month (Feb 2022-Jan 2023)



48%

Positive comments in Jan
▼ 2% from Nov
▲ 19% from Oct

What's working?



What's not working?



Staff | Attitude

Everyone we interacted with from the security guard at the door, nurses, housekeeping staff, and physician was **kind, compassionate, and helpful**.

Wait | Time

I know it's hard staffing wise to know when a huge inflow of patients will happen in an ER. I appreciated them running a strep test right during intake **so that we didn't need to wait even longer** once we got back to a room for results as that was suspected coming in.

Staff | Attitude/Availability & Wait | Time

First time ever visiting CMH ER department. As concerned as I was for my child's injury, I was also worried about the amount of time we would be in the ER. We were **pleasantly surprised that our visit from check-in to discharge was around 3 hours** without feeling rushed, ignored, or forgotten. Every person we engaged with was professional and compassionate in the care they provided my daughter.

☑ If I ever have to come back to the ER. I hope I have them again.

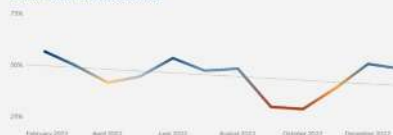
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Emergency Department Improvement Summary*, Dec 2022-Jan 2023 Data

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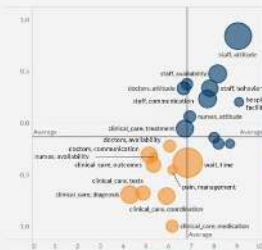


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Key improvement areas (themes that are negative, frequent, and have low overall rating):

- Wait | Time
- Clinical Care | Diagnosis
- Clinical Care | Coordination



Wait | Time

We were admitted and then waited for over 2 hours before we got an update. [...] It would have been more comforting to have someone come in to let us know that our wait time may be longer, especially since our kiddo had not had any nourishment for an extended period of time. We appreciate all front line and medical employees and cannot thank them enough, however, this experience had us concerned as no knowledge/update gets scary for us.

Though Wait | Time still a main issue, comments about wait in Dec-Jan are (a) less frequent, (b) more positive, and (c) associated with a higher rating.

Clinical Care | Diagnosis

My daughter abdominal pain and nausea was not addressed.

We left not knowing what was wrong!

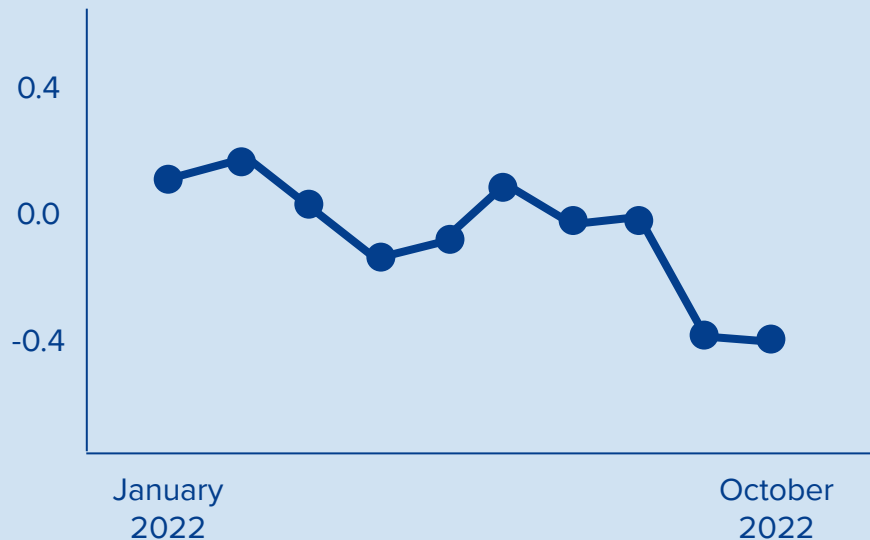
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Tracking ED performance

Sentiment expressed in patient comments declined in 2022

- April '22 was historical low followed by mild recovery
- Sharp declines started in August
- Service failures also increased August-October

Avg. Sentiment by Month in ED: January 2022-October 2022



What was happening around October?

Children's Mercy explains reasons spike in Kansas City

A 'triple-demic' of respiratory illnesses is quickly exhausting a short-staffed Kansas City hospital

KCUR | By Noah Taborda
Published November 17, 2022 at 4:58 PM CST

By: Cameron Taylor
Posted at 6:05 PM, Nov 17, 2022 and last modified

KANSAS CITY, Mo. — Respiratory illnesses, including RSV, continue to rise in the area, according to a doctor with Children's Mercy Hospital.

"There were 325 patients who were hospitalized last week, according to the latest data from the pediatric hospital.

