How to Improve the Customer Experience: The Key to Improving Quality and Patient Safety

Julia S. Finken, BSN, MBA, CPHQ, CSSBB
Associate Director
The Joint Commission
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Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
How to Improve the Customer Experience: The Key to Improving Quality and Patient Safety

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Objectives

• Identify 3 Key Components of an Exceptional Customer Experience
• Describe the Link Between a Superior Customer Experience and Quality and Patient Safety
• Name 3 Key Tools Utilized to Improve the Customer Experience
The Link Between a Superior Customer Experience and Quality and Patient Safety

• Superior Customer Experience
  • Communication
  • Compassion
  • Competence
  • Engagement
  • Other

Leads to........

• Improved Quality of Care and Patient Safety
  • Identification of early warning signs
  • Compliance with treatment regimen and safety measures
  • More effective assessments
  • More effective plans of care
  • Other
Why Patient Perception of Care Matters

• Improved Clinical Outcomes
• Improved Patient Safety
• Improved Financial Performance
• Improved Staff Recruitment and Retention
• Improved performance on publicly reported measures
  • HHCAHPS
  • other
Key Drivers to Improve the Customer Experience

• Focus on High Reliability
  • Zero Defect, Culture of Trust
• Balancing Care with maintaining Dignity and Self-Determination
• Engage Patients in Care Decisions
• Listen to and Act on the Voice of the Customer
• Compassionate Care
• Efficient and Effective Systems Implemented with a Smile
• Eliminate Waste and Focus on Value Added Services
Role of Culture and Strategy in Improving the Customer Experience

• Culture Eats Strategy for Lunch but both are Critical
Create a Culture of Safety and Quality

• Leaders create this culture by fostering:
  • Team work
  • Open Communication
  • Ongoing Learning
  • A Focus on Systems and Processes

• All team members focus on maintaining excellence in performance to deliver safe, high quality care, supported by key performance excellence systems.
Transforming the Patient Experience

• Service Assessment
• Leadership Commitment
• Service Protocols
• Constant Focus on Service Protocols
• Performance Accountability
• Recognize/Reward
Organizational commitment to patient care and customer service are fundamental to patient satisfaction.

The more employees perceive that the organization is focused on quality and customers, the more patient satisfaction increases.

Work-life balance, fair compensation, and regard for employees all influence patient satisfaction.
• What reduced satisfaction was something few companies manage—cumulative experiences across multiple touchpoints and in multiple channels over time.

• More Touchpoints – More Complexity
Patient Loyalty

• Loyal Patients
  • High Confidence in Provider
  • High Worked Together
  • High Concerns for Worries

• Non-Loyal Patients
  • Low Confidence in Provider
  • Low Worked Together
  • Low Courtesy
  • Low Listens Carefully
Effective Strategies to Engage Leaders in the Patient Experience

• **Create a Framework for Success**
  - Senior leadership, including leaders at the C-suite level, must create a foundation on which the patient experience at their organizations can flourish.

• Leaders must:
  - *Create focus and define the strategy.*
  - Get crystal clear on the current reality.
  - Raise service awareness
  - Promote consistent service delivery.
  - Engage in service recovery
  - Define the senior leader’s role.
  - Define the director and manager roles.
Effective Strategies to Engage Staff and Change Behavior

• Planning
• Communication
  • Expectations
  • Accountability
• Using Data
• Changing Performance
  • The Power of Transparency
• Staffing
The Chicken or the Egg?

• Improved Employee Satisfaction Drives Improved Patient Satisfaction in Home Care and/or....

• Improved Patient Satisfaction Drives Improved Employee Satisfaction in Home Care
Effective Strategies for Patient Engagement

- Ask patients/families for input
- Act on input
- Ask patients/families for feedback
- Communicate, Communicate, Communicate
  - Open Notes Initiative
- Establish and maintain a relationship with demonstrated respect, empathy, trust, skill......
- Determine shared/complementary Goals
Patient Advisory Council

• Integrated into Advisory Board or separate
  • Be sure it is interactive and information and advice is obtained from Patients
  • Make sure to obtain feedback on patient’s expectations
  • Include Patient Advocates and Care Managers as representatives of patients
  • Be sure to provide council with actions taken based on their input
Caregivers Perception of Care and Engagement Matters

• Caregiver may be the Primary Consumer of your Services
• Engage the Caregiver as you would Engage the Patient
• Caregiver Needs May Be in Excess to Patient Needs
Improvement in Clinical Care Leads to Improve Patient Perception of Care

