A Roadmap for Improving Healthcare Service Quality and Patient Experience

Lessons and Tools from Mayo Clinic

UHC CG-CAHPS Conference
July 10, 2014 • Chicago, IL

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Assistant Professor of Healthcare Systems Engineering, Mayo Clinic College of Medicine
From an Arizona Outpatient...

“I didn’t get the Mayo Clinic experience.”
Objectives

- Adapt and apply Mayo Clinic’s data-driven service quality improvement model
- Share how changing vendors impacts a satisfaction measurement system and how we adapted
- Structure an organization to create or enhance a culture of accountability for service quality
- Improve patient satisfaction with service dimensions measured by CG-CAHPS
Mayo Clinic

- Three main campuses + Mayo Clinic Health System
- Served more than 1 million patients last year
Strategic Focus

Mission
• To inspire hope and contribute to health and well-being by providing the best care to every patient every day through integrated clinical practice, education, and research

Vision
• Mayo Clinic will provide an unparalleled experience as the most trusted partner for health care

Primary Value
• The needs of the patient come first
Living Our Primary Value

“The best interest of the patient is the only interest to be considered.”
—William J. Mayo

William J. Mayo, MD
1861-1939
“Healthcare organizations need a framework in which to operate.”

Jason Wolf, PhD
Executive Director, The Beryl Institute
7-Prong Model for Improving Service Quality

- Recognition and Reward
- Multiple Data Sources
- Accountability
- Service Consultation and Tools
- Service Values and Behaviors
- Monitoring and Control
- Education and Training

Service Performance Scorecard

- Perception data grouped with operational and other data
- Current quarter and longitudinal trends
- Emailed quarterly to executive and department leaders
- Increases awareness and accountability
Drivers of Perception of Overall Quality

Source: PRC 2010 Outpatient Satisfaction Data - n=34,218
### Patient Perception of Overall Quality of Care from Provider

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Percent Exc</th>
<th>90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith (Prov-Med Spec)</td>
<td>100.0%</td>
<td>86.0%</td>
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<tr>
<td>Johnson (Prov-Med Spec)</td>
<td>100.0%</td>
<td>86.0%</td>
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<tr>
<td>Brown (Prov-Med Spec)</td>
<td>100.0%</td>
<td>84.0%</td>
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<tr>
<td>MD, Anita (Prov-IM)</td>
<td>100.0%</td>
<td>81.9%</td>
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<tr>
<td>Winter (Clinic-Surg Spec)</td>
<td>100.0%</td>
<td>82.4%</td>
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<tr>
<td>Miller (Prov-Med Spec)</td>
<td>100.0%</td>
<td>82.4%</td>
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<tr>
<td>Sanchez (Prov-FP/GP)</td>
<td>97.1%</td>
<td>82.4%</td>
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<tr>
<td>Davis (Prov-Surg Spec)</td>
<td>95.7%</td>
<td>84.0%</td>
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<tr>
<td>Wilson (Prov-Med Spec)</td>
<td>92.3%</td>
<td>84.0%</td>
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<tr>
<td>James (Prov-Med Spec)</td>
<td>91.7%</td>
<td>86.0%</td>
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<tr>
<td>Moore (Prov-Surg Spec)</td>
<td>93.8%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Martin (Prov-Med Spec)</td>
<td>93.8%</td>
<td>86.0%</td>
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<tr>
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<td>86.0%</td>
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<tr>
<td>Davis (Prov-Med Spec)</td>
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<tr>
<td>Rodriguez (Prov-Surg Spec)</td>
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</tr>
<tr>
<td>Brown (Prov-Med Spec)</td>
<td>88.0%</td>
<td>86.0%</td>
</tr>
</tbody>
</table>

Source: PRC 2011 Outpatient Satisfaction Data
HCAHPS – Phase 1 Online Module

- Audience - all front-line hospital staff who help create the patient experience
- Provides general information and a link to the survey
- Teaches the 8 dimensions
  - Communication with nurses
  - Communication with doctors
  - Hospital environment – clean & quiet
  - Responsiveness of hospital staff
  - Pain management
  - Communication about medications
  - Discharge information
  - Overall rating of hospital
- Provides verbal and behavioral suggestions

Survey Scale

- Never
- Sometimes
- Usually
- Always
HCAHPS Phase 2 – Push and Use the Data

Communication with Doctors

Source: HospitalCompare.gov, Reporting Period 7/1/20012 – 6/30/2013
“The doctor really paid attention to what I said and listened to me.
The atmosphere is pleasant & feels healing.
I feel safe, taken care of & well informed here.
My ‘wait’ was under 5 min.
Appreciate the personal attention & care.
Thank you Michael, Misty & Linda for team excellence.
I did not feel like just another number out there.

