

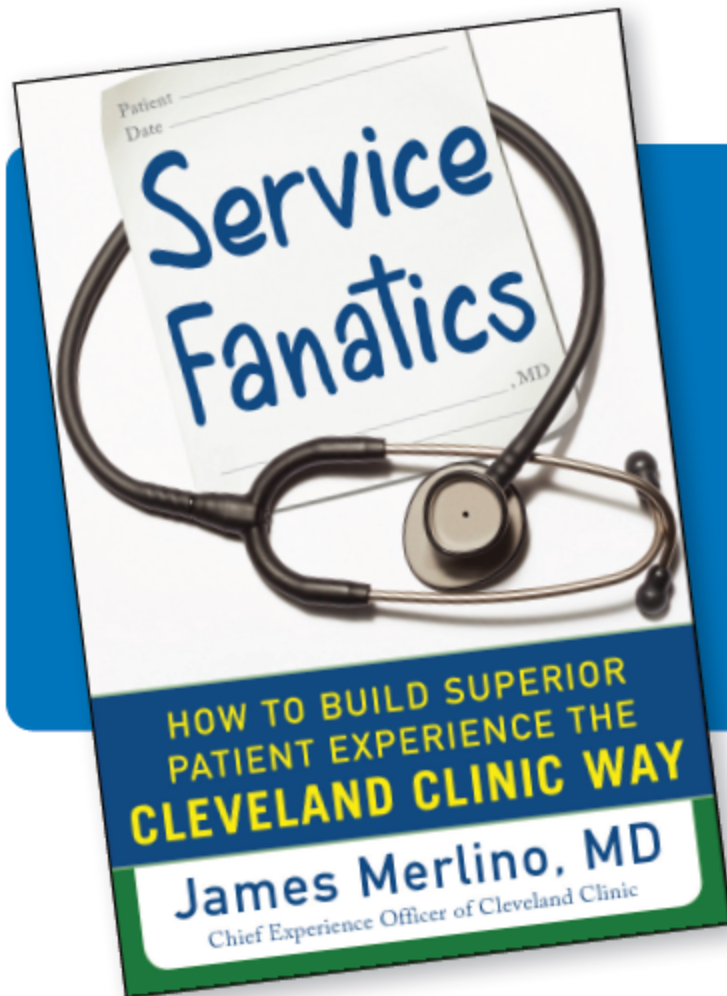


# **Giving Voice to Patients**

**2014 conference of the MUHC-ISAI  
Montreal, Canada  
October 3, 2014**

**James Merlino, MD  
Chief Experience Officer  
Associate Chief of Staff**





An in-depth case study of Cleveland Clinic's revolutionary transformation around the customer — a powerful model for any leader seeking to drive positive organizational change

