

Fall/Winter 2012

EDGE

Professional Research Consultants, Inc.

Team Colorado

and their Playbook of Excellence

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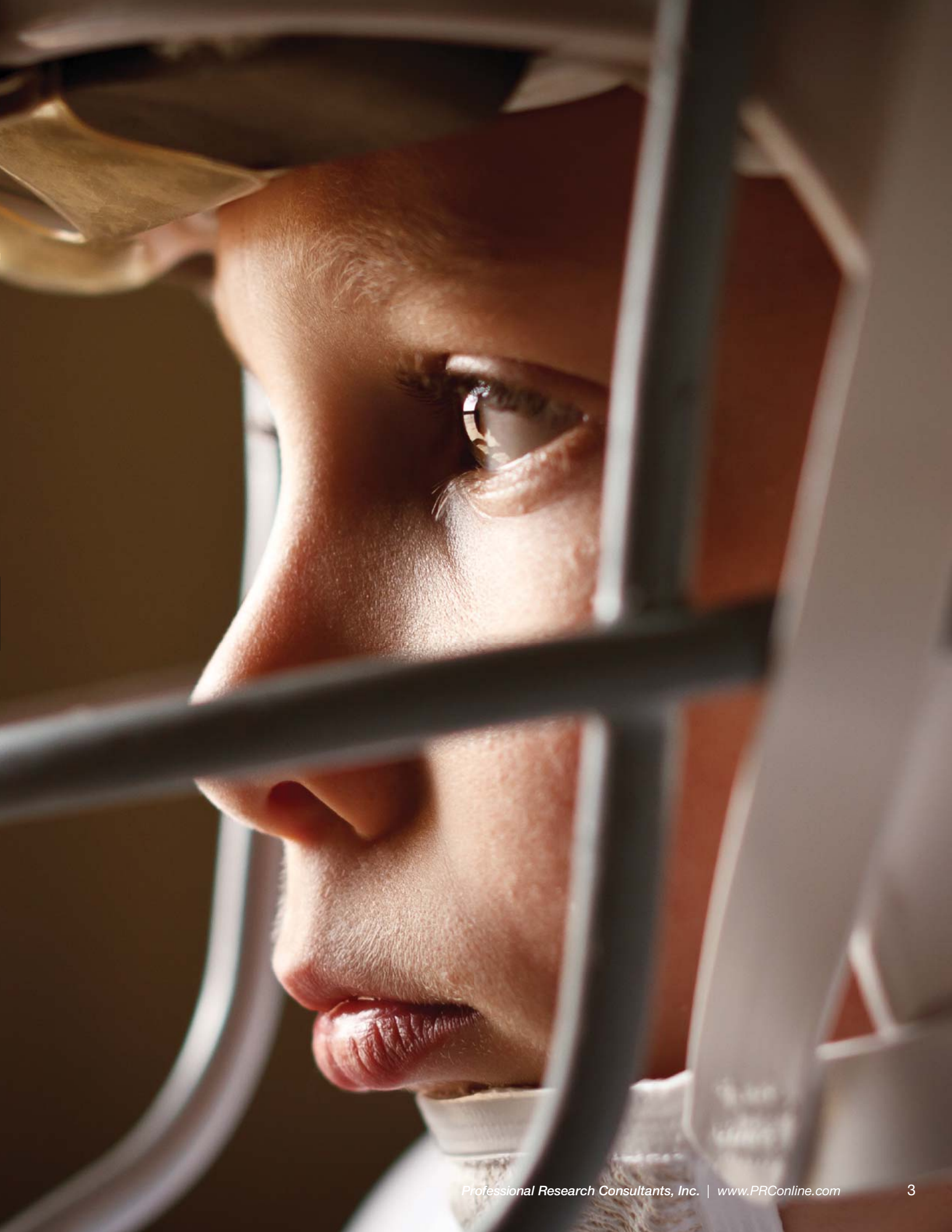
By Dustin Strickler, MBA
Client Development Specialist

Team Colorado

and their Playbook of Excellence

Every playbook has its go-to play when the game is on the line. Sweat drips from every player's brow and heartbeats begin to catch their rhythm as the coach speaks in the huddle. Despite the anticipation of executing each maneuver in precise timing and coordination with their fellow teammates, the players confidently nod in agreement as the coach scribbles recklessly on a dry-erase whiteboard. They break the huddle – “TEAM!” – and execute the play.

Team Colorado has not only mastered their go-to plays, but they have created a playbook of excellence that has been driving them to top performing status in children's health. When Children's Hospital Colorado in Aurora, CO, was awarded 42 awards (32 Five Star Awards and 10 Top Performer Awards) at the 2012 PRC Excellence in Healthcare Conference, their approach to teamwork was validated. To kickoff an evening reception of patient awards and sharing successes with the team, Amy Jacquemard, Manager of Service Excellence, partnered with the Family Advisory Council to see if any families would be willing to





Children's Hospital Colorado has placed a tremendous focus on teamwork and has reaped the rewards of creating a playbook of excellence.

share their story. Up for kickoff were two star players, six-year-old Jacob and his mother, Maria.

Maria and Jacob are no rookies to the hospital setting; Jacob has a mitochondrial disorder, severe epilepsy and multiple medical needs. Unfortunately, the smallest cold or an unexpected seizure will land Jacob in the ER, ICU and sometimes a long inpatient stay on the eighth or ninth floor at Children's Hospital Colorado. Jacob's conditions have required him to visit numerous specialty clinics and endure lengthy inpatient stays multiple times each year. As Maria began to describe experiences with the team of doctors, nurses and staff, she told personal stories of specific players who sat at Jacob's bedside and spent time telling her the full version of a complex disorder, and then retold the story to Jacob in a compassionate and kid-friendly manner.

As Team Colorado listened to Maria's experiences, she began to share what it meant for her family to have their own key players working for them. Many of Jacob's doctors and nurses were among those who would soon receive PRC awards. As an extension of Team Colorado, she expressed that when their family comes to Children's Hospital Colorado, they have their own team, 'Team Jacob.' From a mother's perspective, Maria expressed, "We never have to feel alone on this journey because we have strong physicians on our side and such a consistency of care amongst your nurses. You have created Team Jacob for our family." Maria's message was clear, "Create that team for that child."

The Executive Leadership Team continued with the awards ceremony, handing out 42 awards to Team Colorado. In essence, Team Colorado was truly being awarded for creating many unique experiences for individual families. This dedication to families and excellent patient care coordination was a representation of Team Anna's, Team Colton's, Team Karissa's, Team Jackson's and countless other teams walking across the stage.

Children's Hospital Colorado has placed a tremendous focus on teamwork and has reaped the rewards of creating a playbook of excellence. When Aurora, CO, put their focus on teamwork, Jacquemard and other leaders first asked patients and internal staff what teamwork meant to them. Not surprisingly, 'communication' was a common response, but when both quantitative and qualitative responses were analyzed, Jacquemard and Team Colorado realized that a shift in the culture of teamwork needed to be put into motion.

