WANT TO ENHANCE PATIENT EXPERIENCE?

APPLY PROCESS IMPROVEMENT THAT CARES

Customer experience in a healthcare setting—measured by methods such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)—is a huge driver of performance measurement and profitability. A study by consultant Press Ganey based on hospital information collected by the U.S. Department of Health and Human Services indicates that 25 percent of hospitals with the highest HCAHPS scores were also on average the most profitable. In addition, only hospitals that showed a positive profit margin were those institutions that were highly rated by patients. Hospitals with the lowest patient satisfaction scores were significantly less profitable.

Many hospitals struggle with delivering high-quality, consistent service to their patients—frequently due to a disconnect between departments, processes, or staff.

It only makes sense that to improve customer ratings, you must first solicit specific feedback from the patients themselves: using actual patient pathways to develop an objective assessment of the strengths and gaps in the current patient experience.

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START WITH A PROCESS MAP

The step-by-step journey a patient takes within a healthcare system directly correlates with process mapping—tracking the activities involved in defining what a business entity does, who is responsible for what, standards for completing a process, and how to determine a process's

success.

It's amazing what you can learn and more easily recognize by documenting existing and desired processes. Hospitals often overlook this step because of pressures for expediency and concerns about its value. The thinking is, "We know what we do; we do it every day. Why document it?"

But because the patient experience is molded by many individuals, functions, and organizations, it is difficult to find anyone who knows and understands all of the key touchpoints and processes that can be streamlined to reduce "friction," save time, and improve the overall experience.

After completing a process map, an organization can develop recommendations to improve workflow, technology, communication, and other functions to address priorities and pain points; and help define and execute specific process improvements already identified as issues affecting the customer experience.

In healthcare organizations, this can include accelerating physician appointments to within a few minutes of referral/request; offering same-day, coordinated diagnostic testing and results reporting across multiple modalities; streamlining scheduling and registration processes; establishing consistency in communications across various patient touchpoints throughout the continuum; and integrating effective patient navigation strategies.

"EFFECTIVE" & "AFFECTIVE" INFLUENCES

Although businesses commonly use process mapping to achieve process improvement, healthcare isn't just any business, and patient satisfaction is based on more than just speed and efficiency. Because of the intimate and critical nature of the services provided, successful healthcare process improvement involves identifying and evaluating both "effective" (process influenced) and "affective" (cultural/perceptual/behavioral) influences—both of which are essential to achieving the desired patient experience.

Lean methodology is great at identifying "effective"

"EFFECTIVE" & "AFFECTIVE" INFLUENCES ARE ESSENTIAL TO ACHIEVING THE DESIRED PATIENT EXPERIENCE

improvements such as eliminating redundancies and improving speed and efficiency in the patient journey. But it can often overlook the "affective" advancements which focus on communication, caring, feelings, empathy, and culture. Both types of influences can help a healthcare organization attain and sustain goals for patient care.

In establishing process maps of both effective and affective influences, the organization must determine how current processes, procedures, and heuristic tendencies (natural and individual) affect patient satisfaction.

Some unique challenges arise when introducing process improvements, particularly related to patient and family expectations. Although interacting with a patient's family requires some situational "read and adjust" by healthcare personnel or technologies, the "customer service response" relies on the greater behavioral construct and expectations established by the leadership team. To achieve patient satisfaction goals, all personnel and technologies "touching" the patient or prospective patient must maintain an attitude and demeanor that will enhance the patient experience.

Further complicating efforts to improve patient experience is the number of "first patient touchpoints," some of which are outside the hospital's direct control. Patient referrals from primary care doctors, specialist offices, in-hospital outpatient departments, websites, voicemails, voice-activated telephone responses, and other sources present unique challenges.

One way to get a handle on these touchpoints is to prioritize each referral and access source based on the historical volume generated by each category, then determine what improvements to each would have the greatest impact. Changes must be weighed against the impact on doctors and other providers, and those generating adverse effects will fail or cause other issues. Similarly, changes that result in negative financial consequences

must be carefully assessed to determine whether they are in the best long-term interest of the organization.

Capturing real-time process flow information and summary data evaluation ("after-the-fact" patient surveys) material is critical for process improvement—and ultimately, a good patient experience. This information is especially important for experiential influences. For example, a bad patient or family experience at the front end of the engagement (e.g., appointment scheduling) that is left unaddressed can sour patient satisfaction—even if clinical results align with the hospital's standards of care.

An information source organizations often overlook when process mapping is the "voice of the prospective customer/patient" (VoPC). Understanding a prospective customer's priorities in seeking healthcare should influence the model designed to meet and exceed expectations. The number of VoPC participants doesn't need to be extensive; a "focus group" exercise should be sufficient to achieve qualitative, reasonable assumptions.

The compilation of analyses and integration of these approaches provides the basis for an accurate depiction of the healthcare organization's current state and opportunities for improvement—thus laying the groundwork for developing a progression model depiction from current to future state, and prioritized recommendations for improving and differentiating the patient experience.

CHANGE MANAGEMENT: "AFFECTIVE" IMPLEMENTATION

Any suggested improvements should include change management components, which are essential to assuring organizational acceptance and engagement. Affective components should be incorporated into the "patient journey" process, and the plan should implement it. Such an initiative will inevitably involve changes in mindset, attitude, and other behavioral elements. These initiatives cannot be done to staff on the front line; they must be done with them. As hospitals design the project team and change management plans during the project planning stage, they must incorporate staff that will ultimately communicate the culture of their organization to the patients and their families.

Additionally, immediately executable improvements ("low-hanging fruit") identified through process mapping can be highlighted and incorporated into fast-lane execu-

tion—and build momentum to fuel adoption of more challenges and complex changes.

CHANGE MANAGEMENT COMPONENTS ARE ESSENTIAL TO ASSURING ORGANIZATIONAL ACCEPTANCE & ENGAGEMENT

It goes without saying that the success of process mapping requires collaboration between the hospital, its consultants, the hospital's C-suite, the employees tasked with delivering the improvements—and ultimately, the patients.

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