

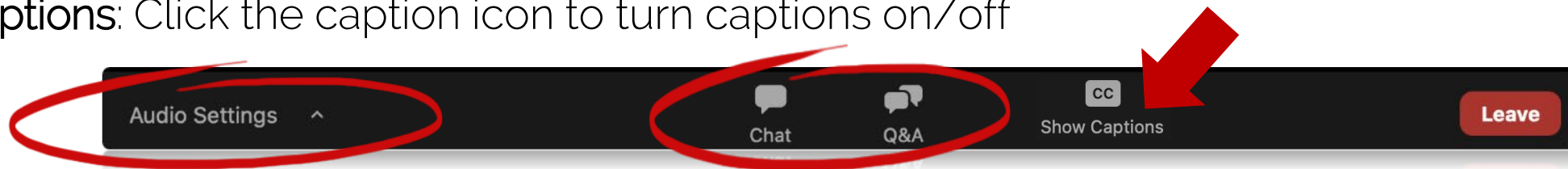


# Moving from "Good to Great": Enhancing the Human Experience in Outpatient Care

November 12, 2024

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# Speakers from Hartford HealthCare



**Sherry Kroll, MD, MBA,  
FACP, CPE, CPXP**

Director, Human Centered Care  
| Primary Care Provider



**Jason McDermott, MSN,  
APRN, AGNP-C, CPXP**

Senior Director,  
Human Centered Care

# Objectives:

- Leverage a data-driven approach to identify outpatient sites with the greatest readiness for change and potential for impact.
- Understand how Rapid Improvement Events, using a team-based multidisciplinary approach can engage stakeholders and drive change.
- Describe the outcomes from the countermeasures identified and tactics to maintain meaningful change.

# Hartford HealthCare (HHC) by the Numbers

An Economic Engine for Connecticut (CT)

NEARLY  
**500**  
LOCATIONS



**41,000**  
COLLEAGUES  
ACROSS OUR  
SYSTEM OF CARE



**7** Acute  
Care Hospitals  
**10** Emergency  
Departments



**23K**  
LIVES  
TOUCHED PER  
DAY

**\$7.0B** Annual Operating  
Revenue<sup>2</sup>

**106,161** Transitions

**2,488** Beds

**7** Nationally Recognized Institutes

**38** Urgent Care Centers

**23**  
Ambulatory  
Surgery &  
Endoscopy  
Centers



**139,116**  
Surgeries<sup>1</sup>



**Second-Largest Employer**  **in Connecticut**

EV24 projected inpatient, hospital, outpatient department and ambulatory surgery center surgeries, excludes CT cases; 2EV25 preliminary budget

# Medical Group & Integrated Care Partners

**Hartford HealthCare Medical Group** offers access to one of the most comprehensive, multi-specialty practices in Connecticut, and offers primary and urgent care, along with specialty services and a highly regarded surgical program.

Affiliated with seven hospitals, Hartford HealthCare Medical Group's superior level of care is always available to our patients close to home.

**Integrated Care Partners** is a physician-led clinical integration organization that will play a critical role in improving how patient care is delivered.



	Hartford HealthCare Medical Group	Integrated Care Partners
Office Locations	445	
Physicians	966	
Advanced Practice Providers	711	
Employees	4,413	
Primary Care Visits	879,889	
Provider Members (Including primary care providers)		4,166
Primary Care Provider Members		464
Operating Revenue	\$835,891,000	\$13,437,000



# “Good to Great”

Background, Strategy and Focus

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## How we define “Human Experience”

The sum of all **interactions**, shaped by an organization's **culture**, that influence **perceptions** across the **continuum** of care.

The human experience in healthcare is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.

# Redefining the Work

## Moving From Likelihood of Recommending to Staff Working Together

### Likelihood of Recommending

- “Positive word of mouth”
- Did not resonate with frontline colleagues
- #1 Key Driver – Staff Working Together

### Staff Working Together to Care For You

- Focuses on teamwork and coordination of care
- Common mission and sense of purpose
- Consistent communication

Service excellence is built on a team that knows each other, trusts each other, and would not want to let each other down.

