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## CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER ENGAGES PATIENT FAMILIES TO IMPROVE EXPERIENCE



Cincinnati Children's Hospital Medical Center, a US News and World Report Top Hospital, was looking for a way to more quickly receive feedback from a large number of patient families. The goal was to create a more comprehensive understanding of the patient experience and explore ways to enhance it. MarketVision Research believed that a Marketing Research Online Community (MROC) would be a more agile and effective methodology to reach this goal. After working through

team questions and concerns, Cincinnati Children's partnered with us two years ago to create an MROC comprised of patient families. The following is an interview conducted with our client, Dave Krier, VP of Access Services and Family Relations at Cincinnati Children's, where he shares some of the ways his team has found success and insights through their MROC.





**MARKETVISION:** Dave, what drove the team at Cincinnati Children's to think about an online community?



**DAVE:** We strive to continually understand how we can make patients' and families' lives better. While we have several ways to reach our families, the methods don't represent all our families. We have a great Family Advisory Council and Patient Advisory Council, but participation is limited to those who are close (geographically) and those that can leave their child/children for a short time. We also have a comprehensive experience survey, but feedback is provided without the ability to ask follow up questions or to create dialogue between respondents. We needed something that can connect us with our families in real time. The online platform is ideal because, obviously our families are busy and often their schedules are not their own. Participants can hop onto the community when it's convenient for them; not us.



**MARKETVISION:** I remember at the beginning we had to do a little internal PR to get the teams engaged. What is it like now?



**DAVE:** Yes that is true, but it didn't take long for the word to get out about the MROC as a resource. We started by addressing topics as they came to us - parking, wayfinding, etc. - general topics that people wanted more information on. But once the list of needs from the teams started growing, that's when we really focused on projects that were strategic priorities - that is to say, there were teams that were actively working on projects and we'd give them access to the MROC as a resource to get feedback, test ideas and use the patient families to create better outcomes. This also served as proof of performance for the MROC

and once the word got out, it just fueled the interest in working with the online community.



**MARKETVISION:** When you talk about projects, are there any examples that are far enough along now that you can talk about how the teams used the MROC?



**DAVE:** Sure, there have been several areas in which the feedback from our families has had significant impact. The first was the new ED (Emergency Department). Our families shared their experiences and we were able to inform the developers as they were designing the space. Families shared what it is like to rush into our Emergency Department, sometimes with other children in tow, with not much time for preparation. The feedback helped shape our understanding and, ultimately, our design for how they wait as well as what they may need to keep kids entertained, how to inform them where they are in the queue, and even how we can combat the spread of germs.

The families also were able to influence some of the design elements for the new tower. The designers created "systems" of marking floors in the new tower; things like colors, animals, etc. The families got to weigh on which made the most sense and which they preferred.



**MARKETVISION:** I wondered if you'd mention the tower; that was a fun project! The families really enjoyed getting to do that.



**DAVE:** The unsolicited comments that families share on the community are humbling - what they have to share is not just knowledge; it is a rich reflection of one of the most profoundly difficult times of their lives. Sharing with us their experiences and ideas honors that episode of their lives.





**MARKETVISION:** Let's talk digital because that has been a big area of exploration for the community.



**DAVE:** Learning about our families' digital lives is important so that we can create experiences that work within the systems they are already using. So, as we designed upgrades to the Cincinnati Children's app, we tapped the community to give us feedback. Our families had great suggestions and we tested a few updates with community members while they were here (in the facility), particularly for wayfinding. Finding an office or clinic in the hospital can be stressful. The campus can be confusing and as we grow, we move things, making it even harder for our families to get around. The wayfinding section of the Cincinnati Children's app has been a welcome addition and was refined using the community.



**MARKETVISION:** I know another hot topic for the community was the discharge instructions. I have experienced this first hand when my child was seen at Cincinnati Children's. The paperwork can be overwhelming.



**DAVE:** Because of the diverse make-up of the community, we were able to understand how the discharge instructions are used by the families of patients needing different types of care. Those that come for an Emergency Department visit or for a tonsillectomy, for instance, may use those instructions differently than those families with children who have a chronic condition. We were hearing about how they collect and organize all of the paperwork and where they were receiving redundant information. They have created some great systems themselves and we would like to make it easier for our families. In many cases, families make copies/take photos of the instructions to distribute to other family members,

to caregivers and to schools. We learned that much of the paperwork for these families, who are at the hospital frequently, is repetitive because they receive some elements every time; a list of all current and past medications for example. We learned that many families file these papers in folders or a binder they are keeping for their children. This is helping us prioritize different parts of the paperwork so families can focus on what's most critical. Ultimately, if we can help families follow the discharge instructions, we should see fewer patients needing to be readmitted, and if we see those re-admittance numbers go down we know we are improving.



**MARKETVISION:** What has the feedback about the MROC been from inside the hospital?



**DAVE:** We are a research facility so initially; we were met with some skepticism because of the qualitative nature of the community. However, the larger population and the details of families' experiences have elevated the community as an excellent tool to understanding family needs and to generate and vet ideas for improvement. I can't emphasize enough the contributions and flexibility that the community has afforded us.

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