



# From Conception to Birth: Engaging Physicians and Families as Partners

Children's Hospital Association  
Annual Conference 2013



# AGENDA

- Introduction
- Engaging Physicians and Families
- Fostering Collaboration
- Continuous Engagement
- Results
- Q & A



# INTRODUCTION



# Texas Children's Hospital: Who We Are





# Vision 2010: Excellence to Eminence

# Pavilion for Women



# Houston Market



# Risks





# We Had No Choice



St. Luke's notified Texas Children's of intent to get out of OB services. Texas Children's and St. Luke's enter a management agreement for **obstetrics service line**

1950s

Texas Children's and SLEH sign a contract to construct adjoining buildings and operate under **joint administration**. This arrangement continues for 35 years.

1980 – 1990s

Texas Children's and St. Luke's separate in 1987. Texas Children's continued to grow and has become one of the **largest freestanding children's hospitals** in the nation.

2006

The partnership provides community with unique resources and immediate access to **high-risk obstetrics** experts and **>40 pediatric subspecialties** in **one location**.

Today

Pavilion for Women provides comprehensive care with centers of excellence in specialties including:

- Maternal Fetal Medicine
- Infertility
- Fetal Intervention & Surgery
- Fetal Cardiology
- Reproductive Genetics
- Perinatal Nutrition
- Neonatology
- Reproductive Mental Health
- Gynecology



Texas Children's Hospital



ST. LUKE'S



Texas Children's Hospital



# Our Initial Vision

*Improve neonatal outcomes by taking care of women prior to and during their pregnancy*



# Executing the Vision



# Changing the Model of Care





# ENGAGING PHYSICIANS & FAMILIES



# Transformation Required

Today's  
Business Model

## The Red Zone

- Culture Changes
- New Market Entry
- Partnership Formation
- Competitive Response
- Operational Challenges
- A New Facility

Future  
Business Model



# Patient Experience Management

Patient experience is a strategic priority

- Operational initiatives to improve and streamline basic processes like appointment setting and wait times
- Use of technology to facilitate communications for improved experience
- Patient advisory boards to address patient experience needs
- Monitoring patient experience as needed

Excellence in patient experience a competitive advantage

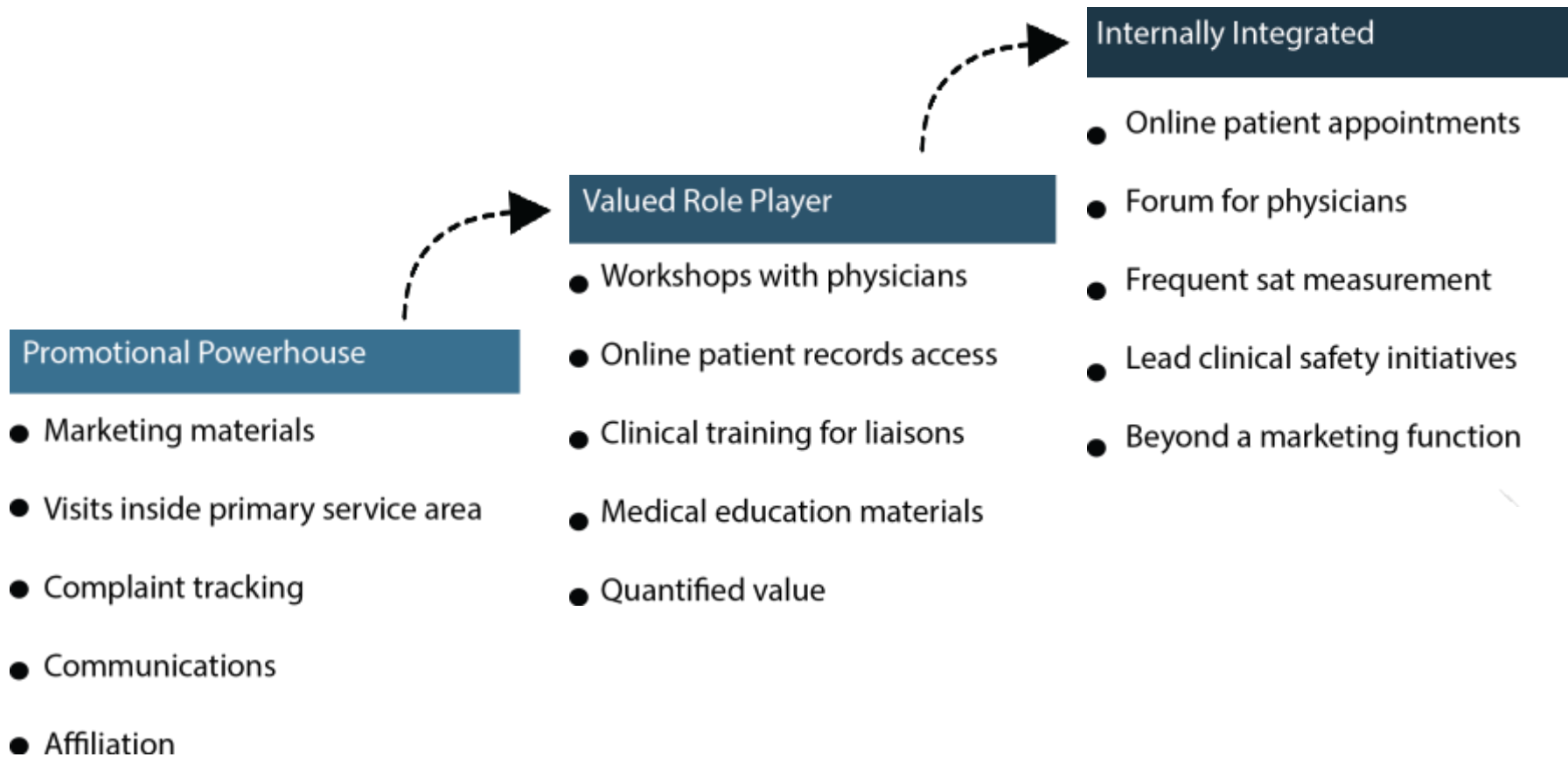
- Initiatives to address patient emotional needs, e.g. staff empathy training, in addition to process improvement
- Executive sponsor or appointed Chief Experience Officer
- Regular monitoring of patient experience beyond satisfaction data

Excellence in patient experience is imperative to achieving clinical excellence

- Patient experience initiatives and technology tightly integrated throughout organization and between all phases of the experience
- Leader driven, patient focused culture
- Individual and group accountability
- Active or real time monitoring of patient experience

Source: Gelb/APQC/Beryl Institute Benchmarking Study

# Physician Experience Management



Source: Gelb Benchmarking Study





# Customer Enchantment



# Recognize Needs

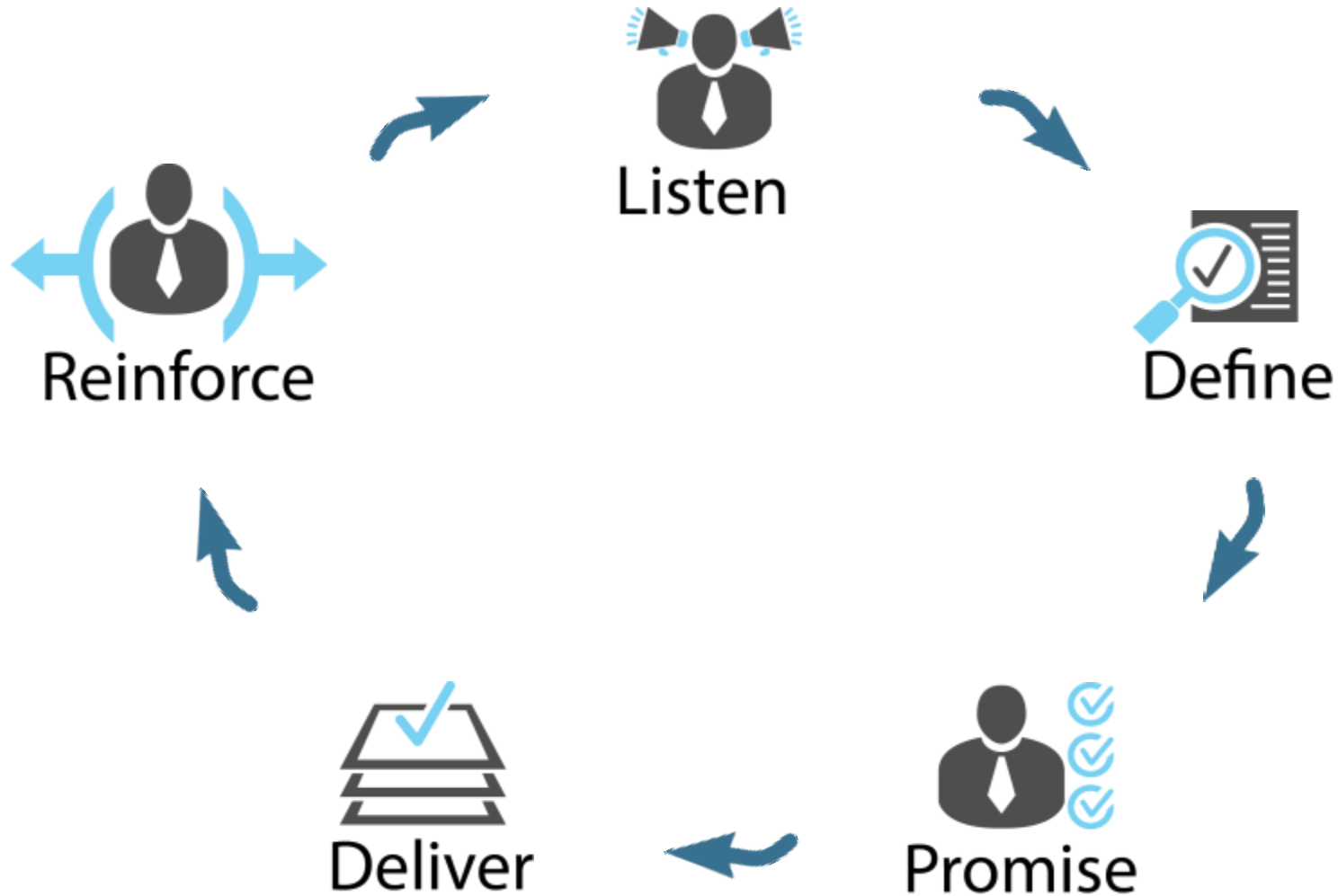


Functional



Emotional

# Engagement Process



# Experience Map

Awareness

Need

Scheduling

Treatment

Transition



- Physician Liaisons
- Faculty/Staff

- Front Desk Staff
- Faculty/Medical Staff

- Faculty/Medical Staff
- Support Staff

- Faculty/Medical Staff
- Support Staff

- Faculty/Medical Staff
- Support Staff

Primary Experience Stewards



Key Touchpoints

# From Data...

1.



Physical Environment



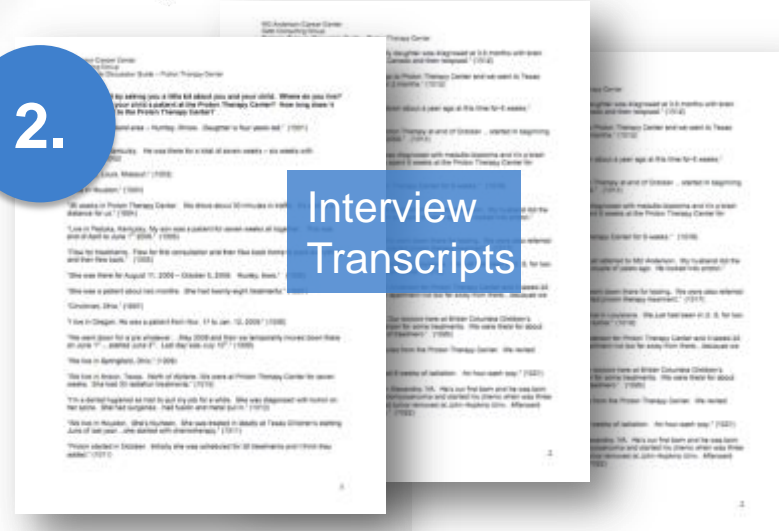
Communications



Video / Audio Recordings

2.

