CASE STUDY

Mount Sinai Health System Focuses on Cultural Alignment to Improve Physician Engagement

The New York-based health system is transforming care delivery through an integrated strategy that aligns physician engagement with safety, quality and patient experience performance.

Situation

In 2017, Mount Sinai Health System’s patient experience survey scores showed room for improvement across all domains. Work in performance improvement and diversity and inclusion was already underway, but the low scores indicated that more needed to be done. Given the large number of physicians, as well as an organizational culture that gives a strong voice to physicians, it was clear that physician commitment to improvement was critical for success.

Solution

With the goal of creating a more patient-centric culture and better positioning the organization to deliver safe, high-quality care in an environment where patients feel cared for during every encounter, Mount Sinai Health System (MSHS) developed a cultural alignment strategy rooted in physician engagement and ownership of the patient experience.

The system’s chief medical officer realized the power of an integrated safety, quality and experience message, and that became a central component of the strategy she shares with system and hospital leadership.

Physician engagement is central to cultural alignment work. MSHS data show that patients who perceive their doctors as being consistently good communicators are more likely to report higher Hospital Overall Rating scores than those who do not. Sharing these data helps physicians understand that patient experience is related to global perceptions of care, which have also been linked to safety and quality outcomes.

The goal of the cultural alignment strategy is to create a cohesive framework for physicians to understand the ways in which their interactions with patients influence patient experience outcomes, as well as safety and quality.

―Erica Rubinstein, Patient Experience Coordinator

Profile

Mount Sinai Health System
New York, NY

- 145,336 inpatient admissions annually
- 500,000 licensed beds (staffed)
- 481,139 emergency department visits
- More than 3.1 million outpatient visits to offices and clinics
- 38,000+ employees

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To bridge the gaps that exist between safety, quality and patient experience operations, MSHS is leveraging a standardized process already in place to address Serious Adverse Events (SAEs). The SAE process has significant buy-in and engagement of physicians. It’s agreed upon as a robust process for understanding breakdowns in care.
Through the addition of the patient perspective to the quality process map, a fully integrated picture of what happened from both the patient’s and clinician’s perspective is generated. Following are some of the key features of the enhanced SAE process.

- The patient voice is brought into the process through a partnership with the Patient Service Center.
- Use of a data driven process that incorporates the patient’s voice using standardized tools.
- Breakdowns in clinical processes and the patient experience are presented together.
- A clear connection is made between safety and quality and the patient experience.

Patients are seen as contributing valuable information to the process. Strong physician leadership has been a critical component of the overall strategy to strengthen the organization’s culture to be more patient-centric. Including physicians as part of the solution through involvement in various patient experience-related committees will reinforce the organization’s commitment to a more patient-centered approach to care.

Challenges

Having physicians engaged and taking ownership of patient experience had been a challenge from the beginning. The separation of physician and patient experience led to a reduced focus on patient experience scores compared to clinical outcomes. Connecting physician behavior to outcomes and showing quantitatively that top box scores on patient experience drive quality and metrics has been powerful.

MSHS had tried to address physician engagement in the past that did not result in sustainable improvement. Previous efforts did not create sustainable change because they focused on safety, quality and experience separately. Also, that earlier work lacked a physician leader who believed in aligning the three areas. Having the health system’s chief medical officer lead the patient experience efforts was critical to overall alignment efforts for physician engagement.

Outcomes

MSHS is in the early phases of its cultural alignment and patient experience work. As an organization, MSHS has become focused on sharing patient experience data in a way that connects to clinical outcomes and shows trends over time.

The health system has implemented a biweekly system quality leadership meeting where patient experience data are routinely shared and discussed and the connection between safety, quality and experience is consistently reinforced.

A systemwide employee survey was implemented and resulted in more than 18,000 responses. The results overall indicated a readiness to come together and align as a health system with putting the patient at the center. A strong focus on physician leadership within the context of the organization’s commitment to cultural alignment has provided a strong foundation for organizational transformation.