Katie:

Hi everyone. Welcome. Good afternoon. We will get started in just another minute or so as folks continue to join. Very excited that you are here today with us on this session on tools to improve patient experience in your family planning clinic. I think let's go ahead and get started. Another, if more folks may continue to join, which is great, but let's dive in because we've got a lot to go through today. Very exciting session on tools to improve patient experience in your family planning clinic. Since you are here today, it's very clear that you recognize how important it is to ensure patients have a positive experience with their family planning care. So in this webinar, we're hoping you'll walk away with a process you can use to assess and improve patient experience in your clinic.

Katie:

And here from two New York state family planning program providers who applied this patient experience improvement process in their settings, including some challenges and lessons learned that they've had. We are recording today's session slides and recording will be available on NYSFPtraining.org. We will have some time for questions, so feel free to start thinking about those questions and chatting those in at any time. And we do really value your feedback for sessions like this. It's how we get better. So Becky is going to chat out our evaluation link now, just encourage you to open it up, start filling it out as we go and submit it before you leave today. So like I said, we hope you walk away from this webinar with test embedded tools and resources that can help you improve patient experience in your clinic. And I'm really delighted that we're joined today by Felicia Morris-Boler, Senior Director at Planned Parenthood of Greater New York and Julie Weisberg, Director of Public Communications, Family Planning of South Central New York.

Katie:

They'll both be sharing how they applied this process to make improvements to patient experience in their settings earlier this year. So let's start with the why, why it's worth focusing on patient experience. And because you're here, I'm sure much of this will be familiar, but just so we're starting from the same place. First research demonstrates that centering patient experience and delivering patient centered care leads to greater engagement in patient cell care, better health outcomes, increase patient retention and health equity, where equity is when all persons have the opportunity to attain their full health potential and no one's disadvantaged from achieving this potential because of social position or other socially determined circumstances. It's worth noting upfront here, we're acknowledging there's a long history of unethical practices in reproductive healthcare research and delivery such as those used in the US Public Health Service Tuskegee Syphilis study that Puerto Rico pill trials, as well as for sterilizations and coercion to use certain methods to limit childbearing.

Katie:

And the burden of these practices has disproportionately affected people of color. We know that from research, unfortunately, patients continue to experience differential reproductive health services based on their race, gender, sexuality, and socioeconomic status. And a patient centered approach is really one that takes into account this history and ongoing inequities and encourages reflection on the role providers in breaking the cycle of inequity and identifies and implements ways to provide care that all patients find appropriate, high quality and equitable. Another reason to focus on patient experience is that it impacts staff experience and engagement. Interviews with healthcare staff indicate that staff who feel heard are more likely to be motivated and receptive to feedback, which in turn leads to improved

care delivery. That being involved in quality improvement around patient centeredness is motivating to staff and that improving patient experience can directly improve staff experience.

Katie:

Satisfied employees intend to stay in their jobs longer. And as you all know, staff satisfaction and retention is such an important issue right now. And I know our speakers are both, had experience with engaging staff and have some thoughts on how that's related to patient experience in their settings too. Another reason to highlight is that satisfied patients recommend services to others, overwhelmingly family planning patients report that they've heard about the family planning services they received from their friends, family, or colleagues. Extremely satisfied patients will not just come back and get the care that they need, but they'll be ambassadors, spreading the word about you and making sure others know about the services you provide. Giving patients a positive experience goes well beyond delivering good customer service, though that's certainly important. As you know, patient experience is influenced by clinic systems, such as how patients can make appointments, how they move through the clinic, including how long they wait.

Katie:

Patient experience is also influenced by interactions between patient [inaudible 00:05:22]. The friendly front desk, who greets patients with a smile can really set the tone for a visit. The clinic environment, which includes the physical space, like waiting rooms and exam rooms, as well as your virtual space, like how easy it is to make an appointment online also impacts a patient experience with your clinic. Just as we talked about staff experience, when staff are supported to have a positive experience that translates to more patient centered care. So with that, we know everyone on this call is already doing things to give patients a positive experience. So thinking about those influencers that we just talked about, chat in what's one thing you think you're doing to get patients a positive experience in your clinic, or when they access care from your clinic today. What's one thing you are already doing? And consider the environment, your interactions with patients, systems, appointments, physical space, waiting rooms.

Katie:

What are some environmental things you're doing? I see fun masks, which can set the tone, I think set a tone of humor and friendliness. And when we think about sexual reproductive healthcare being sometimes a tough thing for patients to access. It can be stigmatizing. It can be traumatic. Giving things that help make a friendly positive start to the visit can really make a difference. I see friendly greeting in a similar vein. What are other things you're doing? Online appointment calls. Yeah. Online appointments, sorry and reminder calls being friendly. Constantly communicating to patients about their wait time. I think that's a great one. Keeping patients involved in their care and engaging them as partners, smiling, friendly introductions. These are great.

Katie:

And I know there are a lot of other things, yes. Accommodating, walk-ins. Encourage you to keep thinking about the things you're already doing. We know there are many. We are all doing things that improve a patient's experience. And it's also true that we all have an opportunity to improve and do better as is the case with all things. So that's what we'll be talking a little bit about next. First, just by way of context between October, 2020 and May, 2021, eight of your family planning program colleagues participated in an intensive patient experience improvement initiative. And over the course of those eight months, the teams made several improvements to patient experience, which as you can see on the

right, including training staff, improving clinic flow, improving staff satisfaction, reducing wait time, increasing appointment access, and enhancing their physical and virtual spaces.