I feel the front desk staff is not very polite and the girls were gossiping behind the counter.
As a new patient, I needed a better understanding of their processes.
A phone employee was rude, abrupt, unempathetic.
I feel the office staff could be more empathetic in dealing with people.
I would have liked better customer service from the staff.”

Source: PRC 2011 Satisfaction Survey
Patient Complaints

- Identify failure points
- Monitor complaints
- Empower front-line staff
- Solve problems promptly
- Use patient feedback to improve
- Encourage upward communication

<table>
<thead>
<tr>
<th>Dept/Division</th>
<th>Q1-10 Complaint Rate</th>
<th>Q2-10 Complaint Rate</th>
<th>Q3-10 Complaint Rate</th>
<th>Q4-10 Complaint Rate</th>
<th>Q1-11 Complaint Rate</th>
<th>Q2-11 Complaint Rate</th>
<th>Q3-11 Complaint Rate</th>
<th>Q4-11 Complaint Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept X</td>
<td>0.38%</td>
<td>0.40%</td>
<td>0.73%</td>
<td>0.92%</td>
<td>0.86%</td>
<td>0.62%</td>
<td>0.42%</td>
<td>0.37%</td>
</tr>
</tbody>
</table>
7-Prong Model for Improving Service Quality

- Multiple Data Sources
- Accountability
- Service Consultation and Tools
- Service Values and Behaviors
- Education and Training
- Monitoring and Control
- Recognition and Reward

Service Quality Improvement
Service Accountability Loop

Practice Performance & Behaviors

Scorecard Metrics

Department Chairs and Administrators

Service Committee

Clinical Practice Committee

Progress reports to and feedback from various leadership groups

Refining Service Quality Oversight

- Chair/Administrator submit action plan to OPS leadership within 30 days.
- Chair/OA present action plan status report to OPS at 90 days.
- Svc Administrator reviews with Chair, Clinic Operations.
- Svc Admin reports issues and recommendations to CPC OPS.

Within 2 weeks, OPS Chair meets w/ Dept/Div Chair/Admin. If unable to schedule within 2 weeks, emails data and action plan template.

At Face-to-Face:
- Reviews data, improvement resources, standard action plan template, and timelines.

START
Quarterly scorecard distributed to Chairs/Admins
Svc subcommittee reviews scorecard; identifies issues
Svc Administrator reviews with Chair, Clinic Operations
Svc Admin reports issues and recommendations to CPC OPS

Action Plan in place?
Yes
Scorecard monitored
No
CPC

Quarterly scorecard distributed to Chairs/Admins
Chair/Administrator submit action plan to OPS leadership within 30 days
Chair/OA present action plan status report to OPS at 90 days

Start

CPC

Scorecard monitored
7-Prong Model for Improving Service Quality

- Recognition and Reward
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- Monitoring and Control
- Service Consultation and Tools
- Education and Training
- Service Values and Behaviors
- Multiple Data Sources
- Service Quality Improvement
Department-level Service Quality Analysis

- Perception data trends, complaint trends, recommendations and improvement resources
- Prepared during the service consultation partnership
- Reviewed face-to-face
- Action plan started
## Family Medicine Improvement Opportunities

### START

<table>
<thead>
<tr>
<th>Service</th>
<th>% Exc</th>
<th>Overall rating</th>
<th>Overall rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone access</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment access</td>
<td>48%</td>
<td></td>
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<tr>
<td>Phone staff courtesy</td>
<td>51%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### END

