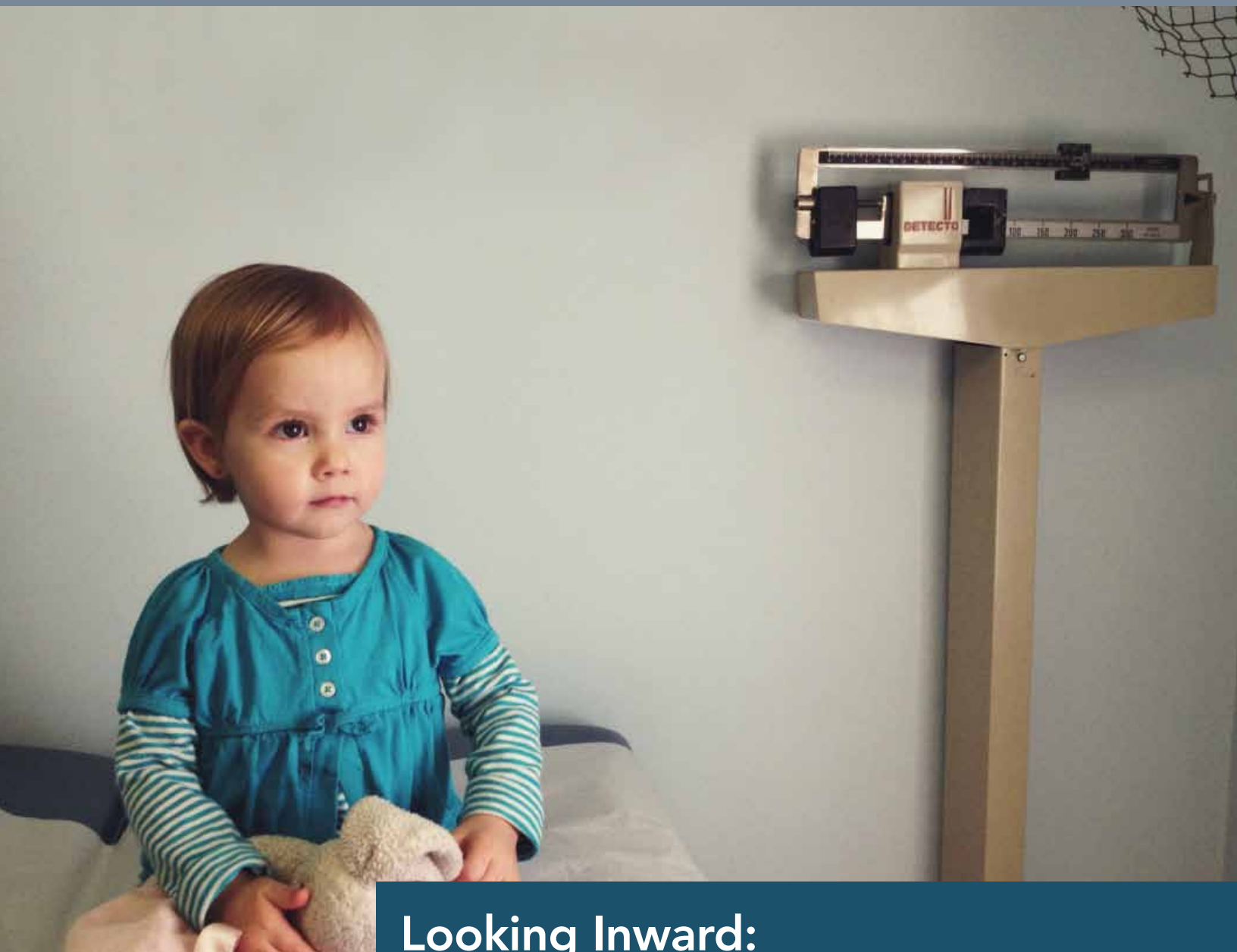




CALIFORNIA HEALTHCARE FOUNDATION



Looking Inward: Community Health Centers Focus on Staff to Improve Patient Experience

MAY 2014

Contents

About the Author

Liz Boehm is the director of the Experience Innovation Network, part of Vocera Communications. Her work focuses on restoring the human connection in health care.

About the Foundation

The **California HealthCare Foundation** works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit www.chcf.org.

© California HealthCare Foundation, 2014

3 Introduction

4 Eight Stories of the PEAC Experience

Anderson Valley Health Center
Axis Community Health
Golden Valley Health Centers
Lake County Tribal Health Consortium
Neighborhood Healthcare
Santa Rosa Community Health Centers
Share Our Selves
West County Health Centers

17 Conclusion: Learning from PEAC Participants

18 Appendices

A. PEAC Program Summary
B. Engagement Approach
C. Creating a Baseline and Measuring Impact
D. PEAC Participant Results in Detail

Introduction

Health care organizations have always judged themselves on clinical quality and productivity, and new approaches such as the patient-centered medical home add care coordination into the mix. However, key patient needs may be overlooked — the need for communication, comfort, dignity, and emotional support. Attending to these elements of the patient experience will be crucial as California's health care organizations — particularly in the safety net — scramble to meet the needs of the nearly 3 million people newly eligible for subsidized coverage through Covered California and another 1.7 million newly eligible for Medi-Cal. Provider organizations will need to engineer effective approaches to supporting the human elements of care, not only for patients, but for the workforce that provides their care.

To promote such innovation, the California HealthCare Foundation established the Patient Experience Action Community (PEAC) in partnership with Vocera Communications. The two-year PEAC program supported eight California community health centers in implementing innovations and testing their potential to transform the patient and workforce experience.

Goals of the PEAC Program

- ▶ Accelerate innovations in improving patient experience across community clinics.
- ▶ Define new measurement systems and tools to monitor experience performance.
- ▶ Empirically link experience improvements to enhanced financial, clinical, operational, or strategic outcomes.
- ▶ Foster the creation of showcase sites to serve as national demonstration models for patient and staff experience.

Federally qualified health centers frequently serve low-income multicultural communities in inner cities and isolated rural areas. Their patients often suffer from multiple chronic conditions, and many lack the education, access to transportation, and support networks they need to engage fully with their care. Staff in these clinics tend to be strongly attached to their communities and their work, but an array of challenges can still lead to frustration and compassion fatigue.

Understanding that implementing change at a busy health center is challenging, CHCF and Vocera created a support structure and project plan that included in-person events, group webinars to share ideas, and one-on-one coaching calls with PEAC team leaders at each facility. Each clinic was guided through a change management process to:

- ▶ **Align employees around the importance and benefit of change.** PEAC teams created project goals and communication plans designed to engage their peers in the transformation process and maximize staff buy-in. Teams also created a change infrastructure designed to make their organizations more adaptable to shifts in market conditions.
- ▶ **Identify site-specific challenges.** To find the issues that negatively affected the patient and workforce experience, the teams used surveys, focus groups, and interviews with patients and family members as well as administrative and clinical staff.
- ▶ **Engage employees to co-design and implement solutions.** Each organization worked with frontline employees to design solutions to solve problems they identified. By including simple solutions and quick wins, the process was designed to create sustainable culture change and lay the foundation for long-term improvement.
- ▶ **Measure the impact of change on employee and patient loyalty.** Using a pulse survey (based on modified versions of the Net Promoter Score® loyalty question), each PEAC member measured employees' likelihood to recommend their facility as a place to work and as a place to get care. (See details in Appendix C.) They captured data prior, during, and after launching their programs to allow them to track changes over time.

