The Practice Engagement Model

Service Cabinets Created for Clinical Areas

- Collaborative Data Analysis
 - Identification areas for improvement & indicators
- Target Setting
 - Specific targets for CY 2013
- Collaborative Action Planning
 - Specific steps and accountability
 - Implementation of best practices
- Regular meetings to track progress
- Training modules for leaders to support improvement
- Areas Neuro, OB/GYN, Ortho, Pediatrics, Surgery, Institute for Heart, Vascular and Stroke, Cancer Center, GI, Imaging, ED and Primary Care







Target Setting, and Improvement Planning

- MGH/MGPO level annual targets
 - 3 focus indicators for CY2013
 - Provider Explain
 - Staff Helpfulness
 - Staff Courtesy
- Practice level improvement plans
 - Practice level focus indicators and targets
 - Coordinated with MGH/MGPO targets
 - Specific action plans required by all practices
 - Reviewed and monitored by service cabinets
- Improvement plans supported by best practice implementation and training







Implementing Best Practices

- Touch Points and Service Expectations
- Staff and Leader Training
- Rewards and Recognition **Programs**
- Procedures for Informing Patients of Waits
- Staff Huddles
- Service Recovery programs
- MD Communication Scores and Coaching



Service Expectations and "ALWAYS" Behaviors

CHECK-IN

Service Expectations

- □ Acknowledge patients' presence
- □ Ask how you can help
- □ Inform patients of anticipated wait time
- Ask if there are other questions

Associated "ALWAYS" Behaviors

- □ Greet patients with a warm smile and a pleasant tone of
- □ Establish eye contact
- If unable to greet patients promptly, acknowledge them and let them know you will be with them shortly
- ☐ If physician is running late, let patients know how long the wait could be and apologize
- □ Periodically round the waiting room and keep patients informed of wait times

CHECK-OUT

Service Expectations

- Acknowledge patients and ask how you can assist
- □ Verify if patients have any questions
- Ask patients if they are enrolled in Patient Gateway
- Thank patients for coming

Associated "ALWAYS" Behaviors

- Ask if patients need any follow-up appointments / tests; explain next steps so they know what to expect
- ☐ Ask "Is there anything else I can do for you?"
- ☐ If necessary, help patients find their way to their next destination

HALLWAY

Service Expectations

- Acknowledge patient when in hallway
- Ask patient if you can help
- □ Provide directions and escort patients to their

Associated "ALWAYS" Be havi ors

- Make eye contact and smile
- Walk beside patients when escorting them to the exam room rather than in
- ☐ Stop and ask patients if they have any questions
- ☐ Help patients to get to where they need to go
- Let patients get on the elevator first and hold door open for them

PHONE INTERACTIONS

Service Expectations

- Use four-part telephone greeting
- Address caller by proper name
- □ Follow proper hold protocol □ Follow transfer call protocol
- Use two-part telephone closing

Associated "ALWAYS" Behaviors

- Answer phone using a greeting, introduce yourself, your department, and ask how you can help
- ☐ Ask for permission before putting caller on hold
- □ Ask caller for permission to transfer call
- ☐ Before ending call, ask "Is there anything else I can do for you?" End call with a thank you
- □ Use a friendly tone of voice; listen attentively

EXAM ROOM

Service Expectation

 Providers and other clinical professionals entering an exam room will consistently follow a general process for managing patient interactions

Associated "ALWAYS" Behaviors

DECININING

- □ Knock before entering
- □ Introduce yourself and your role
- Apologize for wait, if appropriate.

- Explain steps you are taking as part of the exam.
- Keep patient updated during each step
- □ Check for patient comfort / concerns

- □ Address patient by Miss, Mrs., Ms., Mr.
- ☐ Smile patients can hear your smile

- □ Explain results of exam / procedure
- ☐ Explain next steps needed (e.g., tests, follow-up appointment, etc.)
- □ Check for questions and understanding
- Ask if there is anything else you can do
- □ Express your thanks
- When possible, sit facing patient and speak at eye level.
- □ Always speak positively about other members of the team





MGH Service Academy



Leader Modules

- Survey Basics
- Data Tutorials
- Communication and Rounding
- Reward and Recognition Approaches
- High, Middle and Low Performers
- MD Communication

Best Practices

- Discharge Calling
- Quiet Times
- Informed of Waits Approaches
- Service Recovery
- Hourly Rounding

For Staff

- Best Practices Outlined Above
- Service Expectations
- Service Refresher
- Survey Basics





Why CG-CAHPS?

- Been in place at MGH/MGPO for years (2008)
- Consistent with national direction
- Visit–specific version has questions that are 12 month lookback
- In reality, it is our perspective that patients may speak to prior experiences or last visit regardless of the survey version
 - Comments demonstrate that patients are considering both
- Minimal lag time allows for relatively recent data, sufficient to implement improvements







Wrap Up

Any questions?



