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CEMPPLICITY AND MERCYASCOT

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The MercyAscot story

This paper outlines MercyAscot's journey from a paper-based approach to requesting patient experience feedback to a digital patient experience programme, and the benefits they are accruing as a result of this transformation.

Most healthcare providers are well-grounded in the benefits of patient feedback, be it feedback on patients' experiences (PREMs) or their health outcomes (PROMs). Such data generates insights into how an organisation can improve frontline care and optimise service and organisational performance across the board.

It also makes the patient feel valued and attended to.

At the time we first met MercyAscot, their commitment to excellent patient experiences could not be faulted. They are respected in New Zealand as one of the leading private surgical hospital groups, and not least because of the effort they made to listen to their patients and act on their feedback.

Recently they decided modernisation was in order and we feel this evolution from a high performing, patient-centred health service into a PREMs practice leader deserves some attention.

By adopting Cemplicity, they have opened the door to a slew of new possibilities, including internal and external benchmarking, faster quality improvement cycles and, overall, a more streamlined healthcare ecosystem.

Setting the Scene

MercyAscot is one of the most extensive private surgical facilities in Auckland, New Zealand, with over 650+ staff across three sites. As a leading healthcare organisation, its mission has always been a continuously improving, value-based service provider.

3

Sites

650+

Staff

“The only way you can be a value-based provider, is to be able to identify key data points that come in as part of a patient’s journey, whether it be their experience or outcomes.”

— Sarah Gardner, General Manager - Patient Engagement & Quality

Consequently, for several years, MercyAscot relied on a paper-based system to capture patient-reported feedback. Jane Harris, Quality Improvement Specialist, describes a process in which administrative staff mailed out hardcopy questionnaires to patients a week to two weeks after their discharge. The patients were responsible for mailing back their answers, which were not anonymous. Once received, an administrator manually entered the data into a spreadsheet before sending the hardcopies off to the individual wards responsible for the patient’s care.

“It was really helpful for the staff to be able to see these responses. That really gave them the impetus to continue to do a good job, or a chance to learn and improve when the comments weren’t so good.”

— Jane Harris, Quality Improvement Specialist

But according to Jane, response rates had dropped to 30 percent in the last three years due to the postal system’s unreliability and cumbersomeness. In Cemplicity’s experience, this also reflects a general change in consumer expectations of how they want to give feedback. Jane also added that sometimes patients would leave their questionnaires around the house and then mail back surveys over a year later, causing all kinds of challenges to data reliability. Logistically, the resources used in mailing out the questionnaires and manually documenting the feedback were far greater than the value of the surveys coming in under such limitations.

“Our desire is to make inroads into really understanding the patient journey and being able to capture that in a data-driven way, so that we can start to use these insights to drive actions on our end,” Sarah summarises. Working with Cemplicity was really “that first step towards capturing the data in a nice, discreet way that can be utilised across the business.”

Going digital

To optimise data-capture and promote improvement, MercyAscot partnered with Cemplicity to implement an electronically run patient experience programme using email to solicit feedback by a means most convenient for the patient. Every single patient that provides their email receives the survey via their computer or mobile phone and then is prompted to complete it within a given time frame.

The all important response rate

Blaik Wilson, Cemplicity Chief Operating Officer, outlines that when a new company even starts considering working with Cemplicity, the first thing he suggests they do is to focus on getting as many patient email addresses on admission as possible.

While this can be a challenge for some companies, MercyAscot staff seem so enthusiastic about getting as much feedback as possible, they are now getting email addresses from almost 95% of patients. A phenomenal result! This is important because response rates to email invitations are almost double those of SMS in NZ, as well as being a lot cheaper to deliver.

Overall, there has been an immediate lift to a 50% response rate. Given that more patients are also being asked to provide feedback, this is generating very powerful and reliable data.

95%

of patient email addresses secured

50%

immediate lift in response rate

“The ability to have it on your phone or have it on your PC and take the responses right then and there has helped with the promotion of the response rate”, claims Sarah.

Jane adds that the timeliness of the data has led to much greater efficiency and staff confidence in the data. “Having a closer time-frame means we can be sure that there’s no more data flicking in on an ad hoc basis. That changes things and we’ve saved people a lot of time.”

Is there such a thing as too many responses?

Commenting on a common concern voiced by clients, Blaik explains, “some of our clients worry about whether they’ll actually get too much feedback. With the high response rates, and if clients choose to invite patients to request contact, there can be some concern that too many contact requests will be received.”

In fact, this is never the case. Because the survey cycle is so frequent, the feedback is nicely spread across the week. Clients often direct requests through to different team members too, further sharing the load and ensuring the right people are contacting the right patients.

As part of MercyAscot’s commitment to listening to their patients, they were very keen to enable people to request contact to discuss their feedback.

What MercyAscot has found is that not all of contact requests require follow-up. In fact, they’ve recently made a tweak to how they frame the ‘contact us’ question to focus this on real opportunities for improvement, rather than the many compliments and ‘thank yous’ they were receiving. However, they are finding real value from opening up a direct, post-discharge channel between patients and their ward or relevant administrative teams.

