Map to Success: Express Pass to Understanding How Experience Mapping Can Improve Patient, Staff, and Provider Experience

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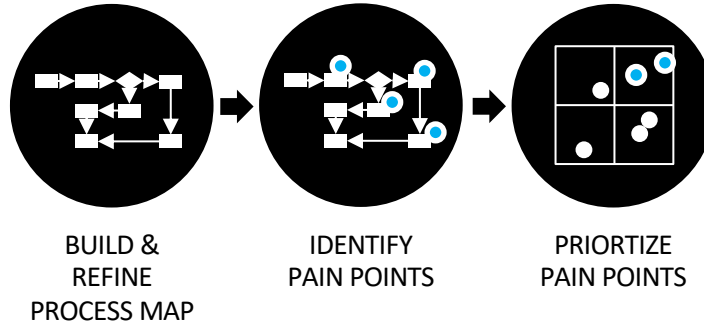Upon completion of this presentation the participants will:

- Know the difference between process mapping and experience mapping and the benefits of using experience mapping for performance improvement

- Know the value of Humankindness by Design improvement model and its applicability in the maternity care setting

- Understand the Docent Health concept of hospitality

Process Mapping vs. Experience Mapping

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How do WE better understand the end-to-end experiences of **patients**?

Building a Process Map

BUILD &
REFINE
PROCESS MAP

IDENTIFY
PAIN POINTS

PRIORTIZE
PAIN POINTS

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Sample Process Map – ED Throughput

Sample Process Map – Patient Experience in ED
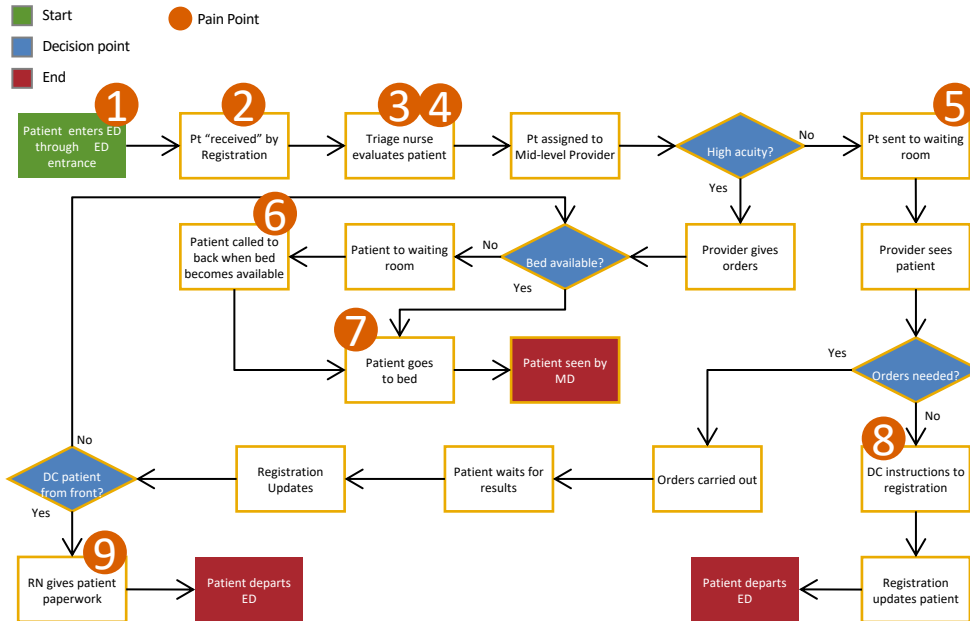
Building an Experience Map

