BOLD International “Patient Here” Cultural Agility Project

Understanding Cultural Agility at Mayo Clinic
Discovery Report,
January 2020

Innovation & Design,
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MAYO CLINIC

Executive Summary

The BOLD International “Patient Here” strategy aims to quadruple the volume of International patients traveling to Mayo Clinic by 2030. Demand Generation for international patients is already in motion; the key now is demand capture, and focusing on patient experience to fulfill patients’ expectations for world-class care. Additionally, the Mayo Clinic 2030 strategic vision is clear that human touch is still required amidst it’s heavy technological pursuits. Cultural agility is the key to addressing both imperatives: improving international patient experience and helping Mayo’s workforce become a global leader, leading with its people.

The Kern Center Innovation & Design (I&D) team received the project in late January 2019 and was charged with understanding and improving the international “patient here” experience enterprise-wide. The team uses a human-centered approach to uncover human needs and solve problems in healthcare. The research question that is foundational to the discovery phase of this project and the focus of this report: **Is Mayo Clinic culturally ready to serve significantly more international patients?**

This project reframes the goal from achieving cultural competency to building an ongoing practice of cultural agility at Mayo Clinic. It also examines how attitudes, systems and policies affect cultural agility. Research activities include Mayo-facing and patient-facing methodologies.

Of the 53 insights uncovered in the research which were used to develop the future state, here are the top eight:

1. Culture-specific education is only useful to a point.
2. Cultural agility behaviors are definable and actionable via Mayo Values.
3. Conversation is a cultural agility strategy.
4. Setting expectations is *not* a cultural agility strategy.
5. Front line staff set the bottom line.
6. International patients do not fit neatly into processes designed for domestic patients.
7. International patients put their wealth as well as their health at the mercy of Mayo Clinic.
8. Using the term “patient” creates implicit biases and shuts down curiosity.

Finally, analysis reveals directives that will address gaps in cultural agility, and suggest a future state worthy of the 2030 enterprise strategy. The international future state vision includes incremental improvements to current state as well as bold reformation leveraging the Mayo Platform, patient-driven scheduling supported by AI, and a new system of interpreter dispatching. Moving forward, the team intends to 'backcast' from the future state via experiments.

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5. **Thank You**

Innovation & Design Project Team

It has been a privilege for us to work on this project and bring these results to you.



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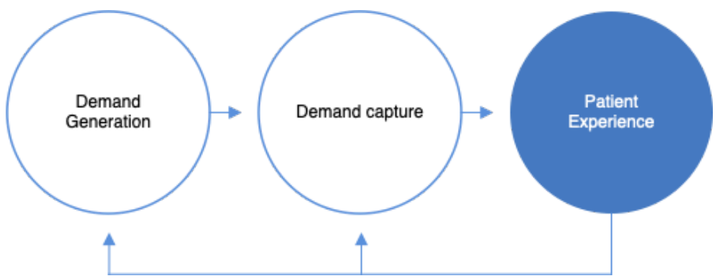
INTERNATIONAL PATIENT “CULTURAL AGILITY”

BACKGROUND

Project Background

International patients have historically come to Mayo Clinic seeking, expecting, and receiving the best medical care. In addition to supporting Mayo Clinic's goal to be the global authority in complex patient care, international patients contribute a significant 11% of total Clinic revenue even though they make up less than 2% of total patient volume. The BOLD International strategy aims to increase the volume of International patients traveling to Mayo Clinic's US campuses by 400% by 2030.

Demand generation, demand capture, and patient-here experience will work in tandem to increase patient numbers. This project focuses on the patient-here experience for international patients traveling from the Middle East, China and Central and South America. Previous international user experience research of these same three regions revealed that the patient experience is critical to a positive perception of Mayo Clinic, and leads to organic referrals and demand through patient word of mouth. The Kern Center Innovation and Design team received the project in late January 2019 and was charged with understanding and improving the international patient-here experience enterprise-wide.



Patient Experience

Though Mayo Clinic continues to provide world-class medical care, patients have reported dissatisfaction with the non-medical services and patient experience provided by Mayo Clinic. There have also been anecdotal reports of reduced Mayo Clinic staff and provider comfort when working with these patients. Pain points from both parties include difficulty communicating care expectations and following Mayo Clinic standard operating procedures. Reduced staff satisfaction has led to complaints and reluctance to care for these valued patients.

A positive patient experience has the potential to set Mayo Clinic apart from the competition. Patients have come to expect personalization and convenience as well as clinical expertise during medical care, and Mayo Clinic has an opportunity to learn from leaders in customer experience and hospitality to create a patient experience that is worthy of the organization's 2030 vision.

Research Question

How does Mayo Clinic become more culturally agile?

In anticipation of welcoming significantly more international patients to Mayo's US campuses by 2030, Mayo wants to ensure that their workforce is ready to serve them and well-supported in doing so. This is the central mission of this research. Investigating Mayo's cultural agility at a human-centered, systems level requires understanding the issue from different perspectives: workforce readiness, logistical fitness, enterprise policies and practices, technological capabilities, partnering capabilities, and more.

When the research launched, it seemed that there might be an expectation to approach the question in a narrow and traditional way. Organizations have traditionally considered building cultural competency through a prescriptive, trait-list approach of cultures. For example, creating a cheat-sheet about the social norms and medical traditions of Arabic culture. This suggests a very narrow take on cultural agility and from our background research, we understood there to be a much greater opportunity that would have greater impact on Mayo's demand capture needs. To capitalize on that opportunity, **this project reframes the goal from achieving cultural competency to building an ongoing practice of cultural agility at Mayo Clinic and examine how systems and policies affect cultural agility.**

This project aims to:

+ Define cultural agility at Mayo Clinic clearly,
+ Gain a better understanding of healthcare as a culture,
+ Generate action-oriented insights and future-state,
+ Think beyond current systems, and
+ Relate cultural agility efforts to the 2030 enterprise strategy.

What we don't want to do:

+ Incremental improvement of workflows, scale up status quo,
+ Aim for outcomes that are not dynamic or responsive to changing contexts, or
+ Create a trait list approach as a solution to cultural agility needs (risk of facilitating stereotyping and being redundant to existing learning modules).

Challenges

There are factors that make this research challenging:

+ Cultural agility is conceptual: it is difficult to define what it means, have an enterprise-wide shared definition, and difficult to translate into action.
+ Change needs to happen on an enterprise scale: to have any discernible effect, cultural agility practices will need a groundswell of coordinated agreeableness and enthusiasm amongst staff.
+ Cultural agility is both a personal and enterprise mission: cultural agility cannot solely exist as workplace structures, nor as individual initiatives, even though both are imperative for success. Appealing to people on a personal level while providing targeted support in the workplace will require balance.
+ We are at a time of significant change: internally, Mayo is planning its ambitions for the coming decade and undergoing a reorienting phase. Externally, the healthcare industry's growing fragility may see disruption that Mayo may need resilience it doesn't currently have.
+ Lack of imagination and protective control: it is difficult to both protect an industry and evolve it.
+ The power of cultural agility might be underestimated or misunderstood: paying attention to cultural agility has the power to impact the bottom line, but not directly. The indirect implications of human-centered work to profit can be too uncomfortable for some to lean on.

A growing global institution requires staff to have a global mindset in order to meet the diverse needs of future international patients. The purpose of this work is to assess the current state and gaps in organizational practices, mindsets, and cultural agility at Mayo Clinic in order to take action toward a future-state in which staff and patients feel connected and taken care of.

2030 Strategy

Mayo Clinic is clear that the 2030 strategic vision requires human-touch amidst it's heavy technological pursuits. Mayo will not be a global leader on its technology alone; Mayo's most important resource - people - will need exquisite attention to their skills, purpose, and sense of meaningful work. Cultural agility is a significant way in which Mayo's workforce becomes a global leader, leading with its people. This means staff need to have a high awareness of their own cultural agility, support from the enterprise to develop their cultural agility, and human-centered work processes and digital systems that allow them the freedom to exercise their cultural agility with fellow colleagues and patients.

Here's how the international "Patient Here" strategy aligns with Mayo's 2030 enterprise strategy:



People, Innovation & Environment

Mayo will inventory and address gaps in staff's skill levels needed for 2030 and develop an operational plan. Mayo will exceed consumer expectations throughout the entire care experience by requiring every new process, structure and facility to be evaluated for consumer-centricity. Cultural agility requires a symbiotic balance of individual commitment to global curiosity and humility, with enterprise-level support in it's resources, processes and built environment. Through cultural agility, staff anticipates patient needs.

In 2030:

+ Every Mayo staff member has a personal awareness about their own cultural agility and understands their path to growth, resulting in increased ability to authentically connect with each other and international patients,
+ Mayo Values are imbued explicitly with cultural agility skills, in its hiring, orientation practices and cultural agility resources to connect values to behavior and outcomes,
+ Mayo staff is enthusiastically engaged in serving international patients as a means for achieving personal success and joy,
+ Well-oriented and mindfully designed spaces:
  + Connect international patients with each other, their sense of identity and religious practices, and Mayo staff,
  + Connect international patients with Mayo travel resources and enable teaming (International Center, Concierge, Mayo Travel, International Finance, etc).



Cure

Mayo Clinic will differentiate itself through the discovery, diffusion, and delivery of new diagnoses, treatments, and cures. International patients are ready to invest their time and money into Mayo Clinic with the expectation of finding a cure that is not possible anywhere else. In cases when a cure cannot be achieved, the Mayo Clinic values can guide staff to still deliver the most positive therapeutic impact and an excellent patient experience.

In 2030:

+ As Mayo leads with ability to provide cures, Mayo is also clear about it's "cure" value proposition to international patients through sensitive listen-oriented conversational skills and conflict-resolution skills,
+ International patients have pricing transparency and an understanding of how cost is related to cure.



Connect

Mayo Clinic will create digital care delivery capabilities with a human touch. We know that international patients come from cultures in which decisions are made among family and friends. They come with expectations to retain, leverage and grow connections. By paying attention to Mayo's responsibility of stewardship of the ecosystem in which international patients, their travel companions, Mayo staff and global partners experience connection, Mayo can build on the human quality that is paramount to international patients.

In 2030:

+ Mayo interpreters connect staff and international patients across cultural divides, and new liaison roles smooths over process complexity,
+ Technology is used to:
    + Dynamically translate printed materials,
    + Provide scheduling independence for patients,
    + Provide on-demand access to interpreters,
    + Personalize the international patient's experience,
    + Leverage services outside of business hours,
    + Establish communication channels regardless of where the patient is located,
    + Secure home going resources for international patients,
    + Connect staff to global partners on behalf of patient medical needs,
    + Improve the reliability of the triage process and organization of OSMs.
    + Leverage personal data for staff to understand cultural context and preferences.



Transform

Mayo Clinic will transform healthcare through platforms, using technology to bring together providers, producers and consumers. For international patients, this network could bridge gaps in partnerships, resources, and information that patients need to make decisions about their care. The Mayo Platform provides a marketplace of consumer-facing services that help mitigate the current challenges that patients have with continuity inside and outside of Mayo.

In 2030:

+ The platform supports consumer decision-making and action, and simplifies complicated processes:
    + Helps international patients plan for and book their trip,
    + Global patient recommendations support social shopping approach that international patients prefer,
    + Helps international patients explain Mayo to each other via recommendations (i.e. what to expect),
    + Supports self-scheduling; dynamically mitigates access/availability and auto-schedules related and needed auxiliary tests and appointments,
    + Leverages consumer-oriented data and preferences to help staff provide personalized recommendations,
+ The platform supports teaming and global partnerships:
    + Provides access to global partners, prescriptions and equipment,
    + Enables visual trackers of system processes to reinforce teaming, automatically trigger next steps and help international patients understand and follow processes,
    + International patients, referring providers and US staff can consult virtually before committing to travel and after they return home,
    + International patient health can be monitored remotely.
    + We know that Mayo patients spend 30% of their time within Mayo walls and 70% of their time outside of Mayo walls. The Mayo Platform and new digital tools have the potential to expand service in to the 70% portion of the international patient experience, including a global medical market, social connections and intelligent processing.