At Children's Mercy, the number of patients doctors and nurses are treating for the flu has more than doubled in the past couple of days. Federal, state and local officials are pushing for increased urgency

Children's Mercy Hospital reaching capacity with sick kids

Heidi Schmidt and Kerri Stowell
3 months ago

Children's Mercy Hospital concerned about number of patients

KANSAS CITY, Mo. — Children's Mercy Hospital says it is concerned about the number of children hospitalized because of RSV and the flu.

In light of department performance & broader issues:

- How did CM ED respond?
- What changes occurred?
- How were changes informed by feedback from patients & families?
- How did patients/families respond to interventions?

Letting patients guide interventions

The biggest issue? Wait Time

Wait Time complaints increased drastically in number and acuity in 2022

Compounding factors:

- COVID 19 pandemic **and** “triple-demic” of Covid, RSV, flu
- High census
- Inadequate staffing—cumulative loss of providers, ED became room locked
- No rapid tests; medication shortages

Interventions : Responding to patient & family needs

Patient Wait Time comments became source for **identifying key problems**

&

Patient feedback became catalyst for **strategic interventions:**

- Shared staffing
- Improved triage
- Courtesy rounds
- Improved wait spaces

Intervention 1: Shared Staffing

Staffing: What were patients/families saying?

My take on the ER, visit with [provider] is that **you are grossly understaffed** and your ER, the care provided was fantastic, but the communication on wait time was pretty much non existent. There was only 6 people in the ER, by the end, but it took 3 hours to room everybody. So, unfortunately, I saw some pretty sick kids who are... who are suffering and even some that were coming by ambulance. They had to turn around only because the wait time was too much. So I think better communication here with wait time. And also, on the way back to the room to see the provider, they were still sitting reading books hanging out and that just doesn't give a good impression when we just waited 4 hours in the waiting room. **So it's very evident that you're understaffed and and potentially work on that.** Thanks so much. (LTR = 4)

So it's very evident that you're understaffed and and potentially work on that.

Staffing: What interventions were determined, & how?

- Shared staffing between campuses
- Room locking
- Increase in APP presence
- Provider in triage

Staffing: How did patients/families respond?

First time ever visiting CMH ER department. As concerned as I was for my child's injury, I was also worried about the amount of time we would be in the ER. **We were pleasantly surprised that our visit from check-in to discharge was around 3 hours- without feeling rushed, ignored, or forgotten.** Every person we engaged with was professional and compassionate in the care they provided my daughter. (LTR = 10)

**visit from
check-in to
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rushed, ignored,
or forgotten**

Intervention 2: Improved triage

Triage: What were patients/families saying?

**no one
checked to
see if my sons
shoulder felt
out or not**

Son came in with possible dislocation or fx. Thankfully it wasn't that and it was nurse maids. **We showed up around 21:27 they check us in for the important stuff but no communication and no one checked to see if my son's shoulder felt out or not**, just gave him some ibuprofen after 2 hours of no answer on x-ray or if the dislocation happened. Shift change came up and I got a nurse that understood triage instead of just sitting behind a desk laughing and giggling. I saw people that had legitimate reasons to be there, leave. Saw a child with a wound to the forehead and looked like the kid was passing out. The family had to leave to find somewhere. Hire people. I will say, once you actually do get care it is good care. (LTR = 4)

Triage: What interventions were determined, & how?

- Provider in Triage pilot
- ED Fast Track
- Paperless Discharge

Triage: How did patients/families respond?

were checked in with urgency and the triage nurse was very compassionate

We were checked in with urgency and the triage nurse was very compassionate when checking on our son's arm. We appreciate the attention she paid to him and her urgency in placing an order for an xray. The provider was also very compassionate and thorough with her visit with us. We were only in the ER for 2 hours total, including x-rays and getting a splint. We appreciate the direct and efficient referral to the orthopaedic department as well! When we are in need of emergency services for our children, we always prioritize a visit to Children's Mercy over other providers in the area. (LTR = 10)

Intervention 3: Courtesy rounds

Comfort rounds: What were patients/families saying?

We waited almost 6 hours in a hallway. When I asked where we were in line, they would not give me any info other than to say there people who had been there 2 hours longer than me. My 2 year old had a piece of glass stuck in her foot and I had another toddler with a sitter and an 8 year old to get off the bus. I was just asking for info so I could make plans for my other kids. I was blown off. **It would have been helpful to know how long we had to wait so I could get food for my daughter** or even wait outside away from all of the sick people. We didn't have a true emergency, but our doctor insisted we be treated there. Once we were in a room, the staff was delightful and extremely helpful. I even learned a new trick if this ever happens again!
(LTR = 5)

It would have been helpful to know how long [...] so I could get food for my daughter

Rounds: What interventions were determined, & how?