Each of the PEAC member organizations was chosen based on its willingness to:

- ▶ Engage in a rigorous, structured process of information gathering and staff and patient engagement.
- ▶ Explore innovative solutions to help solve important experience gaps.
- ▶ Share results and lessons learned among fellow PEAC grantees.
- ▶ Act as a reference site to help spread successful innovations throughout the state.

Eight Stories of the PEAC Experience

Following is a detailed overview of each of the PEAC clinics' insights, solutions, and lessons learned.

Anderson Valley Health Center

Building Mindfulness and Resilience to Change Culture

Facilities	1 center
Location	Boonville, CA
Providers	1 MD, 0.8 fte PA, 0.6 fte family NP, 1 dentist, 1 behavioral health
Total staff	25
Patients	2,800

Situation

Anderson Valley Health Center is a small rural health center providing medical, behavioral health, and dental services to the members of four communities about 100 miles north of San Francisco. The center only recently received federal funding, prior to which it had struggled to make ends meet. Many members of the clinic staff had given long service in difficult conditions, which resulted in a guarded sense of skepticism, self-protection, and isolation.

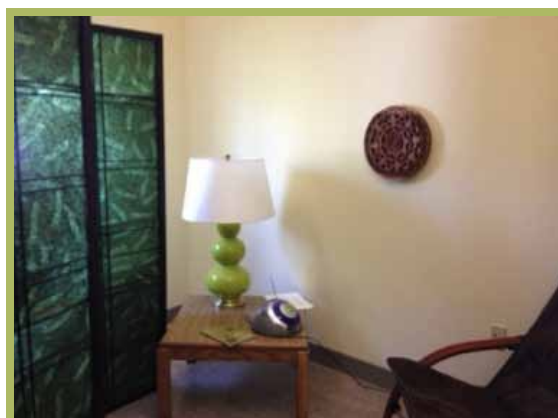
The center had a starting NPS score of 63 on willingness to recommend Anderson Valley Health Center as a place to work (a relatively positive outcome on a scale of -100 to +100). However, when leaders of the PEAC program convened the staff to talk about their work, priorities, and preferences, it became clear that morale was low. "People put on a brave face, but they were unhappy and scared," said Jessica McNinch, PsyD, a project leader. "We had a culture of silence."

Solutions

To begin building momentum, the leaders kicked off the project with formal staff and patient focus groups and solution brainstorming sessions. Good ideas to improve the patient experience emerged and were implemented. Thursday evening clinic hours were added to respond to patient requests for more scheduling flexibility, and Saturday appointments for behavioral health were made available to accommodate patient desires for privacy.

But as a clinical psychologist, McNinch understood that addressing issues of staff burnout and compassion fatigue were an essential step in enabling the clinic to maintain responsiveness to the needs of patients. The AVHC slogan became, "We take time to care for ourselves, so that we can take better care of our patients." Their solutions included three core elements to boost staff engagement, mindfulness, and resiliency:

- ▶ **Restoring human connections to build engagement and teamwork.** The PEAC leaders created a set of quick wins by initiating a monthly lunch meeting for staff to connect and share ideas. This allowed them to build on the momentum of the kick-off activities. They made a point of acknowledging birthdays — for everyone from physicians to cleaning staff — and they purchased comfortable, ergonomically designed chairs and telephone headsets for front desk staff so that it would be easier for them to engage with patients and maintain energy throughout the day.
- ▶ **Creating space for staff to reconnect to purpose.** AVHC set aside a Wellness Room, outfitting it with a comfortable chair, ambient lighting, and guided meditations on CD for staff to use during their breaks. To encourage providers and staff to use the room, McNinch convinced the center's lead physician to model the behavior, breaking away for at least a few minutes a day to be mindful of the purpose of his work, not just the tasks at hand.



- ▶ **Embarking on a 30-day mindfulness and gratitude pilot.** Working with staff members who expressed an interest in engaging with mindfulness, McNinch conducted validated emotional exhaustion and

mindfulness surveys and a gratitude questionnaire to get a baseline of information about these specific psychological measures. She then facilitated training sessions on mindfulness and gratitude practices, and outlined a program of weekly assignments, including a daily gratitude challenge to share a single gratitude each day via e-mail, picture, or phone message with a gratitude partner. She posted information about the program around the clinic to keep engagement and enthusiasm high. Participants in this pilot saw marked results: 89% increase in gratitude scores; 81% increase in “observe” scores; 94% increase in “non react” scores; and 100% reduction in “burnout” scores.

Results and Lessons Learned

The results of the interventions were complicated by a reduction in workforce and the retirement of two long-term nurses, which shook many employees’ sense of security and derailed some of the initial positive momentum, as captured in the team’s second pulse survey. Scores on the third survey plummeted, and the clinic had to focus on restoring a sense of stability and rebuild trust. However, McIninch reported that, after the dust settled, the change in staff attitude and engagement stuck. One of the staff members reported, “You can really tell, there’s a difference. People are friendlier in the halls. It makes it easier to work together and get things done.” McIninch is in the process of conducting a supplemental pulse survey to see if scores have rebounded in an environment of greater organizational stability.

“If you don’t put your oxygen mask on first, you can’t take care of anyone else.”

Overall, McIninch pointed to the benefit derived from the process of engaging patients and staff in the initial process of uncovering issues and brainstorming solutions. “It was bonding to have the staff talk about emotional burnout,” she said. “The more we did self-care and emphasizing wellness, the more they engaged.” The impact has been substantial enough to flow down to patients. Patients asked about the change in staff attitude and McIninch is now teaching patients to use the same mindfulness and gratitude skills she worked on with staff. This order of events was critical, she said. “It’s like on a plane. If you don’t put your oxygen mask on first, you can’t take care of anyone else.”

Two key lessons emerged from the PEAC experience:

- **Leadership support accelerates action.** The first staff-oriented change was to bring employees together informally for lunch and to recognize birthdays. While small, these shifts would not have taken place without the support and enthusiasm of the center’s executive director. Leadership support gave everyone “permission” to engage fully in the process.
- **Physician engagement is essential.** As leaders of the health care team, physicians shape behavioral norms and expectations, and set the tone for what is valued in a health center’s culture. McIninch worked closely with the center’s senior physician to get him to model the engagement desired among the staff. “We would have stayed stuck without his involvement,” she said. “He chose to lead with intention rather than by default.”

