



Strengthening the Foundation

Cleveland Clinic London

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Cleveland Clinic
London

WHAT MAKES THIS INITIATIVE STAND OUT?

- We have focused on not only excellent clinical outcomes, but the overall patient experience, including outstanding customer service, clear communication, emotional and patient's physical comfort, as well as their educational and spiritual needs





ORGANISATION DESCRIPTION

Cleveland Clinic London is our “Patients First” philosophy, which creates an environment that delivers world-class clinical care customised.

Our best practices include tools, techniques and methods that are measurable, replicable and evidence-based, all designed to enhance patients' experience.

Our multidisciplinary approach brings different clinical perspectives, which benefit from the expertise of many specialists.



ORGANISATION DESCRIPTION

Our mission — caring for life, researching for health, educating those who serve — has driven us to seek continual innovation and improvement over our 100-year history.

Our Values – Quality and Safety, Teamwork, Innovation, Integrity, Empathy and Inclusion.

Our care priorities are for our;

- **Patients** – Deliver Excellent outcomes – Exceed recognised quality standards and continuously improve
- **Caregiver** – Empower Caregivers – Develop our people, drive accountability and fulfil our purpose
- **Community** – Enhance impact – Expand research and education programmes and commit to a sustainable future.
- **Organisation** – Drive growth and efficiency, scale our operations efficiently, increase lives served.

Implementation of our Chaplaincy & Spiritual Care Service

- Sourced, met, selected a local parish to support in building a robust service to align with our values, culture and requirements
- Designed prayer rooms to meet all multi faith requirements for patients, families and caregivers which is accessible 24/7
- Introduced the lead chaplain to all key stakeholders to ensure we met all needs
- Service level agreement created to include a weekly visit to the hospital to build a rapport and relationships with patients, families, caregivers
- Set up an on-call service which is available 24/7 for all faith requests
- Introduced an annual 'Remembrance Week' and a service to provide a time of reflection for, patients, families and caregivers.
- A bereavement book was placed in the prayer room from the remembrance service to remember a loved one or patient who has passed away



Chaplaincy Service & Spiritual Care Service

- The service has been used regularly and we have received great feedback from patients, families and caregivers of all faiths, we even conducted our first CCL patient marriage.

Leadership Rounding

Leadership Rounding

It was soon recognised as the hospital was near to opening and the ramp up began to be ready for our first patient caregivers required additional support and encouragement from the leadership team to be able to escalate any concerns/worries they may have

A weekly leadership round which included – members of the Exec Team, Institute Manager, Patient Experience and Nurse Operations manager were selected on a rotational basis to round on all areas

Templates created to collect feedback for improvements or escalation or to identify any trends raised

A weekly slot was arranged to feedback takeaways to the Executive team and key stakeholders



Leadership Rounds

The leadership team from all departments round weekly to all areas of the hospital to see patients and caregivers to create a culture of excellence.

Clear vision on organisational goals and objectives, reward and recognise achievements and build trust and relationships.

Goals of Leadership Rounding the goals have been established so that calculated change can be made and that the feedback, insight and learnings from the rounding experience translate into actionable and meaningful enhancements to the patient and caregiver experience and the overall physical environment.

This helps to support and improve patient care • Impact caregiver engagement • Improve patient experience, caregiver experience and environmental conditions • Recognize caregivers • Educate and engage Members of the Executive Team

