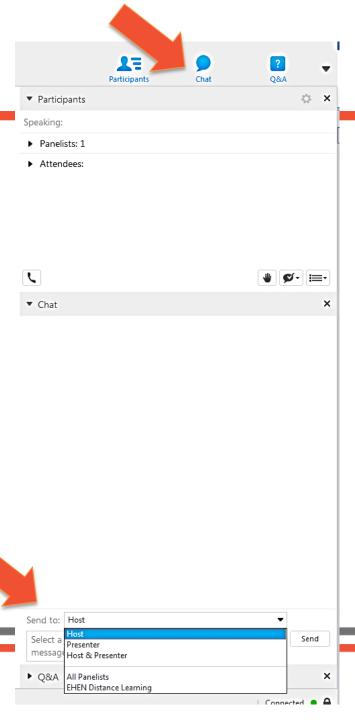


Applying Technology, Team Approaches to Enhance Patient Experience

July 29, 2015

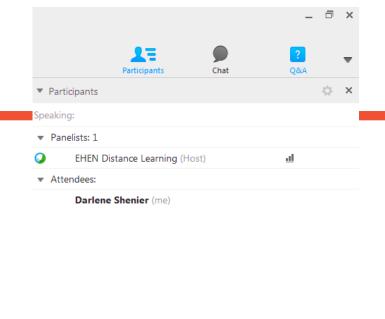
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.



RAISE YOUR HAND

 If you wish to speak telephonically, please "raise your hand". We will call your name, when your phone line is unmuted







AGENDA

- Introduction
- Applying Technology, Team Approaches to Enhance Patient Experience
 - » The Ohio State University Wexner Medical Center
 - » Ben Taub & Quentin Mease Hospitals
- Q&A
- Upcoming events



SPEAKERS



Amy Helder, MS
Administrative Director for
Patient Experience
The Ohio State University
Wexner Medical Center



Stephanie Furniss, RHIA
Clinical Applications
Consultant in Information
Technology
The Ohio State University
Wexner Medical Center



Jason Kunnacherry,
MHA, MBA
Director, Hospital Operations
Ben Taub & Quentin Mease
Hospitals



Peggy Turpin
Operations Manager,
Environmental Services
Ben Taub & Quentin Mease
Hospitals





Improving People's Lives Through Innovations in Personalized Health Care

Using Technology to Improve Engagement and Patient Experience

Amy Helder Stephanie Furniss, RHIA





Improving People's Lives
Through Innovations in
Personalized Health Care

Agenda

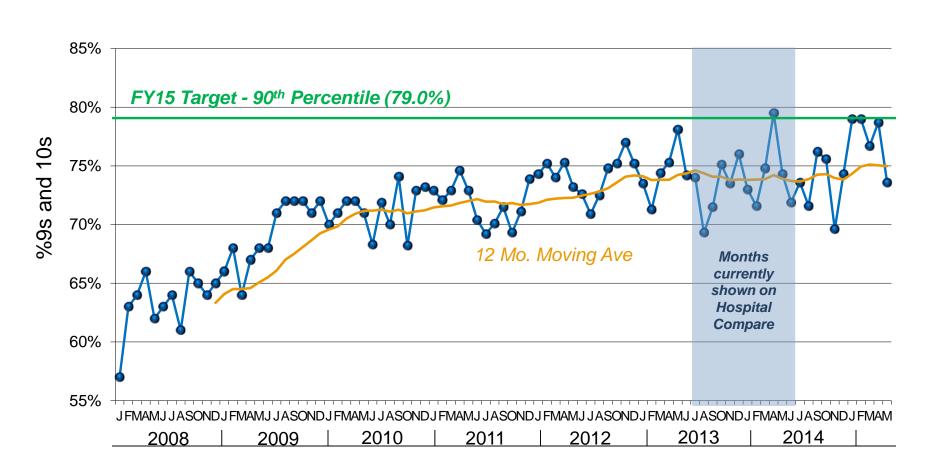
- Patient Satisfaction vs. Real-time
 Feedback
- Engaging a Patient and Family Advisory Council
- Innovative Strategy for Increasing Patient Engagement
- Results as Measured by Patient Satisfaction Surveying



Overall Rating of Hospital

HCAHPS Inpatient Progress

"During your stay how would you rate this hospital from 0-10"



