At the Corner of Patient Experience and Patient Safety: The Case for the Chief Experience Officer

Anthony Cirillo, FACHE
You are the Patient / Resident Experience

Your Employees
are the Patient / Resident Experience
Succession

older adults should move aside from high-paying jobs and prominent social roles to make way for younger people

Identity

older people should not attempt to act younger than they are

Consumption

seniors should not consume so many scarce resources, such as healthcare
The Experience is the Marketing
“In many cases, WOM isn't actually "marketing" at all. It's great customer service that earns customer respect.”

Andy Sernovitz, Author, Word of Mouth Marketing: How Smart Companies Get People Talking
The Value of Experiences

= 2 cents a cup

= 20 cents a cup

= $1 cup

The Experience Economy – B. Joseph Pine II, James Gilmore
Agenda

- PX and WOM
- Market Forces
- Defining PX
- Connection Between PX, Safety, Quality
- Why We Have Not Hit Mark
- Role of the CXO
- Population Health vs Societal Issues
- Role Across Settings
- Who Should Assume Role
- Where Does It Report / Who Reports In
- What if No CXO
Learning Objectives

• Connect PX to Safety and Quality.

• Discuss why a chief experience officer is needed in today’s healthcare environment.

• Explore the role of the chief experience officer, including key functions and responsibilities; staffing of function; budget; training and background needed.
Anthony Cirillo, FACHE, ABC

30 year healthcare veteran

- President of The Aging Experience
- Executive Board Member, CCAL
- Member, Dementia Action Alliance
- Contributor, Charlotte Today TV Program
- About.com Senior Care Expert
- Keynote Speaker and Performer

See contact information last slide
Effective management of patient loyalty could mean $4 million of revenue to average hospital. Advisory Board
Quality-Based Payment Reform Initiatives

- Inpatient Quality Reporting Requirement (IQR) 2% of APU
- Value Based Purchasing 2%
- Readmissions 3%
- Hospital Acquired Conditions 1%
- Hospital Acquired Conditions (DRG Demotions)
- Meaningful Use 1%

Quality-Based Payment Reform Initiatives
Dr. James I. Merlino, MD
General Surgery, Board Certified, Male, Age 53

Patient Satisfaction

3 responses

How was your experience?

More About Dr. Merlino's Background

- Sanctions
- Malpractice
- Board Actions
- Education & Training
- Awards & Recognitions
- Professional Affiliations & Memberships
- Languages Spoken

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• Hospice
Who’s In Charge?

Nursing Homes Are Starting to Supplant Hospitals as Focus of Basic Health Care

APRIL 24, 2015
“Healthcare culture is a system of shared values and behaviors that focus caregiver activity on improving the patient experience.”

Jim Merlino, M.D., Author, Service Fanatics
Safe Care

High Quality Care

Patient Satisfaction

High-Value Care
“Safety trumps all and when we ask patients to do things they may not like or make them unhappy, it’s important they understand why.”

Jim Merlino, M.D., Author, Service Fanatics
Review of 55 Studies to Find Evidence
Between PX & Clinical Safety and Effectiveness

“Consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs.”

“Supports the case for inclusion of patient experience as one of the central pillars of quality.”

“Supports the argument that the three dimensions of quality should be looked at as a group and not in isolation.”

Cooley Dickinson Healthcare of Mass. General
”Clinicians should resist sidelining patient experience as too subjective and mood-oriented, divorced from the ‘real’ clinical work of measuring safety and effectiveness.”
Hospitals scoring in the top quartile of satisfaction reported more than 2X the margin of those at the bottom.

$280 million affected in readmission costs is directly attributed to experience

Improving Patient Experience
Decrease in Readmission Costs

A satisfied patient tells, on average, 3 people about their experience.

A dissatisfied patient tells 25 people.

With social media, a dissatisfied patient can be even more damaging.

A 1% increase in quality score yields a 2% increase in operating margin.
Implications of the Experience of Care

- Brand reputation
- Revenue and referrals
- Consumer choice and market share
- Quality and safety
- The company you keep
- The society we live in
Why We’ve Haven’t Hit the Mark
Hospital suits force new pain on patients

Investigation:

N.C. hospitals sue 40,000 patients
Why We Haven’t Hit the Mark

“So, if you die in a long term care facility without following the operational guidelines, do they make you die all over again (correctly this time)?”
The Human Experience
1. Assess the mood
2. Make eye contact
3. Smile
4. Maintain the relationship
Perspectives on Experiences

- The experience is the TOTAL experience not just clinical
- Rules and regulations stymie innovation
- Understanding your ultimate role and purpose is important
- Simplify
CXO Traction

- 22% hospitals have a C-Suite person
- Yet, on average they spend 63% of time on that responsibility
- In position three years or less
- 28% of hospitals have no committed experience role
CXO Value

- Commitment to a stated promise
- Align initiatives and processes across organization
- Bridge to physicians and other care providers
- Seat at the table for patients
- Competitive differentiation
Chief Context Setter
The continued challenge is to make “meaning” with the work. Context is everything. We have to respect the challenges faced by all caregivers and layer our improvement efforts in a way that makes rational and emotional sense.