See page 33 for the international patient future-state scenario.

INTERNATIONAL PATIENT “CULTURAL AGILITY”

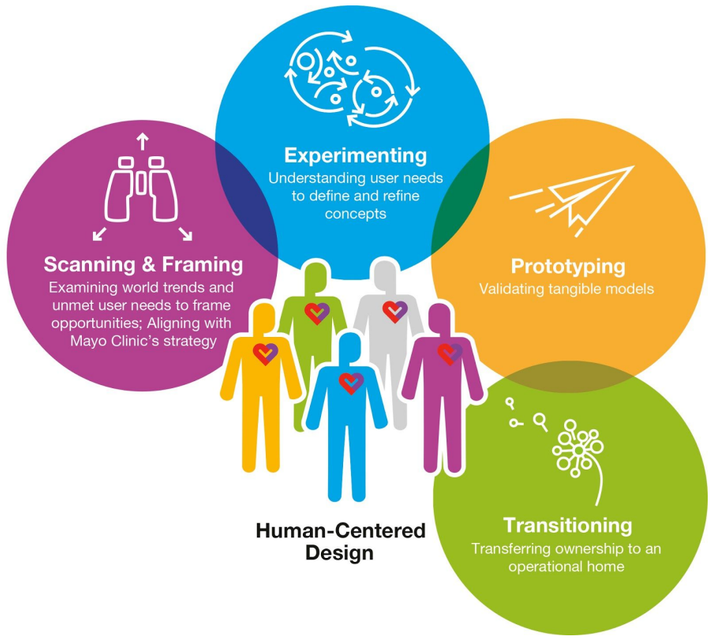
METHODOLOGY & ANALYSIS

Kern Innovation & Design Research Methodology

The Innovation & Design (I&D) team innovates by using design thinking, deep collaboration, and rapid experimentation to co-create unparalleled health care experiences. Our methodology is anchored in Human-Centered Design which uses design research methods to uncover human needs and solve problems in healthcare. Our process has four phases of design: Scanning and Framing; Experimenting; Prototyping; and Transitioning. This report covers the Scanning and Framing phase (also known as the Discovery Phase) for the International Patient Cultural Agility Project.

Design thinking has become a vital tool in fueling business innovations. In health care, design thinking has played a role in creating competition in medical innovation, using the following design thinking qualities to uncover human needs:

+ Empathy
+ Creativity
+ Systems thinking
+ Human-centered focus
+ Ethnographic and observational techniques
+ Sketching and visualization
+ Prototyping
+ Storytelling
+ Brainstorming
+ Participatory design



Innovation & Design uses design thinking and is anchored in human-centered design to develop innovative possibilities for people in healthcare.

The Cultural Agility project starts with the Scanning & Framing part of the I&D methodology.

The Cultural Agility project began with Scanning & Framing to discover current context and create a baseline of circumstances from which human needs and aspirations could be projected from and compared to. The specific goals of this phase include:

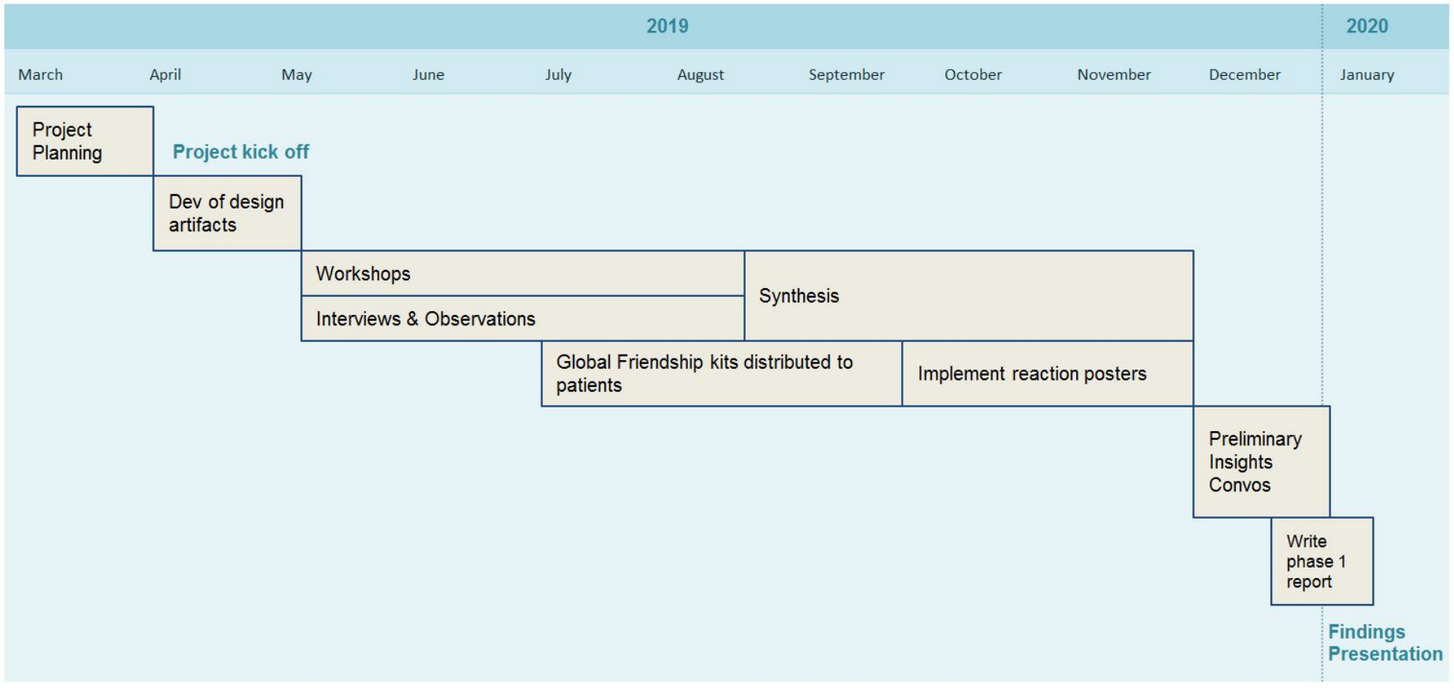
+ Evaluating the research question and reframe as necessary by facing and challenging the assumptions inherent in the original research question,
+ Identifying cognitive dissonance in thinking and experience for staff and international patients, and
+ Developing insights that reveal a human-centered systems-view of the current context.

The Cultural Agility project uses a participatory design approach not only in understanding current context but in the work that must be done to instill change. Key in this approach is having feedback loops with stakeholders and leaders, working directly with staff to experiment and learn, as well as basing decisions for change on appetite of willing partners who will also use design thinking.

Overview of Research Activities

Cultural Agility research activities for the scanning and framing phase include:

Research Activity	Purpose	Target Audience
Background research	Understand broad context of cultural agility efforts in healthcare.	NA
Workshops	Capture voice and experience of Mayo staff.	Front-line Mayo staff (any role involved in a direct interaction with international patients). (116 attendees from 3 sites)
Interviews	Fill in gaps of understanding that weren't covered in workshops.	Supervisors, managers of teams who serve international patients.
Observations	Observe staff interactions with international patients.	Primarily Mayo physicians, tech personnel, and interpreters at each site.
Cultural Probes (Global Friendship Kits)	Capture voice and experience of international patients.	International patients and their travel companions coming from China, Middle East, and Mexico/Latin America. (40 responses)
Incident Cards	Collect narrative-based challenges staff face.	Mayo International Center and Language Services staff. (343 cards collected)
Cultural Agility Reflection Worksheet	Collect Mayo-specific group-think regarding what is cultural agility.	Ten Mayo departments (clinical and Allied Health). (152 responses)
Reaction Murals	Elicit staff reactions to lives and values of international patients.	General Mayo staff regardless of role/responsibility.
Preliminary Insights Conversations	Feedback loop with Mayo leaders about preliminary findings.	Mayo leaders who think about workforce development and cultural agility. (44 interviews)



Workshops

Workshops were designed to elicit Mayo front-line staff responses about their experiences serving international patients. Workshops were conducted in each of Mayo's three US locations; a total of 116 attended (RST: 52, FL: 29, AZ: 35).



Rochester (3 workshops)



Arizona (2 workshops)



Florida (2 workshops)



Reviewing responses

In an interest to have representation from both medical and non-medical roles who are likely to interact with international patients, we invited the following kinds of roles to our workshops:

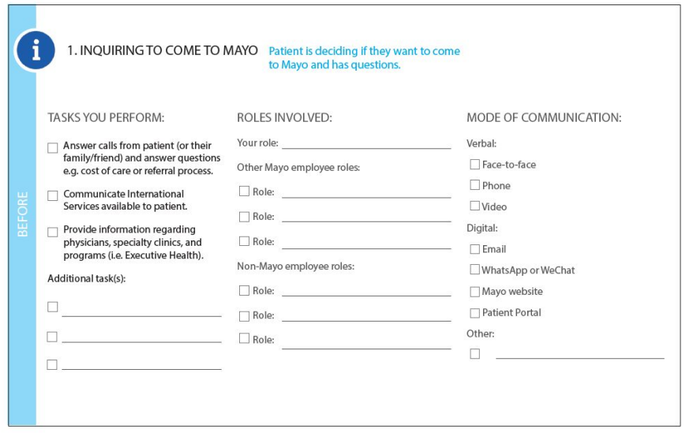
- Administrator
- Case Manager (hospital)
- Chaplain
- Concierge
- Desk Operations Specialist/Asst.
- Development Officer
- Door Attendant
- EDI Appt Scheduling Sup
- EDI Finance Specialist
- EDI Patient Relations
- International Patient Coordinator
- International Patient Representative
- International Services Liaison
- International Services Support Specialist
- Medical Interpreter/Translator
- Major Gifts Officer (development)
- Medallion Program Coordinator
- Medical Administrative Assistance
- Nurse Case Manager
- Operations Manager
- Patient Appointment Service Specialist
- Patient Care Assistant
- Patient Experience Specialist
- Pharmacist
- Physician
- Physician Assistant
- Project Manager
- Registered Nurse
- Service Specialist (Int'l GIM)
- Social Worker
- Travel Services
- Transfer Coordinator

The workshop was designed to investigate interaction points in which Mayo staff directly corresponded with international patients and their travel companions. The interaction points included a spectrum of instances every international patient would encounter as part of their medical journey:

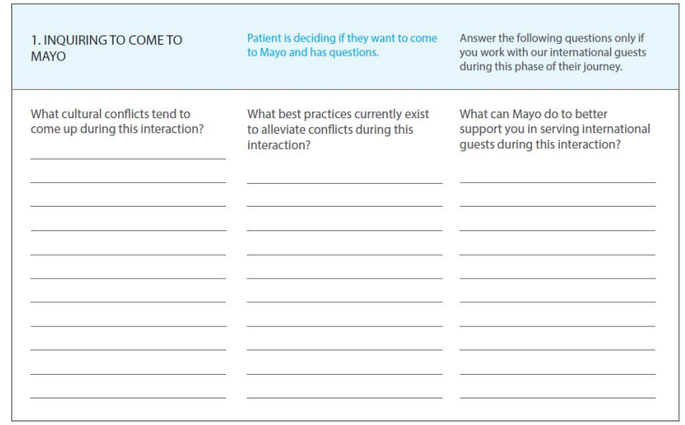
BEFORE	DURING	AFTER
1. Inquiring to come to Mayo	5. Arrive at airport & settle in	11. Follow up
2. Pre-scheduling	6. Guests figure out lifestyle needs	
3. Pre-arrival communications	7. International Center Registration	
4. Booking Travel	8. Medical care	
	9. Ongoing scheduling	
	10. Preparing to return home	

The workshop consisted of two main components: 1) collecting contextual information about interaction points and 2) collecting incidents in which staff met with challenges when serving international patients.

