

SAMPLE Emerging Patient and Family Engagement (PFE) Story Template

Briefly tell us your story of patient and family engagement and how it helped improve outcomes in health, safety, quality, and patient-centered care in your practice.

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Emerging Story Information

1. Your Story: The what, the why, the how, the who, and the impact:

In response to low patient satisfaction scores, the Bristol McFadden Medical Group reviewed verbatim comments from patients and identified wait time to be the biggest driver of dissatisfaction. Using separate sign in sheets in the waiting room, the practice implemented a new system to better manage wait times for scheduled patients, and influencing patient behavior - moving away from a culture of drop-in visits (which decreased the practice's efficiency and timeliness) toward one of making appointments. The practice also went through a series of trainings to improve patient care and communication. **Patient satisfaction scores** increased from a baseline of 65% (Q3'14-Q2'15) to 87% (Q4'16-Q3'17). **Ratings of the office staff and team** rose significantly during the same time period (Office Staff: 64.29% to 89%, Nurse / MA: 40% to 77%), and **physician communication** increased from 69.64% to 88.4%. **Access** was improved from 72% to 84.5%. Wait time was reduced from 30 min to 10 min for scheduled patients. For walk-in patients the practice shared that while wait time varies on volume, streamlining the eligibility process has helped reducing wait time for walk-in patients.

Future Analysis: While they don't have firm numbers yet, the practice *has* seen a **reduction of no-shows** and are exploring impact on **visit cycle time, patient retention** and **reduction of cost** as a result of **improved operational efficiency, and reduced turnover from improved staff satisfaction.**

With these results to date, the practice is expecting that improved access will lead to reduced ED utilization, and improved patient satisfaction will result in improved patient activation.

What was the change?

(1) The first intervention was to have separate sign in sheets for patients with appointments vs. walk-in patients. This helped them decrease the wait time for patients with appointments. (2) The practice also had all clinicians and staff go through the training including: The Art of Caring, Managing Difficult Patient Encounters, Excellent Organizational Culture for Medical Practices, NICE-a Physician Communication Model.

(3) The practice also administered rounding on patients with exit surveys for each patient visit to solicit feedback on what went well in their visit and where they had an opportunity to improve. Feedback is now solicited and shared for the experience with the staff as well, and results have been tied in to staff pay raises. (4) Lastly, the practice worked on improving staff engagement with improved rewards and recognition.

Why did you initiate it, i.e., the need for the change?

The practice was concerned about outpatient satisfaction scores in the area of timeliness. The practice was also aware that patients dropping in to see the provider without an appointment were negatively impacted the timeliness for scheduled AND unscheduled patients, so in addition to improving timeliness, they wanted to change the behavior of their patients.

All of these concerns and issues were also resulting in low morale and a less efficient staff. They hoped that addressing this issue would improve efficiency and staff satisfaction.

How did you implement it: key steps and strategies?

Step #1 Understand issues from the patient/family perspective. An analysis of the patient satisfaction survey scores and verbatim comments lead the practice to decide that they wanted to improve timeliness.

Step #2 Understand current state of operations and contributing factors to the problem. The practice discussed the problem and identified one issues they thought was contributing to the timeliness and efficiency problem. They also wanted to improve their customer service to address the low patient satisfaction.

Step #3 Implement the change. The practice implemented the use of separate sign in sheets for scheduled and walk in patients, communicating that the wait time was much shorter if you had an appointment. The practice also trained their entire team on patient care and communication. They also implemented a real-time exit survey to collect feedback from patients that they could act in immediately if necessary - either through acknowledging high ratings or addressing areas needing improvement with the team.

Step #4 Analyze results. The practice saw many improvements in satisfaction of patients and staff, and did not find any negative unintended consequences that needed to be addressed.

Who was involved?

Practice clinicians, front and back office staff

How has your work helped to improve patient-centered safe, quality care in your practice?

By changing the behavior of patients so that they scheduled appointments as opposed to dropping in, the practice was able to operate more efficiently and see patients in a much timelier fashion. By having more control over their schedule, the practice was also able to improve access from 72% to 86%, and are hoping to reduce ED utilization as a result.

2. Improvement Measures: Please provide any specific measurements (esp. outcome measures or patient reported outcomes) that demonstrate care is safer, of higher quality and results in improved patient outcomes and reported patient satisfaction.

