

Using Experience Management Principles for New Clinical Service Lines

Children's Hospital Association



Agenda

1. Introduction
2. Approach
3. Insights
4. Strategy
5. Lessons Learned

1.0

“Opportunity is missed by most people because it is dressed in overalls and looks like work.”

-Thomas Edison

INTRODUCTION

Texas Children's Hospital



- 3 locations with 658 licensed beds under single hospital license
- 40+ pediatric practices across Greater Houston with >200 pediatricians
- Affiliated with Baylor College of Medicine
- Ranked 4th among all children's hospitals nationally and one of only 12 hospitals to achieve Honor Roll designation
- NICU ranked #2 nationally by US News & World Report

Vision 2010

Excellence to Eminence



- \$1.5 billion expansion
- 2.4 million sq. ft. of space
- Additional clinical capacity
- Additional research space
- Advancing the continuum of care



Pavilion for Women

- 1.3 million sq. ft.
- 4 levels of underground parking
- Current structure supports over 5,000 deliveries
- 115 licensed beds
- Phase I completed: November 2011
- Phase II completed: March 2012
- Phase III completed: September 2012
- Total project budget = \$575 million
- Expansion capability up to 2.2 million sq. ft. supporting more than 7,000 deliveries



How did we get here?



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

1950s

1980 – 1990s

2006

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

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.

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



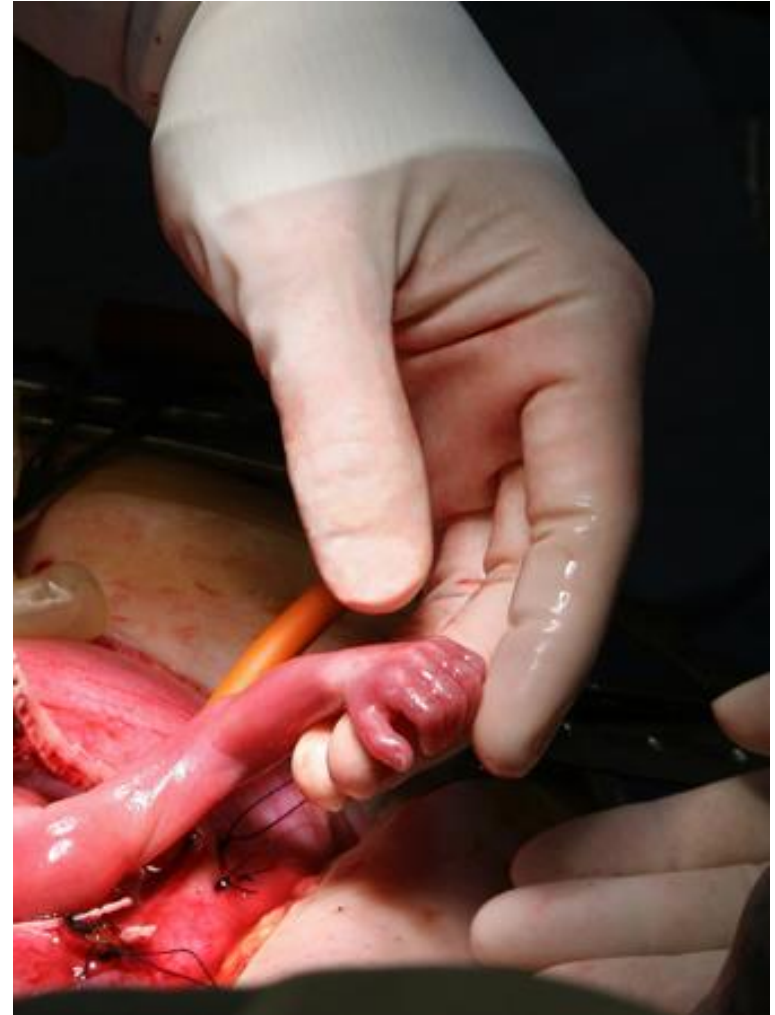
Texas Children's Hospital®



ST. LUKE'S®

St Luke's Top High-Risk Choice

- Physical adjacency to Texas Children's Newborn Center with access to more than 40 pediatric sub-specialties
- Texas Children's Fetal Center and its renowned care for mothers and their unborn babies with fetal anomalies
- St. Luke's ability to provide comprehensive adult sub-specialty care for critically ill mothers
- Expertise and tenure of high-risk OB nursing team