Contextual Information Cards: Staff were asked to isolate the interaction types they found themselves involved in and to fill out information about those interactions:



Front of card for collecting contextual information.



Back of card for collecting contextual information.

Incident Cards: Staff were asked to recall times when they were serving international patients that proved to be a challenge:

Incident card for collecting challenges staff have faced when serving international patients.

The data from the workshops was tagged and organized according to themes for Thematic Content Analysis, and interaction types for current state and scenario development.

Interviews and Observations

We spent time at each site to see how the International Patient experience is alike or different across our enterprise. These observations added context to the subjective, specific employee data we collected during workshops. We met with managers and leaders of teams who serve international patients including:

+ International Services Office
+ Language Services, including dispatch systems
+ Concierge
+ International Finance

These observations also gave us an opportunity to shadow patients for a day-in-the-life experience with their companions and care teams. During these observations, we noted experiences and interactions such as:

+ Check-in procedures at the International Office,
+ Patient finance meetings,
+ Navigating communication in waiting rooms with other guests and desk staff,
+ Rooming with LPNs with and without interpreters,
+ Consults with MDs and RNs,
+ Procedures with tech staff,
+ Interactions and conversations with interpreters,
+ Negotiating orders and scheduling,
+ Guided and unguided wayfinding between buildings, and
+ Searching for food and areas for relaxation and conversation.

Site Specificity in Roles and Rules

Our staff interviews and patient observations revealed wide variation in the international patient experience from site to site. We observed differences in staff roles, logistical capacity, as well as different philosophies around the purpose of interpretation, the role of cultural brokerage, and whether high-touch personalization is appropriate or necessary for patients. Though Mayo Clinic continues to drive towards the vision of One Mayo, it is important to understand these current site baselines in order to tailor cultural agility efforts to fit the culture and capacity at each site.

Interpretation Services & Cultural Brokerage

The three sites approach language services very differently, and we observed pros and cons to how each system affected the international patient and staff experience.

Personalization: In Jacksonville, we observed how interpreters were instrumental in creating a high-touch, personalized experience for patients. These interpreters often met patients at the International Center, escorted patients to appointments, and stayed with patients from check in, waiting and through the consult, before guiding patients back to the International Center. Interpreters in Jacksonville tried to assign themselves consistently to the same patients, in order to support social connection and a sense of personalized, consistent guidance. The role of interpreter and coordinator are sometimes indistinguishable. Though we recognize that this level of engagement is possible only when patient volumes are low, we observed how the interpreters added significant value to the patient experience through their cultural brokerage, familiarity with the patient's personal and family needs, and wayfinding and communication support outside consults. Physicians express appreciation for this approach and level of service. As this team scales to serve more international patients, we hope to understand how to preserve and support the positive interpersonal behaviors we see today.

Coordination: In Phoenix, we observed that interpreters play an important part in a coordinated team effort to guide patients through their experience. Interpreters are dispatched from a central office and meet care teams just in time for the main medical consult. Interpreters are trained to provide professional, efficient, and compassionate interpretation for as long as the care team is speaking directly to the patient, and after the encounter, the interpreter leaves the room with the care team and is dispatched to another patient. We observed a close and trusting relationship between the care teams and interpreters in Arizona. In the case of return patients, some interpreters took a moment to give the consultant a brief background on the patient's cultural and social context before they entered the room, which consultants appreciated. Though interpreters had limited ability to guide patients outside of medical encounters, we observed how consultants, desk staff, and volunteers often proactively offered to guide and coordinate the patient's care.

Patient Empowerment: In Rochester, the volume of patients has created an efficient and professional dynamic between interpreters, care teams, and patients. Interpreters are dispatched from the language services office in a combination of scheduled and ad hoc interpretation requests. In Rochester, the interpreters are trained to provide their services in a way that maximizes the agency of the patient with their care team. Rochester interpreters do not stay with one patient for the duration of their treatment, and are instead dispatched to their next patient after the end of every encounter.

Interpretation Services & Technology

All three sites use the same home-grown software to dispatch interpreters, solving for its shortcomings in their own way. The software does not have a communication channel and sites have to use some kind of communication to successfully dispatch interpreters (i.e. Skype, Mayo phones). The software lags at times, causing confusion and users to question the status of interpreters. The software collects fine detailed data that is onerous for interpreters to input and not obvious that it's creating value add. Realtime notifications do not work properly, failing to sound off consistently or alert at all; end users have to continuously manually check, which creates a psychologically taxing experience every day.

Cultural Agility Reflection Worksheets

To establish a baseline understanding of what Mayo staff assumes or believes cultural agility to be and their own practice of it, we designed and distributed a reflection worksheet to over 3,000 people in the following departments:

+ General Internal Medicine	AZ, FL
+ Cardiovascular Disease	AZ, FL
+ Neurology	AZ, FL, RST
+ Physical Medicine and Rehabilitation	FL, RST
+ Gastroenterology and Hepatology	AZ, FL, RST
+ Pediatrics	RST
+ Department of Medical Oncology	AZ, FL
+ Transplant	AZ, FL
+ Health Information Management	AZ, FL, RST
+ Critical Care Medicine	AZ, FL, RST

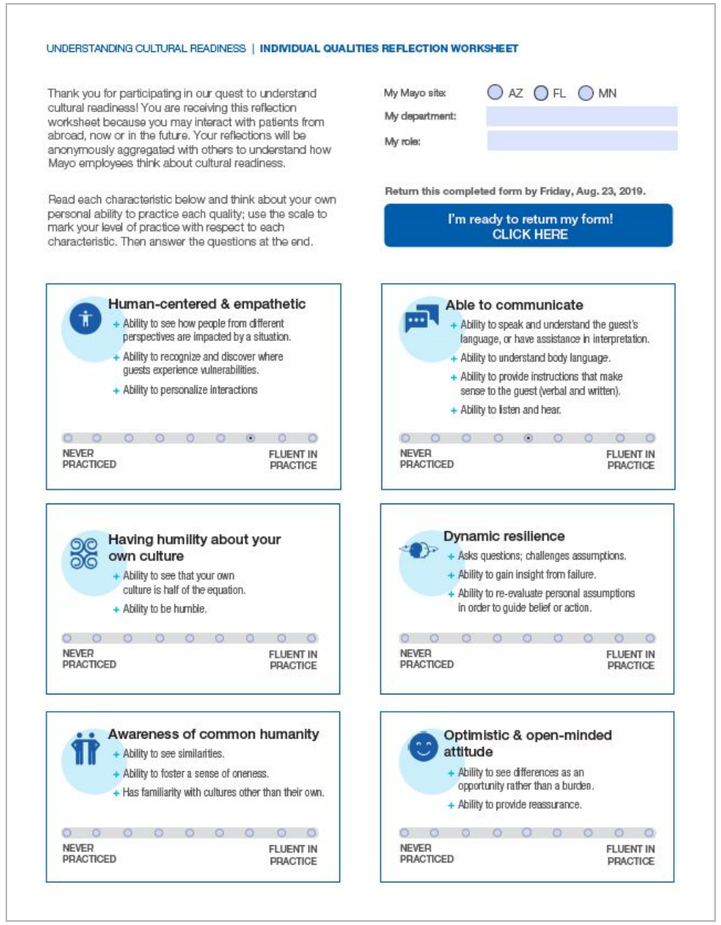
The first section asked respondents to reflect and assess their own cultural readiness. The data from this section was used to understand staff self-reported strengths and weaknesses, and how they relate to Mayo Values.

The second section comprised of three questions about cultural readiness. The data from this section was used to understand what staff thinks cultural agility is, why staff might resist engaging in cultural agility efforts and current landscape of resources and practices for cultural agility.

152 people responded, inclusive of roles ranging across allied health and care team roles. Enough responses were collected to assess explicit and implicit meanings within the data, code for Mayo Values, identify self-reported strengths and weaknesses, and assess content according to the Intercultural Development Inventory (IDI) categories.

Given the collection channel (email) and survey fatigue at Mayo, those who responded to our reflection worksheet are more likely to have personalities that are generally positive about their experiences serving international patients and favorable about their own cultural agility capabilities. This was taken into consideration when evaluating the data.

See data analysis from this activity pages 18 - 20.



UNDERSTANDING CULTURAL READINESS | **INDIVIDUAL QUALITIES REFLECTION WORKSHEET**

Thank you for participating in our quest to understand cultural readiness! You are receiving this reflection worksheet because you may interact with patients from abroad, now or in the future. Your reflections will be anonymously aggregated with others to understand how Mayo employees think about cultural readiness.

Read each characteristic below and think about your own personal ability to practice each quality; use the scale to mark your level of practice with respect to each characteristic. Then answer the questions at the end.

My Mayo site: ○ AZ ○ FL ○ MN
My department:
My role:

Return this completed form by Friday, Aug. 23, 2019.

I'm ready to return my form! CLICK HERE

Human-centered & empathetic
+ Ability to see how people from different perspectives are impacted by a situation.
+ Ability to recognize and discover where guests experience vulnerabilities.
+ Ability to personalize interactions

NEVER PRACTICED — FLUENT IN PRACTICE

Able to communicate
+ Ability to speak and understand the guest's language, or have assistance in interpretation.
+ Ability to understand body language.
+ Ability to provide instructions that make sense to the guest (verbal and written).
+ Ability to listen and hear.

NEVER PRACTICED — FLUENT IN PRACTICE

Having humility about your own culture
+ Ability to see that your own culture is half of the equation.
+ Ability to be humble.

NEVER PRACTICED — FLUENT IN PRACTICE

Dynamic resilience
+ Asks questions; challenges assumptions.
+ Ability to gain insight from failure.
+ Ability to re-evaluate personal assumptions in order to guide belief or action.

NEVER PRACTICED — FLUENT IN PRACTICE

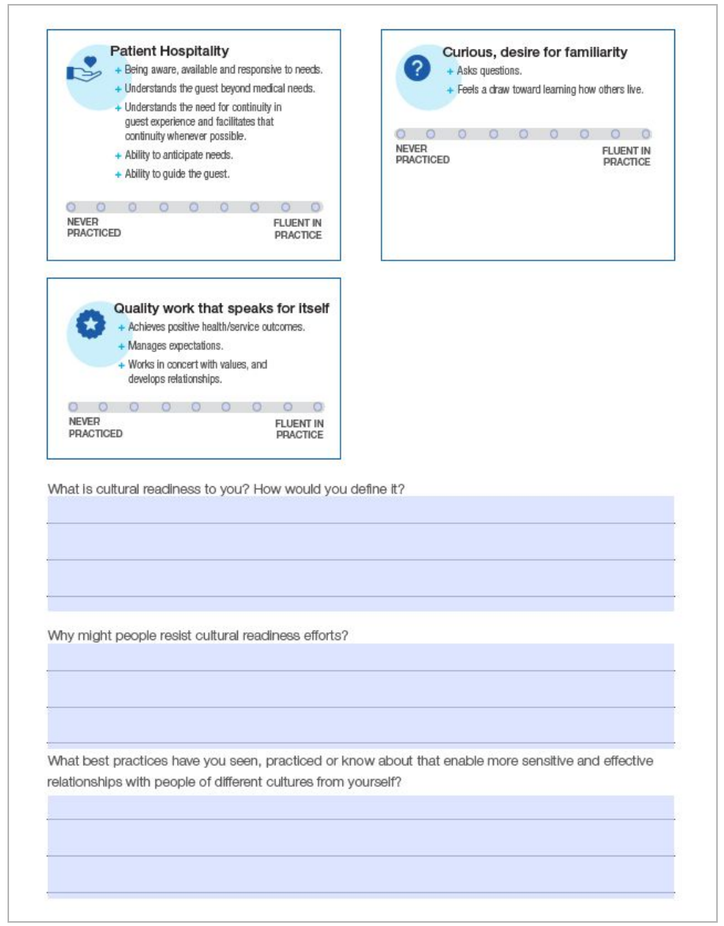
Awareness of common humanity
+ Ability to see similarities.
+ Ability to foster a sense of oneness.
+ Has familiarity with cultures other than their own.