Axis Community Health

Building Teamwork and Shared Purpose

Facilities	6 clinics
Location	Tri-Valley area (Amador, Livermore, and San Ramon valleys), CA
Providers	10 MDs, 1 medical director, 3 NPs
Total staff	150
Patients	14,000

Situation

Axis Community Health, located in Eastern Alameda County, was founded in 1972 as a health center for low-income children without access to care. It has grown to provide medical care for all ages across an array of services including medical care, mental health counseling services, addiction recovery programs, court-ordered programs, a WIC nutrition program, and school and community-based health education services.

Shortly before the start of the PEAC project, Axis grew from two locations to six, a surge in growth that changed the workplace dynamic substantially. “We went from being a small organization where we called ourselves family to a medical center with 150 employees,” said CEO Sue Compton. “With that kind of growth, people felt lost.” This sentiment was reflected in Axis’s first pulse

survey, in which the center scored an NPS of 27 as a place to get care, but only -3 as a place to work (on a scale of -100 to +100).

Solutions

In order to build a solid foundation for patient experience improvement, the Axis team decided to focus its efforts on improving the physician and staff experience and building teamwork. The centers had just been through an EHR implementation that required fiscal, billing, operations, and other staff to come together at the same table. “That kind of collaboration was powerful,” Compton noted. “PEAC built on that.” The approach was two-pronged:

- ▶ **Identify individual strengths and bolster staff confidence.** Axis offered Gallup’s StrengthsFinder survey (strengths.gallup.com), a tool designed to help participants understand and develop their strengths, to the entire staff. The leadership team then met with each site to strategize ways in which individuals and teams could use this information to enhance their own and patients’ experience. Staff members found the exercise interesting and rewarding. Said one participant, “It gave me confidence. You have more strengths in you than you think.”
- ▶ **Create a forum for idea sharing and team building.** To strengthen linkages between its different locations, the Axis Ambassador Program was launched to identify high-potential frontline staff members and involve them in cross-site meetings and projects. The effect was to promote consistency across sites and allow best practices to be shared. Team membership rotates, and sub-teams can be created to support specific projects, such as closing a patient experience gap. One staff member said, “It’s a great experience to get to know other departments and feel like they make a difference at Axis.”

With staff engaged individually and as a group, the team identified quick win opportunities, including keeping staff contact lists up-to-date, placing staff headshots in the corporate email system (to foster relationships), refining the Axis phone tree that staff members use to find colleagues in other departments, and even building call center scripts to help office staff address common issues consistently and professionally. To keep momentum going, Axis created the *Axis Insider* newsletter, which shares stories, plans, and reinforces the team’s commitment to ongoing improvement.

Results and Lessons Learned

Axis saw an initial jump in its pulse survey results for staff’s willingness to recommend Axis as a place to work. In the second year of the program, however, scores reverted to their original level. Response levels also fell (from 109 employees participating in the May 2012 survey to only 76 in the October 2013 version), suggesting a decline in staff engagement overall. Compton, however, noted that “The scores are more static than the feeling here. People are thinking differently. When something comes up, they think about reaching out instead of operating in a vacuum.”

“We went from being a small organization where we called ourselves family to a medical center with 150 employees. With that kind of growth, people felt lost.”

Staff members created a phrase that stands for working together to identify and solve problems—“PEACing it out.” Senior leadership has been touring all of the Axis sites with a PEAC mascot (ACE, short for Axis Community Engagement) to keep momentum moving. Importantly, the leaders noted that changes in the culture are reaching patients. Compton described the breaking down of barriers between clinicians who formerly interacted solely through a paper chain, but who now have connected in person to improve the experience. “When you have a face and not just a name it’s really different,” she said. “The patient really picks up on that teamwork.”



Mascot, ACE, on tour with Axis CEO Sue Compton.

Axis's PEAC experience showed that helping staff members to uncover their strengths and empowering them to solve problems leads to positive results for patients.

- ▶ **The change process is as important as the changes.** For Axis, a large part of the impact from the program came from the initial efforts to gather staff input and create a collective will for problem solving. "This is a nice experience for all to share, knowing that they can be part of this organization and to know their input is important," said one participant.
- ▶ **Personal connections are as important as process.** Axis could have focused on building processes that tried to streamline coordination between different departments. But these processes would likely have required a lot of oversight, and wouldn't have resolved tensions that might still linger between organizational silos. Instead, by forging relationships as the core of their efforts, Axis created a willingness to work together that is likely to lead to more lasting and ongoing innovations. One team member summed it up: "We have a better idea on how to relate to our team members, where we are each coming from, and how to meet in the middle to win."

Golden Valley Health Centers

Breaking Down Barriers to Empathy

Facilities	21 clinics, 9 dental sites
Location	San Joaquin Valley, CA
Providers	125
Total staff	730
Patients	130,000

Situation

Golden Valley Health Centers serves patients in California's Central Valley, the agricultural core of the state. It has both rural and urban locations, with a system of 21 clinical sites and nine dental sites, including two free-standing women's health centers, four school-based centers, and a homeless health care program.

Their patients often have low literacy levels, and many have behavioral health issues that can cause them to be unfriendly to staff. Staff members, in turn, often build up defenses that shield them, but also prevent them

from engaging and empathizing with patients. Elizabeth Morrison, leader of the Golden Valley PEAC project team, is a clinical social worker. She knows empathy conveyance is critical to building relationships and that it ultimately leads to better adherence to treatment plans. When survey and focus group results showed low levels of empathy among the front office staff, Golden Valley decided to tackle the problem head on. The need for change was brought home for Morrison when her husband brought their son into the clinic for an ear infection treatment. Medically, the visit was fine, but her husband said he never wanted to return to the clinic again because the front office staff had seemed so cold and uncaring.

Solutions

Morrison and her team pursued three solutions, all with roots in non-health care industry practice. First, she recognized that physical barriers create emotional barriers. The front desk, which sequestered receptionists behind walls and glass, discouraged eye contact and warm greetings with patients. She resolved to take down "the iron curtain of health care," a process that met with resistance from staff who felt protected by the walls. Morrison worked with them to create a sense of comfort and safety.



No more walls between patients and front office staff.

Second, Morrison borrowed ideas from Zappos, a company built on the conviction that a strong employee and customer-focused culture leads to success. When prospective Zappos employees finish their training and probation period, they are offered a sum of money to part ways with the organization. The idea is to filter out workers who are more motivated by money than by the work of serving customers. Golden Valley is trialing a \$1,500 voluntary resignation program to give workers who are not excited to work at the clinic a financial cushion while they seek work elsewhere.