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Texas Children's Pavilion for Women provides comprehensive care for women, babies, and families by developing centers of excellence in specialties including:

- **Maternal Fetal Medicine**
- **Infertility**
- **Fetal Surgery**
- **Fetal Intervention**
- **Fetal Cardiology**
- **Reproductive Genetics**
- **Perinatal Nutrition**
- **Neonatology**





A New Vision for Texas Children's

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

Executing the Vision

- Acquire St. Luke's OB service and operate in its current location
- Develop and implement comprehensive perinatal programs via academic and private physician partnerships
- Recruit the best and the brightest
- Build a preeminent hospital for women and babies



Selling the Vision

- Tell your story & convey your mission...
do what is right for the patients you serve
- Identify your partners
- Know your market
- Seek feedback
- Communicate, communicate,
communicate!!!
- Take nothing for granted
- Take the high road – stay the course



Find a Good Partner

Gelb works with other nationally-recognized Institutions:

- 5 “Honor Roll” institutions
- 5 out of the top 10 cancer programs
- 3 out of the top 4 pediatric hospitals
- 2 out of the top 4 cardiovascular programs

National Benchmarking Studies:

- Patient experience management
- Marketing practices
- Physician relations programs
- International programs



2.0

“Leadership determines outcomes, not some of the time, but all of the time.”

- Mark A. Wallace, Texas Children's CEO

APPROACH

Philosophy



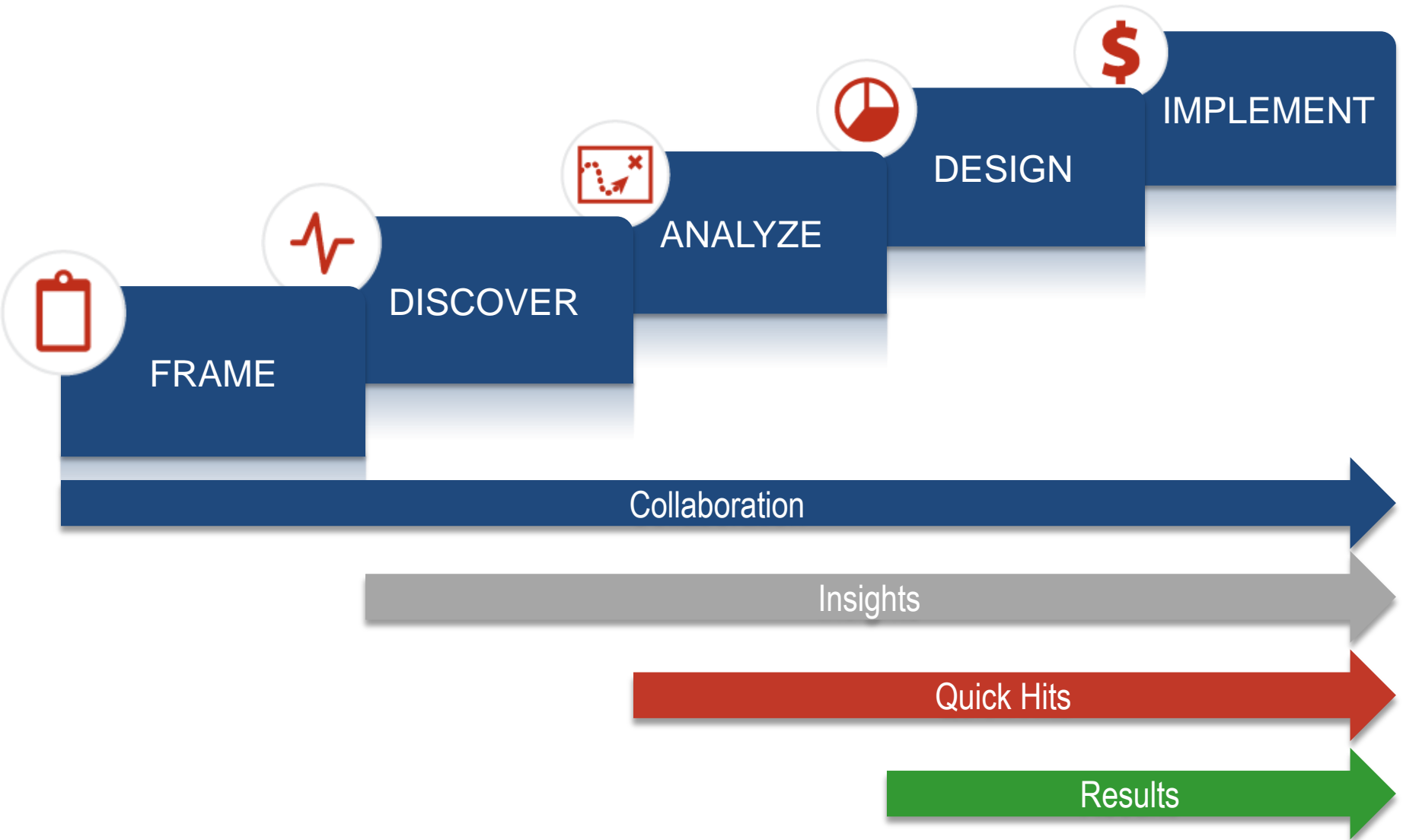
Culture and your **brand** promise are linked through the **experience** delivered.

