

Using collaboratives to rapidly improve the patient experience

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INTRODUCTION

The patient experience is critical to patient outcomes and a health care organization’s success. Allina Health used a collaborative approach to improve the patient experience rapidly in a group of clinics using two interventions:

1. Multidisciplinary clinic-based teams were taught PI skills and used them to patient experience improvement.
2. Clinicians with communication scores below the 50th national percentile completed personal improvement plans with follow-up check-ins.

Leadership accountability was built into the six-month collaborative to ensure timelines were being met by teams and leaders, and that areas of opportunity were being addressed.

OBJECTIVES OF THE COLLABORATIVE

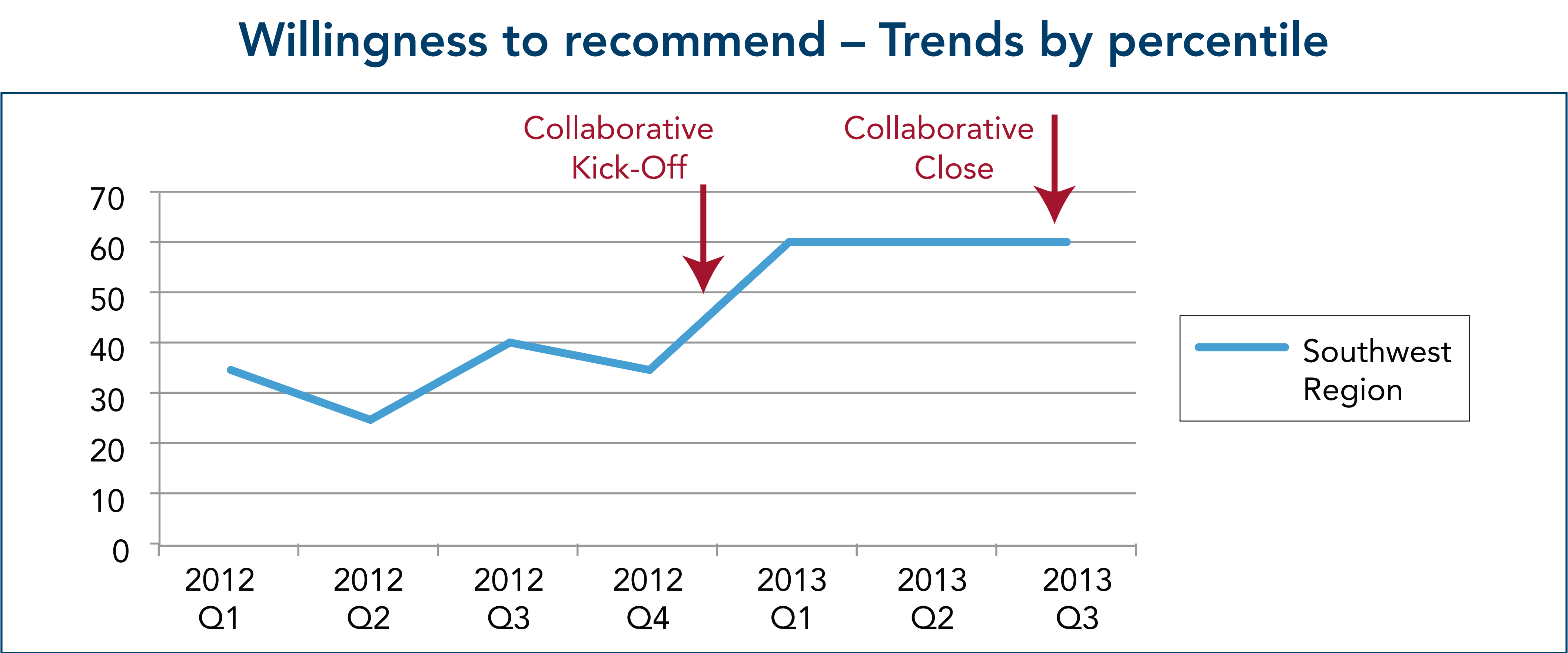
1. Improve the patient experience measured by CG CAHPS in a region within six months.
2. Teach process improvement skills and apply them to rapidly strengthen the care experience by bettering clinic processes and staff and clinician communication.
3. Implement provider improvement plans without shame using clinician leadership to follow-up on plans and provide coaching.
4. Establish leadership accountability to ensure timelines were met.

METHODS

1. Pre-work to identify areas for improvement.
2. Collaborative structure: Learning sessions and action periods supported by phone calls and site visits.
3. Work of the collaborative was based on two actions:
 - a. Service Action Teams (SATs) – multidisciplinary teams working on improving clinic processes.
 - b. Provider improvement plans for clinicians below the 50th national percentile (provider communication) with check-ins at 30, 60 and 90 days.

RESULTS

- The region improved from the 35th to the 65th national percentile (willingness to recommend clinic).
- Clinicians working on improvement plans improved from the 20th to the 45th national percentile (provider communication dimension).



RESULTS *(continued)*

Statistical data					
Question	2012 top box	N	2013 top box	N	P-value
Southwest region					
Access composite	64.70%	4980	66.04%	3609	0.2
Provider communication composite	91.27%	4968	92.56%	3613	0.034
Provider 9-10	79.17%	4936	80.96%	3608	0.04
Office staff composite	89.14%	4985	93.56%	3610	< 0.00001
Willingness to recommend clinic	87.83%	4913	90.12%	3603	0.001
Improvement plan clinicians					
Provider communication composite	81.32%	1682	90.50%	1311	< 0.00001
Provider 9-10	71.66%	1669	75.92%	1308	0.01

Provider communication dimension CG-CAHPS prior to experience collaborative and three months post-experience collaborative

	Jan.-Dec. 2012		Jan.-March 2013	
	Surveys returned	Top box percent	Surveys returned	Top box percent
Mean provider communication dimension top box	1523	86.40%	598	91.10%

DISCUSSION

Patient experience as measured by CG CAHPS improved in a region and has been maintained. “Staff courtesy” improved as well as overall “willingness to recommend the clinic.” Clinicians on improvement plans showed a dramatic improvement in provider communication.

What went well: The structure and leadership accountability helped maintain momentum. SATs worked on important changes targeting areas of weakness. Initially, PDSA’s were more difficult to track. Physician were surprisingly open to IP’s and most received shadowing by a communication coach.

What could have gone better: Initially the SATs worked on the changes without engaging the entire clinic. Progress accelerated when SATs engaged the entire clinic.