2023 TOP SAFETY CONCERNS



Caregiver Wellness: **JAN**
Burnout

FEB

Communication:
Handoff



Alarm Management: **MAR**
Alarm Fatigue
and Telemetry

APR

Diagnostic Error:
Incidental
Findings



Just Culture: **MAY**
Under Reporting

JUN

Ergonomics:
Lifting and Moving



Cybersecurity Breach: **JUL**
Loss of
System Access

AUG

Patient Identification:
Beyond Two
Identifiers



Medication Safety: **SEP**
Medication
Reconciliation

OCT

**Hospital-Acquired
Conditions:**
Prevention



**Medical Device
Management:** **NOV**
Responsible Stewardship

DEC

Health Equity:
Marginalized
Populations



Cleveland Clinic Patient Panel

Est. 2019

Why we have a Patient Panel

- The Patient Panel meet quarterly virtually or face to face
- Help us ensure we are providing a safe and exceptional experience for our patients and carers.
- Their views and opinions shared during our panel meetings are used to make improvements to our services to ensure an exceptional experience for our patients.
- Participating in collaborative group sessions to help us create services that puts patients at the centre of their care
- Collaborating with other innovative minds to develop a truly outstanding experience for our patients
- Helping Cleveland Clinic London better understand and learn about our patients' needs and expectations



Patient Panel so far.....

- Our Patient Panel have been involved in looking at our EPIC My Chart services from a patient perspective
- Visited our hospital to provide feedback on the environment for our patients
- Sampled our food provided for our patients on the daily menu
- Attended the Patient Experience Committee to share their experiences both outpatient and inpatient
- Attended the Imaging team Quality meeting to share their imaging experiences at 24 Portland Place and 33 Grosvenor Place.



Patient Panel

The patient panel has been paramount in us learning from them to ensure our patients have the best journey possible.

Implementation of TV scenery screens for relaxation and monotony

Improved Patient admission & discharge

Overall patient experience within our call centre interactions

Food Services menu choices

MyChart – assisted with changes in our electronic patient records system

Music in waiting areas to create a more relaxing environment

Bathroom facilities – to improve patient stay

Remote controls on beds for patients with mobility issues



Communicate WITH **H.E.A.R.T.**[®]

A resource for compassionate and
caring communication





- Empower employees to interact with patients, visitors and each other in a caring and compassionate way.
- Communicate with H.E.A.R.T. uses in-person training and offers easy-to-use materials to establish and sustain a culture of service excellence within our organization.

Learning Objectives

1

Describe Cleveland Clinic's expected service behaviour model - S.T.A.R.T. with Heart[®]

2

Describe Cleveland Clinic's service recovery model - Respond with H.E.A.R.T.[®]

3

Identify strategies to overcome challenges to S.T.A.R.T. with Heart[®] and Respond with H.E.A.R.T.[®]

4

Apply Communicate with H.E.A.R.T.[®] in your role



S.T.A.R.T. with Heart®

- Smile and greet warmly
- Tell your name, role, and what to expect
- Active listening and assist
- Rapport and relationship building
- Thank the person

Respond with H.E.A.R.T.® service recovery model

- Hear
- Empathise
- Apologise
- Respond
- Thank

1464
Total caregivers
have attended



Clinical Ethics Service

WHY?

