Bridging the Gap Between Clinical and Non-Clinical:

Improvements that Support Clinical Outcomes and Result in Fundamental Business Results

Presented by:

Nick Masci, VP and Lean Practitioner | Haley & Aldrich
Cynthia Page, VP, Clinical/Support Services | Beth Israel Deaconess – Milton
Agenda and Desired Outcomes

- Why We are Here
- Why Do We Care
- Case Study – Ideas in Action
  - Succession Imperative – Elevating the FM’s Position within the Organization
- Build/Stock Your Toolbox
  - RACI Exercise
- Q&A
WHY ARE WE HERE?
Show that Support Services Can Affect Patient Experience

1. Making a Difference in the Patient Experience
2. Measuring the Results via Patient Satisfaction Scorecards
3. Tying the Measurements to Reimbursement Rates
WHY DO WE CARE?
Healthcare Challenges

- Decreasing
  - Reimbursement
- Increasing
  - Cost
  - Pay for Performance (P4P)
  - Public Reporting
  - Customer Expectations
The Number of CMS Measures for Public Reporting is Going UP

Number of Measures Reported

2004 - 2014
Public Reporting and P4P 2013 - 14

- Centers for Medicare and Medicaid Services (CMS)
  Pay for Performance (P4P) $291K
- Com of MA $104K
- The Joint Commission $436K
- Private Payers
  Also have P4P
- Transparency
  Public Reporting $?K
CMS Moves to Pay for Performance

**Value Based Purchasing**

*THERE’S MORE IN STORE....
CMS’ QUALITY-BASED PAYMENT INITIATIVES WILL PUT MORE THAN 7% OF PAYMENT* AT RISK

- **REPORTING HOSPITAL QUALITY DATA FOR ANNUAL PAYMENT UPDATE**: 2% OF APU
- **VALUE-BASED PURCHASING**: 2%
  - 1%
  - 1.25%
  - 1.5%
  - 1.75%
  - 2%
- **READMISSIONS**: 3%
- **HOSPITAL-ACQUIRED CONDITIONS**: 1%
- **MEANINGFUL USE***: 1%

*Cost of non-performance to BID-Milton will be over $2,275,000 in Medicare Reimbursement alone or 72% of the Plant Ops/Maintenance Budget*
Patient Experience (Patient Perception of Care)

- 32 Questions - 9 Dimensions of Care
  - Nursing Communication
  - Physician Communication
  - **Responsiveness of Hospital Staff**
    - Discharge Planning
    - Communication about Medications
  - **Hospital Environment**
    - Overall Rating of Care/Likelihood to Recommend
    - Care Transitions
- Questions query patients about frequency of experience
- Credit for “Always” only

What can “You” Impact?
8. During this hospital stay, how often was the area around your room quiet at night?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
# HCAHPS Comparisons – How Do We Look

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication</td>
<td>84%</td>
<td>76%</td>
<td>77%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Physician Communication</td>
<td>86%</td>
<td>80%</td>
<td>75%</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>71%</td>
<td>63%</td>
<td>59%</td>
<td>66%</td>
<td>67%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>74%</td>
<td>67%</td>
<td>68%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Communication about Meds</td>
<td>69%</td>
<td>65%</td>
<td>59%</td>
<td>64%</td>
<td>63%</td>
</tr>
<tr>
<td>Room and Bathroom Clean</td>
<td>73%</td>
<td>71%</td>
<td>70%</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>Quiet at Night</td>
<td>56%</td>
<td>53%</td>
<td>48%</td>
<td>52%</td>
<td>60%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>86%</td>
<td>87%</td>
<td>80%</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>73%</td>
<td>60%</td>
<td>59%</td>
<td>69%</td>
<td>70%</td>
</tr>
<tr>
<td>Likelihood to Recommend</td>
<td>76%</td>
<td>63%</td>
<td>63%</td>
<td>74%</td>
<td>71%</td>
</tr>
</tbody>
</table>

