

## MKT 798-201: Service Design & Patient Experience

Winter 2015

Thursdays, 6:00 – 9:15pm, DPC 5554 (Finance Conference Room) (Class #26405)

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Professor:	Dr. Andrew S. Gallan
Office:	1 E. Jackson, Suite 7500
Office Hours:	Thursdays 4-5pm and by appointment – e-mail me any time!
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Recommended Text:	Press, Irwin (2006), <i>Patient Satisfaction: Understanding and Managing the Experience of Care</i> , Second Edition, ACHE Management Series, Health Administration Press: Chicago, IL.
Required Case Study:	HBSP Case, available online; “Cleveland Clinic: Improving the Patient Experience,” by Ananth Raman and Anita Tucker (2011), Prod. #: 612031-PDF-ENG: <a href="http://hbr.org/product/Cleveland-Clinic--Improvi/an/612031-PDF-ENG">http://hbr.org/product/Cleveland-Clinic--Improvi/an/612031-PDF-ENG</a>

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Prerequisites: MKT555 (Marketing Core) or equivalent

Methods: This course will be a mixture of lecture, in-class discussion, case study, data analysis and reporting, a team project, and guest speaker(s).

Evaluation: Students will be evaluated based on the quality of their written assignments (including cases), data analysis and reporting, participation in discussions and group work, and their final project paper and presentation.

COURSE OBJECTIVES: The primary objectives of the course are the following:

- Provide in-depth of knowledge of how patient experience is impacting health care businesses today, including relationships between patient experience and clinical measures and operational success.
- Define patient experience; identify appropriate metrics for assessing patient experience.
- Utilize tools for assessing and (re)designing service processes.
- Propose interventions to innovate and improve patient experience metrics.
- Specifically, develop the student’s ability to
  - a) understand the collection, structure, assessment and impact of key patient metrics (CLV, satisfaction, HCAHPS, Press Ganey data, etc.),
  - b) diagnose and blueprint a service delivery process in order to identify potential issues and shortcomings, and,
  - c) develop initiatives designed to redesign, innovate, and improve the patient experience.
- Serve as a link between masters’ level coursework and internships/jobs in health care marketing and patient experience.

LEARNING OBJECTIVES: At the end of the quarter, students must demonstrate the following:

- Ability to clearly define patient experience and to state a business case for patient experience strategies (customer satisfaction and loyalty, financial implications, ethical considerations, links to clinical outcomes and organizational measures).

- Demonstrate understanding of key patient metrics (e.g., HCAHPS, Press Ganey) and how they are related to managerially-relevant measures in health care.
- Ability to analyze patient data in order to gain insights into possible issues that require interventions and innovations to improve patient experience, clinical outcomes, and organizational efficiency.
- Ability to assess and diagnose service delivery issues related to patient experience in a variety of settings, using tools such as the Gap Model of Service Quality and Service Blueprinting. Assess a service network for its impact on patient well-being.
- Ability to design and build a detailed strategic and tactical plan for a possible service (re)design that is intended to improve delivery of care to patients in a variety of health care settings.
- Demonstrate understanding of how analytics and patient-centered strategies prepare a graduate for a career in health care.

### **Class Rules**

My mission is to make this class engaging such that you enthusiastically learn concepts, skills, and tools that may be applied to specific jobs as you move along your career. Expectations are set for this course at the first class meeting; my goal is to partner with each student in an effort to maximize each individual's learning and ability to meet and exceed these expectations. **I cannot stress enough that grades are earned by the student, not given by the professor!** The implications of this understanding include the realization that we are partners, and points *earned* over the course of the semester will ultimately determine each student's grade. Therefore, once the class is complete, and there are no longer any additional points to earn, the professor cannot "give" any more points nor alter the grade earned by the student.

Our class will be run in a fun but productive fashion. This means the following: 1) all cell phones and pagers are to be turned OFF, and 2) all participants are to be treated with dignity and respect (sleeping, profanity, talking over others or reading non-course related materials will NOT be tolerated). If these or any other offensive behaviors occur in class, the instructor will ask the student to leave class for the day. There will be no exceptions to these rules.

