



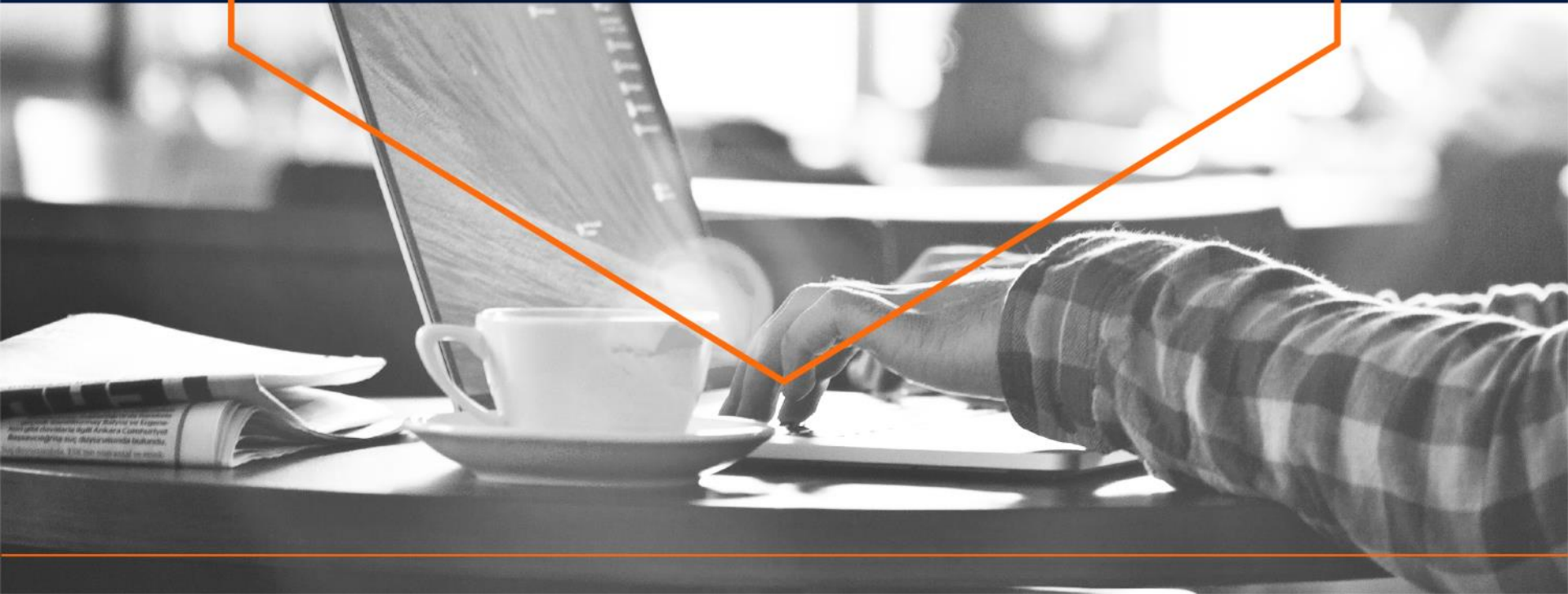
Online Qualitative

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Client Overview

Cincinnati Children's Hospital Medical Center



626

Bed tertiary care
pediatric
institution

1,000,000+

Outpatient
visits

31,000

Inpatient
admissions

125,000

ED visits

15,000+

Employees

#2

In U.S. *News & World Report*
survey of best
children's
hospitals



Classic Models of Family Engagement

Family Advisory/Patient Advisory Councils

- “Professional” families

Interviews – focus groups

- Time limited, effort/travel

Surveys

- Delayed response, low response rate, limited comments

What We Did



Parents of Cincinnati Children's Patients: We want to hear from you!

Cincinnati Children's would like to invite you to participate in an online community for the purpose of gathering your feedback and better understanding your needs.

The online discussions can be accessed through any of your digital devices: smartphone, tablet, laptop or desktop computer.

You can participate from anywhere you have access to the internet, at any time of day that is convenient for you.

Community members will be asked to spend about 20 minutes per week providing input over the next 12 months. Participants will receive compensation for their time (gift cards or money via PayPal).