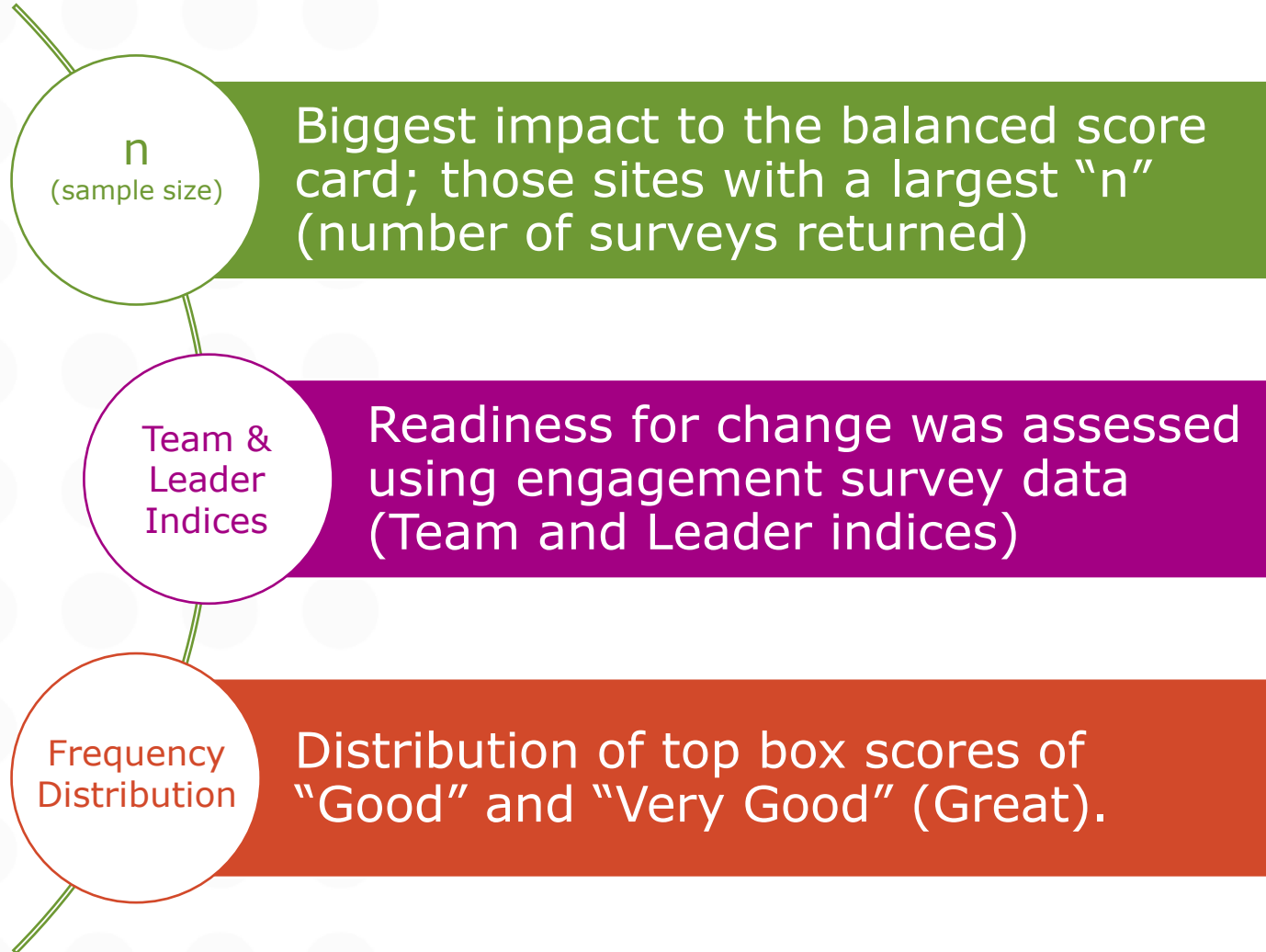
# How “Good to Great” Came to Be

Newly Formed Teams – >50%  
of colleagues had less than 5  
years tenure at HHC

Colleague Engagement Data –  
declines seen in teamwork,  
recognition, and trust

Declining Patient Experience

# Selecting “Good to Great” Sites



The following strategies were implemented by tier:

- Top Tier: Sustain and Replicate
- **Middle Tier: Move from ‘Good to Great’ by hardwiring strategies and removing variability**
- Bottom Tier: Core 4 cross-functional focus to address barriers/breakdowns

# “Good to Great” – Purpose, Strategy & Focus

**Purpose:** To hardwire the Good to Great work through **building a multidisciplinary team, improving collaboration** among team members, and collectively **identifying barriers/challenges** and develop countermeasures to address.

**Strategy:** Hold an in-person or virtual kaizen or kick –off with **cross functional team participation.** The work is moved through rapid continuous improvement and frequent check-ins: what is going well, barriers, what support do they need?

**Focus:** “**How well staff worked together to care for you**” and the following best practices:

Hire for Fit	Managing Up Co-Workers
Establish a Shared Vision	Using Daily Huddles for Team Building
Set Standards and Hold People Accountable	Offer Formal Communication Skills Training (describe, narrate, and summarize)
Conduct Purposeful Leader Rounding	Use Patient Comments to share stories of effective teamwork

# “Good to Great” Project Plan

**30 days**

**Focus**  
Creating multidisciplinary team

**Goals**  
Identify key stakeholders to lead the work  
Share evidenced-based G2G skills and information to ensure they are prepared for their role

**Priorities**  
Develop a multidisciplinary team to include most/all touchpoints a patient may experience, full engagement of team members

**Metrics of success**  
Review baseline metrics and drivers of experience that will be followed throughout the project

**60 days**

**Focus**  
Multidisciplinary team holds mini-Kaizen in person or virtual

**Goals**  
Develop project plan

**Priorities**  
Set priorities and outline high-level priorities that should be completed in each phase  
Determine cascade of information for priorities selected

**Metrics of success**  
Priorities identified  
Project plan completion  
Team member engagement

**90 days**

**Focus**  
Implementation of strategy to support initiatives identified in Kaizen

**Goals**  
Roll out evidenced-based initiatives, HX Tool Kits (standard work, HX Tips, pocket cards, presentations)

**Priorities**  
Multidisciplinary team meet regularly to discuss in the moment barriers

**Metrics of success**  
Begin report out of results of “staff worked together to care for you”, % Good, and best practices

