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- relevant articles from healthcare industry experts
- case study success stories
- tips and tools for quality improvement
- patient experience and other industry research findings
- articles with ideas to help achieve success in your role

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How to Build Patient Experience the Cleveland Clinic Way

Interview with Dr James Merlino

The Cleveland Clinic is widely regarded as a thought leader in the execution of patient centred care and improving the patient experience. Thousands of quality improvement executives, including many from Australia, visit the Cleveland Clinic each year to observe their innovative strategies in practice. Dr James Merlino was one of the key architects at the helm of rethinking and redefining the patient experience journey for Cleveland Clinic as it climbed to achieve the highest ranks in patient experience and being widely acknowledged through numerous industry awards.

This PG Snapshot asks Dr Merlino for insights into the methods, challenges and hardwiring of their success, through interview.
James Merlino was the Chief Experience Officer of the Cleveland Clinic when he wrote his book "Service Fanatics: How To Build Superior Patient Experience the Cleveland Clinic Way." Today Merlino works at Press Ganey a company that advises and provides solutions for patient care. Merlino participated in this email interview with Cleveland reporter Michael Heaton.

How and when did the ‘Patients First’ philosophy at Cleveland Clinic first come about? What was your role in it?

The Patients First philosophy was the brain child of Dr. Toby Cosgrove. As I talk about in the book, part of his learning prior to becoming CEO is that he recognised the power that organisations have when they strategically align around the customer. He knew that this should be a critical component of health care organisations and immediately set about differentiating the Clinic on that course. One of his first initiatives when he became CEO was to coin the expression "Patients First," which quickly became the cultural rallying point for the entire organisation. He was driving patient centricity before it was an industry-wide priority and well before any government focus on it.

My role as Chief Experience Officer, as is the imperative of others like me, was to ensure that patient experience remained a strategic focus of the organisation and to help the CEO and the organisation execute on programs to help improve it.

What do you consider your book’s most important case study?

I have learned so many important lessons from other organisations both within and outside of health care that it is difficult to pick a favourite. However, one impactful "experience" for me was when I stayed at the Trump Hotel in Chicago. First, let me be clear that I think the only commonality between hospitality operations and hospital operations is that they both serve people – but that's about it! Hospitals are not hotels and we should never fool ourselves into believing that if we just functioned like a high class hotel, or just used one of their processes in a hospital, everything would be ok.

But at this particular property, from the moment I arrived to the time I departed, it seemed as if every interaction was aligned for me – everything connected together to deliver on a very nice, seamless experience. I have stayed at a lot of very nice hotels in my travels, but this one stood out because I thought they had mastered the art of aligning culture and process. The other important lesson it taught me is that just as customers experience a business when they traverse through its service, we as operational leaders should walk through our hospital to better understand what our patients are experiencing.

What is the most critical lesson ALL hospitals need to learn today?

I think there are three, and they are all connected.

- First, every hospital needs to strategically align around its customer, the patient, and make the patient experience a top strategic priority.
- Second, to improve AND sustain a successful patient experience, the CEO or the top person in the organisation needs to lead it. This cannot be delegated to a single department or a manager who is three or four levels down from the CEO.
- Finally, and probably most importantly, we have to recognise that the patient experience is not about making patients happy. It is about fulfilling the patient promise of delivering safe, high-quality health care, in an environment where patients and families feel that you care for them. That is the patient experience.

Do you think most medical schools need to put more emphasis on patient communication?

Medical schools are clearly investing in more communication training for students, and while this is important, there are other critical competencies that require our focus as well. One is developing the skills of interdisciplinary teamwork. Delivering safe, high-quality medical care in today’s complicated health care environment requires a team of extraordinarily talented professionals – nurses, doctors, social workers, and even dentists.
Teamwork is not a skill that is typically taught in medical school and, in fact, medical schools are probably a generation behind our colleagues who teach this in nursing schools.

When I was a medical student at Case Western Reserve University, we had a few sessions on patient communication and interactions, and Case was an early leader in the country on exposing students to patients. However, in retrospect, what amazes me as I think about it today, was our lack of interaction with other professionals in the care experience. That was our true gap.

The nursing school was physically attached to the medical school. Yet, in my four years of education, we never took any courses together and I cannot remember having any interactions with nursing students. Today, hospitals around the country spend incredible amounts of time and resources trying to get health care professionals to work better together because we know when we promote better teamwork, the safety and quality of care is better, and the patient experience improves. Imagine the success we would have if we started this cultural alignment when people first started their health career education?

Cleveland should be proud that the new Case Western Reserve University health professions education complex will accomplish this very goal. Health professional students from nursing, medicine, social work, and dentistry will be co-located in a single building, using common spaces and taking some classes together. This is both revolutionary and evolutionary. It is revolutionary because it is a new paradigm in health professions education; it is evolutionary because it will allow us to shape – evolve, if you will – the cultures we need to deliver care that is not only of high quality, but is also of high value to patients.

Following these students as they progress in their training and careers, and continuing to provide communication, relationship, and teamwork training, will allow us to reshape health care culture from the ground up, eventually eliminating the need to invest in training and education to "change" people ensconced in their ways.

This is how we will improve communication with patients, enhance how we coordinate care, and ultimately progress health care delivery.

What aspect of patient care do most hospitals get wrong and why?

There has been a perception in health care that medical professionals need to be dispassionate and must keep at arm's length emotionally from patients to protect our objectivity. And a lot of hospitals and leaders believe that keeping patients happy is all about superficial amenities. We get it wrong if we don't take the time to really listen to and understand the voice of the patient.

As I said earlier, hospitals are not hotels. Patients come to the hospital suffering; it is most likely the worst and most vulnerable time of their life. They don't come to the hospital hoping for a fine meal. What patients want is pretty basic: they want us to reduce their suffering.

They want to know that we hear them, that we care about them, that we know something about them personally so that they don't feel like a number, and that we understand what they are going through. Simply stated, in addition to our clinical care, they want our empathy. We can have solid, caring relationships with patients and their families without crossing the line of objectivity.

How do you feel about current Government Policy and Accountability?

Everyone has a different opinion of this, some more visceral than others. Regardless of my personal opinion, there are a couple of things that we should all recognise. There are many different elements that these changes provide. For me, one of the most important components of recent changes that is transforming health care for the better is our march from volume to value. For the first time in the history of health care, we are being held accountable for things that really matter to patients, such as safety, quality, and experience metrics. Those are important components of care delivery. That is transformational. It's right for patients, and importantly, it's the care quality we should want for ourselves and our families.