Rethinking Patient Engagement:
A Patient-Centric Approach
Background Info
About Kootenai Health

▪ 254-bed community hospital - Idaho
▪ 10-county regional referral center
▪ 2,500+ employees
▪ 500+ providers
▪ 32 owned outpatient clinics
▪ Mayo Clinic Care Network member
▪ New 100,000 sq. ft. wing
▪ Aggressive technology expansion
About T2 Technology Group

T2 is a trusted advisory and consulting firm. We provide value-driven management advisory services and technology consulting expertise to healthcare executives and IT leadership.

Assessments
Architecture & Strategy
Implementation

Project Management
Subject Matter Experts
T2 Experience

Data Center, Server, Storage

Business Continuity & Resiliency

Network, Wireless, VoIP

Security

Mobility & VDI

Critical Applications
Patient Engagement Challenges
“Patient and family involvement in their own care with the goal that they make competent, well-informed decisions about their health and healthcare and take action to support these decision”

– AHRQ – Agency for Healthcare research and Quality
In-Room Patient Careboards

*Important tool for communicating patient care & health info*

**Challenges**
- Underutilized
- Messy & sometimes hard to read
- Occasionally inaccurate
- Repurposed as a clinician tool
Patient Education

Required to keep patients healthy & out of the hospital

Challenges

▪ Outdated content
▪ Underutilized
▪ Hard to access
▪ Unengaging
Patients services & resources necessary for patient care
- Support services, room service, and patient entertainment

Challenges
- Intimidating
- Unavailable
-Disconnected
- Unengaging
Patient Feedback

Important tool to improve patient care & engagement

Challenges

- Intimidating
- Inconvenient
- Too late
Common Challenges

10 Most Common Patient Complaints/Grievances with Hospitals
(Johns Hopkins, October 2015)

1. Sleep deprivation from clinicians coming in to do tests and draw blood in the middle of the night
2. Noisy nurses’ stations that can interfere with sleep
3. Personal belongings being lost
4. Staff not knocking before entering room, perceived as a sign of disrespect
5. Not keeping whiteboards updated
6. Lack of clear communication and not keeping family updated
7. Messy rooms
8. Feeling unengaged in their care or like they are not listened to
9. Lack or orientation to the room and hospital
10. Lack of professionalism of hospital staff.
Improving Patient Engagement Through IPC and The Patient Centric Mindset
Kootenai Health’s Interactive Patient Care Vision

Interactive Patient Care represents our opportunity to unite clinical practice with technology to provide optimal care.

Our patients and families will tell us that the experience provided through Interactive Patient Care empowered them to be more educated and engaged in their own care.

Interactive Patient Care will support the Kootenai Health team to meaningfully connect with patients and families to focus on building relationships that improve ultimate health.
Interactive Patient Careboard

Auto-updating, patient-centered Interactive Careboard to better educate & inform patients about their care & health
Interactive Patient Careboard

Is the careboard a patient tool or a clinician tool?

It is a Patient Tool!
Provider Video

Interactive Patient Care System
Patient Education
Patient Education

Easy-to-access, patient-focused education portal with clinician approved education content
Patient Education

Completely overhauling the approach
– Invest in new content
– Assign ownership
– Create process for providing education
The Patient Education Committee

“The Patient Education Committee is responsible for evaluating, implementing and standardizing patient education policies and processes that will improve the care of the patient population and best meet the needs at Kootenai Health and Kootenai Clinics.”

Committee Mission Statement

The Patient Education Committee is responsible for evaluating, implementing and standardizing patient education policies and processes that will improve the care of the patient population and best meet the needs at Kootenai Health and Kootenai Clinics.

Responsibilities

The specific responsibilities of the Patient Education Committee include:

- Evaluate and assess the educational needs of both acute and outpatient patients.
- Evaluate and recommend new education initiatives.
Medication Teaching

Rethinking the Formulary with the patient in mind

- Marking meds to be displayed
- Changing the process
- Cleaning up generic names

Medications Library

These medications have been prescribed by your doctor. Click on the medication name to read about it. Please ask your nurse if you have any questions.

**Medications I Take Everyday**
- Warfarin (Coumadin)
- Multivitamin

**Medications I Take As Needed**
- Acetaminophen and Oxycodone (Percocet)
- Stimulant Laxatives (Senokot)
Hospital Services
Streamlined patient request process for services and resources from support departments
Rethinking Request Processes

Reshaping organizational workflows around the patient
- Non-clinical service requests
- Clinical education resource requests
- Connecting patients with the hospital
Patient Room Service

Intuitive meal ordering system that customizes patient menus based on diet & allergies

Lunch: Salads

- Fresh Fruit & Cottage...
- Side Garden Salad
- Side Caesar Salad
- Grilled Chicken Caesar Salad
- Asian Chicken Salad w/...
- Chef Salad
- Ranch Dressing
- Fat Free Ranch Dressing
- French Dressing
- Fat Free French Dressing
Revamping the patient’s meal ordering experience

– Invest time and money
– Photos of real food
– Changing processes
Patient Feedback
Patient Feedback

Provide unintimidating feedback channel that allows for real time service recovery and care improvement

Pain Management
Have we done everything to make your stay comfortable?

- Yes
- Maybe
- No
Revolutionizing Patient Feedback

Implementing **real-time** service recovery
- Nurse alerts
- Manager escalation
- Regular review
You cannot improve patient engagement at the cost of your nurses:
Invest in interfaces.
Interfaces

Avoid Dual Documentation!

- Attending Provider
- Education
- Medication
- Allergies
- Diet
- Lab & Rad Orders

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Dilbert

I started a task force to eliminate redundancies in our internal processes.

Really? I'm doing the same thing.

By Scott Adams
The System & The Processes
Welcome Kinsley

My Action Plan

Here are some things we would like you to do while you are here.

- Watch videos picked just for me
- Nominate my nurse for a DAISY Award
- Tell us how we can help

Watch TV
Order a meal
See my medicines
Go to my interactive careboard
Tell us how we can help

getwell:network

Unit: KM.1EOBGY Room: LDR1

KootenaiHealth
The System

- Virtualized server environment and separated network
- Education, medication, and partial careboard updated through EMR
- Service recovery and requests
- Discharge planning
- Hospital Information content
- Meal Order Entry through CBORD
- Nursing and ancillary notifications through Extensions
- IPTV distribution
The Processes

- New patient-centric workflows around:
  - Education
  - Patient Careboards
  - Patient Experience
  - Discharge Planning

- Nursing engagement scripting
- New methods of requesting services
- Additional details needed in formulary
- Patient Education Committee
- Nursing policy
- Steering committee and champions committee
How We Successfully Launched
Project Plan & Execution

2015

Vendor Selection

Clinical Practice Design

System Build

Interface Design & Build

Workflow Rework

Testing

Training

Go-Live

Support

2016

J F M A M J J A S O N D J F M A
Buy-in & Ownership

- Requirements gathering
- Clinical Practice Design w/ front line staff & leadership
- Strong executive sponsorship
- Process champions
- Super users
- Provider committees
- East Expansion Fair and Safety Fair
- Provider video
Buy-in and Ownership

Clinical Practice Design Team
What’s Next?
System Expansion

- Meditech documentation
- Care team assignment through Meditech
- Patient portal integration
- Pain management pathway
- iPads for parents in the NICU
- Emergency department
- Behavioral Health Common Areas
- Ambulatory solution
Summary
It’s About the Patient!

- Change workflows and rethink the approach
- Focus the patient’s tools on the patient
- Assign ownership
- Think outside the current system
- Interface!
Q&A