McGraw-Hill; January 2015  
\$30.00; Hardcover; 256 pages  
ISBN: 9780071833257

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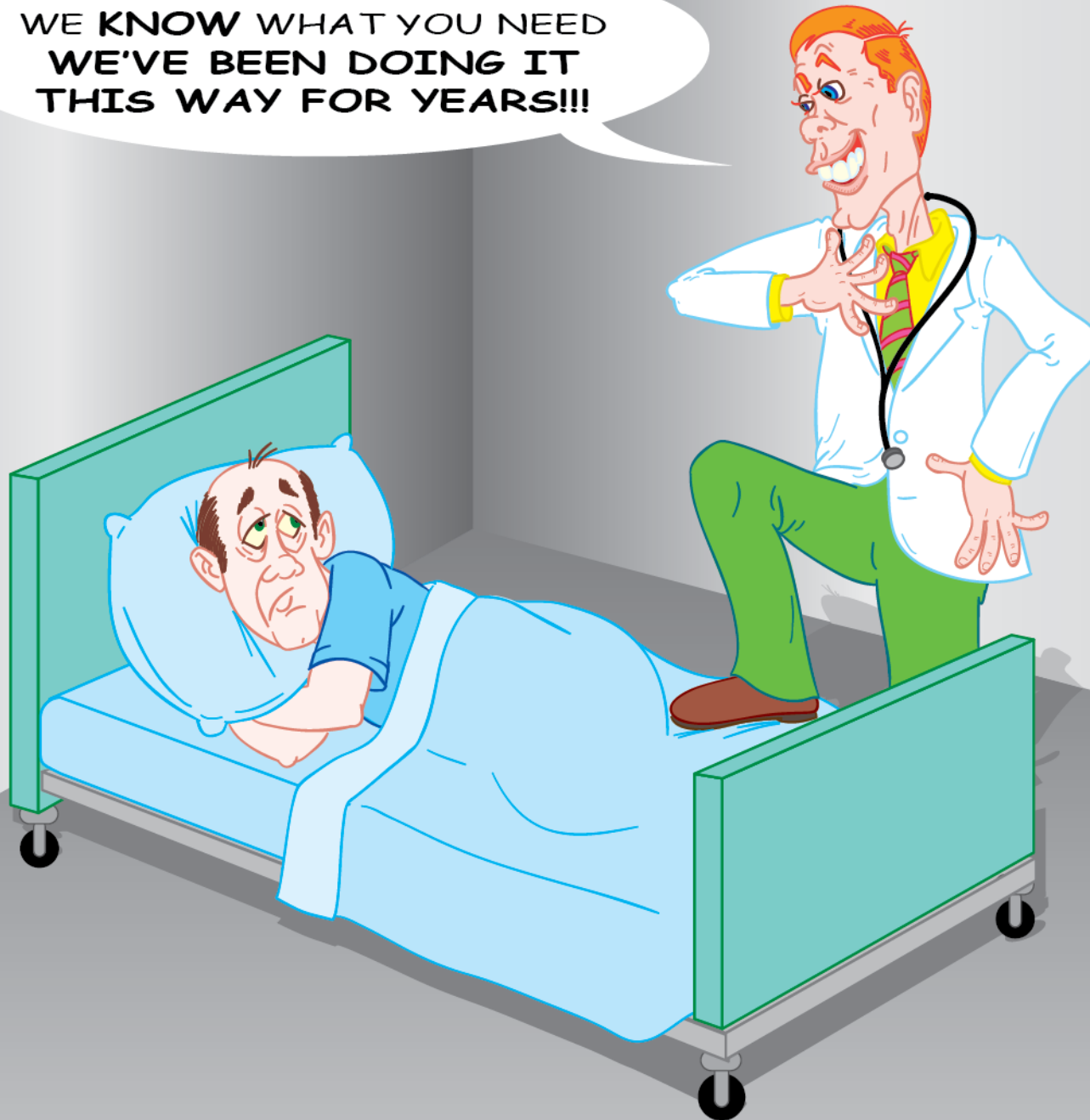


Join today.....*It's Free!*

Association  
*for* PATIENT EXPERIENCE

[www.patient-experience.org](http://www.patient-experience.org)

DON'T WORRY -  
WE KNOW WHAT YOU NEED  
WE'VE BEEN DOING IT  
THIS WAY FOR YEARS!!!



# **Leaders Survey**

## **Top priorities**

- **New facilities**
- **Quiet-time to ensure rest**
- **Private rooms**
- **Food on demand**
- **Interactive bedside computers**
- **Eliminate visiting hour restrictions**



NOW LET ME  
TELL YOU  
WHAT I REALLY NEED!!!

# Patient Desires



Overall, Cleveland Clinic patients are satisfied with the hospital and are likely to recommend it to family or friends. Among those who did not rate the hospital a 9 or 10, how staff acted towards patients was a common theme in why they did not rate it higher.



**Respect**  
**Communication between staff**  
**Happy people**

# Patient Emotions

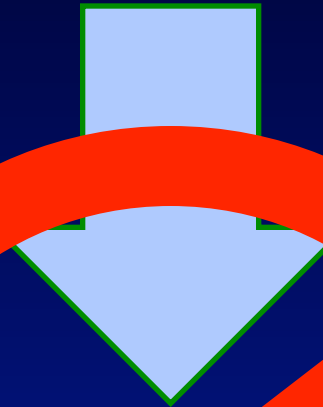
- Stressful
- Anxiety
- Fear – Terror !
- Uncertainty
- Confusion

