Cultivate Fund Case Study: SF Dept. of Public Health

The innovation team at SFDPH proposed to implement and evaluate a novel electronic tablet-based form of CG-CAHPS, which would accommodate low literacy, multilingual users, and produce relevant, actionable, and timely data. Qualitative appraisals of staff and patient experience also were used to inform the spread of this approach throughout the network. The innovation team's solution was to implement TickiT®. In mid-May, the innovation team started collecting CG-CAHPS surveys on the iPad TickiT® kiosk at the Silver Avenue Family Health Center (SAFHC). A patient advisor was at the clinic for the first two days to invite patients to fill out the survey and problem-solve with the innovation team about optimal placement for the kiosk so that it would receive high visibility and more use. The team initially tried the exit hallway of the clinic first and it turned out that patients did not often want to stop and fill out the survey. The team then tried placing the kiosk in the waiting room to see if that would improve response rates. Since the survey asks about visits within the last 6 months, the team decided it would be alright if patients filled out the questions while they wait for their appointment rather than afterward. This simple change seemed to improve use of the kiosk. However, waiting room staff repeatedly reported that it was it difficult to remember to ask patients to fill out the survey, given their competing priorities upon check-in.

In addition, patients did not approach the kiosk on their own, and thus survey completion was dependent on staff prompting. Still another challenge was that the SAFHC waiting room is small and there was no corner where the kiosk felt like a private place for patients. To try and boost response rates to the survey, the team also tried out incentives for both patients and staff; patients received a raffle ticket for a weekly gift card for filling out the survey and if the team accrued 100 responses in one month of testing, then staff would be treated to a lunch. While the incentives did boost response rates, the model was not sustainable because the incentive program was still co-dependent on staff time to recruit patients and survey response dropped off after the lunch prize was offered. The team then decided to try out the iPad in the exam room, another place where the patient spends "non-value added" time during the visit. Patients were happy to have the privacy of the room and were not concerned about missing their provider visit because they were filling out the survey, as they sometimes felt in the waiting room. The burden of prompting the patient fell on the MEA rather than the front desk staff and the feedback from MEA staff about the workflow was overwhelmingly positive. When surveyed every day for two weeks, the MEA who had the survey in their exam room reported no interruptions to their normal workflow. In fact, the innovation team was able to work the

survey into the daily workflow to minimize any potential disruption. There is also a sign attached to the iPad, inviting patients to complete the feedback survey.

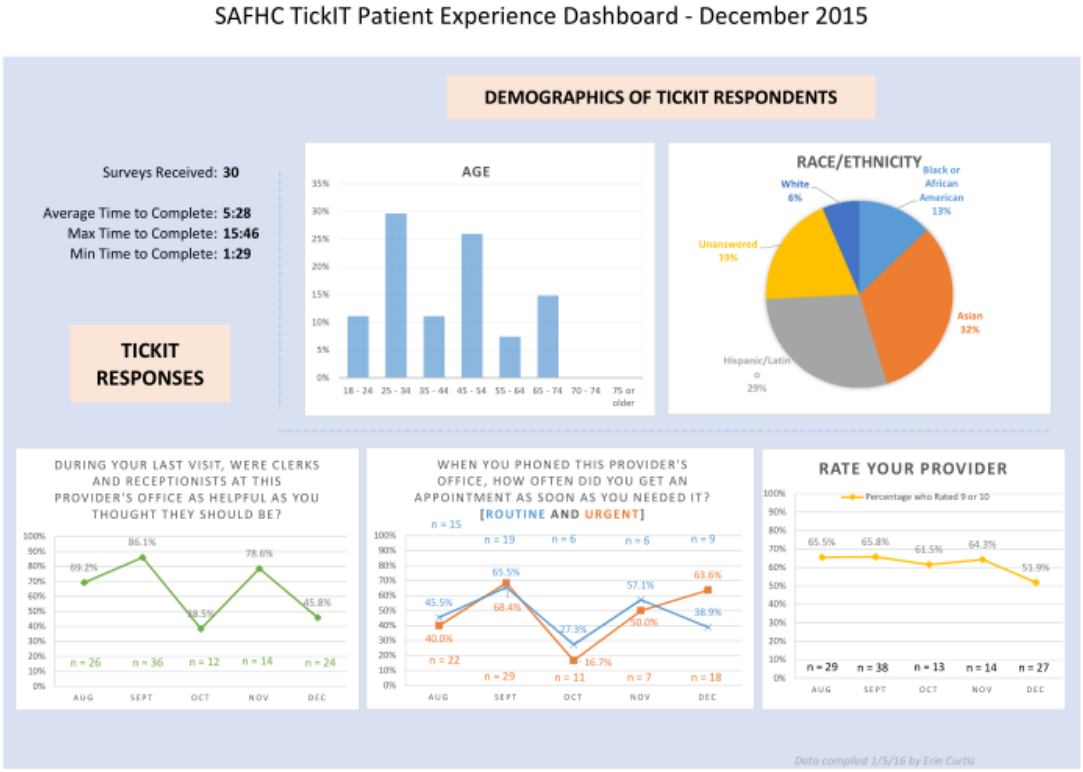
Subsequent feedback from both staff and patients revealed that the 28-question survey was too time-consuming to complete, for some patients taking up to 25 minutes to complete. Together with a patient advisor, the innovation team selected a core set of questions to ask patients and shortened the survey to 12 questions. The response from staff was positive (they started asking more patients to complete the survey) and complaints about its length decreased. After using the technology in the waiting room for 5 weeks, the team was able to collect 86 completed surveys—more than the team typically receives from a mailed survey in an entire quarter. For the first time, the team had significant and timely data from the past month about how their patients feel about their care at the clinic. At the test site, one iPad was being used in one of eight exam rooms. Each provider/MEA teamlet uses two exam rooms per clinic. The goal at SAFHC was to have one iPad per teamlet so that no teamlet is represented more in the responses. A second iPad was subsequently launched at SAFHC to collect feedback from more patients. The team also decided to reduce the question set to 3 core questions plus 3 demographics questions and is currently monitoring whether this further improves response rates.