CONDUCT
INTERVIEWS

BUILD AND REFINE
EXPERIENCE MAP

IDENTIFY
OPPORTUNITIES

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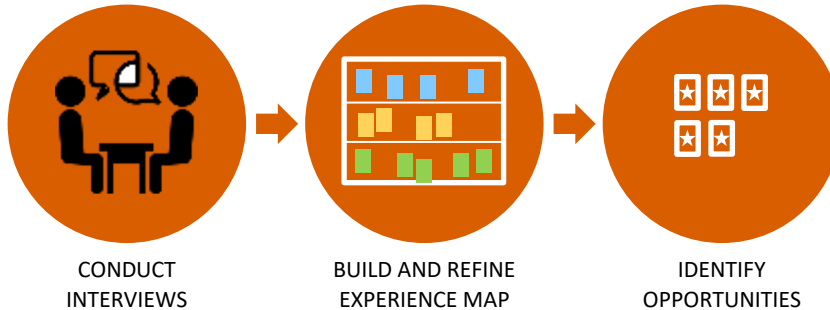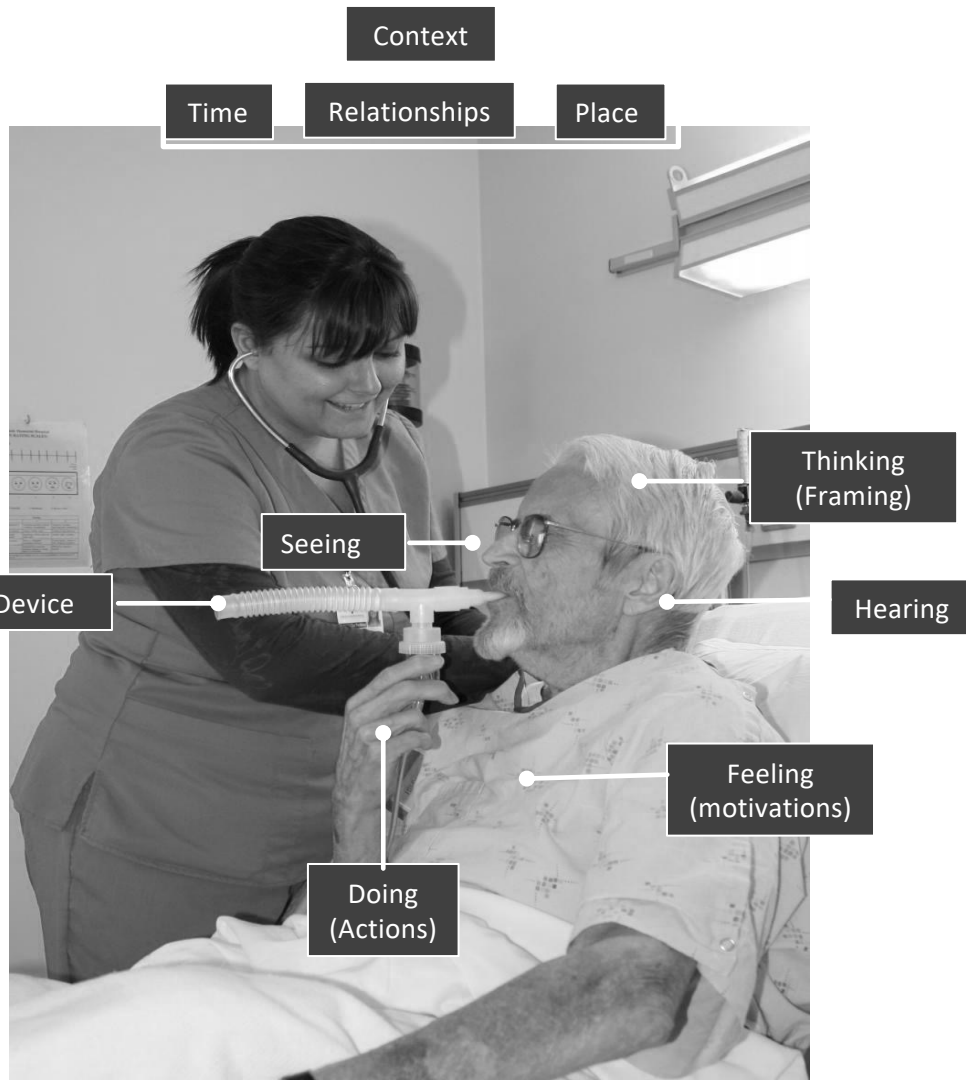
Context

Time | Relationships | Place

Thinking (Framing)

Seeing

Hearing

Device

Feeling (motivations)

Doing (Actions)