- Pain Management
- Improvement in Functional Status*
- Social Interaction
  - Pet Therapy
- Respectful Treatment
- Ask “What can I do to improve your care?”
Effective Pain Management and the Improvements in Patient Outcomes and Satisfaction

- Overall increase in HCAHPS Patient Satisfaction Score with improvement in pain management
- VBP-Patients more likely to be dissatisfied if lack of validation or negative clinician attitudes regarding patient pain experience
- Effective Strategies
  - Effective analgesics
  - Interdisciplinary Practice
  - Evidence Based Approach
Always Events

• Always Events are aspects of the patient experience that are so important to patients and families that healthcare providers must perform them consistently for every patient, every time.
  • Important
  • Evidenced Based
  • Measurable
  • Affordable and Sustainable
The Little Things Matter

- Informing Patients/Families of the Schedule
- Continuity of Staff
- Asking for Input/Feedback
- Arriving on Time
- Respecting Patient’s Environment
- Explaining Care
- Asking for Permission
- Saying Thank You
The Imperative of Healthcare Communication: A Relationship Model

- The Impact of Communication on the Patient Perception of Care and Quality Outcomes
- Relationship Centered Communication
  - Relationship Establishment
  - Relationship Development
  - Relationship Engagement
Impact of Technology on the Patient’s Perception of Care

• Affords more frequent interaction at a lower cost
• Can be seen by patient as “cold” contact-take mitigating actions
• Enhances provider communication, coordination of care, and transitions of care
Finding the Heart of Healthcare

• Compassionate Care

• Patient Perception of Caring Behaviors
  • Professional Knowledge and Skill
  • Responding when needed and without being prompted
  • Doing extra little things
  • Following Through
  • Taking Care of Patient Needs

• Nurse Perception of Caring Behaviors
  • Teaching
  • Listening
  • Supporting
Compassion Improves Quality of Care and Bottom Line

• Compassion and Competence—the customer desires and deserves both
Case Study: Cleveland Clinic

- Identifying the Opportunity
- Leading the Change
- Publicly Acknowledging the Problem
- Understanding Patient Needs
- Making Everyone a Caregiver
- Embedding Changes
- Setting Patients Expectations
Performance Improvement Tool Box to Improve the Customer Experience
Roles in Team Activities

- **Facilitator**
  - Prepares meeting agenda
  - Leads the discussion
  - Guides the group through various activities to achieve objectives

- **Scribe**
  - Captures ideas as they are discussed
  - Ensures everyone can read notes taken
  - Makes sure all notes are organized

- **Leader**
  - Sponsors the meeting
  - Introduces the issue and provides scope, boundaries, and vision
  - Answers questions

- **Process Checker**
  - Keeps the team on task
  - Maintains focus on the topic being discussed

- **Time Keeper**
  - Keeps track of the timing for each activity
  - Ensures agreed-upon time frames are adhered to

- **Presenter**
  - Leads discussion of the group’s work to others
DMAIC

Define the business issue.
“What is the pain?”

Measure the process.
“How bad is the pain?”

Analyze the data. Verify root causes of variation.
“What is the root cause of the pain?”

Improve the process.
“Which solution will eliminate the pain?”

Control the process. Sustain improvements.
“How do we make sure the pain will not return?”
Define

• Define the problem and identify opportunities for Improvement
  • Goals
  • Scope
  • Business Case
• Specify what customers value
## Key Questions and Key RPI Tools

<table>
<thead>
<tr>
<th>Critical Path</th>
<th>Key Questions</th>
<th>RPI Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What is the problem?</td>
<td>15 Words; Charter</td>
</tr>
<tr>
<td></td>
<td>• Why is it important?</td>
<td>Threats and Opportunities; 3D; Charter</td>
</tr>
<tr>
<td></td>
<td>• Who is the customer?</td>
<td></td>
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<tr>
<td></td>
<td>• What is the project scope?</td>
<td>Includes/Excludes; Charter</td>
</tr>
<tr>
<td></td>
<td>• What does the customer want?</td>
<td></td>
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<tr>
<td></td>
<td>• What is critical to quality?</td>
<td>Voice of Customer; Critical to Quality; Quality Function Deployment; Survey Design; Kano Model</td>
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<tr>
<td></td>
<td>• What is the goal?</td>
<td>SMART; More Of/Less Of; Charter</td>
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<tr>
<td></td>
<td>• What are you going to improve?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• By how much are you going to improve it?</td>
<td>SMART; Charter</td>
</tr>
<tr>
<td></td>
<td>• By when are you going to improve it?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Who are your key stakeholders?</td>
<td>ARMI; Charter</td>
</tr>
<tr>
<td></td>
<td>• Who will be on the project team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What is the project time line?</td>
<td>WWW; Charter</td>
</tr>
<tr>
<td></td>
<td>• What does the current state look like?</td>
<td>SIPOC Process Map</td>
</tr>
</tbody>
</table>
Tips to Avoid Potential Pitfalls