Leaders translate customer expectations to the organization and reinforce desired employee behaviors.

This **alignment** creates an exceptional experience and a sustainable competitive advantage.

We call this desired state **enchantment**.

Project Management Process



Experience Map

Awareness



- Perceptions / knowledge of Texas Children's
- Choice of hospitals for delivery / practice
- Ideal relationship with Texas Children's

Need



- Evaluation and selection of treatment providers
- Discussion with patients (diagnosis, referral options)
- Preparing patients for what to expect

Scheduling



- Initial contact with Texas Children's
- Timing and ease of process
- Resources for patients and their families

Treatment



- Coordination of care with Cleveland Clinic specialist
- Progress notes and methods of communication
- Family feedback about their clinical experience

Transition of Care



- Discharge summary
- Coordination of on-going care
- Ongoing patient care/support
- Call-backs for assistance

- 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

3.0

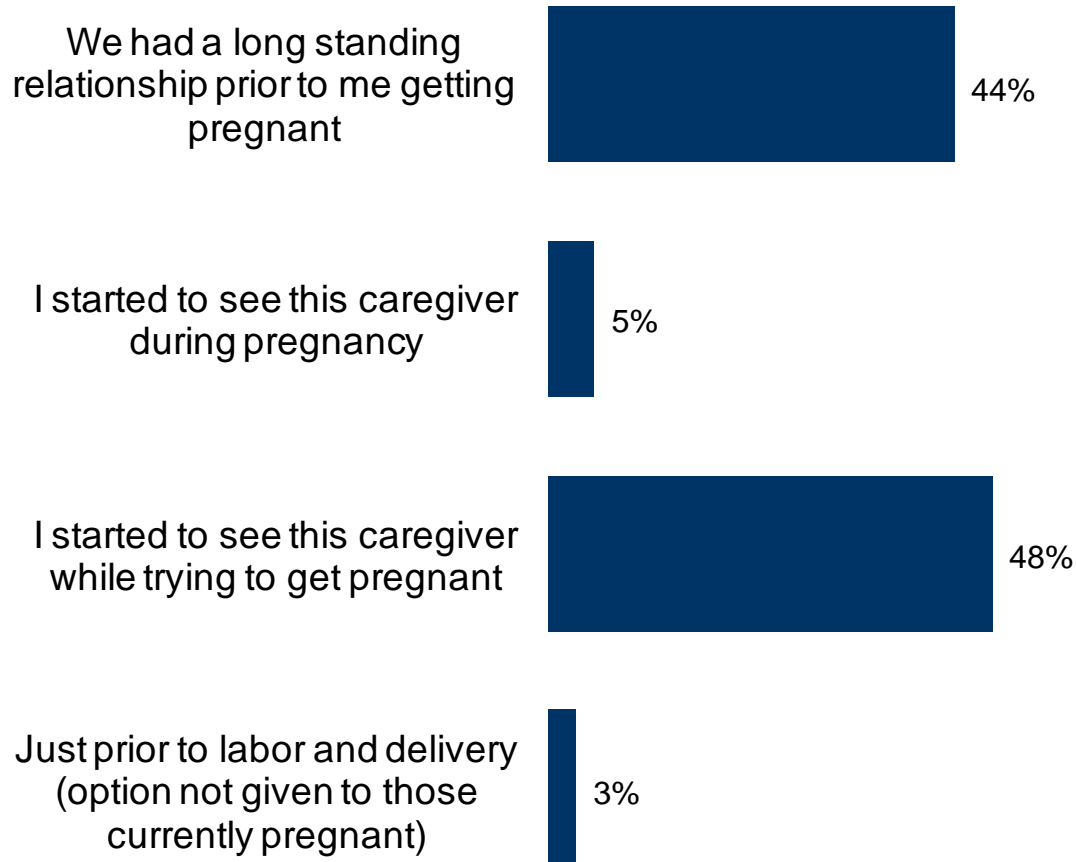
“We have the capability to build what I believe is going to be a new model in excellence. We are going to integrate quality into every aspect of the care that we’re going to deliver. That’s unique.”

- Michael Belfort, OB/Gyn in Chief, Texas Children’s Pavilion for Women

INSIGHTS

Relationship with OB-GYN





When did you establish a relationship with your OB-GYN?



Married women are more likely to select caregiver early

n = 548

Identifiable Personas

Segment	Name	Appeal	Size
	Handle with Care	High	12%
	OB Driven	High, with OB affiliation	16%
	Support Seekers	Moderate, with persuasive communications	9%
