An Operating Model for Improving Patient Experience

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Introduction

In effort to fulfill our organization’s vision of being the first and best place for care, the Children’s Service Line leadership team evaluated current performance in key Operational Excellence goal areas and saw a need to eliminate silos and problem solve across all departments impacting care at Levine Children’s Hospital (LCH). In 2016 LCH adopted a new operating model consisting of several initiatives that build upon each other and when implemented together create the rigor needed to ensure strong goal alignment and follow-up. The main objective of the operational model is to improve performance in all Operational Excellence goal areas by sharing department level data to identify barriers and share best practices.

Model components:
- Unit MDI Huddles
- Children’s Daily Call: The daily call for leaders throughout consisting of high level announcements, staffing and volume update, safety events and/or concerns, and any issues/needs for our ancillary partners.
- Weekly Safety Rounds: The team rounds on units to hear teammate’s perspective on any safety concerns or issues they are experiencing.
- Weekly Service Line Huddle: The huddle is attended by leaders from all areas and teams that impact the care of patients at LCH. Progress toward the team’s key goals areas, including Patient Experience, Quality, Flow/Capacity, Staffing and Teammate Engagement are reported weekly. Leaders report their actions plans for areas not meeting target.

Introduction

The operating model has helped to achieve and maintain success in patient experience as well as all other operational excellence goal areas. Since our initial implementation we continue to evolve the metrics we track based on any problems we are seeing within our operational excellence goal areas. As concerns or gaps arise we can add a metric to our current structure to start the process of problem solving. This has helped us respond quickly to problems and address at a facility level instead of individually as separate departments or units.

Outcomes

Press Ganey Results
- The overall rating for LCH improved from a Top Box of 70.9% (56th Rank) in 2016 to 73.3% (77th Rank) in 2017.
  - We focused on purposeful leader rounding to improve our overall patient experience. Leaders reported their Marbella rounding compliance as well as Perception of leader rounding weekly.
  - Perception of rounding improved from 88% in 2016 to 92% in 2017, in our Overall rating.
- Our Top Box score for “Response to Concerns and Complaints” improved from of 66.6% (48th Rank) in 2016 to 73.5% (81st Rank) in 2017.
  - We focused on this measure because it was the number 1 priority index for the hospital.
  - The key to this improvement was our nurse managers and managers from each ancillary department working on specific actions to address our patient’s perception of how we respond to their needs. Our operating model also allowed for clear pathways to escalate and discuss patient concerns and themes.
- Our overall top box rating for “Meals” improved from 49.5% (38th Rank) in 2016 to 56.8% (69th Rank) in 2018.
  - We started focusing on this measure once we switched vendors and noticed an increase in complaints and issues reported by our teammates and patients.
  - The Food & Nutrition leadership team reported progress on their weekly patient rounding compliance, average time for meal delivers and percentage of meals delivered that correctly matched the patient’s orders.

Conclusion

The operating model has helped to achieve and maintain success in patient experience as well as all other operational excellence goal areas. Since our initial implementation we continue to evolve the metrics we track based on any problems we are seeing within our operational excellence goal areas. As concerns or gaps arise we can add a metric to our current structure to start the process of problem solving. This has helped us respond quickly to problems and address at a facility level instead of individually as separate departments or units.

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