12

Context

Time | Relationships | Place

We want to understand the context in which this touch point occurs (time, place emotions) so we can design to support the goal

Thinking (Framing)

Seeing

Hearing

Feeling (motivations)

Doing (Actions)

Outside In

Modern Ethnography: OB Experience Mapping

The Docent Health & Dignity Health Maternity Story

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Docent Health: Sequencing the Human Experience

The Docent Health & Dignity Health Partnership

MARIAN – SANTA MARIA, CA

Obstetrics – August 2016

Orthopedics – November 2017

ST. JOE'S – STOCKTON, CA

Orthopedics – April 2018

MEMORIAL – BAKERSFIELD, CA

Obstetrics – August 2017

Orthopedics – September 2017

Cardiovascular – November 2017

CENTRAL COAST EXPANSION

Orthopedics & Obstetrics – French

Orthopedics – AG

Orthopedics & Obstetrics – St. John's

Orthopedics – St. John's (PV)

CHANDLER – PHOENIX, AZ

Obstetrics – November 2016

Ethnographic Experience Mapping

Digital Promotion | Analog Promotion | Performed In-Ecosystem

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Evaluating & Synthesizing Feedback

Qualitative Analysis

Quantitative Scoring

PATIENT PERSONA

name: **Amanda**
age: **34**
segment: **Experienced**

PERSONAL NEEDS	CLINICAL NEEDS	CLV OPPORTUNITY
LOW	LOW	LOW

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Chandler Regional Medical Center

JOURNEY MAPPING

| EARLY PREGNANCY | PRE-HOSPITAL | LABOR | POST-PARTUM | POST-DISCHARGE |

Qualitative Feedback

"We knew it had been a real struggle the first time, so breastfeeding classes were a priority this time around."

"I wanted to do cord blood donation, but I never found out how that service worked."
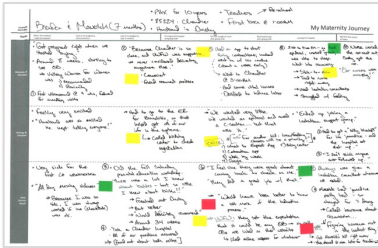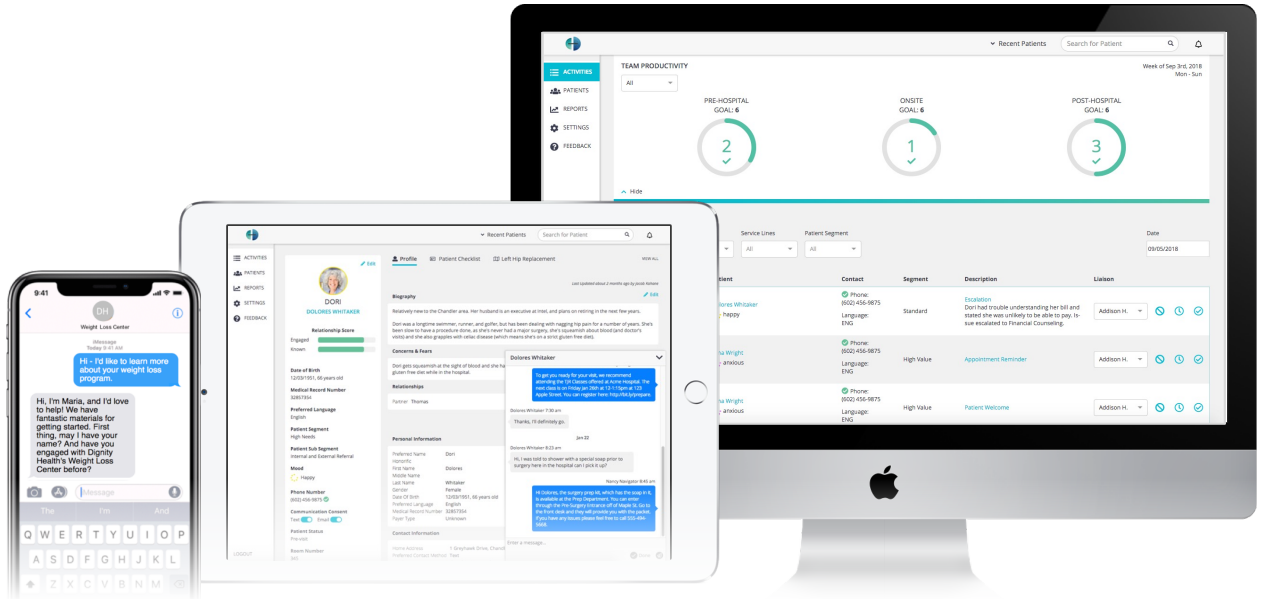
"We didn't have many repeat nurses; we've done this before, so we get that, but it would've been nice"