**120 days**

**Focus**  
Sustainability of initiatives

**Goals**  
Plan, Do, Study, Adjust – discuss sustainability of initiatives

**Priorities**  
Develop countermeasure to identified barriers to ensure sustainability

**Metrics of success**  
“Staff worked together to care for you”, % Good, and best practices

**R:**Frontline colleagues, Providers, Nursing colleagues, Office Coordinator

**A:**Office Coordinator, Regional Practice Manager

**C:**Human Experience team, Director of Nursing, Lean, Sr Director Neurology

**I:** Sr VP Ayer Neuroscience Institute, VP Specialty Care Operations

# “Good to Great” - RACI

RACI				
Project: Norwich Neurology Good to Great (G2G)				
Inquiry	Responsible	Accountable	Consultant	Inform
	The person who is assigned to do the work	The person who makes the final decision and has the ultimate ownership	The person who must be consulted before a decision or action is taken	The person who must be informed that a decision or action has been taken
Creating the multidisciplinary team	Frontline colleagues, Providers, Nursing colleagues, Office Coordinator	Office Coordinator, Regional Practice Manager	Human Experience team, Director of Nursing, Lean, Sr Director Neurology	Sr VP Ayer Neuroscience Institute, VP Specialty Care Operations
Mini-Kaizen (scheduling, project planning, pre/post work, etc.)	Office Coordinator, Lean and Human Experience	Lean & Human Experience	Office Coordinator, Regional Practice Manager, Sr Director Neurology, Director of Nursing	Sr VP Ayer Neuroscience Institute, VP Specialty Care Operations
Initiatives from the Kaizen	Frontline colleagues, Providers, Nursing colleagues, Office Coordinator	Office Coordinator, Regional Practice Manager	Human Experience team, Director of Nursing, Lean, Regional Practice Manager, Sr Director Neurology	Sr VP Ayer Neuroscience Institute, VP Specialty Care Operations, Director of Nursing
Sustainability of initiatives	Frontline colleagues, Providers, Nursing colleagues, Office Coordinator	Office Coordinator, Regional Practice Manager	Human Experience team, Director of Nursing, Lean, Regional Practice Manager, Sr Director Neurology	Sr VP Ayer Neuroscience Institute, VP Specialty Care Operations, Director of Nursing



# Rapid Improvement Events

The Best at Getting Better

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# Example of Analysis - Ayer Neuroscience Institute

Specialty Care Staff Working together Goal: **85.88**  
**ANSI Total Staff Working Together YTD: 85.46**, N:5358,  
 61% rank