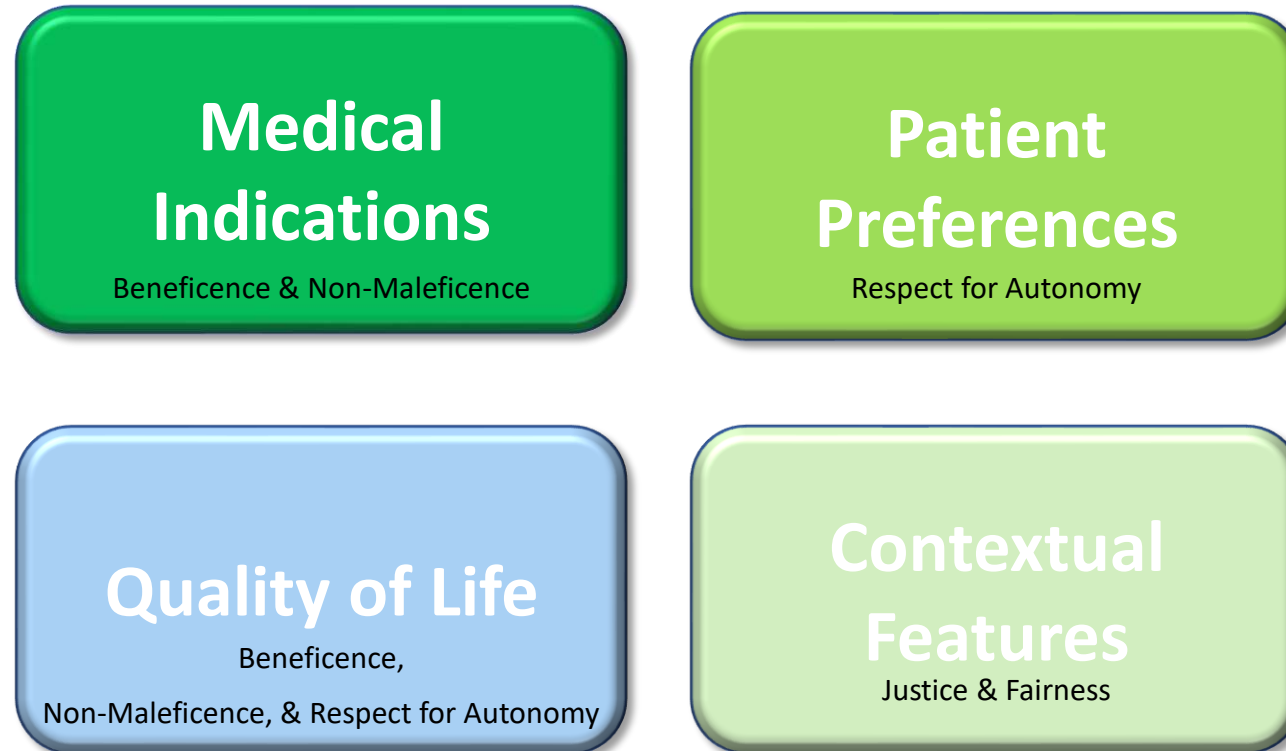
Clinical Ethics Advisory Group and Moral Distress Support Service

- We have a multi-disciplinary team which supports patients, families and the care team in times where efforts by patient, family and health care providers to resolve an ethical issue have reached an impasse
- Decisions need to be made about life-sustaining treatment for a patient who lacks decision-making capacity and next of kin request decision making support
- The case is ethically challenging, unusual, unprecedented, or complex
- We also support caregivers when a decision has been made and cause moral distress – we discuss and help the caregiver at this time

Implementation of our Clinical Ethics Service

- Visit to the Office of Bioethics in CCF Main Campus
- Created e-learning training for all caregivers to complete to understand the foundation of clinical ethics and identify issues
- Proposal to introduce service at CCL to Executive Team
- Built the Advisory group to ensure multi-disciplinary to include; physician, nurse, AHP, non-clinical, external interest, and barrister
- Provided educational sessions with case studies for core group involving clinical ethicists
- Provided educational sessions for caregivers

The Four Quadrant Approach to Ethical Decision-Making



The Four Quadrant Approach to Ethical Decision-Making

Indications for Medical Intervention:

- Do we have a history, diagnosis and prognosis?
- Is the problem chronic, acute, reversible?
- What are the options for treatment?
- What are the goals of treatment?
- What is the prognosis for each treatment?
- Will the patient benefit from medical and /or nursing care?

Preferences of Patient:

- Does the patient have capacity?
- Do they have a preference?
- Can they cooperate with treatment?
- Do they have a next of kin that can provide information of the patient's wishes?
- Have they previously expressed their wishes, e.g. Advance Directive?
- Are we acting in their best interests?

Quality of Life:

- Will the proposed treatment improve the patient's quality of life?
- Will the patient experience any physical, mental or social deficits that they may find undesirable?
- Do the healthcare providers have any biases that may affect their decision-making ability?
- Are there any plans for palliative care?

Contextual Features:

- Are there any religious or cultural factors that need to be considered?
- Are there any family issues that might influence treatment decisions? Any healthcare provider issues that might influence treatment decisions?
- How does the law affect treatment decisions?
- Are there problems of allocation of resources?