"We knew we wanted to do a circumcision, so we called ahead and made arrangements this time. We hadn't known to do that ourselves with our first."

"My husband, he didn't have the best experience. I was in pain and groggy, and he didn't get a chance for food. He didn't want to leave, but he was starving. I think the hospital could do more for the husband."

"This was our first at Chandler – we loved the lullaby!"

"I had my brother and sister-in-law come visit us. I guess the desk person was rude, they had trouble figuring out where we were at."

"When I thought we were ready to go, it felt like I was constantly waiting."

"I threw the packet on the desk. I don't think we ever opened it."

Emotional Biorhythm

+

−

Patient Segment Needs

Opportunity: Many mothers who have given birth before still express interest in classes, support groups, managing preferences, or getting routed to key resources. Getting to know these elements early can be beneficial to both the mother and the healthcare provider!

Opportunity: While navigating the pre-hospital phase, light outreach can establish continuity in the relationship, provide helpful information to manage expectations, and open up communications to more fully detail who this mother is and what can help create a great experience for them!

Pain Point: During the intensity of labor and delivery, preferences need to be communicated to various individuals, particularly when handoffs between teams are taking place. Current state shows opportunities to create greater consistency.

Pain Point: Hospitality can, and should, extend beyond the mother-to-be! Taking into consideration the needs of a partner, friends, or family can go considerable lengths to creating a great collective experience.

Pain Point: Even the most experienced moms talk about grappling with stress, depression, or feelings of disconnection. Few reference using the discharge packet, so a call in the weeks following discharge can help with triaging clinical needs or assisting in connecting mothers to support groups or other members in their community.

Future State Goals

OBJECTIVE: *IMPROVE PATIENT SATISFACTION*
RATIONALE: Even the most experienced mothers desire care that's supportive and seamless. The "baseline" journey ensures all mothers receive check-ins, including before and after their inpatient experience. The most experienced mothers may know lots about their bodies and birthing preferences, but opening a dialogue and creating a relationship reinforces the quality of support the health system provides, and opens up opportunities to improve the experience for the mother and their partners or family members in ways they may not realize. Although they may be more self-sufficient, opportunities to do service recovery or delight a mother are plentiful throughout the baseline journey.

Focus

Warm Welcome	Expectation Management	Deliver on the Promise	Easy Transition	Fond Farewell	Settling In
RELATIONSHIP BUILDING	DETERMINE CURRENT SENTIMENT PREFERENCE IDENTIFICATION		PREFERENCE COORDINATION	EXTENDED HOSPITALITY	DETERMINE CURRENT SENTIMENT RESOURCE GUIDANCE

Secret Sauce: Technology Designed to Humanize

Journey Engine

Next Best Action Intelligence

Virtual Services Teams

Handoff Communications
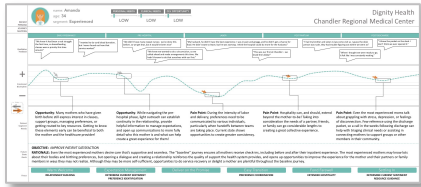
Configurable Reporting

Virtual Assistant

Inpatient Support Offerings

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Putting it All Together: A New Maternity Experience