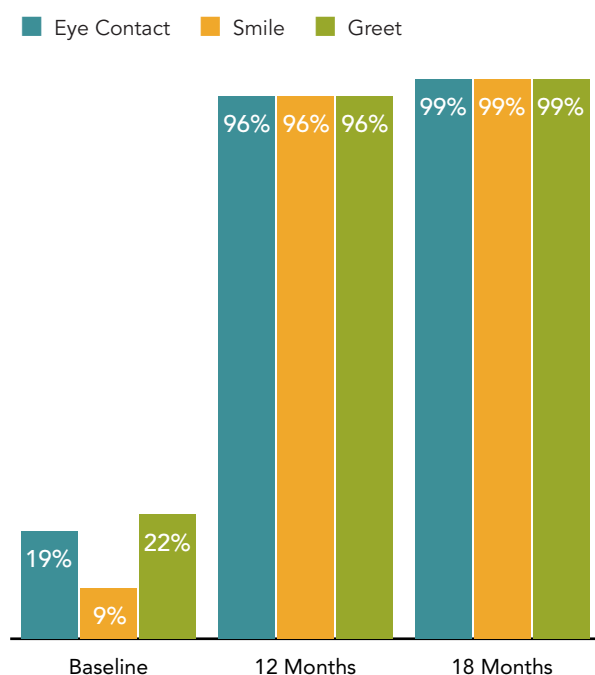
Finally, Morrison recognized that employees focus on what is measured, so she created an empathy audit to check whether patients are met with a smile, eye contact, and a warm greeting when they arrive at the clinic. This audit took some training, as some auditors initially counted “Sign in” as a greeting. But the process was refined and regular audits were implemented.

“There’s no possible way to transform any place unless you’re willing to lose staff and hire differently.”

Results and Lessons Learned

The clinic that has been the main trial site for these interventions has seen significant advances since the changes began. Frequency of patients being welcomed with eye contact, a smile, and a greeting has increased from around 15% to almost 100% (see Figure 1). And patient satisfaction scores have followed suit. The trial clinic’s scores are the highest in the system — despite having an average wait time of two hours (also the highest in the system).

Figure 1. Percentage of Patients Welcomed, by Method



However, pulse survey scores were not consistent. While they improved on both willingness to recommend as a place to work and as a place to get care in the second survey, the final survey showed a steep fall in willingness to recommend Golden Valley as a place to work (willingness to recommend as a place to get care continued to rise). Morrison suspects this is due to a management change that took place in the middle of the process at the site that was initially most engaged in the PEAC work. “There were write-ups and terminations,” she explained. “They essentially dropped out of the experience transformation efforts.”

Golden Valley’s metamorphosis is still underway. Morrison views the PEAC work as part of a cultural transformation that will continue as the center and the health care environment evolve. Two key lessons emerged:

- **Hiring and staffing matter.** Because health care is a service industry, carefully defining job descriptions and professional competence (both interpersonal and technical skills) is essential, according to Morrison. “There’s no possible way to transform any place unless you’re willing to lose staff and hire differently.” Staff changes may be crucial, she emphasized. “You can’t work around 10% to 20% of the employees — it steals the focus from the other 80% and their potential for empowerment.” However, she continued, the approach to these changes has to reflect the culture an organization is aiming for. If the desired culture is based on respect and transparency, then any separations with staff must follow those tenets, she stressed.
- **Just getting it done.** One of the quick fixes that Golden Valley undertook to make its reception area a more inviting place to work was to turn off the overhead fluorescent lights and replace them with floor lamps. Rather than waiting to get new lighting approved and installed, the PEAC team went to the store and bought what was needed. “We all get this scarcity thinking and this delusion that we can’t do anything because we’re safety net,” said Morrison. “Our job as leaders has to be to clear the bureaucracy that we have created. That’s the best use of management — clear the way for the small stuff that employees want and that’s the right thing to do.”

Lake County Tribal Health Consortium

Hardwiring Process Change for Lasting Impact

Facilities	1 campus
Location	Lakeport, CA
Providers	7 medical, 4 dentists, 2 behavioral health
Total staff	74
Patients	3,000

Situation

Lake County Tribal Health was initially established to provide health care to the six Native American tribes in and around Lakeport, but the center now serves all comers. Still, LCTH's identity remains strongly connected to representing and honoring its tribal roots.

To kick off the PEAC project, LCTH conducted surveys and focus groups. They quickly learned that both staff and patients believed that there was an opportunity to improve communication across the continuum of care, and to engage patients as partners in the care process.

Solutions

Because LCTH's first pulse survey pointed to very low employee morale, the PEAC group immediately instituted monthly all-staff team-building exercises designed to create a sense of shared purpose. "We knew we had to make changes and get to where employees were receptive to change," said Iyesha Miller, quality improvement coordinator. "We had to do small processes and see the quick wins in order to then move on to the bigger projects." The team conducted communication exercises and discussed opportunities to make LCTH a better place to work. They engaged all departments in discussions about the PEAC project plan so that all parties would be invested in the improvements.



For patients, LCTH started with some simple approaches to make the health center more inviting and easier to navigate. The various services offered at the center (medical, dental, behavioral health, and public health) are housed in separate buildings, so the team added signage identifying the location of each service. They also added local artwork highlighting tribal cultures in waiting rooms and exam rooms.

The PEAC team then tackled communication around the care continuum directly, identifying disconnects between patients' understanding of how to use services and the center's processes that sometimes impeded access. So they focused their efforts on both sides of the equation. They created:

- ▶ **A three-part "cheat sheet" for patients.** Based on patient and staff feedback, the PEAC team designed three worksheets geared toward helping patients make the most out of their visits to LCTH. The first helps patients to organize their questions before their appointment, as well as reminding them to be on time. The second focuses on driving engagement during the appointment, prompting patients to ask questions and voice any concerns they feel about the treatment plan. The third provides tips for after the appointment, including filling prescriptions and making follow-up appointments. To make sure the provider side was also engaged, clinicians were given tools that prompted them to ask key questions and discuss care continuity with patients.
- ▶ **A revamped check out process.** To help ensure that patients receive good care continuity, the PEAC team updated the checkout process with an explicit focus on scheduling follow-up appointments. In the new process, the medical records staff attaches a visit verification/checkout form to the medical record prior to check in. The provider completes the form following the visit with the patient, and gives it to the check-out station staff. The check-out staff schedules the follow-up appointment before the patient leaves, and gives the patient the form from their provider as a reminder.

Results and Lessons Learned

LCTH has experienced a substantial improvement in its pulse survey scores — particularly in staff willingness to recommend the center as a place to get care. This measure saw a 360% improvement (ending at 65 on a scale of -100 to +100). In addition, the center saw a 5%

decrease in the volume of patient complaints each month from May 2012 to January 2013. There was also a 45% increase in new patients during that period, suggesting that the word has spread.

Beyond the numbers, the change in the culture is significant, according to Miller. Staff members feel much more empowered, and continue to pursue change opportunities, she said. "When an issue arises, we come together as a group and perform PDSAs [plan-do-study-act change cycles]. People feel like change can happen."

