CASE STUDY

# Houston health system uses Real-time data for improvement

Discover how Harris Health System changed its culture with a fresh approach

### **AUTHORS**

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#### **BACKGROUND**

Harris Health System (HHS) is a community-focused academic healthcare system dedicated to improving the health of Harris County, Texas through quality care delivery, coordination of care, and education with:

- → 3 hospitals
- → 44 centers and clinics
- → 350 ambulatory-setting physicians

# **OPPORTUNITY**

HHS is among the best public health systems in the U.S. and the third largest safety-net hospital. With over 60% of their population uninsured, any unmet patient needs within the encounter or lapses in care coordination directly impacts their bottom line. While physicians understood their patient demographics, and HHS desired to be identified as more than a 'charity care' provider of services in the community, they had become apathetic to their patient experience data outcomes as non-representative—seeing over 20 patients a day and often only receiving a handful of responses each quarter.

# **APPROACH**

To address these challenges, HHS adopted the NRC Health Real-time solution, which allowed them to:

- → Outreach to patients within 72 hours by utilizing email and interactive voice response (IVR) technology.
- → Increase response rates.
- Utilize rich feedback to quickly identify needed improvement.

To promote inclusion, the questions for outreach also addressed nursing, pharmacy services, receptionists, and wait times.

## **OUTCOME**

Using NRC Health's Real-time solution, the HHS clinics had a 611% response increase during their first year (146,542 responses, up from 23,984 responses previously). Obtaining representative feedback immediately created confidence, engagement, and a willingness to change.

611%

response increase during their first year among providers.

Month-over-month improvement is now expected as the performance standard. Two consecutive months of unmet performance trigger an action plan and subsequent escalation process if needed.

Clinic ranking reports are reviewed in physician and ambulatory-care meetings, by patient satisfaction committees, and a quality-review council. This has spurred competition, improved performance, and created a more robust shadowing program to accelerate outcomes. (Appendix A)

"Our biggest 'ah-ha' is that, globally, the data now speaks for itself, stands on its own, and is credible. Physicians don't question it."

-Dr. Mohammad Zare, Ambulatory Chief of Staff

Real-time feedback also promoted team collaboration and role delineation. Physician-nurse huddles became a proactive pre-visit planning time. Nurses also now identify the patient's main concern to help providers better focus the visit. Follow-up appointments are used for any additional concerns that arise. With these increased efficiencies and better patient management, HHS has experienced improvement in unexpected areas of practice fostering a greater focus on population health. For example, diabetic HbA1c testing increased to over 95%.

Diabetic HbA1c testing increased to 95%

Using Real-time feedback created a culture change at HHS, with everyone working together to use believable, actionable, and representative data to understand the true patient voice and drive organizational improvement.

"The qualitative reporting is representative of what's on the patient's mind."

David Riddle, Administrative Director,
Patient Experience



# HARRISHEALTH SYSTEM

# Ambulatory Care Services (ACS) Physician Encounter Evaluation Form

# Introduction

Υ	Ν	1	Knocks on exam room door before opening
Υ	Ν	2	Smiles and makes eye contact with patient
Υ	Ν	3	Offers a friendly greeting
Υ	Ν	4	Introduces self and addresses patient by proper name
Υ	Ν	5	Sits and faces the patient
Υ	Ν	6	Uses open body language that demonstrates they are ready to listen

# Interaction

Υ	Ν	1	Explains to patient why they are working at the computer while they are talking
Υ	Ν	2	Asks patient why they are in for a visit
Υ	Ν	3	Allows patient adequate time to respond without interruption
Υ	Ν	4	Paraphrases the patient's primary complaint**
Υ	Ν	5	Speaks slowly and uses plain language to explain
Υ	Ν	6	Gives patients the opportunity to ask questions

<sup>\*\*</sup> New item added based on NRC Health Real-time feedback program

# Exit

Υ	Ν	1	Summarizes all things discussed
Υ	Ν	2	Explains all medications
Υ	Ν	3	Explains why it is important to the patient to follow the treatment plan
Υ	Ν	4	Explains next steps
Υ	Ν	5	Asks the patient if they have any questions
Υ	Ν	6	Thanks the patient for being there
Υ	Ν	7	Says goodbye

# Provider Related Survey Questions

How often did this provider explain things in a way that was easy to understand?
How often did this provider listen carefully to you?
Did this provider give you easy to understand information about your health questions or concerns?
Did this provider show respect for what you had to say?
Did this provider spend enough time with you?

18.5.