Spaces in the online community fill up quickly. Type the link below into your web browser to see if you are eligible for participation.

<http://viewpointforum.com/survey/?s=10137>

Recruitment Flyer

- Social media
- Clinic waiting rooms
- Emergency Room
- Physician referrals

Recruit for diversity

- Age
- Ethnicity
- Disease Process
- Hospital experiences
- Socioeconomic status

“Family TalkBoard” Our Online Community

The screenshot displays the Family TalkBoard website interface. At the top, there is a navigation bar with links for Home, Discussions, Polls, Messages, Notifications, and Search. Below this is a header section with the title "Family Talkboard" and the tagline "Online Community for Our Patient Families", along with the Cincinnati Children's logo.

The main content area is divided into several sections:

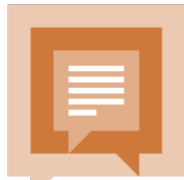
- Onsite Food Options** (DISCUSSION): A discussion topic with a fork and knife icon. The text asks for information about onsite food options for outpatient appointments. A "Go to discussion" link is provided.
- Liberty Campus Experience Poll** (POLL): A poll titled "Liberty Campus Experience Poll" asking about experiences at the Liberty Campus. It includes a bar chart showing the following data:

Inpatient	18.2% (14 Votes)
Outpatient	55.8% (43 Votes)
None of the Above	40.3% (31 Votes)

 A "Go to Poll" link is at the bottom.
- Same-day and Next-Day Appointments** (DISCUSSION): A discussion topic with a calendar icon. The text asks about the availability of same-day or next-day outpatient clinic visits. A "Go to discussion" link is provided.
- Surveys** (0 out of 20 days): A section for surveys with a "View Survey Data" link. It lists dates: PA 03/20, IA 03/20, AR 4.4, and MC 4.10.
- User Profile**: A profile for a user named "colleen" with a "Log out" link. Below the profile, there is a "What's new" section with links for "New Discussions", "New Comments", and "New Messages".

What We Did

Capabilities Within an Online Community



Discussions



Chats/Diaries



Collages/
Mark-up



Surveys/Polls



Mobile
Enabled



Flexible

Research topics can be adjusted to quickly and easily to meet evolving objectives.



Qualitative & Quantitative

Polls and surveys may be used to quantify qualitative findings.



What We Did

What are the Benefits?

200 + Online
Community
members

Geographic
diversity

Wide range of
clinical
experiences

Multi-platform

Enables both
feedback and
co-design

Conversation
moderated by
third party
community
manager

Asynchronous

ROI



The Relationship

Quotes from Family Talkboard

"Thank you for allowing us to be part of such an experience..."

"It simply makes one want to participate in the community a lot more when we see them putting our suggestions into action. Thanks, Children's for listening."

"I'm super happy that we matter and that our voices have been heard."

*"I am honored to be part of this group...
THANK YOU!!"*



Example: New Tower Design

ICU patient families desire areas outside the room to support their own needs, but fear of the unknown currently prevents many from utilizing amenities available to them.

- **Physical**- Patient families desire a space to exercise. Some see this as a track, others as a gym.
- **Emotional**- They desire space to be alone; some request an outdoor area for fresh air and sunshine, others private family visiting spaces, and few would like to see Cincinnati Children's offer help coping with their child's situation.
- **Functional**- Functional needs vary based on the family's unique situation. Some patient families request locked storage for luggage, others want designated storage for breastmilk, more laundry facilities or a safe place for their other children to play.

Needs

Barriers

Despite the need, ICU patient families often feel **uncomfortable** and even **guilty** taking breaks outside the patient room. As a result, many limit themselves to **very short breaks** only when another family member is present or when their child is sleeping.

- **More predictable rounds**- Some patient families fear they will miss a care provider if they leave the patient room.
- **Proximity of amenities**- Some patient families feel even the cafeteria is farther from the room than they care to venture.
- **Live feed of patient room**- Patient families are used to having their world at their finger tips. Leaving their child's room leads to anxiety & fear of the unknown.