Interview Transcripts



# ...to Insights

Referring physicians expect minimal involvement in their patient's care, but value timely updates from referral facility

- I prefer that the referral facility manage the patient's care, and I do not expect collaboration unless there is something that I should be doing while the patient is undergoing treatment
- Ideally, I receive periodic progress reports during milestone's in my patient's journey – as important tests are completed or decisions are made - in case the family calls me for advice during this time and so I am best prepared when they return to me for follow-up care; currently, I do not receive much feedback until the patient has completed care
- If a major procedure or surgery is taking place, it would be nice to get a phone call from them – some other facilities to which I refer regularly do this
- Families tell me they had a positive experience; they felt aware of what was going on and received high quality care; although the need to travel is challenging, they feel appointments are well-coordinated and trips are maximized

to create an electronic portal for referring physicians, it could be helpful for to check test results and see patient records - but I would need a so I know when to look at the portal

3.

## Detailed Findings



Treatment: ○ ○ ○ ● ○

“My patients are and I am kept in t

High satisfaction with patient care facilitates continued referrals, but follow-up is needed

Activities

- Patient's clinical experience
- Support offered to patient/families
- Communication with patient specialist
- Progress notes
- Travel resources

Key Touchpoints

High performance Moderate performance Low performance

Referrers are confident in the care that patients are receiving and hear positive feedback from families, who say their appointments were well-coordinated and they were kept informed throughout the process. As patient care and satisfaction are top priority for most referrers, this is the top motivating factor for continued referrals.

Preferences are mixed as to how much communication referrers should receive during this time – some prefer to receive updates after treatment is completed, and others want updates throughout the process. Although some report receiving phone calls from the physician or an update via e-mail, most do not receive communication throughout this stage.

4.

## Day in the Life Touchpoint



# Segmenting Patients



Handle with Care



OB - Driven



Support Seekers



In Control

# Physician Partners

Want OB leadership,  
not pediatrics

Concerned about lack  
of adult care focus at  
Texas Children's



Feel existing OB  
nursing team highly  
skilled and capable

Convenience and  
access in the Texas  
Medical Center can be  
challenging



# Change in Perspective

NEED



SCHEDULING

Welcome to:  
Texas Children's Newborn  
Courses

Today's Topic:  
Things you didn't know to ask

Don't forget to check  
your online folders for  
updates!

ARRIVAL



TREATMENT



DISCHARGE



# Selling the Vision



# FOSTERING COLLABORATION



It's not the building...



# Guiding Principles

- Create a significant architectural landmark
- Fit into existing TCH campus
- Provide flexibility for change over time
- Respond to **physician and staff needs**
- Support **cutting edge** patient care and services
- Provide the **ultimate** customer experience

# Inclusion



# Transparency



# Why is Input Critical?





# Physician Experience Management



# Family Experience Management



# Program Components

- LDRs (Not LDRPs)
- Emergency C-Section ORs (On same floor as LDRs)
- Scheduled C-Section & GYN / Fetal Intervention ORs (On dedicated floor)
- Assessment / Triage Center
- Women's Specialty Unit
- Mother Baby Unit
- NICU (Level 2 & 3)
- Family Fertility Center with IVF Lab
- Women's Radiology Suite
- Maternal and Fetal Center
- Concierge Services
- Patient Support Services
- Education / Conference Center
- Physician Offices / Clinics
- Support / Logistic Services
- Milk Bank
- Lab / Blood Bank
- Cord Bank
- Psychological / Social Support Center



# Benchmarking

## Pediatric facilities



University of Nebraska



Vanderbilt



University of Iowa

## Adult facilities



Sharp Mary Birch



Hoag Hospital

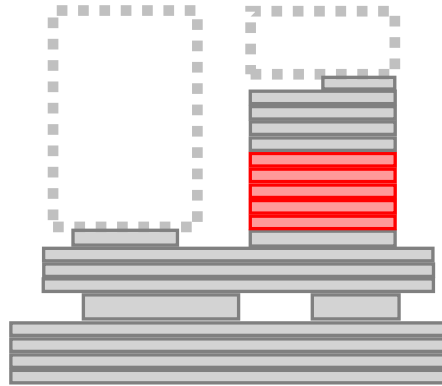


Prentice

# Organizational Concepts

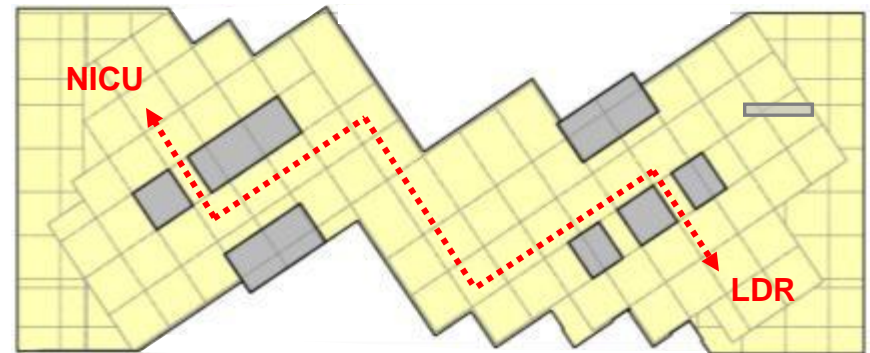
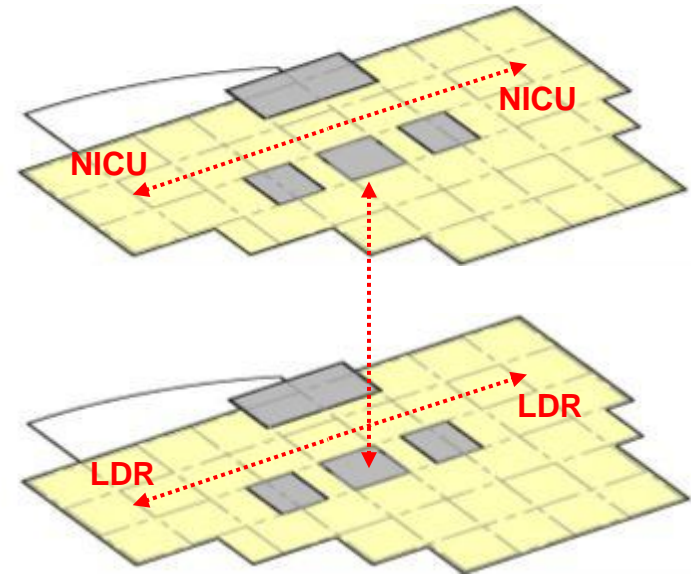
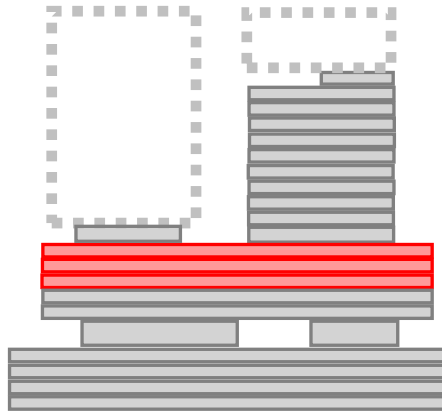
Vertical Travel Distance:

**225'**

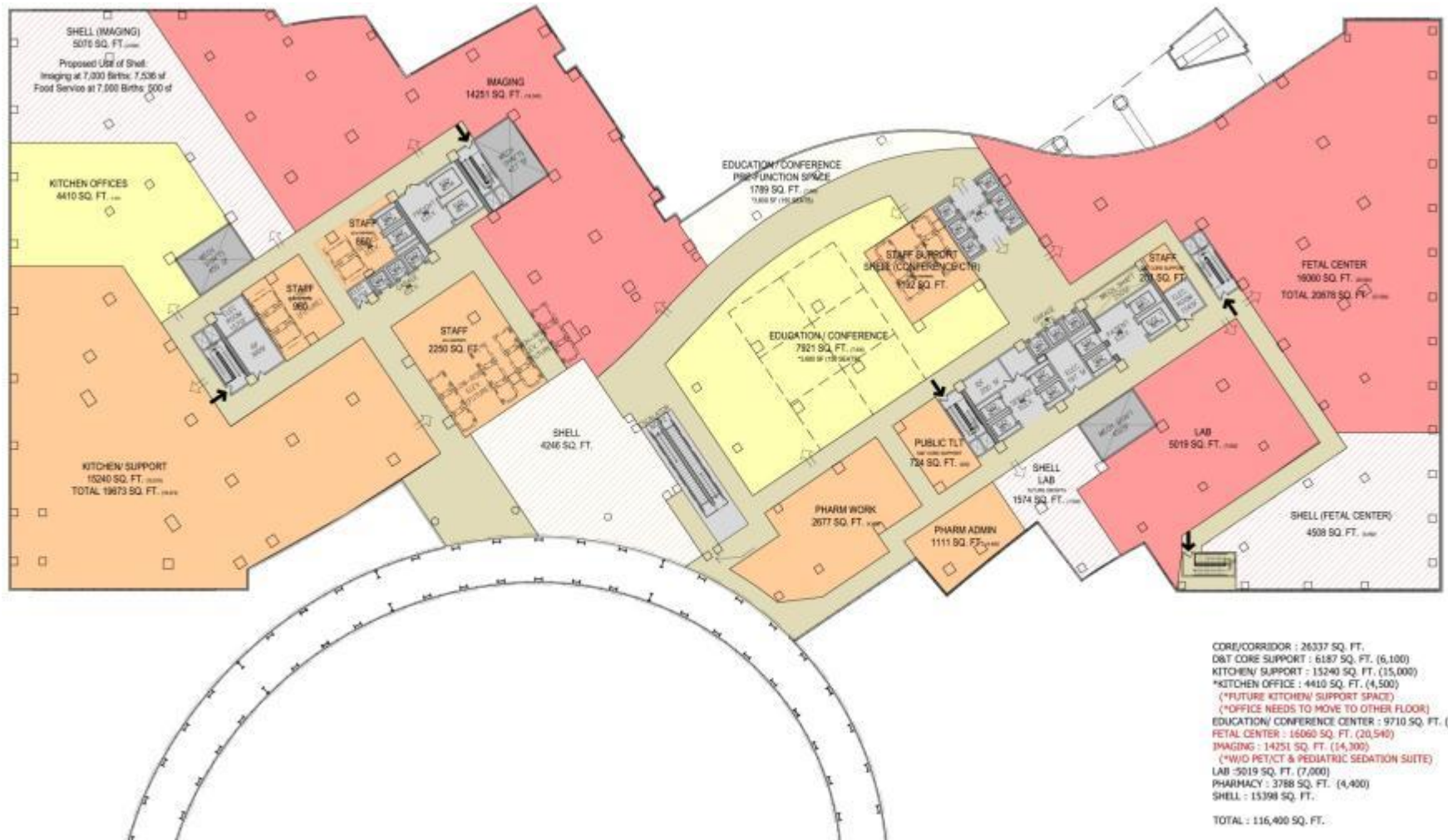


Horizontal Travel Distance:

**615'**

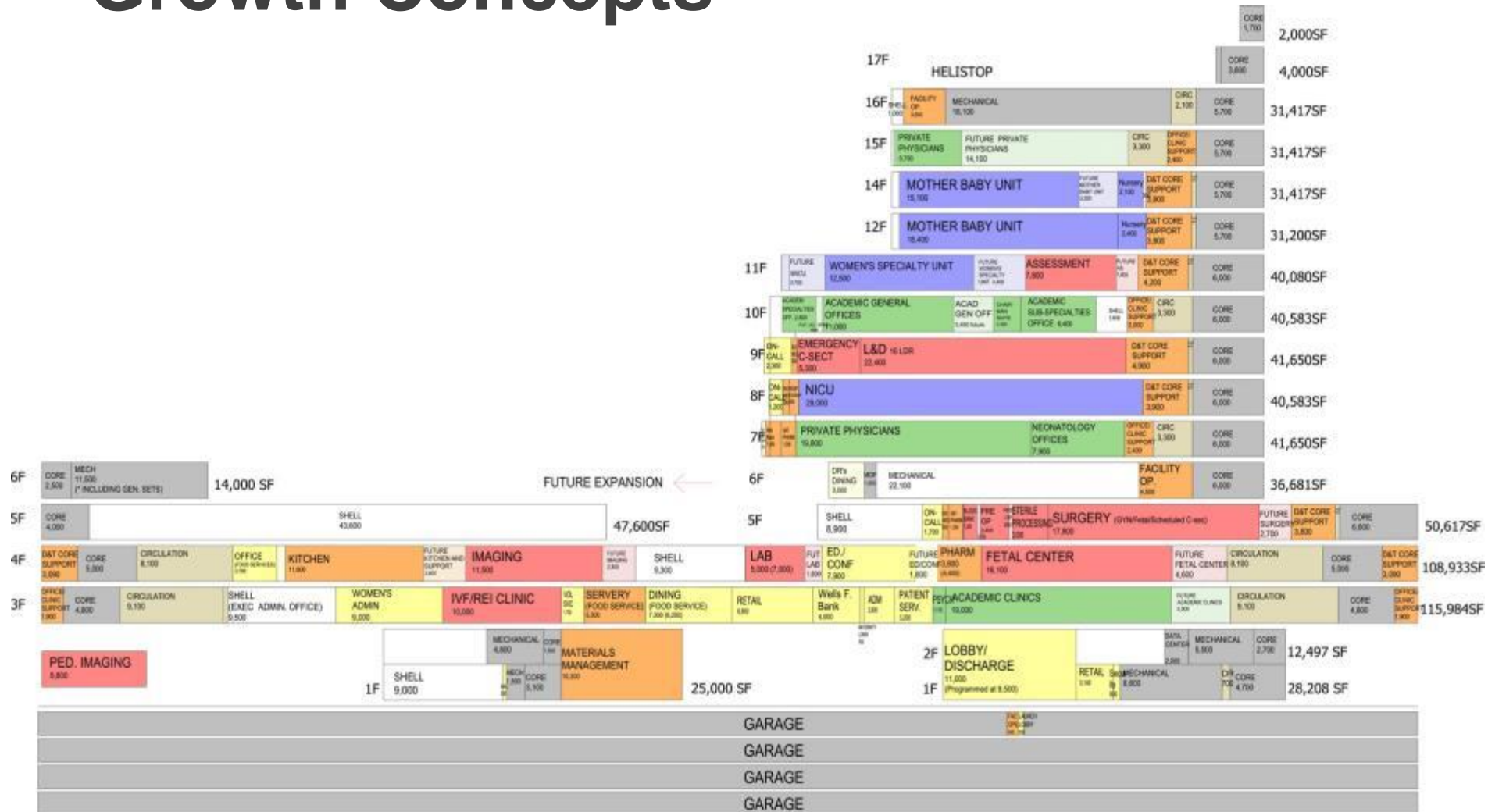


# Test Fits



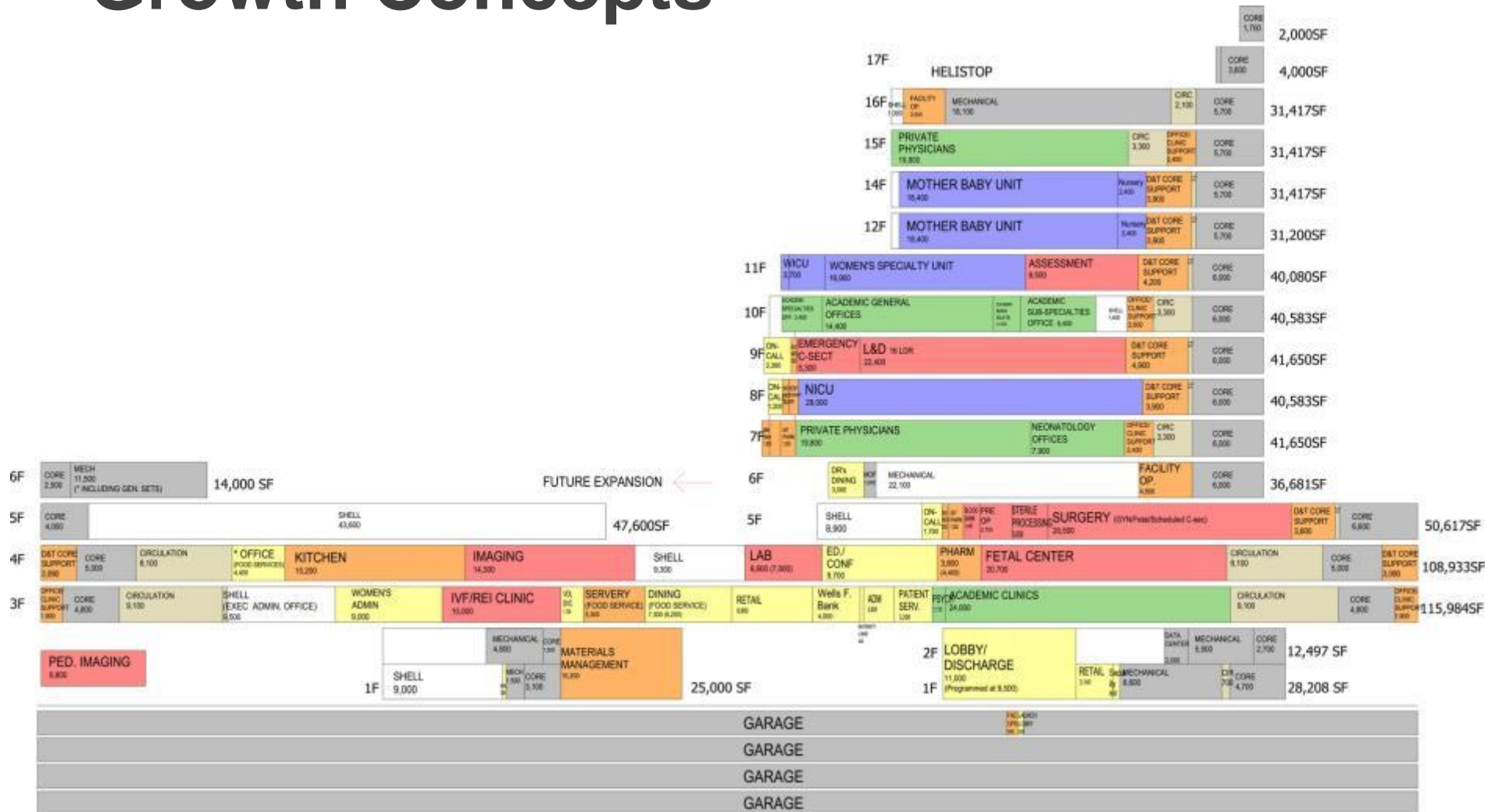
# Growth Concepts

STACKING: 3,500 Births



# Growth Concepts

STACKING: 5,000 Births

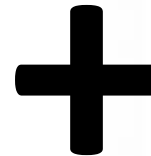




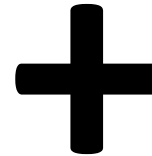
# Interiors



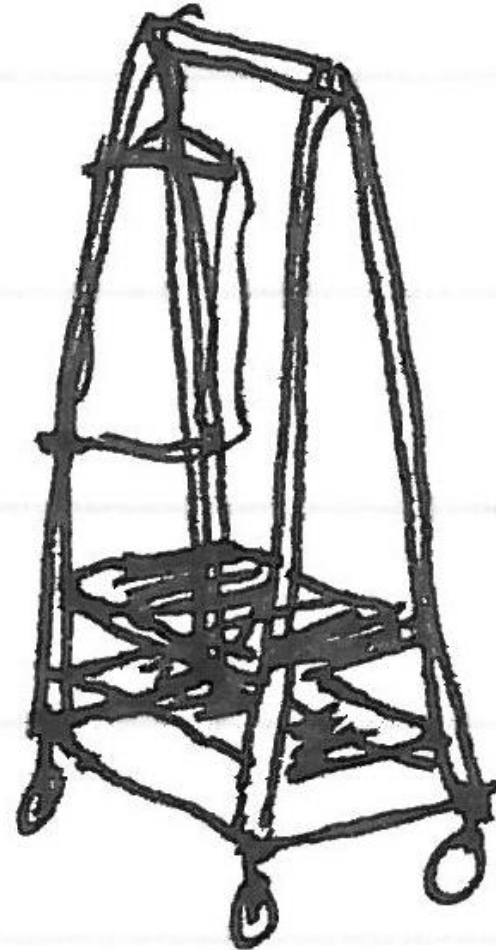
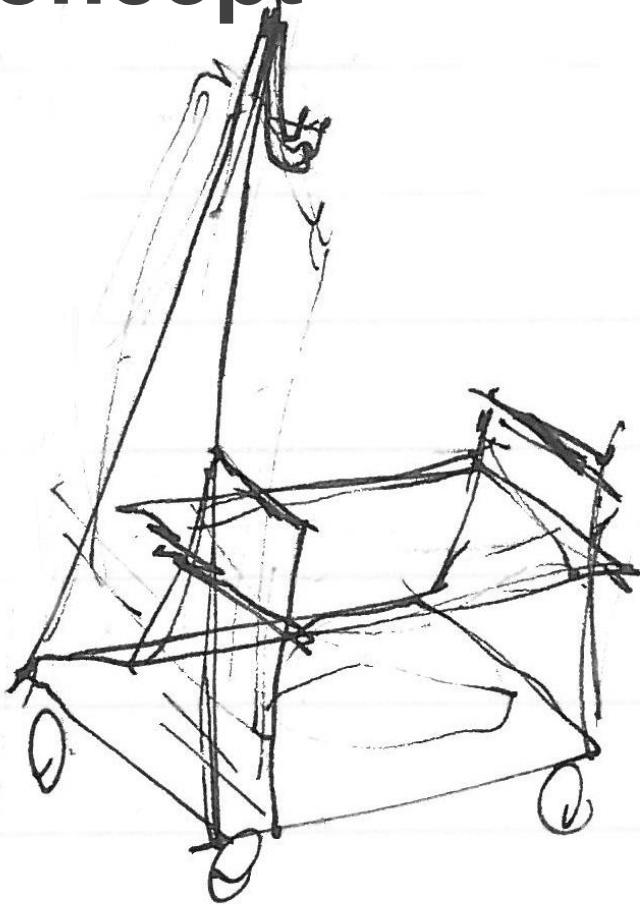
# Translating Feedback into Customer Experience



