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Cover Page Footnote

We would like to thank the staff of the Adult Primary Care and Orthopedic Ambulatory Care Clinics and the Finance team for their partnership and commitment to excellence during this project. Special thanks to Executive Administration for leading and supporting our care experience improvement efforts with a focus on person-centered care. This article is associated with the Staff & Provider Engagement lens of The Beryl Institute Experience Framework. (<http://bit.ly/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_StaffProvEngage

The use of organizational assessments in improving patient and staff experiences in the ambulatory care setting

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Abstract

As the needs of patients evolve, healthcare organizations must diversify their approach to improving patient experience. Their programs should encompass the medical, mental, spiritual, and emotional needs of patients and their family members and the staff who care for patients. This case study examines the results of the evaluation to assess the effectiveness of organizational patient experience efforts. The Beryl Institute's Experience Assessment was the evaluation tool administered and revealed the areas in which the organization was performing well and where improvements were needed. In collaboration with Ambulatory Care and Finance, the Office of Patient Experience targeted the Adult Primary Care and Orthopedic outpatient clinics for this assessment and followed-up with improvement projects to address the areas of opportunities identified. We administered the Extended DISC® Assessment to the leaders in all departments that function within Ambulatory Care, to support the success of the improvement projects. The Extended DISC® assessment enables each leader to understand their communication style and gain an understanding of the ways they could improve communication with the leaders they collaborated with, who have different communication styles. Both assessments are geared towards self-examination and prodded the organization towards taking an honest look at how they functioned collectively and on an individual level and helped to clarify their perspective and reiterate their core values as a patient experience organization. The use of the Experience Assessment enabled an objective evaluation of the team's readiness for patient experience improvements, in conjunction with the insights gleaned from the Extended DISC® assessment.

Keywords

Patient experience, organizational assessment, experience assessment, communication, ambulatory care, Opinion Meter

Introduction

In the second half of 2019, our organization began to take a closer look at the factors that could positively improve patient experience and the ways leaders could gain greater insight into the areas where opportunities for improvement existed. Patient feedback is gathered daily through tools such as Consumer Assessments of Healthcare Providers and Systems (CAHPS), the survey used to collect data to measure patients' perception of their health care visit,¹ HappyOrNot,² and Opinion Meter³ Surveys. Work is continuously undertaken with clinical and non-clinical staff to improve service delivery in the various patient touchpoints. Through these platforms, Patient Experience managers have learned about our patients' thoughts about areas that should be improved. However, there was a relatively small amount of data from staff about their impressions of the organization's efforts to address the needs of patients and the community, and the areas where improvements were most needed. The other challenge was capturing this feedback systematically with tools that were research-based and would provide data that was both actionable and aligned with the organization's

patient experience goals. The Beryl Institute defines the Patient Experience as "the sum of all interactions, shaped by an organization's culture that influence patient perception, across the continuum of care."⁴

The work from June 2019 to January 2020 resulted in improved problem identification and problem-solving, strengthened team cohesion, and the development of discrete and targeted actions to improve the patient and staff experience. The Patient Experience and Ambulatory Care teams jointly agreed to pause the project due to the COVID-19 pandemic. Future projects in the Ambulatory Care area will include completed work from this initiative.

Method

An examination of the resources available to conduct an experience assessment revealed that few options would provide the organization with a cohesive evaluation of the organization's standards, resources, practices, and relationships with staff, patients, and the community.⁶ Based on the information gathered from our partner agencies, the Patient Experience team determined that the

Beryl Institute's Experience Assessment tool would be the most effective method for conducting an organizational assessment, being aligned with patient experience goals, and formulated from extensive research and resources globally.⁵ The report generated from this assessment would provide an overview of the impact of the patient experience activities underway, provide clarification about areas of success, highlight where gaps existed, and allow for the targeting of areas that should be a priority for the organization. The Experience assessment questionnaire is segmented into eight strategic categories: *Culture and Leadership, Infrastructure and Governance, Staff and Provider Engagement, Policy and Measurement, Environment and Hospitality, Innovation and Technology, Patient, Family, and Community Engagement, and Quality and Clinical Excellence.*⁶ A sample of the Experience Assessment Results Report can be found [here](#).⁷

The leadership of Ambulatory Care selected the Orthopedic and Adult Primary Care clinics for the first phase of the assessment. The assessment is in the form of an online questionnaire that was administered by an email link to the target participants. The teams comprised of 198 staff, which included physicians, nurses, patient care technicians, environmental, hospital police, and finance staff. Of the number of staff targeted, 73.2 percent responded to the survey, a total of 145 respondents.

In Conjunction with the Organizational Assessment, the leaders from the Orthopedic and Adult Primary Care clinics completed the Extended DISC® Assessment.⁷ Extended DISC® is a tool which allows participants to undertake a self-evaluation to determine their primary communication style, preferences in the mode of communication and to help the individual better understand how their core communication style impacted interactions with others, along with the benefits of more in-depth insights into the ways other members of their team communicated and the factors that influenced other communication styles.⁷ The patient experience team believed that combining the two assessments would provide the ambulatory care staff with the needed resources and insight to successfully enact on the opportunities identified in the organizational assessment.