• Narrow problem/opportunity definition
• Clear project scope (includes/excludes)
• Broad definition of customers/stakeholders
• Inclusive project team (<=10)
• Champion/Detractor
• Measurable Goal
• Defined Team Member Roles
## HHCAHPS: National Data

<table>
<thead>
<tr>
<th>Country</th>
<th>MeasureID</th>
<th>MeasureDesc</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>36</td>
<td>Would patients recommend the home health agency to friends and family</td>
<td>79</td>
</tr>
<tr>
<td>Nation</td>
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<td>How often the home health team gave care in a professional way</td>
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<tr>
<td>Nation</td>
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<td>How do patients rate the overall care from the home health agency</td>
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</tr>
<tr>
<td>Nation</td>
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<td>How well did the home health team communicate with patients</td>
<td>85</td>
</tr>
<tr>
<td>Nation</td>
<td>34</td>
<td>Did the home health team discuss medicines, pain, and home safety with patients</td>
<td>84</td>
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</table>
### HHCAHPS: State Data

<table>
<thead>
<tr>
<th>State</th>
<th>MeasureID</th>
<th>MeasureDesc</th>
<th>Percentage</th>
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<td>32</td>
<td>How often the home health team gave care in a professional way</td>
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<td>Would patients recommend the home health agency to friends and family</td>
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<td>MD</td>
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<td>How do patients rate the overall care from the home health agency</td>
<td>82</td>
</tr>
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<td>MD</td>
<td>34</td>
<td>Did the home health team discuss medicines, pain, and home safety with patients</td>
<td>82</td>
</tr>
<tr>
<td>ProviderName</td>
<td>MeasureID</td>
<td>MeasureDesc</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>XYZ</td>
<td>33</td>
<td>How well did the home health team communicate with patients</td>
<td>77</td>
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<td>XYZ</td>
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<td>Would patients recommend the home health agency to friends and family</td>
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</tr>
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<td>XYZ</td>
<td>35</td>
<td>How do patients rate the overall care from the home health agency</td>
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</tr>
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I. **Project Mission:** To improve the agency HHCAHPS score for “How well did the home health team communicate with patients?”

II. **Reason for Action:** There is an opportunity to improve the agency HHCAHPS score for “How well did the home health team communicate with patients?” The agency’s score is below both the National and State scores.

III. **Sponsors:**
   a. Susie Smith, Administrator
   b. Tom Marcus, Medical Director

IV. **Team Leader:**
   a. Tim Turner, RPT

V. **Team Facilitator:**
   a. Barbara Tennyson

VI. **Scribe:**
   a. Marc Jacobs, MSW

VII. **Timekeeper/Process Checker:**
   a. Julie Abbott

VIII. **Team Members:**
   a. John Jones, MD
   b. Carol Thomason, DOPCS
   c. Wendy Cluggr, RN
   d. Tim Turner, RPT
   e. Maggie Franklin, CHHA
   f. Paul Pierce, ST
   g. Julie Abbott, Scheduler
   h. Tina Boyle, OT
   i. Marc Jacobs, MSW
   j. Laura Evans, Supervisor
   k. Jesse Mohr, Team Assistant
   l. Robert Cordara, LVN

IX. **Meeting Frequency, Interval and Duration:**
   a. Meet Q.O.W x 10 meetings
   b. Meeting length of 90 minutes

X. **Meeting Location:**
   a. Meeting Location is XYZ Home Care, Conference Room 100

XI. **Project Deliverables:**
   a. The agency HHCAHPS score for “How well did the home health team communicate with patients?” will increase from 77 to 81 by March 31, 2016.

