



**Mount
Sinai**

Patient Experience Newsletter



THE JOSEPH F. CULLMAN, JR. INSTITUTE FOR PATIENT EXPERIENCE

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Sandra Myerson, right, addresses participants at The Mount Sinai Patient Experience Summit



Sandra Myerson, MBA, MS, BSN, RN. Senior Vice President, Chief Patient Experience Officer, The Joseph F. Cullman, Jr. Institute for Patient Experience.

Patient Experience Summit

The inaugural Patient Experience summit, held by the Joseph F. Cullman, Jr. Institute for Patient Experience on April 28 at The New York Academy of Medicine was an opportunity for patient support staff from the seven Mount Sinai Health System hospitals to learn what others do on a day-to-day basis; find out what works well and not so well; discover potential opportunities for improvement; and help determine best practices and next steps to enhance the patient experience. The attendees represented departments that support both patient and family interactions.

The morning session began with an icebreaker, followed by a brief presentation by Ms. Myerson. This was followed by an interactive workshop that provided an opportunity to share best practices and discuss opportunities for improvement. The participants helped provide a framework for system-wide improvement by personally prioritizing all of the ideas generated during the breakout sessions.

Many participants left the summit feeling a stronger connection to the Mount Sinai Health System community. Moreover, they felt empowered with new knowledge to better support one another and reinforce the common goal of providing a better patient experience.

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As we move toward creating an exceptional patient experience across all aspects of the Mount Sinai Health System, we held the first Patient Experience Summit on April 28, 2015 at The New York Academy of Medicine. Invited attendees support the patient experience and service recovery, and represented all hospital locations and many ambulatory sites.

We started the half-day Summit with a fun and interactive icebreaker event so attendees could get to know each other and feel comfortable discussing important topics. I then presented to the group information about why the patient experience has become more important than ever; how our patients currently rate and view

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› Patience Experience Summit

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The comments included, “I liked that everyone had the opportunity to participate and to meet others from the Mount Sinai community,” and “This enabled me to hear from across the system about best practices and needs, especially with regard to building/transforming the MSHS culture.”



From left: Nasrin Safi, Patient Satisfaction Practice Coordinator, Department of Obstetrics and Gynecology, The Mount Sinai Hospital; Jennifer Quinones, Administrative Assistant, Pediatric Associates, The Mount Sinai Hospital; and Sonia Pagán-Pastor, Practice Manager, Susan and Leonard Feinstein IBD Clinical Center, The Mount Sinai Hospital



From left: Judith Archer, Director, Admitting and Throughput, Mount Sinai Hospital; David de la Fuente, Senior Patient Advocate, Head and Neck Institute, Mount Sinai Beth Israel; and Claudia Garconot, RN, Director, Patient Care Services, Mount Sinai Beth Israel



From Left: Heather Brancatelli, Assistant Director, Volunteer Department, Mount Sinai Roosevelt; Abbe Frank, Patient Relations Coordinator, Patient Relations, Mount Sinai St. Luke's



From left: Lora Davis, Operations Manager, Rutenberg Treatment Center, Mount Sinai Hospital; Indira Weber, Practice Manager, Department of Medicine, Mount Sinai Hospital; and Edgar M. Cullman, Jr., Trustee, Mount Sinai Health System



Edgar M. Cullman, Jr., Trustee, Mount Sinai Health System



Danny Mui, Administrator, Department of Otolaryngology, New York Eye and Ear Infirmary of Mount Sinai



From left: Amy Nelson, Service Excellence Manager, Faculty Practice, Mount Sinai Hospital; Ana M. Rodriguez, Director of Community Relations and Volunteers, Volunteer Department, Mount Sinai Queens; Roman Khait, Patient Representative, Mount Sinai Beth Israel Brooklyn

› Moving Forward

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their experiences; and what best practices we could fully implement to make our patients' experience as positive as possible. Then, we had an interactive workshop with activities that provided an opportunity for everyone to contribute their thoughts, ideas, and own best practices to enhance the patient experience.