Best in Class Patient Driven Functions

- Dining on Demand
- Video Interpretation
- IHIS Patient Educational Video

Video Conferencing (Skype)

Best in Class Patient Driven Functions

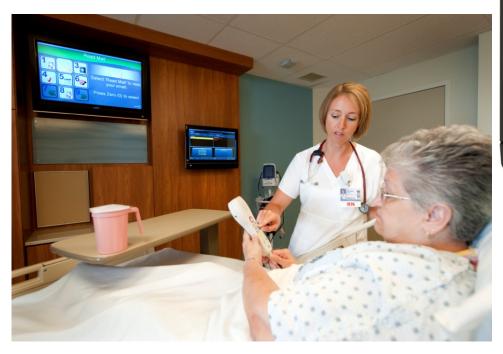
- Video on Demand (DVR)
- Video Gaming

- Internet (OSUMyChart, Email, Google, Facebook, Music, etc.)
- Patient Services



Technology Delivery Options

- Enhanced Footwall TV
 - Smartroom
 - Lodgenet "Hotel"
 - Get Well Network







Technology Delivery Options

- 2. Bedside Device
 - iPad
 - Android





- 3. Workstation on Wheels
 - Limited Use



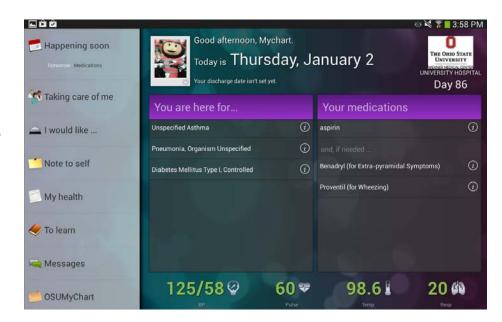
Critical Decision Point

- Advisory Councils
 - How to interact with technology
 - What can it do
- Organization
 - Not one silver bullet
 - Prioritize what patients value most and build it



Implementation

- Decision made to pursue use of Epic's MyChart Bedside app
 - Android tablet
 - Native integration with Epic FMR
 - Available for admitted patients and families
- Additional elements not available within MyChart Bedside would be augmented
- Patients want to see what's going on with them, utilize the schedule, medications, results, etc.





Implementation



- Multi-disciplinary team established to evaluate functionality, recommend workflows and determine pilot criteria.
 - Pilot locations included one unit each from James Cancer Hospital and Ross Heart Hospital
- Additional resources?

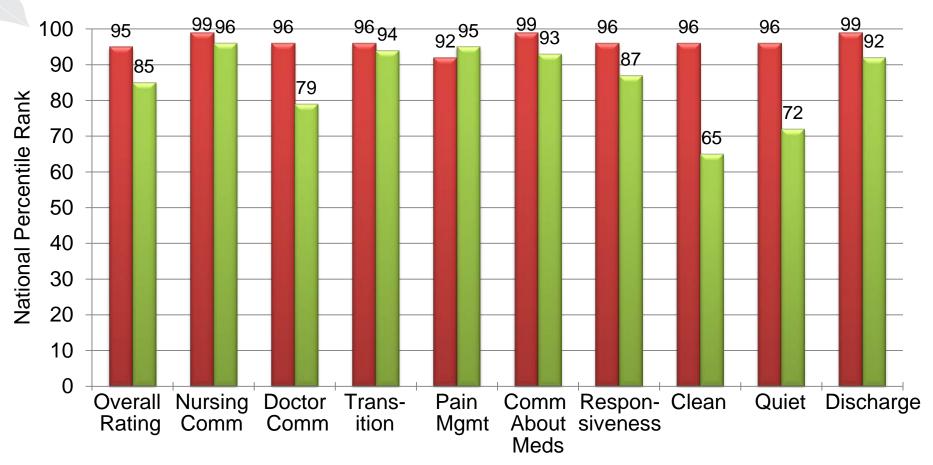


Lessons Learned

- Who owns the process?
- Education, Education, Education
- Technology



Does MyChart Bedside Use Impact Patient Satisfaction?