XII. **Measures:**
   a. Agency HHCAHPS score for “How well did the home health team communicate with patients?” = 81

XIII. **Reporting:**
   a. The Team Leader will report to the Administrator and Medical Director at least monthly and as needed or requested.
Charter Mission and Reason for Action

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# Example ARMI

<table>
<thead>
<tr>
<th>Key Stakeholders</th>
<th>Role in Project Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Startup</td>
</tr>
<tr>
<td>Administrator</td>
<td>A</td>
</tr>
<tr>
<td>Medical Director</td>
<td>M/R</td>
</tr>
<tr>
<td>Physicians</td>
<td>R</td>
</tr>
<tr>
<td>CFO</td>
<td>M</td>
</tr>
<tr>
<td>COO</td>
<td>M/R</td>
</tr>
<tr>
<td>DOPCS</td>
<td>M/R</td>
</tr>
<tr>
<td>Supervisors</td>
<td>R</td>
</tr>
<tr>
<td>RN</td>
<td>M/R</td>
</tr>
<tr>
<td>LNP</td>
<td>R</td>
</tr>
<tr>
<td>PT</td>
<td>M/R</td>
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<tr>
<td>OT</td>
<td>R</td>
</tr>
<tr>
<td>ST</td>
<td>R</td>
</tr>
<tr>
<td>PTA</td>
<td>R</td>
</tr>
<tr>
<td>OTA</td>
<td>R</td>
</tr>
<tr>
<td>CHHA</td>
<td>R</td>
</tr>
<tr>
<td>MSW</td>
<td>R</td>
</tr>
<tr>
<td>VP HR</td>
<td>R</td>
</tr>
<tr>
<td>CIT</td>
<td>R</td>
</tr>
</tbody>
</table>

**A = Approver.** Stakeholder that will approve and make decisions on project scope, resources, and recommendations for improvement. There may be several Approvers for more complex projects.

**R = Resource.** Stakeholders with process/content expertise that could contribute to the project’s success but who are unable to attend every team meeting. The team will reach out to them as needed to get feedback.

**M = Member.** Stakeholder with critical knowledge of the problem or process who will fully participate in the action items and work plan. Team members should be limited to those essential to carry the project workload.

**I = Interested Party.** Stakeholders who are interested in the project work or its outcome.
Measure

- Determine current performance level (baseline) and the capability of the process to meet customer expectations.
- Identify all steps and inputs in the value stream
- Identify potential causes and drivers
- Gather and qualify the data
# Key Questions and Key RPI Tools

<table>
<thead>
<tr>
<th>Quality</th>
<th><strong>Key Questions</strong></th>
<th><strong>RPI Tools</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What inputs have the biggest effect on the things that are critical to quality for the customer?</td>
<td>Cause and Effect Matrix</td>
<td></td>
</tr>
</tbody>
</table>
| • What could go wrong with these key inputs?  
  • What are the probable causes for this? | Process Failure Mode and Effects Analysis |
| • What are you going to measure?  
  • How are you going to measure it?  
  • How accurate and reliable is the data? | Data Collection Plan; Measurement System Analysis |

<table>
<thead>
<tr>
<th>Critical Path</th>
<th><strong>Key Questions</strong></th>
<th><strong>Tools</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is your baseline performance?</td>
<td>Statistical Process Control Chart; Process Capability</td>
<td></td>
</tr>
<tr>
<td>• How are you going to communicate your progress to key stakeholders?</td>
<td>Dashboard; Communication Plan; Stakeholder Analysis</td>
<td></td>
</tr>
<tr>
<td>• Where should you focus change management efforts?</td>
<td>Change Management Profile; Stakeholder Analysis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Productivity</th>
<th><strong>Key Questions</strong></th>
<th><strong>Tools</strong></th>
</tr>
</thead>
</table>
| • What is the complete flow of your process?  
  • What areas should be focused on? | Value Stream Map; Spaghetti Diagram; Gamba Walk |
| • What could go wrong within your focus areas?  
  • What are the probable causes for this? | Process Failure Mode and Effects Analysis |
| • Can your process meet customer demand? | Takt Time |
| • What are you going to measure?  
  • How are you going to measure it?  
  • How accurate and reliable is the data? | Data Collection Plan; Measurement System Analysis |
Tips to Avoid Potential Pitfalls

• Gather comprehensive information regarding the process (Team, Sensing Sessions, VOC, other)
• What steps have value and where are the bottlenecks
• Establish baseline performance
• Data definition includes what, how, when
• Best Data not Perfect Data
• Communicate
HHCAHPS Baseline Comparative Data

Would patients recommend the home health agency to friends and family
How often the home health team gave care in a professional way
How do patients rate the overall care from the home health agency
How well did the home health team communicate with patients
Did the home health team discuss medicines, pain, and home safety with patients