LCTH made some significant process changes that improved communication both between physicians and staff and between employees and patients. The major learnings included the following:

- ▶ **Address staff morale issues from the start.** Asking staff members to change when they are feeling frustrated and powerless is not effective, according to Miller. LCTH's approach of immediately working on morale issues was critical. Importantly, the changes that were implemented crossed departmental lines, noted Miller. "We were operating like islands," she said. "Coming together for team building tore down some barriers."
- ▶ **Engage employees early and often.** LCTH was careful to spread word of successes throughout the organization. "That helped us build a culture of change," said Miller.
- ▶ **Focus in on a few projects.** LCTH's enthusiasm for engaging the entire staff had a downside. "Different departments wanted to see things that would affect their department," said Miller. "We wanted to accommodate everyone, so we had eight projects." This ultimately proved unsustainable, as projects fell prey to competing priorities. But the team kept its focus on the most promising projects.
- ▶ **Hardwire process change with communication tools.** The revamped checkout process was backed up by a specially designed worksheet that was embedded into the patient workflow from start to finish. This was done to ensure that each step was completed, effectively hardwiring the innovations.

Neighborhood Healthcare

Strengthening Communication for a Better Experience

Facilities	10 clinics
Location	San Diego and southwest Riverside counties, CA
Providers	95
Total staff	470
Patients	65,000

Situation

Founded in 1969, Neighborhood Healthcare began as an all-volunteer clinic in Escondido. It has since expanded to 10 clinics serving neighborhoods throughout San Diego and southwest Riverside counties.

To create a test bed for experience improvement, leaders at Neighborhood Healthcare focused their PEAC efforts on a single clinic in Escondido, one of its busiest locations. They capitalized on a high level of staff enthusiasm, and chose not to limit the number or types of improvement efforts undertaken. This was a mixed blessing according to Maura Mireles, patient experience manager. "We used a lot of our staff to participate and help with the process. Some of them started to get burned out quite quickly. But they were enthusiastic and came up with great ideas. It was a team effort."

Solutions

Upon examining the results of pulse survey data and conducting staff and patient focus groups, Neighborhood Healthcare PEAC team leaders determined that they needed to focus on communication, patient education, and patient access. They created three design teams (one for each domain). Their innovations included:

- ▶ **Redesigned patient welcome packet.** The patient education design team created a flyer, "Getting the most out of your visit at Neighborhood Healthcare Escondido." It includes frequently asked questions such as how to make and get the most out of appointments, and how to use the pharmacy. The flyer is part of a new process in which a member of the medical records team presents each new patient with a welcome packet and goes over each item with them, answering questions and encouraging patients to use the folder to store and manage important health history such as blood pressure and blood

sugar flow sheets. Pilot patients expressed appreciation for the one-on-one attention, and medical records staff said they now feel more integral to the care team as a result of the new process.

► **Restructured follow-up appointment scheduling.**

Because complex patients need continuous care from their providers, the access design team worked with providers and site managers to make providers' schedules available at least two months out. In addition, they added same-day and walk-in appointments to each provider's schedule to accommodate last-minute patient needs. These two measures improved patients' ability to schedule timely follow-up visits, and increased the likelihood that patients will be matched with their provider for more urgent care needs. At the same time, the walk-in cycle time dropped from 119 minutes in January of 2013 to 78 minutes in September of 2013, improving the experience for patients with unplanned visits.

► **Decreased wait times for Saturday walk-ins.**

Saturday clinic hours had traditionally been walk-in only, which meant that patients could end up waiting for hours. So the access team tested a same-day appointment approach for Saturday clinic, which allowed patients to call on Saturday morning and schedule a time to see the provider that day. They still blocked time in providers' calendars to accommodate walk-ins. This process not only decreased wait times for patients who called ahead, it also allowed staff to prepare for the visit by verifying insurance eligibility and reviewing the patient's chart.

► **Streamlined pharmacy process.** The clinic at which the Neighborhood Healthcare team conducted its pilots has an on-site pharmacy, but that pharmacy doesn't accept all insurance carriers — notably Medi-Cal. Providers, unfamiliar with the specifics of their patients' Rx coverage, would frequently send prescriptions to the on-site pharmacy, where patients would discover they couldn't get them filled. This resulted in a high volume of calls between pharmacy and medical staff to reroute prescriptions. To solve the problem, the communication design team created and posted lists of the insurance accepted by the pharmacy at medical workstations, and worked with MAs to make sure the patient's coverage is verified before sending a script. As a result of this change, pharmacy errors and calls dropped from an average of 10 to 12 to only one or none per day.

Results and Lessons Learned

Neighborhood Healthcare experienced a solid improvement in its pulse survey scores, increasing its NPS on willingness to recommend as a place to work from a starting point of 9 in May of 2012 to 26 in October 2013.

Mireles reported a substantial improvement in staff morale, due, she believes, to staff involvement. "It made them feel like they are part of the team, not just to get the work done but to have the power to come up with ideas and implement them." She noted that many of the staff members involved in the project have taken on greater leadership roles, and have more empathy for their colleagues who are tasked with leading improvement efforts. "Before they came to me with problems but no solutions. Now, when they hear their colleagues complain, they say, 'Do your research to understand the problem.' They come ready to solve problems, not just complain."

Neighborhood Healthcare cites two key lessons:

- **Engaging staff to lead experience improvement leads to longer-term change.** Because staff members were empowered to find and solve problems in their workplace — and tasked with addressing barriers and resistance along the way — participants learned how hard change can be. That altered their perspective on what it takes to create change, said Mireles. Staff members now connect with their peers and seek solutions to problems rather than just defining the problem, she said. "That will have a lasting impact."
- **Focus comes in many forms.** Unlike LCTH, which narrowed its project scope to stay focused, Neighborhood Health chose to pursue a portfolio of projects. The team maintained momentum by grouping like projects together and assigning specific design teams to tackle each group of projects. Each team had a narrow enough purview to keep its scope under control. Collectively, the center tackled a large number of experience gaps.

Santa Rosa Community Health Centers

Infusing Empathy into Communication

Facilities	9 clinics
Location	Sonoma County, CA
Providers	65
Total staff	316
Patients	40,000

Situation

Located in Sonoma County, Santa Rosa Community Health Centers serves a patient population of roughly 40,000. Founded in 1996, the centers have grown to include two school-based clinics, a homeless clinic, and two large primary care centers. They have nurse practitioner and family practice residencies.

SRCHC decided to focus its PEAC work on the Vista Family Health Center, which has been on a patient and workforce transformation journey for several years as it worked to achieve its patient-centered medical home designation. Vista had begun to adopt the Four Habits Model of communication between clinicians and patients, but felt there was still a need to establish

a better connection with patients and families. (More information on the Four Habits Model is available at: xnet.kp.org. See also Figure 2.) “Our medical receptionists often come to us as their first job out of high school. They don’t have formal training or understand the hardships our patients face,” explained Gabriela Bernal, Vista’s site director. “We also have a group of clinicians who are at various places in their career, from brand new doctors just coming from residency, to very experienced clinicians who have seen a lot and may have become a little jaded. We’re a busy practice. It’s important to our patients that we treat each of them with dignity and respect.”