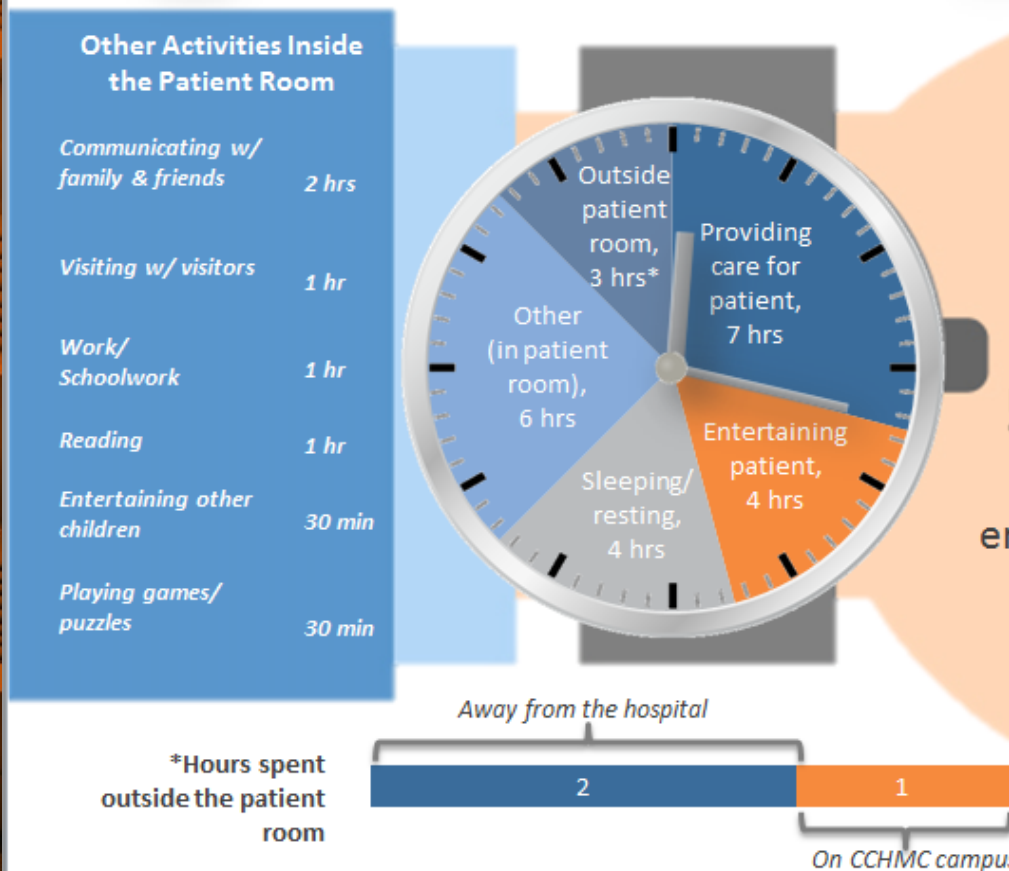
Solutions

Providing in-room closed circuit cameras that can be accessed via the family member's smart phone could alleviate some of the anxiety patient families experience when leaving their child's room.



On average, ICU patient families spend **21 hours/day** inside the patient room.

“ I really don't leave my son's room when we are inpatient...” ”




When in the ICU, patient families spend nearly **50% of their time** providing care & entertainment for the patient.



Family Unit Design Feedback & Mockup



- Approximately 40 Emergency Department families participated in a ED Design Focus Group to provide feedback on ED rooms and processes.
- 32 ICU and BMT families were involved in design sessions across 10 months in design and mockup sessions to fully understand the needs of a family living in a patient room.



Example: Physician
as Influencer-in-
Chief

Physician Communication

How well patient families feel they are being listened to has an impact on the how they perceive the quality of care their child is receiving.

