

## CASE STUDY

## How a newly integrated health system collaborated to brand itself based on the patient's experience

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Noting the Disney theme parks' success in creating a satisfying "experience" that guests worldwide can count on, Texas Health Resources (THR), a recently combined nonprofit healthcare delivery system serving 29 counties in North Central Texas, decided to envision what a truly satisfying patient experience would be like, and then define and institute the changes needed to make it a reality. The compelling concept they developed is now in implementation.

THR COO Steve Mason and other leaders knew they had to create a new, unified culture, identity, and competitive strategy for their system. And to support systemwide buy-in, they wanted to enlist the staff of each member organization in a collaborative and innovative process of self-definition.

THR was formed in 1997 with the combination of Fort Worth-based Harris Methodist Health System, Dallas-based Presbyterian Healthcare Resources, and Arlington Memorial Hospital. Each of these members came with its own culture, strategy, and roadmap to the future. After addressing the combined organization's immediate fiscal management needs and achieving a remarkable financial turnaround, management turned to the issues of identity and strategy.

### Building clarity and commitment

Working with Enterprise Development Group, a Palo Alto, CA-based organizational change management consulting firm, and IDEO, a firm specializing in product/service innovation, THR's top managers thought about how they could invest to create the future via innovation and invention to redefine the way healthcare is delivered.

To initiate the process, THR brought together leaders from all divisions and facilities of the organization—administrative, clinical, and medical staff leaders alike. As a result, the group synthesized two key themes:

- "Patient First" and
- THR: An organization capable of ongoing innovation in healthcare.

They were also invited to participate in "vision sessions" designed to help them understand the innovation process ahead and the

leadership role they would play in it.

A multidisciplinary *Innovation Support Team* was established to coordinate the project, guide it through the next several phases, and ensure that stakeholders would have access to the tools and information they needed to help move their ideas into action.

Soon after, stakeholders throughout the organization were invited to project-orientation sessions. Participants received a toolkit and were invited to attend workshops to learn the skills necessary for each step of the innovation process: Leadership, creating team structures, templates for idea development and review, prototyping guidelines, and practices for implementation, monitoring, and communication. They were engaged in the exploratory work and analysis.

### Defining stages in the patient/family journey

Given the focus on "Patient First," the next step was to define the "patient and family journey" from illness to wellness. Staff members and employees worked to identify six core stages in this journey:

- Accessing a network of care
- Getting in
- Finding one's way around
- Getting treatment
- Leaving
- Accessing a network of care again.

### Defining the patient care experience

Next they worked to define the target patient experience—the intentional "THR experience" in each stage of a "healing healthcare journey"—whose provision would become the entire organization's core competency.

To understand the concept of "intentional" patient experience, they considered the "Disney experience." For decades, Disney has worked to see that guests experience the "magic" of childhood. "Magic" permeates every aspect of a visit to a Disney destination, from the Mickey Mouse shrubbery at the entrance of the park right down to the futuristic suits that employees wear in Tomorrowland.

Ultimately, the organization outlined four *universal intentions* for the care experience, as depicted in Exhibit 1:

1. Value peoples' time and energy, including patients and families, as well as caregivers and staff.
2. Treat the whole person, respecting and understanding their needs.
3. Communicate and keep people informed throughout the process.

4. Restore control whenever possible to the patient.

These intentions became part of the organization's board-approved plan, or "Blueprint for Healthcare Delivery."

### An invitation to invent and reinvent

All employees and physicians were encouraged to recommend processes, practices, tools, and training necessary to bring these universal intentions to life, throughout every phase of the patient and family journey. They received an "invitation to innovate," in producing creative ideas for optimizing the patient experience around the identified universal intentions.

Staff were also empowered to "reinvent" any experience that they found to be an impediment to patient satisfaction, as well as to physician and employee satisfaction. The challenge was to innovate with an eye to the quality, satisfaction, and operating efficiency/cost considered essential to THR's success.

A number of teams were established to nurture the continuous innovation process, ensure it stayed on track, and help ensure that ideas supporting corporate vision and strategy could thrive and grow into actual day-to-day practices.

■ *Patient and Family Journey Teams* were set up for idea generation, concept development, rapid prototyping, and selection. They were invited to explore new, and potentially "wild" ideas as long as they're in concert with the "Blueprint."

■ *Entity Stakeholder Groups* were created to consolidate the best ideas from each hospital/care facility.

■ And existing groups such as the *Operations Performance Improvement Councils* and the *Quality Operations Council* were redesigned as teams to focus on integrating emerging innovations into new practices.

### Collaborative design in action

The teams used a variety of methods to research the patient journey in the context of the universal intentions. These methods included:

*Mock patient exercise.* Walking a day in a patient's slippers can be a revealing exercise. Project members donned robes, studied their assigned medical condition, and presented with symptoms as simulated patients. Though they were clearly identified to all engaged in the exercise, by being in character they were able to understand much about the thoughts, discomforts, emotions, anxieties, and expectations that a real patient might experience.