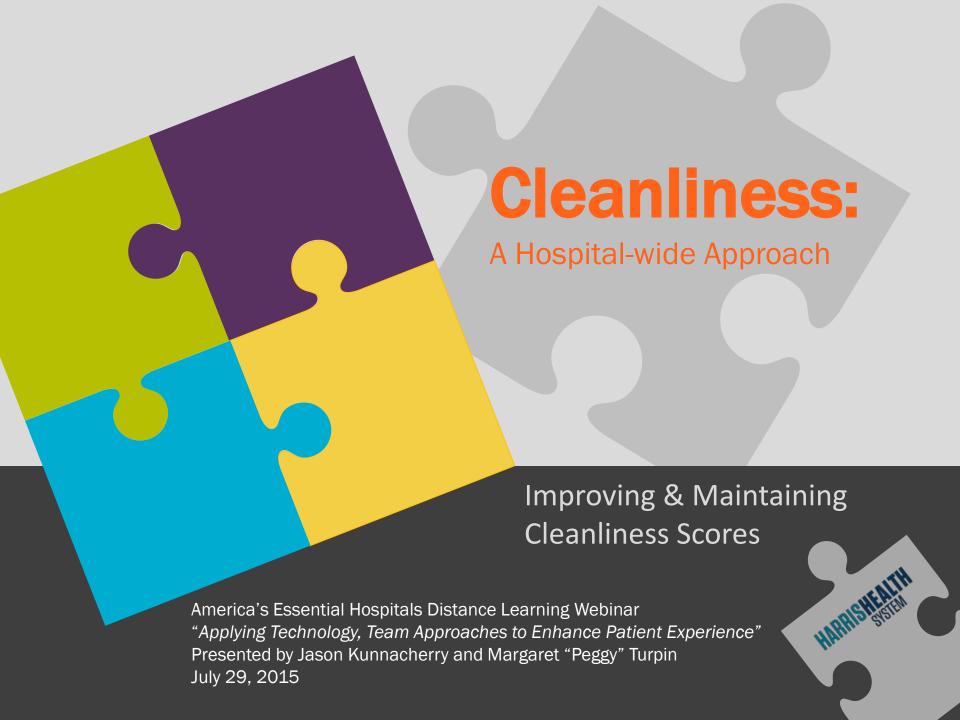
■ MyChart Bedside Patients (n = 67) ■ Pilot Unit Patients, No Tablet NOTE: Dimensions are listed from highest to lowest correlation to Overall Rating.



Successes

- "This is really smart...I can see how this can get me feeling more confident" -- patient
- "I love it. It's a nice thing to have if you want to learn more about what you've got. I like to know what's going on with me." – patient
- Return patients have requested access upon admission
- Staff recognize the potential of patient engagement with their healthcare





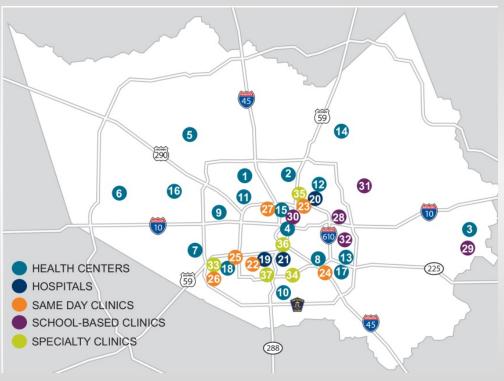
About Us



• 46 Locations:

- 18 Community Health Centers
- 3 Hospitals
- 6 Same Day Clinics
- 5 School-based Clinics
- 5 Specialty Clinics
- 9 Homeless shelter clinics*

Staffed by physicians from Baylor College of Medicine and The University of Texas Health Science Center at Houston (UTHealth).



*not shown on map





Flagship hospital







- Flagship hospital
- Texas Medical Center location









- Flagship hospital
- Texas Medical Center location
- 586 licensed beds







- Flagship hospital
- Texas Medical Center location
- 586 licensed beds
- Staffed by physicians from Baylor College of Medicine







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- Level 1 Trauma Center







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- 2015 Lifeline Gold Plus (AHA)







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- 2015 Lifeline Gold Plus (AHA)
- Area's busiest Emergency Center; only psychiatric EC in Houston







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- Area's busiest Emergency Center; only psychiatric EC in Houston
- 152,872 total patient days (inpatient & observation/FY2014)



Problems to be addressed:

Below target (>5%) hospital cleanliness
 scores for years

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- Unwillingness to accept sub-par scores (no excuses)



Problems to be addressed:

- Below target (>5%) hospital cleanliness
 scores for years
- Unwillingness to accept sub-par scores (no excuses)
- Need to develop sustainable process for improvement and maintenance of cleanliness scores