<table>
<thead>
<tr>
<th>Global Perception</th>
<th></th>
<th>Billing process</th>
<th>Promptly informed patient</th>
<th>Instructions for caring for self after appointment</th>
<th>Thoroughness</th>
<th>Enough time</th>
<th>Listening</th>
<th>Explaining</th>
<th>Words &amp; terms</th>
<th>Involving the patient</th>
<th>Courtesy/caring</th>
<th>Being on time</th>
<th>Quality of care from provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value for amount paid</td>
<td>48%</td>
<td>34%</td>
<td>52%</td>
<td>52%</td>
<td>62%</td>
<td>69%</td>
<td>67%</td>
<td>66%</td>
<td>70%</td>
<td>65%</td>
<td>75%</td>
<td>54%</td>
<td>71%</td>
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<tr>
<td>Overall quality</td>
<td>69%</td>
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<tr>
<td>Likelihood to recommend</td>
<td>85%</td>
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<tr>
<td>Service Improvement Toolbox</td>
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<tr>
<td><strong>Service consultation</strong></td>
<td>Service Administrator is an internal consultant to management, providing objective analysis and expertise, and positioned solely as an improvement resource. Accountability and oversight are achieved through other means.</td>
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<tr>
<td><strong>Telephone system and workflow analysis</strong></td>
<td>A training coordinator observes call handling—volumes, time to answer, hold times, transfers, use of front and back office lines—and provides a report of issues and opportunities for improvement.</td>
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<tr>
<td><strong>Provider communication skills-building</strong></td>
<td>Resources include a day-long, interactive group workshop, mentoring, or more intensive one-on-one coaching services. Providers may self refer or be referred by their department chairs.</td>
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<tr>
<td><strong>Service basics education and training</strong></td>
<td>Gives staff a better understanding of service basics and how behaviors influence the customer’s perception of quality. Consists of basic core content and is customized with department-level data and relevant interactive exercises.</td>
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<tr>
<td><strong>Service auditing</strong></td>
<td>Objective analysis of a department’s service environment, patient flow, and staff performance. A final report of observations and recommendations is provided.</td>
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<tr>
<td><strong>Service best practice database</strong></td>
<td>Practices and work samples from areas performing at or above benchmark are compiled in a spreadsheet designed to filter by service attribute, department, process owner, process.</td>
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<tr>
<td><strong>Multi-disciplinary simulation center</strong></td>
<td>A facility that is ideal for small, intact team education and training. The focus is on improving communication and teamwork skills.</td>
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<tr>
<td><strong>Performance monitoring checklists</strong></td>
<td>Standardize expectations and performance and encourage process control to sustain improvements.</td>
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<tr>
<td><strong>Action plan template</strong></td>
<td>Identifies issues, potential solutions, accountable people, and completion dates.</td>
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</tr>
</tbody>
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- Monitoring and Control
- Recognition and Reward

Service Quality Improvement
MCA Service Values and Behaviors

Solutions-Focused
Empathetic
Reliable
Value Others
Exceed Expectations
“SERVE”

Solutions-Focused

• Solve problems when and where they occur
• Work together to improve processes
• Share ideas
• Seek and provide feedback

Empathetic

• Apologize for any inconvenience
• Seek and convey understanding of the other person
• Connect personally by smiling, making eye contact, greeting, and listening
• Treat everyone as you wish you or your family to be treated
“SERVE”

Reliable

- Commit to team and others
- Give your best every day
- Keep your promises
- Own the work ~ If you don’t have the answer, find it.

Value Others

- Show appreciation for each other
- Respect the patients and each other
- Acknowledge diversity and appreciate differences
- Do what is right
- Protect patient and employee confidentiality
- Refrain from gossiping
“SERVE”

*Exceed Expectations*

- Contribute to an unparalleled patient/family experience
- Anticipate needs and respond before being asked
- Commit to and show enthusiasm for service
Create Memorable Experiences
(Culture of Voluntarism)

- Patients expect quality, basic level of service, do no harm
- Exceeding expectations differentiates
  - Give a haircut
  - Plan a wedding ceremony
  - Waltz with an elderly patient
  - Plan a surprise birthday party
  - Remove a license plate frame

Step outside your job description
7-Prong Model for Improving Service Quality

- Recognition and Reward
- Multiple Data Sources
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Service Quality Improvement
Simplify Value Creation

Value = Clinical Outcomes + Safety + Service

Cost over Time

Value = Benefits to Patient

Burdens Endured

Simplify Service Issue Identification

The “Gaps” Framework

Gap 1: Customer Expectations

Gap 2: Process Design and Standards

Gap 3: Service Performance

Gap 4: Service Communications

Service Expectations

Customer Gap

Service Experience

Gap 5 - The Customer Gap

Service Expectations

Comparison

Service Experience
We Know What Customers Expect

**Reliability #1**  
Ability to perform the promised service dependably and accurately

**Responsiveness**  
Willingness to help customers and provide prompt service

**Empathy**  
The caring, individualized attention the firm provides its customers

**Assurance**  
Knowledge and courtesy of employees and their ability to convey trust and confidence

**Tangibles**  
Appearance of physical facilities, equipment, personnel, and communication materials

Understanding Patient Expectations

Purpose of Today’s Appointment

**Mayo Clinic Family Medicine**

Welcome to Mayo Clinic Family Medicine. Our goal is to provide you exceptional medical care and to be sure that your health concerns are addressed during your visit with your provider.