<table>
<thead>
<tr>
<th>Score</th>
<th>Would patients recommend</th>
<th>How often the home health team gave care</th>
<th>How do patients rate the overall care</th>
<th>How well did the home health team communicate</th>
<th>Did the home health team discuss medicines, pain, and home safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>72</td>
<td>79</td>
<td>82</td>
<td>77</td>
<td>82</td>
</tr>
<tr>
<td>32</td>
<td>76</td>
<td>87</td>
<td>82</td>
<td>85</td>
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<td>33</td>
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<td>34</td>
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</tr>
</tbody>
</table>

HHCAHPS Baseline Data

The Joint Commission Accreditation Home Care
HHCAHPS Composite Data Drill Down

- Care of Patients-
  - Q19: How often did home health providers from this agency treat you with courtesy and respect? 70

- Communications Between Providers and Patients –
  - Q15: How often did the home health providers from this agency keep you informed about when they would arrive at your home? 69
  - Q17: How often did home health providers from this agency explain things in a way that was easy to understand? 71
  - Q18: How often did home health providers from this agency listen carefully to you? 68
Brainstorm: Behaviors That Demonstrate Active Listening

- Smile
- Eye Contact
- Posture (lean in or tilt)
- Mirroring
- Attentive
- Positive Reinforcement
- Remembering
- Questioning
- Reflection
- Summarization
Voice of the Customer

• Obtain feedback from the Customer regarding what Behaviors have the most impact in conveying that staff are listening carefully to the customer
  • Survey
### Example Data Collection Plan

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Operational Definition</th>
<th>Data Source and Location</th>
<th>Sample Size</th>
<th>Who Will Collect the Data</th>
<th>Where will Data be Collected</th>
<th>How will Data Be Collected</th>
<th>Other Data that Should be Collected at the Same Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen Carefully = 90</td>
<td>How often did home health providers listen carefully to you?</td>
<td>Survey Instrument “Behaviors that Demonstrate Careful (Active) Listening”</td>
<td>N=50 Surveys: Purposive Sampling, between dates of 9/1/15 through 9/30/15</td>
<td>PI Team Members</td>
<td>Home Visits</td>
<td>IPAD Survey at completion of the Home Visit</td>
<td>Discipline Employee Name Years with agency Employee Age</td>
</tr>
</tbody>
</table>
Analyze

• Use the data to investigate cause and effect relationships, drill down potential root causes, and validate the root causes that have the greatest impact on current performance level

• Identify root causes of waste, variation, and defects

• Distill the data
  • Focus on and verify root causes and drivers
  • Quantify impacts (technical and business)
## Key Questions and Key RPI Tools

<table>
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<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>• What does the data show</td>
<td>Graphical Tools (e.g. Pareto Chart, Histogram); Statistical Tools (e.g. 2-sample t-test, Regression)</td>
</tr>
<tr>
<td>o Statistical Significance?</td>
<td></td>
</tr>
<tr>
<td>o Practical Significance?</td>
<td></td>
</tr>
<tr>
<td><strong>Critical Path</strong></td>
<td></td>
</tr>
<tr>
<td>• What are the validated root causes?</td>
<td>Hypothesis Test</td>
</tr>
<tr>
<td>• How are you going to communicate your findings to key stakeholders?</td>
<td>Dashboard; Communication Plan; Stakeholder Analysis</td>
</tr>
<tr>
<td><strong>Productivity</strong></td>
<td></td>
</tr>
<tr>
<td>• What does the data show?</td>
<td>Graphical Tools (e.g. Pareto Chart, Histogram); Statistical Tools (e.g. 2-sample t-test, Regression)</td>
</tr>
<tr>
<td>o Statistical significance?</td>
<td></td>
</tr>
<tr>
<td>o Practical Significance?</td>
<td></td>
</tr>
</tbody>
</table>
Tips to Avoid Potential Pitfalls

• Statistical Significance vs. Practical Data – Avoid Paralysis
• Verify Root Causes
• Communicate Findings
Example Pareto

Pareto Chart

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Contact</td>
<td>34</td>
<td>17%</td>
</tr>
<tr>
<td>Attentive</td>
<td>33</td>
<td>33%</td>
</tr>
<tr>
<td>Questioning</td>
<td>31</td>
<td>48%</td>
</tr>
<tr>
<td>Summarization</td>
<td>29</td>
<td>62%</td>
</tr>
<tr>
<td>Smile</td>
<td>19</td>
<td>71%</td>
</tr>
<tr>
<td>Posture</td>
<td>17</td>
<td>80%</td>
</tr>
<tr>
<td>Positive</td>
<td>13</td>
<td>86%</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>Remembering</td>
<td>9</td>
<td>96%</td>
</tr>
<tr>
<td>Mirroring</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Reflection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Example Communication Plan