Katie:

What we've learned from these teams that participated recently informed the reproductive health national training center, or RH [inaudible 00:08:26] TCs development of a revised patient experience improvement toolkit. Some of you may have been familiar with the original version of this toolkit, which was really several years ago, but it's been completely revised and revamped to be more user friendly, taken to account some recent evolving conversation on research in this area and taking to the account the lessons learned from your colleagues during this initiative. Becky is going to chat out the link to that toolkit now so can bruise it if you would like. But we'll walk through it now in kind of a brief overview of it and touch on some of the action steps that are included as well as some tools.

Katie:

So from a high level, the process that we've used to improve patient experience in which is outlined in the patient experience improvement toolkit offers practical guidance with acknowledgement given to staff time financial constraints. We know there are limited resources and we've taken that into account and the types of recommendations we're offering here. The process while presented kind of literally on the screen here is obviously not a linear process exclusively and resources that we're going to talk about today can really be used in any order, any process, any order that you would like. So over the next few slides, I'm going to share a little bit about the process, our providers that we worked with successfully used to improve patient experience presented as action steps and supportive resources that you can use. But just to say, while, we're presenting these ideas and steps. Many of you, if not all are doing these things already, as you know, you've already started chatting in. Some of these strategies might be more appropriate in your setting than others.

Katie:

So we're offering these as suggestions and ideas with the hope that you hear maybe one or two things that you think could you help you improve in your clinic and hopefully a tool that can help you do that. So the first step in any improvement initiative is to use data available data that you have to assess your baseline and identify opportunities for improvement. This can include collecting data from patients to understand your experience as well as for sure collecting data from staff who observe firsthand how patients access and engage in their healthcare every day. It also includes conducting a regular needs assessment to understand barriers to care and preferences of potential patients that might have unmet need for family planning services. And just a note on why we'll talk about and why we think it's important to look at both patient satisfaction and patient experience data. Whereas patient satisfaction data tells you the degree to which patients feel satisfied, for example, with their wait time, patient experience data tells you what happened to them, for example, that they wait seven minutes before being checked in.

Katie:

Both types of data are really important. If you only focus on patient satisfaction data, you might learn that patients are unsatisfied with their wait time, but not have a sense of how long that wait time is. Likewise, if you collect only patient experience data, you might learn that the average wait time was 16 minutes, but not that whether the wait time was acceptable to patients or if it left them feeling frustrated. So to get a holistic view, it's really important to look at and collect both types of data. So to

support you in your efforts in assessing patient experience, we have a couple of tools that we've developed that are hopefully helpful to you. First on the left, we have a patient, a sample patient satisfaction survey, which is available in both English and Spanish, which has been tailored to the family planning setting.

Katie:

We also have a team meeting package, which is a suggested agenda and activities you can use to facilitate a team meeting about how to improve patient experience at your clinic. And this will resource will walk you and your team through developing a step by step process for developing a plan to improve patient experience in your clinic. This the second domain, which is clinic systems. There are a lot of ways in which the clinic systems can impact a patient's experience from when they are making an appointment to when they're at the clinic and moving through their visit. As you know, and we already heard, some of you are looking at and doing online appointments, being able to get an appointment that's accessible, such as being available online or same day or next day and during convenient hours can really enhance the patient's experience from their very first interaction with you.

Katie:

And when working with teams that participated in the patient experience improvement initiative, we heard that observing patients can be really helpful for identifying opportunities to streamline clinic flow and minimize wait time. This helps identify points where potentially you're seeing patients get confused or frustrated. And those are really great opportunities for improvement. Here are a couple of tools that we think hopefully can help you think about your clinic systems and how they influence patient experience. On the left is a tool you can use to measure clinic flow through patient visit observation. It provides a way for clinic staff to calculate the time it takes for patients to move through different parts of their visit while noting factors that maybe are contributing to wait time or potential inefficiencies. On the right is a clinic flow assessment, which can help you determine how well clinic flow is working at a site or multiple sites and identify actions for improving.

Katie:

And a positive patient experience involves multiple elements as we've talked about, but perhaps the most important factor is the quality of staff interactions with patients, whether in person or virtual interactions are what patients remember most about their visits overwhelmingly patients like that their experience with staff is what keeps them coming back to family planning clinics. That family planning staff are respectful client center and empathetic. So it's so important that we continue to equip staff with the skills they need to continue to deliver this client-centered care. Looking at patient interactions also includes ensuring patients are receiving services in their preferred language. The national standards for culturally and linguistically appropriate services or class include offering no cost language assistance, informing patients of this assistance, ensuring competence of language, assistance providers, and providing easy to understand material and signage.

Katie:

And of course monitoring quality is always important. And just wanted to call out that there is a new patient-centered contraceptive counseling measure. It's patient reported of contraceptive counseling measure developed by the university of San Francisco, which you can use to assess quality. So the toolkit that we're talking about has a lot of tools that can help ensure quality interactions, including a couple that I wanted to call out here, which are a number of interactive skill building on demand trainings on

topics such as cultural competency, trauma informed care, gender appropriate language, youth friendly environments, language access, and working effectively with medical interpreters. And many, as you can see on the slide, many offer continuing education credits.