NEVER PRACTICED — FLUENT IN PRACTICE

Optimistic & open-minded attitude
+ Ability to see differences as an opportunity rather than a burden.
+ Ability to provide reassurance.

NEVER PRACTICED — FLUENT IN PRACTICE

Front of Cultural Agility Reflection worksheet.



Patient Hospitality
+ Being aware, available and responsive to needs.
+ Understands the guest beyond medical needs.
+ Understands the need for continuity in guest experience and facilitates that continuity whenever possible.
+ Ability to anticipate needs.
+ Ability to guide the guest.

NEVER PRACTICED — FLUENT IN PRACTICE

Curious, desire for familiarity
+ Asks questions.
+ Feels a draw toward learning how others live.

NEVER PRACTICED — FLUENT IN PRACTICE

Quality work that speaks for itself
+ Achieves positive health/service outcomes.
+ Manages expectations.
+ Works in concert with values, and develops relationships.

NEVER PRACTICED — FLUENT IN PRACTICE

What is cultural readiness to you? How would you define it?

Why might people resist cultural readiness efforts?

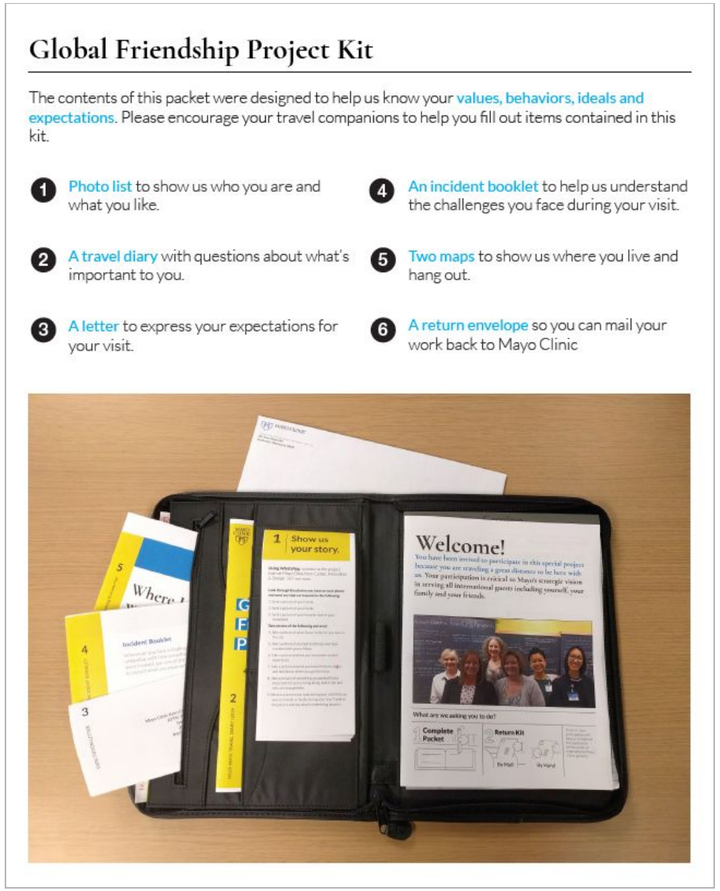
What best practices have you seen, practiced or know about that enable more sensitive and effective relationships with people of different cultures from yourself?

Back of Cultural Agility Reflection worksheet.

Cultural Probes (Global Friendship Kits)

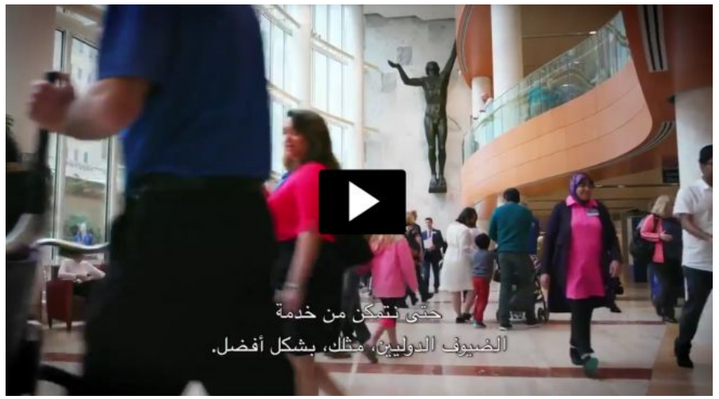
The term ‘cultural probe’ is a design research term that describes a technique of gathering inspirational data about people's lives, values and thoughts. Essentially, it is an interactive kit of prompts that elicit first-hand experiential responses to be sent back to researchers upon completion.

In our case, we designed the cultural probe to include six essential components:



International patients know our cultural probes as “Global Friendship Kits.” They were made available in four languages: English, Mandarin, Arabic and Spanish.

The cultural probe technique made it possible to reach international patients visiting each of our three US Mayo sites on a continuous basis over the summer. Mayo International Coordinators were instrumental in recruiting participants. To aid in recruiting, we created recruiting talking points and a video (made available in four languages: English, Mandarin, Spanish and Arabic).



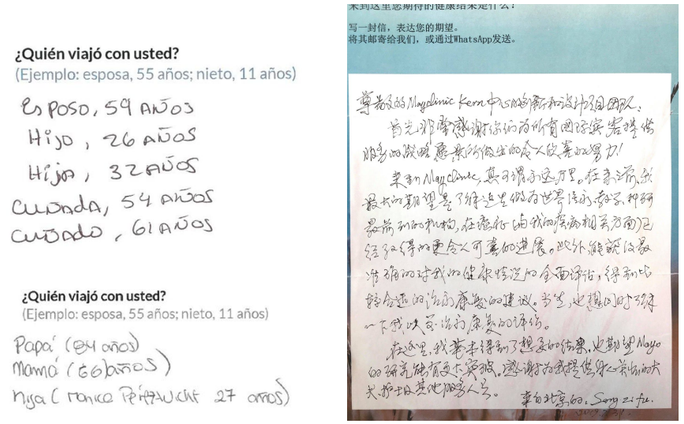
A 2-minute video described the kit to participants, designed to help them decide whether or not they would consent to participate.

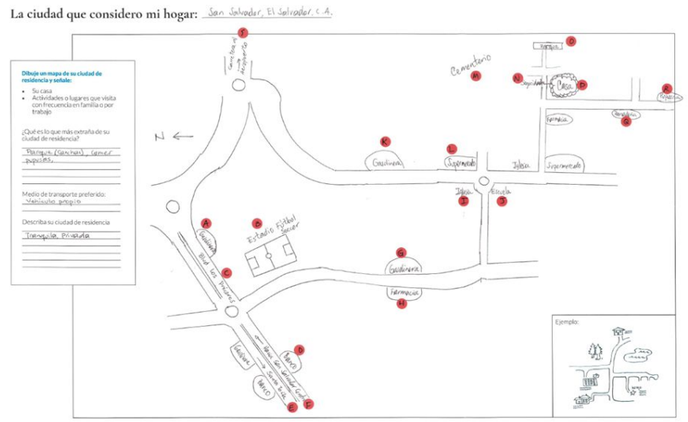
Global Friendship Kits were dispersed between July 1 and September 27th, 2019.

	Spanish		Arabic		Chinese		English		Total	
Rochester	20	12	12	1	10	5	0	0	**42**	**18**
Arizona	8	7	0	0	3	2	1	0	**12**	**9**
Florida	16	11	2	2	0	0	0	0	**18**	**13**
Total	44	30	14	3	13	7	1	0	**72**	**40**

Participants recruited | Kits returned

Respondents were encouraged to fill out as much of the kit as was comfortable; they were not required to fill in the entire kit. Visual responses were collected via WhatsApp. The remainder of the responses were recorded directly on the artifacts in the kit and were either mailed back to the research team or handed in to the International Center who would deliver them to the research team.





International patients and/or their travel companions filled out the artifacts in the Global Friendship Kits and returned them to us via mail, WhatsApp or by way of the Mayo International Center.

Reaction Murals

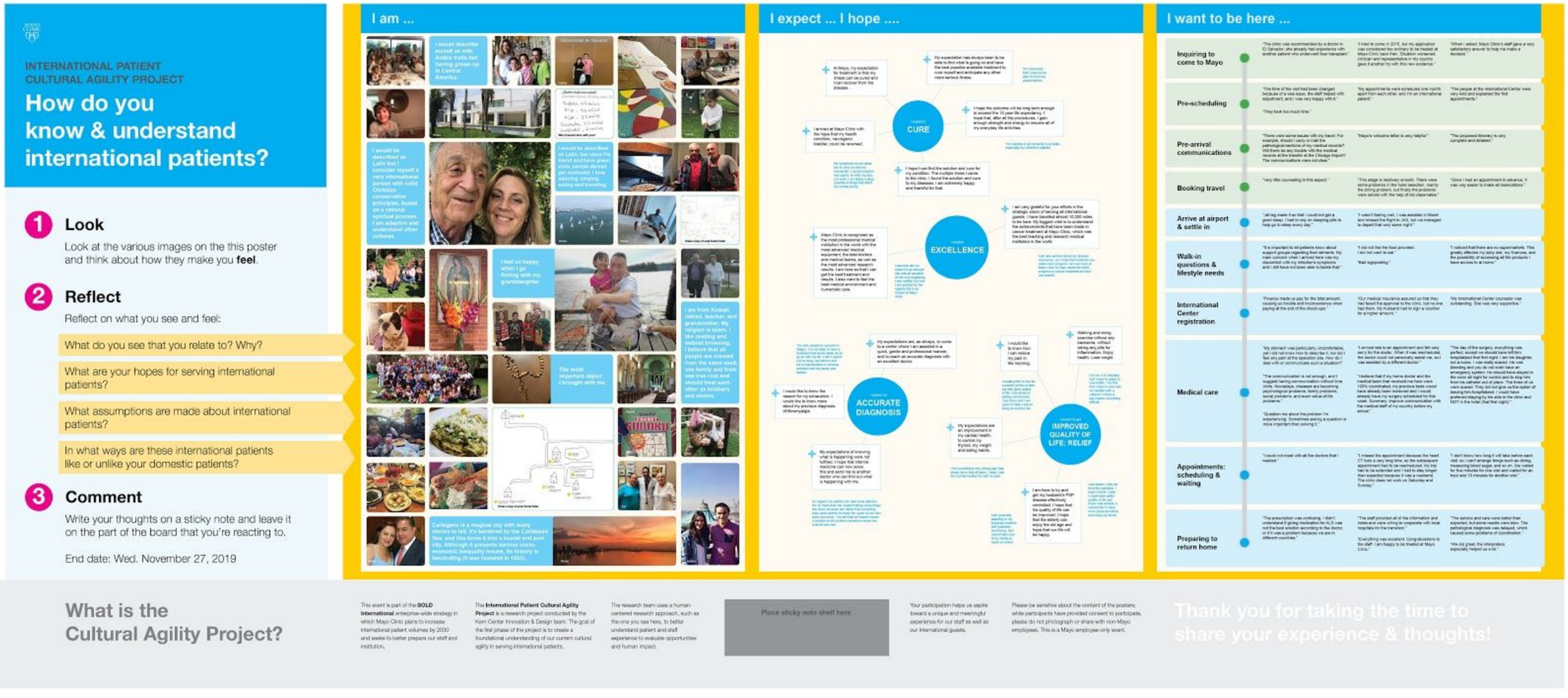
The patient responses gathered from the Global Friendship Kits were collaged onto a poster. Posters were installed at each of the three US Mayo sites from Nov. 4 - Nov. 27, 2019:

Arizona	• Specialty Building, Phoenix campus • Hallway mailroom, Scottsdale campus
Rochester	• Eisenberg Staff Cafeteria • Francis Staff Cafeteria • Harwick Staff Cafeteria
Florida	• Entrance to Mayo Café



Due to rigorous constraints for displaying anything at Mayo Clinic, the posters were installed on table tops (with the exception of Scottsdale). It was important to display them in non-public, high-traffic areas. The combination of these criteria constrained our ability to collect data.