The Service Excellence Team collaborated with the Family Advisory Council to find success stories of families that could be shared back with doctors, nurses and staff on the front-lines. Today at Children's Hospital Colorado, more meetings are being kicked off with stories such as a 'Team Clayton' that managed to get discharged one full day earlier than expected or a 'Team Jessica' that celebrated victory over a six-month chemo treatment. Monthly highlights are also given to nurse and unit managers who share verbatim remarks from three categories:

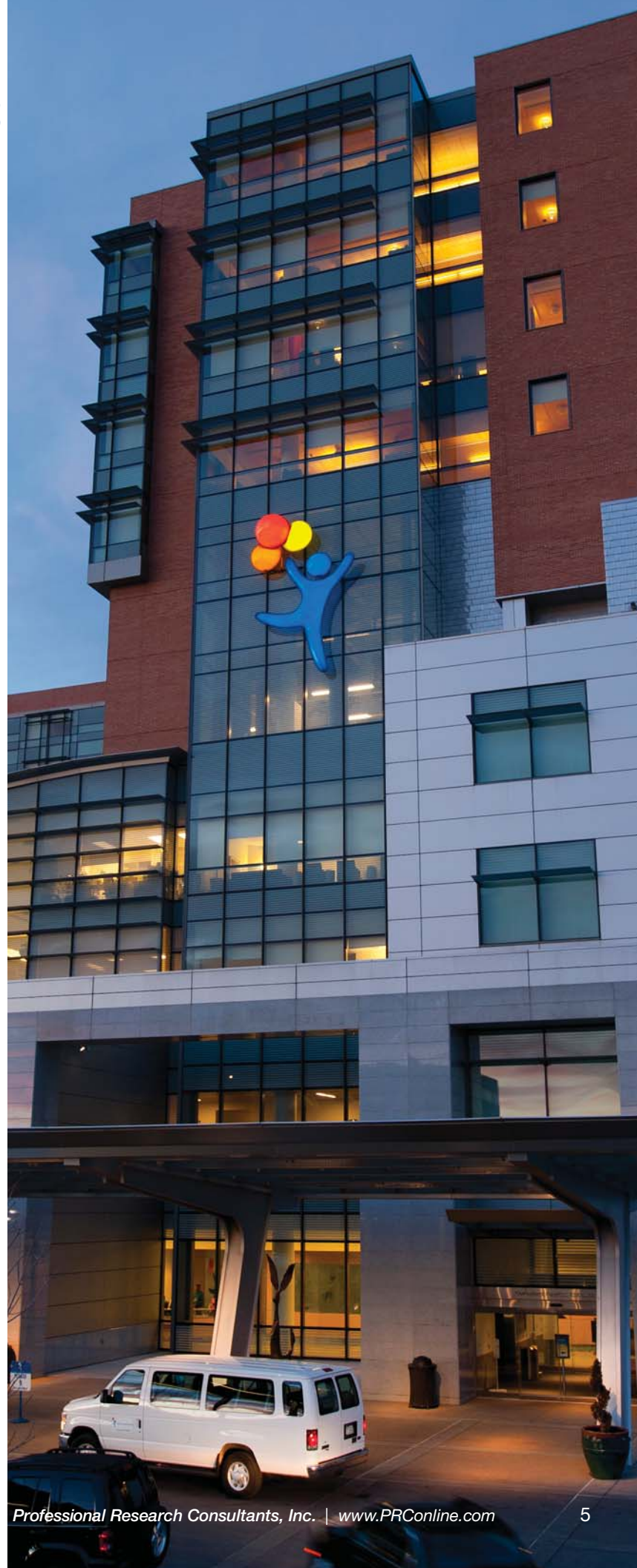
recognition, teamwork and general comments.

Implementing a culture change is no small feat and Jacquemard stressed the importance of a focused approach. "We have specifically targeted the PRC teamwork question as a metric for one of our top level quality goals. We have overwhelmingly found that thoughtful, focused communication within care teams and with our patients and families creates better outcomes and experiences for all." Quality goals are comprised under Team Colorado's five pillars along with Finance, Service, Growth and People, which are regularly monitored and communicated. Team Colorado's quality pillar is supported by each department's commitment to minimize their 'good,' 'fair' and 'poor' Overall Teamwork ratings. To maintain their best-in-class service, Team Colorado has set their PRC Overall Quality of Care goal at achieving 75% excellence. If these goals are not met, Team Colorado goes back to the practice field, gets in the trenches with their team and draws up some plays on that dry-erase whiteboard.

Part of the Colorado playbook includes holding 'refresh' trainings for all team members. These periodic 30-minute meetings begin with a patient success story and then move on to an organizational message. Jacquemard believes that recent refresh trainings highlighting the AIDETSM and LEAD acronyms can impact PRC scores by the end of 2012. Adopted via The Studer Group, AIDETSM helps Team Colorado remember best practices while on the floor: Acknowledge, Introduce, Duration, Emphasize and Thank You. Team Colorado also role-plays hypothetical recovery situations by practicing their LEAD communication model: Listen, Emphasize, Act and Document. By managing expectations of behaviors, Team Colorado uses these quick, yet dynamic trainings to help drive their overall goals of teamwork.

Teamwork is a complicated concept that patients and their families perceive differently. One example of team communication that may have seemed like an outlier response was one family's view of their waiting time. Comments from families showed that wait time was a small part of teamwork and coordinating communication from the doorstep to the stethoscope was important.

In fact, when the clinical setting becomes complex and more focused messaging is needed, Team Colorado has piloted a



program called Communication Coordination Alerts which is an essential part of their playbook. Attending physicians have discretion to add a Communication Coordination Alert directly to a patient's chart for situations where focused communication is needed. In situations where a patient has multiple diagnoses or there are numerous consults, Team Colorado is communicating well internally with these alerts and working together to clearly communicate with families that understandably have some anxiety during their inpatient stay.

Team Colorado has piloted Communication Coordination Alerts in 2012 through their Epic EMR system to ensure the right messages are given to the right team members at the right time. These alerts are helping build 'that team for that child.' Physicians, nurses and staff have enjoyed creating protocols around the alerts with Medical Director Jenny Reese, M.D., and the Service Excellence Team. Many of these parties are working together to determine which alerts and protocols should follow in a child's chart because some of these communications may also assist Team Colorado in clinical settings outside of the Aurora campus. One thing is certain; Communication Coordination Alerts are an important piece of the complicated teamwork puzzle. Team Colorado is making an impact on its excellence ratings through communication,

which supports their quality pillar and naturally shrinks 'good,' 'fair' and 'poor' responses.

By implementing some plays that have changed the culture of teamwork, Children's Hospital Colorado is achieving little victories everywhere. At nail-biting moments of the game, doctors, nurses and staff create 'that team for that child.' At the height of victory, star players like Maria and Jacob get to share their stories with the larger team, Team Colorado. Whether it is an attending physician and resident huddled up before entering a room, or a nurse writing the patient's plan of care down on the dry-erase whiteboard, Team Colorado has a culture of true teamwork. Maria and Jacob, along with numerous players in their quest to achieve health, have found Children's Hospital Colorado to be the best place to be when the game is on the line. •





VOICES Gets an Update

Hit Play

PRC is excited to announce that we have redesigned Voices, the PRCEasyView.com® application that allows users to listen to the comments shared by patients during their telephone interview with PRC. The update includes a more streamlined page interface, allowing users to more quickly and easily get to the recordings that are of most interest to them.

The application also includes new features that provide the listener with greater options for adding context and annotations to the recordings, making them more meaningful as they are shared with others in the organization.

The powerful Voices application is available to all PRC clients who conduct patient experience studies. If you would like more information about our Patient Experience surveys and supplemental tools, please call us at 1-800-428-7455.



Hear for Yourself

PRC's Voices brings clarity to your patients' real perceptions. Visit www.prconline.com/voices/sample.wav and listen in.*

* Recording is not that of a real patient; sample provided for illustration purposes only.

