IGNITE
THE PATIENT
EXPERIENCE™

Service
Excellence
Initiative

Hospital

Meeting Planner's Guide

a step-by-step, how-to guide for organizing a successful journey to ignite the patient experience

LIVE ON-SITE

LIVE STREAMING

August 2, 2023

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I   Get Organized for Ignite the Patient Experience™ [ITPE] – Two-Day Fast Track

The Ignite the Patient Experience™ (ITPE) is a two-day dynamic educational initiative that provides your Executive/Senior Management Team with a comprehensive organizational and culture assessment, leadership training, and 3-year blueprint to achieve a breakthrough to 5 Star patient experience.

Given the changing COVID-19 related, travel restrictions, ITPE may be delivered in one of the following formats:

- In the event of **Live Streaming,** CLS will provide the appropriate Zoom links
- One (1) CLS Expert Implementation Team member onsite and one via Live Streaming
- Two (2) Expert Implementation Team member via **Live Streaming**
- Two (2) Custom Learning Systems (CLS) Expert Implementation Team member **onsite**

To enhance the value and impact of this assessment, we are requesting specific information about your organization. Please note that all the information you submit will be kept strictly **confidential** and only be used for the purpose of performing your on-site diagnostic.

Please note: We request all of your documentation no later than 4 weeks prior to your ITPE.
If you have any questions during this process, please don't hesitate to call
Annie Yeoh-Sparksman, at 1-800-667-7325 ext. 2219 or email annie@customlearning.com.

A. Preparing for your Ignite the Patient Experience™ – Two-Day Fast Track

The first step in preparing for your onsite ITPE is to assign a Meeting Planner. Once a Meeting Planner is identified please let the Annie at Custom Learning Systems know.

The Meeting Planner will gather the information required in this document and make any other necessary arrangements indicated. All of the information needed to plan your on-site can be found in this package. Please be sure to input all of the information into this document before returning it to us. In addition, please print the **first 25 pages** of this document once complete. It will act as your guide when we are onsite.

B. Designate a Meeting Planner

Facility Name: Moore County Hospital District

Meeting Planner Name: Ashley Smith

Title: Marketing & Administrative Project Coordinator

Direct Phone: 806-934-7801   Cell: 806-661-8194 (text first)

Main Phone: 806-935-7171   Residential Phone*: Use cell)
For emergencies only, in the event of any travel emergency

Email: asmith@mchd.net   Fax: 806-935-6458

Wi-Fi Name/Password: as needed onsite through IT

C. Pre-ITPE Meeting Planner's Checklist

Please review this checklist with [Annie Yeoh-Sparksman](#) at Custom Learning Systems 14 days prior to your ITPE to ensure that the required documentation and arrangements are completed.

1. ☐ **Distribution of Brian Lee's books** to each member of your Executive/Senior Management team with a request by the CEO to read them prior to their focus group.

   ☐ Keep Your Nurses for Life™

   ☐ Satisfaction Guaranteed™

2. ☐ **Duplication of Brian Lee's BL additional books**

   ☐ Rural Hospital Renaissance™ to your Board Chair

   ☐ Skillful Physician Communication™ to your Chief of Staff/Chief of Medical Officer

3. ☐ **Duplication of ITPE workbooks** as soon as you know the final attendance count

   ☐ Morning Seminar – Ignite the Patient Experience™

   ☐ Afternoon Executive Briefing – Hardwiring a Five Star Experience™

4. ☐ **Print the summary of Seminar Participation Evaluation Form.**
   At the conclusion of the Day 2 morning seminar: Ignite the Patient Experience™, attendees will complete their evaluation forms, and we require your assistance to compile the responses for questions #1-5.

5. ☐ **Print the "Engagement Advisor" Certificate** as soon as you know the final attendance count (applicable to focus groups only).

6. ☐ **Required and additional documents** returned to [Annie](#).

D. Document Request Checklist

The required documents are absolutely essential for us to successfully complete your on-site diagnostic. Once an item is complete, please put a checkmark in the corresponding box. This information can be input directly into this document.

The additional key documents section lists supplemental material that we request you send either via email or fax to create a more targeted diagnostic. We understand that you may not have all the items listed. Please check the following boxes to indicate items that you have and are sending to us.