Participation and Attendance: Students are strongly encouraged to attend class and to be on time. Please be prepared to participate in a professional and courteous manner. Please ask questions to ensure that you have a thorough understanding of the class material. Each student will receive a grade for participation at the end of the quarter. It is your responsibility to document participation both in class as well as with your team. You will be expected to have read the materials listed in the course schedule in advance of the class when it will be discussed.

Students who feel they may need an accommodation based on the impact of a disability should contact me privately to discuss their specific needs. All discussions will remain confidential. To ensure that you receive the most appropriate reasonable accommodation based on your needs, contact me as early as possible in the quarter (preferably within the first week of class), and make sure that you have contacted the PLS Program (for LD, AD/HD) and/or The Office for Students with Disabilities (for all other disabilities) at 773-325-1677, Student Center #370.

### **Assignment Policy**

Assignments must be submitted on the date indicated on the syllabus. No exceptions will be granted unless arrangements are made before the date by contacting me. Effort will be made to return graded assignments as quickly as possible.

Academic integrity entails absolute honesty in one's intellectual efforts. The *DePaul Student Handbook* details the facets and ramifications of academic integrity violations, but you should be especially aware of the policies on cheating and plagiarism. Cheating is any action that violates University norms or an instructor's guidelines for the preparation and submission of assignments. Such actions may include using or providing unauthorized assistance or materials on course assignments, or possessing unauthorized materials during an examination. Plagiarism involves the representation of another's work as your own, for example: (a) submitting as one's own any material that is copied from published or unpublished sources such as the Internet, print, computer files, audio disks, video programs or musical scores without proper acknowledgement that it is someone else's; (b) paraphrasing another's views, opinions or insights without proper acknowledgement or copying of any source in whole or in part with only minor changes in wording or syntax even with acknowledgement; (c) submitting as one's own work a report, examination, paper, computer file, lab report or other assignment which has been prepared by someone else. If you are unsure about what constitutes unauthorized help on an exam or assignment, or what information requires citation and/or attribution, please ask your instructor. Violations may result in the failure of the assignment, failure of the course, and/or additional disciplinary actions.

- Collaboration - In this class, you are permitted to study/work in groups to prepare for assignments so long as the resulting work demonstrates your individual mastery of the concepts and skills tested.
- Group work - In this class, you are permitted to work in groups for designated 'group projects,' which you are to submit as a group. All other assignments are to be prepared individually.
- Using and citing electronic sources - In conducting research for this course, I encourage you to consult those standard reference tools, scholarly projects and information databases, and peer-reviewed academic journals that may be found on the Internet (DePaul Library is a good source of information) in addition to traditional print resources. Keep in mind, however, that those electronic sources must be acknowledged. Please see the *Modern Language Academy Handbook*, section 4.9, for information on the correct citation of these sources.

DePaul policies can be found here: <http://academicintegrity.depaul.edu/>, as well as on the D2L site for this course.

### **Grading Components**

Please hold on to all returned assignments in case of a grade dispute, as the burden of proof will be on you. All written work should be in 12 point font, one inch margins, single spaced. Exercise write-ups should NO LONGER THAN one page. If you do not put your name on your work, you will lose one point. If you format your paper on any size other than 8.5x11", you will lose a point. If you go over one page, you will lose 2 points. All other work should comply with the expectations specified with each assignment.

No late assignments will be accepted without prior notice or reasonable evidence that late submission was unavoidable. All written material must be submitted to D2L/Dropbox by the beginning of the class when the assignment is due – the site is set up to accept papers only until then. Grading in this class will be based upon the following components and values:

Exceptional work (deserving of an A) must exhibit exceptional insight, rely on facts yet demonstrate good intuition, be excellently organized, and be written clearly and concisely. Good communication includes presenting your ideas logically and with rationale to support them. These criteria should match your career goals as well.

**Course Web Page:** The course web page (on D2L) will be helpful to the successful completion of this course, including review for exams and assignments. Please check the site regularly. I will attempt to send the class an e-mail when I post a new document to the site. PowerPoint slides and other material will be posted to the blackboard prior to each class. It is the responsibility of the student to access these slides and to print them out prior to each class.