CG-CAHPS

Clinician & Group Consumer Assessment of Healthcare Providers and Systems

Designed to...

Measure physicians' office patient experience



Who Developed CG-CAHPS?



The Clinician & Group CAHPS set of instruments was developed by the **Agency for Healthcare Research and Quality (AHRQ)**

2 Main Goals:

1

Provide information that clinicians and groups can use to improve care and the patient experience.

2

Provide information to consumers to help them select physicians, other providers or medical groups.

Potential Impact:

700,000 physicians



200,000 medical practices & many mid-level providers



Anticipated Timeline:

January 2011

Physician Compare launched

October 2011

ACO final rules announced specifying CG-CAHPS as a requirement

January 2012

NCQA Patient-Centered Medical Home CAHPS launches

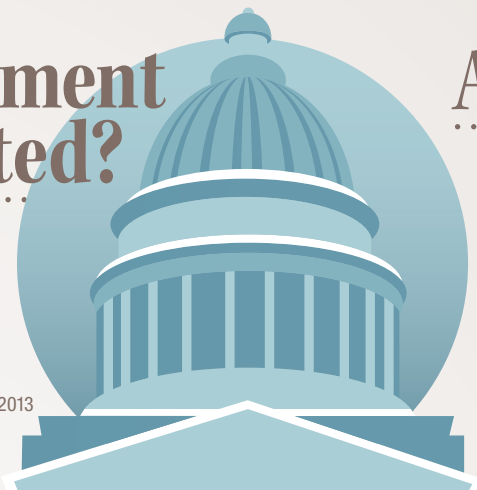
April 2012

California CG-CAHPS launches

Government Mandated?

- ☐ Yes
- ☐ No
- ☒ Not Yet

*Initial survey pilot as soon as 2013



Acronyms

ACO

Accountable Care Organization

Learn more at: <http://bit.ly/CMSandACOs>

CMS

Centers for Medicare and Medicaid Services

Visit: <http://www.innovations.cms.gov>

MSSP

Medicare Shared Services Program

Learn more at: <http://bit.ly/aboutMSSP>

NCQA

National Committee for Quality Assurance

Visit: <http://www.ncqa.org>

AHRQ

Agency for Healthcare Research and Quality

See: <http://www.ahrq.gov>

What Does it Measure?

Measures relating to patients' perceptions of care including:



Is It Linked to Payment?

- ☐ Yes
- ☐ No
- ☒ Not Yet

*Stay tuned!

Need Help?

PRC is prepared to help you now, and into the future, with monitoring patient satisfaction, quality of care and financial performance.

PRC has been at the forefront of the CAHPS movement since its development.

1-800-428-7455



September 2012

Minnesota CG-CAHPS launches

2013

CMS MSSP ACO CG-CAHPS Pay for Reporting

2014

CMS MSSP ACO CG-CAHPS Pay for Performance

2015

Pay for Performance outside of MSSP program



a bright spot,
a safe spot

the Artful patient experience

A PRC Visit to McLeod Regional Medical Center's Oncology Unit

By Teira Gunlock, MHA, Client Education Consultant

Pamela Elliott, once Director of Cancer Services and now Associate Vice President of Cancer Services at McLeod Regional Medical Center (MRMC), recalled service was not always a priority for her. "I thought...it's oncology. For patients to go through this type of experience and go home and say it was an excellent experience, is unrealistic. I really thought our scores were fine and I was good with fine because...it's oncology...we're not selling sunshine, rainbows, and roses here. This is hard life and hard stuff people are dealing with," she said.

As Ms. Elliott analyzed her management approach to service, she realized that service wasn't necessarily about sunshine and rainbows, but about healing. She now says, "I just think that if you can, then you should...especially in the journey of oncology, if you can make things a little less horrible for that patient and their family, you should do what you can." While the oncology team may not be able to cure every patient, they can all provide compassion. They can provide excellent, emotionally restorative, and personalized experiences.



MRMC's oncology unit, which serves northeastern South Carolina, is a bright spot - a unit that has dramatically improved patient perception scores despite the same obstacles as other hospitals (i.e. shrinking reimbursement, increased competition, etc.). In fiscal year 2008, about half of the HCAHPS results from this unit were below the 50th percentile. In fiscal year 2010, all HCAHPS measures were above the 50th percentile. In fiscal year 2012, almost all HCAHPS measures are at the mean of the top decile (roughly the 95th percentile). Turning to one of the many examples of improvement on a specific question, 72% of patients rated their overall experience as a 9 or 10 in 2008. Four years of progress later, 88% of patients rated their overall experience as a 9 or 10 in 2012.

To investigate the sources of improvement, I visited MRMC and conducted five focus groups: Oncology Administration, Oncology Nursing, Oncology Technicians, Oncology Ancillary Services (volunteers, palliative care, social work, etc.), and the Oncology Blue Ribbon Team (a diverse group of MRMC

professionals that provides support to oncology). I also attended the bi-weekly directors meeting and rounded on patients with senior leaders.

Most HCAHPS questions ask about the consistency of behaviors using a scale of "Always, Usually, Sometimes, or Never." The scale measures consistency, but consistency from patients' perspectives. In other words, it's not enough to simply perform an activity; we have to perform the activity in a way that connects with patients. During my visit, I found that care provided on MRMC's oncology unit is not simply consistent in terms of HCAHPS measures, it is artful.

Joseph Pine II and James H. Gilmore, authors of *The Experience Economy: Work is Theater and Every Business a Stage* (1999), argue that even a simple, everyday transaction or interaction can be turned into a memorable experience. Fred Lee devotes an entire chapter in *If Disney Ran Your Hospital* (2004) to the concept of theater in healthcare, writing, "For both Disney and




hospitals, it is more accurate to describe their business as providing a transforming dramatic experience than delivering a service. Not all drama is meant to be fun. But all successful drama is a transforming experience” (p.109).

When providers move beyond delivering a service to touching the hearts of patients, they create an experience. Remarkable patient experiences become commonplace in an environment that promotes emotional connections between the artists on the healthcare stage and their audience of patients. These types of extraordinary experiences require consistency of behaviors and a connection to the people the standardized behaviors are supposed to help – the patients. This unit does many things well, but the following lessons stood out because they represent a culture that promotes profound patient experiences.

Lesson 1

Channel authentic emotions to demonstrate compassion.

Leaders shouldn't seek to ignore emotions; they should seek to understand and mobilize them in a productive way. A culture that embraces emotion promotes compassionate and memorable experiences. MRMC oncology care has this type of culture, evidenced by one of their former patient's husband exclaiming, “The staff poured out love on her.”



Being able to tap into real emotion and share it appropriately is what many MRMC oncology employees believe is key to their success. As one nurse said, “You have to be genuine. You can’t fake compassion.” Another echoed, “I think they respond well to us because they see our true care, concern, and dedication.” It’s good for employees to be allowed to acknowledge an emotional moment. It’s also good for patients and families to see that it’s people and not task-bound robots caring for them.

Ms. Elliott said, “We’ve given them permission to be human and feel things.” She recalled several times reassuring staff that it’s okay to cry. “It’s personal. When something personal happens, it’s natural to feel something...It’s okay for you to be frustrated with this diagnosis. It’s okay if you haven’t seen this patient’s family members and you feel like they need to be here. It’s okay to be frustrated with those things as long as it’s shared appropriately,” she says.