(data collected 10/1/2011-9/30/2012)
Current Conditions

• Changing Internal Environment
  • Increased Growth (all areas)
    • Inpatient – up 10% FY 12, up 10% FY 13
    • ED – up 5% FY 12, up 7.5% FY 13
    • Surgical Services – up 13.25% Endo, up 2.7% Surgery
    • Outpatient Services – up 23% Lab and 22% Radiology
  • Plateauing (raw scores)/Decreasing (percentile ranking) Patient Perception Scores
    • In all areas
CASE STUDY
We Choose Noise Reduction – Why It’s Important

• Noise impacts health
  • “Noise is an underestimated threat that can cause a number of short- and long-term health problems, such as for example sleep disturbance, cardiovascular effects, poorer work and school performance, hearing impairment, etc.” [http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/noise/data-and-statistics](http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/noise/data-and-statistics)

• Noise impacts patient perception of care
  • Staff talking and laughing outside my room
  • Just one thing bothered me – the women in the other bed, had the light overhead on either all night and had the TV going on all night. I had a terrible headache from it.
  • IV always beeped.
  • CNAs Loud!!!!
Noise in Hospitals is on the Rise

• Average noise levels in a hospital room easily exceed the 30 decibels, slightly louder than a whisper, recommended by the World Health Organization, and peak noise levels sometimes approached the level of a chain saw.¹

• The average daytime sound level in acute care hospitals grew from 57 decibels (dB) in 1960 to 72 dB in 2005.²

• Nighttime noise grew from an average of 42 dB in 1960 to 60 dB today.²

Patient Experience is Impacted by Environmental Factors. Noise in the environment has a negative impact. To date we have not had sustained improvement relative to noise in the environment. A multi-disciplinary team, of which support services is committed to being a vital member, is required to improve the patient experience relative to noise reduction.
Force Field
Mark and Glenn separated the problems according to their ability to influence...good thinking!
Mark and Glenn separated the problems according to their ability to influence...good thinking!

A-Ha Moment

“I have the ability to influence more change than at first I thought possible”

-Mark
Support Services Facilitated Force Field Exercises...with Far Reaching Impact

Nurse Managers - we don’t have a strong enough Patient Plan of Care

Noisiest rooms may have adjacency to roofs and HVAC equipment

Let’s use some form of patient scorecard to help guide Master Planning
Action Plan

• Alignment of Stakeholders
  • Transparency
  • Accountability (Shared Goals/Decision Making)
  • Team Work

• Performance Improvement
  • LEAN
## MUTUAL ACCOUNTABILITY

### “RACI”

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>VP SUP</th>
<th>PLANT OPS</th>
<th>Mark EVS</th>
<th>Glenn MAINT</th>
<th>CNO</th>
<th>2N NURSE MGR</th>
<th>3N NURSE MGR</th>
<th>Nick</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT TEAM COMMUNICATION LIST</td>
<td>I</td>
<td>C</td>
<td>C</td>
<td>A</td>
<td></td>
<td>C</td>
<td>C</td>
<td>I</td>
</tr>
<tr>
<td>SOUND LEVEL TRAINING</td>
<td>I</td>
<td>R</td>
<td>I</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>FINANCIAL IMPERATIVE</td>
<td>A</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>BASELINE SOUND MEASURE</td>
<td>C</td>
<td>R</td>
<td>I</td>
<td>A</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>FORCE FIELD WITH NURSE LEADERS</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>A</td>
<td>R</td>
<td>R</td>
<td>I</td>
</tr>
<tr>
<td>FORCE FIELD WITH EVS/MAINT STAFF</td>
<td>R</td>
<td>I</td>
<td>A</td>
<td>R</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>Rounding App Implement</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>A</td>
<td>C</td>
<td>C</td>
<td>I</td>
</tr>
<tr>
<td>Standardized Rounding</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>A</td>
<td>R</td>
<td>R</td>
<td>I</td>
</tr>
<tr>
<td>RACI Exercise Prior to Kick-Off</td>
<td>A</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>R</td>
</tr>
<tr>
<td>Kick-Off Med Surg, 2 North</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>A</td>
<td>C</td>
<td>I</td>
</tr>
</tbody>
</table>
# Project Management – Tracking A3 Progress