> ***"We want to use the digital survey for real time patient feedback that's actionable for use in our quality improvement work."***
> *– Erin Curtis, Care Experience Primary Care Improvement Team San Francisco Health Network*

The innovation team collected patient surveys for 3 months at the first test site before it spread the use of the technology to two more sites, Chinatown Public Health Center (CPHC) and Ocean Park Health Center. At CPHC, the digital patient survey was launched in conjunction with the Center's new Patient Advisory Council. The patient advisors at SAFHC were critical to the process of designing the workflow and making the surveys work for both staff and patients, and it was a good way to keep patients engaged with the Council work. At a third site, Tom Waddell Urban Health Center (TWUHC), which is located in the Tenderloin and serves a large portion of the SFHN marginally housed and homeless patients, the innovation team is planning on implementing the patient feedback survey via email with a potential start date in February 2016. The clinic has an active Community Advisory Board that has conducted its own patient experience survey in the waiting room in past years. In spring 2015, the Advisory Board expressed interest in an easier way to gather feedback from a wider range of patients. The innovation team met with the Advisory Board and the patient advisors were eager to start collecting patient feedback. The innovation team hopes to continue to spread this technology to two additional clinics in the coming months.

As a next step, the innovation team is planning to use their data for quality improvement. A dashboard was created for each clinic that is update monthly (see figure). The team plans to use the dashboard to encourage clinics to start creating structures to use this data in a meaningful way in their quality improvement projects. Clinic staff participates in quality

improvement workgroups (which patients have been a part of in the past as well) that work to improve various aspects of patient care. One of SAFHC's current workgroups looks at third next available appointment (TNAA), a measure of whether patients are able to make routine appointments at the clinic. This workgroup has already started incorporating TickiT® data into this effort. The workgroup is also piggybacking one or two questions on the TickiT® survey to solicit information on emerging issues. For example, all Silver Avenue Patients have access to the SF Health Network's Nurse Advice Line, where a registered nurse can give healthcare advice and review labs. One improvement team added a question to the Silver Avenue patient survey on whether patients have heard about the Nurse Advice Line. Another way that Tickit® data will be used at SAFHC is through provider-level dashboards. The TickiT® data is not broken down by provider, but there will be clinic-wide patient experience data over time included in the dashboards that are distributed monthly to teams (provider/MEA/RN) that include measures such as cycle time, TNAA, and mammography screening rates for that provider's panel. As other pilot sites approach this stage, the innovation team will work closely with their already existing quality improvement teams to think about how to incorporate TickiT® data.



	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