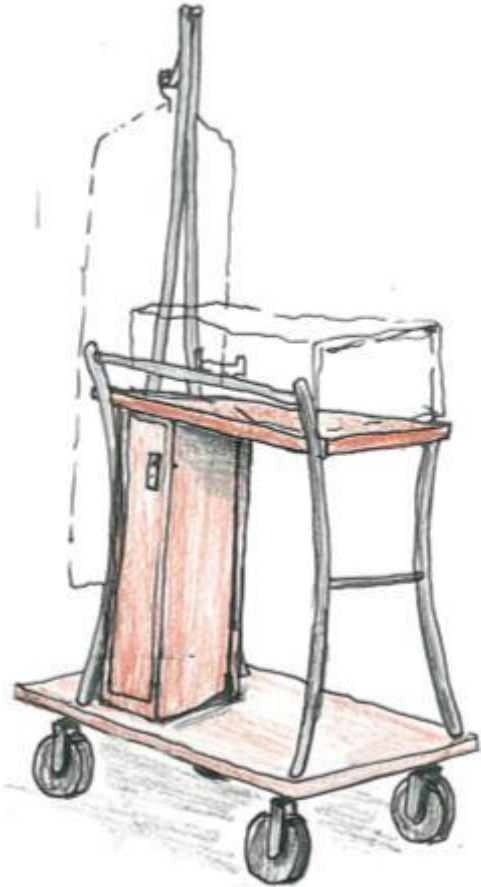
# The “Stork” Cart



# Initial Design Concept

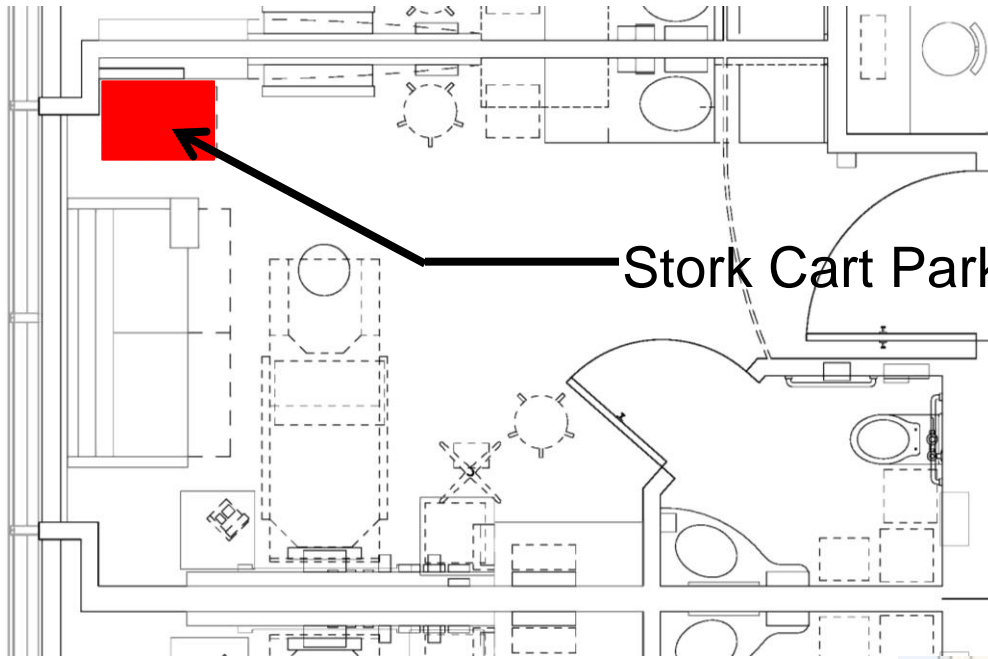


# Refining the Design



February .....> May

# Designed Parking into Patient Rooms

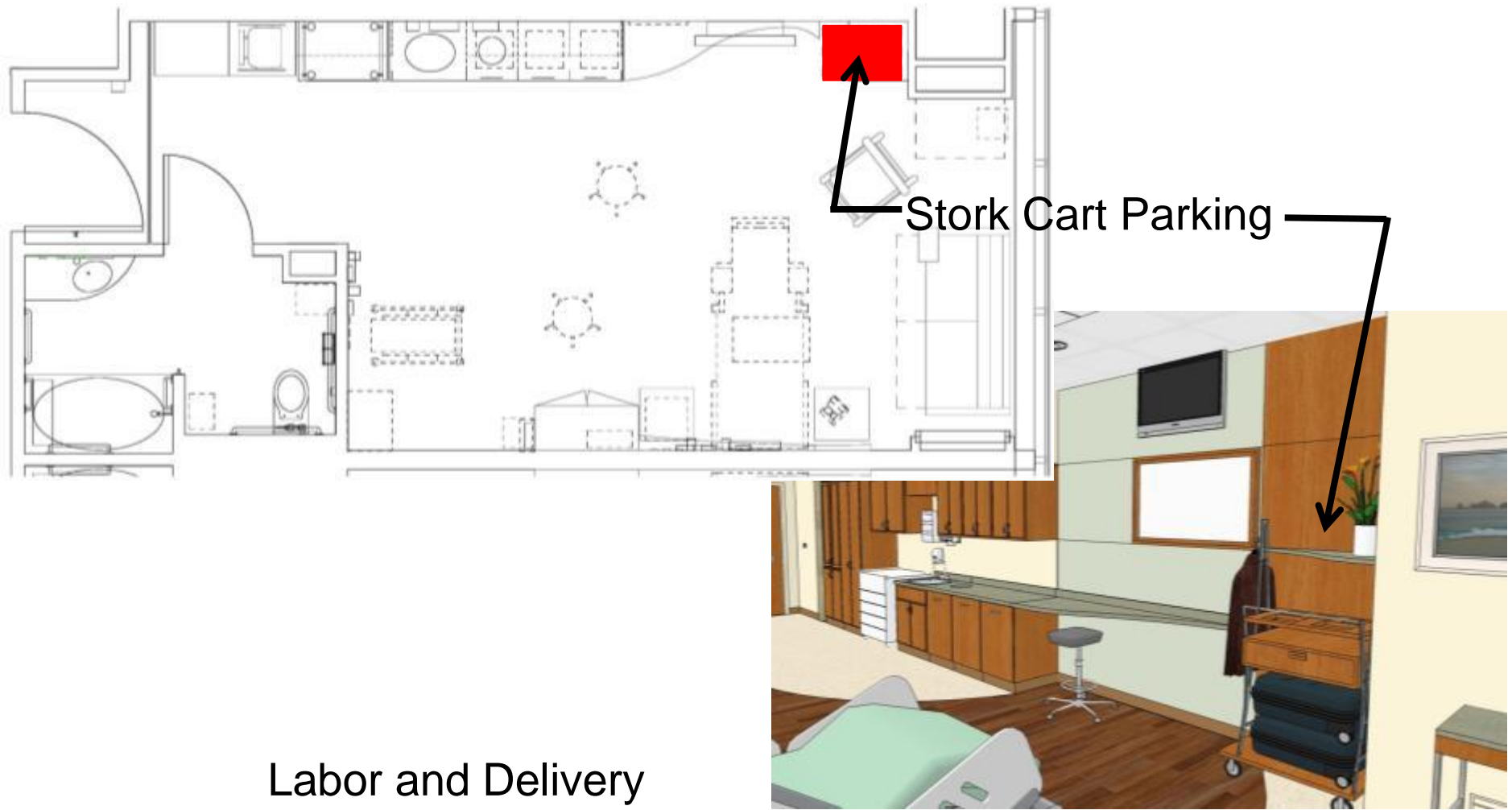


Stork Cart Parking

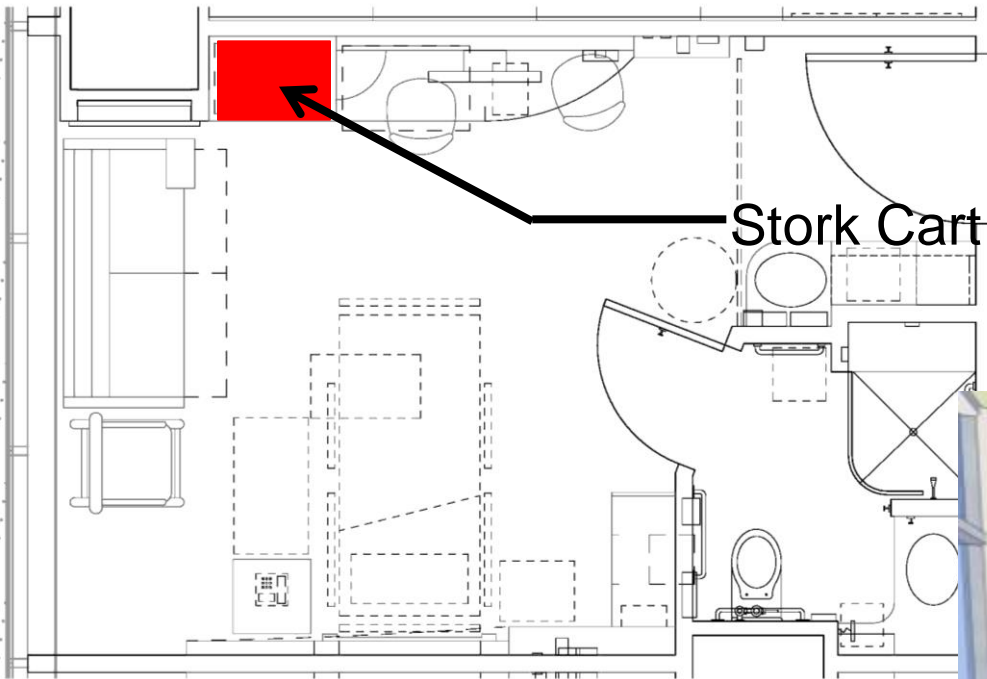


Assessment

# Designed Parking into Patient Rooms



# Designed Parking into Patient Rooms



Stork Cart Parking



Mother Baby/Ante Partum





# Family Launch Zone







# CONTINUOUS ENGAGEMENT



# Our New Vision



*Lead the advancement of healthcare for women and newborns through innovation and excellence in patient care, education and research.*