	In Control	Moderate	12%

Physician Involvement = OBs Only

- Pediatricians
 - Believe that an OB-patient bond and prenatal education are essential
 - Their role is limited until third trimester
- Facilitators:
 - OB support
 - Word-of-mouth among moms and OBs
 - Support service
 - Improved patient education
- Barriers:
 - Location
 - Normal births
 - Early discharges
 - Communication / coordination with Texas Children's
 - Large facility layout

Concerns About Service Line Management

“[Physicians] don’t want **pediatricians** telling them how to manage their patients.”

“My biggest concern would be that they have in place the management team...sensitive to adult care issues. Texas Children's is a pediatric hospital and there are **some differences between that type of care and adult care.**”

“**Keeping the current personnel is critical** with this transition because it’s the reason why I go there - even the one’s (nurses) that rub me the wrong way are capable.”

“They’re interested in high-risk only and **we might have difficulties practicing in the Medical Center.** On the other hand, things at St. Luke’s are upside down and now it seems like they have an opportunity to improve.”

Physicians Have Needs, Too

Call rooms: Large, private, and comfortable

- Phone/Internet access (wireless)
- Showers

Central lounge area

- Lounge should be big enough for multiple physicians: residents, PAs, nursing students
- Refrigerator, microwave
- Access to fetal monitoring
- TV with remote control

Real-time fetal monitoring; remote access

Conference rooms

Food options for physicians

- Free meals for physicians on call
- Food court with variety of options: Wendy's, Subway, Quiznos, Sushi, etc..