The basic premise of Pine and Gilmore’s research is that to create a memorable experience for customers, employees need to consider themselves actors on a stage. While many may assume acting comes from an artificial place, its origins are in reality. Acting simply requires tapping into real, authentic emotions. “Acting does not mean pretending to be someone or something else. Rather, it entails making discoveries within, drawing from a

personal reservoir of life experiences and using those experiences to create a new and believable character for the role one has accepted,” write Pine & Gilmore (p.111). By drawing on our ability to acknowledge how we feel, we stage memorable, personal experiences for patients.

Tapping authentic emotions, however, can be exhausting. We don’t want our employees to be so emptied from the emotional toll that they have nothing left to give to themselves, their families, and the rest of their lives. Recognizing that balance is necessary, MRMC oncology leadership is currently conducting compassion fatigue assessments to make sure employees fall in the healthy part of the spectrum. By supporting the emotional health of employees, leadership supports the emotional health of patients.

Lesson 2

Promote a safe, backstage area for employees to heal.

Employees, especially in an emotionally taxing environment such as cancer care, need the safe space of backstage. They are not patients, but they still need healing. Because of the emotionally taxing care they provide, there are times when the emotions they are experiencing are not appropriate for patients. During these times, employees need a secure space to breathe or even cry for a few minutes.

The popular backstage area on the oncology unit is the supply closet. Administration never said “have your breakdowns by the soap.” Finding this closet happened organically. In emotionally charged moments, employees realized they needed a place and found one. Some units elsewhere may have a more conveniently located break room or conference room. The title of the room is of little importance compared to the purpose it serves: relief.



Employees also need to know the difference between onstage and offstage. Brandy Reed, current Director of Cancer Services, spoke of her employees handling the distinction: “I think it’s amazing that they can go to the closet and have their cry or their moment. And they can wipe their tears and go into the next patient’s room and that patient will never know.”

We should encourage our employees to show appropriate emotion with patients, but when someone needs to express something that’s not appropriate or helpful, they need a safe, confidential place to do that.

Lesson 3

Utilize 360 reviews to create an ensemble cast.

360 reviews are reviews that every employee on the unit fills out about every other employee. The results give you a way to look at yourself in the mirror, a way to see how others see you.

Employees read what their colleagues think about their helpfulness, communication skills, and more.

In the early fall of 2010, Ms. Elliott (then Director of Cancer Services)

instituted the 360 reviews, and found there were seven low or “red” performers. About nine months later, when the second round of 360 reviews were conducted, three of the low performers had moved to the middle, or yellow, category. The other four low performers were no longer on the unit (either by their own choice or management’s choice). In other words, the unit is now filled only with high or middle performers.

Before they changed, they needed to recognize a need for change. One nurse said, “I think the 360 started the whole change. It wasn’t a change in our patients. It was a change in us...it hurt me because I don’t want to be perceived that way, but it made me grow and learn what others needed of me. It helped us grow individually and as we grew individually, we grew as a team.” Teamwork improved because 360 reviews promote peer accountability. “I try to pay more attention to how I might be perceived by my coworkers. I often worried about how patients perceive us, but now I try to notice how I’m perceived outside the room, how we communicate and talk to each other,” said one employee.

Leadership noticed that as employees became happier working together as a team, their patients also became happier. Scores from the 360 surveys improved dramatically – so did their scores from the patient surveys.

Lesson 4

Appreciate the power of touch.

“We touch them; they touch us,” said one articulate nursing assistant. The “touch” many employees talked about was emotional and spiritual. Physical touch, however, was frequently mentioned as a critical part of providing comforting care.

Respectful touch communicates to people they are important. When speaking with a palliative care nurse, she indicated the importance of including the family, simply by shaking their hands to acknowledge their role in healing. She also spoke about the significance of touch in displaying compassion: “When we talk with the patients, especially if it’s something that’s very sensitive...we hold their hand or sit with them on the side of their bed. Appropriate touch is so important. You can’t miss out on that connection.” She continues by saying that it is sometimes difficult to gauge the right amount of touch each patient needs because not everyone is touchy-feely. However, she notes, touch is about a “gentle acknowledgement of who they are.” Patients need to be acknowledged.



Lesson 5

Express empathy to employees.

Employees also need to be acknowledged. Every production needs a support team. MRMC's oncology leadership recognizes that for employees to continue to be empathetic towards one another and to patients, they also need to be shown empathy. Leadership regularly sends thank you notes and publicly recognizes employees for their dedication, hard work, and compassion shown to patients and families. By expressing gratitude, they show their understanding of the difficulty of this type of care.

At MRMC, meaningful recognition comes from more than a specific service line's leadership. Blue Ribbon Teams are compiled by senior leadership and assigned to support a specific area. The team's primary purpose is to provide support to the oncology unit, much of which is in the form of gratitude.

The Blue Ribbon Team is comprised of a diverse group of MRMC professionals – from chaplain services to a nurse from Medical ICU. Because of their diverse backgrounds and disassociation with the daily grind of the unit, members of the Blue Ribbon Team identify some of the special, unique things done on

this unit that a person reporting for work each day might miss. They recognize the bright spots that exist in the unit that the “locals” might pass over and reinforce what's working. They help come up with new, creative ways to use recognition and say thank you.

The strategic manner in which several oncology “outsiders” have been included in saying thank you has fostered a better feeling of teamwork throughout the organization, too. These acts of appreciation have cultivated a culture where the patients are not the only ones on the receiving end of kindness. “There's compassion for the patients, but there's also compassion for each other,” noted one nurse.