#### Get the Word Out

**Communication Plan**

<table>
<thead>
<tr>
<th>Audience</th>
<th>Message and Goal</th>
<th>Media</th>
<th>Where/How</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are you communicating with?</td>
<td>What do you need to communicate and what is your goal (e.g., inform, persuade, make a decision)?</td>
<td>How should you communicate (e.g., email, voice mail, posters, staff meetings, events, one-on-one, mailings)?</td>
<td>Where/how will this take place?</td>
<td>Who is responsible for this communication?</td>
<td>When will this be rolled out?</td>
</tr>
</tbody>
</table>

---

*The Joint Commission Accreditation Home Care*
## Example Communication Plan

<table>
<thead>
<tr>
<th>Audience</th>
<th>Message/Goal</th>
<th>Media</th>
<th>Where/How</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Overview of Project</td>
<td>Meeting, Email</td>
<td>Monthly Leadership Forum</td>
<td>Administrator/Medical Director</td>
<td>10/1/15</td>
</tr>
<tr>
<td>PI/Compliance Staff</td>
<td>Overview of Project Expectations</td>
<td>Meeting, Email</td>
<td>Monthly Meeting</td>
<td>Marc Jacobs RN,</td>
<td>10/17/15</td>
</tr>
<tr>
<td>Supervisors</td>
<td>Overview of Project Expectations</td>
<td>Meeting, Email</td>
<td>Weekly Supervisor Meeting</td>
<td>Laura Evans, Supervisor</td>
<td>10/15/15</td>
</tr>
<tr>
<td>Provider Staff</td>
<td>Overview of Project Expectations</td>
<td>Meeting, Email, Newsletter, Screensaver, Letter</td>
<td>Special Meeting</td>
<td>Tim Turner, RPT</td>
<td>Multiple Meetings: 10/20/15, 10/22/15, 10/24/15, 10/28/15</td>
</tr>
<tr>
<td>Administrative Support Staff</td>
<td>Overview of Project</td>
<td>Meeting, Email, Newsletter</td>
<td>Monthly Meeting</td>
<td>Julie Abbott, Scheduler</td>
<td>11/21/15</td>
</tr>
<tr>
<td>Clinical Support Staff</td>
<td>Overview of Project</td>
<td>Meeting, Email</td>
<td>Monthly Staff Meeting</td>
<td>Jesse Mohr, Team Assistant</td>
<td>11/19/15</td>
</tr>
<tr>
<td>Board</td>
<td>Overview of Project</td>
<td>Email, Letter, Newsletter</td>
<td>Quarterly Board Meeting</td>
<td>Administrator/Medical Director</td>
<td>10/1/15</td>
</tr>
<tr>
<td>Customers</td>
<td>Overview of Project</td>
<td>Email</td>
<td></td>
<td>Carol Thomason, DOPCS</td>
<td>11/30/15</td>
</tr>
<tr>
<td>Physicians</td>
<td>Overview of Project</td>
<td>Email, Letter</td>
<td></td>
<td>Medical Director</td>
<td>11/30/15</td>
</tr>
</tbody>
</table>
Communication Plan

• Overview of Project:
  • Opportunity
  • Measures
  • Goals
  • Findings
  • Strategies

• Expectations:
  • Attend Mandatory Education on Communication Skills
  • Exhibit at least 6 Top Active Listening Behaviors during every visit
  • 90%+ score on Written Competency
  • 90% + score on observation
  • 90% + individual staff score on Q18 in HHCAHPS Source Data q month

• Actions
  • Provide Mandatory Education on Communication Skills
  • Provide Video and Feedback for Simulated Home Visits
  • Administer Written Competency Exam
  • Administer Observed Competency
  • Collect, Aggregate and Analyze Q18 HHCAHPS Source Data q week
  • Post Q18 HHCAHPS Source Data weekly publicly
  • Provide remedial Mandatory Education, Simulation, Observation and Testing
  • Recognize and Reward Staff who meet and exceed goals
  • Implement Coaching and Counseling as necessary
  • Incorporate Expectations into job descriptions and performance appraisal
Improve

• Develop (design) and understand improvement options
• Select the best solution targeted to address validated root cause(s)
• Pilot the solution, document results
• Stabilize the process and eliminate or reduce waste, variation, and defects.
### Key Questions and Key RPI Tools