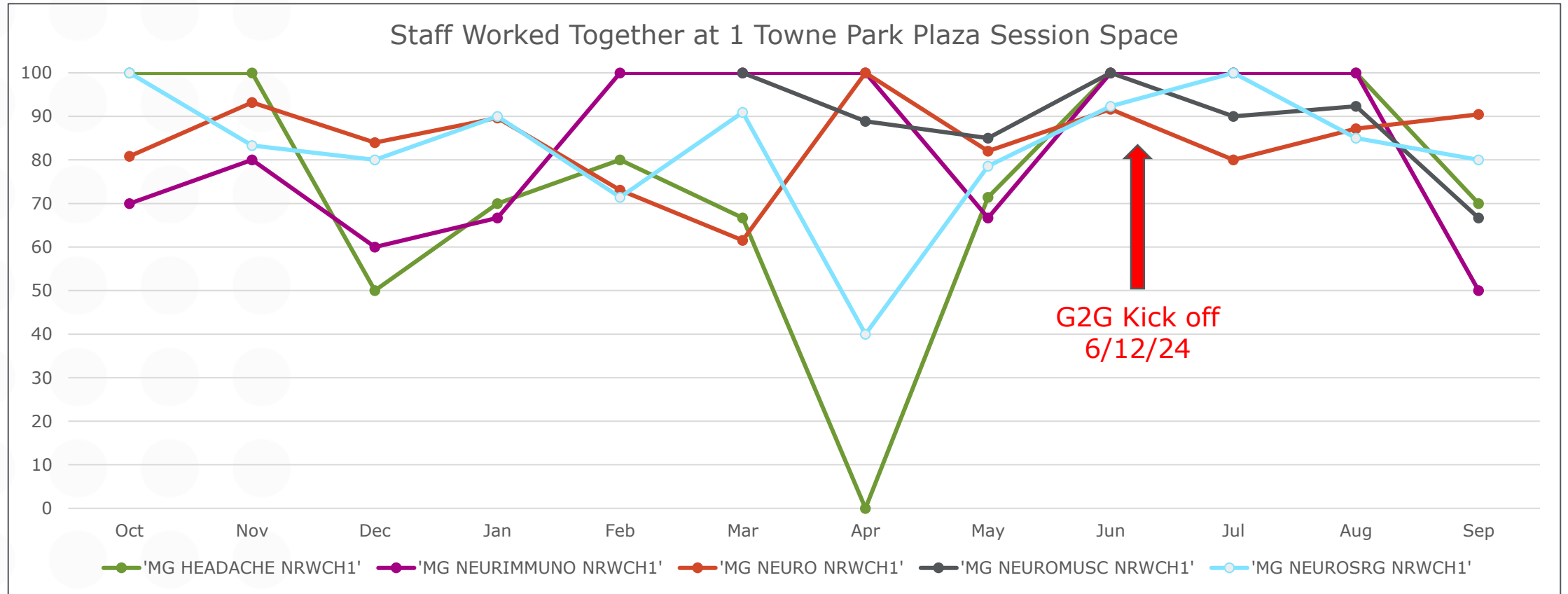
Service	My Sites	MD Reporting Group Level	MD Reporting Group Level	Questions	Top Bc	n	Rank	LI	LI-PS
Medical Practice	'MG PAIN MGMT NRTH HVEN'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	92.86	98	98	100	4.6
Medical Practice	'MG MOVEMNT DS BRPT2660'	'Ayer Neuroscience'	'Movement Disorder'	Staff worked together care for you	92.77	83	97		
Medical Practice	'WH PAIN MANAGEMENT SVC'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	92.13	89	96		
Medical Practice	'MG MOVEMENT DS MYST100'	'Ayer Neuroscience'	'Movement Disorder'	Staff worked together care for you	90.14	284	92	75	3.7
Medical Practice	'MG PAIN MGMT WSTPRT300'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	89.47	114	90	85	3.82
Medical Practice	'MG Neurosrg Windsor360'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	89.11	202	89	80	4
Medical Practice	'CH Neuro Torr1914'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	88.46	104	85		
Medical Practice	'MG NEURO MYST100'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	88.33	60	84	92	4.03
Medical Practice	'MG NEUROSURG NRTH HVEN'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	87.9	124	82		
Medical Practice	'MG Movemnt DS CHSHR280'	'Ayer Neuroscience'	'Movement Disorder'	Staff worked together care for you	87.81	320	81	67	3.39
Medical Practice	'MG NEUROSURG MRDN435103'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	87.5	104	79		
Medical Practice	'MMC SPINE & PAIN'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	87.5	136	79	68	3.63
Medical Practice	'MG NEUROSURG SHELTON2'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	87.1	62	74		
Medical Practice	'MG HEADACHE WHTFD65'	'Ayer Neuroscience'	'Headache'	Staff worked together care for you	86.89	122	72		
Medical Practice	'MG NEUROSURG BRIDGEPORT'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	86.11	72	65		
Medical Practice	'MG NEUROSURG HTFD851019'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	85.8	162	63	90	4.02
Medical Practice	'MG NEUROSURG HTFD85'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	85.47	117	61	97	3.99
Medical Practice	'MG PAIN MGMT MYST100'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	85.34	191	58	91	4.04
Medical Practice	'MG NEUROSURG NRWCH1'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	84.71	85	54		
Medical Practice	'MG NEURO MRDN455'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	84.57	167	57	85	4.15
Medical Practice	'MG NEURO NRWCH1'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	84.5	258	52	92	4.18
Medical Practice	'HH NEURO STROKE MOB'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	84.21	152	50	79	3.73
Medical Practice	'MG NEURO STHTN462'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	83.61	122	46		
Medical Practice	'MG NEUROSURG WSTPRT300'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	81.44	97	33		
Medical Practice	'BH BOCC PAIN MGMT'	'Ayer Neuroscience'	'Pain Management'	Staff worked together care for you	81.01	79	32		
Medical Practice	'HH NEUROMUSCULAR MOB'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	80.95	63	31		
Medical Practice	'MG MOVEMNT DS VERN35'	'Ayer Neuroscience'	'Movement Disorder'	Staff worked together care for you	80.94	278	31	83	3.6
Medical Practice	'HH EPILEPSY HTFD85'	'Ayer Neuroscience'	'Epilepsy'	Staff worked together care for you	80.82	73	31	94	3.9
Medical Practice	'MG HEADACHE CHSHR280'	'Ayer Neuroscience'	'Headache'	Staff worked together care for you	80.53	113	30	79	3.46
Medical Practice	'CH MOVEMNT DS TORR1914'	'Ayer Neuroscience'	'Movement Disorder'	Staff worked together care for you	79.66	59	26		
Medical Practice	'MG NEURO BRIDGEPORT'	'Ayer Neuroscience'	'Neurology'	Staff worked together care for you	76.83	82	20	97	4.23
Medical Practice	'MG NEUROSURG VERN35'	'Ayer Neuroscience'	'Neurosurgery'	Staff worked together care for you	71.01	69	9		

**Top tier focus on stabilization and leveraging proven best practices.**

**Middle tier move from Good to Great by hardwiring strategies; use TI/LI and key drivers as guide for readiness**

**Bottom tier: Core 4 cross-functional focus to address barriers/breakdowns**

# Neurology – Staff Worked Together to Care for You - 1 Towne Park Plaza



Staff Worked Together	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Trend	Total	n'	Rank
'MG EPILEPSY NRWCH1'	88.89	83.33	85.71	50	60	50		66.67	75	66.67	100	0		71.93	57	11
'MG HEADACHE NRWCH1'	100	100	50	70	80	66.67	0	71.43	100	100	100	70		79.73	74	24
'MG NEURIMMUNO NRWCH1'	70	80	60	66.67	100	100	100	66.67	100	100	100	50		81.25	64	31
'MG NEURO NRWCH1'	80.85	93.18	84	89.66	73.08	61.54	100	82.05	91.67	80	87.18	90.48		84.97	346	55
'MG NEUROMUSC NRWCH1'						100	88.89	85	100	90	92.31	66.67		86.08	79	64
'MG NEUROSURG NRWCH1'	100	83.33	80	90	71.43	90.91	40	78.57	92.31	100	85	80		85.27	129	56
Total	84.52	89.86	79.55	82.14	73.33	74.29	75	77.78	92.31	85.96	90.22	75		83.31	749	44