Stages of Support, Ideas, and Insights

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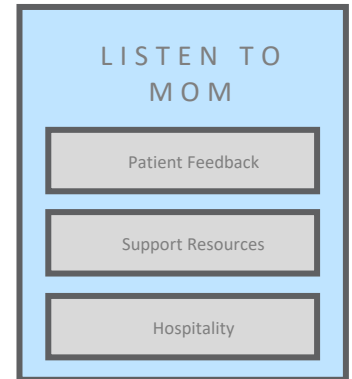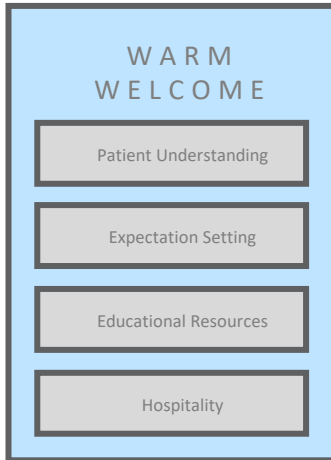# The Home-to-Home Maternity Support Journey

PRE-DELIVERY

AT PRE-REGISTRATION

Virtual support

WARM WELCOME

- Patient Understanding
- Expectation Setting
- Educational Resources
- Hospitality

INPATIENT

ONSITE

Onsite support

DELIVER PROMISE

- Caregiver Support
- Transition Support
- Hospitality

POST-DELIVERY

2-4 WEEKS POST DC

Virtual support

LISTEN TO MOM

- Patient Feedback
- Support Resources
- Hospitality

Pre-Delivery: Detour at the Beginning

- Engage with mothers early

- Identify with mothers who are undecided

- Individualizing experiences with technology and services

- Differentiating the Dignity Health offering

| DOCENT KEY | Journey Engine | Virtual Services Teams | Virtual Assistant |

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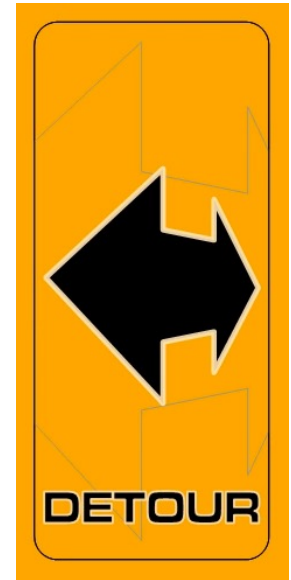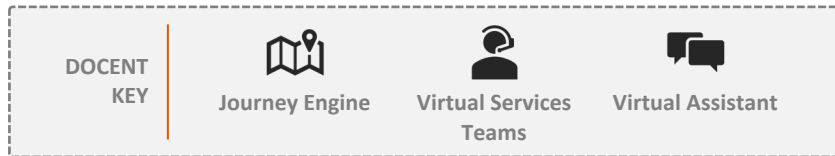
Pre-Delivery: Detour at the Beginning

RESULTS

- **15%** higher likelihood to attend prenatal education classes

- Nearly **50%** of all expectant mothers are choosing text communications to engage before the inpatient setting
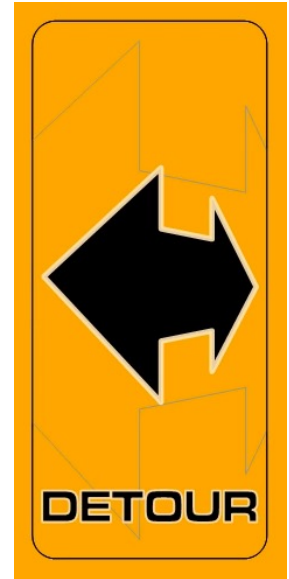
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Fast Forward: Jumpstarting Patient Engagement

- Creative solution during pre-tour wait

- Quickly personalize patient engagement

WELCOME

Having a baby can be a special, yet overwhelming time, and Dignity Health wants to ensure you have everything you need to be as comfortable and at ease as possible. All expecting moms at Chandler Regional Medical Center receive free support from Docent patient liaisons with any non-clinical needs before, during, and after their hospital stay.

We're here to help you navigate resources, find educational needs, or just help you know what to expect before you too big or too small!