Katie:

And finally, as it relates to patient interactions, we encourage kind of keeping in mind how patients are interacting with you outside of the clinic setting. Or outside of kind of the typical person to person interaction that you might be thinking of, such as through virtual visits and through written materials. So the toolkit also includes several resources that can help you review your telehealth visit flow, ensure patients have a clear understanding of telehealth and employee telehealth etiquette for family planning visits. As you know, an attractive professional environment, both physical and virtual can make patients feel welcome, comfortable, respected, and valued. And patients really need to feel that they're in a safe space so they're comfortable giving staff the necessary information to receive quality care. So to fully understand how the clinic environment makes patients feel, we'll offer some assessments you can use to assess your environment. But one suggestion is really to ask individuals unaffiliated with the clinic, including potentially patients who provide a fresh perspective.

Katie:

So thinking about patients, youth, other community members who can come in and assess your space and offer suggest for improvement. And in a lot of cases, maybe there's an opportunity to engage the community in efforts to make those improvements and enhancements such as through volunteers, partnerships with schools, other community-based organizations or local businesses. So as I mentioned, a couple of assessments we have that can help identify opportunities for improving the environment, including a fact sheet. We have a fact sheet with tips for maintaining patient privacy and confidentiality, which is such a huge aspect of a safe and positive environment for clients and assessments to help evaluate both the physical environment and your website and acknowledging that not everyone has complete control over the physical environment and websites. Many of the teams that we worked with as part of the patient experience and improvement initiative were able to identify and kind of list out things that were within control and like things that maybe had to involve engaging others, such as through their web services or IT departments. And we'll hear a little bit about that too.

Katie:

And then finally, we've talked a little bit already about just the pivotal role that staff have in how patients experience their care and acknowledging that it's the warmth and friendliness and care shown by staff that keeps many patients coming back. And part of making sure patients have positive experience is making sure that we're keeping staff engaged and giving them a positive experience too. So that includes acknowledging their dedication and elevating the role they have in client's lives so that they can see that their commitment and motivation and commitment to patients is acknowledged and they continue to be motivated to do this important work. Some ideas for this include routinely assessing staff experience, engaging staff and improvement efforts, fostering communication across staff of different levels and acknowledging staff for providing excellent care.

Katie:

Within the toolkit you'll find a sample staff satisfaction survey, which is adapted from a validated tool to measure staff satisfaction in healthcare settings. The team, I think that participate in the patient experience and improve initiative found a lot of value in assessing staff satisfaction using this tool and

identified a lot of opportunities for improving communication and acknowledging staff and engaging staff in improvement efforts. There's also a sample staff certificate of recognition which is hopefully an easy resource you can use to tailor, to acknowledge staff for providing excellent care. So we just covered a lot of actionable strategies. You might be wondering where should I start? And so wanted to call attention to two other resources that can help you figure out, prioritize where you might want to start. That includes an organizational assessment that's on the bottom left of your screen, which staff fill out and I identify based on their observations where they see the biggest opportunity for improvement.

Katie:

And on the right, there's an improvement plan, which is an example, sample template for you to adapt, but can be used to organize your action steps and progress. And with all efforts, we always encourage using equality improvement of approach where you're monitoring what strategies you're trying, what's working and where continued improvement is needed. So I'm now going to invite our panelists to join me in a discussion to help kind of bring to life some of these actions that we've talked about here. And they'll talk a little bit about how they've used these strategies to improve patient experience in their settings. So as I mentioned, Felicia Morris-Boler is the Senior Director at Planned Parenthood of Greater New York. And Julie Weisberg is the Director of Public Communications at Family Planning at South Central New York.

Katie:

And both, I'm so delighted to be joined by them, both Felicia and Julie, I know are real champions of patient experience. And I'm super excited for them to share with you today some of what they have done and learn throughout the process. So I am going to stop sharing my screen so we can have a fuller discussion here, if I can remember how to do that. And invite, I'll start with Felicia. Felicia, if you wouldn't mind kind of starting with what were some of the patient experience improvements that you made that you are particularly proud of and why?

Felicia Morris-Boler:

Hi everyone. So I would just start with the two things that were the major things for us was that we were able to improve our patient satisfaction. We were able to increase our hours because that was one of the things that staff really wanted from us. Patients wanted us to be able to be open longer, especially during COVID. So we were able to do that, and we were also able to increase staff morale, which at that time was very challenging for us as an organization. We were going through a merger. We were renovating and expanding our location as well as dealing with COVID. And the fact that folks have been furloughed due to COVID as well, and also joining a collective bargaining unit all at the same time. So that was pretty incredible that we were able to get staff to participate and make those improvements.

Katie:

And we'll hear in a second kind of how you went about making those changes, but first let's bring in Julie. Julie, tell us a little bit about some of the major changes that you made that you were most proud of.