A Mayo News article was written and published to let staff know about the Reaction Murals the week they were installed. We asked staff to consider the content on the poster and provided them with a series of reflective prompts to guide their reactions. They were asked to use sticky notes to write their responses and attach the sticky notes to the area of the poster they were responding to. Posters were on display for two weeks. They were unmanned to encourage anonymous reactions. Of all of our data collection methods, this one resulted in the least amount of data, but provided high-visibility for the strategic vision and raised awareness for serving international patients.



Reaction Murals are curated content from the Global Friendship Kits, designed to elicit reactions from Mayo staff.

Analysis: Conflicts and unmet needs for cultural agility at Mayo

Workshops, incident cards, interviews and observations provided data corresponding to conflicts and unmet needs. A comprehensive addendum of qualitative data is available upon request. To organize and understand this data, we developed data frameworks:

Themes:
Six main themes and 11 sub-themes emerged from the data collected from the workshops, incident cards, interviews and observations. Looking at the data thematically helps identify patterns regardless of personal role or interaction touchpoint.

Interactions:
The workshops introduced 11 interaction situations that a Mayo Clinic care team or staff member might have with an international patient or their travel companions. These interactions range from before, during and after a patient's visit to a U.S. Mayo Clinic site.

The grey cells in the table indicate areas where staff reported personal conflicts and challenges with international patient care and interaction. The table suggests how we might prioritize future work to have the greatest impact, keeping in mind that reported conflicts are specific to the roles that participated in the research activities.

The matrix also shows how some themes such as Language and Communication, Finance, and understanding US healthcare culture are present across interactions and therefore may be rich opportunities for upstream and downstream experimentation work.

Theme	Category	Description	1 INQUIRING TO COME TO MAYO	2 PRE-SCHEDULING	3 PRE-ARRIVAL COMMUNICA-TIONS	4 BOOKING TRAVEL	5 ARRIVE AT AIRPORT & SETTLE IN	6 WALK-IN QUESTIONS & LIFESTYLE NEEDS	7 INT'L CENTER REG.	8 MEDICAL CARE	9 ONGOING SCHEDULING	10 PREPARING TO RETURN HOME	11 FOLLOW UP
Language & Communica-tion	LANGUAGE/ COMMUNICATION (importance)	Language can be a barrier; Communication is not always timely or in the preferred mode	■	■	■	■	■	■	■	■	■	■	■
	COMMUNICATION (human)	Patients want to engage with people	■							■	■	■	■
	COMMUNICATION (process)	Contact & communications can be difficult	■		■					■	■	■	■
Negotiating Expectations	HEALTHCARE CULTURE	US healthcare is not always easy to understand	■	■	■	■		■		■	■	■	■
	KNOW THE PATIENT	Patient expectations, preferences, needs can be difficult to be aware of and cater to	■	■			■	■	■	■	■	■	■
	KNOW THE PATIENT	Travel companions play a direct role in pt experience	■	■					■	■	■	■	
Teaming	PROCESS	Current process and teaming doesn't always work well	■	■	■			■	■	■	■	■	■
Logistics	PROCESS	OSMs are difficult to get, insufficient	■	■									
	PROCESS	Hard to collect accurate registration info						■					
	TIME	Time management is an issue								■			
	SCHEDULING/ TIME	Setting up, understanding and managing appointments	■	■				■		■			■
Finance	FINANCE	Hard for patient to determine financial capability or afford cost	■	■	■		■	■	■	■	■	■	■
Hospitality	HOSPITALITY	Patients need to have non-medical needs met			■	■	■	■	■	■			

Reflection Worksheet Analysis: Practicing Cultural Agility

The reflection worksheet has two parts, the first in which we ask staff to rate themselves with respect to nine cultural agility behavioral traits on a continuum of “never practiced” to “fluent in practice.”

To analyze the rating section, we did not compare or average responses because subjective perceptions do not lend themselves to credible comparisons (one person’s rating of a ‘7’ is different from another person’s rating of the same number).

Instead, respondents’ high rankings were interpreted as personal strengths and low rankings as weaknesses. The percentage of people who chose an attribute as a strength compared to the rest of the group is compared to the percentage of people who chose that same attribute as a weakness compared to the rest of the group in order to determine overall strengths and weaknesses (see table at far right).

Mapping cultural agility values to Mayo values helps us understand how staff is able to embody Mayo values through their cultural agility, and where Mayo values may be suffering.

The Top Tier: Salient Attributes
The cultural agility traits that rise to the top are salient to staff and patients. Mayo Clinic is generally known for their kind heartedness in a way that almost defies explicit description but is highly relatable on an emotional level. Seen through a cultural agility lens, it may be described as the ability to hold **optimism for others**, especially during challenging times and in soulful recognition of a **common humanity**. Mayo knows this as compassion, healing and respect.

Another salient attribute is the **quality work** done by staff. Beyond nationwide recognition by US NEWS, we can see by this rating that staff accept their own part in the overall success and recognize the good work on a personal level, as a gift between people.

When cultural agility attributes become salient beyond the group practicing them, it is clearly a strength.

The Middle Tier: Having a Command of Perspectives
The set of cultural agility traits that land in the middle tier for Mayo respondents require a strong awareness of personal perspective and the ability to accurately assess another’s perspective. **Curiosity** is seeking new perspectives, and **humility** seeks a balance between perspectives. The ability to be **empathetic** is not an ability to feel sorry for someone, but rather the ability to accurately determine their status based on their perspective.

The ability to shift perspectives will be a significant opportunity for Mayo staff, and consequently Mayo at large.

The Bottom Tier: Opportunity for Growth
Some Mayo staff have said that Mayo is not in the hospitality industry; this comment is meant to differentiate the seriousness of medical care from tourist-like services. In the context of cultural agility, **patient hospitality** is the commitment to treat patients as guests. This means understanding how to accommodate them in and out of medical settings.

The fact that **dynamic resilience** lands near the bottom may reflect the difficulty to remain personally nimble in a system that is in many ways very fixed. It is no coincidence that we live in a time of physician burnout. In the context of cultural agility, dynamic resilience is how we learn new perspectives and then adapt to them. Lack of resilience with each other will affect Mayo’s ability to demonstrate excellence.

The **ability to communicate** is a strong theme throughout this research. Staff realize how strongly they are impacted and international patients are impacted if they can’t speak the same language. Beyond spoken language, listening and ability to read body language is foundational to many of the other cultural agility traits listed here.

STRENGTHS →

Cultural Agility Values	Mayo Values
Optimistic & open-minded attitude	Compassion Healing Innovation
Awareness of common humanity	Respect
Quality work that speaks for itself	Integrity Teamwork
Curious, desire for familiarity	Respect
Having humility about your own culture	Integrity
Human-centered & empathetic	Compassion Healing
Patient Hospitality	Respect Compassion Healing Excellence Stewardship
Dynamic resilience	Excellence
Able to communicate	Respect Teamwork Excellence

← WEAKNESSES

Self-reported cultural agility strengths and weaknesses help us understand how staff embody Mayo values when they interact with others.

See page 21 for an explanation of how Mayo Values can help achieve greater cultural agility at Mayo Clinic.

Reflection Worksheet Analysis: What is Cultural Agility?

The analysis of the second section of the reflection worksheet in which staff were asked three open-ended questions about cultural agility was assessed via clustering subjective responses.

1. What is cultural agility?
From the 152 responses we received from Mayo Clinic Staff, we selected a subset that was representative of typical responses and arranged them on a scale developed by the Intercultural Development Inventory (IDI) along the x-axis, and a scale that spans awareness to action-taking along the y-axis (see table at right). The Office for Diversity and Inclusion (ODI) were instrumental in helping us learn about IDI and in how we consider data from this research activity.

Most answers tended to cluster around high minimization, low acceptance (see dark line in table). This is consistent with typical results of Intercultural Development Inventory (IDI) conducted by diversity experts wherein most people rate themselves more culturally agile than they really are, and they typically fall in the minimization/acceptance range. The data reveals:

+ The majority of respondents are not aware of or able to articulate a global worldview beyond "acceptance,"
+ Respondents tend to think that Mayo's core value "the needs of the patient come first" is the epitome of practicing cultural agility, but may overlook that this mantra is susceptible to their own assumptions,
+ Staff generally don't understand the difference between equality and equity. "Treating everyone as equal" falls into minimization if it overlooks individual needs and circumstances.
+ Mayo needs a way to accurately assess staff aptitude, and then provide a range of learning opportunities to appropriately target where people are at in order to help them move up the scale comfortably, confidently and effectively.

	MONO-CULTURAL WORLDVIEW		TRANSITION	GLOBAL WORLDVIEW		
	DENIAL	POLARIZATION	MINIMIZATION	ACCEPTANCE	ADAPTATION	INTEGRATION
	Having superficial awareness of differences resulting in disinterest/ avoidance	*Having a judgmental view: us vs them*	*Emphasizing commonalities; desire for universality for the sake of simplification*	*Ability to acknowledge that similarities and differences co-exist simultaneously*	*Ability to shift perspective*	*Ability to be invested in the cultural context as a functional member*
AWARENESS			"Understanding that humans are all humans." "Finding common ground." "Understanding our common goals."	"Having compassion and empathy." "Accepting people no matter where they come from."	"Having awareness of personal responses to differences between people." "Having self-awareness of how personal culture intersects with another culture."	"Having first hand experience with what life is like for the international patient."
KNOWLEDGE			"Having a toolkit that aids in general knowledge about each culture."	"Learning and having knowledge about geography, religion, heritage, social dynamics and even different healthcare systems."	"Learning about other cultures in order to balance personal responses to them."	"Their language and way of life is one I also grew up with."
SKILLS		"Not being quick to jump to assumptions."	"Treating everyone as equal." "Finding common ground upon which to relate to each other." "Making sure the needs of the patient come first."	"Serving with empathy despite differences." "Being able to relate to people who are different."	"Being flexible." "If not having the skills/knowledge, knowing the questions to ask." "Sensitivity to modify your way of doing things."	
ABILITY	"Ability to deliver care comparable to times when there are no cultural differences."	"Clearly demonstrating our goal while including the patient in the process."	"Ability to perform job in a universally sensitive way."	"Ability to provide the same info and care to all patients regardless of culture or language."		
Examples of cultural agility improvement opportunities at each level	+ Recognition of differences. + MBTI + Harvard Implicit Association test →	+ Exposure to diverse people →	+ Address universality and uniqueness of human condition →	+ Advancing through tolerance scale + Journaling/reflection →	+ Coaching + Simulation →	+ Work abroad rotation

Reflection Worksheet Analysis: How staff understands and practices cultural agility (con't)

2. Why might people resist cultural readiness efforts?
Reasons stated for resisting cultural agility efforts include:

- Fear of challenging/changing personal beliefs
- Bias, racism, xenophobia
- Lack of exposure/opportunity
- Lack of toolkits/ Resources
- Fear of the unknown/different
- Pressure to "work to the queue"
- Resisting top-down mandates
- Competing priorities
- Lack of introspection skills /EQ
- Language barriers
- Negative socio-political influences

Another form of resistance that wasn't explicitly named, but showed up implicitly in the other answers and in our workshops was a resistance borne of ignorance. Some staff insist on equal treatment and disuage equitable service, citing unfairness that some people would have their needs catered to while others would not get the same treatment. There is a confusion about equity that cause staff to apply peer pressure and negative stigma around providing what is perceived as preferential treatment.

