

## SROA Podcast with Eric LaMonaco

Tammy McCausland:

This is Tammy McCausland. Thank you for joining me for SROA Soundboard, SROA's new podcast series. I'm joined here in conversation today with Eric LoMonaco, Director of Diagnostic and Interventional Radiology at Community Hospital in the Monterey Peninsula. Welcome, Eric.

Eric LoMonaco:

Thank you, Tammy.

Tammy McCausland:

We're in a time of Consumer is boss," perhaps unlike ever before. How is consumerism changing the patient experience? (0:28)

Eric LoMonaco:

It's everything. If you look at what Uber has done to the taxi industry or what Airbnb has done to the hotel industry, everything's about the consumer and the consumer having choice.

Tammy McCausland:

Patient experience has replaced patient satisfaction as a key objective. Does the healthcare industry understand what delivering on patient experience means and how to do it? (0:49)

Eric LoMonaco:

I'm afraid we don't do a very good job. In 2017, HCAHPS released nationwide scores of hospitals across the nation, ranging from 67% to 78% and, unfortunately, 78% was the highest score in HCAHPS across the nation, which means all of us are C, B, maybe even D students, at best.

Tammy McCausland:

The title of your presentation contained Excellence 24/7. What does that mean, and is it really achievable? (1:25)

Eric LoMonaco:

Excellence 24/7 is a goal. As they say, "Reach for the moon, and you'll land amongst the stars." Delivering health care excellence is an extremely hard challenge, both on inpatient and outpatient experiences. The goal is that we have to start one patient at a time.

Tammy McCausland:

So, can you talk about the changes you've made, the pre-appointment emails, QR codes, educational videos, maps, links, et cetera, at your hospital and how they have been effective. (1:53)

Eric LoMonaco:

Sure. What my primary inspiration was is being frustrated. So often managers, supervisors will get their results from a survey company four to six weeks after the experience. And I had one experience in my organization where a patient was not happy with his CT, so by the time I got the information, it was six weeks post experience.

Eric LoMonaco:

When I called him with a very cheery voice and said, "Hello, Mr. X. This is Eric LoMonaco, Director of Radiology. I just got your feedback. How can I help?"

And the patient said, "Eric, if you cared, you would have called me six weeks ago," and hung up. At that point I knew our patients were communicating at lightning-fast speed, with Yelp and Facebook, and the hospital's reputation was on the line because we're responding weeks later.

So after collecting several comments from patients, I decided it was time to do something, and we created a QR code app where patients can scan and send a message to an administrator 24/7, 365.

After collecting over 3,000 responses and putting those in an AXIS database, we started to categorize the patients' issues. And what I realized is, most of the concerns that the patient had started before they even stepped in the building. That would be, "How do I get to your location?" We have multiple locations. "What's the prep for my ultrasound, CT, MRI?" et cetera. "What do I expect from my appointment? Did my MRI get authorized? Did it not get authorized?"

"It's Sunday afternoon, and I'm coming at 7 a.m. How do I know I should still come if my exam was not authorized? Do I take the day off at work? Does my husband take off the day at work? I need Ativan."

And it just blew my mind of how many things that we just assume patients already know, and they don't, because, we as healthcare, do not do a good job educating our patients prior to them arriving.

So, with that, we created a pre-appointment email system, where every patient who's scheduled for an appointment now gets a personal email from me, and the first line in that email is "Thank you for choosing Community Hospital."

Unfortunately, we've also forgot to say please and thank you along that path in healthcare. So, in that email, patients can click on a map to the location. They can confirm, cancel, or reschedule their appointment, and they can also watch a video that explains the procedure they're having, how to prepare for it, and is in multiple languages.

Finally, with that email, they can also send a pre-appointment question, and that's where we're getting, "What should I wear? What should I eat? When do I need to arrive? Do I need a ride home" And we've been able to solve so many concerns prior to them becoming problems.