**All written assignments are to be turned in to D2L/Dropbox by the deadline. No other method of submission is permissible, and failure to do so will result in a zero (0) grade for that particular assignment.**

Assignments and Grading Scheme:

Participation: In-class and Team-based	10 pts.
Two-page paper on The Business Case of Patient Experience and Appropriate Measures	10 pts.
Two-page report on HCAHPS Data Analysis	10 pts.
Two-page Observational Report on Patient Experience	10 pts.
Service Blueprint of Health Care Delivery Process and Written Assessment of Service Quality	15 pts.
Five-page paper on Analysis of Patient Experience Case	15 pts.
Team Presentation on Proposed Intervention	10 pts.
<u>Final Team Report on Proposed Intervention: Detailed Plan of Action</u>	<u>20 pts.</u>
 Total Points:	 100 pts.

<u>Points</u>	<u>Grade</u>
95-100	A
91-94	A-
87-90	B+
83-86	B
79-82	B-
75-78	C+
71-74	C
67-70	C-
63-66	D+
59-62	D
55-58	D-
<55	F

**Assignments**

Participation: Your participation grade will be based on your contributions to class discussions, questions and interaction with guest speakers and presenters, engagement in the panel discussion, and contributions to your team project (paper and presentation). Part of this grade will be assigned by the professor, and part of the grade will be determined by your partner(s) in the team project. Please see the participation document on D2L for more details.

A Business Case for Patient Experience & Appropriate Measures: This paper should build a case for including patient experience in a health care organization’s strategies and tactics. You will be expected to research this topic, and properly introduce and cite concepts regarding the financial, moral, clinical, and other benefits of delivering patient-centered care.

HCAHPS Data Analysis: Following class discussion and demonstration on data analysis, you will be expected to write up what you have learned from organizing, describing, and analyzing patient-relevant data. This includes HCAHPS, Press Ganey, and HHCAHPS data. Your report should detail the particular research question you formulated, how you analyzed data to attempt to answer the research question, and insights gained from this exercise.

Observational Report on Patient Experience

This report is meant to have you observe patients' health care experiences. This ethnographic approach is not meant to replicate the service blueprint, but rather have you intensely observe a specific phase of health care delivery, in order to take note of patient and staff behaviors, emotional responses, the physical environment, and anything else that will provide you insights into service processes, patient experiences, and potential issues. This should be written as a detailed diary entry followed by insights, implications, and possible issues (keep the two separate). This can be done at any hospital, clinic, lab, etc. If you need help identifying a venue, please ask the professor.

Service Blueprint: You will be required to blueprint a specific health care-related service interaction. This paper will require a one-page service blueprint (utilizing the template provided on D2L), and one page assessing the service interaction according to the Gap Model of Service Quality. You will be tasked to identify potential gaps in service, and then to suggest potential interventions to improve service delivery.

HBSP Case ("Cleveland Clinic: Improving the Patient Experience," by Ananth Raman and Anita Tucker:

This five-page paper will challenge you to apply concepts discussed previously in this class to describing specific issues, assessing opportunities utilizing analytic tools, and determining a course of action going forward. You will be expected to integrate concepts, skills, and frameworks discussed previously in the class in outlining a detailed analysis and course of action.

Team Paper & Presentation: Each team will be assigned to work on a specific domain of patient experience, and will be mentored by a health care professional working in the area of patient experience. The aims of this project is to have the team (1) outline the issues with optimizing patient experience in this particular domain (this will require significant research); (2) analyze the issue in the dataset(s) provided for this course (what exists in the data that might provide you with insights in this domain?); (3) a specific, detailed intervention that would improve patient experience in this particular domain (include the following elements: strategy, tactics, resources, timeline, possible obstacles, and metrics to measure success). The team paper should be 10-15 pages, inclusive of all attachments, appendixes, and citations. The team presentation will be delivered on the date of the final class, and should last no more than 30 minutes, inclusive of all interactions and questions.