## Current Condition (box 3 on an A3)

<table>
<thead>
<tr>
<th>What We Desire</th>
<th>% Complete</th>
<th>Remaining Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying our Problems</td>
<td>100</td>
<td>Force Field Exercise with Nurse Council and EVS</td>
</tr>
<tr>
<td>PG Data</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Noise Baseline</td>
<td>50</td>
<td>Basic training for Glenn and Wayne. Conduct Measurements.</td>
</tr>
</tbody>
</table>

## Goals (box 4 on an A3)

<table>
<thead>
<tr>
<th>Attainment</th>
<th>Stretch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Relative to Baseline by 20%. Overall Patient Satisfaction</td>
<td>Improve Relative to Press-Ganey “All DB” to attain top Quartile Standing. This Will Provide Maximum Contribution to VBP Score.</td>
</tr>
</tbody>
</table>

## Analysis (box 5 on an A3)

<table>
<thead>
<tr>
<th>What We Desire</th>
<th>% Complete</th>
<th>Remaining Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand our Problems</td>
<td>100</td>
<td>Force Field Exercise with Nurse Council and EVS</td>
</tr>
<tr>
<td>PG Data</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Noise Baseline</td>
<td>50</td>
<td>Basic training for Glenn and Wayne. Conduct Measurements.</td>
</tr>
</tbody>
</table>

---

**NEHES 2013 Fall Conference**
Project Team Activities

| What is our Current Noise Level? We don’t have a Baseline! Where, When and Why are our Problems?! |
|---|---|
| Problems | Countermeasures |
| There is no trending data | Cindy will to match PG data to corroborate areas disturbance |
| Is there variability in location and time? | Glenn purchased a sound level meter to create a baseline |
| What other processes occurred during the disturbance? | |

| Countermeasures Underway or Accomplished! |
|---|---|
| 340’s dimmer for main overhead light | EVS cart repairs underway |
| Addressing Doors...can close so quickly they bang | Educating night staff about pagers |
| Changing staffing patterns to prevent loitering if no work avail | |
It’s A Journey

Commit to Excellence
Build a Culture around Excellence

Create and Develop Great Leaders
Build Accountability

Measure Important Things
Align Behaviors with Goals and Values

Focus on Employee Satisfaction
Reward and Recognize

Communicate at All Levels
TOOLS
What Does a Patient Survey Look Like

- Do you have access to them?
- If no, why not?
- Go ask?
- Align your personal performance measures to patient experience
  - Same goes for architects, engineers, builders. Let's all adopt a culture of ALWAYS
Patient Perception of Care Surveys

HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named on the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: □ Yes □ No ➔ If No, Go to Question 1

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don’t have to send you reminders.
Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. CMS #0838-P0981

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

2. During this hospital stay, how often did nurses listen carefully to you?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

6. During this hospital stay, how often did doctors listen carefully to you?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

9. During this hospital stay, how often was the area around your room quiet at night?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
    □ Yes
    □ No ➔ If No, Go to Question 11

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
    □ Never
    □ Sometimes
    □ Usually
    □ Always

12. During this hospital stay, did you need medicine for pain?
    □ Yes
    □ No ➔ If No, Go to Question 13

13. During this hospital stay, how often was your pain well controlled?
    □ Never
    □ Sometimes
    □ Usually
    □ Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
    □ Never
    □ Sometimes
    □ Usually
    □ Always
Reward and Recognition

- Departmental Recognition
- Individual Recognition
Service Recovery
# Scorecards