I. **CLS Required Documents** *(to complete and return)*
- ☐ Day 1 Master Schedule / Attendance Rosters *(Page 11-14)*
- ☐ Day 2 Master Schedule / Attendance Rosters *(Page 22, 24 & 25)*
- ☐ Best Practice Gap Analysis *(Page 26-37)*
- ☐ Organizational Development Diagnostic *(Page 26-40)*
- ☐ Economic Impact Statement *(Page 41-43)*
- ☐ ED Best Practice Gap Analysis *(Page 44-56)*
- ☐ Swing Bed Growth™ Academy Assessment Survey *(Page 57-58)*

WORKING

II. **Your Required Documents** – Organization *(to send to us)*
- ☒ Mission, Vision, and Values
- ☒ Organizational Chart
- ☒ Board of Trustees List
- ☒ History of Organization
- NA Latest Annual Report
- ☒ Awards & Achievements in the past 3 years
- ☒ Strategic Plan

III. **Key Best Practices** *(to send to us)*
- ☒ Service Standards / Standards of Behavior / Code of Conduct
- ☒ Employee Handbook
- ☒ Recognition and Rewards Program Information including manuals, forms, etc.
- ☒ Service Recovery Policy / Complaint Handling System / Grievance Policy
- ☒ Quality Improvement Model i.e. PDSA, QUAPI, LEAN, and any related tools
- ☒ Standard Meeting Agenda and related forms

IV.   **Employee Engagement** *(to send to us)*

☒   **Employee Satisfaction / Engagement Survey Results**

- Most recent and including organization PowerPoints created to explain results

☒   **Patient / Customer Experience Training Materials**

- **Workbooks and PowerPoints** used to educate everyone and/or new hire orientation

☒   **Progressive Discipline** Policy and Forms

V.   **Patient / Resident Survey Measurement** *(to send to us)*

1.   **Patient Survey Vendor**

Company: Press Ganey

Account Manager/Representative Name: Ashwinder Kaur

Phone: 574-344-2976

Email: ashwinder.kaur@pressganey.com

*Note – we will only contact them with your express written permission

2.   **Contact Information of your internal assigned liaison person** with your Patient Survey Vendor

Name: Ashley Smith   Position: Marketing & Administrative Project Coordinator

Phone: 806-934-7801

Email: asmith@mchd.net

3.   **Survey vendor peer group you benchmark against** i.e. Press Ganey: All PG Database

4.   **Name of Employee Engagement Survey Vendor:** Press Ganey

Date of most recent Employee Survey: October 2023

5.   **Name of Physician Engagement Survey Vendor:** Internal - Ashley Smith

Date of most recent Physician Engagement Survey: September 2023

VI.   **Patient Survey Reports**

Would you please: ☐ Check off this box if you contract for each of the reports below;
And provide us with the checked report

☒   1.   **HCAHPS Survey Results**

- Most recent 12-months period (rolling year), Top Box and Percentile Rank for all the domains composite summary and individual questions

- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

☐   2.   **Inpatient Survey Results**
Please send if your survey vendor asks inpatient questions, **other than HCAHPS**

- Mean Scores and Percentile Rank for question composite and individual questions

- Most recent 12-months period (rolling year) and last quarter

☒   3a.   **Emergency Department CAHPS Survey Results**

- Most recent 12-months period (rolling year), Top Box and Percentile Rank

- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

- Mean Scores and Percentile Rank for question composite and individual questions (if the survey is not a CAHPS **survey**)

☒   3b.   **Emergency Department Metrics**

- Number Left Without Being Seen (per month)

- Average Time for Door-to-Floor (past quarter)

- Average Door-to-Discharge (past quarter)

- Average Waiting Room (last quarter)

☒   4.   **Ambulatory Surgery CAHPS Survey Results**

- Most recent 12-months period (rolling year), Top Box and Percentile Rank for all the domains composite summary and individual questions

- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

- Mean Scores and Percentile Rank for question composite and individual questions (if the survey is not a CAHPS survey)

☐   5.   **Outpatient Survey Results**

- Most recent 12-months period (rolling year), Mean Score and Percentile Rank for all the domains composite summary and individual questions

- Last quarter Mean Scores and Percentile Rank for all the domains composite summary and individual questions

☒   6.   **Clinics / Medical Practice** (CG CAHPS) **Survey Results**

- Most recent 12-months period (rolling year), Top Box and Percentile Rank for all the domains composite summary and individual questions

- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

- Mean Scores and Percentile Rank for question composite and individual questions (if the survey is not a CAHPS **survey**)

☒ 7. **Home Health CAHPS** (HH CAHPS) **Survey Results**
- Most recent 12-months period (rolling year), Top Box and Percentile Rank for all the domains composite summary and individual questions
- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