Through the analysis process of the open-ended questions, we came to realize that respondents were likely to resist cultural agility efforts for various good reasons, which caused us to consider how staff might come to know their own cultural agility as a set of traits they are already holding themselves accountable to: Mayo Values. We added a layer of analysis to the rating exercise by tagging cultural agility traits with primary Mayo values. This helps us identify opportunities in translating cultural agility into well established and familiar enterprise attributes.

See the next page for more on relating cultural agility to Mayo Values.

3. What best practices have you seen, practiced or know about that enable more sensitive and effective relationships with people of different cultures from yourself?

When we asked Mayo staff about their personal practices around cultural agility, we were curious to see how people take action on a fairly ambiguous concept. We wanted to understand what cultural readiness looks like when put into practice. Not surprisingly, this was a difficult question to answer. Their responses fit into five categories:

- **Mindset:** Mayo's core value "The needs of the patient come first," comes to mind for many to describe what guides their mindset for cultural agility. However, it is clear responses that they have a difficult time thinking about cultural agility in concrete terms.

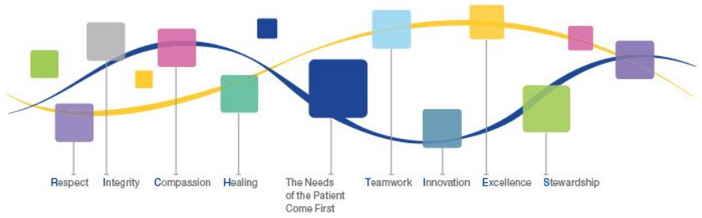
- **Learning & knowing:** Respondents seem split between book-smarts approach and a reflection-journey approach to cultural agility learning and knowing.

- **Resources:** The dominant resource cited for practicing cultural agility is language services. Staff also rely on colleagues with global experience (even if there are not as many diverse colleagues as there could be). Lastly, time is a resource many feel they don't have, citing that the current process is designed for people already familiar with the process and western culture.

- **Skills:** Respondents listed diverse skills they used to practice cultural agility: communication, awareness, rapport-building, critical thinking, hospitality, facilitation, negotiation, and personal demeanor.

- **Actions:** Being able to travel, know more than one language, surrounding themselves with people from different cultures, volunteering for the Peace Corps or substance abuse rehabilitation -- all of these actions help staff build on their diversity skills and interact with others in a culturally sensitive way.

Mayo Clinic Values and Cultural Agility



International patients, especially embassy-sponsored patients, have had a widespread reputation of being “difficult,” “demanding” and otherwise burdensome to our care teams. We knew that a first step towards the enterprise practicing cultural agility would be to shift people away from this ingrained, generalized thinking towards a mindset of personalized care and respectful curiosity.

Our staff readily identify with and celebrate the Mayo Clinic values. We want to show staff how the Values provide a foundation of character and behavior that are consistent with the practice of cultural agility. We hope that by showing staff that they were already on their way to practicing cultural agility, serving international patients might seem less daunting or undesirable.

We learned from leaders in the Office for Diversity & Inclusion that another challenge is that staff engage with the term ‘cultural agility’ only conceptually and have a hard time identifying behaviors associated with it. However, a precedence to asking staff to behave according to conceptual ideas is already inherent in Mayo’s values. Since Mayo Values account for cultural agility implicitly, it would not be a big leap to use values for staff to better understand and take on cultural agility behaviors.

Bridging Values and Cultural Agility Behaviors

Mayo Value	Research Theme	Example Cultural Agility Behaviors
Respect	**Negotiating Expectations**	Consider how the digital patient profile in Epic is reductive. Ask how international patients want to define themselves and be aware that they could have multiple definitions for themselves simultaneously.
Integrity	**Language & Communication**	Provide patients with information in accessible, appropriate formats including translated documents or video to encourage fair and informed shared decision-making.
Compassion	**Logistics & Process**	Consider how our rigid process might appear overwhelming and confusing to new patients, and take the time to call for experts in interpretation or cultural brokerage, even if it takes more time.
Healing	**Hospitality**	Nurture the well-being of the whole person by supporting patient beyond on-site medical treatment. Share local opportunities for spiritual or social resources, and consider how these practices need to factor into care plans and scheduling.
Teamwork	**Teaming**	Understand the role of International Services, use them appropriately, and recognize that many specialized roles are required to serve international patients.
Innovation	**Teaming**	Practice curiosity and respect towards the diverse experiences and skill sets within your own team, which can be an everyday practice ground for cultural agility mindset and behavior.
Excellence	**Finance**	Instead of assuming that all international patients are wealthy, understand that many international patients make great personal sacrifices to afford Mayo Clinic, just like some domestic patients. Provide as much transparency as possible around the cost of additional orders, and remind patients that financial service staff are available to answer any questions before appointments are confirmed.
Stewardship	**Hospitality**	Recognize the social and cultural significance of the patient’s travel companions, collect and record information about travel companions, and include travel companions in the care process.

Cultural Agility Resources at Mayo Clinic

Over the course of this project, we met with teams who are also working to understand and support cultural agility at Mayo Clinic. Our conversations with these teams helped refine our research questions, insights, and ideas for future experimentation and partnership.

The Office for Diversity and Inclusion (ODI), Workforce Learning, and Office for Health Equity and Inclusion have spearheaded the dissemination of resources including trainings, assessments, and e-learning modules to staff across the enterprise. Our conversations with these groups uncovered shared ideas about cultural agility at Mayo Clinic. In speaking with staff and assembling the diagram to the right, we learned the following things about instituting cultural agility:

+ Cultural agility should be an ongoing practice.
+ Cultural agility learning opportunities need to be tailored to learner level and learner needs to be aware of their level.
+ People generally do not rate their cultural agility accurately; they generally overestimate their capability.
+ Staff are not aware of the strategic or personal growth opportunity for improving their cultural agility, or of the resources available to them for doing so.
+ Mayo has an achievement culture (which doesn't tend to suit ongoing learning journeys as well); staff respond to attaining a well-defined endpoint or discernable reward.
+ Staff appreciates self-guided educational opportunities (cultural agility requires experiential practice).
+ eLearning is strongly asked for by staff, but most are cynical about its effectiveness and half-hearted about taking it seriously.
+ Staff do not want to be told what to do; cultural agility is a personal decision and growth is most effective when learner decides they want it.
+ Cultural agility resources need to be compelling, inspirational and engaging to active seekers.
+ Learning resources should be centralized and organized according to the learner perspective.
+ Mayo teams working on educational and training initiatives have overlapping responsibilities and initiatives.



This is an unofficial depiction of the cultural agility resources that currently exist for staff at Mayo Clinic.

In addition to putting into practice the lessons learned here, two main imperatives stand out for providing cultural agility resources to staff at Mayo Clinic in the near future:

1. Innovative approaches to cultural agility should be sought out and put into practice; our current state should evolve to include diverse learning styles and methods, and
2. The development of resources need to be coordinated and staff need to have an easy way to find them.

Insights

Analysis of qualitative data typically is delivered in the form of insights, which involves human-centered explanations of problems people face within the research theme. Insights constitute the system-perspective takeaways from which future states can become salient. The insights listed here are the foundation upon which future-state scenarios are crafted.

Insights in this section are organized by theme:

+ Understanding Cultural Agility
+ Evolving Mayo Values
+ Language & Communication
+ Negotiating Expectations
+ Teaming
+ Logistics & Processes
+ Finance
+ Hospitality

Related to insights:

+ Analysis, pages 17 - 22
+ Future-state scenario, page 33 - 35

UNDERSTANDING CULTURAL AGILITY

1. **Culture-specific education is only useful to a point.**
   Many staff are interested in toolkits, checklists and cheat sheets to help them serve international patients in culturally sensitive ways. However, contexts and demographics change, and patients have complex, non-homogenized identities which defy simple categorization. Providing staff with cultural summaries is fine with the caveat that some patients will not conform to the custom, and may be offended if assumptions are made about them based on their country of residence, name, accent, dress or skin color. To truly understand cultural agility, staff must practice curiosity, adaptability, resiliency and humility.
   Instill the importance of soft skills like adaptability, resiliency and humility.
   Create opportunities for staff to practice cultural agility.

2. **The term “cultural readiness” implies deficiency. “Cultural agility” implies capability.**
   For some staff the idea of pursuing “cultural readiness” implies a risk of being unprepared, broken, or not enough. The term is vague and evokes ideas of personal judgement and an objective that would be hard to ever live up to. In contrast, “cultural agility” suggests a capability and ongoing practice.
   Use the term “cultural agility” in enterprise efforts to reform cultural capability and leverage existing values staff already find relatable.

3. **Cultural agility is personal.**
   Mayo employees are likely to resist cultural agility efforts mostly due to perceived lack of exposure, personal fear of change and lack of comfort with diversity. Additionally, unconscious bias is a concern among staff about their colleagues. As an institution, barriers include too many competing priorities, and a resistance to top-down mandates.
   Create a culture where staff can safely and readily self-identify with cultural agility qualities and behaviors.

4. **Staff tend to overlook the role our healthcare culture plays in navigating cultural gaps with international patients.**
   When asked about cultural conflicts that occur during the course of work, staff find it easiest to talk about the mysteries of other cultures or logistical issues in serving international patients. Less frequently does staff reflect on the impact their own culture has on interactions with international patients. Cultural Agility is a two way street that depends on self-awareness as much as openness to differences.
   Make unconscious bias training mandatory for all staff.

5. **Lack of humility stands in the way of accurate self-assessment and keeps people from self-improvement.**
   Mayo employees generally do not self-assess their cultural agility accurately, often inflating their aptitude, which is consistent with IDI inventory results. This general lack of humility suggests a likely barrier to engaging in cultural agility opportunities and being agreeable to personal self-improvement. Additionally, everyone is at different cultural agility starting points so one kind of solution or resource does not address all cultural agility needs.
   Ensure cultural agility offerings and messages are appreciative and have a ‘glass half full’ approach.
   Tie cultural agility explicitly to Mayo Values.
   Create a Mayo Model of cultural agility in which staff can accurately assess where they are.
   Create cultural agility offerings for any level of cultural agility.