## Check-in and Check-out

10-5-1  
Daily Huddles  
Managing Up  
Informed Waiting  
Wrap Up

## Room/Procedures

Managing Up  
Relationship- Centered Communication  
Describe, Narrate, Summarize  
Blameless Apology  
Warm Handoffs  
Informed Waiting

## Transitions

High Reliability Communication  
Managing Expectations  
40 Seconds of Compassion  
Describe, Narrate, Summarize  
Blameless Apology/ CLEAR

# Brainstorming

Perception of Teamwork	Visible Coordination of care	Unexpected events
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Perception of Teamwork	Visible Coordination of care	Unexpected events
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Perception of Teamwork	Visible Coordination of care	Unexpected events
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# The Huddle: Progress not Perfection

## Communicate

Recognition & Announcements

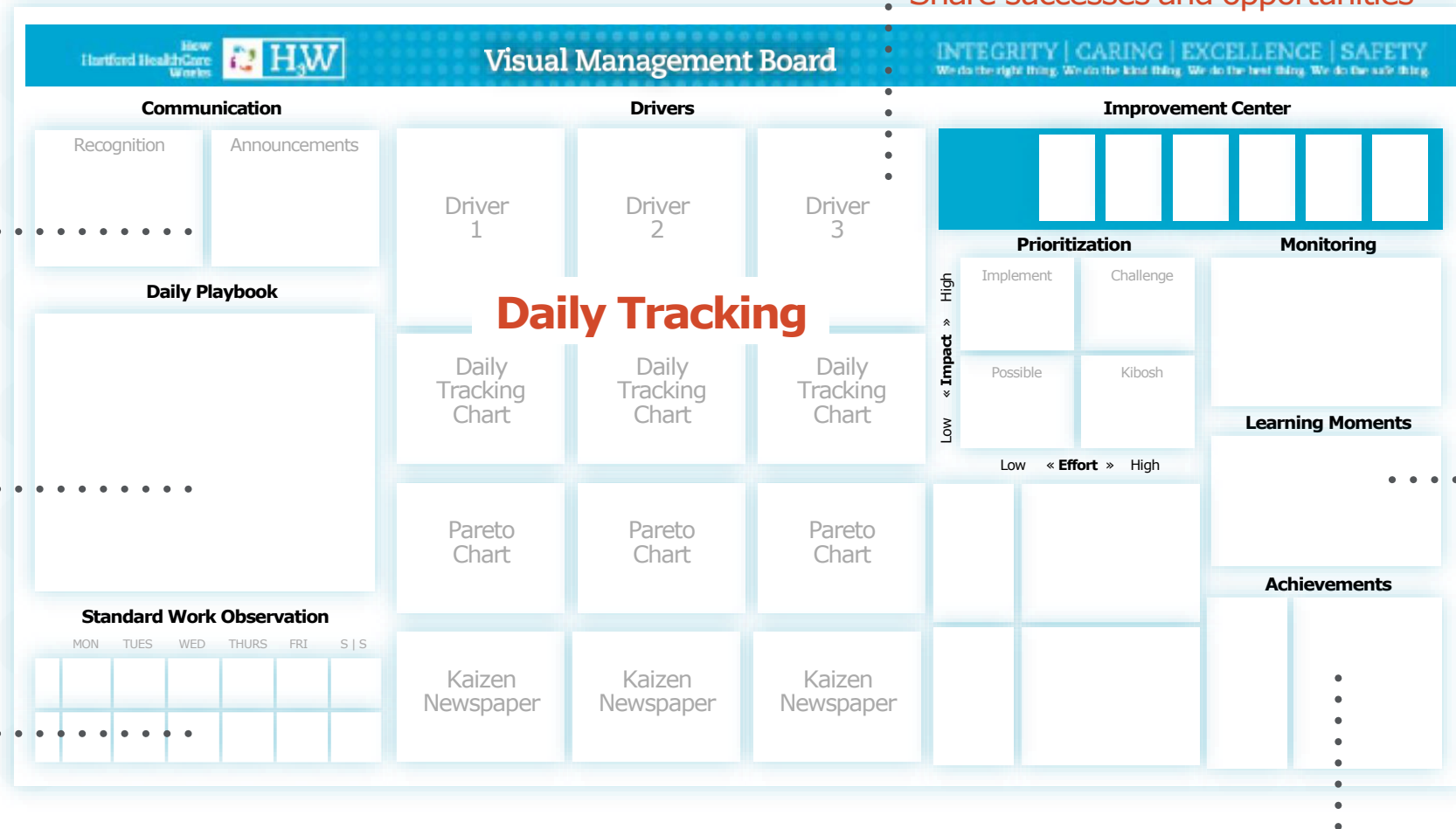
## Update

Daily announcements

## Standard Work

## Patient Experience

Share successes and opportunities



Learning Moments

Achievements



# Rapid Improvement Project

One Town Park Plaza: A Case Example

# Setting the Stage



**How do you want to be identified as by your patients, colleagues and teams?**

**What is your best self?**

### Describe, Narrate, and Summarize (DNS) Model

Describing what you are about to do, Narrate while you are doing it, and Summarize what you have just done. Setting expectations early and often will decrease anxieties and distress.

**Describe:**

- Introduce yourself and your role
- Explain the task you are about to do and why
- Use empathy when appropriate
- Keep colleague, patient, customer, client informed

**Narrate:**

- Be in the moment
- Practice out loud
- Tell the colleague, patient, customer, client what you are doing while you are doing it.