Sean Keyser, VP Patient Experience, Novant Health
Chief Healing Officer
“I Feel Like I Belong.”
Naughty or Nice
$71,000,000

10,000 Employee Organization with 50% having one episode a year.

The Cost of Bad Behavior: How Incivility Is Damaging Your Business and What to Do About It Christine Pearson (Author), Christine Porath (Author)
Chief Promise Keeper
Execution

Service Experience

- Perception
- Pre-Care
- Patient Care
- Post Care

Process
People
Patients
• Multi-Disciplinary Rounding - 21%
• Post-Discharge Calls - 32%
• Hourly Rounding - 38%
• Leadership Rounding - 47%
• Pre-Arrival Communication - 49%
• Bedside Shift Handoff - 51%
• Proactive Compliments and Complaints Mgt - 53%
• Bedside Pt Engagement - 17%
• Alarms Management - 25%
More from Hospital Side

- CEO Leads the Charge
- HCAHPS Chasing
- Building Best Practices then Adopting Enterprise Wide
- Relationship Building - PFACs
- Orientation and Onboarding
- Communication Training
- Physician Relationship Building
- Total Transparency
Caregiver Voice

- 65.7 Million Caregivers; 29% adult population
- 66% Female
- Half perform medical and nursing tasks for loved one
- 70% caregivers over 50
- 70% of working caregivers report difficulties at work
- Worsened health, more stress and strain
- More than 40% display clinical signs of depression
"In my experience, one unfortunate unintended consequence of the current culture in healthcare is a type of medical error, which I call a 'failure to heed or engage caregiver error.' It's a subset of the larger 'failure to heed or engage the patient error.' However, the standardized formats for identifying errors and harm in healthcare do not capture failure to engage or heed patients or caregivers. Is caregiver engagement a question on patient satisfaction surveys? Until we start looking for errors, harm and dissatisfaction caused by the failure to engage or heed caregivers, we lack evidence that might spur change."

Kathy Kenyon to the Institute of Medicine's Committee on Family Caregiving for Older Adults.

Top Three Priorities in 2015 - Just 13% Said Patient and Family Voice
Caregiver/Patient Involvement

- Discovery and Data Gathering - 7%
- Kaizens - 12%
- Implementation and Testing - 16%
- Process Mapping - 16%
- Future State Design Sessions - 16%

Experience Innovation Network
The Evolving Role of the Healthcare CXO
Vulnerability INDEX™

- Caregiving
- Financial stress
- Relationship issues

Magnifiers
- Sleep issues
- Feeling sad or down
- Substance use

Buffers
- Social support
- Spirituality
- Exercise

Life Obstacles
Chief Healing Officer

• How Does Your Organization Help to Prevent Burnout and Initiative Fatigue

53% Don’t Do Anything

• Few measure Baseline and Followup for physician and staff burnout, fatigue or emotional exhaustion

Experience Innovation Network
The Evolving Role of the Healthcare CXO
“The best management of many of these top 5 percent utilizers may end up looking a lot more like social work than medical care. Housing, transportation, income support, nutritional support and counseling may be more beneficial and effective than any form of conventional medical intervention.” Ian Morrison
Early diagnosis and quality care; patient and caregiver support

Specialized memory loss supports and services

Dementia-friendly businesses; customer and employee support

Dementia-aware and responsive client services

Accessible, user-friendly transportation and environments

Welcoming and supportive spiritual environments

Emergency preparedness and response

Independent living and meaningful engagement
How Implemented Across Settings - SNF

• Onboarding - Staff, Residents, Families
• Patient Experience Action Councils
• Resident Council Minutes to Action
• Connect to Purpose
• Wayfinding
• Healing Spaces
• Skill Labs - Clinical and Customer Experience - Role Play
How Implemented Across Settings - Home Health

- Communication Challenges
- Patient / Family Advisors
- Eden at Home - Loneliness, Boredom, Helplessness
- Wellness in all Dimensions
- Initial Evaluation and Interview
Colette Brune

On March 21st, 1921, the family farm near St. Paul, Iowa, Stephen and Mary (Tugendanz) Steffensen welcomed a new baby girl into their growing family. Legally, she was named Theresia Mary Colette, but she would forever be just "Colette" to everyone who knew her.

Colette was one of eight children. Her brothers were Joe, Bill, Bernard (Jim), Maurice, and Arnold; her sisters were Lucille, Doreen, and Agnes, who died as an infant. Colette was the second to the last child born. She is now the last living child of the family.

Growing up in this big family during the early part of the twentieth century was a challenge. The work was hard and everyone had to help out. Colette completed the eighth grade at St. James School in St. Paul and was sent to the Juvenile Academy in Ottumwa, Iowa.

There she completed high school and won an excellent student. She returned home to help out the entire family, but especially, her father.

