Improving Inpatient Patient Satisfaction Through Innovation and Technology

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Improving Inpatient Patient Satisfaction Through Innovation and Technology

Keziah Zacharia
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BACKGROUND / INTRODUCTION

A national trend in healthcare today is a push towards patient-centered medical care. To assess patients’ healthcare experiences, a national, standardized survey was created known as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This scoring survey grades hospital systems on key metrics pertaining to patient satisfaction. It also plays a role in Medicare reimbursement as the government makes a push towards value-based reimbursement. With that understanding, it has become pertinent to assess which areas of patient satisfaction Lehigh Valley Health Network (LVHN) require improvement. The Center for Connected Care and Innovation would like to research key technology improvements to help increase these scores.

OUTCOMES

- HCAHPS analysis indicate that communication between healthcare providers (HCPs) and patients has room for improvement.
- Ineffective communication between healthcare providers and patients
- Size of facility is overwhelming leading to dissatisfaction
- Interactivity in the rooms is minimal
- Facilitate Rounding
- Implement a Chief Patient Experience Officer who can quarterback patient experience improvement
- Improve interdepartmental communication (break down siloed departments)
- Rounding technology
- Wayfinding technology
- Patient Discharging Aids
- Technology that helps transfer of Information among HCPs and to patients
- Technology pertaining to the “Hospital Room of the Future”

METHODS

- Implementation of a clinical leadership training module in which leaders are coached on how to hold their direct reports accountable to “Gold Standards” has been shown to improve HCAHPS (Keith et al., 2015)
- Hourly rounding by clinical staff and executive rounding has proven effective at improving PS scores (Emerson et al., 2013)
- Having staff participate and suggest PS improvement measures increases willingness to implement changes (Kennedy et al., 2013)
- Post Discharge follow up phone calls have been seen to increase medication adherence, reduce rehospitalizations, and address patient concerns not alleviated prior to discharge (Kennedy et al., 2013)
- Real Time Patient feedback to physicians improve patient satisfaction (Indovina et al., 2016)

RESULTS/CONCLUSIONS

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Technology</th>
<th>Rounding</th>
<th>Wayfinding</th>
<th>Information Transfer</th>
<th>Interactivity in Hospital Room</th>
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</thead>
<tbody>
<tr>
<td>Emmi Solutions</td>
<td>Interactive multimedia program and interactive voice response calls</td>
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<tr>
<td>Vocera</td>
<td>Suite of products designed to help patients and HCPs through an episode of care</td>
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<td>Voalte</td>
<td>Healthcare communication platform for care teams inside and outside hospital</td>
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<td>Healthloop</td>
<td>Single platform to simplify and automate information to patients and caregivers</td>
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<tr>
<td>Optum</td>
<td>Single platform to simplify and automate information to patients and caregivers</td>
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<tr>
<td>Wifarer</td>
<td>Indoor positioning and navigation</td>
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<tr>
<td>Get Well Network</td>
<td>Patient engagement and education tool</td>
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<tr>
<td>My Rounding</td>
<td>HCP and executive leadership rounding application</td>
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<tr>
<td>My Chart Bedside</td>
<td>Application giving patient access to current healthcare records</td>
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<tr>
<td>TeleHealth Services</td>
<td>Healthcare guide televisions, accessories, and patient engagement applications</td>
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The Center for Connected Care and Innovation would like to implement one of these technologies within the next 6-12 months. My recommendation would be to choose either Optum or the Get Well Network because of the ability to avoid buying multiple disparate components.

REFERENCES