☒ 8. **Hospice Survey Results**
- Most recent 12-months period (rolling year), Top Box and Percentile Rank for all the domains composite summary and individual questions
- Last quarter Top Box and Percentile Rank for all the domains composite summary and individual questions

☐ 9. **Long Term Care / Nursing Home Survey Results**
- Most recent 12-months period (rolling year), Mean Scores and Percentile Rank for all the domains composite summary and individual questions
- Previous Report of Mean Scores and Percentile Rank for all the domains composite summary and individual questions
- Results from Resident Survey, Family Survey and Staff / Employee Survey (if available)

☐ 10. **Assisted Living / Independent Living Survey Results**
- Most recent 12-months period (rolling year), Mean Scores and Percentile Rank for all the domains composite summary and individual questions
- Most recent Mean Scores and Percentile Rank for all the domains composite summary and individual questions

☒ 11. **Physician Satisfaction Survey** – Summary (most recent)

☒ 12. **Any Additional Patient Satisfaction Survey results conducted internally**
- Most recent 12-months period (rolling year), Mean Scores and Percentile Rank for all the domains composite summary and individual questions
- Mean Scores and Percentile Rank for question composite and individual questions

☐ 13. **Example of Letter** from Patient and/or Family: ☐ Complimentary
                                                                         ☐ Complaint

☒ 14. **Most recent Patient/Resident/Family Verbatim Comments** from the following
- HCAHPS / Inpatient
- Emergency Department
- Clinics / Medical Practice
- Hospice
- Long Term Care / Nursing Home

II. Day 1: Discovery Day

Day 1:   Discovery Day consists of seven key events:

1. **Meeting Planner Visit** with CLS Expert Implementation Team
   - Please provide a clipboard (letter size 8.5" by 11")
2. **Facility Tour**
3. **Frontline Staff Focus Group** *(8 - 12 people maximum)*
4. **Department Head** (all Non-Clinical Leaders) **Focus Group**
   (or Department Managers/Directors if no Service Excellence Council; 8 - 14 people)
5. **Board, Physicians, and Advanced Care Practitioners Briefing** *(whoever is available)*
6. Nurse / Clinical Leaders Focus Group *(8 - 12 people)*
7. **Administration Team / C-Suite / Senior Management Debrief**

Planning the Focus Groups

Please take into consideration the following when picking participants for each focus group session.

1. **Select between 8** *(Minimum)* and **12** participants *(Maximum)*
   - Broad representation of your entire organization
   - **No** supervisors or managers
   - A minimum of 2 RNs
   - Preferably employees with positive attitudes

2. Please **reserve appropriate meeting room**
   - A boardroom works well
   - Or a meeting room with tables set as a square
     NOTE: **NO** audio-visual equipment is required for focus groups; **except Board, Physicians,** and **Advanced Care Practitioners (ACP) Briefing**

3. **Schedule** a **"Meet & Greet / Registration" time** of 15-minute prior to start time
   (so we can begin on time). Please provide:
   - Participants should have a working, comfortable command of the English language
   - A variety of healthy snacks and beverages *(regular & decaf coffee or tea)*
   - A flip chart with fresh black ink marker *(only for Nursing/Clinical Leaders focus group)*
   - An appropriate thank you gift for attendees *(frontline group only)*
   - "Engagement Advisor" certificate at adjournment *(focus groups only)*

4. **Zoom Options / Important Note:**

A   In the event either one of the following two (2) conditions take place:

      1. One of our two (2) Expert Implementation Team members **are not onsite,** and or

      2. You wish to give your attendees the option of participating **remotely via Zoom,** then please advise as to the following requirements:

#	MEETING	REQUIRED LIVE STREAMING ☑
Day 1: Discovery Day		
1	Frontline Staff Focus Group	☐
2	Department Head (all Non-Clinical Leaders) Focus Group	☐
3	Board, Physicians, and Advanced Care Practitioners Briefing	☐
4	Nurse/Clinical Leaders Focus Group	☐
5	Executive/C-Suite/Senior Management Team Debrief	☐
Day 2: Inspiration Day		
6	Morning Seminar: Ignite the Patient Experience™	☐
7	Executive Briefing: Hardwiring a Five Star Experience™	☐

B   **Please encourage leaders and caregivers who participate via Live Streaming, watch together in twos or threes:**

The benefits of this:

1. Avoid unnecessary distraction

2. Encourage more continuous participation

3. Facilitates the specific use of a buddy system that generates a high level of continuous engagement

4. Results in the cross-sharing of new ideas and insights