A Hospital-wide Approach



Cleanliness is everyone's responsibility



A Hospital-wide Approach



- Cleanliness is everyone's responsibility
- Multidisciplinary team
 - Administration
 - Environmental Services
 - Nursing
 - Facilities Engineering
 - Patient Satisfaction



Four High-Impact Initiatives

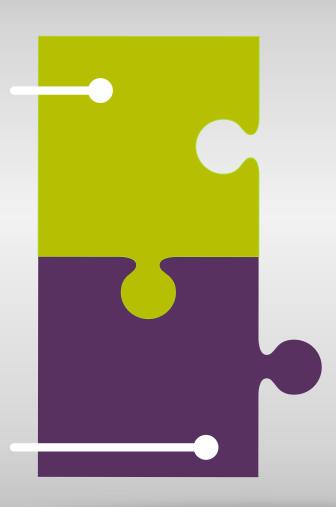
Room of the Day Cycle



Four High-Impact Initiatives

Room of the Day Cycle

Waste and Soiled Linen



Four High-Impact Initiatives

Room of the Day Cycle

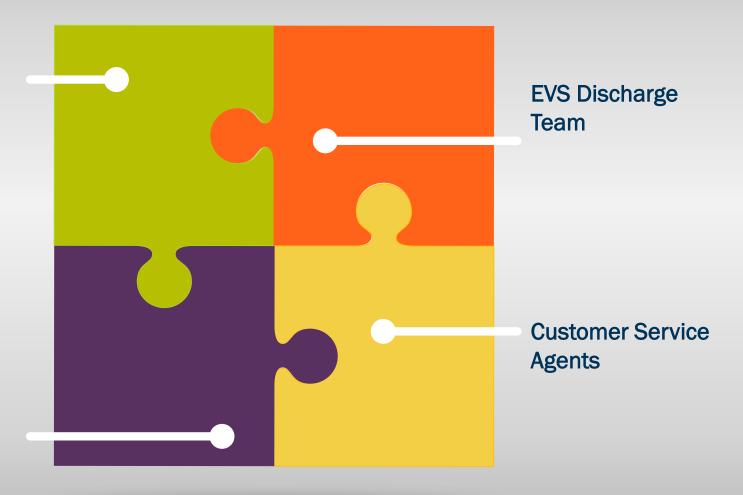
EVS Discharge Team

Waste and Soiled Linen

Four High-Impact Initiatives

Room of the Day Cycle

Waste and Soiled Linen









 One patient room taken offline each day





- One patient room taken offline each day
- 10-hour complete room makeover





- One patient room taken offline each day
- 10-hour complete room makeover
- 12 day average to complete typical nursing unit









Right-sizing and replacement receptacles





- Right-sizing and replacement receptacles
- Waste segregation education





- Right-sizing and replacement receptacles
- Waste segregation education
- Shared responsibility for linen removal (Nursing/EVS)









 8-member team focused exclusively on discharges and transfers





- 8-member team focused exclusively on discharges and transfers
 - Increased attention to routine daily cleaning





- 8-member team focused exclusively on discharges and transfers
 - Increased attention to routine daily cleaning
 - Improved and more consistent bed turnaround times (50 min average)









 Active rounding by a 5-member EVS team to ensure sustainability of program/efforts







- Active rounding by a 5-member EVS team to ensure sustainability of program/efforts
- Immediate feedback to nursing and housekeeping







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- Immediate feedback to nursing and housekeeping
- Stronger patient engagement







- Active rounding by a 5-member EVS team to ensure sustainability of program/efforts
- Immediate feedback to nursing and housekeeping
- Stronger patient engagement
- Liaison to nursing