*...And the Family*



**“Patients First....”**

# Patient Experience

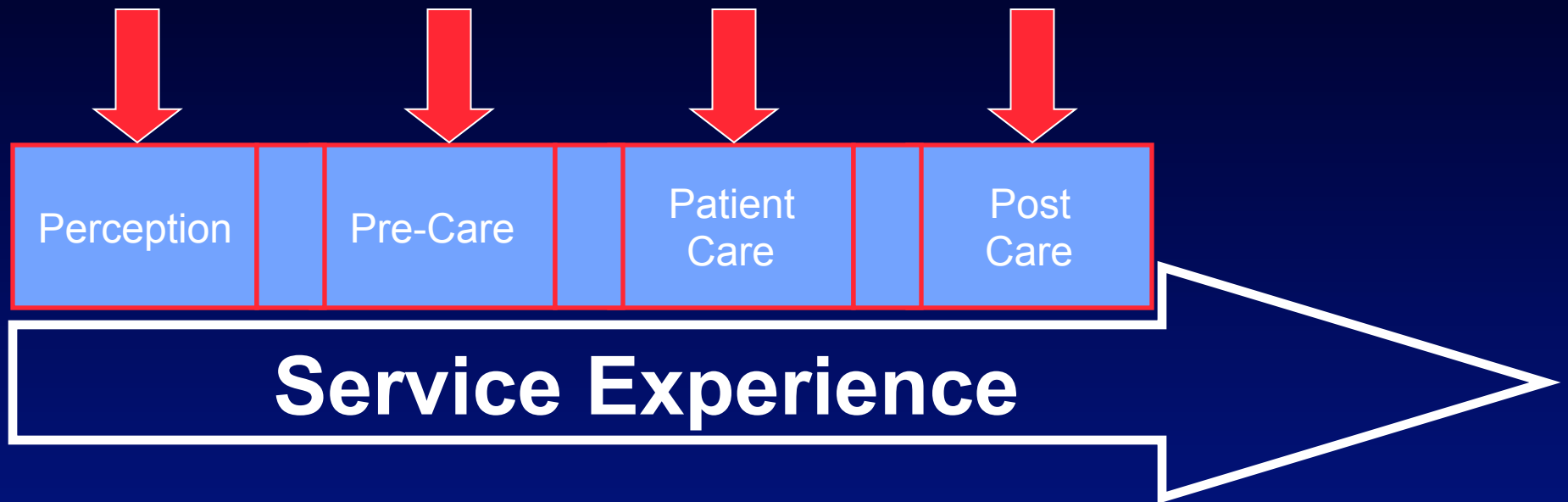


~~Satisfaction~~

# Patients First....

- **Safe Care**
- **High Quality Care**
- **Patient Satisfaction**
- **High-Value Care**

# Execution

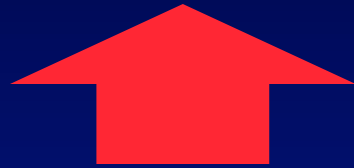


Process

People

Patients

**Develop  
Evolve**



**Change**



# Communicate with **HEART**

## **START** with Heart

- S** Smile and greet warmly
- T** Tell your name, role, and what to expect
- A** Actively listen / Assist
- R** Rapport building
- T** Thank the person

## Respond with **HEART**

- H** Hear the story
- E** Empathize
- A** Apologize
- R** Respond
- T** Thank

- Educate them***
- Engage them***
- Empower them***
- Activate them***
  - “Partner”***