# Shared Leadership Model



# Pavilion for Women Activation Team Structure

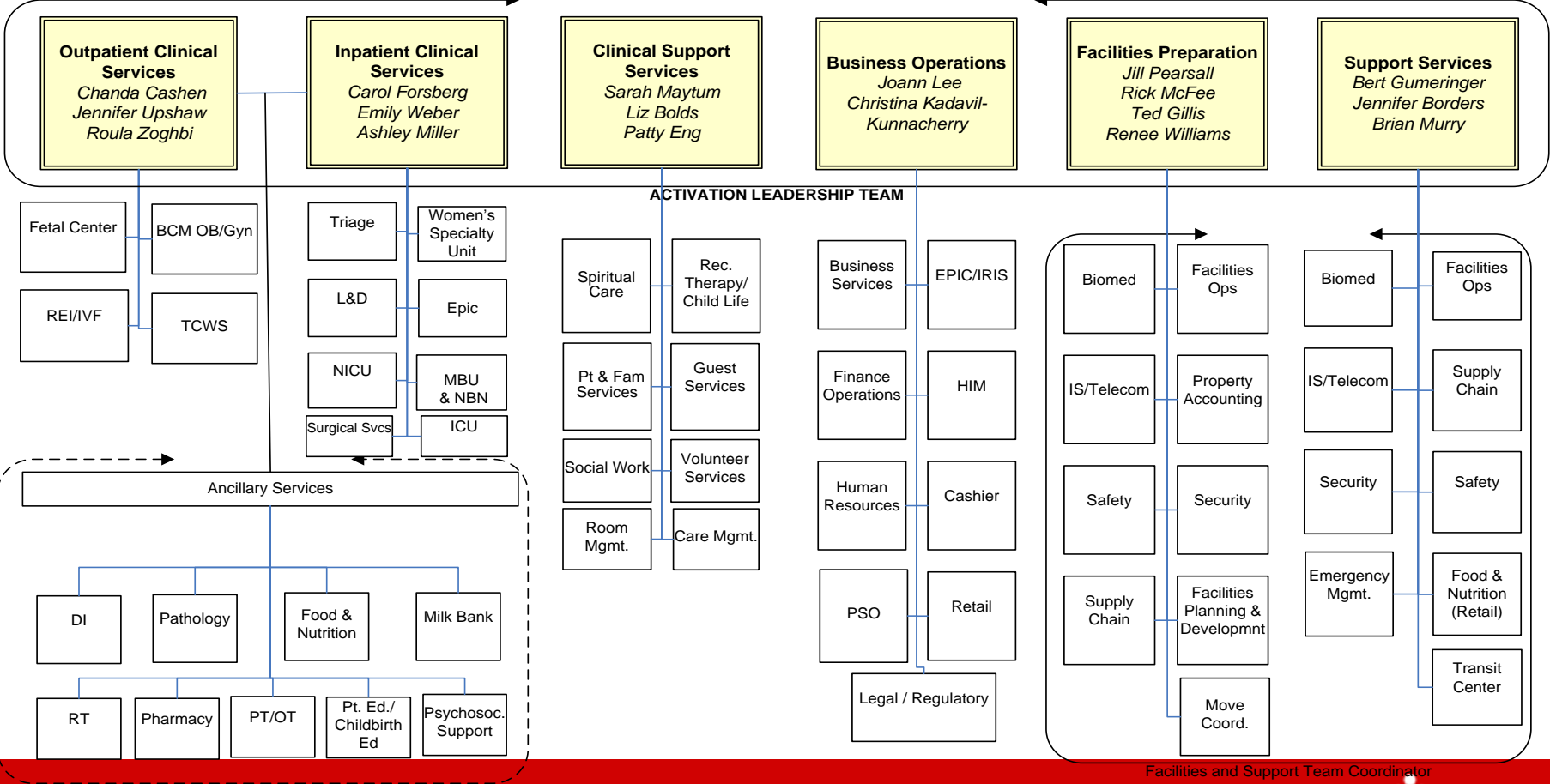
**Executive Steering Committee**

Linda Aldred Mary Jo Andre Michael Belfort, MD Amber Tabora James Versalovic, MD	Myra Davis Pete Dawson Ed Yosowitz, MD Mark Mullarkey Mark Skolkin, MD	Susan MacDonald Sandy McElligott Ben Melson Steve Welty, MD	Bart Putterman, MD Laura Shuford Alec King Randy Wright	Wycke Baker, MD Cris Daskevich Monju Monga, MD Marcia Katz, MD
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**Clinical Steering Committee**

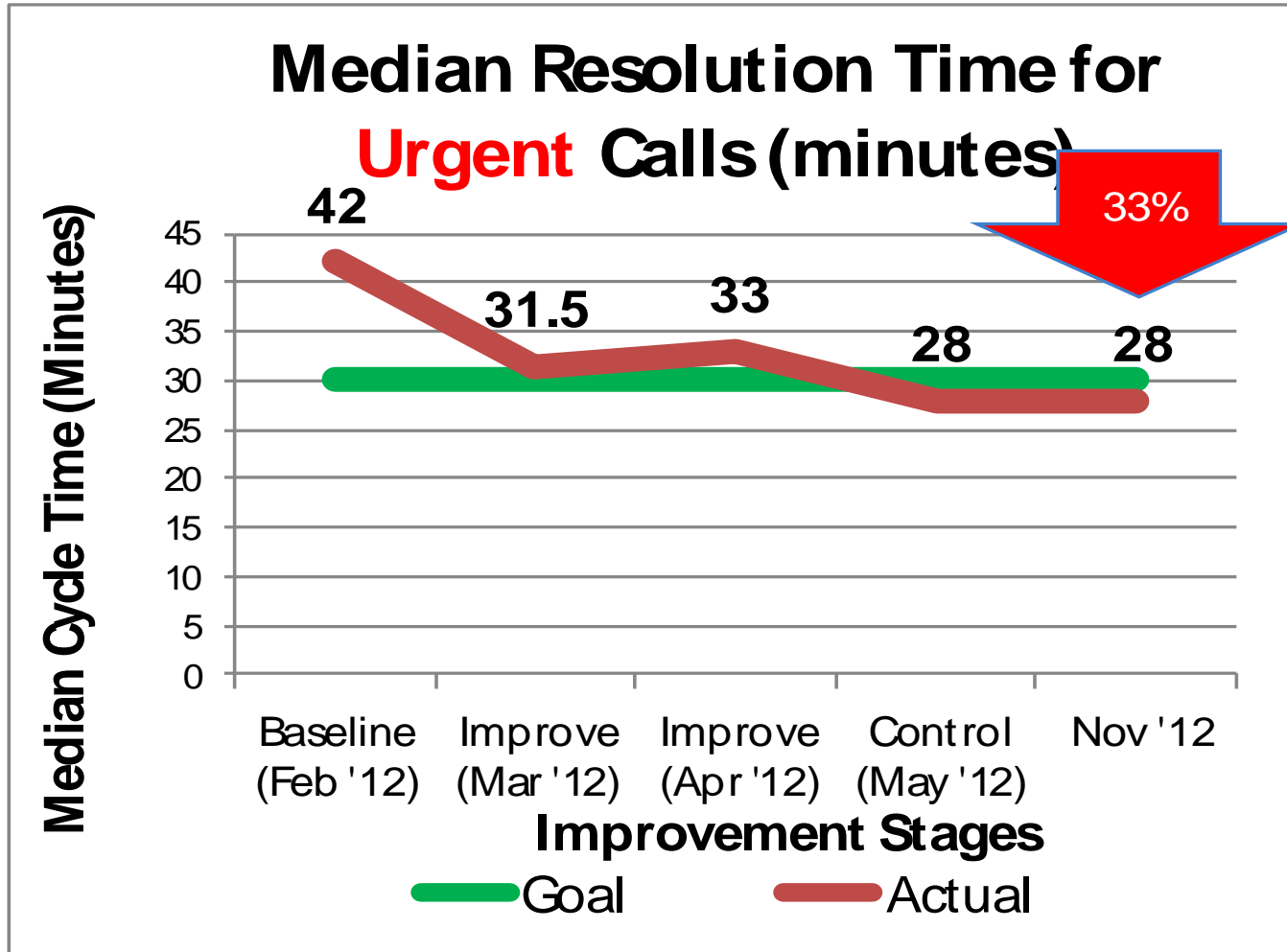
Michael Belfort, MD Stephanie Martin, MD Bart Putterman, MD Patti Heale, RN Gary Dildy, MD	Wycke Baker, MD David Zepeda, MD Carol Forsberg, RN Brian Kirshon, MD Judy Swanson, RN	Manisha Gandhi, MD Jessica Ohlemacher, MD Nancy Hurst, RN Michael Speer, MD Chanda Cashen	Liz Bolts, RN Kirsten Benjamin, RN Elaine Whaley, RN Edwina Popek, MD Ed Yosowitz, MD	Emily Weber, RN Steve Welty, MD Sandy McElligott Cris Daskevich
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Activation Project Coordinator – Christina Kadavil-Kunnacherry

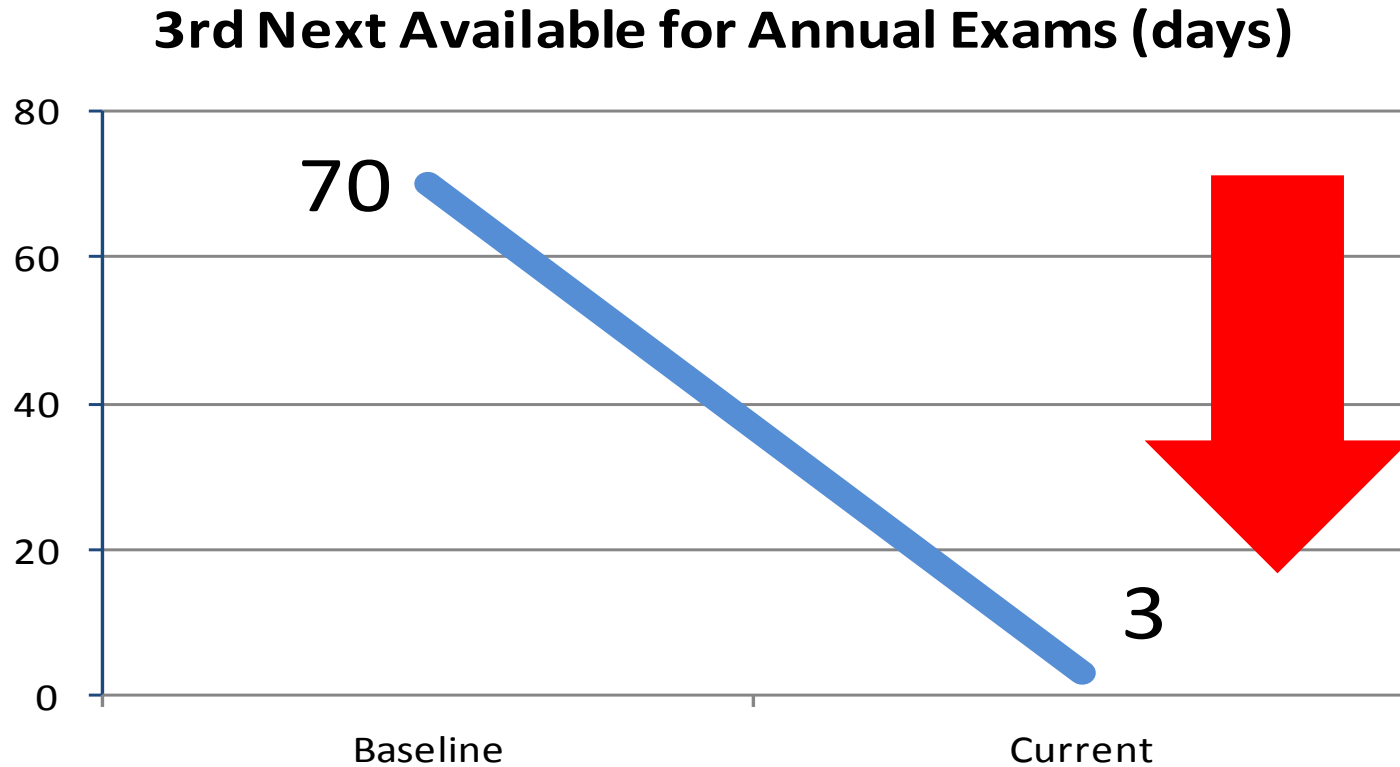


Physician involvement at the Executive Steering Committee, Clinical Steering Committee and Activation Team levels; Quality integrated across all teams