One of the goals of allowing people to give feedback and request contact, is to nip concerns in the bud. This is important for several reasons. Firstly, to avoid future health issues and even hospital readmission for the patient. Secondly, to iron out issues before any more patients are affected by them, which works brilliantly with a real-time platform. Finally, it’s a chance to avoid more complex and costly formal complaints that may arise from time to time in any health service setting.



Prevent future
health issues



Real-time
information



Quickly react
to concerns

An attitude of continuous improvement

Something Blaik feels is a real feature of Cemplicity's approach is their determination to keep getting better at what they do, largely led by the Customer Success team.

“We often tell our new clients that they are joining a community of like-minded patient experience professionals, where everyone can all share ideas and benefit from the good ideas of others. Prior to starting with MercyAscot, we were already well aware of their credentials and the exceptionally good patient experiences they delivered to their patients, so we were particularly excited when they chose to adopt our platform. This will definitely be a mutual-learning opportunity.”

There are three areas in which the Cemplicity Customer Success team tends to focus.

- 1. The first is optimising patient participation, an area in which MercyAscot has started well.**
- 2. The second is building ongoing, strong staff engagement in the programme. The key here is that each staff member finds the feedback easy to access and relevant to their specific role.**
In MercyAscot's programme, the senior executives, quality teams and service leaders make full use of the de-identified, aggregated ratings which can be drilled into by patient cohort, treatment pathway or location. It's a useful view to identify strong performance and work-ons.
- 3. Blaik highlights patient comments as a focus area for Cemplicity. “A third area we focus on is ensuring patients have opportunities to tell their stories. We design our programmes so clients to get the greatest value from these, both verbatim and through our theme and sentiment tools. As someone once said, ‘ratings talk to the mind and stories talk to the heart’.”**

According to Jane, this has emerged as the most valuable information so far. Patients openly express their concerns and opinions which brings their ratings to life.

“This change is going to give us is the ability to give some feedback to individual surgeons on their patients and what their patients think about MercyAscot,” says Jane.

“It will be good to be able to report to them about how their patients are doing.”

External Benchmarking

Another valuable aspect of the new approach, due to Cemplicity’s wide client base, is the opportunity for MercyAscot to benchmark against other healthcare providers across domains of care like access and wait times, physical and emotional needs, discharge experience and overall NPS.

“External benchmarking is almost number one,” says Sarah. “That can help drive a lot of conversations that you have internally and help with that continuous improvement process.”

For the first time, MercyAscot can measure their performance as a complete healthcare service against their peers, offering a bird’s eye view of areas that shine and others that can be improved. From a business standpoint, such information is valuable to maintain a competitive, thriving institution.

“On our first little shot with the benchmarking,” Jane recounts, “we already found that the issues that other healthcare providers have are similar to ours. So, that’s reassuring, but that also challenges us to do something more about those particular areas.”

“It’s one of the real benefits that have come out of working with Cemplicity,” adds Sarah.

Innovation in Practice - Surgical Site Infection (SSI)

One of the most exciting aspects of Cemplicity’s work, is when a client brings an innovative idea to the table which addresses a real quality or safety issue that others’ grapple with. This has been the case with MercyAscot, and their commitment to ask patients to self-report surgical site infections post-discharge from the hospital.

Surgical site infections are a significant risk of modern surgery and measurement is difficult once patients leave the private surgical setting, particularly as they

have short stays and if an infection develops it is difficult to keep track of it. For several years, the MercyAscot Infection Prevention and Control Service used a postal questionnaire, sent to patients 6 weeks after the date of their surgery. This component of the total SSI surveillance programme is one of several ways that MercyAscot seeks out any problems related to surgical site infections. This involved customer service staff to send a prompt via the post to a select group of patients to enquire about the healing of their surgical wound.

“For MercyAscot, it is important to know about these wound healing problems in as timely a way as possible so that if any interventions are required we can be alerted and investigate accordingly. “

— Francie Morgan, the Infection Prevention and Control, Nurse Specialist.

Cemplicity worked with MercyAscot to develop the manual postal questionnaire into a digital format. “We used it as an opportunity to digitise a manual process,” Sarah says.

“It seemed sensible to centralise it all under one system, and the Cemplicity guys responded to that, so that was great.”

Return rates were always high for the SSI post discharge questionnaire and since the introduction of the digital format these have remained stable at 60 – 65%. It’s the timeliness of the feedback that now makes it more actionable than the historical approach. “This is the most noticeable improvement to the SSI surveillance process. This aspect has most certainly improved efficiencies within the IP&C Service’s ability to monitor surgical site infections” states Francie.

Where to from here?

“When companies start work with Cemplicity, we pay a lot of attention to the client’s specific goals for their programme and how they’ll measure success,” explained Blaik. “The initial design and implementation reflects our industry knowledge and experience as much as each client’s culture and strategy.”

“Once the base programme is up and running the skill is to tailor and refine the programme to meet each client’s unique customer base, their values and company strategies. This is where we’re at with MercyAscot.”

“I’d like to see that our patient’s experiences of care have improved because of being able to look at this data,” says Jane, “whether it is the external benchmarking data or our own internal trending data, that has supported our managers to make changes that improve the care of our patients, or the perspective of their experience, not just outcomes.”

We are looking forward to working with Cemplicity to really bring the patient voice alive for MercyAscot. It’s an exciting journey.”

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