Julie Weisberg:

Yeah. So good afternoon, everybody. I think the two big changes we made were digital. We kind of have been a little bit behind the digital times. And so through this initiative, we really were able to identify

some areas where we can make some improvement on the digital side, in particular a digital check-in, in which we have actually implemented across our medical centers. And so folks are able to check in either on a device at home or wherever they may be for their appointment, or we now have Wi-Fi in all our medical centers. And we purchased iPads so that patients can check in right here if they didn't have access at home to Wi-Fi. So we're really excited about that. And then the second one we were having, we noticed the last few years, your no-show rates were creeping up and we thought we're probably not doing... There's something we're not doing.

Julie Weisberg:

And we had appointment reminders, but in particular text messages we realized were the most effective way to reach folks, myself included. And so we use Athena as sort of our big content management system. And what I went in there and I was looking at it realized that they had recently upgraded where you could for the reminder text, so you could say one to confirm, which you always could kind of do. But you could also do two to cancel your appointment, or you could call to reschedule, but you have to flick that switch. So I said, let's flick it for Binghamton, which is where we had focused our patient experience survey. And we did. And we immediately notice is that while our cancellations had gone up slightly, our no-show rate actually went down because these folks were making that decision within that 24 hour window, not able to make it, I'll call and reschedule, or I'll click through and call right now.

Julie Weisberg:

And that also opened up windows for folks who are walking in when we returned to walk-ins early in the year. So now we had, these slots were automatically opened without having to wait for some and not to show, and we're able to pop folks in. So we're able to accommodate more walk-in folks in our Binghamton medical center. And what we noticed is that actually helped us to actually increase patient visits. I think also that experience of folks as far as confirming an appointment, checking in for appointment, as well as our walk-ins. Now, we have more slots each day that we can accommodate someone who needs that version care right then and there. So that's kind of what we were able to implement.

Katie:

Great. Thank you so much, Julie. I'm going to stick with Julie here and talk a little bit of kind of how these changes come about. But I'll just mention, we were going to open this up for your questions. I know one thing we always hear is the most valuable aspect of sessions like this is being able to hear from your colleagues and be able to ask each other questions. So as you think of your questions for Felicia and Julie, please take a second and put them in the chat, or you're welcome to raise your hand and we'll call on you. We have a couple more questions, but I just want to make sure you know that we want to hear from you and what questions you have for Felicia and Julie. So, Julie you talked kind about some of these digital improvements, the digital check-in, Wi-Fi, new tech that you were able to acquire for your clinic, as well as the text reminders.

Katie:

Talk us through kind of the process you went through for bringing about those improvements. I know you had to work with a lot of different departments folks and get some buy-in to make some of those changes. So just share with us how that process worked.

Julie Weisberg:

Sure. So I think the biggest thing we realized when we started the patient experience initiative was I felt that myself as an administrator and I had a disconnect between what was actually going on in our medical senators, senators politics on the mind. Centers on a day to day basis and not trying to be disconnected. And it's not that I wasn't interested, but I just wasn't in that. I didn't really truly understand it. And I came to that equally. I was one of when we sort of reduced visitors and we were screening, with beginning of COVID, I served as our medical center screener for quite frequently, for several weeks I was that's who was screening, it was me. And then myself and at that time I had an outreach coordinator and the two of us sort of, we figured we worked that out.

Julie Weisberg:

So for several months I was having direct engagement and could also see the patient flow in and out with patients and able to chat with them a little bit. And also really felt really connected with the medical center staff upstairs in a way that I had not been pre COVID. And then we had begun this initiative. And what I realized is we really needed to understand what's going on in a day to day basis, particularly with our HCAs or health care assistance with checking in, checking out and scheduling. So Molly, who at that time was the arch coordinator, she actually was sitting in upstairs for a couple of days sitting right there. What's the process checking in? What's the process, checking out? How does the patient flow through the clinic? And she was able to shadow patients and staff and see how that worked as well.

Julie Weisberg:

The physical flow of patients, as well as the paperwork flow and process. And she really came to a really good understanding. It was really wonderful because we're able to share ideas and what's works, what doesn't work, what could we improve. And what realized through that process, is there a lot of redundancies in the paperwork. And so that started a whole process of, okay, we want to do online check-in and online appointments, but before we do that, the actual paperwork we would base it all on is outdated. So we really worked quite a bit on that and we're able to pull a lot of, and Molly was really that linchpin. It worked out so well that Molly is now an HCA. There was an opening and she's working up there. But that really was the process. And I think pulling in, and I know we'll talk about challenges in a moment, but understanding that we have to do this as a team.

Julie Weisberg:

I think what a lot of times is as administrators, we say, "This is a great idea, and we need to do this." And then we go to implement it and then it's becomes quite difficult. Or it's a great idea, but the people who actually have to make this work on a day to day basis, if you don't get their input on it, it may not work as successfully as possible. So it was really we're opening those lines of communication and all of us understanding and talking to one another, so we can see where we're all coming from. And then how do we move forward are together to best serve the patient as well as the staff, because patient experience is staff experience and vice versa.