Chandler Regional Medical Center
1955 W. Frye Road Chandler, AZ 85224

Docent Health | Dignity Health

(Front)

(Back)

First Name: _____
Last Name: _____
Language: _____

To contact me, I would prefer:
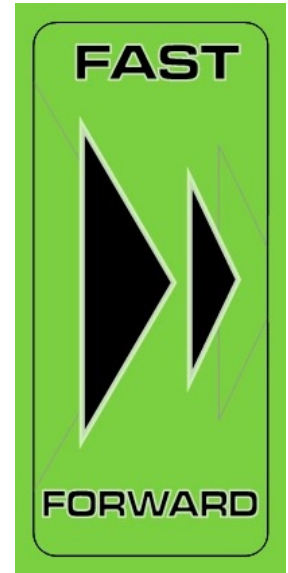
☐ Text   ☐ Call

Are you having a boy or a girl? Keeping it a surprise?

Do you have a name picked out?

Is this your first baby?
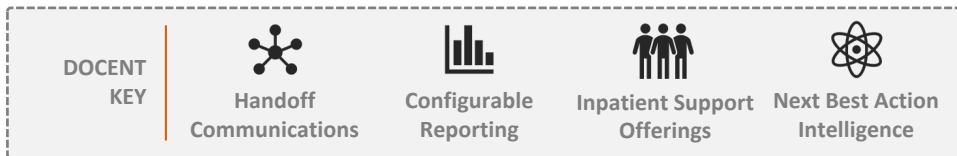☐ Yes   ☐ No   *If this isn't your first, how many kids do you have?* ☐

What do you like to do in your free time? Any fun hobbies?

FAST

FORWARD

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Inpatient: Speed Bump Transitioning to the Hospital

- Identifying issues

- Multi-channel communications

- Coordination with various teams

- Supporting patient, family, and friends

| DOCENT KEY | Handoff Communications | Configurable Reporting | Inpatient Support Offerings | Next Best Action Intelligence |

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# Inpatient: Speed Bump Transitioning to the Hospital

RESULTS

- **92%** of all new mothers whose experiences were supported by Docent Health leave prepared with a pediatrician

- **76%** of the time a patient actively sends a text in the inpatient setting, is because they have an unresolved service issue

SPEED

BUMP

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Post-Delivery: Building Lasting Loyalty

- Service recovery after the hospital

- Identifying maternal mood disorders

- Surfacing champions and testimonials

- Supporting patient, family, and friends

DOCENT KEY	Journey Engine	Virtual Services Teams	Virtual Assistant	Configurable Reporting
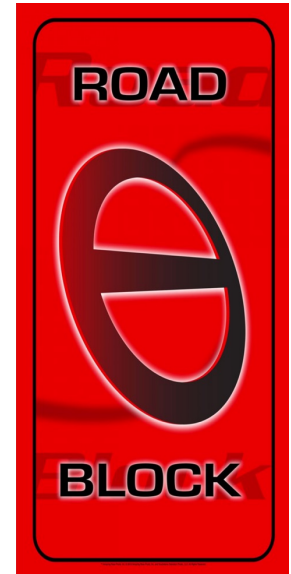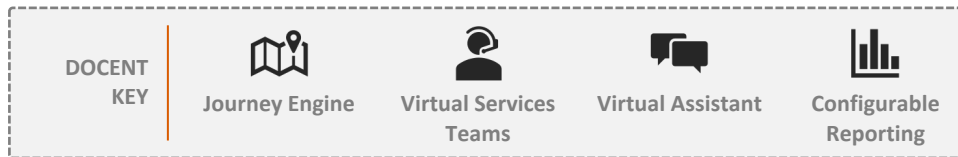
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Post-Delivery: Building Lasting Loyalty
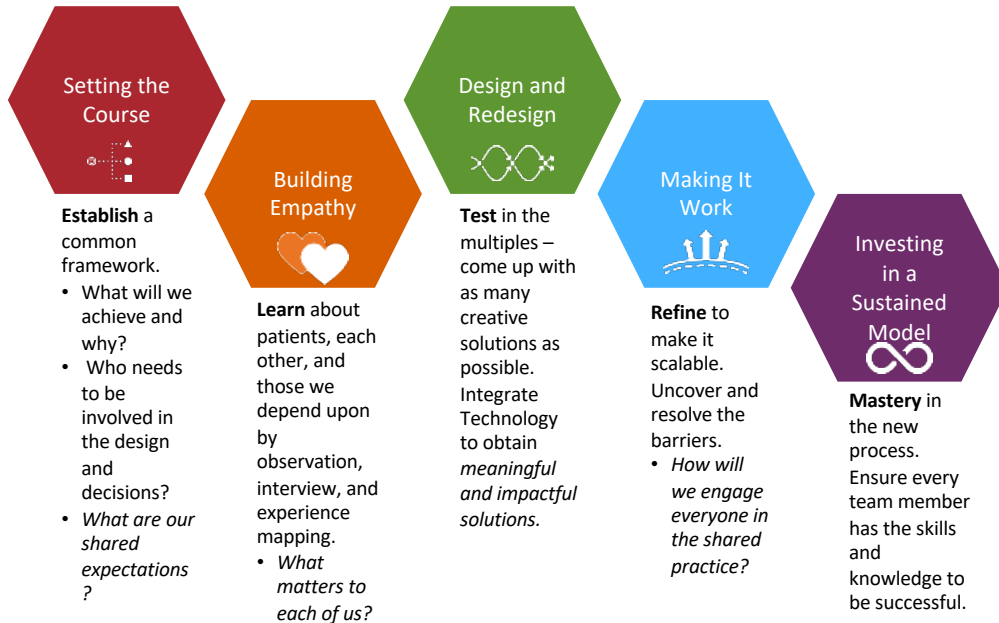
RESULTS