# Outpatient Flow Redesign



# Outpatient Access Improvement





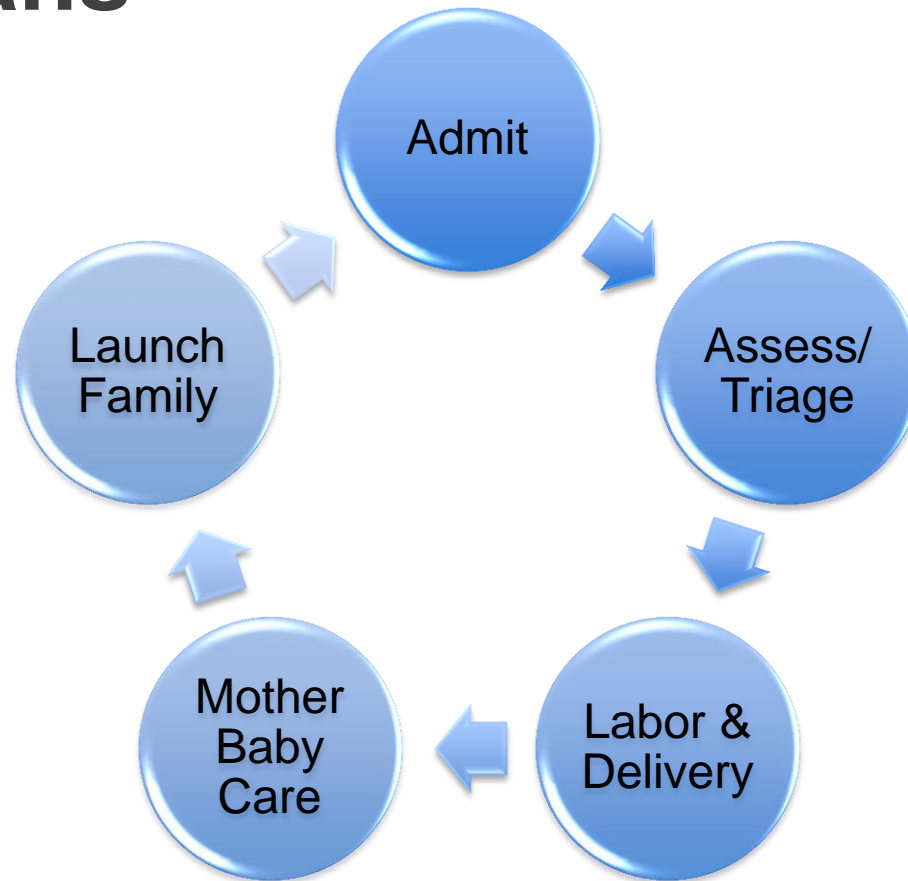
# Process Improvement: Positive Impact on Patient Satisfaction

**Medical Practice (August '13) 90.9%**

**Texas Children's Pavilion for Women Overall**

**91.1%**

# Growth Management Requires Physicians



# Inpatient Flow Redesign



TCH-PW: Women's Assessment Center Acuity Tool			
***Initial assessment must be done within 10 min. of patient arrival***			
1-Immediate (Take right Back)	2-Urgent (Within 15 min)	3-Semi-Urgent (Within 30 min)	4-Less Urgent (Within 60 min)
<b>HISTORIC</b> Altered LOC or Syncope Chest pain Acute SOB Hemorrhage Seizure activity Prolapsed cord Delivered outside PFW or en route to hospital Suicidal <b>FETAL STATUS</b> Decrease or no fetal movement Refer from provider office with abnormal EFM Tracing or nonreactive NST <b>PHYSICAL STATUS</b> SBP <90 or ≥ 160 mmHg DBP < 50 or ≥ 110 mmHg Pulse > 120 or <60 BPM RR > 24 or < 14 SpO2 ≤ 95% Nasal flaring Abdominal trauma or obvious injury Impending delivery (rectal pressure, urge to push) Severe pain unrelated to labor	<b>R/O TERM LABOR</b> Regular, painful uterine contractions ≤ 5 min. apart <b>PRETERM</b> (20-36 6/7 weeks EGA) Backache Contractions Uterine tightening or cramping Vaginal spotting or bleeding Complains of leaking of fluid <b>VAGINAL BLEEDING</b> History of soaking 1 pad per hour or passing clots <b>PHYSICAL STATUS</b> C/O epigastric or right upper quadrant pain, visual disturbances, or headache Elevated BP (SBP ≥ 150 or DBP ≥ 100) Diabetes (reported FSBS < 70 or > 200mg/dl) Temperature >101.4 Severe pain (7-8 on scale) Motor vehicle accident/Fall (brings self in) Complaints or evidence of physical or sexual assault	<b>R/O TERM LABOR</b> Irregular contractions ≥37 weeks EGA <b>VAGINAL DISCHARGE</b> Spotting ≥ 37 weeks EGA Signs of ruptured membranes ≥ 37 weeks EGA <b>PHYSICAL STATUS</b> Recent maternal injury, non-life threatening Temperature-100.4-101.4 Active vomiting and/or diarrhea Moderate pain (4-6 on scale) Urinary retention (Unable to void) Wound care (c/o bleeding, drainage or separation) Positional headache after regional anesthesia	<b>VAGINAL DISCHARGE</b> Bloody show Mucus R/O Infection <b>MENTAL/PSYCHOSOCIAL</b> AL Non-OB complaints Insomnia <b>PHYSICAL STATUS</b> Aches and pains Nausea <b>HYPEROSTOSIS</b> Mild pain (1-3 on scale) Backache ≥ 37 weeks EGA UTI symptoms Malaise Dizziness with normal VS Fecal Impaction <b>SCHEDULED PROCEDURE TESTING</b> (Does not require reassessment in 30 minutes) NST BPP Amniocentesis
***Acuity levels must be reassessed every 30 min. after initial assessment if the patient is in the waiting area***			

# Process Improvement: Positive Impact on Patient Satisfaction

HCAHPS Recommend Hospital:

**91.9% (98<sup>th</sup> percentile)**

HCAHPS Rate Hospital 0-10:

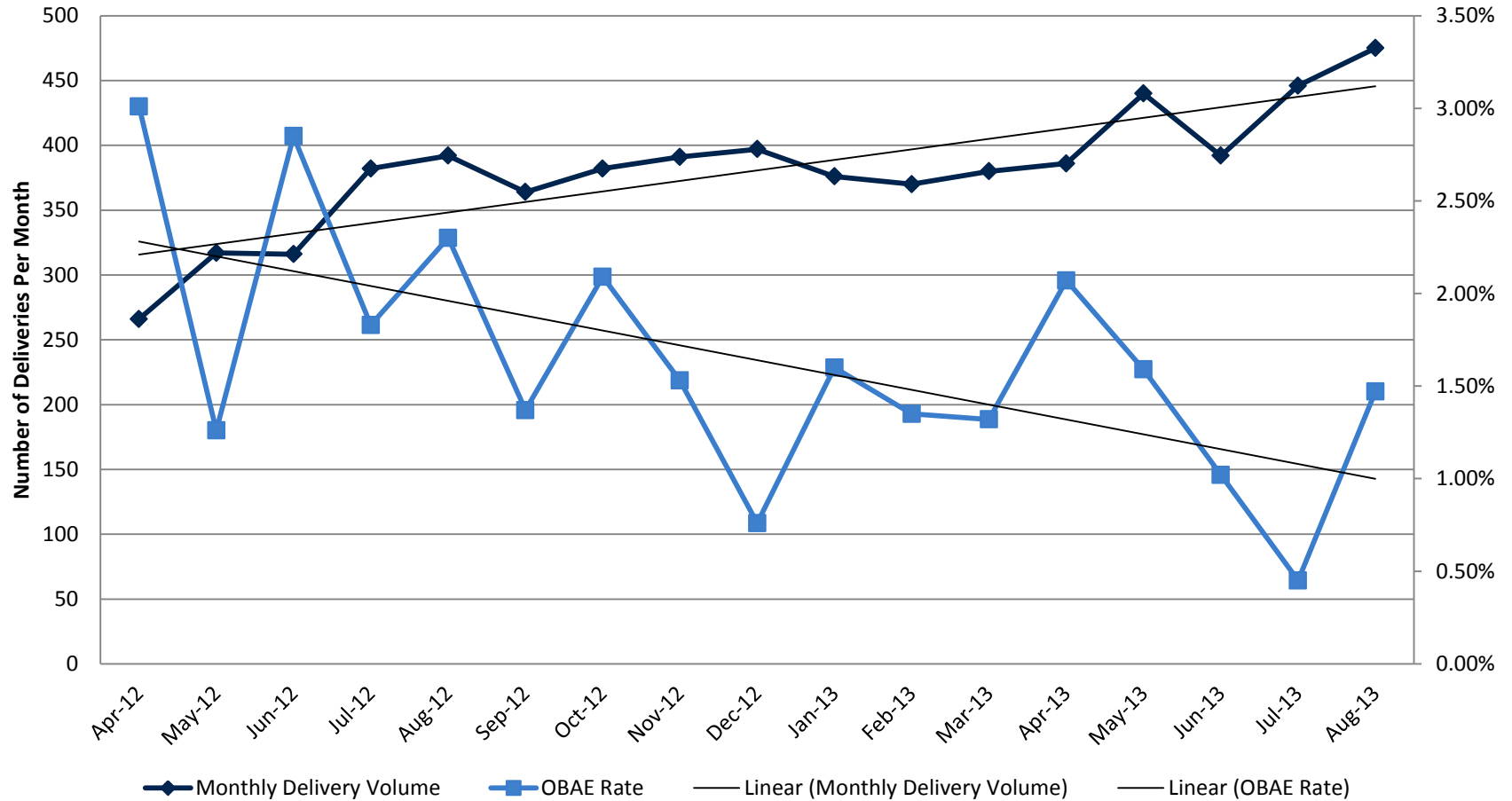
**86.1% (96<sup>th</sup> percentile)**

Inpatient Pavilion for Women (August 2013):