## Milton Hospital
Patient Perception of Care
FY 2012

### Favorable Comparison to Target

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURGICAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Services/Overall</td>
<td>97</td>
<td></td>
<td>97</td>
<td></td>
<td>74</td>
<td>94</td>
<td>98</td>
<td>73</td>
<td>43</td>
<td>89</td>
<td>74</td>
<td>98</td>
<td>32</td>
<td>70</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EMERGENCY DEPARTMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>97</td>
<td></td>
<td>99</td>
<td></td>
<td>99</td>
<td>95</td>
<td>93</td>
<td>96</td>
<td>98</td>
<td>96</td>
<td>98</td>
<td>80</td>
<td>89</td>
<td>96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>90</td>
<td></td>
<td>45</td>
<td></td>
<td>99</td>
<td>56</td>
<td>62</td>
<td>21</td>
<td>67</td>
<td>26</td>
<td>11</td>
<td>90</td>
<td>55</td>
<td>34</td>
<td>86</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>90</td>
<td></td>
<td>15</td>
<td></td>
<td>96</td>
<td>48</td>
<td>67</td>
<td>18</td>
<td>72</td>
<td>30</td>
<td>5</td>
<td>62</td>
<td>33</td>
<td>89</td>
<td>81</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>90</td>
<td></td>
<td>57</td>
<td></td>
<td>99</td>
<td>80</td>
<td>99</td>
<td>18</td>
<td>16</td>
<td>16</td>
<td>91</td>
<td>99</td>
<td>99</td>
<td>51</td>
<td>99</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>90</td>
<td></td>
<td>34</td>
<td></td>
<td>99</td>
<td>25</td>
<td>64</td>
<td>62</td>
<td>99</td>
<td>98</td>
<td>15</td>
<td>99</td>
<td>68</td>
<td>56</td>
<td>99</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall (Press Ganey - Percentile Rank) - ED, Surgical Services and Outpatient Combined</td>
<td>90</td>
<td></td>
<td>77</td>
<td>91</td>
<td>76</td>
<td>78</td>
<td>54</td>
<td>67</td>
<td>56</td>
<td>52</td>
<td>88</td>
<td>77</td>
<td>44</td>
<td>82</td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of Identifying Personnel and Their Jobs (ED, Inpatient, Outpatient and Surgical Services Combined)</td>
<td>93.2</td>
<td></td>
<td>91.5</td>
<td>92.1</td>
<td>89.5</td>
<td>92.8</td>
<td>89.7</td>
<td>90.4</td>
<td>88.0</td>
<td>88.0</td>
<td>92.2</td>
<td>92.5</td>
<td>86.7</td>
<td>89.0</td>
<td>91.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient - HCAHP Score (Combined score of all 8 Domains)</td>
<td>25</td>
<td></td>
<td>28</td>
<td>40</td>
<td>42</td>
<td>42</td>
<td>38</td>
<td>36</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measurement and Direct Observation (go to the Gemba)
Master Facility Planning
In Summation...

Healthcare is an industry that is facing coming years of decreasing reimbursement, increased costs, pay per performance and public reporting. Failure to achieve ongoing improvement of patient experience measures increases an organization’s vulnerability to lose significant Medicare reimbursement holdbacks as part of the Value Based Payment System. Here at Beth Israel Deaconess Hospital – Milton there is over ½ million dollars over the next few years that is at risk if we are unable to continuously improve performance relative to ourselves and others relating to patient experience performance. In addition, patients are increasingly using publically reported performance measure such as HCAHPS as a method to select a preferred healthcare provider. This presents a vulnerability for decreased revenue.
RACI Exercise

A Get a full copy of Patient Satisfaction Scores

A Turn to the person next to you and make a commitment to do something to influence patient experience. Bring this person into your effort...are they R C I

<table>
<thead>
<tr>
<th>Accountable</th>
<th>for completion/results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible</td>
<td>performs the task</td>
</tr>
<tr>
<td>Consulted</td>
<td>prior to/or during the task</td>
</tr>
<tr>
<td>Informed</td>
<td>that the task is complete</td>
</tr>
</tbody>
</table>
Interested in Learning More?

Please feel free to contact us:

Nick Masci, LEED AP | Vice President, Lean Practitioner
Haley & Aldrich
603.391.3329
nmasci@haleyaldrich.com
www.haleyaldrich.com

Cynthia Page | Vice President of Clinical and Support Services
Beth Israel Deaconess – Milton
617.313.1355
cindy_page@miltonhospital.org
www.miltonhospital.org