- Comfort / Courtesy Rounding
- Happy Kits / Snack Packs
- Full-time Patient Activity Coordinator

Happy Kits

Thank you for supporting Children's Mercy!

As a non-profit hospital, we rely generously on the support of caring community members to help us provide the highest level of care to all kids who come through our doors.

Help make a child or parent's day by assembling a Happy Kit! Kits are used in a variety of areas throughout the hospital and clinics to make our patients and families feel welcome and happy during their visit with us. These are some of our most needed items!

You can make 10 Happy Kits with your Girl Scout troop or over 100 with your coworkers! Any way you can help kiddos in need is what matters and is much appreciated.

Happy Kits can be assembled off-site and delivered to Volunteer and Guest Services at the Children's Mercy Adele Hall Campus (downtown hospital). Once you are ready to deliver your Happy Kits, please use our online scheduling form available at www.childrensmercy.org/help-our-kids/donate-goods or call 816-234-3496.

Types of Happy Kits

- Pre-K/Kindergarten
- School-Age
- Teens & Caregivers
- Greeting Card



Patient receiving a happy kit!

Happy Kits



Rounds: How did patients/families respond?

The ER was very busy last night. I always feel like CMH does a good job of triage. You can never tell what is going on with all of the other children, I just feel good that we are in the right place for our daughter and that we will be taken care of when they can get to us. We have always been treated very well at CMH. **Last night was the first time I have seen an Activities Coordinator in the ER waiting room. She was so attentive to all of the children and adults, passing out activities, filling baby bottles with water so formula could be mixed, providing snacks, and offering diapers to families who had to leave the house in a rush. It was absolutely tremendous that this service is offered and she was incredibly caring to everyone she talked to.** (LTR = 10)

Last night was the first time I have seen an Activities Coordinator [..] She was so attentive to all

Rounds: How did patients/families respond?

**they gave her
a cute little
sushi toy, a
lovey so it
could be her
Comfort
animal**

Hello my and my daughter's experience last week was excellent. She came in with a busted lip and she left with 2 stitches and she did not have any discomfort as far as I could tell. They did a wonderful job telling us what was going to happen, what needed to happen after, and what we should expect. So it was really great and **they gave her a cute little sushi toy, a lovey so it could be her Comfort animal during the procedure.** So she did great and they did great. Thank you. Bye. (LTR = 10)

Intervention 4: Wait space

Wait space: What were patients/families saying?

I know with the rise in COVID cases it is an extremely hard time at medical facilities. **Your location really needs a separate place for patients and families with COVID symptoms to sit versus just anywhere in the waiting room.** We were there for nothing COVID related but now have the risk of exposure after sitting in the waiting room over 2 hours. The staff was amazing and I know they are working so hard and are understaffed but something really needs to be addressed for those coming in that don't have COVID so they can be separated from those that do. Thank you for your amazing facility. (LTR = 8)

Your location really needs a separate place for patients and families with COVID symptoms

Wait space: What interventions were determined, & how?

- More Comfort Rounding
- Utilization of space in Same Day Surgery lobby
- Repurpose additional waiting space within the ED for lower acuity patients

Wait space: How did patients/families respond?

I appreciate that we were allowed to wait in the front lobby away from any respiratory illnesses

I appreciate that we were allowed to wait in the front lobby away from any respiratory illnesses in the ER waiting since we were there for an injury. I also appreciated that we were provided an expected wait time with check in. (LTR = 9)

Measuring results

Measuring results

Hearing patients & families tell their stories pre- and post-interventions itself makes a convincing case for listening to and acting on what matters to patients