<table>
<thead>
<tr>
<th>Quality</th>
<th>Key Questions</th>
<th>RPI Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What are all the possible solutions targeted to improve the validated root causes?</td>
<td>Work out; Brainstorming</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical Path</th>
<th>Key Questions</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What are the best solutions?</td>
<td>Work Out: Solution and Criteria Matrix; Prioritization Tools</td>
</tr>
<tr>
<td></td>
<td>• How are you going to test your solutions?</td>
<td>Piloting; Design of Experiment</td>
</tr>
<tr>
<td></td>
<td>• How do you know your solutions are truly improvements and not just changes?</td>
<td>Measurement System; Graphical Tools; Statistical Tools; Return on Investment</td>
</tr>
<tr>
<td></td>
<td>• Where should you focus change management efforts?</td>
<td>Change Management Profile; Stakeholder Analysis; TPC; Force Field Analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Productivity</th>
<th>Key Questions</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What are all the possible solutions targeted to improve the validated root causes?</td>
<td>Work out; Brainstorming</td>
</tr>
</tbody>
</table>
Tips to Avoid Potential Pitfalls

• Anticipate Barriers and develop plan
• Utilize Peers to Communicate
• Ensure Champion and Detractor are involved in solution and communication
• Measure improvement
• Iterative process until goals achieved
• Sustain improvement before broadening
# Example Work Out

## Work Out Plan

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Plan</td>
<td>Carol DOPCS/Tim RPT</td>
<td>9/1/15</td>
</tr>
<tr>
<td>Provide Mandatory Education on Communication Skills</td>
<td>Carol/Education Coordinator</td>
<td>12/1/15 – 12/8/15</td>
</tr>
<tr>
<td>Provide Video and Feedback for Simulated Home Visits</td>
<td>Laura Supervisor/Marc MSW</td>
<td>12/8/15 – 12/15/15</td>
</tr>
<tr>
<td>Administer Written Competency Exam</td>
<td>Education Coordinator</td>
<td>12/15/15 – 12/18/15</td>
</tr>
<tr>
<td>Administer Observed Competency</td>
<td>Education Coordinator/PI Team members RN, MSW, PT, OT, ST</td>
<td>12/15/15 – 12/18/15</td>
</tr>
<tr>
<td>Collect, Aggregate and Analyze Q18 HHCAHPS Source Data q week</td>
<td>PI/Compliance Staff</td>
<td>1/8/16, 1/15/16, 1/22/15, 1/30/15, 2/8/16, 2/15/16, 2/23/15, 2/30/15, 3/8/16, 3/15/16, 3/23/15, 3/30/15</td>
</tr>
<tr>
<td>Post Q18 HHCAHPS Source Data weekly data publicly</td>
<td>PI/Compliance Staff</td>
<td>Weekly within 2 days of data completion</td>
</tr>
<tr>
<td>Provide remedial Mandatory Education, Simulation, Observation and Testing</td>
<td>Carol/Education Coordinator</td>
<td>Weekly 1/8/16 – 3/31/16</td>
</tr>
<tr>
<td>Recognize and Reward Staff who meet and exceed goals</td>
<td>Administrator/Medical Director</td>
<td>Weekly (at end of each week) 1/8/16 – 3/31/16</td>
</tr>
<tr>
<td>Implement Coaching and Counseling as necessary</td>
<td>Supervisors</td>
<td>Weekly 1/8/16 – 3/31/16</td>
</tr>
<tr>
<td>Incorporate Expectations into job descriptions and performance appraisal</td>
<td>HR Specialist/Carol</td>
<td>1/1/16</td>
</tr>
</tbody>
</table>
Control

• Develop control plans and standardized procedures to ensure that improvements are monitored and sustained.
• Scale improvements
• Document and spread the learning
## Key Questions and Key RPI Tools

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>RPI Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How will you know your improvements are being sustained?</td>
<td>Measurement System; Statistical Process Control Chart</td>
</tr>
<tr>
<td>• What could go wrong with the improvements?</td>
<td>Design Failure Modes and Effects Analysis; Systems and Structures Assessment, Control Plan, Jidoka; Autonomation</td>
</tr>
<tr>
<td>• How can you prevent this from happening?</td>
<td></td>
</tr>
<tr>
<td>• How are you going to make the improvements a part of your routine?</td>
<td>Standard Work; Visual Management</td>
</tr>
<tr>
<td>• How will you celebrate success?</td>
<td>Stakeholder Analysis; Rewards and Recognition</td>
</tr>
<tr>
<td>• Can your improvements be applied to other areas (Scroll and Replicate)?</td>
<td>Control Plan</td>
</tr>
<tr>
<td>• How are you going to hand off your project to the process owners(s)?</td>
<td>Design Failure Mode and Effects Analysis; Control Plan</td>
</tr>
<tr>
<td>• How are you going to communicate the project close to key stakeholders?</td>
<td>Communication Plan; Stakeholder Analysis; Control Plan</td>
</tr>
</tbody>
</table>
Tips to Avoid Potential Pitfalls