**Summarize:**

- Summarize where you are in the solution process and what has been done
- Identify next steps if appropriate
- Share the benefits if applicable
- Ask "Is there anything else I can help you with today before I leave?"

#### 10-5-1 in Action

# Building Rapport: Managing Up

## MANAGE UP

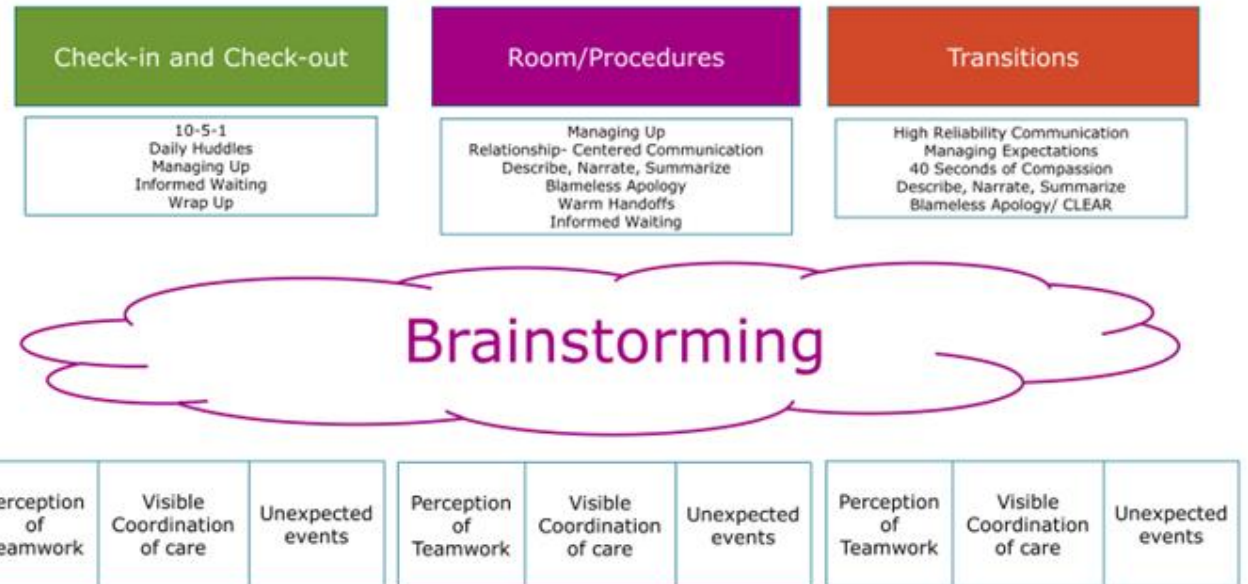
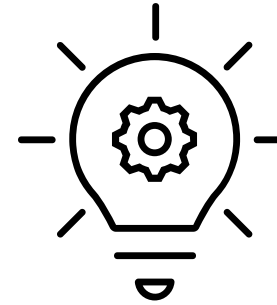
- Managing up is a communication tool that positions others in a positive light
- Shows the patient your team trusts each other and works well together.
- Points out the positives to help patients feel confident in their choice.
- Provides relief in the moment and reduces anxiety.



***"Our nurse Laura is very thorough. You will find her to be a great resource when I am not available."***

# Idea Generation

- Over 90 ideas generated
- Many items “soft skills” and “just-do-its”
- Cross-functional representation at each station



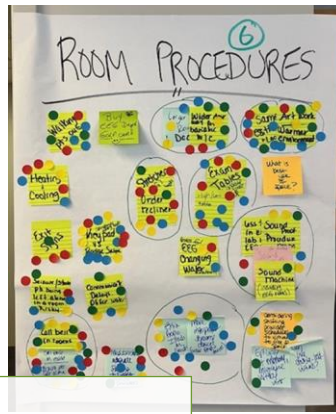
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# Vote Down (N/3) and Countermeasures



## Check-in and Check-out

- Warm welcome/ soft skills
- Wayfinding
- Informed Waiting

## Room/Procedure

- Environmental
- Room Usage

## Transitions

- Communication
- Patient Expectations

Process	Rooming/Procedures	Transitions
	Chart prep- Know the patient and what they are coming in for. Anticipate their needs.	When the office call confirm where they directions on where
Room "Have a	Incomplete patient records prior to appt (non-HHC)	Clarification of appt of reason for visit
Room as they (the phone)	Streamline provider preferences/visit preparation	Standard Work- Pro follow up in 6 months with check out staff
formed on wait	Rooms fully equipped daily	Delay in test results
erage	Offer VH for stable follow-ups	Call infusion prior to
courtesy	Enhance standard work for all MA room procedures	Memory patients co Make VH?
e	Eliminate scents for headaches patients	Nurse navigator
reduce traffic	Room temperature	Cross training across
by provider	TVs for MS Infusion Center	Leverage front desk days
pointment,	Get all light dimmer switches	Colleague education can't just cosign on
an some be	Rooms are old & appear dirty after cleaning	Booking patients- o communication to a queue. Book on site
s	Wrap up- "did you address everything you wanted to"	Referral screening
confirmation &	Identify key concerns to prioritize	To avoid last to follow
& patient stops	Making the patient feel "not rushed" and they are the priority when we are with them	When pt calls or see them (even if they physician, prior auto on the request
follow up		

# Check in & Check out Opportunities

## Successes

### Problem:

1. Wayfinding/Soft Skills
2. Crowded waiting room
3. Informed Waiting

# Brainstorming

**Issue:** Patients often went to wrong entrance creating late arrivals and patient/staff frustration.

**Opportunity:** Revisit signage and create MyChart message with directions for new patients. Standardize call confirmation scripting with directions.