- Mothers that are supported by the Docent Health program report being **30%** more loyal to Dignity Health

- Consistently engage over **90%** of CRMC new moms within 72 hours post-discharge. Meaning quicker feedback, service issues escalated, and continued support being offered

- Post discharge experience feedback provided at a rate **5X** higher than HCAHPS

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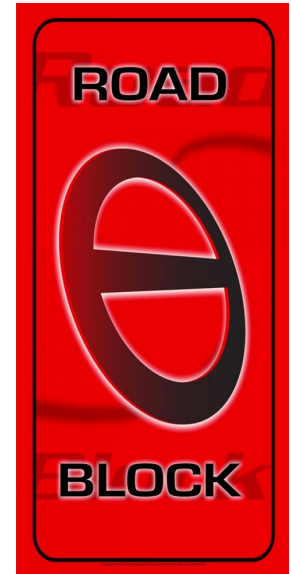
Humankindness by Design in Maternity

Using Experiencing Mapping to Improve OB Experience

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Humankindness by Design

Setting the Course

Establish a common framework.
- What will we achieve and why?
- Who needs to be involved in the design and decisions?
- *What are our shared expectations?*

Building Empathy

Learn about patients, each other, and those we depend upon by observation, interview, and experience mapping.
- *What matters to each of us?*

Design and Redesign

Test in the multiples – come up with as many creative solutions as possible. Integrate Technology to obtain *meaningful and impactful solutions.*

Making It Work

Refine to make it scalable. Uncover and resolve the barriers.
- *How will we engage everyone in the shared practice?*

Investing in a Sustained Model

Mastery in the new process. Ensure every team member has the skills and knowledge to be successful.

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Milestone Map

Accomplishments along the project that will culminate in a successful implementation

Kick-Off Meeting · Completed Discovery & Analysis · Design Conference #1 · Design Conference #2 · Implementation

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Sequoia 3South Maternity

1. **Objective:** To increase Sequoia Hospital's Labor and Delivery patient satisfaction scores using a variety of concepts including human centered design and ethnographic interviewing. We are also hoping to use the iRounds product as a supporting tool during our Humankindess by Design pilot.

2. **Problem Statement:** We do not currently have a method of capturing our patient's experience outside of Avatar survey results and comments. Without understanding our patient's journey, we cannot begin to remodel our processes with their experience in mind.

3. **Measures of Success (metrics):** We would like to engage our staff and put in place a metric that measure our Staff Satisfaction (Survey Monkey) during different phases of the pilot. Our main goal is to be in the 68th Percentile for HCAHPS Composite Score by 7/2017 and the 75th Percentile by 7/2018.

