



PATIENT VISIT REDESIGN™

Tools You Can Use

Are You Ready for Redesign?

Here's a self assessment tool to help you determine if your organization is ready to redesign the patient experience. Take a few minutes to respond to the following statements, circling either True or False. At the end of the assessment, we'll tell you what your score means.

This exercise is best done in a group, by the management team or department, for example. Each person in the group should complete this assessment anonymously. Then the results are tallied on a flip chart, and a group discussion is facilitated. This is a "forced choice" assessment. You must choose either True or False as an answer to each question, whichever is closest to what otherwise would be your answer.

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| 1. Senior management in my organization has the authority and leadership necessary to institute fundamental change. | True | False |
| 2. If we decided to implement redesign, management in my organization would be willing to commit both resources and personal attention to making the effort succeed. | True | False |
| 3. The leader of my organization has expressed a clear vision of the kind place we strive to be and takes steps to carry out that vision. | True | False |
| 4. The entire senior management team shares the same vision and determination to change the patient experience. | True | False |
| 5. If a decision were made to redesign the patient visit, top management at our organization would do everything to make sure that we were successful. | True | False |
| 6. Key departments in our organization—human resources, finance, and information services—would be positive about the idea of redesign. | True | False |

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| 7. Our success with Quality Assurance activities and other improvement projects has demonstrated that our organization is receptive to change. | True | False |
| 8. Our organization places a very high value on how we take care of patients and promotes activities to ensure patient satisfaction. | True | False |
| 9. We consistently reward good performance in our organization. | True | False |
| 10. Many of our clinicians use PDAs (hand held computers) to retrieve patient information or order prescriptions. | True | False |
| 11. We use a same-day or next-day patient scheduling system in our organization. | True | False |
| 12. There are some bold and imaginative thinkers in our organization. | True | False |
| 13. We use electronic medical records (EMR) in our organization. | True | False |

Score Results

How ready is your organization for redesign? You may strongly believe that redesign is necessary, but is your organization capable of completing redesign successfully? There are three areas that determine the likelihood of success in redesign, and these are Leadership, Organizational Readiness, and Receptivity to Change. There were statements relating to each of these areas in the assessment tool. If you find your organization scored lower in some areas than in others, you will need to take action to improve in these areas.

Leadership

Statements 1-5 help you evaluate the quality of leadership in your organization. If you answered “True” to four or more of statements, your leadership is ready for redesign. The leader of redesign must be a senior executive who is passionate about redesign and has both a strong commitment to it and the authority to ensure that it gets implemented.

To be successful, the responsibility for redesign cannot be delegated. In a community health center the CEO is typically responsible for redesign success, and in a public hospital it is often a Senior Vice President. If the leader’s first responsibility is to make the decision to redesign, the second is to make the redesign succeed. But no matter how committed top leaders are, the effort will get derailed if the entire Executive Team is not on board.

If your scores were low for this area there are some things you can do. Sometimes the reasons leaders aren’t enthusiastic is because they don’t have all the information. To demonstrate the need for redesign, gather some information about current processes by

first trying our Patient Visit Tracking Exercise and then by following up with the Mapping Patient Visits Exercise. You'll find both of these exercises on www.patientvisitredesign.com in the How to Start section.

See what patterns emerge and where the current systems don't work for patients. Survey some patients about their experience getting care and bring this information to your organization's leadership. If the responses from patients indicate their experience was not ideal, this data will be helpful in convincing your leadership that changes in the patient visit process are necessary.

If no one in your organization naturally fills the role of redesign leader, then a leader must be sought. Educate possible leaders about the potential of redesign to transform the patient visit, the workplace, and the organization.

Organizational Readiness

Statements 6-9 give an indication of how well-prepared the organization is to undertake redesign. Has your organization experienced success in other improvement initiatives? Do staff members get regularly rewarded and recognized for their efforts? Redesign is hard work, and without a clear understanding of why it is needed, it will be met with resistance and the effort will be doomed to failure.

"Many reengineers have confided in us that reengineering has been the most difficult, intense, demanding, and exhausting experience of their professional lives—but also the most exciting, rewarding, significant and fun," states Michael Hammer, author of *The Reengineering Revolution*. If you answered "True" to three or more of statements 6 through 9, your organization is ready to undertake a redesign initiative.

Regardless of how you scored in this area, it's important to remember that in order to succeed at making changes people need to see how giving up something (old habits, old procedures, and their own comfort zone, for example) will result in something better (more satisfied patients, better quality of care and happier staff). If you cannot convince staff that outcomes will be better, don't expect them to endure the pain of change.

A good way to convince staff that the current process is ripe for redesign is to complete two exercises you can find in the How to Start section on www.patientvisitredesign.com. Work through the Visit Tracking and Visit Mapping exercises to paint a vivid and credible picture of your current situation that you can share with all staff and managers.

To help overcome the inevitable initial skepticism toward Patient Visit Redesign, print and distribute the articles found in the Success Stories section of our website.

You may need to redesign as a result of financial pressures, or a need for greater efficiency, or for greater patient satisfaction. There are many reasons to redesign, but your organization must be ready to both push for and support changes if your redesign initiative is to be successful.

Receptivity to Change

Modern health care facilities embrace technology and encourage employees to think creatively to solve problems. How did you score your organization on statements 10-13? If you answered “True” for three or more of those statements your organization appears to embrace change willingly and often. If you’re already using technology well and have changed to a same-day or next-day scheduling system for patients, then redesigning the patient visit will seem like a natural next step for your organization.

To get inspired if you scored low in this area, check out Recent News on the home page of www.patientvisitredesign.com. In July 2005, the news articles related to patient check-in kiosks, the digital hospital, and federal efforts to promote electronic records.

The process of redesign involves three distinct phases:

- ❑ **Uncertainty.** Initially, all we know is that the old processes aren’t serving us well and that we need to be working in better ways. Embarking on redesign takes a leap of faith—that the process of redesign will lead to dramatic improvements. But the realization of those improvements will take time, and strong leadership is necessary to help the organization through the uncertainty that employees are certain to feel.
- ❑ **Experimentation.** Redesigning the patient visit is an iterative process done in “real time”, not on paper. Redesigners work in teams to develop and test a model during actual clinic sessions.
- ❑ **Urgency.** Organizations don’t undertake redesign unless it needed to be done yesterday. It’s imperative to maintain a sense of urgency during the redesign process in spite of not having all the answers or results

Redesign is different from other change initiatives. It’s not about certainty, but rather about experimentation and discovery. Redesigners are inventors and dreamers who then turn their concepts into reality.

Conclusion

Change is painful, and only an organization that recognizes the need for change will be receptive to making the effort to redesign. Redesign can’t be implemented in small and cautious steps, but rather is a bold initiative that produces dramatic results.