**Issue:** Space utilization issues created overcrowded waiting room

**Opportunity:** Team daily huddle to understand daily space availability. MRI check-in optimized.

**Issue:** Information about delays and wait time in clinic lowest top box scores in Press Ganey with frequent negative patient comments.

**Opportunity:** Standardize warm welcome using 10-5-1, white board for informed waiting, offer refreshment with unexpected delays



**Tools:**  
**10-5-1**  
**Informed Waiting**  
**40 Seconds of Compassion**



# 30-60-90 Check-in



## Going Well (+)

- XXX

## Behind Target/Barriers(-)

- XXX

## What Matters Most/Next Steps

- XXX

“Good



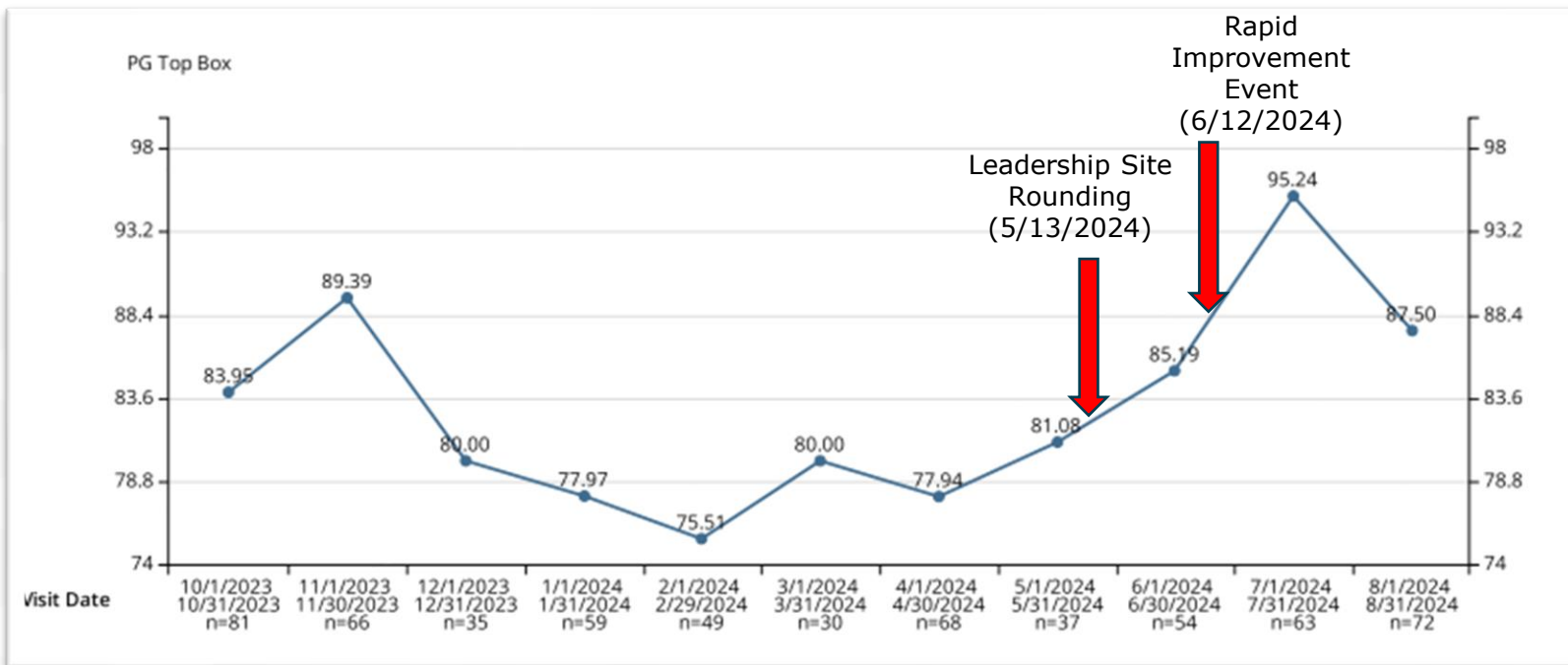
to Great”