Solutions

To make sure that the entire staff was on the same page regarding the need for better communication with patients, leaders asked all employees to attend a four-hour Treating Patients with C.A.R.E. training focused on improving patient experience by building customer experience skills such as eye contact, smiling, and calling patients by name. This train-the-trainer model was developed by the Institute for Healthcare Communication. At the conclusion, employees created personal goals and outlined how they would embed service practices into their daily routines.

Figure 2. The Four Habits of Highly Effective Doctors

HABIT	SKILLS
Invest in the Beginning	Create rapport quickly; elicit the patient’s concerns; let the patient know what to expect
Elicit the Patient’s Perspective	Ask for patient’s ideas; determine patient’s specific request or goal; explore the impact on patient’s life
Demonstrate Empathy	Be open to the patient’s emotions; make empathetic statements; convey empathy nonverbally (pause, touch, expression)
Invest in the End	Deliver diagnosis in terms of original concern; explain rationale for tests and treatments; summarize visit and review next steps

Source: Kaiser Permanente.

The team also addressed clinical communication skills, training all clinicians in the Four Habits model configured by the Kaiser Permanente Medical Group.

To maintain the focus on patients, Vista leadership added customer service elements to employees' performance evaluations, job descriptions, and ongoing training. "We made this a priority," said Bernal. The next planned training will include providers and frontline staff to help them connect better with each other. "We want to decrease the feeling of 'us versus them,'" she said.

"Call center staff has a lot more power and voice now. Once we gave them more tools and support, they were just nicer."

In addition to the individual commitments to service excellence, the Vista team created a "Warm and Welcoming Start," a new process to begin patient visits on a positive footing. This model includes:

- ▶ **Empowered call center staff.** Recognizing that the call center is often a patient's first point of contact, Vista updated processes to provide call center staff with all the information they need to answer patients' questions — including which clinicians are available each day and how to route patients for better support. They taught reception how to handle challenging situations, so they were less apt to simply call a supervisor and more able to explain the safety and quality reasons behind their policies. The team equipped all nurses with cell phones so that call center staff could get more rapid answers to questions such as whether a patient needed to visit the emergency room. "Call center staff has a lot more power and voice now," said Bernal. "And once we gave them more tools and more support, they were just nicer."
- ▶ **An in-office welcome process.** The medical receptionists were trained to make eye contact, smile, and greet the patient with a friendly introduction and ask, "How may I help you today?" The receptionist then completes the registration process in private,

using an updated questionnaire that includes asking patients about their fears and concerns and the specific questions they would like addressed during their visit. The receptionist then has a warm hand-off to the MA with the registration information, which is reviewed in the consult room. "This hand-off has resulted in reduced wait times in the waiting room," reported Bernal.

Results and Lessons Learned

Santa Rosa's PEAC experience included some staff frustration that was reflected in pulse survey scores for recommending the center as a place to work. EMR implementation was in process during the PEAC work (a complaint that surfaced often in the verbatim survey comments). Bernal chalks up some of the variability to Vista's being a new site still settling into its growth and culture. "In two years," she said, "things will be different. Once we figure out how to do the basics in a systematic way, we'll have more flexibility."

SRCHC's experience with the PEAC process surfaced some important learnings for future innovators:

- ▶ **Position innovation as building on a strong operational foundation.** A mismatch between staff expectations and reality results in frustration, noted Bernal. SRCHC set lofty "innovation" goals that may have overshadowed the real operational progress they made. "We invested a lot in trying to get 'interesting' projects," she said. "But in the end we found we were missing some very basic service infrastructure."
- ▶ **Staff empowerment changes attitudes.** SRCHC's call center representatives were given the ability to serve patients effectively and confidently. This gave them room to let their service personalities shine through.

Share Our Selves

Adapting Known Best Practices to New Settings

Facilities	2 community health centers, 1 school-based health center
Location	Orange County, CA
Providers	5.5
Total staff	44
Patients	9,096

Situation

Share Our Selves was founded in 1970 to provide for the critical needs of the poor, including food, clothing, and financial aid. In 1984, the center expanded to include medical care, and then dental services in 1987. It wasn't until 2012 that the clinic achieved designation as a federally qualified health clinic, a change that required a shift in thinking for leaders and staff.

As a donor-supported organization, SOS had struggled to weather the economic downturn and had gone through furloughs and cutbacks. These recent difficulties had created an environment with low morale and a limited service mindset as "the provider of last resort."

Solutions

"We knew that staff morale was low," said Clinic Operations Officer Jeremy Elkins, a physician assistant. This was confirmed by the pulse survey (SOS had scores of -10 for recommending the center as a place to work, and -2 for recommending it as a place to come for care, on a scale of -100 to +100) as well as from focus groups with patients and employees. SOS decided to focus on customer service and communication within the clinic. The new approach includes:

- **Daily service huddles.** Clinical staff already had a practice of huddles to help coordinate patient care, and the front office staff decided to adapt the practice and create support materials to help them provide better patient service. They now conduct a 5-to-10-minute huddle each morning to review the day's roster of patients and identify service needs such as insurance enrollment or patients who are coming for the first time. This allows receptionists to prepare appropriate paperwork and welcome kits so they're not scrambling when patients arrive. They also discuss any staffing changes or other issues

that might affect the day's work. The office manager, Jennifer Mosher, who prepares the daily roster of patients the evening before, conducts a second huddle with the call center staff when they arrive later in the morning; this keeps information flowing smoothly across the two service arms. "The huddles are a daily opportunity to remind ourselves why we are here — to help people," said Mosher.

"The huddles are a daily opportunity to remind ourselves why we are here — to help people."

- **Pre-arrival patient phone calls.** SOS staff members now call patients a few days prior to their scheduled appointments to remind them of the appointment, help them prepare for the visit, and discuss issues such as insurance eligibility. During a six-week pilot, no-shows were reduced by 20%, so the calls became a permanent part of the process. "By getting more efficient through our service huddles," said Mosher, "call center staff now has the capacity to make these kinds of calls."
- **Patient welcome package.** The SOS team updated the patient welcome package to provide important contact information and answers to frequently asked questions. The materials are packaged in a "cute, Starbucks-like bag," so patients feel they are getting something special.



Patient welcome package.

- **Employee newsletter.** Recognizing that employees wanted to feel a connection to their workplace, SOS created a monthly employee newsletter, *Share Our Stories*. In addition to important news and updates, each issue honors an employee who has been nominated by peers for special recognition. “People get nominated for kindness or because they go above and beyond,” said Elkins. The reward is a week of free on-site parking.