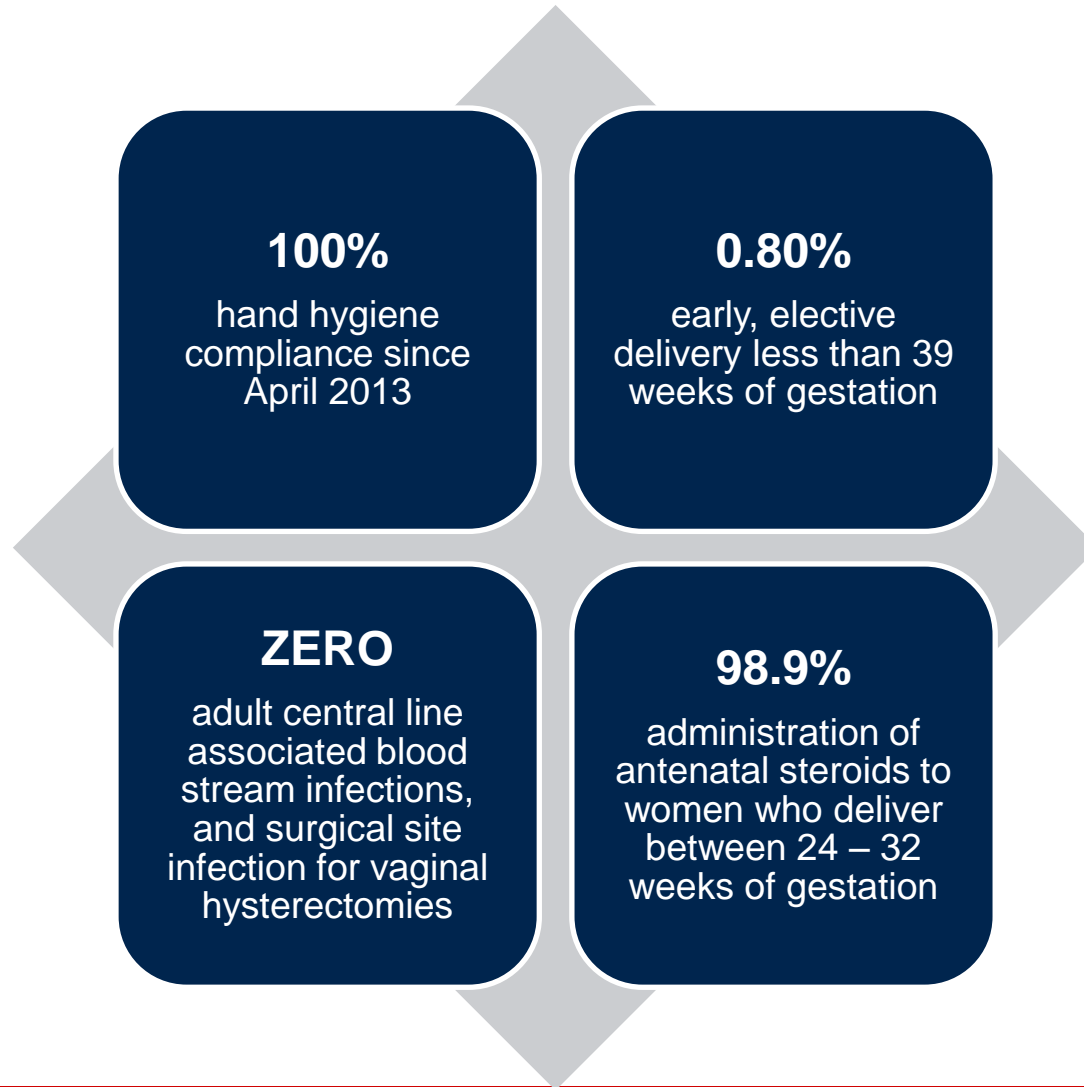
**90.3%**

# Focus on Quality and Safety

## PFW Obstetric Adverse Event Rate



# Physician are Foundational

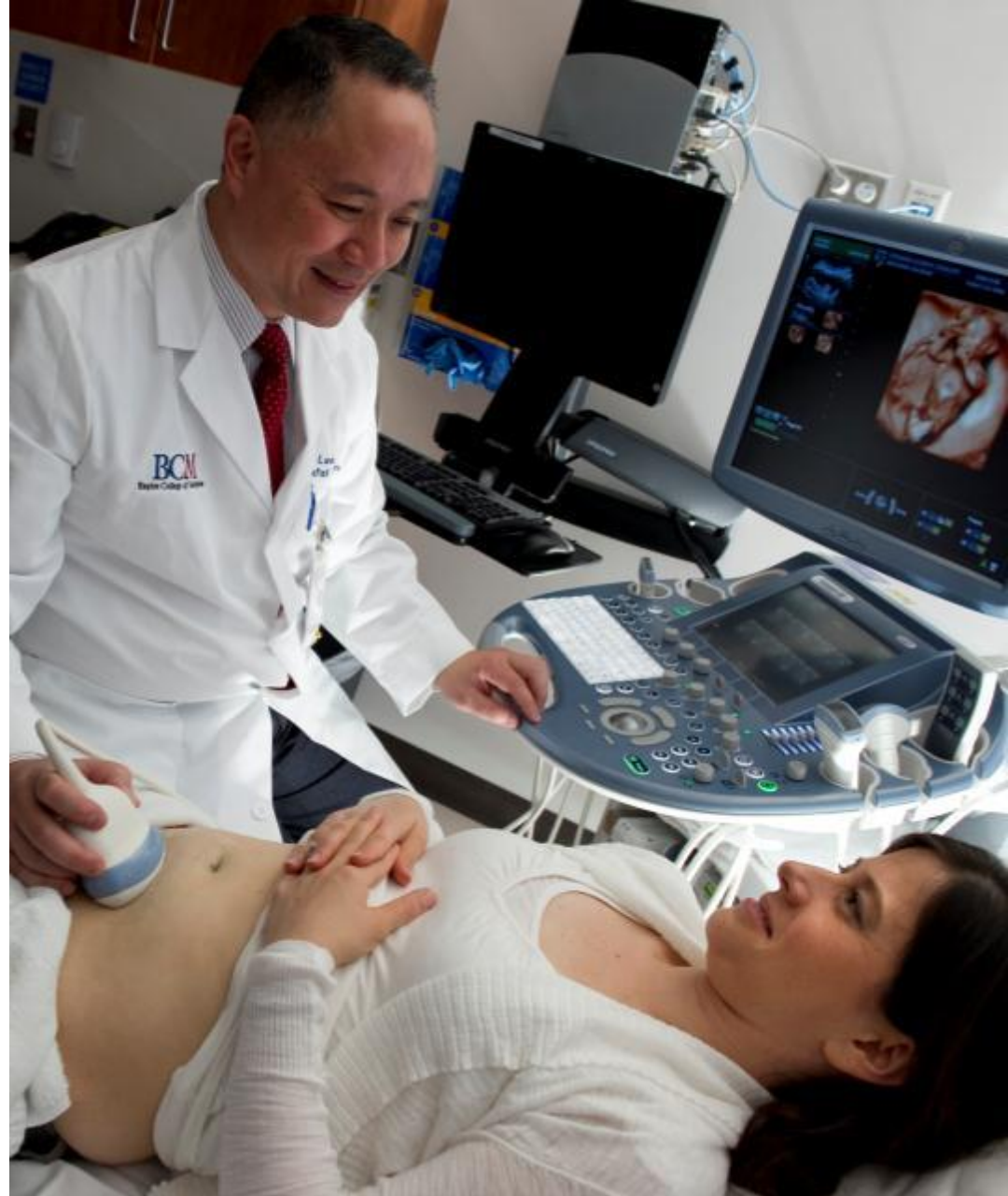


# RESULTS



# Patient Access Improved

**43%↑**  
Outpatient Visits



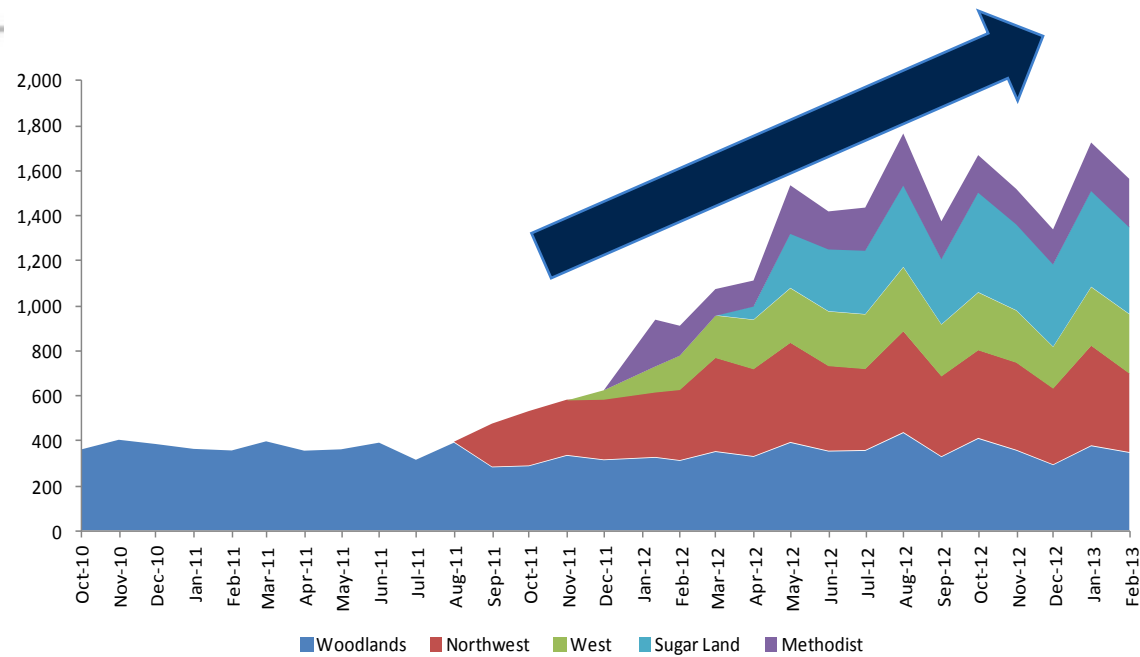


# MFM Community Expansion

**190%**  
Visits in First Year



- 1 Texas Children's Pavilion for Women
- 2 The Methodist Hospital
- 3 The Woodlands
- 4 Northwest Houston ( Willowbrook)
- 5 West Houston
- 6 Sugar Land



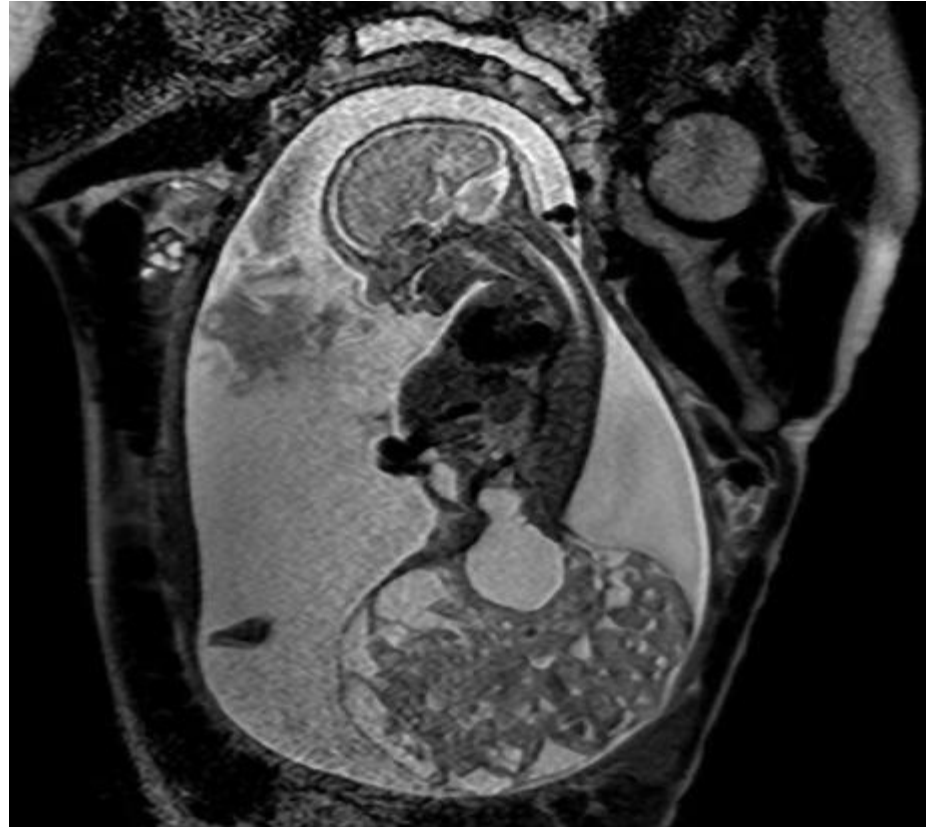
# Upstream Diagnosis Grows Downstream Volume