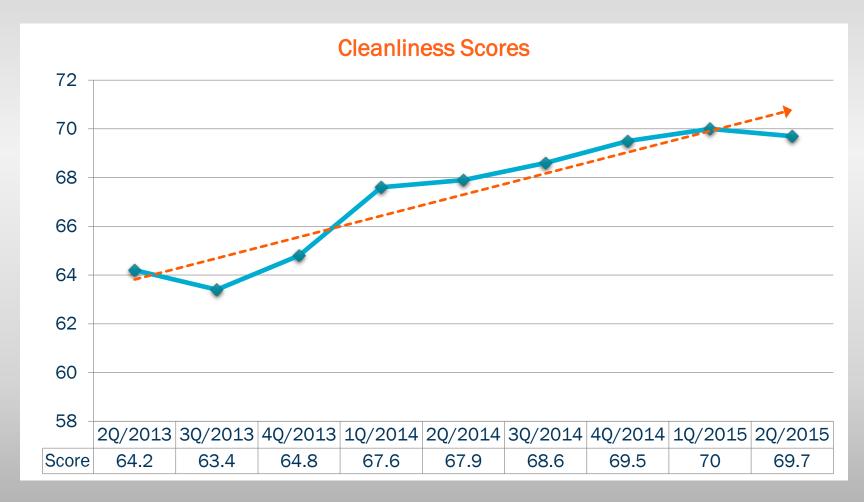






Performance Improvement

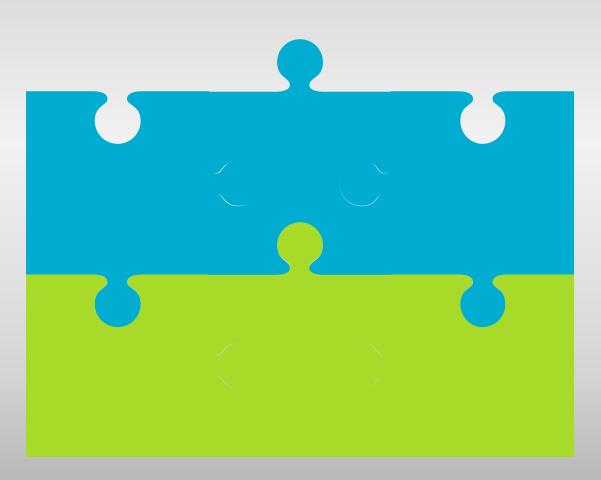






Multidisciplinary approach

to solving patient satisfaction challenges has proven to be the source of success.

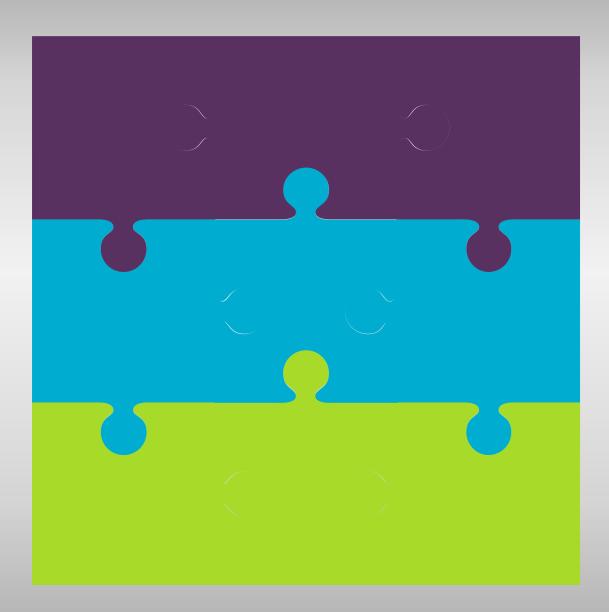


Multidisciplinary team

continues to drive strategic approach to improving patient care environment.

Multidisciplinary approach

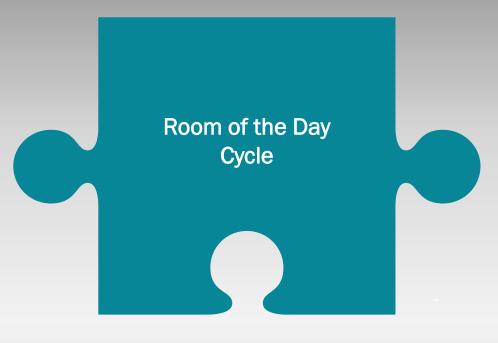
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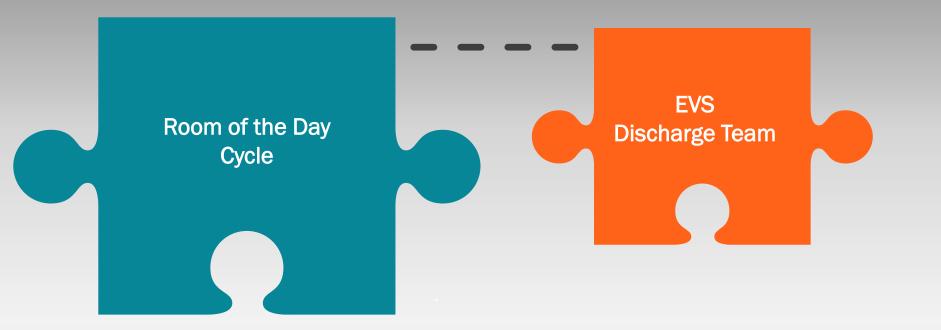