To maintain a culture of improvement, SOS created an ongoing process of monthly meetings to collect staff feedback and discuss improvement opportunities. In addition, the leadership team created a set of awards based on SOS’s core values: dignity, service, excellence, and justice. They also added a fifth award, the “Visionary” award, to keep the PEAC spirit of innovation alive. These honors are peer-nominated and vetted by leaders. “It’s a big cultural shift,” said Elkins. “It pays dividends for satisfaction and for the bottom line.”

Results and Lessons Learned

Share Our Selves saw an impressive improvement in staff perception throughout the PEAC program. Staff’s willingness to recommend the center as a place to work sharply increased its NPS scores from –10 to +37, while willingness to recommend the center as a place to come for care rose from –2 to +31. Changes in attitude were slow at first, but momentum has built. “It’s been a marathon and not a sprint,” noted Elkins.

Two main lessons emerged from the SOS experiences:

- **Small steps lead to larger changes.** The SOS leadership team acknowledges that the changes they made were not major innovations. However, they believe that their persistence in making small changes paid off because staff remained focused on the need to change. “We felt some pressure to go after larger innovations,” said Elkins. “It was hard to be in that tension, but we stayed on top of it and succeeded in the long run.”
- **Culture change requires sustained engagement.** Maintaining staff engagement throughout the project and beyond are what paid off, noted Elkins. “You may shift directions,” he said. “But stay focused on why you started in the first place.”

West County Health Centers

Supporting After-Visit Communication

Facilities	3 health centers, 1 dental center
Location	West Sonoma County, CA
Providers	37
Total staff	120
Patients	13,810

Situation

The Russian River Health Center first opened its doors in west Sonoma County in 1974 and the neighboring Occidental Area Health Center opened in 1976. After many years of collaboration, the two independent health centers formally merged as West County Health Centers, Inc. (WCHC) in 2000. The system has since grown to include an additional clinic, separate dental and mental health facilities, and a teen health center. It is pursuing designation as a patient-centered medical home (PCMH). Leaders kept that focus in mind as they moved through the PEAC process.

Solutions

Based on input from staff and physicians, WCHC decided to focus its PEAC efforts on three key areas:

- **Efficient and thoughtful meetings.** To make meetings more productive, West County leaders worked on meeting facilitation, pledging to start meetings on time, end earlier, and allow time between meetings. The result was better-attended and more effective meetings. “These were simple changes,” said Jeremie Robenolt, clinic manager at Sebastopol Community Health Center, “but they were very effective in making meetings more successful — not only for PEAC, but across the board.”
- **Improved front and back office communication.** WCHC staff identified an opportunity to make front office and back office communication more efficient and to empower front office staff to serve patients more effectively. They decided on an informal and engaging approach to training. First the staff is polled on complex concepts that might not be fully understood, then nurses provide an informational overview where needed. The learning is reinforced and augmented with games like word-of-the-week, in which key terms such as “lipid panel” and “HgA1c,”

are defined. Without this information, “It was hard for front office staff to relay the urgency and importance of issues they didn’t understand themselves,” said Robenolt.

“Changing the after-visit summary transformed the providers’ entire process on how they charted the note.”

- **Redesigned after-visit summary.** In pursuit of its PCMH designation, the organization undertook a redesign of its after-visit summary (AVS). The effort was championed by Dr. Rain Moore, medical director of the Occidental Area Health Center, and Dr. Steve Bromer of the Sebastopol Community Health Center. Bromer is the clinical champion for EMR implementation. The two looked at which AVS elements were most valuable to patients, and which were possible to include, given the constraints of their eClinical-works EMR. They minimized medical jargon to make the information more understandable to patients. In addition, they adjusted clinician workflow to ensure that all of the key parts of the visit summary would be completed prior to the patient’s departure. “This transformed the providers’ entire process on how they charted the note,” said Robenolt. “It took effort to make the change, which is why our clinical champions were so important.”

Results and Lessons Learned

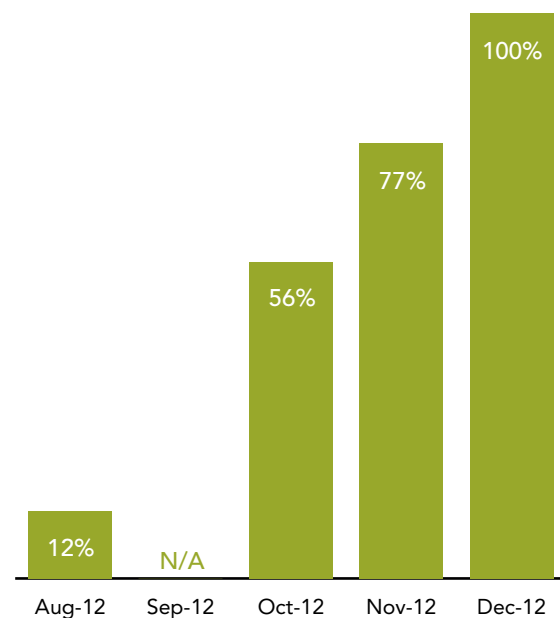
West County started out with high NPS scores for employees’ willingness to recommend the center both as a place to work and as a place to come for care. The scores remained solid, although there was low participation.

The organization was successful in having patients receive the new after-visit summary at the time of their departure. Starting from a baseline indicating that only 12% of patients received an AVS on departure, the clinic achieved 100% compliance in a span of four months (see Figure 3).

West County achieved changes in both the clinician and office staff workflows. Central to their success were two key factors:

- **A strong physician champion is crucial.** Robenolt credits Moore with achieving the shift in clinical workflow. Having her train everyone and show how the changes could fit into the workflow made it easier for them to make the changes, she said. “It helped that everyone bought into the value for patients.”
- **Proactive is better than reactive.** The PEAC team kept a strong focus on the value of changes to staff as well as to patients. Better communication with the front office meant fewer interruptions and a smoother flow to everyone’s day. And by eliminating inefficiencies, front office staff is now able to play a greater role in patient care by doing proactive outreach to support patients in achieving self-management goals, instead of just reacting to issues and questions.

Figure 3. Percentage of Patients Who Received Printed After-Visit Summary, August 2012 to December 2012



Note: No data available for September 2012.

Conclusion: Learning from PEAC Participants

PEAC participants had varying degrees of success in achieving their specific goals and driving lasting improvements in staff engagement. Their collective experiences produced several insights into how to drive meaningful change in the clinic environment.

► **Address staff concerns first.** Sites where employees were most engaged in shaping the programming, and in which at least some of the programming focused on the employee experience, saw the most improvements. Both Lake County Tribal Health and Share Our Selves identified low employee morale as a specific issue to be tackled at the start of the program, and both saw significant and continuing improvements.