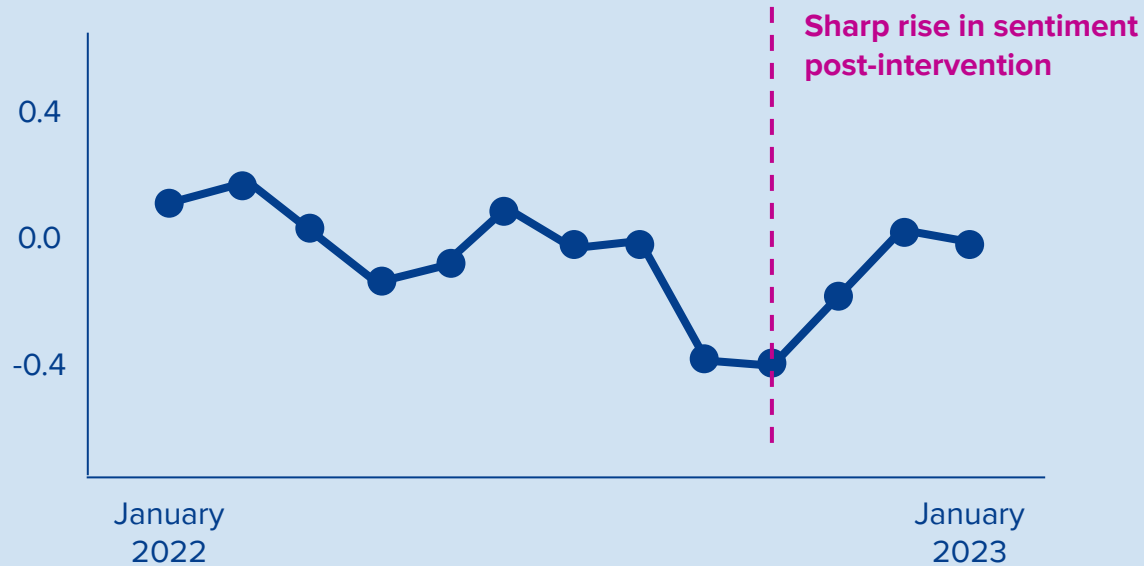
If you let patients tell stories, you'll see sensitivity to interventions

But, how does this relate to other ways of measuring the impact of these results?

- Sentiment
- NPS
- Perceptions of hospital personnel

Sentiment pre- and post-interventions

Avg. Sentiment by Month in ED: January 2022-January 2023



NPS pre- and post-interventions



Other metrics

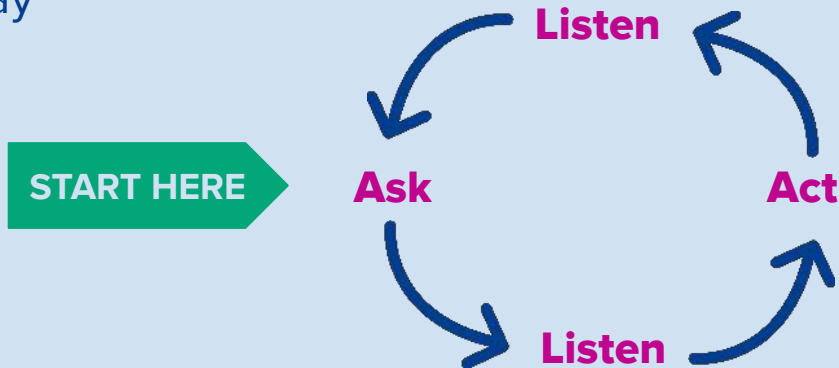
Effectively deploying comment-informed interventions correlated with:

- Decrease in service failures
- Increase in performance across **all** survey questions

Summary & conclusion

Summary

- ED was under the microscope
- We began tracking key themes identified in patient comments
- We created a culture that embraces the data
- Took seriously both listening to patient/family stories and responding to what they say



Practical takeaways

1. **Learn** about the feedback you are already getting
 - a. How rich are the comments?
 - b. Are you allowing patients to freely talk about what matters to them?
2. **Self-evaluate** your system culture with respect to patient & family comments
 - a. How do people perceive comments role in delivering quality care & Px/Hx?
 - b. Are people seeing comments regularly?
 - c. Are comments meaningfully integrated into actual workflow?
 - d. Are positive and negative comments (appropriately mixed) being shared out?
3. **Develop** responsive interventions
 - a. Are you acting on what patients care about?

Concluding thoughts

Listening—really listening—to what patients are saying has a central role in determining interventions that have measurable positive impact

Patient comments are a rich resource for:

- Identifying key pain points that are frustrating patients
- Determining interventions to address what matters to patients
- Monitor and evaluation the effectiveness of interventions

Concluding thoughts, cont'd.

It's no accident that the ratings popped up—it's because we **focused on the issues that mattered most to patients**

- As we fixed those issues, their ratings of their experiences improved
- How? We listened to what the patients were saying **and** acted on them, leaning into the creativity & ingenuity of personnel

Keep your umbrella up! (sustainability, repetition, perseverance)

Thank you!



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Upcoming Events & Programs

WEBINARS

August 3 | 5 Things to Know About the Future of AI in Experience

August 8 | Using Unsolicited Patient Complaints to Improve Patient Outcomes and Organizational Culture

August 17 | Elevating Experience

August 22 | Don't Get Lost in Translation: Advancing Health Equity and Inclusion

CONNECTION CALLS/PX CHATS

August 11 | PX Chat: Lost Belongings

PROGRAMS

August 8-29 | CPXP Prep Course



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Thank You