In turn, the Extended DISC® assessment would enhance communication and foster greater collaboration in addressing the opportunities that would emerge from the Organizational Assessment. The Extended DISC® assessment was also an online questionnaire and was administered to thirty-three (33) leaders in Ambulatory Care, Finance, Hospital Police, and Environmental Services. The results were provided as a group assessment, which enabled the analysis of the dynamics within the group. The assessment was followed by two coaching sessions, which used role play and group activities to coach participants on the "Four Steps to Effective

Communication" Model,⁷ which was developed by Extended DISC®. During the sessions participants were taught about (1) *all the DISC Styles*, (2) *identifying their styles, which included tools to practice self-awareness and understanding how others perceive their style*, (3) *identifying the DISC style of other people*, (4) *modifying one's behavior to foster improved communication and collaboration.*⁸

Results

The Organizational Assessment provided a comprehensive report with an overall organizational score, scores by strategic categories, and scores for each question on the survey. The results from the Experience Assessment showed the overall score or "Human Experience Index Score," of 138 points, which indicated that the organization was at the level of "Sustaining" the initiatives implemented and building traction in all areas of the patient experience.⁵ When the results were examined by the strategic categories, it revealed that success was being achieved in the areas of Culture and Leadership, Patient, Family and Community Engagement, and Quality and Clinical Excellence. The other areas of Environment and Hospitality, Infrastructure and Governance, Innovation and Technology, Policy and Measurement, and Staff and Provider Engagement were areas where the organization was making progress.⁶ From the findings of the assessment, the teams could identify specific opportunities that needed to be addressed and compare the feedback from patients for alignment and then determine which areas should be addressed as a priority.

Monthly planning sessions followed this prioritization session, where the team identified solutions to implement for addressing the top six opportunities. The projects followed the Plan-Do-Study-Act (PDSA) process improvement model to allow for testing of solutions and iterative improvements, which were data-driven. The improvement projects would address the following: (1) creating a cleaner and more comfortable environment, (2) helping to clarify the billing process, (3) improving staff/provider engagement, (4) improving appointment access for patients, (5) improving patient/family members' perception of wait times, and (6) improving patient experience and wait times.⁶

The project that sought to address the patient/family members' perception of wait times in the Ambulatory Care clinics revealed inconsistencies in the handling of registration for patients who arrived early or late for their appointments, which created confusion for some patients. A review of the policy and standard work for registration and staff training sessions for all frontline staff in the targeted clinics, addressed the variations in registration. To improve patients' ability to interpret their bills, the Finance department created a "Guide to Understanding Your Bill," outlining key terms and explanations of typical billing

charges and included a number for patients to call if they needed further clarification.

Additionally, while gathering data to identify ways to improve appointment access for patients, the examination of the number of appointment requests made to the call center and the number of appointment calls made directly to the clinics for July 2019 were matched against the number of patients seen in the clinics for the corresponding period, and this showed a high number of appointment request calls to the clinics. 1193 patients were seen in the two clinics between January and June 2019. However, the contact center only received 645 calls for appointments, while 95 patients received referrals from the Emergency Department or during discharge as inpatients. The question was then raised about how the other 453 patients were making their appointments. Further investigations revealed that some staff instructed patients to call the clinic for appointments and others to contact the call center, which also accounted for the high volumes of calls fielded at the registration desk. Creating standard work for follow-up appointments and hosting staff training sessions for patient care technicians (PCTs) and registration clerks in the targeted clinics remedied the inconsistencies in appointment booking instructions.

Conclusion

The combination of the Experience and Extended DISC® assessments created a framework that would enable objectivity in viewing the results and a higher level of staff engagement and buy-in for the subsequent projects.⁹ The Experience Assessment outlined the areas where improvements were needed but also highlighted areas of success, which bolstered the teams. In contrast the Extended DISC assessment provided tools to improve the collaborative effort. Based on the improvements identified and enacted, the team could infer that over time there would be measurable improvements to the patient experience in those specific areas of concern. Although the work is on hold due to the COVID-19 crisis, there were some promising preliminary results, which indicate that we are on the way to realizing improvements in other areas of the organization's patient experience efforts. The organization intends to continue the work initiated by the Experience Assessment, when the COVID-19 crisis abates, and additional resources can again be channeled towards continuing the important work, vital to improving patient and staff experiences.

References

1. Press Ganey. Partner with an Experienced CAHPS Administrator. <https://www.pressganey.com/solutions/patient-experience/engage-patients-to-understand-needs/CAHPS>. Accessed April 28, 2020.

2. HappyOrNot. Intelligent Data Analytics. <https://www.happy-or-not.com/en/healthcare/>. Accessed on April 30, 2020.
3. Opinion Meter. <https://opinionmeter.com/>. Accessed on April 28, 2020.
4. Wolf, Jason A. PhD, CPXP; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sheri L. PhD, MPH, MBA (2014) "Defining Patient Experience," *Patient Experience Journal*: Vol. 1: Iss. 1, Article 3. DOI: 35681/2372-0247.1004 Available at: <https://pxjournal.org/journal/vol1/iss1/3>
5. The Beryl Institute. Experience Framework. Guiding Your Experience Efforts. <https://www.theberylinstitute.org/page/ExperienceFramework>. Accessed April 28, 2020.
6. The Beryl Institute. Experience Assessment. Getting Started. <https://www.theberylinstitute.org/page/ExperienceAssessmentReg>. Accessed September 9, 2020.
7. Experience Assessment Results Report. Sample Organization Report. https://cdn.ymaws.com/www.theberylinstitute.org/resource/resmgr/experienceassessment/xa2.0_sampleorgresultsreport.pdf. Accessed September 9, 2020.
8. Extended DISC. Effective Communication in 4 Steps. <https://blog.extendeddisc.org/4-steps-effective-communication>. Accessed on April 29, 2020.
9. Burgener, AM. Enhancing Communication to Improve Patient Safety and to increase Patient Satisfaction. *The Health Care Manager*. 2017; 7:238-243. doi: 10.1097/HCM.0000000000000165.