Katie:

Julie, I think that's such a great point about the importance of staff observation. I talked a little bit about patient observation as a way to identify opportunities for improvement change. But as Julie was saying, observing staff and having staff observe each other can be such a great way to not only cross train and help staff understand each other's role, but also see where we're doing things multiple times, where there might be redundancies, where we might be saying the same thing. And just kind of relieve some

pressure across different roles where we can compliment each other potentially rather than duplicating. [inaudible 00:31:11] you talked a little bit about some of the changes that came about in terms of you getting hours changed, which I know can be a huge, huge change, as well as some improvements to staff morale, given how much was going on at Planned Parenthood of Greater New York at the time. What were some strategies, what was the process you used to bring about some of those changes kind of on both ends of the spectrum in terms of hours to morale?

Felicia Morris-Boler:

So I'll start with the staff morale piece first. We did surveys as well with the staff where they were able to provide some feedback about the organization. And some of the things that were a little shocking. We all thought that things were really well, that staff felt really good about being back to work and things like that. And some of the answers were unclear. So I took the time, I met with each staff person individually, also as groups, because I wanted to get a better understanding of what folks needed and what they were requesting of us as the management staff too. And I found that some of the things that they wanted were really just related to some of the growing pains. As change happens, there were a lot of change going on at the time.

Felicia Morris-Boler:

And folks were just, I think really just not feeling as comfortable as possible in the setting. So we did implement like a daily huddle because one of the things that staff had missed pre COVID when I come in the morning, I usually, I talk to all of the staff for at least five minutes. I know them, I know them really well. It is a good piece for us to be able to interact with them that way. But then when COVID happened, we really weren't interacting with each other, folks weren't in the same room with each other. And that was part of the issue, what staff was feeling. They were missing, that kind of one-on-one interaction with me and with some of the other managers. I honestly couldn't figure out how we were going to do it. We just kept saying, well, with COVID, we can't do it. We are not able to be in the same room. And then we spent some time and I was like, "Okay, so we're going to have a virtual meeting."

Felicia Morris-Boler:

But not just like a Zoom call where we're just going to only talk about, well, how many people on the schedule today, because I already know that already. They know that already as well. So we used that call as their time is what I call it. And it was 10 minutes for them to be able to talk about anything that they wanted to with me, have my undivided attention. And I did them myself for, I still do them mostly myself, although the other managers are chipping in and willing to do it, but it is definitely a way that I can and connect with the staff on a regular basis. We started to do other events. Staff were used to us having parties, us having events. So we started doing more like a box lunch and then a call together or maybe breakfast. But still us being together, but not in the same room due to COVID. So that was very helpful.

Felicia Morris-Boler:

And as we started to do that and continue to be consistent, which was key. We couldn't have the huddle. We had tried this before. We would have them some days, other days, we wouldn't have them. And staff let us know that they needed that level of consistency from us. So we held each other accountable. Usually when we say we hold each other accountable, we're talking, holding the staff accountable, but it's also important that as management, that we're going to let the staff hold us accountable, and that felt really good to the team. So the rest was a lot easier in terms of like patients

and expanding hours, because to expand the hours, the staff had to agree that they would work different hours and they all saw the importance and relevance. 95% of the folks were like really on board right away with wanting to do the right thing for patients. And then people got to kind of when it was possible, select which hours they wanted.

Felicia Morris-Boler:

So we were going to be open from 8:00 to 7:00. And either you wanted, like did you want it 11:00 to 7:00? Like we had some flexible ability and that when we were able to offer that. So that that was another really good thing. And we celebrated when we could, and we were also honest with the team about the things that we could do and the things that we couldn't do. And I think that that was really the beginning of us improving staff morale. And we were in a much, much better place. And acknowledging the change, I would say, like things were different and we had to acknowledge that they were different. And how are we going to move forward as an organization?

Katie:

I really appreciate that. I mean, I think the thing that jumps out to me so much is I think sometimes we kind of fear asking, because we're worried about what we'll hear. Speaking from kind of observations and my own experience, sometimes organizations are worried to ask the question of what are we doing wrong or what could be better because who knows what Pandora's box we all open. But I think the way you've approached it is just kind of being really honest, communicating with staff, being really honest and not being afraid to hear what could be better. It's just changes the tone so much around where we can go from here. That doesn't mean it wasn't without challenge. So you alluded that there were some challenges. Tell us a little bit about what were some of the challenges and how you worked through them.

Felicia Morris-Boler:

So I guess the biggest challenge in which we all face is really just time. There are lots of great ideas. There's lots of things that we had more time could always do more. But one of the things I would say that helped with the challenge was really to allocate that time. We couldn't afford not to have the time. So it was 10 minutes at the beginning of the day. We still do it now. We start at eight o'clock. We have a huddle from about 8:00 to 8:10. It's carved out in everybody's template, so the person doesn't start... Because we would have a huddle and then have patients waiting in the waiting area. So our first patient doesn't start until 8:10, which is once the huddle is done. And as folks come in, so some folks work 9:00 to maybe 6:00 or whatever. Each template has 10 minutes allocated for them to watch the huddle.

Felicia Morris-Boler:

So if you're not a part of the live huddle from 8:00 to 8:10 folks still have the opportunity in their schedule when they come in at 9:00 AM from 9:00 to 9:10, or from 11:00 to 11:10 to watch the huddle and provide feedback on the information that they've seen. So that was really helpful too, just carving off the time, just didn't cost us a patient. We didn't have to reduce patient numbers. It was 10 minutes that we were able to and became more efficient on other ends. So I think that was the biggest one. And then I think the second one would be pretty much that. So we are emerged organization and there are lots of different centers now and that we were doing some things and other folks may not have been doing them the same way. So part of our work was to make some of the things that we were doing to incorporate them into our other locations as well. So that was a little bit a challenge, but also a good learning opportunity for us as an organization.