6. **Creating a cultural agile organization begins with hiring teachable and resilient employees.**
   Individual cultural agility depends on cultivating mindset and behaviors around curiosity, learning, self-awareness, and humility. Though cultural agility can be developed and practiced, hiring teams might consider how job candidates already embody these traits along with other markers when assessing fit with Mayo Clinic.
   Evaluate hiring criteria in accordance with Mayo Values and soft skills associated with cultural agility.

7. **"The needs of the patient comes first" is only as strong as the assumptions placed on it.**
   Staff predominantly identify cultural agility as an ability to treat everyone the same, despite the fact that people are different and have different needs. It throws into question how to take action that aligns with the core Mayo value. “The needs of the patient come first” often includes assumptions (i.e. their needs are like mine). Asking questions and critical thinking are needed for this mantra to be patient-centered and agility-oriented.
   Create and share a definition of cultural agility, show how shared Mayo values fit with cultural agility concepts.
   Ensure that staff do not block equitable treatment, mistaking it for preferential treatment.

8. **Cultural agility is a journey, not an endpoint.**
   The mindsets and practices that make up cultural agility exist on a spectrum ranging from denial to integration, and aptitude ranging from awareness to ability. Many Mayo employees tend to want to simplify ‘cultural agility’ in order to create universality and achievability. Others understand that complex variables around similarities and differences can co-exist simultaneously.
   Help staff self-identify with their cultural agility.
   Create cultural agility measures that are multi-dimensional and qualitative.

EVOLVING MAYO VALUES

1. **Cultural agility behaviors are definable and actionable via Mayo Values.**
   Staff engage with the term ‘cultural agility’ only conceptually and have a hard time identifying behaviors associated with it. However, a precedence to asking staff to behave according to conceptual ideas is already inherent in Mayo’s values. Since Mayo Values account for cultural agility implicitly, it would not be a big leap to use values for staff to better understand and take on cultural agility behaviors.
   Reframe existing Mayo Values resources to explicitly articulate cultural agility behaviors and global mindset.

2. **“Stewardship” is Mayo’s dark horse value for serving international patients.**
   Typically, stewardship evokes ideas of managing natural and material resources. Technically it includes managing human resources, but the definition can take on deeper significance for serving international patients. There are significant social ecosystems around the international patient that require attention and care: their decision-making ecosystem (family & friends), their local care ecosystem, and the context from which they come (what resources come to bear on their continued healthcare at home). Stewardship may also be thought of as a defining value for telehealth practices.
   Reframe/expand how ‘stewardship’ is thought of by staff to include social and global resource ecosystems.

3. **“Healing” as a Mayo value has heroic connotations to many international patients.**
   It is not uncommon for international patients to interpret Mayo’s value for “Healing” as a promise for a full and complete cure despite unfortunate odds or what they may have heard from other medical institutions. International patients come to believe the Mayo value for “Healing” means that Mayo can do the impossible.
   Reframe the Mayo value “healing” for international patients. Ensure conversations are happening between international patients and care teams around “healing.”

4. **When staff make assumptions about patient needs, the result is Mayo-centered care.**
   As staff try to live the Mayo value “the needs of the patient comes first,” their ability to provide exceptional patient experience is limited by their own assumptions. Without asking what needs a patient has, it is difficult to accurately estimate how patient needs might be different from their own. Additionally, a patient may need something different or more than what they say they need, but this should not be based on assumption either.
   Train staff to exercise respectful curiosity.

LANGUAGE & COMMUNICATION

1. **Conversation is a cultural agility strategy.**
   It would be impossible to predict and anticipate all of the possible cultural conflicts that may come up between patients and staff. Communication can generally reduce or resolve conflict arising from cultural differences; it can facilitate awareness and provide a means to mutual understanding and respect. Communication can offer balance and resolution in ways that rules and policies may not. We know from our research that there are identifiable moments in which communication savviness can be applied as a cultural agility strategy.
   Create conversation touchpoints around known contentious or challenging moments for international patients and staff.
   Offer polarity management and conflict resolution training for staff.

2. **Western culture's desire for efficiency clashes with international patient desire for relationships.**
   There is an opportunity for all staff, not just physicians, to build trust and relationships with patients. Intense optimization of time leaves little room for proper communication (and necessary interpretation). Staff may feel more pressure to be efficient than they do to establish relationships. Staff will even forego getting an interpreter if they are pressed for time.
   Give international patients more time with consults and tasks to account for interpretation, cultural brokerage, and reassurance.

3. **Staff generally appreciates one third of the value of language services.**
   As our interpreters remind us, communication is one-third language interpretation and two-thirds cultural brokerage and understanding context. Some staff suggest that it's ok to use a language-competent family member, resident or janitor to provide interpretation services if a professional interpreter is not available. And while conveying information can be achieved, *understanding* context is not guaranteed.
   Develop a guiding principle/policy with respect to how interpreters are meant to be utilized (and are best utilized) and make sure all staff are aware.

4. **Mayo makes international patients illiterate.**
   The lack of translated materials disable even high-functioning individuals who do not speak English. International patients are asked to sign legal contracts in English that they can't read. Staff have to read materials to patients. Patients have to memorize verbal instruction, sometimes under duress and when they most need to ask clarifying questions.
   Translate materials for patients, starting with information patients are expected to carry with them and take action on.

5. **Cultural perceptions of authority impacts communications.**
   According to our research, cultures interact with healthcare professionals in different ways. The role of physician, nurse, medical assistant, etc. have different connotations around the world. In some cultures, physicians might be highly respected and seen as a final decision maker. In other cultures, the relationship between physician and patient might be that of shared decision making or negotiation. Patients may assume that the Mayo Clinic care team model follows a certain standard, which affects care team and patient relationship dynamics.
   Communicate the Mayo care team model (translated into their language) to patients before they arrive and during orientation, and prepare staff to ask about and answer and care team questions.

6. **Language is just one method of communication that needs to be accessible for patients.**
   Though there is clearly a need for more translated materials, our interpreters remind us that not all cultures use written language as a primary form of communication. Other forms of communication to consider include illustrations or video explanation.
   Offer clinical and non-clinical information to patients in a range of formats.

NEGOTIATING EXPECTATIONS

1. **Setting expectations is not a cultural agility strategy.**
   When international patients and their travel companions come to Mayo Clinic, especially for the first time, their lack of familiarity can create unfortunate conflicts as they attempt to figure things out as they go. When these conflicts impact staff, they generally leap to the conclusion that they need to manage patient expectations, which in itself is a unique Mayo cultural response. Even though Mayo is an authority in healthcare, "managing expectations" as a solution would be a missed opportunity to learn about the international patient's context and being prepared to provide premier service to them.
   Create onboarding/orientation meetings that facilitate learning on both sides.
   Allow international patients to not only pick their provider but get acquainted with the team that comes with him or her.

2. **"Cure" is not a 2030 data strategy to international patients.**
   International patients have let us know that they expect a cure from Mayo Clinic. Patients often exhaust local and regional treatment options which may not have lived up to their desired outcomes or quality standards before coming to Mayo. Some believe a cure is possible merely because Mayo has agreed to see them. Some believe that Mayo's treatments are different from any other institution. When Mayo cannot deliver a cure, international patients are crushed. Staff get caught in the expectation to deliver impossible life-saving healthcare beyond the scope of human scientific limits. Many international patients are holding Mayo to it, strategy or no strategy.
   Build in time with international patients and their families to have a two-way conversation about what "cure" means, and what Mayo's promise is.
   Be clear in international marketing regarding what "cure" means from a patient perspective rather than a data perspective.
   Employ cultural brokerage in the inquiry and triage processes.
   Nail the 2030 strategy.

3. **The need to manage expectations might be a sign that processes need to be reinvented.**
   Healthcare processes are not intuitive, so it makes sense that staff feel an overwhelming need to "educate the patient" and "manage expectations." However, some extra explanations and expectations can be taken care of by designing the system to demonstrate the expected process (i.e Disney World).
   Rethink unintuitive processes, make time to target essential conversations.

4. **Many international patients expect a medical hospitality experience.**
   International patients, particularly those with full medical coverage, expect Mayo to take care of them in a way that makes them feel at home (i.e. stay as an inpatient for antibiotic treatment that would otherwise be outpatient, get additional medical concerns addressed while they are visiting, being able to stay in the hospital until they are ready for discharge - not when Mayo feels they are ready for discharge). This level of attention taxes Mayo's resources and ability to see/tend to other patients. Staff tend to get a perception of international patients as not understanding how things work and as being needy. However, international patients see this level of care as a premier service that justifies the cost they are paying.
   Add the CX touch to medical experiences.
   Ensure that the international patient's experience has continuity and flow, connecting disparate parts of their medical experience and their lifestyle needs.

5. **Mayo care team roles is a misalignment of cultural expectations.**
   International patients are not exposed to the many different medical roles Mayo has until they come for care the first time. Left unexplained, patients become confused and agitated about who they're getting treatment from and what they think they should get. From their perspective, it's easy to feel let down when anyone but a consultant meets with them or treats them.
   Orient international patients to US medical roles and care teams.

6. **Physicians, patients, and embassies do not share the same criteria for what care should be provided at Mayo.**
   Physicians do not always have an awareness of the details in the Letter of Guarantee (LOG) and may order tests and procedures that may not align with it. Neither physicians nor international patients have insight into embassy approvals. Given these conditions, what is communicated to the international patient on their PAG may or may not be the actual care plan. Patients do not know what appointments they should show up to and physicians don't have context to give patients guidance. Savvy patients will continuously ask their doctors to write letters or notes to the embassy to explain how their recommendation aligns with the LOG, which is their only route to creating alignment and getting needed care.
   Create transparency for embassy approvals.
   Help physicians align their medical decisions with the LOG and vice versa.

7. **HIPAA-mentality cuts off the essential role of the travel companion.**
   International patients rely on their travel companion(s) to make decisions and act on their behalf. U.S. data privacy laws require staff to address the patient as a discrete person, yet in reality, they are in inextricable part of a social ecosystem.
   Collect and record information about travel companions.
   Allow systems and communications to acknowledge and include travel companions.

8. **Travel companions have health needs, too.**
   Pre-scheduling practices (and lack of access) make Mayo unresponsive to dynamic and emergent needs of travel companions. For example, lack of ability to fill meds easily can create unnecessary health risks or lead to over utilization of the ED.
   Provide accessible health services to international patient's travel companions.

TEAMING

1. **Front line staff set the bottom line.**
   Though patients travel to Mayo for medical care, there are at least seven interaction types they have to navigate before they meet their physician. These interactions, and the transitions between each, inform the patient's overall experience at the Mayo Clinic. If the patient has a hard time requesting appointments, booking travel, and registration, the physicians and care teams are forced into a position of service recovery before they have even begun their own work. Front line staff need training and support to serve international patients with excellence. Cultural Agility training and professional development resources should not be reserved for a select group of leaders.
   Develop handoff strategies between key players in the international patient's experience.

2. **Mayo's culture of productivity affects ability to serve international patients with excellence.**
   'Not my job' and 'working to the queue' creates bottlenecks to team members who are faced with having to work around rigid colleagues that do not allow them to serve the international patient.
   Communicate the value international patients bring to Mayo Clinic to every staff member.
   Provide clarity on how processes for international patients may be different from domestic patients.

3. **General Mayo staff believes the International Center is solely responsible for international patients.**
   Mayo International Center takes central responsibility for international patients. The International Center needs cooperation from general staff, and for other teams to recognize how they can be helpful. The lack of expanded teaming causes patients to have a fragmented experience and lack support in more places.
   Provide clarity to general Mayo staff regarding the capabilities at the International Center.
   Provide general staff with basic training (i.e. dialing international).