The positive energy in the room was palpable and contagious! All attendees participated fully and with passion for their work, and many made new friends

by the end of the summit. I appreciated the great suggestions, insights, and numerous ideas shared. We are so fortunate to have such passionate healthcare providers and support staffs in our Mount Sinai Health System community. I am confident that the information gleaned during this Summit, combined with improvement initiatives and efforts across the system will help drive sustainable gains in the patient experience, regardless of where patients interact with us. We must

continue to focus on the patient experience. The Joseph F. Cullman, Jr. Institute for Patient Experience will continue to provide support and leadership to achieve our goal to be rated the number one health care system in the metropolitan region, and ranked in the top ten percent of all health care systems nationally.

P.S. – The feedback we received from attendees was fantastic, so look for another Summit in the future!

Why Focus on Hourly Rounding?

By Grace Marin, MSN, MBA, RN, System Director, Patient Experience Improvement Coaches

We know that evidence-based research proves the benefits of hourly rounding, such as decreasing the incidence of patient falls and pressure ulcers, minimizing the use of call lights, alleviating patients' anxiety, reducing noise, and increasing patient and staff satisfaction. The evidence is overwhelming about the numerous benefits of hourly rounding, yet many organizations struggle with practicing it consistently.

I have been working closely with frontline caregivers at many of our hospitals to improve the perception our patients have of "hourly rounding" by using simulation and role-play. After rounding simulation training, caregivers often acknowledge that sitting down for five minutes with their patients is a great idea, but state, "I just don't have the time." Given the complex demands of nursing today, it's an understandable frustration. As we commiserate about the challenges of patient care, I take out my stopwatch and ask if I can time our conversation. After a casual, friendly chat, I ask them how many minutes they think we spoke. Often, they say, "It felt like 10 or 15 minutes." Then, I show them that our conversation lasted between one and three minutes.

And, the typical response is "Wow!" Caregivers tell me that once they have that "a-ha!" moment, their entire perception of "hourly rounding" begins to change. Making personal connections with patients is the foundation of hourly rounding, and when we make those personal connections with patients, we change their entire experience.

When asked, "What do you most appreciate about hourly rounding?" Germaine Mpoyi, a registered nurse at Mount Sinai Roosevelt, said, "Rounding is very important because it allows you to catch things on time and save lives."

Michelle Mckenzie, a nursing attendant also at Mount Sinai Roosevelt, said, "I identify with the patients I care for and place myself in their situation. I give care as if I or my mother would like to be treated if we were ill and needed help. We would want someone to take the time to talk to us, offer to help, and be kind."

Providers Can Help Drive Improvement

An effective tool is now available that allows health care providers to improve the overall experience of their patients. Provider Comparison Reports allow providers to see how their scores compare to those of their office colleagues—fostering an open environment where they can learn best practices from each other.

Higher scores on provider questions in the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) office visit survey have the greatest impact on overall satisfaction with the provider and the practice. In particular, patients who feel that the provider has listened to them carefully tend to rate the practice highly.

Thomas Ullman, MD, Chief Medical Officer of Mount Sinai Doctors Faculty Practice supports the use of Provider Comparison Reports, saying, "We are committed to improving the patient experience, and look forward to a continued dialogue on how to make things better."

The CGCAHPS survey is a standardized tool to measure patient perceptions of care delivered by a provider, such as a physician, nurse practitioner, or physician assistant in an office setting.

Provider Comparison Reports include three key questions that help providers understand how they can improve the patient experience:

- ▶ Would you recommend this provider's office to your family and friends?
- ▶ Did this provider listen carefully to you?
- ▶ Did this provider explain things in a way that was easy to understand?

How Did You do That?

Nurse Managers, Senior Leadership, any and all team members: we want to know, "How Did You do That?" If you recently implemented a process change that resulted in higher patient satisfaction scores or had a positive impact on staff morale in your area, we want to hear from you. Your story will be spotlighted here, in our new "How did you Do That?" section. Please email us your story at thecullmaninstitute@mountsinai.org. It's a chance to highlight the great things you do while we exchange ideas and best practices across all our system campuses.