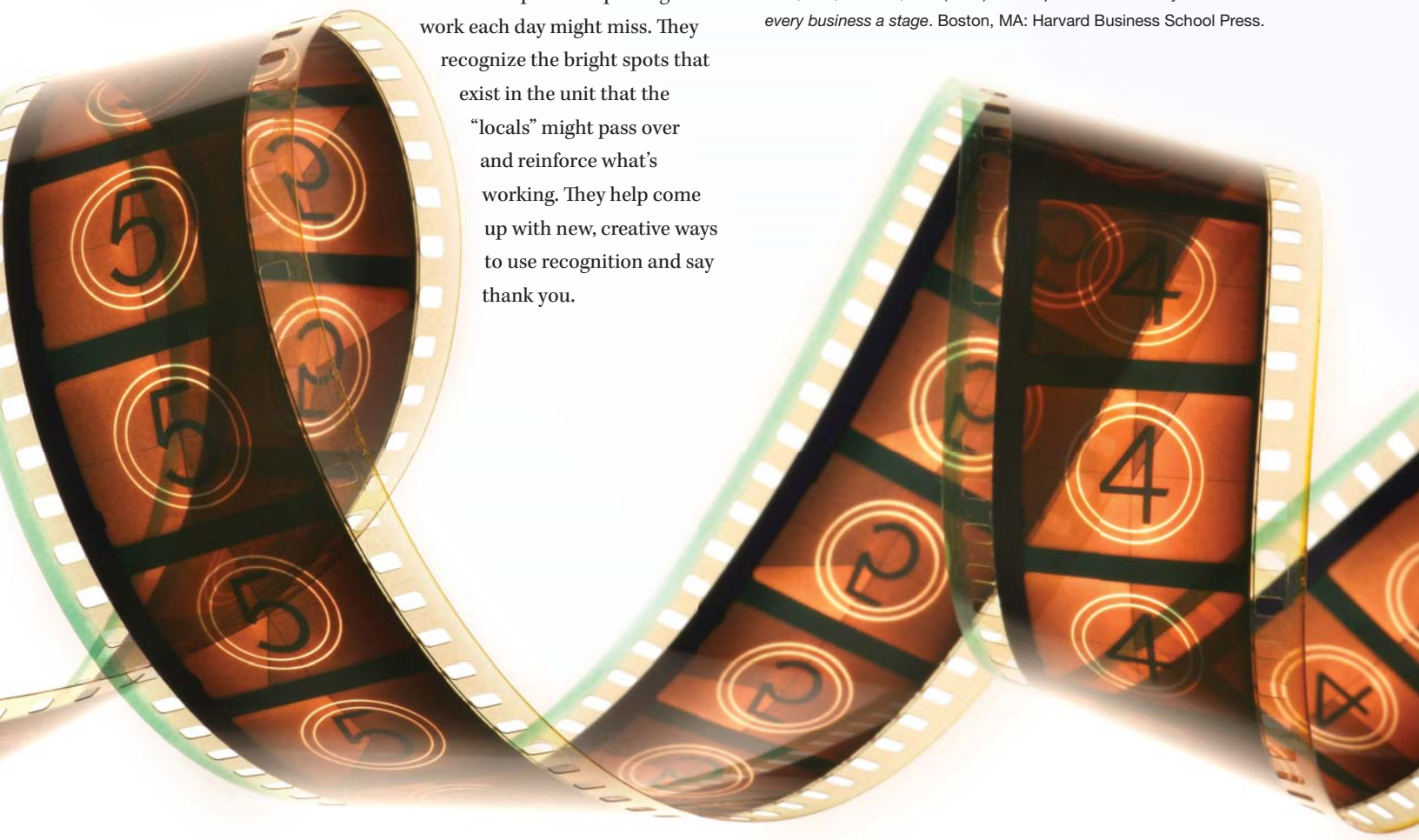
The results

We can't always mend the body, but we can comfort the spirit. The team working together at MRMC oncology exemplifies this notion. Leadership goes beyond promoting clinical skills and performing tasks to promoting compassion. HCAHPS scores on this unit have made great jumps, but the improvement hasn't simply been about doing more tasks, but doing them in a memorable way that connects with patients. The tasks and technicality of patient care are certainly present, but it is the presence of warmth that's extended to colleagues and patients that make this environment impressive. •

Sources:

Lee, F. (2004). *If Disney Ran Your Hospital – 9 ½ Things You Would Do Differently*. Bozeman, MT: Second River Healthcare Press.

Pine, B.J., Gilmore, J.H. (1999). *The Experience Economy: Work is theater and every business a stage*. Boston, MA: Harvard Business School Press.



Color Yourself Smart

With PRC conducting your Community Health Needs Assessment, you will automatically meet these IRS 990 Schedule H requirements:

- Every three years conduct a CHNA that takes into account input from persons who represent broad interests of the community, as well as those with special knowledge or expertise in public health
- Make the results of each assessment widely available to the public
- Prioritize the health needs of the community
- Develop an implementation strategy to address the health needs identified through the assessment



Mark Your Calendar



Nonprofit hospitals must conduct a CHNA once every three years, with the first assessment completed by the end of the tax year beginning after March 23, 2012.

Beginning of Tax Year:	CHNA Completed and Implementation Strategy Adopted by:
April 1	March 31, 2013
July 1	June 30, 2013
October 1	September 30, 2013
January 1	December 31, 2013

Recovering After the Devastation

KATRINA



Hurricane Katrina took away people's livelihoods, homes and even their healthcare along the Gulf Coast. The East New Orleans area was especially hit hard, and seven years later is still trying to come back from the sheer devastation left behind – and the Methodist Health System Foundation (MHSF) is at the epicenter of those efforts.

Established in 1983 as the system holding company of Pendleton Memorial Methodist Hospital, MHSF also serves as a vehicle for integration of related healthcare services and as the major fundraiser for the hospital.

In 2003, Universal Health Service became the majority owner of the hospital, and MHSF created a formal mission for their

Legacy Foundation. Then, in August of 2005, Hurricane Katrina hit. The two hospitals operating in New Orleans East were inundated by flood waters and damaged to the point where they were forced to close.

There were no longer any hospitals in New Orleans East, and there was no way to quickly repair the damage or rebuild. The closest emergency room and full-service hospital was – and still is – 30 minutes away.

MHSF decided to begin their own rebuilding process, and in 2008 they moved into their current home in Slidell, Louisiana.

According to MHSF President Fred Young, New Orleans East has the same basic demographic and economic diversity

Methodist Health System Foundation

KATRINA

Helping East New Orleans

as New Orleans, with a population of both the very wealthy and the extremely poor. After Katrina destroyed much of the infrastructure of the area, wealth didn't influence access as finding healthcare became difficult for everyone.

East New Orleans essentially became a greenfield project: They couldn't simply repair and rebuild – they had to start from the bottom up. It took several years to even be able to track the population and determine what was needed in healthcare.

Before rebuilding, MHSF realized they first must determine the needs of their community. They knew that the needs had changed since Katrina, but they didn't know what the most pressing issues were or where they needed to start. To answer



There were no longer any hospitals in New Orleans East, and there was no way to quickly repair the damage or rebuild.

those questions, MHSF contracted with PRC to conduct a Community Health Needs Assessment in 2011. Young says, “We felt like it was our vocation to do this. We needed to find out what people needed.”

MHSF used the CHNA data – along with their core values of Courtesy, Concern, Kindness and Compassion – to determine their strategy and priorities. As expected, they found that there were some great needs within the community, primarily the lack of a hospital in the area.

“It’s no surprise that the first thing we needed to address was bringing a hospital back to the area,” explains Young. “This is a long-term project, obviously. The city and other entities are now involved in the project, and it is anticipated that there will be a two-year window from the time construction starts to get a hospital open.”

Providing a healthy start

Another need the assessment uncovered was immunizations. After Katrina, many medical records were missing or unobtainable, and a standardized process to keep records on immunizations and other medical information became necessary.

MHSF partnered with the Greater New Orleans Immunization Network to provide free immunizations for children from birth to 18 years old. With their Mobile Immunization Unit’s regular neighborhood visits, children in many locations now

benefit from their services. They also maintain a registry of immunizations, which is shared with all 10 area network hospitals.

Another MHSF grantee, the School Kids Immunization Project, partners with 18 area schools and has provided more than 13,000 vaccines to students. To help ensure recordkeeping, those immunizations are entered into a statewide immunization database.

Keeping kids healthy

One concern the assessment uncovered is that high-school aged adolescents weren’t seeking healthcare, even when it was a necessity. To that end, the MHSF School-Based Health Center was created. By offering medical and mental healthcare services on school campuses, they could help keep students healthy, keep them in school and improve their academic capabilities.

The first clinic opened in 2006 in St. Barnard Parish’s Chalmette High School and sees an average of 40 to 50 students per day. They have treated upwards of 1,200 students to date.

According to Young, these clinics deal primarily with episodic intervention, but they also handle maintenance medications such as insulin shots and monitoring for diabetes.

The clinic at Chalmette High School is staffed by a physician, a psychiatrist, an RN, three nurse practitioners, a social worker and more. There is also dental healthcare available. (See http://www.mhsfi.org/services_programs/ for more details.)



Grant Evolution

After Hurricane Katrina, the Methodist Health System Foundation used transom granting, putting out requests for proposals and letting potential grantees apply with them.