# Partner

*“...one that is united with another in an activity of common interest”*

-Webster



# Relationship Change

**Old**

**New**

Information  
Asymmetry

Information  
Symmetry

Passive  
Recipient

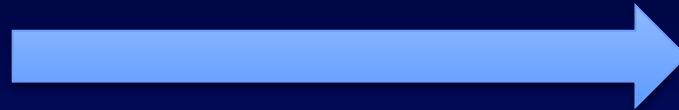
Active  
Partner

Paternalism

Participation

Patient  
Physician

Consumer  
Health Care  
Team



# The “360”

Before

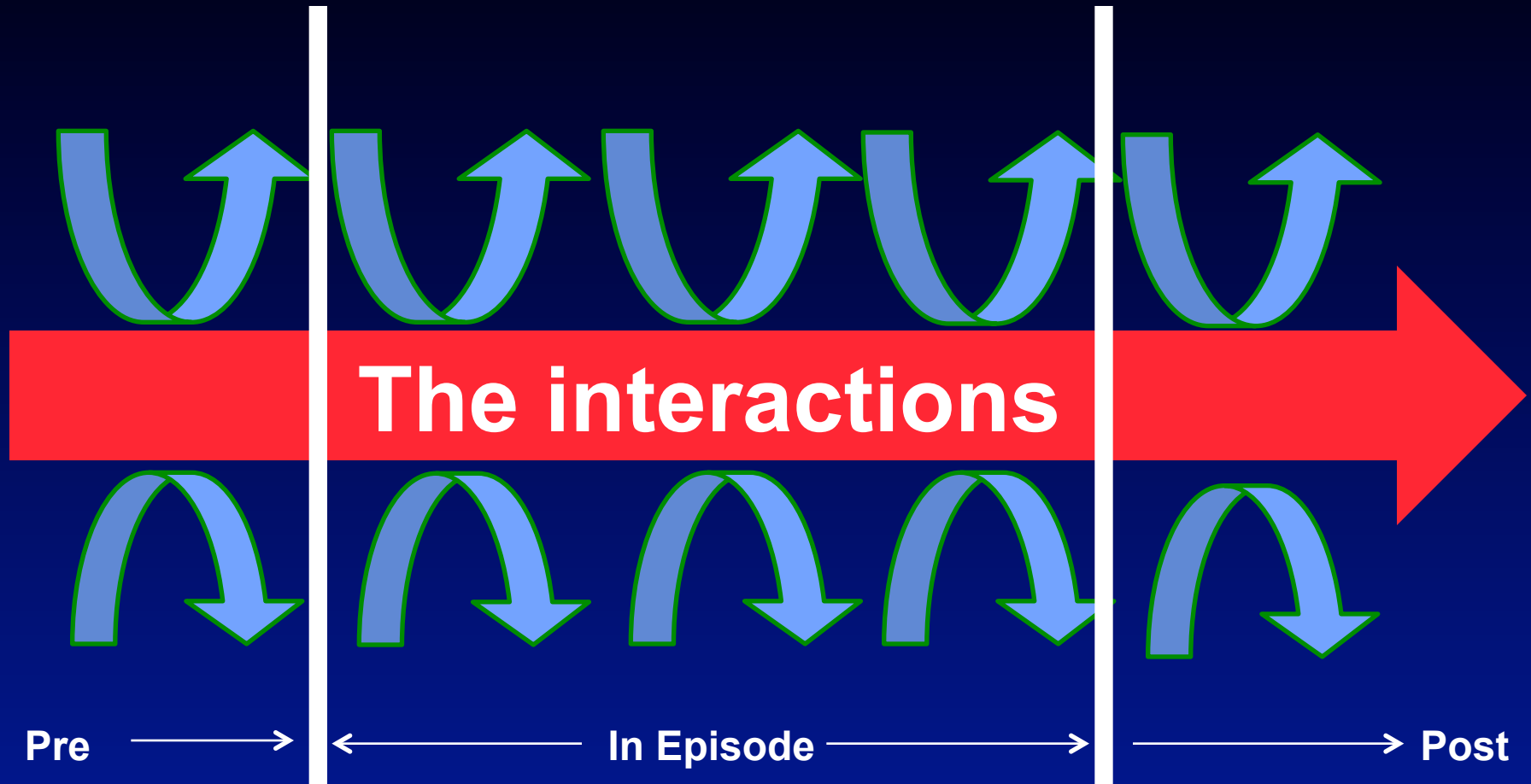


After

**The Episode**

*Manage the 360 Continuum*

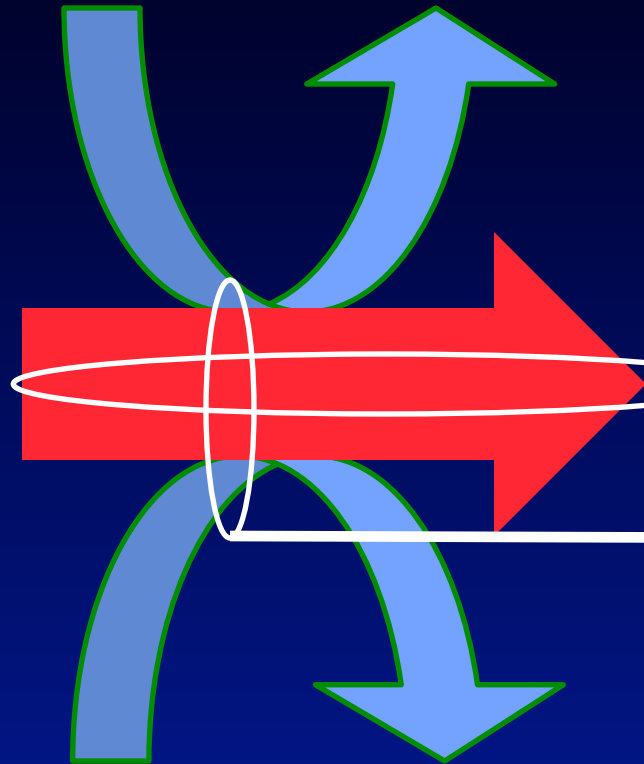
