

Postcards from Cleveland: Ideas for BC specialists

We were part of a team of BC specialists and health care executives who traveled to the world-renowned, not-for-profit Cleveland Clinic with the aim of finding best practices that can be applied in BC. The trip was organized by the Practice Support Program in collaboration with the Specialist Services Committee (SSC).

The Cleveland Clinic is famous for extraordinary patient and provider satisfaction levels. We found that they're not super-people, just regular people doing their jobs in a really effective way.

We observed many innovations that would be inexpensive to implement in BC. We know dramatic improve-

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ments can come from small measures. Following are a few key ideas for specialists in the province.

Shared medical visits

Shared medical visits have reduced wait times at the Cleveland Clinic. The BC team had an in-depth look at the clinic's system for facilitating these appointments.

In a shared medical visit (called a "group medical visit" in BC), many patients with similar health conditions attend an appointment together. They each have a brief one-on-one session with a specialist and then a group discussion where they can ask questions of one or more physicians and, if needed, additional experts like nutritionists.

This type of appointment can be applied in many ways, including preoperative appointments and follow-ups. Appointments free up access and

patients report very positive experiences with shared visits. They gain insights from each other, as well as the specialist, which is so valuable.

HUSH (Help Us Support Healing)

The BC team was impressed by a simple, no-cost initiative that significantly improved the patient experience. The program, called HUSH, was devised to create a more restful and healing environment for patients.

Simply put, the clinic implemented quiet hours in the evenings. Staff were asked to speak in quiet tones; close doors when appropriate; dim lights after 9 p.m.; fix noisy doors, carts, and toilets; and limit loud activity near patient rooms.

Patient satisfaction metrics were directly improved by these small efforts.



In January a group of BC physicians and administrators braved the winter cold of Ohio and traveled to the Cleveland Clinic to learn more about its world-famous approach to patient care.

Purposeful rounding

Purposeful rounding is another no-cost, big-benefit initiative noted by the BC team. Its aim is to anticipate patients' needs so they don't have to ask for predictable things.

Nurses communicate the purpose of rounding to the patient on the first visit and assess "the 4 Ps" every time: pain, position, potty (toileting needs), and possessions/personal items.

This makes each interaction with the patient directed and clear. Patients have the chance to voice concerns during rounds rather than calling nurses back at another time.

This simple technique has reduced patient anxiety and improved operational efficiency.

Specialty institutes

The Cleveland Clinic is organized into a series of "institutes" that allow patients to more easily access care. Rather than patients running around to various buildings to get the care

they need, all of needed providers are in a single location.

For example, the clinic has a Heart and Vascular Institute, a Urological and Kidney Institute, a Digestive Disease Institute, and an Orthopedic and Rheumatologic Institute—to name a few.

These institutes allow for centralized intake, which improves access to care and reduces wait times. With centralized booking, patients are given the option to see the first physician available rather than waiting for a specific doctor.

Patient-first culture

Above all else, the Cleveland Clinic is known for its culture and vision to "re-humanize the hospital experience." Its founding philosophy still stands today: physicians, nurses, and scientists should act as a unit to support each patient.

This culture comes to life in a variety of ways, not the least of which is a keen focus on measuring the quality

of service. Patients complete surveys to assess the quality of their visits. This means patient outcomes and patient satisfaction levels are meticulously tracked so that continuous improvements are made to the standard of care.

But it's not just about metrics. The clinic has instituted a program to bring art and music therapists into the hospital. Several hundred patients participate in these programs every month, including bone marrow transplant patients, pediatric cardiac patients, elderly patients, and cancer patients and their families. Out of 1000 patients and family members surveyed, 95% said music made a difference in their time at the hospital.

Learning about and sharing relevant best practices in health care is an important focus. It is through this kind of dedication that we can improve health care for patients and the working environment for specialists who provide that care.

—Ken Hughes, MD
—Ian Courtice, MD

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