The patient experience domains and mentors are as follows:

<u>Team Project Topic Areas</u>	<u>Professional Mentor</u>
1. Physician Communication	TBD
2. Cleanliness/Quietness	Gary Madaras, Making Hospitals Quiet
3. Discharge/Transition of Care	TBD
4. Nurse Communication	Nicole Bailey, Laurel Regional Hospital (MD)
5. Service Recovery	TBD

To respect your mentor's time, each team will appoint a point person for contact with the mentor. You will need to determine the best ways and times to communicate with your mentor. Each team will have a maximum of three organized meetings (virtual or in-person) with your mentor. These meetings, and your mentor's time and experience, are very valuable. As a result, the meetings should be well-planned and focused. A recommended strategy would include some learning and research prior to the first meeting; the three meetings might look like this:

1. *Scope out the project, with specific research questions.* Determine communication schedule, project deadlines, and next steps.

2. *Address specific questions and issues.* Utilize your mentor's experience in the domain to more deeply explore the topic. Obtain perspectives on the reality of managing health care services in this domain (previous and realistic interventions, cultural/organizational issues, resources, timelines, etc.). Outline your paper and presentation, and reevaluate roles and deadlines.
3. *Finalize your team paper and presentation.* Run through your slides, and discuss the main points of your analysis, findings, and recommendations. Obtain advice from your mentor regarding content and style.

**MKT 798: Service Design and Patient Experience  
Tentative Class Schedule**

Class #	Class Date	Topic(s)	Book Chapter(s)	Topic(s)	Other Readings	Scheduled Guest Speaker(s)	Assignment Due
1	Thursday, January 08, 2015	Introduction to Course; The Business Case for Patient Experience	1, 2	1A, 1B	Mylod & Lee (2013); JAMA 1892; Berwick (2008)		
2	Thursday, January 15, 2015	The Business Case for Patient Experience; Associations w/ Outcomes	3, 4, 5	2	Beryl Institute: Body of Knowledge Domains; Lee et al (2013)	Jason Wolf, The Beryl Institute	Two-page paper on Business Case and Associated Measures
3	Thursday, January 22, 2015	The Nature of HCAHPS Data	6, 7	3	LaVela & Gallan (2014)	Deirdre Mylod, Press Ganey	
4	Thursday, January 29, 2015	HCAHPS Data Analysis	8		Planetree Appendix A	Joe Snipp, PRC	<b>Computer Lab: 14 E JACKSON # 1326</b>
5	Thursday, February 05, 2015	Physician Communication; Review of Additional Patient Metrics (CLV, Satisfaction, CEV)		5	Sharp AIDET; AIDET plus the Promise; Joshi (2015, NYT); Advocate BOE; Popping the Question	Wendy Leebov, Language of Caring	Two-page report on HCAHPS data analysis
6	<b>Thursday, February 12, 2015</b>	<b>"Transitioning to a Patient-Centered Organization"</b>			<b>PANEL DISCUSSION</b>		<b>DPC 8005</b>
7	Thursday, February 19, 2015	Service Management & Gaps Model of Service Quality; Services Blueprinting	9	7	Bitner et al. (2008); PFCC Website & Materials	Michelle Bulger, Patient and Family Centered Care Innovation Center (PFCC) of University of Pittsburgh Medical Center	Observational report on patient experience.
8	Thursday, February 26, 2015	Use of Social Media and Technology to Enhance Patient Experience; HCSC Presentation		8	Santini (2014); Richter et al (2014)	Ed Bennett, University of Maryland Medical System	Service Blueprint and assessment of health care delivery process
9	Thursday, March 05, 2015	Interventions and Innovations in Patient Experience (3 Tactics); Discussion of Home Health Improvement Program; ED and Home Health	10	9	Gallan & Shattell (2015); Press ED (2013)	Video: The Waiting Room	
10	Thursday, March 12, 2015	Discussion of Patient Experience Case	11, 12		Merlino & Raman (2013)		Five-page paper on Case Analysis
11	<b>Thursday, March 19, 2015</b>	<b>TEAM PRESENTATIONS ON DATA ANALYSIS &amp; PROPOSED INTERVENTIONS</b>				<b>Students</b>	<b>Final report on proposed service innovation in Patient Experience</b>