Measuring Impact

# Norwich Ayer Neuroscience Institute

## Good to Great – Understanding the Impact

### Staff Working Together by Visit Date (Target 85.88)



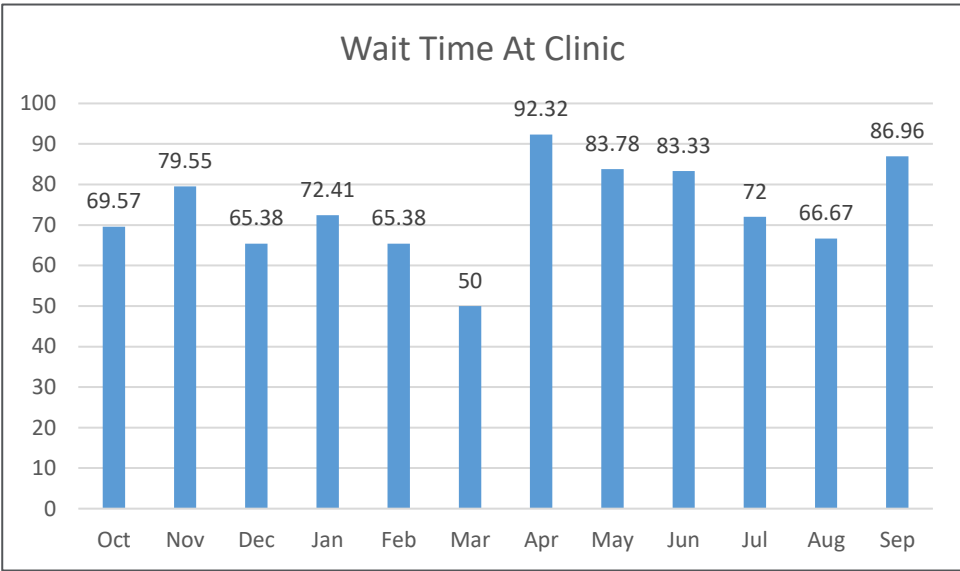
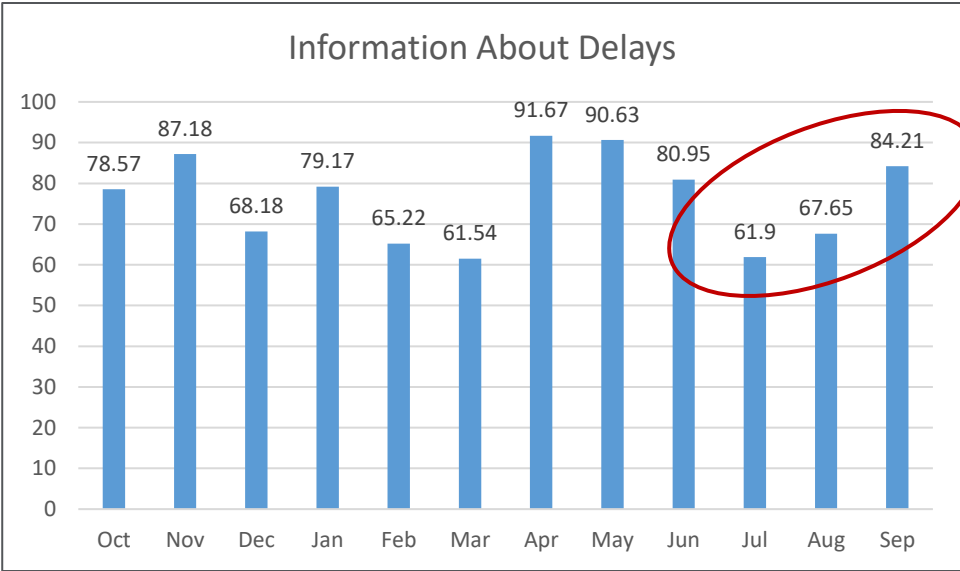
### Teams Working Together:

- ✓ Schedule utilization= 95.37 (target 92%)
- ✓ Colleague development: 3 MA's promoted to MA II and one to office coordinator
- ✓ 200 community hours served
- ✓ Final staff working together 86.0%
- ✓ **NO** turnover in team!

# G2G Strategy: Norwich Neurology



Potential areas to focus on:



**Aug-Sept Comments:**

**“There were no delays, and my wait time was very short.”**

**“Everyone was very kind and respectful to me.”**

**“The staff were very helpful and friendly. The nurse who started the interview process was very professional and competent.”**

**“The doctor spent a "huge" amount of time with me explaining my condition options available, and future symptoms. All questions were answered in an "understandable" way.”**



# Good to Great 2.0

Bridgeport Neurology, Refining the Work

10/23/2024

# Timeline

## Bridgeport Good to Great Kickoff

Human Experience /Lean Team-

**September 4th:**  
G2G/Rapid Improvement Project Planning Meeting

**September 11<sup>th</sup>:**  
Leadership Rounding

**October:** Rapid Improvement Project

**Rounders:** Jeff Maloney, Sherry Kroll, Jason McDermott, Stephen Marshall, Jillian Noack, Wandaly Vazquez, Michelle Fender, Provider champions

**Location:** 2660 Main Street Suite 219, Bridgeport

**Attendees:** Jeff Maloney, Maria Shimer, Wandaly Vazquez, Michelle Felder, Jillian Noack, Provider Champions, **Optional:** Service Line Directors, Sana Merchant

**Location:** Zoom

**Attendees: 40 total**

**Location:** 2660 Main Street Suite 219, Bridgeport



# What I heard you say.....

# Brainstorming



80 opportunities identified  
20 safety concerns



# Questions?

Please submit your questions using the Q&A icon.



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- After completing the webinar survey, you will be redirected to the Patient Experience Institute's PXE Portal to claim the credit.
- As a recorded webinar, PXE credit is available for two (2) years from the live broadcast date.



# Upcoming Events & Programs

## WEBINARS

- November 14 | Shaping a Human-Centered Patient Experience Across Interdisciplinary Teams
- November 19 | Remediation Strategies to Reduce Shame and Stratify Support for Providers in Patient Experience
- November 26 | Human-Centered Leader Rounding: Using Generational Insights and Personalization

## CONNECTION CALLS/CHATS

- November 15 | PX Chat on PFA/PFACS: Revitalizing/Rebuilding
- December 4 | Connection Call: Membership Benefits Overview



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Thank You