Please take a moment to write down questions or issues you would like to cover with your provider during your visit.

1. 
2. 
3. 

**Medication Refills**  Do you need medication refills? Yes____  No____

Please list medications you need refilled, along with the doses and how often you take them.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Forms**  Do you need any forms completed? Yes____  No____

Please complete your portion of the form prior to your visits and state the type of form you have (sports physical, DMV exam, etc.)
Setting Patient Expectations

Informing of Test Results

Community Internal Medicine

Some helpful information for our patients:

Test Results:
• You will be notified by telephone, mail, or during a return visit of your test results
• Please allow five days, after completion of your last test for that notification to occur
• See reverse for MedVoice information

Patient Online Services (secure web portal) www.mayoclinic.org/onlineservices
• View your test results
• Send to, or receive a message from your health care team
• Request, cancel or reschedule an appointment
• Renew your medication

Contact Numbers:
• Community Internal Medicine call center: 480-301-8087
• Community Internal Medicine fax: 480-301-4070
• Medical Records: 480-301-8500
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- Monitoring and Control
- Recognition and Reward
Monitoring Front-line Service

FRONT-DOOR ATTENDANTS PERFORMANCE OBSERVATION FORM

Attendant: ____________________________
Date: ________________________________
Location: ____________________________
Surveyor: ____________________________

**Courtesy & Friendliness**

Smiles & greets: pleasant and makes eye contact

Clear Directions, Information: Simple and written; assure understanding

**Service Attitude & Behavior**

Empathy & Compassion

How may I help you?

Wheelchair Assistance: Between car and chair; into and out of

Meet & Greet Outside: Open car door, welcome, offer wheelchair

Walk the patient to destination, as needed

Neat Appearance: Pressed clothes, groomed and shaven; no strong perfume, no eating

**Engaging**

Treat everyone as the most important

Proactive: Takes initiative in providing assistance

Standing: Not slouched over or leaning on the wall, counter, etc

**Helpful**

Attentive and knowledgeable in engaging customers

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NURSING SERVICE PERFORMANCE OBSERVATION FORM

**FAMILY MEDICINE**

Nurse: ____________________________
Date: ________________________________
Location: ____________________________
Observer: ____________________________

**Professional and Courtesy:**

Smiles & greets patient by full name and/or title:

Makes eye contact

Neat appearance (scrubs look nice, hair neat and secured if long, so as not to interfere with work activities)

Watches for patient cues/body language for walking pace

**Service Attitude & Behavior**

Walk with the patient from lobby to exam room, side-by-side

Uses: Please and Thank You for requests (such as: Please step up on the scale so I may obtain your weight and Thank you when completed)

**Engaging**

Proactive: Takes initiative in providing assistance – if pt having trouble getting up in waiting room, offers wheel chair, walks slowly

No personal information shared - informal but pleasant small talk. Example: “Isn’t it nice out today!” or “I notice you have an accent, where are you from?”

**Helpful**

If wait is extended, longer than 30 minutes, keeps patient informed

**Comments/Observations**
# Monitoring Telephone Service

## General Call Evaluation Form

**Telephone Operators Name:** Default  
**Type of Caller:** Default  
**Reviewed By:** Default

**Operator’s Disposition:** Default  
**Caller’s Disposition:** Default

### Vocal Presentation:

- Talking during Perfect Answer  
- Tone & volume of voice & clear  
- Jargon words or slang “yup, nope hang on…” etc.

### Courtesy:

- Interruption of caller – cutting off patient while speaking  
- Transfer expectation:  
  - Transferring during mid-sentence  
  - “One moment please while I transfer you to XYZ”  
- Permission to place on hold, thanked caller when returning from hold  
- Chewing or eating on a call

### Customer Service:

- Screen flipping during call  
- Transfer accurate  
- Patient confidentiality  
- Seemed bothered to assist  

**Passed or Failed:**  
**Additional Comments:**
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- Monitoring and Control

Service Quality Improvement
Celebrate Service Excellence

Mae Berry Awards for Service Excellence

Criteria for Nomination

The Mae Berry Award for Service Excellence recognizes allied health professionals who provide exemplary service to patients and/or co-workers. Recipients of the Award are selected from past (12-month) recipients of the Award for Service Excellence. Candidates must meet the following criteria:

- Employed three or more years at Mayo Clinic
- Have multiple occurrences of providing outstanding service
- Co-workers replicate service behaviors
- Self-sacrifice to meet the needs of patients and/or co-workers
Results
2008-2011 *

* Q1-12 began a new vendor implementation with different survey methodology, different rating scale, different measurement of “overall” quality. Outpatient data available, beginning Q1-13.
Front-Door Attendants

“What stands out most is when she pushed my mother in her wheelchair all the way to the cafeteria, took her over to the buffet line, explained everything the chef was serving, found her a comfortable place to sit, and even set place settings and drinks. Mary is truly a Mayo employee who goes above and beyond.”

Source: MCA Patient Comment Card
Provider Service Improvement

Improved Perception of Provider Communication after Skills-Building Workshop

Impact on Clinic Global Perception

## Family Medicine Service Improvement

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>2009</th>
<th></th>
<th>2011</th>
<th></th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughness of medical exam</td>
<td>273</td>
<td>62</td>
<td>274</td>
<td>70</td>
<td>0.04</td>
</tr>
<tr>
<td>Spending enough time *</td>
<td>278</td>
<td>69</td>
<td>277</td>
<td>74</td>
<td>NS</td>
</tr>
<tr>
<td>Listening to patient concerns *</td>
<td>280</td>
<td>67</td>
<td>274</td>
<td>75</td>
<td>0.04</td>
</tr>
<tr>
<td>Using understandable words and terms *</td>
<td>280</td>
<td>70</td>
<td>279</td>
<td>77</td>
<td>NS</td>
</tr>
<tr>
<td>Explaining medical condition *</td>
<td>273</td>
<td>65</td>
<td>271</td>
<td>73</td>
<td>0.04</td>
</tr>
<tr>
<td>Involving patient in decisions about care *</td>
<td>273</td>
<td>65</td>
<td>273</td>
<td>72</td>
<td>NS</td>
</tr>
<tr>
<td>Showing courtesy and caring</td>
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Perception of Overall Quality in Family Medicine

The arrow indicates implementation of the service quality improvement model in early 2010.

n = 280/year

### Outpatient Overall Quality 2013

**New Top Box = “Strongly Agree”**

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<tr>
<th>Department</th>
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<td>Family Medicine</td>
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2013 vendor 90th percentile = 89%
Preparing for CG-CAHPS*

<table>
<thead>
<tr>
<th>CG-CAHPS Service Attributes</th>
<th>Representative Improvement Activities</th>
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</thead>
<tbody>
<tr>
<td>Ease of access by phone</td>
<td>~ Ongoing monitoring of call centers metrics and patient verbatim comments ~ Workflow redesign ~ Adjust staffing patterns</td>
</tr>
<tr>
<td>Courtesy/helpful/respectful telephone staff</td>
<td>~ Hire for service; orient to role; shadow ~ Service/communication education &amp; training ~ Ongoing supervisor monitoring and coaching ~ Centralized QA program</td>
</tr>
<tr>
<td>Access to appointments when needed</td>
<td>&quot;Say Yes” campaign - Review and remove, as able, hard stops, case reviews, and other barriers into the specialty practice</td>
</tr>
<tr>
<td>Waiting room wait time</td>
<td>~ Formalizing a late-arrival policy ~ Practice redesign - streamline, improve throughput, gather info prior to visit</td>
</tr>
<tr>
<td>Provider communication and service behaviors</td>
<td>~ Presentations to leadership groups ~ Push data to chairs ~ Individual provider portfolio ~ Consult/help with interpreting data ~ 3-tier communication skills-building resources-web-based/self-directed, workshop, 1:1 coaching</td>
</tr>
<tr>
<td>Global rating of provider</td>
<td>~ Set patient expectations re: timing and method ~ Set service standards to notify non-portal users of test results ~ Identify likely portal users and promote benefits ~ Help set up portal account</td>
</tr>
<tr>
<td>Informing patient of test results</td>
<td>* Service attributes currently measured in the CG-CAHPS Adult 12-month questionnaire 2.0</td>
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</table>
Conclusions

Service quality improvement is best approached as:

- A comprehensive, data-driven, continuous improvement model
- A model in which leadership engagement and support are essential
- A long-term journey vs. a destination
- Setbacks will occur
- Internal customers first
Questions and Discussion

Contact:

kennedy.denise1@mayo.edu