Stephen was a farmer and a cattle breeder. He would buy and sell cattle and trade for farm land to be transported to the stockyards in Chicago. He drove once, but rode the car into the ditch. From that point on, he relied on his petite Colette to drive him around.

Colette was also needed at the house to help with the cooking, plowing and gardening. The many boys in the family needed the womenfolk, and when her sister Lucille left to go to the convent, Colette inherited a lot more chores. Eventually, Lucille would become Sister Aline and Colette would become a Nun.

Her brother Maurice dated a young Brune girl, Catherine. Catherine's brother, Bernard (Steve), took a shine to the beautiful Colette. On June 24th, 1938, at the age of 27, she said "I do" and the state of St. James Catholic Church in St. Paul. He was 19, handsome, and just right for the young lady.

They came home and Colette's family, a beautiful group of eight—four of each. Still came four, then Gene, Mary, Ken, Janet, Peggy, Joan and Ellen. The family grew up with values—church, hard work and fun family times.

Special memories include Sunday afternoons at grandma's house—Mom at the piano, Dad leading the singing. Colette always planned family events—the picnics at the Lee County Fair and Cropas Park in Burlington. Sunday afternoons also might find the group looking up for a drive and an ice cream stop. None of this kids will forget June and her Saturday newsletter—baking and selling, which were the BEST! Harry was legendary. She made Zell-O gaga every Easter, and her home-baked breads were renowned to perfection. The kids family remember how no one could run through the house an avoid any connection while her fabulous angel food cake was baking or it would "fall"—a real tragedy!

Colette has been a lifelong member of St. James Catholic Church, the Daughters of St. Therese and St. James Quilters. She and Steve were wonderful dancers and loved to play cards. She is returning when it comes to Racine, Canada and Nebraska.

Colette has been a master gardener all her adult life. She can can any dying house plant. Her vegetable garden has fed generations of Brunes. She loses her fruits, especially tomatoes, and never a spring goes by without lobster everywhere.

Colette has been a widow since December 16, 2010. She left Steve but says she feels his presence with her in the home they shared for 33 years.

At 84, Colette still loves to watch the Lawrence Welk show, and music is still big part of her life. She now has 21 grandchildren, 27 great grandchildren and numerous nieces and nephews. Her children and their offspring are her most important treasures and the light of her life.

But the one thing Colette lives most is her deep, abiding love for and commitment to her church and her Lord.

Colette's Living History
“It’s a completely different take altogether - no one thinks about act
Who Should Assume the Role?

- CMO / Physician 7%
- CNO / RN 23%
- Marketing 19%
- Wellness Coordinator
- Therapeutic Recreation Director
- Assistant Administrator
- Social Services
- MDS Coordinators
Who Should Assume the Role?

Kathy Broggy
Life Enrichment Director at Courtyard Senior Living
Insurers Now in on the Act

Ingrid Lindberg
first CXO for a health plan
Where Does It Report

- CEO/President - 32%
- CMO, CNO, Chief/VP, Clinical Quality - 29%
- COO / VP Operations - 14%
- Chief VP, HR - 9%
- Dual - 4%
- Other - 11%
Who Reports In

- Experience Improvement - 85%
- Experience Strategy - 75%
- Compliments and Complaints - 72%
- Experience Analysis - 71%
- Friends and Family / VIP - 43%
- Quality or PI - 23%
Budget

- 1,001+ Beds - $2,016,000
- 601-1,000 - $1,502,000
- 401-600 - $804,000
- <400 - $625,000
Status Quo - What if No CXO?

• Conversation Purely Clinical Humanize the Numbers

• Connector within Organization

• Resources for Training

• Reinforces Messages
“While the top person owns the issue and messaging, a C-Suite executive who reports directly to the CEO is necessary to execute for meaningful operational effectiveness. Improving the patient experience will require resources, management of data and specific tactics. There must be a person who is responsible for day-to-day operational improvement.”

Jim Merlino, M.D., Author, Service Fanatics
Questions
Wrap Up / Implementation

• There is no one blueprint.

• Satisfaction is not about making people happy.

• Experience impacts brand, quality and safety, which impacts consumer choice, which impacts referrals and revenue.

• The Experience is just not patient facing; everyone impacts it.

• We over-complicate in health care; we need to simplify and use common sense.

• Commit 100% - assess readiness and willingness to support role, not just say you one.

• Role has broad functional scope.

• Must be resourced.

• Understand that the biggest part of this is culture.

• Role will evolve and change.

• You don’t need a CXO. Embrace the tenets of the position.

• Everyone is the CXO.

• Tell Your Story.
Net-Promoter Score
Will You Recommend Us to Others?

How likely are you to recommend to a colleague or friend?

Detractors
0 1 2 3 4 5 6
Passives
7 8
Promoters
9 10

Not at all likely Neutral Extremely likely

\[ \text{NPS} = \% \text{ of PROMOTERS (9s and 10s)} - \% \text{ of DETRACTORS (0 through 6)} \]
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