Cultivate Fund Case Study: Livingston Community Health

The Cultivate Fund grant offered the innovation team an opportunity to adopt a new technology from Press Ganey known as Point of Care Surveys. Launched in 2014, this technology enhancement allows clinics to immediately survey patients upon exit from their primary care visits, providing real time feedback and arming clinics with information that can be used to improve care delivery. This process is designed to not only engage patients but also engage staff and providers in improvement processes with real time patient feedback. Last year, Livingston Community Health (LCH) treated approximately 12,500 patients and surveyed over 2,500 of these patients (about 25 per provider per month). LCH's target survey completion rate is 20% (which equals the national average for other medical practice organizations using the same survey), but the actual response rate is less than half of this (8-9% response rate per month).

The 35-45 question Press Ganey Patient Satisfaction Survey consists of six domains with 14 sub-measures and one overall rating. The innovation team documented a drop in overall patient satisfaction from 76% in Dec 2013-May 2014 to 68% between June-November 2014, placing LCH lower than the national and Region 9 sites' overall ratings. During the same time periods, LCH's patient satisfaction score increased in five of the six domains. The innovation team's objective with the Cultivate Fund project was to determine whether they could use the real time patient experience data to allow them to dig deeper into key access to care opportunities and quickly identify root causes for what was working and what needed to be improved.

The team substantially reduced the size of the survey for digital use to just five questions. They also added a few more questions to the digital survey, depending upon the area they were trying to improve. Over the course of the project period, several workflow improvements were made in the Front Office Reception area as well as the Back Office using the real-time data from the digital survey. For example, the innovation team investigated how much time patients spent waiting in line and what could be done to improve this. Staff asked patients what the purpose of their visit was and directed them to the right line if they were in the wrong line and also provided help where possible. The digital survey was used to find out how long patients waited in line. The team established waiting time targets, with a goal of <5 minutes and an ideal wait time of <2 minutes. The team was able to set a target alert for any patients that waited more than 10 minutes. Any patient response that was >10 minutes was flagged so that the innovation team could immediately find out the cause of the delay (e.g., staff member went on break, staff member called in sick, or staff was not triaging patients in line that day). As another example, the team also wanted to improve patient cycle time. Using the digital survey, they asked patients in real time how long they spent in the clinic, with any response >2 hours set as an alert. The team discovered that in some cases the cycle time was understandable (e.g., an OB patient who came in to see the doctor and then also needed an ultrasound). However, in other cases, improvements could be made. Through this process, the innovation team discovered that despite their efficiency around scheduling and rooming patients, if the provider was not on time for the appointment, it also resulted in increasing

cycle time. This was something that was unexpected and the team was able to put the spotlight on this issue in a good way.

Over the course of the project, the innovation team averaged 388 responses per month and set target goals for each data item. Performance was at or not far from target goals. However, the innovation team found the data analysis process for the digital survey to be slightly cumbersome. To generate a dashboard of measures, the team had to manually review and analyze multiple data reports. The Press Ganey Point of Care product comes with a variety of data reports (e.g., performance reports of all questions, break out reports by site and provider), so the team had to design a way to compile all of this information into one document. According to the team, because this product is so new, the reporting features are not as well developed as more seasoned products. But, the team is hopeful that the innovation can be improved over time with more user feedback and more users. And, overall, the innovation team is happy with the results. They have found that the technology is easy to use, it was easy to configure the devices with minimal troubleshooting, and front and back office staff was able to fit it into their workflow, ensuring a strong uptake of its use with almost 400 completed patient surveys per month.

"Having access to real time data is an important part of the process. But the next step involves digesting the information and then doing something with it. You have to understand how to act on the data and you need someone steering and guiding. Those are factors that can actually make or break the appropriate use of data."

– Felicia Batts, MPH
Director of Care Integration,
Livingston Community Health

The innovation team plans to continue the spread of the technology across LCH and like the other two organizations, use it for quality improvement efforts. During the project period, the team tested the digital survey at Livingston Health Center and subsequently launched at the Hilmar Health Center. There is a new site, Bentley Health Center, which is already equipped with the necessary device for the survey, and the team is designing the survey with the vendor. In addition, the team is now working on integrating their operations and improvement processes to encompass both their mailed patient satisfaction survey and the digital version of the survey. And finally, a "patient satisfaction team" is in place and meets monthly to discuss findings from both patient feedback mechanisms, so that data can be reviewed and acted on without the delays typically experienced from lags in data availability.

	NEVHC		SFDPH		Livingston	
VENDOR	TickiT®		TickiT®		Press Ganey Point of Care	
Innovation Team Impressions Before and After Experience with New Technology	First Impressions	After User Experience	First Impressions	After User Experience	First Impressions	After User Experience
Use cases:						
Check-in						
Assessment	x	x				x
Eligibility						
Patient Satisfaction	x	x	x	x	x	x
Demographics			x	x		x
Criteria/Factor:						
Easy to use and provides engaging way to gather feedback from patients	x	x	x	x	x	x
Compatible for low literacy (non-English speaking) patients		x	x		x	x
Ability to streamline how we gather information from patients	x		x	x		x
Ability to turn the data into actionable information we can use	x		x			x
Ability to integrate the data gathered from patient into the EMR	x					x
Ability to provide the aggregated data back to us in an easy to view format	x		x	x		x
Flexibility in platform for multiple use cases and modes of delivering/collecting information (e.g., visual, audio, phone, desktop, tablet)			x	x		
Scalable/potential for spread to other sites	x		x	x		x
Affordable/perceived to deliver high value relative to cost	x		x	x		x
Company has customer traction/experience implementing in the safety net	x		x	x		x
Company is financially viable	x		x	x	x	x

Note: any cell left blank means that staff felt the technology did not fit that particular criterion