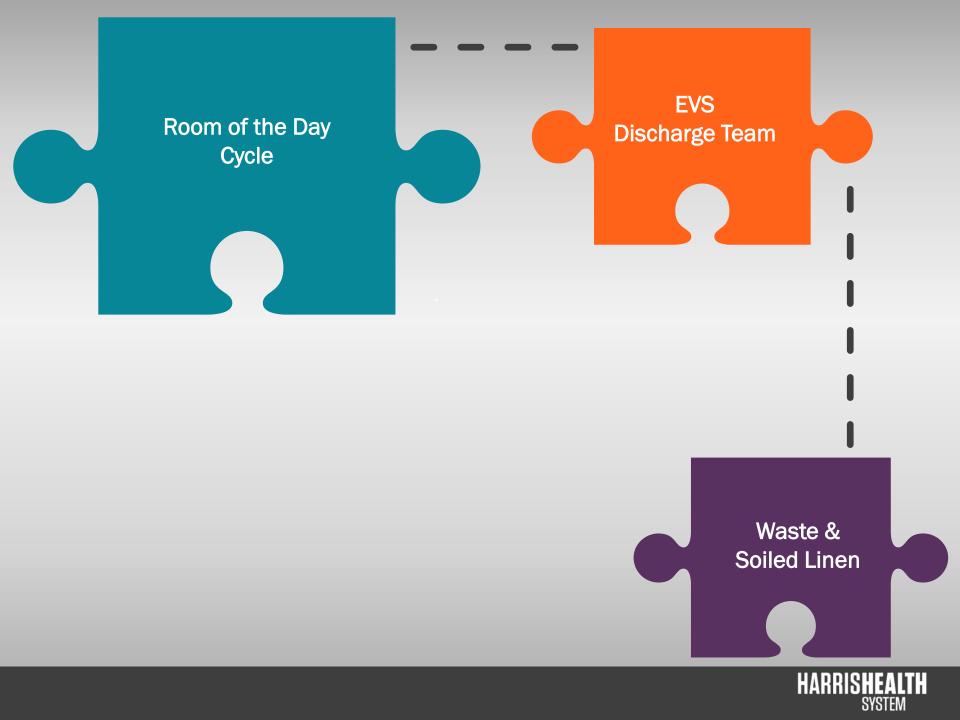
When applied to other challenges, the multidisciplinary approach has significantly improved our ability to impact change.