• Ongoing measurement at defined intervals
• Define triggers to indicate improvement is not being sustained
• Standardize work where possible
• Implement Fail safe strategies where possible
• Celebrate, Reward and Recognize
• Hand-off project to process owners
Example Control Chart: HHCAHPS – Q18
Listen Carefully
Example Control Chart: HHCAHPS – Communication Between Providers and Patients Scores
Example Dashboard

- Control Chart: HHCAHPS – Q18 Listen Carefully

- HHCAHPS – Communication Between Providers and Patients Scores
Example Rewards and Recognition

• By Organization, By Team, By Individual
• Post Data Weekly
• Reward Monthly
• Announce Publicly
• Encourage High Achievers to work with Peers to Improve Performance
Next Steps

• Continue PI Iterative Process to Improve Communication Between Providers and Patients
  • Q17: How often did home health providers from this agency explain things in a way that was easy to understand? 71
  • Q15: How often did the home health providers from this agency keep you informed about when they would arrive at your home? 69
  • Q19: How often did home health providers from this agency treat you with courtesy and respect? 70
Submitting Your Questions

Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel

Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
<table>
<thead>
<tr>
<th>If you have a question about......</th>
<th>Please contact......</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GETTING STARTED:</strong></td>
<td><strong>THE BUSINESS DEVELOPMENT TEAM:</strong></td>
</tr>
<tr>
<td>• How to get started</td>
<td>Call: 630-792-5283</td>
</tr>
<tr>
<td>• The overall accreditation process</td>
<td>Email: <a href="mailto:jflinken@jointcommission.org">jflinken@jointcommission.org</a></td>
</tr>
<tr>
<td>• The cost of accreditation</td>
<td>Website: <a href="http://www.jointcommission.org">www.jointcommission.org</a></td>
</tr>
<tr>
<td>• How to get a free trial of the standards</td>
<td></td>
</tr>
<tr>
<td>• How to request an application</td>
<td></td>
</tr>
<tr>
<td><strong>MANAGING THE ACCREDITATION PROCESS:</strong></td>
<td><strong>AN ACCOUNT EXECUTIVE:</strong></td>
</tr>
<tr>
<td>• Completing the application</td>
<td>Call: 630-792-3007</td>
</tr>
<tr>
<td>• Scheduling a survey date</td>
<td></td>
</tr>
<tr>
<td>• Specific issues related to ongoing</td>
<td></td>
</tr>
<tr>
<td>accreditation</td>
<td></td>
</tr>
<tr>
<td><strong>OUR STANDARDS:</strong></td>
<td><strong>THE STANDARDS HELP DESK:</strong></td>
</tr>
<tr>
<td>• Complying with specific standards</td>
<td>Call: 630-792-5900,  Option 6</td>
</tr>
<tr>
<td><strong>MANUALS, EDUCATION AND TRAINING:</strong></td>
<td>Website: <a href="http://www.jointcommission.org/Standards">www.jointcommission.org/Standards</a></td>
</tr>
<tr>
<td>• Obtaining standards manual</td>
<td></td>
</tr>
<tr>
<td>• Registering for a Joint Commission</td>
<td></td>
</tr>
<tr>
<td>education program</td>
<td></td>
</tr>
<tr>
<td>• Staff training resources</td>
<td></td>
</tr>
<tr>
<td><strong>JOINT COMMISSION RESOURCES (JCR):</strong></td>
<td></td>
</tr>
<tr>
<td>• Call: 877-223-6866</td>
<td></td>
</tr>
<tr>
<td>• Email: <a href="mailto:jrcustomerservice@pbd.com">jrcustomerservice@pbd.com</a></td>
<td></td>
</tr>
<tr>
<td>• Website: <a href="http://www.jcrinc.com">www.jcrinc.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Home Care Team Contacts

Joint Commission Home Care Program
Help Desk: 630-792-5070 or homecare@jointcommission.org
www.jointcommission.org/accreditation/home_care.aspx

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Brenda Lamberti, BS
Business Development Specialist
630-792-5252 or
blamberti@jointcommission.org

Standards Interpretation Help Desk: 630-792-5900
Joint Commission Resources: 877-223-6866 or www.jcrinc.com