Today, they focus on strategic granting, seeking out those organizations that best meet their objectives and priorities. The MHSF partners with like-minded, nonprofit and highly successful providers instead of searching for grantees, using the power of their CHNA data and established, proven organizations to do the most good in their community.



Challenges and Solutions in East New Orleans

- **Smoking** – East New Orleans has a higher number of smokers than the U.S. average (18.2% v. 16.6%). MHSF provides funding for cessation classes, including hypnotherapy sessions, with great success.
- **Nutrition Deprivation** – Many people in East New Orleans don't have access to nutritious foods, so MHSF works with Second Harvest Food Bank and Healthy Lifestyle Choices (see www.hlconline.org) to provide food for those who need it. Healthy Lifestyle Choices also educates children on nutrition and fitness, along with prevention of risk behaviors.
- **Uninsured** – 22% of people in the area are uninsured, compared to 14.9% nationally. While some are being helped through the Walkers/Talkers program, MHSF is seeking other ways to make a difference.

All treatment is provided at no cost to the students, and the clinics file claims for those with insurance or Medicaid while they write off treatment for the uninsured.

"It's really part of our mission as a Christian organization," says Young. "The high school clinic costs about \$500,000 per year to operate. They receive state and private grants for about \$200,000 to \$225,000. The Foundation subsidizes the rest."

Free screenings

In partnership with Blue Cross and Blue Shield of Louisiana Foundation, MHSF funds health screenings through Sign Up Friday.

During Sign Up Friday, kids are bused to a central location for vision and hearing screening, along with fitness and body fat testing. They also learn about health and their bodies through physical activities and health education.

In 2012, more than 2,500 children participated in Sign Up Fridays. Of those children, 26% were found to have a vision deficiency, 7% had hearing issues and 9% failed the fitness test.

"After the screenings, we help them with public assistance, referrals to doctors and more," says Young. "It's much more than just free health testing."

Grants funding services

Another MHSF grantee is Kingsley House, a nonprofit social services provider in New Orleans. "We provided the Kingsley House a grant for their Walkers/Talkers program, which sends people out into the community to assist those who need help to access services including behavioral health," explains Young.

The Walkers/Talkers volunteers knock on doors, talk to the residents and enroll those who are eligible for Medicaid and Children's Health Insurance Program. This program has been so successful that Walkers/Talkers has had times when they've spent the whole day knocking on doors to not find one person who needs their assistance.

"We've made an impact, but there are still so many people in need here," says Young. "Emotionally, we want to take care of everyone, especially after Katrina. Of course, we can't do that. We needed a mechanism to set priorities, so we can use our resources in the most effective way possible. That's what our Community Health Needs Assessment does for us.

"We'll conduct another survey in three or four years to make sure we continue to move in the right direction." •

PRC Rewards Young Artists, Pediatric Units through

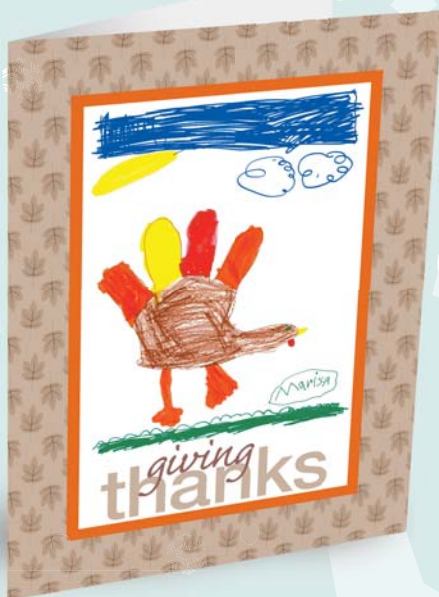
2012 Holiday Card Contest

For the fourth year, PRC asked pediatric hospital patients to assist with producing the design for its annual holiday card. In early September, PRC staff began distributing contest entry forms and art supplies to hundreds of client hospitals that provide pediatric services. More than 40 festive works of art were received depicting this year's theme of thankfulness or winter.

From the group of entries received by the contest deadline, 10 finalists were selected and posted for popular vote on PRC's Facebook page. In 2010, contest winner Faith R.'s family noticed her entry had fallen behind in the online vote count in the final hours of the competition. By the end of the day, Faith had once again retained the lead thanks to her brother and a host of friends who pressed hard on her behalf. When the hospital's cash prize arrived, Faith provided input on how to best use the funds and a set of iPads were purchased for patients on the unit to use.

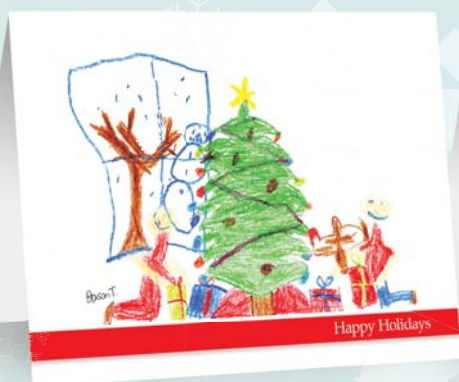
This year, six-year-old Marissa J.'s turkey trotted away with the most "likes" and comments and was declared the 2012 PRC Holiday Card Contest winner. Marissa will be receiving 50 professionally printed cards to share with family and friends, while the sponsoring hospital (St. Joseph Regional Medical Center in Lewiston, ID) will receive a \$1,000 donation to be used to supplement pediatric services and programs.

To view all entries received for this year's contest, visit www.PRCOnline.com/art/index.html



2012 Contest Winner

This card was designed by six-year-old Marissa J. of Lewiston, ID. Marissa and her identical twin sister, Kaitlyn, were born at St. Joseph Regional Medical Center and continue to rely on the hospital for their healthcare needs. Additionally, their mom, Shari, is employed as an Emergency Department nurse within the hospital's Level III Trauma Center.



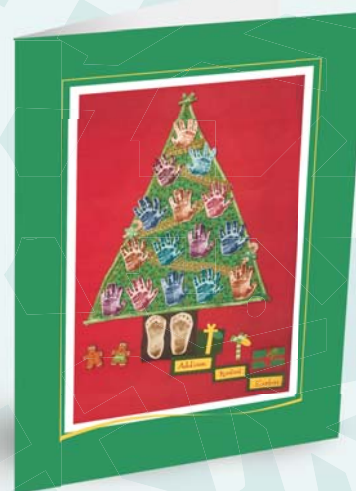
2011 Contest Winner

The artwork on the 2011 holiday card was designed by Bryson T., a sixth grader at Springfield Middle School in Fort Mill, SC. Bryson was cared for by the exemplary staff at Carolinas Medical Center – Pineville in Charlotte, NC.



2010 Contest Winner

Faith R., winner of PRC's 2010 holiday card contest, was diagnosed with leukemia (ALL) in May of 2008. She successfully completed a 27-month treatment program at Central DuPage Hospital in Winfield, IL, but returns to the clinic for monthly blood counts and to accompany her youngest brother, Connor, who was diagnosed with ALL in April 2010.