BRISTOL MCFADDEN CG-CAHPS SCORES	PRE- Intervention	POST- Intervention
Providers and office staff has started to attend training since May 2015 until present; Intervention has begun in February 2016	Q3'15-Q2'16	Q4'16-Q3'17
OVERALL PROVIDER RATING		
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	65.22%	87%
RECOMMENDATION		
Would you recommend this provider's office to your family and friends?	69.6%	84.2%
ACCESS TO CARE 3 MONTH	72.26%	84.5%
During this visit, did you see this provider within 15 minutes of your appointment time?	54.5%	67.5%
In the last 3 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	69.2%	89.1%
OFFICE STAFF QUALITY	73.9%	89.0%
NURSE/MEDICAL ASSISTANT	70.5%	77.0%
PHYSICIAN COMM QUALITY	72.9%	88.4%

- 3. What worked: Please describe your greatest insights about what worked and what contributed to the success (i.e. changes in structure, process or outcome measures)?**

 - The improved transparency to our patients about wait time made a real difference in their behavior, and gave the practice a chance to improve the efficiency of care delivery, which resulted in improved morale and staff satisfaction.
 - Having a physician champion who invests in a culture of transformation - soliciting and addressing regular feedback - has made a major difference. Positive feedback is actively solicited and team members acknowledged in team meetings, and constructive feedback is addressed together.

- 4. Challenges and/or Barriers: What challenges did you encounter and how did you overcome them while implementing the change?** The practice expects that wait times for walk-in patients will always be an issue, but they have significantly improved wait time with these interventions.

- 5. Sustaining the Vision: What is the practice's vision for sustaining improved patient reported outcomes and patient satisfaction based on your insights of what worked.** The practice is in the process of securing funding for digital signs to more transparently display the wait times for scheduled patients vs. walk-ins. Practice will continue to monitor metrics and collect real time feedback, and continue sharing regularly with staff to address issues that arise, and celebrate the improvements and wins.

- 6. PTN/SAN Assistance: How did the Transforming Clinical Practice Initiative prompt your practices to initiate/enhance the PFE effort you are describing?** While this work started prior to the practice's enrollment in TCPI, the exposure this year to PFE as a focus - through in-person trainings, webinars, and a 4-session PFE Collaborative have enhanced this continued improvement effort and provided additional training on how to better engage patients and families in improving care delivery.

7. Through what means did the PTN or SAN prompt your practice to strengthen the PFE effort?

- ✓ Webinars: Learn & Share Webinars on PFE; 4-session PFE Collaborative with Planetree
- ✓ Resources: Repository of evidence-based articles and resources on Team-Based Care and PFE
- ✓ In-person event: Attended PTI quarterly convenings which focused on TBC and PFE.

8. PFE Metrics: Does your story link directly to any of the Transforming Clinical Practice Initiative Patient and Family Engagement (PFE) metrics? Please check all that apply.

- ✓ Metric 1. Patient & Family Voices in Governance & Operational Decision: There policies, procedures, and actions taken to support patient and family participation in governance or operational decision-making of the practice (Person and Family Advisory PRACTICE has advisory council.

- Metric 2. Shared decision making: Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, concerns and desired outcomes into the treatment plan (e.g. those based on the individual’s culture, language, spiritual, social determinants, etc.?)

- Metric 3. Patient Activation: The practice utilizes a tool to assess and measure patient activation.

- Metric 4. Patient Connection to the Information They Need: The practice uses an e-tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication management list, vitals and other information and patient record data. Patient portal at PRACTICE has 96% sign up rate. Will be implementing a way that email messages can go directly between patient and provider. Summer 2017

- Metric 5. Health Literacy: A health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set). We review the patient satisfaction survey with the oncology questions about providers explaining information in ways patient can understand. Patient and Family Advisors review some materials for readability and clarity as we provide many of our resources on the website. We provide information on how to do different things and interact with another provider is part of that website.

- Metric 6. Medication Management: The clinical team works with the patient and family to support their patient/caregiver management of medications?

9. Patient and Family Engagement Concepts: How did your practice incorporate at least one of the 4 PFE Change Concepts?

- ✓ Listen to patient and family voice: Implement formal systems for hearing the patient and family voice and using this input for strategic, quality, and business planning and performance success - Patient feedback was the key driver in this effort, and the changes implemented were a direct response to issues they raised.
- Respect values and preferences: Respect patient and family values, preferences, and expressed needs
- Collaborate with patient and families: Actively engage patients and families to collaborate in goal setting, decision making, health-related behaviors and self-management
- Be aware of language and culture: Assess and communicate in the preferred language, at an appropriate literacy level, and in a culturally appropriate manner

Supporting Information

Resources and Tools: Please provide examples or attach copies of tools or other materials that you used to bring about change in your practice.

- ✓ Our practice is willing to share our story on a webinar or a recorded podcast or some other media if contacted by the program
- ✓ We give our permission for the information to be shared on <http://www.healthcarecommunities.org> or within the TCPI community