43% ↑

Fetal ECHOs

137% ↑

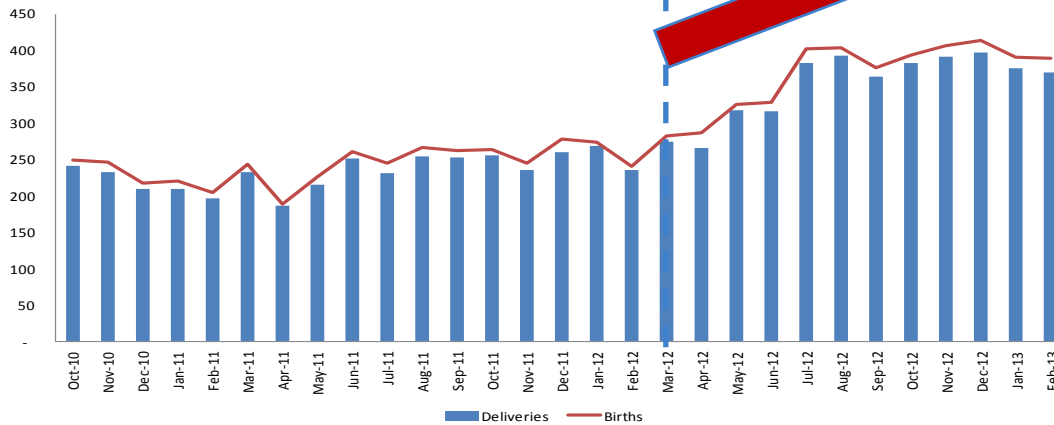
OB Ultrasounds



# Pavilion Opening Unprecedented Delivery Volumes

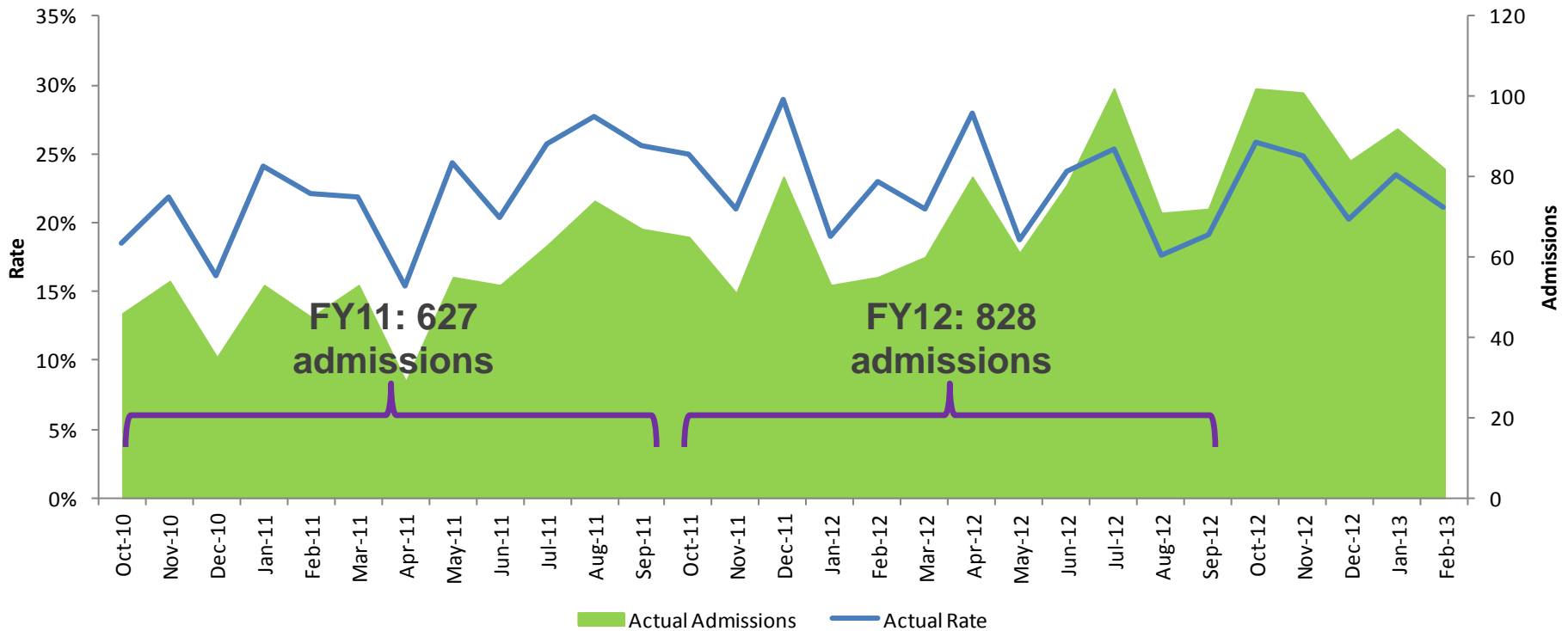
# 31%

March 26, 2012:  
Pavilion inpatient areas  
open for deliveries



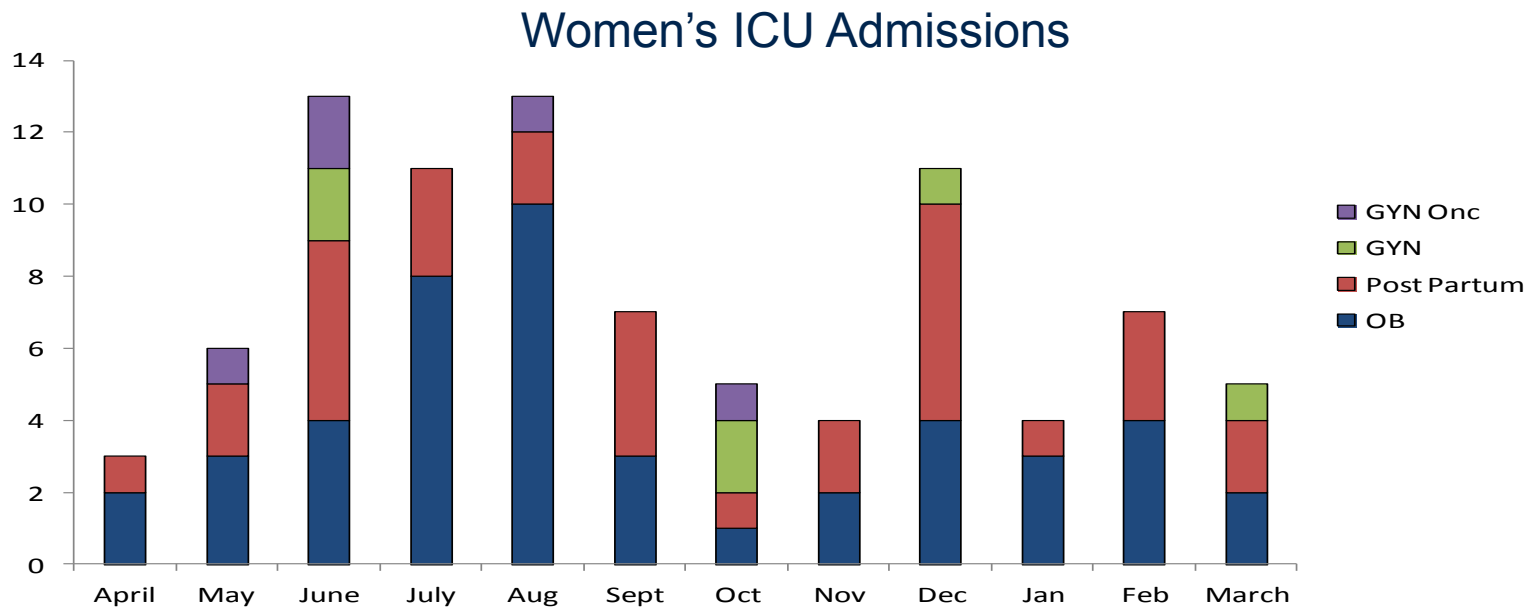
# NICU/CVICU Admissions Not Diluted: 23% of Annual Births

**1180** NICU admissions in FY13



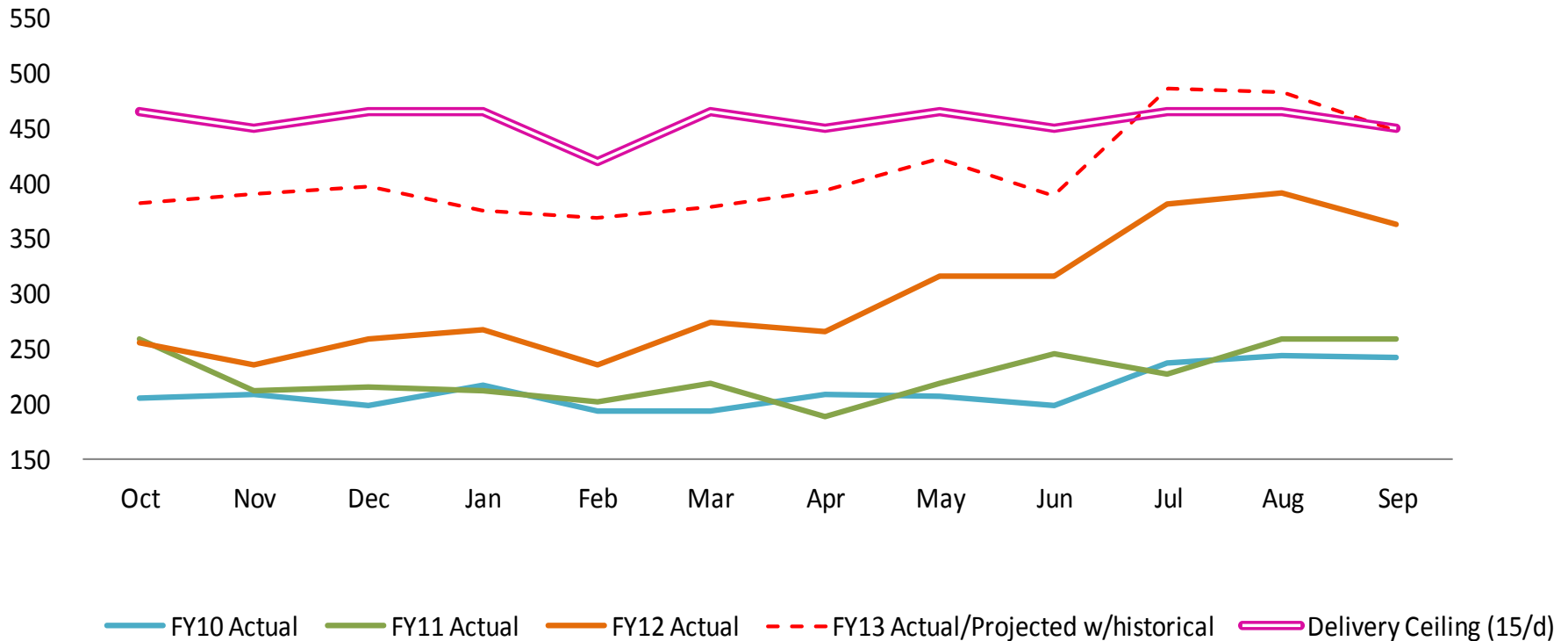
# High-Risk Focus Supports Maternal ICU

96 patients admitted to ICU in Year 1



# Reaching Capacity in Year 2:

> 4900 deliveries



# Right Care, Right Place, Right Time

Projected 2013 Deliveries Managed with  
Community-based Hospital Partners

~10,000



- ✓ Willowbrook
- ✓ West Houston
- ✓ San Jacinto
- ✓ Texas Medical Center



- ✓ The Woodlands
- ✓ The Vintage

# Ground Breaking In-Utero Advances

# 3

in First Year





# Children's Hospital Honor Roll

Best Children's Hospitals Honor Roll				Fetal Intervention Procedures Offered			
Rank	Hospital	Points	Specialties	Laser	Heart	Spina Bifida	FETO
1	Children's Hospital of Philadelphia	20	10	X		X	
2	Boston Children's Hospital	19	10		X		
3	Cincinnati Children's Hospital Medical Center	16	9	X		X	
4	Texas Children's Hospital, Houston	9	6	X	X	X	X
5	Children's Hospital Los Angeles	8	6	X			



# Now Delivering Miracles



HAPPY 1<sup>st</sup> BIRTHDAY  
PERKINS  
SEX TU PLETS



2013 04 23



# A New Model of Care



# Prescriptions for Success

- Enchantment starts with listening
- Leverage your strengths and expertise
- Partnerships and collaborations are key
- Entrance by an “outsider” dramatically changes the market dynamics
- Flexibility is key to evolving to on-going market demands
- Stay true to your mission and vision – the rest will work itself out

# Leadership Lessons Learned

- “Leadership = Vision + Structure + People, with **people** being by far the most important component.” – *Mark A. Wallace*
- Stay true to your values – the rest will follow
- Listen – again, and again, and again...
- Communicate, communicate, communicate
- What is best today, may not be in 6 months or 2 years - keep an open mind, admit your mistakes and adapt quickly
- True paradigm shifts do not occur overnight. They will be difficult and they will be challenged. Take nothing for granted and expect the unexpected.
- Surround yourself with top talent and support them in every way that you can



# Contact Us

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