# Provider activities



# Patient / Family responsibility

**Provider activities**

**Doctors  
Nurses  
Others**



**Managing touch points  
EMR  
Technology applications  
Other tactics**

**Identifying key touch points**

**Patient / Family**

**Basic education  
Driving responsible behavior  
“Doing things” at home  
Self monitoring**

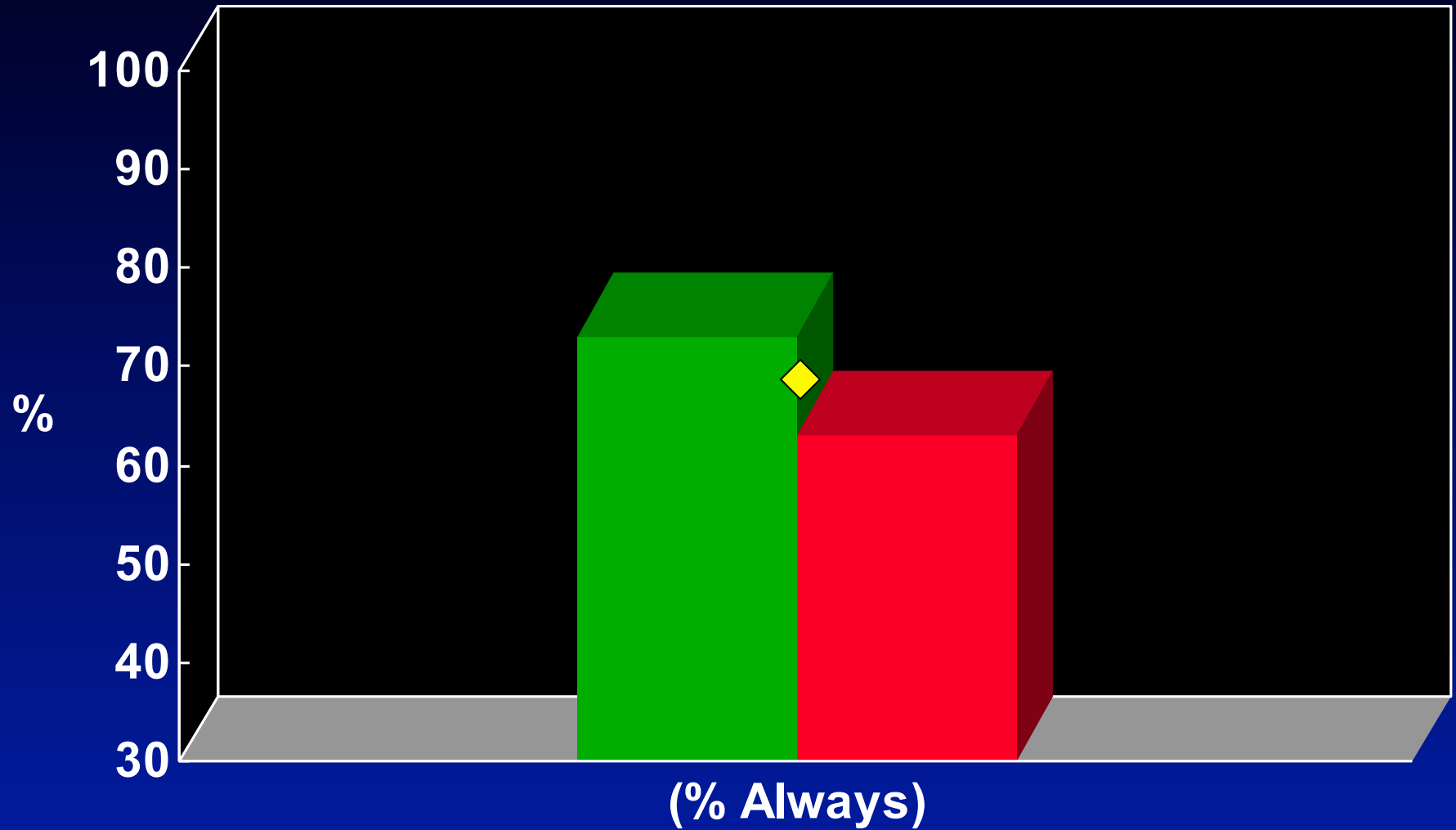
# Four critical elements

- **Caregiver culture**
- **Interaction Tactics**
- **Patient and Family behavior**
- **Touch point identification**