Assessment

1. Our pediatric clinical excellence is unparalleled in our local market
2. OBs and MFMs, not pediatricians, drive referral volume
3. Only pursuing high-risk OB will not provide us with sufficient volume
4. Competitive threats are strong and necessitate strong physician relationships
5. We must overcome existing perceptions of pediatric experience with our own for the Pavilion

4.0

“Do not go where the path may lead, go instead where there is no path and leave a trail.”

- Ralph Waldo Emerson

STRATEGY

Imperatives

1. Expand affiliations from Baylor College of Medicine to community physicians
2. Continue to recruit both academic and private OB/Gyns
3. Provide physicians with the “amenities” and conveniences they require to practice efficiently and effectively
4. Ensure community understands value of conjoining women’s and children’s services



Creating a Strong Foundation

Texas Children's Pavilion for Women

Management of inpatient
OB at St. Luke's

Baylor College of Medicine
academic partnership

Texas Children's Women's
Specialists

Community-based hospital
affiliations

Texas Children's
Fetal Center

Community-based
maternal fetal
medicine clinics

Reflecting Stakeholder Needs & Desires

- Physician and patient experience mapping
- External peer hospital benchmarks
- Women's Advisory Council
- Family Advisory Council
- Private and academic clinicians, leaders and staff across the organization
- Board of Trustees and community leaders



Translating Feedback into Customer Experience



- Placed patient safety and quality of care at the center of design and operations
- Created specific areas to enhance the family bonding experience and promote family-centered care throughout the facility
- Crafted calming, joyful environments
- Studied traffic flow and way finding to enhance site and building navigation
- Analyzed operational models to focus on family-centered care and customer service

Changing the Model of Care

- Mother and baby are kept together at all points in care unless it is medically necessary to separate them
- Care that adapts to mother and baby
- More support and opportunity for successful breastfeeding and family bonding
- Better communication between mother, obstetrician, pediatrician, and nursing team





Pavilion for Women

- “Texas Children’s” = perinatal / newborn care
- “Pavilion” universally embraced as distinctive, new and feminine
- Better conveys sense of the specialness and uniqueness of our offerings
- Provides clarity around patient way finding
- Incorporating “Women” into the name is critical to communicate full OB/Gyn offering

5.0

“It’s not ‘build it and they will come.’ It is having them build it with you, engaging them as your partners from the beginning.”

- Cris C. Daskevich, Senior Vice President, Texas Children’s Hospital

LESSONS LEARNED

Maintaining Momentum

- Paired leadership with physicians and administrative leaders across the organization is critical to ongoing growth and performance improvement
- 1:1 physician engagement critical – inclusion, strategic planning, process improvement
- Recruitment of strong physician leaders can change your strategic position overnight
- Strong perinatal programs can be built with or without bricks and mortar
- Flexibility in strategic planning is key to evolving facilities and programs in response to on-going market demands

Key Prescriptions for Your Institutions

- Surround yourself with top talent who will inform and align around your vision
 - Enlist the support of an executive champion early
 - Identify potential physician partners for collaboration early
- Listen to your key stakeholders – physicians and staff
 - Use a formalized approach such as experience mapping
 - Be sure to uncover both functional and emotional needs
- Be prepared for competitive response
 - Outline scenarios to address such
 - Consider barriers to entry for yourself and new entrants
- Communicate, communicate, communicate!
 - Share results with your physicians and staff
 - Reinforce the vision and progress toward success measures

1 set of sextuplets, 1 set of quintuplets, multiple sets of quadruplets & triplets, and over 115 sets of twins

Over 900 admissions to the Pavilion and WT NICU or CVICU



YEAR IN REVIEW

Over 106,000 clinic visits

Over 3,900 deliveries and counting...

Resources

[Creating Physician Enchantment - Cleveland Clinic Case Study](#)

[Linking VOC to Marketing Metrics](#)

[Physician exp management - CCHMC case study](#)

[Physician relations program development and benchmarking](#)

[Patient Experience Benchmarking - Gelb/Beryl/APQC](#)

[Physician Experience Dashboards – MD Anderson Case Study](#)

[Call Center Dashboards](#)

[Essentials of Organizational Communication](#)

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