Tammy McCausland:

What has the staff's response been to the changes that you've implemented? (5:00)

Eric LoMonaco:

It's been mixed. Some response from the staff has been defensive because the beauty of the QR code in the emails is I can address issues in the moment, so if a patient did not have a good experience ... One of my best stories was a 91-year-old woman who used the QR code in the lobby of our radiology department. And this patient scanned the QR code, said that the front desk was rude. I was able to respond immediately and, to be honest, I was quite surprised that a 91-year-old used a QR code, but we addressed her concern. She said the receptionist was rude because she took a cab, and she was late, and she was scolding her for being late. And the patient said, "That's not my fault. I don't drive. I did the

best I could." And she's right. So, situations like that, when you can respond immediately, the beauty was, I got a nice letter the next day from that same staff member saying, "I'm so sorry. I'm in the process of planning my wedding. I was stressed out." And I said very kindly, "It's not the patient's fault."

And we've been able to change the culture, and now I get more positive feedback about staff, that I can praise them and thank them for the good job they do, because the reality is, most people in healthcare got into healthcare because they care. But we, as organizations and managers, don't support that growth and don't encourage them to go the extra mile, and don't allow them to stay overtime if they need to, or to take the time to push somebody out in their wheelchair to the lobby, as opposed to just, "There's the way, sir." And what I love to do is ask patients on the way out, "Is there anything else I can do for you before we say goodbye?" 99% will say, "No," but we asked.

Tammy McCausland:

That's amazing. You mentioned that you collected 3,000 codes or responses. How long did that take you and how long did it take you to sort of categorize and then start to make changes? (6:53)

Eric LoMonaco:

Sure. It was about 18 months, but as they were coming in, I was addressing the issues real time. So, I always struggled and really felt bad for my team because we would get these reports that says we weren't doing very well, and I would present that at a staff meeting, and the staff would say, "Well, Eric, how do we make it better?" And I really didn't know because it was a bar graph. So when we started to collect the information, I realized that some of the furniture in our waiting room was stained and dirty, so that was an easy conversation to have with administration of "Our patients are concerned that our furniture's dirty." Or that the bathrooms weren't clean, or that we have parking issues, or it takes too long to register. So we would get feedback that was unrelated to radiology. And, if it was a staff issue, it's very easy to coach a staff member and just offer, "Are you okay? Your name keeps showing up as our patient ... You aren't giving great service to our patients. Is there anything I could do to help you, to support you? Do you need classes? Do you need time off? Tell me what it is so I can help you." And that's been the real beauty for me as a manager. I feel like my stress level has actually gone down because it turns into a coaching, supportive conversation, not a disciplinary conversation.

Tammy McCausland:

Have you had other departments in your hospital come check out what you're doing and also implemented what you've done? (8:28)

Eric LoMonaco:

I'm so glad you said that. I was just asked to lead the hospital's Strategic Initiative for Patient Experience for the inpatient and outpatient, and on October 1st, we're rolling out the QR codes which will be embedded into a greeting card from the CEO, that says, "Your stay is our number one priority. If we could do anything during your stay to make it better, please scan the QR code." That card's going to be hand-delivered by the directors of those units, as opposed to hourly rounding, because many organizations doing hourly rounding, but that's on our schedule, not the patient's schedule. So if I round at 10 o'clock, and something happens at three in the afternoon, who do they call? So we're really going to flip the dynamic, and I'm so excited to see what's coming, because we won't have results until December. We're going to measure one quarter to see if it's effective. So, yes, we're rolling it out to the Tyler Heart Institute, which is outpatient Diabetes and Nutrition, Nutrition Services, as well as doing the inpatient ... Upon admission, they're going to see the director's face with the card from the CEO. And I

am so grateful to have their support because it's all made up, and we obviously know what we're doing wrong. Let's try to do this right, and really it's a big experiment, and I don't know the answer yet, but I can get back to you in three months.

Tammy McCausland:

That's great. For other healthcare leaders or administrators looking to apply what you've done at your hospital, what would you tell them? (10:00)

Eric LoMonaco:

It can be done. I am so overjoyed that I've seen our scores go from a Net Promoter Score of 30 to 100, and then be able to sustain that across multiple locations, multiple departments, and that's the biggest joy for me. And now I just can't wait to spread it to other organizations, and that's why I'm here today, is to share this message that, don't feel burdened or intimidated or hopeless about your patient's satisfaction scores. We can all do something about it. If you wear a badge, you are a patient experience officer. And I think we get caught up in doing health care, not being healthcare.

Tammy McCausland:

It's been a pleasure to speak with you today, Eric. Thank you for your insights.

Eric LoMonaco:

My pleasure, thanks for asking.

Tammy McCausland:

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