Katie:

Yeah. Julie, how about you in terms of challenges that you encountered and any thoughts on how you were able to work through them?

Julie Weisberg:

Yeah, I think anytime you want to implement particularly technology or new platform, a new system or a new way, a process doing something, you're going to get pushback. And yet part of that pushback is going to of course be from the staff who actually have to implement that or work through that process, but sometimes it's leadership too. So we had to definitely with our senior managers have to, and there was some cost involved too, because we also did a significant upgrade over the last several months with our hardware. So new computers and laptops, and again, with an eye on improving the patient, as well as the staff experience, because we had some older computers that they were taking too long to load things or go to the next page.

Julie Weisberg:

So we were able to revamp a lot of that too. So there's a cost as well in some of these things. So it was having to sort of convince my seniors that I promise you, it's worth spending a little extra money to do this as well, as staff that, we're going to do things differently. Hey, I'm very comfortable doing things my same way, so sometimes it is a little bit upsetting. But I think sort of talking [inaudible 00:40:11] about, but Felicia was talking about, which is to also be honest and have that good communication. And I did something, in my previous life, I was a journalist and one of the reasons I was brought in my last editor job was to take a newspaper that was print first to digital first. And we had a whole new content management system that was completely different. And they were really not happy many, many days. I always remember that, I'm like, "If I can get a room full of reporters and editors to buy into something, I can do it anywhere."

Julie Weisberg:

And the first thing you do is you start by being honest saying, "Well, we're going to be doing this new digital online check-in process and there's going to be bumps in the road. They're going to have frustrating days. We're going to realize, oh, we messed something up." So what we did is we did what I call like a beta test. We started with the online check-in in one of our smaller medical centers first to see how it ran there then we expanded it to the next one, and then we finally it here in Binghamton. So it's like a soft opening for a restaurant so that you don't get inundated and then you're not ready. You can find where your weaknesses and your strengths are and then adjust and then move forward from there. And in order to do a lot of those things, again, you just really have to keep those lines of communication and that focus just like Felicia was saying with like working together and all of us talking and understanding and listening and that really worked well.

Julie Weisberg:

And then I think your leadership can say, "Hey, wow, look at this." Of course, when they see, oh, look, the no-show rate is reduced here. And patient numbers are up. Usually leadership will get by in there, because they're looking at those every day, but I can see it upstairs. You can start to see the change in our patient experience numbers and what they're kind of focusing on. And in the new year, I'll be changing some of those questions to focus a specific set to maybe two or three just about the online check-in process. And then this went so well that ultimately we're ready now. We feel to move in the

new year to get online scheduling system, which we don't have right now. But we wanted to get this implemented in and running well before we edit that additional layer.

Katie:

Yeah. I mean, I think you hit on something that's so critical around as anyone on the call is kind of thinking about maybe there's an idea you have that's exciting that you're kind of thinking, "Oh, this would be so great to bring to my setting," but change fatigue is real. And the idea of kind of launching a big initiative can be really overwhelming. One thing we always come back to is like, how can you start smaller than where you might initially think? So Julie's talking about digital check-in in one of the clinics, not all of them. We often think about like, what can you do with one provider or one patient or one day just what can you try and see how it goes in lieu of kind of trying to it out at all at the same time. And as Julie was talking about too, the staged roll out of before we're going to go employment online appointments, we'll try digital check-in first.

Julie Weisberg:

And it's also about listening to what the patients have to say too, because I was waiting to say, oh, have them maybe, or see that in our surveys or directly talking to staff saying, "Oh, I tried to check in and I had a problem or whatever it may," and we really didn't hear that. They just were checking in. So that was on both ends that gave you an opportunity. And that's not always going to be possible for every initiative that you do or every project or every change. But I think when you're able to, it's really nice way to do that. So you can get all the feedback, fine tune it, and then move forward and expand and hopefully have a successful project or update, whatever.

Katie:

So I'm going to open it up for questions from you all from participants. I've received one question which we'll get started with, but then I would love to hear what other questions you have for Felicia and Julie. And this is a question kind of on what follow up measurement have you done on kind of seeing the results of these changes. And Felicia I'm going to start with you because it's directed to you, but Julie, if you have thoughts on this would love to hear them too. But you talked about the initiatives around morale. The question is, did you reassess staff satisfaction or are you thinking about that or how are you thinking about kind of measuring change on staff morale if you have or thinking about it?

Felicia Morris-Boler:

So pretty much for us. We meet monthly with the team with the staff and the conversations are very open. So we have not done a formal written reassessment, but from we've met the last time and when we're having conversations with staff and even just in their everyday work, we can see the difference. We've definitely noticed a difference. Staff have come, they are also embracing the changes that we made and we have a totally different culture. So no, we have not done a formal assessment, but there's definitely been a change in culture that we see that's carrying on within the center.

Katie:

So have you done any reassessment that you'd like to weigh in on?