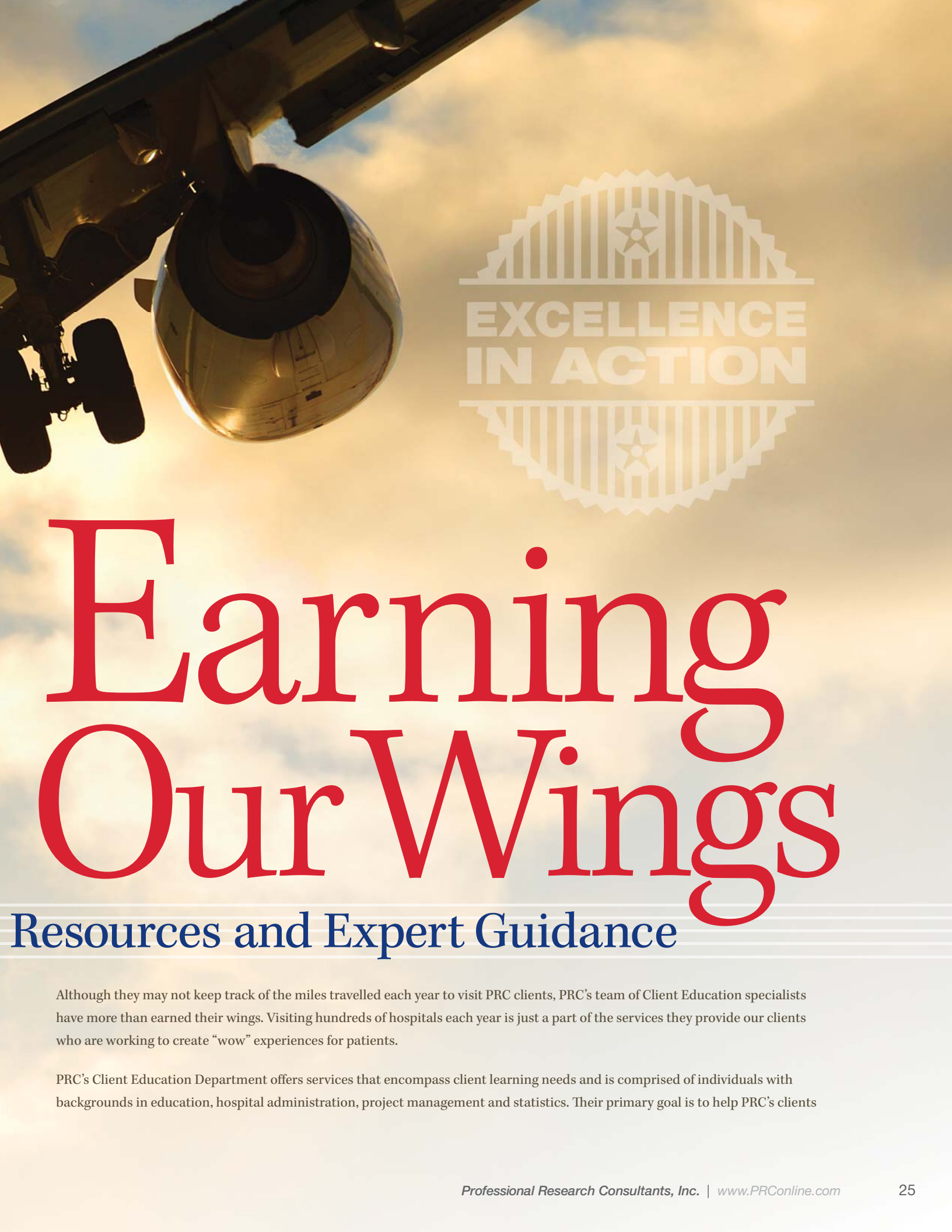


2009 Contest Winner

This card was designed by Neonatal Intensive Care Unit nurses and patients at St. Mary's Children's Hospital in Duluth, MN. The hand and footprints on the card belong to three NICU patients, Addison, Easton and Rachel, who were born weighing between one and five pounds. We are thrilled that all three are now thriving at home with their families.



PRC Clients Benefit from Educational



Earning Our Wings

Resources and Expert Guidance

Although they may not keep track of the miles travelled each year to visit PRC clients, PRC's team of Client Education specialists have more than earned their wings. Visiting hundreds of hospitals each year is just a part of the services they provide our clients who are working to create "wow" experiences for patients.

PRC's Client Education Department offers services that encompass client learning needs and is comprised of individuals with backgrounds in education, hospital administration, project management and statistics. Their primary goal is to help PRC's clients

Throughout their travels, PRC's Client Education specialists have had many opportunities to witness excellence in action. "You'd be surprised at how the simplest things can make the biggest difference," said John Gnida, PRC's Director of Client Education.



Advanced Level

Learn how Carolinas HealthCare System has implemented comprehensive Value-Based Purchasing (VBP) education and reporting across the entire system. Attendees will discover a special matrix that outlines the tactics which have the most impact on improving survey scores.

Bonnie Jones and Debi Dollar

Carolinas HealthCare System - Charlotte, NC

Intermediate Level

This survey program continues to evolve as AHRQ (Agency for Healthcare Research and Quality) receives more feedback and requests for enhancements to these surveys. During this cyberseminar, we will summarize the information currently available from AHRQ regarding this survey program and talk about potential uses of the survey for ACO measurement. We will also share information about the NCQA program for PCMH (Patient-Centered Medical Home) Certification and talk about PRC's role as a certified vendor for this program. PRC has a variety of options available for administering CG-CAHPS; we will review these and discuss our recommendations for how medical groups might use this survey to meet their own research objectives.

Jan Gnida

PRC - Omaha, NE

Intermediate Level

The right culture can make all the difference, but cultural transformation isn't easy and often isn't successful. Learn how in a short period of time, Verde Valley Medical Center was able to transform its culture and improve its quality, patient loyalty scores and employee engagement. Attendees will discover ways to take charge of their own culture without leveraging the cost of outside consultants or gurus. This session will show how accountability, communication and employee engagement took the hope of a culture change from vision to reality.

Dr. James Bleicher

Verde Valley Medical Center - Cottonwood, AZ

Beginner Level

Compiled from years of experience working with clients and helping them understand what to do with “the PRC data,” this cyberseminar seeks to address the most common questions we hear from clients who are trying to interact with their survey results in a meaningful and effective way. Jan Gnida, PRC Director of Client Services, and Joe Snipp, PRC Senior Statistical Analyst, will cover research objectives, data end-users, enough statistics to get you by, and the ‘how often’ and ‘how long’ of analyzing results. They will also provide guidance regarding which PRCEasyView.com® applications are best suited for various reporting needs. This session is recommended for people who are new to PRC, as well as anyone who would like to feel more comfortable talking about their data with others (either subordinates or superiors).

Jan Gnida and Joe Snipp

PRG, Omaha, NE



Tuesday, November 27

Beginner Level

50 Ideas in 50 Minutes

Ask, "What's going right?" A culture of service excellence focuses on what is going right and tries to replicate that success. When so much of each day is spent on what went wrong, practicing service excellence means turning our attention to what went right. This is just one of the "50 ideas" attendees will learn during the CyberSeminar.

John Gnida, Joe Snipp, Teira Gunlock and Christy Harris

PRC - Omaha, NE

For more information or to schedule PRC Client Education Services, please contact your Project Manager at 800-428-7455.

Thursday, February 21

Intermediate Level

■ Telling Our Story:

Producing an Image of Excellence for All

Sometimes you have to shout your praises from the mountain-tops to be noticed. Learn how a small hospital in rural Arizona created a unique print campaign to "shout" its commitment of delivering the highest quality of care and excellent customer service. This wildly successful campaign was developed and produced without the use of a high-paid advertising agency. Following in the footsteps of other national award-winning advertising, it was all conceptually developed in-house. In this session, attendees will learn how they, too, can develop and implement a similar campaign in their own organization.