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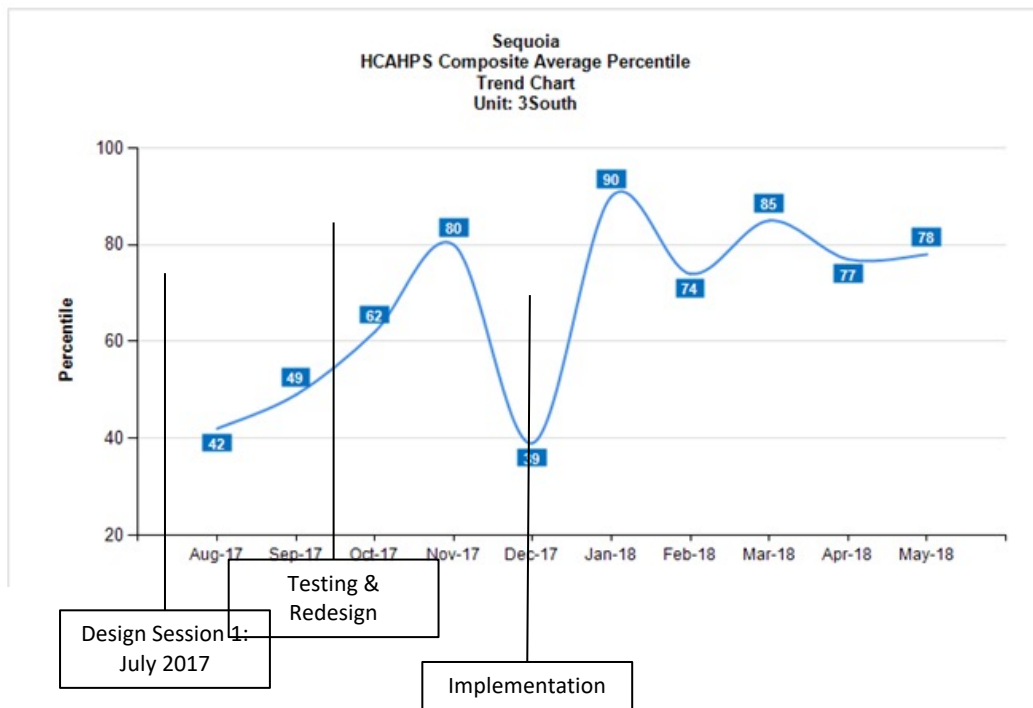# Experience Mapping Results

All Combined
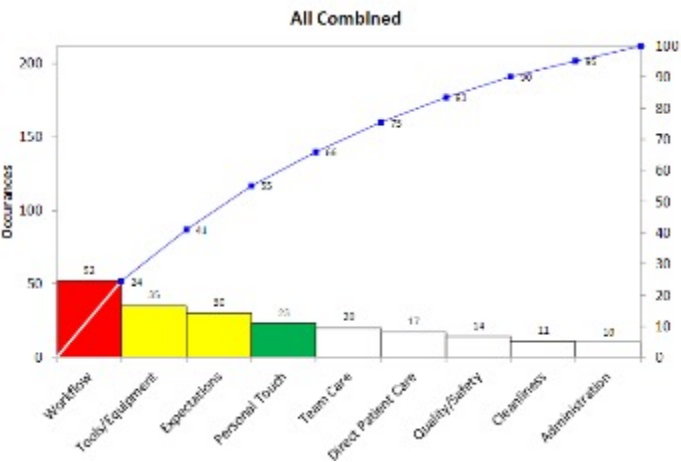
Key Themes

- Workflow
- Expectations
- Personal Touch

Prototypes

- Discharge Passport
- Humankindness Café
- Ancillary Rounding Support Group

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3 South Maternity Unit

Sequoia
HCAHPS Composite Average Percentile
Trend Chart
Unit: 3South

Questions?

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References & Speaker Contact

Patient Experience
https://projects.dignityhealth.org/projects/care/PatientExperience/SitePages/Home.aspx
Performance Excellence & Enterprise Project Management
https://show.dignityhealth.org/publish/DH-PerfExcellence/Pages/home.aspx

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Thank You

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