Julie Weisberg:

Not, not really. I mean, I'm upstairs every day talking with medical center staff. And so I talk with them a lot and they know I'm that patient experience girl, so we talk a lot. But I think the fact that, and in particular here in Binghamton where we have the walk-ins and we had the highest no-show rate, to see that the numbers when we look at them each Monday from the previous week, and then you're looking at last year and then also I like to look at 2019 is more of an apples to apples. Our numbers, our patient visits are actually up again this year. They were up last year believe it or not in Binghamton. They're up even more this year. But our no-show rate is down. So that makes me feel good. And especially since we're able to accommodate more walk-in, we're having more walk-in visit. So it's really the numbers that are confirming hard data as far as has this worked? And then anecdotally, it's talking to staff and then melding those two together.

Katie:

Okay. Thank you. I see a question from [Kamra 00:47:12].

Speaker 4:

Thank you, Katie. I was wondering if you were also experiencing, or have you experienced it? I don't know if you offered telehealth services, but have you seen a decrease in telehealth services and an increase in person and how are you managing your telehealth services in house?

Katie:

Either, [inaudible 00:47:35] you want to go first. Felicia. I see you.

Felicia Morris-Boler:

Sure. Yeah. We have not really seen a decrease in telehealth services here. We are offering telehealth services. Yeah. We have not experienced any decrease and they don't seem to compete with in person appointments either. So we still have a full demand for patients who want to come in and seek services. And we still have a full demand of folks who are wanting to do telehealth visits.

Julie Weisberg:

We do have telehealth as well. We thought it might go gangbuster and it actually didn't and so I would say we... I think compared to last year, it's probably down slightly, but it wasn't as a popular program, as I thought it would be and there's multiple reasons for that. [inaudible 00:48:31], we've all talked about in the past a lot of the reasons and the barriers that may be there. But it just seems a lot of our patients, it's one of the questions I've been asking recently about telehealth and 95% of patients say they just prefer to come into the medical center. But I think that's something I could do a better job. Well, I think we could all do a better job of letting patients know who would be interested it, and have the capability with their devices, that this is an option for them. So that might be something for 2022 for us to do as well.

Katie:

I love that. Thinking ahead, 2022. Here's a question in the chat. I was thinking we might have more questions on tell telehealth. How have you scheduled your telehealth visits in terms of, are you doing general access or a clinic session of telehealth? And I wonder kind of a broader question that's related to this is just how much are you looking at the patient's experience in that virtual visit using telehealth as part of kind of this overarching patient experience question? So maybe I'll start with you Julie and see

[inaudible 00:49:45] addressing the scheduling question, but some of this larger experience question too.

Julie Weisberg:

Right. First, I have not done anything specifically to look at the telehealth experience just because they seem to be... We might have one or two week maximum and often they tend to be phone calls. We have not had very many folks who want to take us up on the video call. And again, I think there's multiple reasons for that all across the board. But I haven't done anything yet other than recently, I said, I did add something about what patients would choose. But as far as the experience of the patient and the provider, I haven't done anything in depth on that. But again, I definitely think it's something that we need to focus on next year, because I know there's folks out there want to use telehealth and we're probably just not reaching them and making them aware of it in the right way. I know we could do a better job.

Katie:

Is there anything you want to add to that?

Felicia Morris-Boler:

Sure. So for us, I'll call, we have an external call center and our external call center are the folks who are booking folks for those, what we call virtual visits. And pretty much there's a template of them about four days a week. We do have a virtual template to provide us offsite and providing those services. And when we see about maybe like 20 to 20, 30 patients a day in no services. In terms of satisfaction or experiences, we provide this, [inaudible 00:51:17] they all get the Press Ganey Surveys, whether it's a virtual visit. So we don't have a specific tool just to look at virtual visits. We do have some anecdotal information because we do have folks who are assigned to assist the clinicians with any technical issues or anything like that with virtual visits. I think that's probably the biggest challenge we have. Sometimes we are experiencing some technical issues. The patients who use it seem to be pretty tech savvy and like doing that just different kind of patient and actually enjoy doing, but still have the option of coming into the health center.

Katie:

Felicia, and I know this is a question we're hearing others ask. So if others on the line here have other thoughts on how you've scheduled your telehealth visits, feel free to chat those in. I think there's a lot of interest right now and different models that folks are using for that. So if you have other answers to that question, please don't hesitate to share. I think we have maybe time for maybe one or two more questions, and there is one here around safety and that's certainly a major experience right now. So Felicia, could you start with how you're managing safety or doing safe walk-ins, screenings, exposure, mitigation, et cetera.

Felicia Morris-Boler:

Sure. As part of this process, we actually assigned a person daily who is going to do triage. So we do screen in all patients before they entered the health center, which was a change for us. Initially, patients were being screened when they got in the health center. So now we have someone who's outside security booth, who is able to screen everyone that comes into the location before they... And make sure that they're safe to come in. And just in terms of the number of patients that we have in the facility, we have limited the number of patients that are in the waiting areas. So that has forced us to be a lot

more efficient as well. So folks are working to make sure that they're not to try to decrease wait times so that we are swinging rooms as well. All part of our patient care team models, where patients are going to be moving throughout the system and not kind of just sitting in the waiting area.