Barbara Chavez

Verde Valley Medical Center - Cottonwood, AZ

Wednesday, March 13

Intermediate Level

■ Improving Patients' ED Experiences

Sustaining patient experience improvements in the Emergency Departments is a challenge for even the most focused organizations. Through research and observing high performing EDs, Ascension Health has learned that various cultural "pre-conditions" must be in place to achieve excellent patient experiences. This session will describe the research and lessons learned from St. Vincent's Medical Center, an inner-city, Level II trauma center and teaching facility. Attendees will learn how to strengthen their culture to support the implementation of these strategies through actionable tactics and use of supporting tools.

David Franz, Dr. Frank Illuzzi and Kathleen Woods

Ascension Health - St. Louis, MO

Thursday, March 21

Beginner Level

■ Exploring Bright Spots:

Learning from the Nation's Leaders in Providing Exceptional Patient Experiences

In 2012, consultants began exploring the patient experience bright spots – top performing clients in terms of patient perceptions – to investigate how they consistently leave patients impressed with their care. These consultants conducted focus groups, interviewed executives and were entrenched in each organization's culture. Through this research, certain lessons become apparent – and are worth sharing! At the end of this motivating session, attendees will recognize the primary problem with patient perceptions is one of satisfaction, not dissatisfaction; learn how to tackle the problem of satisfaction by identifying and learning from bright spots within their organizations; and gather practical tips from the most effective organizations in creating cultures that generate excellent patient experiences.

Teira Gunlock

PRC - Omaha, NE

Wednesday, March 27

Intermediate Level

■ Updates from CMS Regarding HCAHPS

Each spring, CMS conducts refresher training for approved HCAHPS vendors, during which CMS shares updates to the data collection protocols, possible survey changes and other general information regarding HCAHPS and the public reporting activities on Hospital Compare. Jan Gnida, PRC's HCAHPS Project Director, will recap the "news" regarding HCAHPS and offer important reminders about the role of hospitals in this important patient survey program. In addition, the next Federal Register rule-making proposal regarding VBP should be published by this time, and we will summarize the proposed changes.

Jan Gnida

PRC - Omaha, NE

Wednesday, April 17

Beginner Level

■ Were We Surprised! How Change Can Be Good

Lourdes Hospital was not happy when they were told they'd be leaving their patient survey vendor of 12 years and switching to PRC. Figuring they'd better find out what they were getting into, five associates attended PRC's 2011 conference and their eyes were opened! Energized by new ideas for improvement, the associates left the conference with a different outlook, changed perspective and renewed commitment to patient loyalty. See how the associates took what they learned at the conference and impacted their hospital more than they ever realized was possible. By sharing real time patient experiences and hearing actual patients' voices, associates can feel patients' emotions and patient satisfaction is improving. Their dread of changing turned into inspiration!

Susan Fuchs and Dianne Jones

Our Lady of Lourdes - Binghamton, NY

Thursday, May 23

Advanced Level

■ Physician Champions:

Improving the Patient Experience

Physicians want to provide an authentic patient experience. Rather than focusing on behavior that makes it appear things are good, create and nurture a culture of trust and collaboration with the entire team. The experience will be great for everyone! Learn what has been proven successful using PRC's Key Drivers, developing physician leaders and creating a team of physician champions in a large physician group of more than 300 providers and 1,300 co-workers.

Dr. Duane Hougendobler and Lori Strahm

Parkview Health - Fort Wayne, IN

To sign up for an upcoming CyberSeminar, visit <http://bit.ly/cyberseminar>

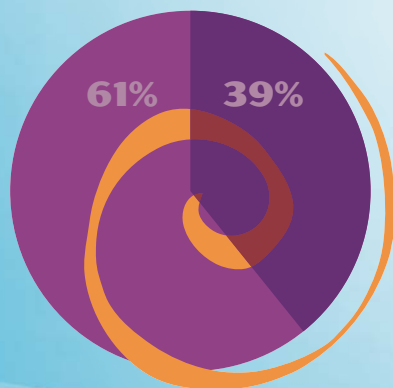


PRC EXCEL

IN HEALTHCARE

Orlando, Florida

61% of conference attendees increase their Overall Quality of Care score

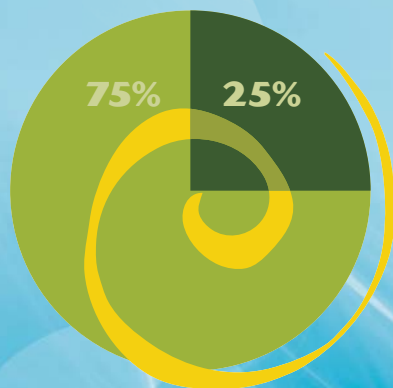


A NEW FOCUS FOR SUCCESS

We know you focus on improving your patients' experiences on a daily basis through the care you provide. We're here to help make that journey a little bit easier. The 2013 PRC Excellence in Healthcare Conference has been streamlined to focusing solely on what's important to you – your patients.

For two and a half days you will be immersed in improving the patient experience through the perfect blend of breakout sessions, keynote presentations, networking and fun. Plus, the conference provides unique access to PRC associates who will guide you and direct you through your conference journey. In addition, the conference is a great place to earn continuing education credits and contact hours toward accreditation and licensure.

75% of organizations with 5 or more conference attendees increase their Overall Quality of Care score



PRC EXCELLENCE IN HEALTHCARE CONFERENCE June 2-4, 2013

WHO SHOULD ATTEND?

The PRC Excellence in Healthcare Conference is an educational opportunity for those individuals who have a stake in improving the patient experience. Whether you consider yourself an expert and are looking to be reenergized, or a newbie looking for guidance, the PRC Excellence in Healthcare Conference is the place for you.

Educational presentations have been carefully selected to help you learn more about improving the patient experience. Sessions have been broken up into four tracks to give you a comprehensive look at what's working in healthcare organizations across the country:

- Excellence
- Always
- Best Practices to Engage Staff & Physicians
- Service Excellence Managers/Coaching to Success

ATTEND FOR FREE!

Speak at the 2013 PRC Excellence in Healthcare Conference

PRC is now accepting proposals for session and panel presenters for the 2013 PRC Excellence in Healthcare Conference. To learn more about the types of sessions we are looking for and the benefits of being a speaker, visit www.PRCconference.com

PRC

Portfolio of Services

About PRC

For more than 30 years, Professional Research Consultants has partnered with more than 2,000 healthcare organizations in the quest for excellence. Every year, PRC speaks personally with more than one million households and recent hospital patients, as well as hundreds of thousands of physicians, hospital employees and community members. Our goal? To make hospitals better places for employees to work, for physicians to practice medicine and for patients to be treated.

- Focus on Loyalty and Excellence
- Proven Methodologies to Ensure Accurate, Representative Results
- Full Range of Customized Research Services

Services Offered

- Consumer Perception
- Community Health Needs
- Employee Engagement
- EMS Perceptions
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- CAHPS Surveys
- Physician Alignment

Visit www.pronline.com/welcome/index.html to learn more about the various services available from the longest-standing healthcare marketing research firm in the nation – PRC.

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Nearly 1/3 of consumers

don't know which hospital in their area
provides the best overall quality of care.

Does this information vacuum exist in your market?

PRC has been conducting Consumer Perception research for more than 30 years. If you need reliable data to help you better understand your consumer healthcare market, we can help.

Call us at 1-800-428-7455 or visit www.PROnline.com to learn more about PRC's Consumer Perception Studies.