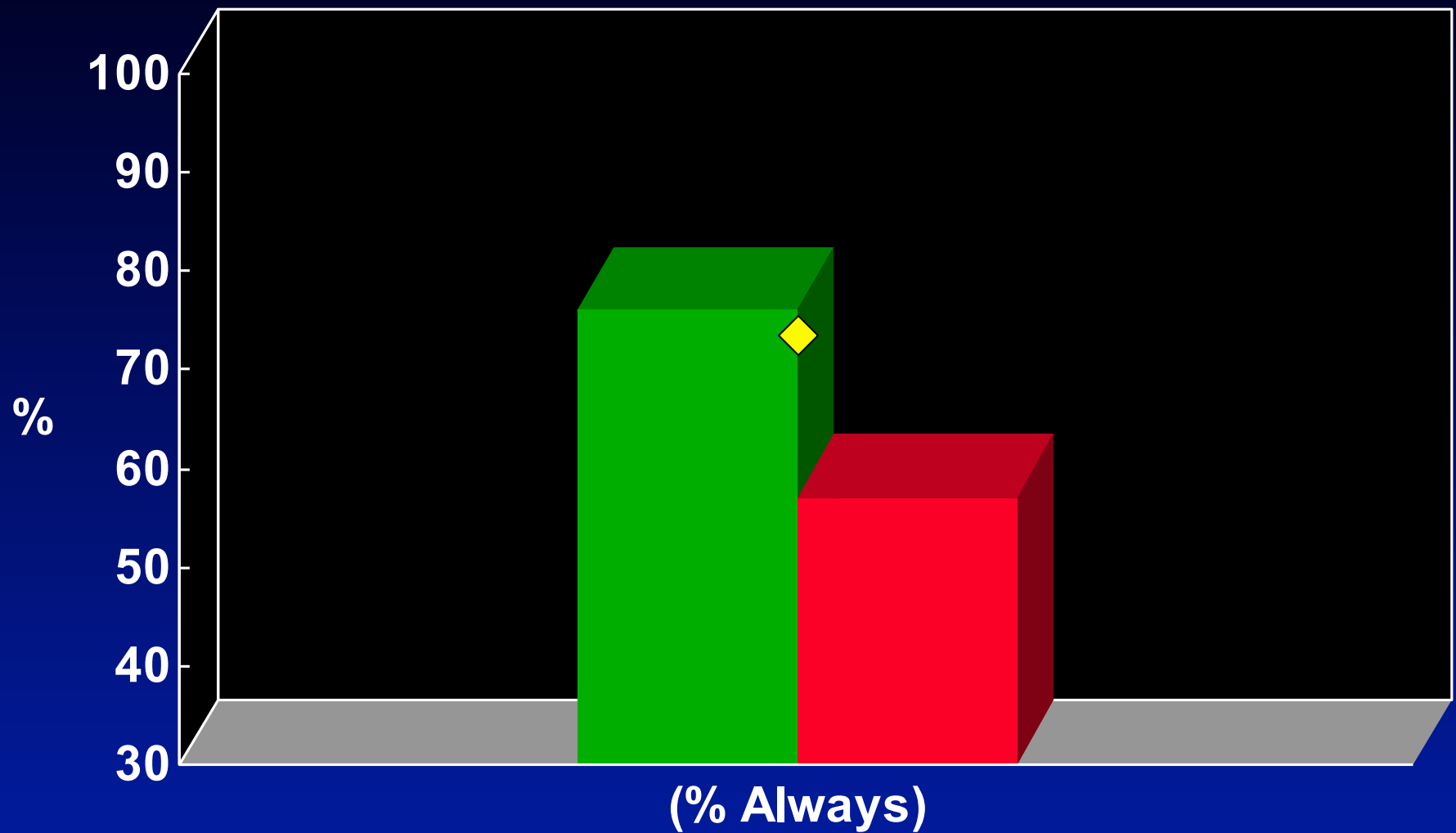
# Reasonable Expectations ?

- Private rooms
- A “Quiet” Environment
- How long should they stay ?
- Education
  - What is the patient responsibility ?
- Understanding “their” care
- Personal responsibility

# HCAHPS Medication Communication



# HCAHPS Staff Response





# Conclusions

- **Must incorporate what is important to patients**
- **Success will come from us understanding the pieces that drive patient engagement**
- ***Important because.....*As we assume risk, patients must become engaged, activated and partners in their care**
- **Managing expectations is a critical component of our work**