Good listening	Poor listening
<p>I can tell by...</p> <ul style="list-style-type: none"> • Eye contact • Taking extra time • Repeating/rephrasing questions • Asking clarifying questions • Explaining things in ways that are more understandable • Bringing the concern back up later • Asking for feedback • Taking notes 	<p>I can tell by...</p> <ul style="list-style-type: none"> • Looking at papers/computer, rather than me/my child • “Uh-huh’s” and head nods instead of active engagement • Rushing through the visit • Patronizing me • Getting defensive when I voice concern • Asking questions I have already answered
<p>It makes me feel...</p> <ul style="list-style-type: none"> • Like part of the care team • Heard • At ease • Validated • Valued • Comforted 	<p>It makes me feel...</p> <ul style="list-style-type: none"> • Like the doctor doesn’t have time for my child • Uncomfortable • Ridiculous • Empty • They think I’m (my child is) crazy
<p>“ I like it when they elaborate or explain something in a different way, not just ask if you have any questions and then move on. ”</p>	<p>“ When the doctor walked out of the room, my son turned to me and said, “they think I’m crazy.” ”</p>

For quotes, see pages 24-27

Listening carefully and closely is a goal of Cincinnati Children’s. What does that mean for you? Can you give an example of a time when you felt like someone at Cincinnati Children’s really listened to you? Explain how you knew they were listening. Do you have examples of an opposite experience?

Deep Dive with Top Performers

- In depth interviews and shadow experiences with 17 Connect top performers in pediatric and surgical divisions
- 2 interviewers involved in every interview, analyzed notes separately before synthesizing data

Goal: “*Best Practices*”

Teaching Tool

22

Engaging Patients & Families



1 Entering the room

- Introduce yourself and other staff who enter with you; shake hands with patient and family.
- Apologize for any wait longer than 15 minutes and reassure families you will give them the time they need.
- Ask people in the room to introduce themselves, or ask patient to tell you who they brought with them today.
- Demonstrate you are prepared, and explain why families may need to tell their story more than once: *"I've reviewed the notes from your referring physician, but it would be helpful to me to hear you describe what's happened in your own words."*



2 Establishing the relationship

- Engage with the family at eye-level: Sit if they sit, stand if they stand.
- If using a computer, orient yourself to maintain eye-contact and explain purpose of note taking.
- Ask non-clinical questions that help you get to know them better.
- Leverage team members in creating positive interactions.
- Give children choices when you can: *"Should I check your right ear or your left ear first?"*



3 Listening

- Show respect for all questions and concerns; avoid making statements that make families feel judged.
- Demonstrate active listening, be "in the moment."
- Avoid checking your phone, watch, etc. during the visit. If you must do so, explain why.



4 Teaching & answering questions

- Walk through your assessment and decision making process; "think out loud"
- Drawing pictures or using illustrations, whenever it makes sense to do so, helps families understand and remember.
- Use teach-back methods with patients and family to ensure they understand.



5 When a visit isn't going well

- Pause; take a "time out." Express that you sense you are not on the same page with the family. Seek to understand and address their concerns.
- Verbalize that you are **on their side** in seeking the best path forward, even if you are in different places regarding diagnosis or next steps.
- Take time to explain why you have reached the conclusions you have and why you believe they are in the best interest of the patient and family.



6 Close & extend the relationship

- Confirm that you have addressed all concerns and questions that the patient or family may have.
- Provide them with the name and contact information (yours, or another team member) to use if they have any follow-up questions or concerns once they are home.
- Providing your business card demonstrates to families your care and concern extends beyond this visit.

What Patients and Families Say:

*“From the point of view of the patient or parent, I think that is a great guideline for doctors. Not only because it makes the patient feel more at ease, but I would think that it also **helps the doctors to focus better on the patient that is right in front of them**, rather than thinking about multiple cases all at once.”*

*“When I read through this list and compare it to **the physicians we see** whom I feel do a good job of communicating with us, they **always follow this protocol.**”*

*“[This] was amazing to read! If all doctors would take the time to do this at every single visit, **it would [be] awesome.**”*

Results are Win-Win!

Increase on Overall Provider Rating

Specialty	FY17 Increase
Plastic	22.22%
Ortho	17.36%
Ortho	13.25%
HumGen	24.34%
PedSurg	18.33%
Cardio	18.23%
Pulm	17.22%
Cardio	16.67%
Neuro	16.16%
Cardio	15.60%
Gastro	12.90%
NeuroSurg	12.14%



Components



Good
research design



Engaging
platform



Proactive, Consistent
and quality
engagement
With respondents



Reports that tell the
story
and bring the
respondents
to life

Thank You.

Questions?

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