Felicia Morris-Boler:

So that was pretty much what we're doing is just a little reduction in the number of... not the number of patients that we are seeing, but in the reduction of the way that we were scheduling folks. So there's a little more time in between, there's enough folks to move the patients through much faster. So patients are not kind of just sitting around in waiting areas in the screening piece.

Katie:

Julie, any other strategies you're were using?

Julie Weisberg:

We did have a physical, we had a screening desk that was sort of right at the entrance way of our medical center here in Binghamton. And then we were like, "Oh, things are going to get a little bit better." And we moved it, moved away at the end of the summer and of course we're back where we are. We didn't bring it back out. What we did is we are not allowing visitors to accompany patients into the medical center. And we updated our messaging in Athena and also what the HCAs, when they're physically talking with folks to let them know that, unfortunately for the time being no visitors are allowed to accompany the patient. So that allows us to yes, we're screening patients. We're taking temp checks. We're asking them those questions before they go into the actual medical center. But so that the waiting area, and we're able to have the safe, social distancing with no patients.

Julie Weisberg:

Now, if someone does want to wait, downstairs outside of the actual medical center itself, we have some chairs spaced and set aside that folks could sit down there. And we had a little bit of pushback. We also have masks and sanitizer out for everybody, even before they come into the medical center. I created some cute signs that we have to put masks on before you come in. And if you don't, hey, we have them right here for you. We make sure both at the elevator and going up the stairs to the center. So we're trying to do all the things we can that just like what Felicia saying before you get in to the actual center, you're screened and you have a mask and you're safely distanced. And now and then we have [inaudible 00:55:54] little bit of pushback I think towards the end of the summer, beginning of the fall. But I think as people started to realize, oh, we're kind of not out of this yet, I think people understand.

Katie:

Great. One last question for Felicia, and it's about your no-show rate on your telehealth visits. Just curious if you've looked at that, if that's lower with your scheduled telehealth visits or if you know what it is, and if it's potentially lower than your in-person no-show rate.

Felicia Morris-Boler:

It actually is a little bit higher than our in-person show rate. I don't know the exact number, but I know we have this conversation, and it's kind of different for each site. So each one of our health centers has a provider that provides telehealth. So I don't have the numbers across us for the organization, but I can

say for the Tuesday nights that we are seeing telehealth patients, that show rate is a slightly higher than what we are seeing for inpatients. I think that's primarily because the patients who've decided that they want those telehealth visits are usually like quick visits or things that they may need a reef fill, or they may need something and they're very driven by patient need and that that's an easier way for them to get them.

Felicia Morris-Boler:

The other thing about our telehealth visits on Tuesday is that they're in the evening. So they start at somewhere around two o'clock and go to about nine o'clock. So show rate for those hours are generally higher anyway after five o'clock, four o'clock. So it's kind of hard to say if it's just because it's telehealth or it's because if it's a time of the day. So I just wanted to be clear about that.

Katie:

Thank you, Felicia. I'm going to open it up for one chat question that we have for you all, which is as we wrap up here, we'd love to hear what you heard today that you're thinking you will take back to your clinic. An idea that we heard from Felicia or Julie, or a tool from the toolkit. What are you going to take back to your clinic not necessarily to tomorrow, not trying to put anything on your to-do list, but just something that you want to take back and maybe explore more or dig into a little bit more? And you can share those thoughts in the chat. And as you're thinking about that, I will just ask in our one minute here, just super, super briefly, Julie and Felicia, maybe just like where you would suggest starting for those on the phone who might be interested in digging into patient experience a little bit more. One place you would start that you would suggest to your colleagues. And I'll start with you, Julie.

Julie Weisberg:

I think just understanding patient and staff flow and processes and procedures, that [inaudible 00:59:00] what's going on in your medical centers. Everyone's on the same page. I think that that's important to find out where you need [inaudible 00:59:09] weaknesses, strengths.

Katie:

Thanks, Julie. Yeah. And how about you, Felicia?

Felicia Morris-Boler:

I would just really say just to start with the data. It's always a good starting point. And then from the data I would go to taking some time to really get meet with the staff and kind of hear from them firsthand both either individually and then as a group, because sometimes the information you get individually is different than what you would get as a group. But I would always start with data.

Katie:

Love that. I think echoing each other. The qualitative data kind of what's going on and the staff satisfaction surveys, the patient satisfaction surveys. I think there's some interest for those in the chat as well. Thank you all so much for joining us. Please join me in thanking, especially Julie and Felicia today for sharing their experiences and thoughts. Thank you guys both very much. Thanks all for joining and for your questions. Please take a second and share your thoughts in the evaluation, the link in the chat. I hope you all have a wonderful rest of your day and we'll be sharing the recording and slides for this up on the website shortly. Thank you so much for joining us and have [crosstalk 01:00:20].

Felicia Morris-Boler:

Quick question, Katie. Will you share our contact information? There are some requests for folks who wanted to be able to reach out to us afterwards.

Katie:

Absolutely. Thanks, Felicia. Yeah. And we'll send the slides around to those who are on the call today and we'll share your contact information for anyone who wants to follow up.

Felicia Morris-Boler:

Okay. Thank you.

Katie:

Thank you very much.

Julie Weisberg:

Thank you.

Felicia Morris-Boler:

Bye-bye.