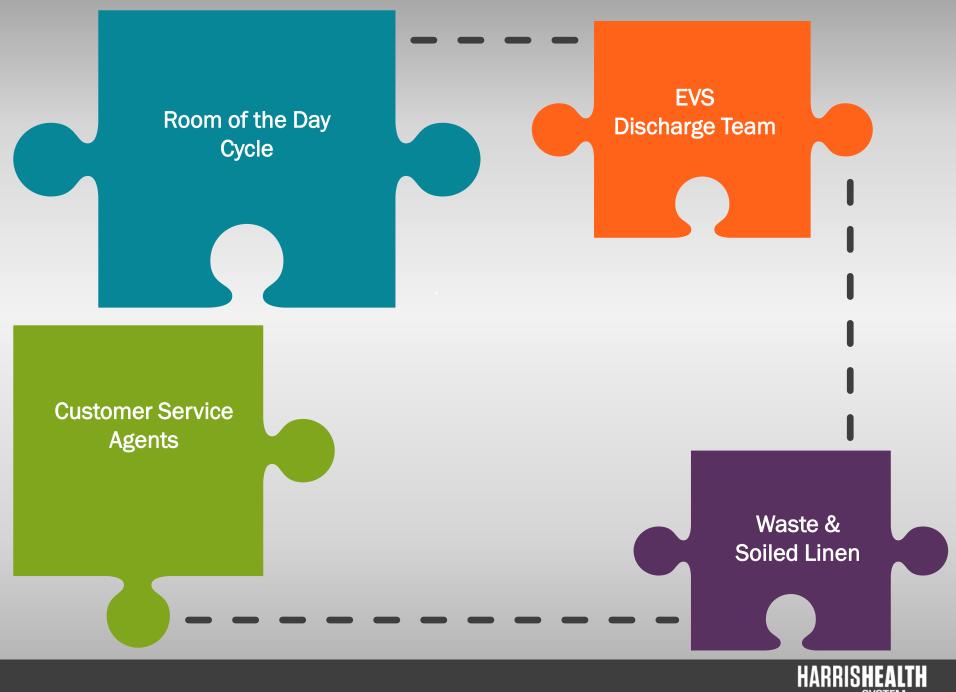
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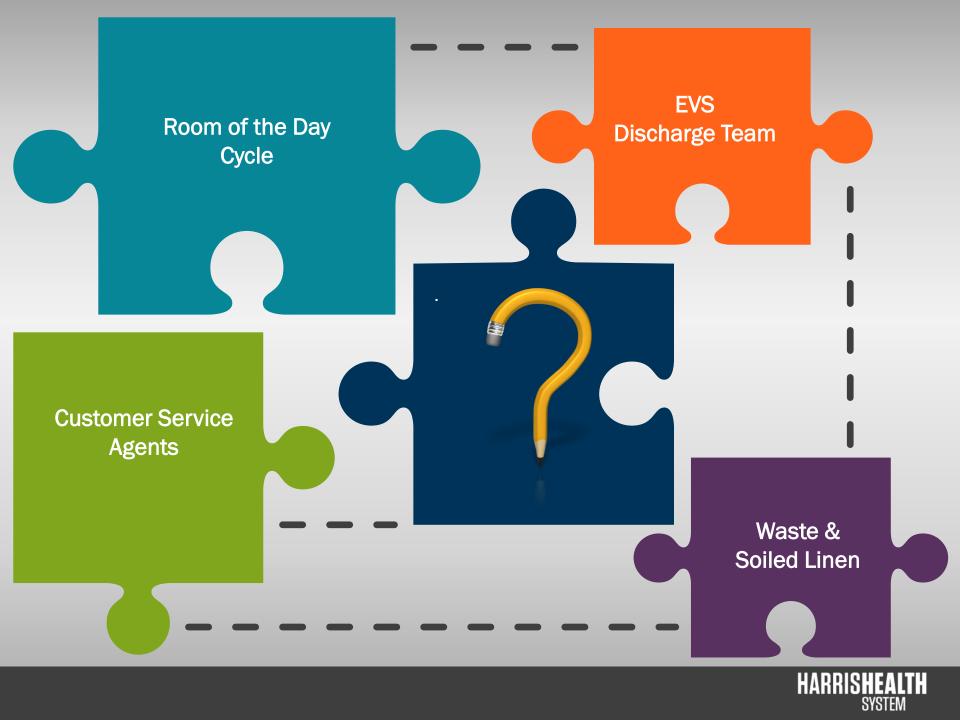
Multidisciplinary approach to solving patient satisfaction challenges has proven to be the source of success.











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QUESTIONS



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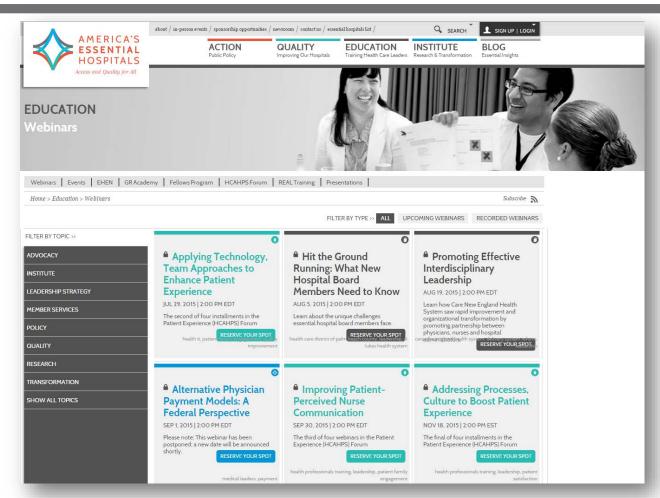
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