► **Use tools to hardwire process change.** PEAC participants that created physical reminders of the new approaches saw more sustained change. Anderson Valley created space for mindfulness and reflection, and posted signs around the office to remind staff members to take time for themselves. Lake County Tribal Health created patient-facing handouts as well as clinician worksheets to facilitate their new workflow. Several centers created new welcome packets aimed at bringing patients in as partners in their care processes.

► **Capture both process and experience metrics.** The measures of staff engagement were useful, but were subject to negative effects of organizational restructuring, staffing changes, and other stressors. Sites that tracked other operational measures were able to define their success more clearly than those that relied on the pulse survey alone. Examples include Neighborhood Healthcare's reduction in calls to the pharmacy, Lake County's decrease in patient complaints, and West County's improvement in after-visit summary distribution.

► **Build infrastructure to sustain engagement.**

Centers that saw sustained improvement had created an ongoing operating rhythm for engaging staff. Engagement efforts took various forms: Lake County Tribal Health established ongoing monthly meetings to address employee concerns and improvement requests; Share Our Selves instituted daily service huddles to streamline work efforts; and Neighborhood Healthcare allowed a large group of employees to engage in improvement projects. All created a greater sense of agency and engagement among their staff members.

Appendix A. PEAC Program Summary

PARTICIPANT	TOP EXPERIENCE GAPS	SOLUTIONS	RESULTS
Anderson Valley Health Center	Staff resiliency	Mindfulness and Gratitude program	89% increase in gratitude scores; 81% increase in "observe" scores; 94% increase in "non react" scores; 100% reduction in "burnout" scores
Axis Community Health	Rapid growth eroding the sense of community among staff	StrengthFinder employee assessment; Axis Ambassadors (employee engagement program); newsletter	Initial surge in employee willingness to recommend Axis as a place to work, followed by reversion to norm
Golden Valley Health Centers	Lack of empathy and connection between front office staff and patients	Patient greeter role; eliminated physical barrier of the front desk	Continuous improvement in employee willingness to recommend Golden Valley as a place to come for care; initial improvement then decline in willingness to recommend for work
Lake County Tribal Health	Low employee morale; need to improve communication across the continuum; desire to engage patients in their care	Monthly staff experience improvement meetings; focus on quick wins; patient support worksheets; revamped checkout process to support care continuity	Sustained improvement in staff willingness to recommend LCTH as a place to work (360% total improvement); a 5% decrease in the volume of patient complaints; 45% increase in new patients
Neighborhood Healthcare	Internal communication issues; insufficient patient education; inadequate patient access to care	Redesigned patient welcome packet; reduced wait times; restructured follow-up appointment scheduling; streamlined pharmacy process	189% increase in employee willingness to recommend Neighborhood as a place to work; 17% improvement in willingness to recommend as a place to come for care; significant reduction in pharmacy-related calls
Santa Rosa Community Health Centers	Insufficient communication and connection with patients — both front office and clinical	All-staff C.A.R.E. training; Kaiser Four Habits video training for clinical staff; empowered call center staff; a new "warm and welcoming start" for patient visits	Initial surge in employee willingness to recommend Santa Rosa as a place to work, followed by a drop to below starting levels; modest improvement in willingness to recommend as a place to come for care.
Share Our Selves	Low employee morale; lack of a service mindset among employees	Daily service huddles; new patient welcome packet; employee newsletter	470% improvement in employee willingness to recommend SOS as a place to work; 320% improvement in willingness to recommend as a place to come for care
West County Health Centers	Inefficient communication between front and back office; not enough patients receiving after-visit summary (AVS)	Improved communication between front and back office; redesigned AVS and AVS process	14% improvement in employee willingness to recommend West County as a place to work; increase in percent of patients receiving AVS from 12% to 100%

Appendix B. Engagement Approach

The PEAC grantees used Vocera Communications' Experience Mapping and Design methodology, a framework that blends LEAN/Six Sigma and ethnographic research principles to assess current experience and design new standards of care that optimize operational efficiency and differentiate the health care experience. The methodology has six phases:

- 1. Experience Alignment.** Align patient experience strategy throughout the organization — set patient experience goals, develop strategy, and identify resources to catalyze patient experience transformation.
- 2. Experience Intelligence.** Collect patient/staff experience data to understand the current experience, perform initial benchmarking, and set the measurable goals for experience transformation.
- 3. Experience Discovery.** Capture patient, family, staff, and physician voice through interviews, focus groups, and unit/clinic observations.
- 4. Experience Design.** Participate in a visioning exercise that brings together multi-disciplinary stakeholders to prioritize experience gaps and identify "always events," "quick wins," and unifying initiatives that optimize the experience.
- 5. Experience Realization.** Implement "always events" and unifying initiatives identified during the design session; interventions are piloted on a small scale using Institute for Healthcare Improvement's (IHI) Plan-Do-Study-Act (PDSA) methodology.
- 6. Experience Sustainability.** Pay attention to the spread, measurement, and monitoring of interventions that optimize the experience.

Appendix C. Creating a Baseline and Measuring Impact
















PEAC members agreed to collect a standard set of experience measures. Experience data and insights were collected through a pulse survey of employees and staff. This was a four-question survey based on the validated Net Promoter™ Score (see more information below) that captures both quantitative and qualitative information about experience perceptions. The survey was conducted prior to the program and then again periodically throughout the innovation implementation to capture changes in staff perception. Each team received its organization's detailed results.

The Net Promoter System (NPS) is used to measure customer "loyalty." It was developed by Harvard Business School and Bain Consulting. Their research demonstrates that the question most highly correlated to growth and customer likelihood to repurchase or return was: "On a scale of 0 to 10, how willing would you be to recommend Company X to a friend or colleague?" To calculate the NPS based on this question, the percentage of "detractors" (those who gave a rating of 0 to 6) is subtracted from the percentage of "promoters" (those who responded 9 or 10).

The pulse survey uses the same scoring system, and a modified version of the NPS questions to gain insight into employee loyalty and initial improvement opportunities:

1. How likely are you to recommend your organization as a place to come for care?
 - a) What would it take for you to rate us a "10"?
2. How likely are you to recommend your organization as a place to work?
 - b) What would it take for you to rate us a "10"?
3. What would you do to improve the patient and family experience?
4. What would you do to improve the staff and physician experience?

Appendix D. PEAC Participant Results in Detail

CENTER	OVERALL CHANGE BETWEEN THE FIRST AND THIRD SURVEYS	
	Work Questions	Care Questions
West County Health Center	6% 	1% 
Santa Rosa Community Health Centers	4% 	5% 
Share Our Selves	48% 	33% 
Neighborhood Healthcare (Elm)	17% 	4% 
Lake County Tribal Health Consortium	51% 	12% 
Golden Valley Health Centers	13% 	10% 
Axis Health Centers	No Change	3% 
Anderson Valley Health Centers	45% 	52% 

Note: Due to variability in survey response, these figures are not statistically significant.