

Creating the Ideal Patient Experience from the Ground Up
AAOHN 4/26/08 Symposium Presentation
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The Neuroscience Group was determined to create a unique neuroscience health care experience that linked “ideal patient experience” behaviors with facility design. The group wanted to develop a facility that could encompass the differentiation, relevance and uniqueness needed to provide ideal patient experiences. A well-stated mission, vision, values and brand-building basics were the cultural foundation that supported a team-based approach to simultaneous facility design and process improvement.

The CAAT21 research system was used to assess patient and referring physician attachment levels. Gap analysis brought the data into action and overall brand experience and opportunities for growth were identified. Nurse manager capabilities were assessed and training was provided on the five attachment factors that affect cultural competence and service confidence. Developing managers who could sustain a culture of patient and team member attachment was key to the successful melding of facility design and behavioral change. Attachment analysis also identified areas where the group did significantly exceed competitors in relation to patient expectations.

The goal of fusing the design process and ideal patient expectations was to help the Neuroscience Group strengthen its brand in the marketplace. Phase 1-Listening. A visioning session for group leaders and decision-makers to fully embrace the concept of “patient attachment” was the launching point for the year-long process. Phase 2-Learning. The Innovation Team was developed from a cross-section of employees and physicians. All facets of the practice were represented as this group delved into modeling and understanding each PTP (patient touch point). Once outcomes for each PTP were determined than scripts, facility design and process improvement activities were addressed. Phase 3-Leading The group discovered the true operating standards that drive patient attachment and grow brand equity. Phase 4-Leveraging. The group introduced the “Ideal patient experience” and the new facility to the community.

Exercises:

- 1) Find out practice areas for the group-Company/Clinic/School/Other-typical day?
- 2) Biggest Challenge in providing Occ. Health Care?
- 3) Pick a setting-Building a new building?
- 4) Take the attachment survey?
- 5) Walk-Talk-Create-Act

<i>Service/Product Offering</i>	<i>What is original? What is relevant? What is defensible?</i>
<i>Marketing</i>	<i>What are you First at? What are you Best at? What are you Different at?</i>
<i>Service Delivery</i>	<i>What should the patient’s first experience say? What is the compelling reason to return?</i>

- 6) ID PTP's, ID desired outcomes, develop plan
- 7) Articulate options for improving workflow/access to care for workers' work-related injuries/illnesses
- 8) Leveraging-strategic imperatives which delineate care processes, health-promoting facility design and policy development.
 - a. Referral process (Branding discussion)
 - b. Data collection process/regulatory requirements (Paperless??)
 - c. Collaborative care work-PCP-specialist
- 9) Measurement-what, who-how often?

<p>Demonstrate an understanding of research strategies used to measure client attachment levels and strategies for best practice benchmarking to identify opportunities to transform the client experience and improve client, physician and staff attachment (loyalty) to the organization.</p>	<p>Measuring how tightly clients are attached to healthcare delivery organizations and occupational health nurses moves beyond traditional client satisfaction measurement. Benchmarking attachment levels to other industries helps to assess how well the organization is meeting the needs of clients. Examining client interactions (touch points) and the overall brand experience of clients, referring physicians and staff provide insights into designing health-promoting environments and care processes.</p>	<p>30 min.</p>	<p>Margie Weiss</p>
<p>2. Articulate a system of design principles that provide meaningful direction to health care delivery processes, staff development and health-promoting facility design</p>	<p>Design principles: 1) Empowering/engaging clients and staff, 2) transparency, simplicity, compassion, 3) learning and exploration, 4) promoting health/wellness.</p>	<p>60 min.</p>	<p>Steve Tyink</p>
<p>3. Articulate effective strategic imperatives which clearly delineate client care processes, scripts, staff behaviors, and health-promoting facility requirements</p>	<p>Fostering health-promoting facility design and ideal client care : 1) Listening- research; 2) Learning-modeling client touch points, 3) Leading-integrating care scripts and health-promoting activities.</p>	<p>60 min.</p>	<p>Steve Tyink</p>

4. Articulate options for improving workflow/access to care for workers' work-related injuries/illnesses	Leveraging-strategic imperatives which delineate care processes, health-promoting facility design and policy development.	30 min.	Margie Weiss
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