*Shadowing.* Team members were assigned to "shadow" or follow a member of the staff and observe work-arounds and

best practices in a real world environment.

*Patient/family conversations.* While feedback forms are valuable mechanisms, sitting down with individual patients and family members and asking what they think can also lead to valuable insights. Staffing levels are so low in most healthcare facilities that discussions are typically limited to the patient's condition, and almost never focus on what the hospital can do differently or better. The team members were allowed to roam the facility, and discuss a patient or family member's overall experience.

*Spatial observations.* Anyone who has worked on a hospital floor knows that there are always bottlenecks in the delivery

Figure 1

THR Patient & Family Journey Framework		PATIENT JOURNEY					
		Accessing physicians & a network of prevention & care	Getting in	Finding my way	Getting treatment	Leaving	Accessing physicians & a network of prevention & care
UNIVERSAL INTENTIONS	Value people's time & energy						
	Treat the whole person, actively understand & respect individual needs						
	Keep people informed throughout						
	Give people a sense of control						

Source: Texas Health Resources. Used with permission.

of care, be they owing to poor floor layout or procedures that don't flow in an optimal way. Team members sought these places, and observed what was actually going on. By observing and understanding the areas of high and low activity, and the general "lay of the land," they were able to understand not only the activities that took place, but the interactions of the people as well.

*Process expert walk-through.* Observing process is essential to understand the context and flow of activities. These observations, paired with descriptions from expert staff and providers, enabled the team to better discern and improve what happens within a department.

*Document tracking.* As the information flows, so does the care. The single most significant bottleneck in a patient journey may be associated with the flow of documents, or lack of flow. The team analyzed the flow of a patient chart through the entire patient journey by literally following the chart from beginning to end. This exercise helped THR's leaders to understand the transitions, influences, and motivations of the many "chart handlers" within the hospital.

For example, when one team member playing the role of a cancer patient followed the flow of documents in the stan-

dard scheduling procedure, she realized it would have the patient come to the hospital for examinations and treatments on consecutive days. What was lost in the process was that the patient had to endure the extreme stress and loss of sleep brought about by having to wait overnight for test results, as well as the inconvenience of having to take time away from work on multiple days.

### An ongoing process

Once the research results were scrutinized, many ideas began to flow, relating to each stage in the patient/family journey and each experience intention. And after several months of concept testing and prototyping, the Operations Performance Improvement Councils team began to select the best ideas that grew out of the individual hospitals, to move them to the health system level and make them part of the emerging global THR patient experience.

Figure 2



Source: Texas Health Resources. Used with permission.

Results range from new hospital gowns designed so that patients would not be afraid to wear them in public, mini-bars in rooms, hotel room service dining for family, and pagers for people in waiting rooms, to fast track registration and new designs for admissions and lab services. New technologies, clinical practices, and patient services are currently being tested. And employees remain intimately involved in an ongoing process of innovation that involves generation of new ideas, prototyping, selection, and implementation.

As with any innovation process, the essential drivers of THR's patient-experience redesign—its strategic "Blueprint"—have been continued management/physician leadership support and comprehensive stakeholder engagement.

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### Marketing on the Net

continued from Page 1, col. 1

Statistics are also available on home health and hospice care, hospital utilization, hypertension, child and infant health, leading causes of death, life expectancy, and mammography and breast cancer. Still other topics include men's health, nursing home care, occupational health, overweight and obesity, pregnancy risk factors, prenatal care, prescription drugs, sexually transmitted diseases, smoking, teen pregnancy, and women's health.

While the CDC sometimes links to separate sites such as ChildStats.gov (<http://childstats.gov/americaschildren>), most topical resources are found within the CDC site at the highly popular FastStats (<http://www.cdc.gov/nchs/faststats/Default.htm>).

The CDC, source of the comprehensive *Health, United States, 2003*, delivers "summary measures" on population health, as well as statistics on the health of the U.S. population and its children, leading causes of death, pregnancy rates, and trends in racial and ethnic specific rates.

For marketers with special interests in a specific state, the CDC's National Center for Health Statistics (NCHS at <http://www.cdc.gov/nchs/default.htm>) offers tables on births, deaths, infant deaths, state profiles, and state scorecards for *Healthy People 2000* state objectives, which include mortality, natality, and health status. NCHS also allows marketers to build their own tables around trends in women's health, health and aging, and measures within *Healthy People 2010* (<http://www.healthypeople.gov>).

Within the category of Surveys and Data Collection Systems (<http://www.cdc.gov/nchs/express.htm>), NCHS offers:

- *Results of the National Health Interview Survey on Disability, the National Health and Nutrition Examination Survey, and the National Health Care Survey.* The latter includes ambulatory healthcare data, hospital discharge and ambulatory surgery data, and surveys on home and hospice care, nursing homes, and employer health insurance.

- *Resources from the National Vital Statistics System (NVSS), including data on births, mortality, fetal death, and linked births and infant death, as well as national*