4. **Mayo is undervaluing its existing diversity.**
   Although Mayo's current workforce is not representative of each campus's regional populations or international populations that visit each site, the diversity that is there is extremely valuable. Any staff that come from other countries to work at Mayo represents a resource for other staff who may seek broader perspective beyond their own culture.
   Leverage existing staff and community diversity as learning resources.
   Support a culture of inclusivity and sharing.

5. **Cultural agility can be practiced among members of a seemingly homogenous culture, to the benefit of teaming.**
   According to our research, the cultural agility traits that are most valuable for Mayo staff include: humility, respectful curiosity, open-mindedness, adaptability (reflection and teachability), and responsible freedom. With support in improving these personal traits, Mayo has an opportunity to start enterprise-level changes by practicing these values every day amongst colleagues, not just patients. This support may come in the form of teaming activities, personal goal setting, and anything that affects the team at a cultural level, and creating a culture of curiosity, feedback and teachability. Cultural agility helps build better relationships, better relationships helps build joy.
   Provide rewarding opt-in opportunities for staff to improve their own cultural agility.
   Help staff identify cultural agility behaviors they can practice with each other.

6. **Care coordination has a fault line at the point of patient discharge.**
   The dynamics of medical care coordination can fail when an international patient returns home and needs to be reunited with their referring physician. Sometimes physicians don't want to take the patient back and sometimes the patient does not feel their referring physician can pick up where Mayo left off. "Mayo Syndrome" is a label created among Mayo physicians to describe this situation. As long as this fragile dynamic exists, international patients will not be able to receive adequate follow through for their medical needs.
   Integrate foreign referring physicians into Mayo care teams.

7. **Staff will need to shift teaming mindset from regional to global.**
   Mayo will have a growing number of international colleagues, and teaming may take on new characteristics. That mindshift has not yet happened. In fact, Mayo staff generally have a local mindset specific to their US campus; many will need to leapfrog from a regional mindset, past the national mindset, to global teaming.
   Expand Mayo workforce to a global mindset with global teaming opportunities.

8. **Lack of clarity or consistency of roles between locations introduces cross-site teaming challenges.**
   Mayo staff in each of the three US Mayo sites perform similar but varying responsibilities that impede shared practices and teaming between sites. For instance, interpreter, case manager, and liaison each describes roles that assists international patients, yet these responsibilities come with philosophical differences between sites. In Rochester, interpreters are not meant to act as guides however interpreters do act as guides in Florida.
   Develop consistent roles and responsibilities in Mayo International Centers.

LOGISTICS & PROCESSES

1. **International patients do not fit neatly into processes designed for domestic patients.**
   Generally, staff want to use the same process for every patient. This provides uniformity of work (efficiency) and repeatability of tasks. And while it ensures equality, it does not provide equity. Many International patients need more time for communication and improved access to accommodate travel burden. General staff have been known to insist on their routine, citing that all patients are the same. This results in a breakdown in teaming and in delivering inequitable services.
   Rethink how time is allocated, how processes are understood, and how staff view their own roles and rules.

2. **Appointments, scheduling and punctuality are western cultural constructs; optimization may not bridge a cultural gap.**
   International patients have a different relationship with time. They suffer from jet lag when they are here, making early appointments hard to keep. The nuanced concept of pre-scheduling, scheduling and rescheduling, along with department specificity scheduling reveal inconsistent patterns of availability and capability to patients. Simply scaling up existing processes misses an opportunity to redesign a system that fits the unique needs of international patients.
   Explore alternate approaches to scheduling.

3. **International patients do not think about their health as an episode or an "encounter."**
   Mayo thinks of themselves as a tertiary care institution and value hand-offs to local care. Mayo lacks resources to make hand offs such as prescriptions, equipment or ongoing care. International patients come to think of Mayo staff as long term relationships. Their geographic distance makes this a sensitive hand off, sometimes with safety issues.
   Create resources so Mayo can develop external relationships with global partners.

4. **Patients don't always recognize that staff are operating to a set process.**
   US healthcare culture has a rigidity that can make cultural adaptability difficult for both international patients and staff. Often staff must 'stick to their script' in order to fit everything in. Patients are commonly surprised and dismayed at the extreme rigidity of access. Without the awareness of the rigidity of the system, patients can conclude that staff is withholding help. Explaining the inflexibility of the system to the international patient may help deflect blame but doesn't resolve the issue. Poor response time = inattention.
   Help staff acknowledge their focus on the patient AND the task they are doing on behalf of the patient.
   Increase access for international patients.

5. **Some of Mayo's spaces suggest to international patients that Mayo is not serious about serving them.**
   International Centers in each of the three US locations have outgrown their spaces. In Scottsdale, the lack of a reception area means international patients must check in at another location. In Rochester, staff offices that were designed for one person has multiple. All sites lack co-location of staff and their services. In Phoenix, there is one small room and a shared waiting room for patients. When guests have to stand to wait or have to wait for a single small room to check in, they get the impression that Mayo is not serious or capable of serving international patients and there is a bottleneck, making patients late for appointments. Many spaces (not just International Centers) are not spacious enough to accomodate travel companions. International Center lounge areas in Rochester and Florida are well appointed but will not scale to the projected volumes for 2030.
   Expand International Centers at each Mayo site (both front office and back office capabilities).
   Co-locate Concierge, Travel Services, Language Services, International Finance within or adjacent to the International Center.

6. **International patient needs do not conform to business hours.**
   International patients deal with jet lag, have different customs in spending late nights with family and friends, and depend on Mayo to fulfill pharmaceutical needs over the weekend prior to medical appointments on Monday. While domestic patients might have experience accessing urgent care, or have the support of a local referring primary physician, International patients do not. These challenges constrict their ability to be on time or be prepared and they are often blamed for not understanding how things work. Staff's solution is to educate them.
   Rethink and re-evaluate how to deliver services that flex with international patient needs.

FINANCE

1. **International patients put their wealth as well as their health at the mercy of Mayo Clinic.**
   Many staff believe that international patients are wealthy. While this is true to some extent, many international patients want help from Mayo in managing their financial-medical decisions. To do this they want accurate estimates, transparent pricing and ability to manage financial decisions in concert with medical decisions.
   Give patients more control and oversight in how their money is being spent. Create more accountable pricing for services and outcomes.

2. **Inaccurate estimates damage perceived value.**
   When international patients' final payment exceeds the estimate, the distress of the medical situation is compounded by the financial strain they were not anticipating having to cover. Patients reassess the value they think they are paying for in the midst of that disappointment. Mayo risks losing loyalty and recommendations, which are the primary way in which international patients know about and decide to come to Mayo.
   Create estimates that are more accurate, or guarantee estimates.
   Create transparency of spending as orders are created

3. **Medical packages help international patients weigh the impact of their medical decisions on their finances.**
   International patients may come to expect bundled offerings at Mayo similar to deals that are common internationally. Mayo Arizona has been working with medical packages for certain surgical procedures, but other Mayo sites have not. These bundles may have the advantage of not only helping patients understand what to expect, but may also increase our own teams' capacity to pre-schedule and plan visits for patients who are under a strict time constraint.
   Create medical packages for international patients.

4. **International patients do not expect to have to monitor and oversee coordination of their appointments.**
   Many international patients expect a high level of coordination for the amount of money they are paying. When they are transferred numerous times, denied access, necessary appointments aren't scheduled or cancelled, have to fill out redundant forms, or have dynamic itineraries they can't read, it is easy to draw a conclusion about Mayo's ability to take care of them.
   Create Mayo roles (i.e. case managers, liaisons, coordinators) that will smooth over complicated processes (i.e. financial, scheduling, access, etc).
   Create simplified, AI-supported systems in which patients (or staff) can coordinate appointments with ease.

5. **The 10% discount for international patients is a secret?**
   The 10% discount for international patients seems to be an informal Mayo policy passed along verbally and inconsistently. Staff don't know how to apply this consistently and sometimes communicate it incorrectly to international patients, making it difficult for finance to correct without emotional consequences and patient dissatisfaction. Once international patients become aware of the discount, some of them like to use it as a basis for negotiating deeper discounts, particularly Arab cultures whose communication style tends to be negotiative.
   Formalize the 10% discount and help staff be aware of it and how to work with it.

HOSPITALITY

1. **Using the term "patient" creates implicit biases and shuts down curiosity.**
   We call people who come to Mayo for healthcare "patients" and people who buy things "consumers." When we call people by these labels, we assign them certain implicit characteristics that bring along assumptions about who these people are, and why they might be motivated to do what they're doing. There is a propensity to guess their motivation, and those fundamental assumptions keep staff from fostering respectful curiosity.
   Refer to Mayo patients as "guests."

2. **The international patient's current digital identity is insufficient for staff.**
   Epic does not clearly denote a patient's status as an international patient. It is possible for their need for an interpreter to be dependent on the context. Their name is recorded directly from their passport but may not be the name they like to be called. A strong part of their identity is social, wrapped up with their friends and family, the same people who are most likely to help them make medical decisions (or in some cases who will make medical decisions for them). CRM information is not available to all staff, nor is Epic.
   Integrate Epic and CRM tools or databases.
   Clearly denote international status in Epic.
   Expand information collected to include non-medical contexts.

3. **Demographic data is not customer relationship data.**
   Epic's demographic data fields is inadequate in helping staff understand the international patient's cultural context. Staff at the International Center may collect data for their CRM to help them serve international patients, however each site collects the data separately and the data is not available to other staff from Epic. Even if it were, it's not clear to staff how the data helps form customer experience oriented mindsets and practices.
   Develop integrated customer experience data repositories that describes patient's cultural and lifestyle context.
   Ensure that customer experience data is shared among front line staff.
   Develop customer experience related practices that leverage CX data.
   Use customer-oriented data to personalize the care experience.

4. **The business of healthcare needs to include health gained outside of clinical time.**
   In comparison to life-saving medical intervention, hospitality seems like a "nice to have." For international patients, hospitality shows we know how to take care of them. The ability for Mayo to provide social belonging, wayfinding, food/nutrition, religion and culture-specific amenities will give international patients health in the form of well being.
   Leverage staff to have active, ongoing and accountable roles for bridging international patient needs with the practice.
   Leverage community roles to bridge medical experience with lifestyle experience needs.

5. **Religious practices need to factor into care plans.**
   International patients whose religion includes fasting must choose between religious fasting, medical fasting, or both. When the patient attempts to follow fasting parameters for both their religion and medical purposes, they risk over-doing the fasting. Often religious fasting can affect medical fasting.
   Collect fasting needs prior to coming to Mayo and record it in a shared repository that schedulers can be reminded of when scheduling fasting-sensitive tests.

6. **Spaces meant to support spiritual practices are not inclusive.**
   Spiritual spaces at Mayo are largely designed for Christian practices. Lack of nearby cleansing facilities, lack of directional orientation, and space that is filled with chairs that make the spaces irrelevant or inconvenient to some religious practices. Additionally, the spread out Rochester and Phoenix/Scottsdale campuses make it challenging for international patients to use spiritual spaces if they are far away.
   Adapt/add spiritual practice spaces to include washing facilities, indication of orientation, and spaces in which furniture is not used.

7. **Culturally-appropriate food options are not a luxury.**
   Patients have complained that the food options at Mayo Clinic do not fulfill their dietary restrictions based on religious or social traditions. Limited Kosher, Halal, vegetarian, or pork-free options exist across campuses. These dietary restrictions are non negotiable for many patients, and providing these options should not be seen as a luxury. In addition, much of the food service packaging and labeling is written only in English, which forces patients to try to communicate with staff to ask basic questions, often without the help of an interpreter.
   Increase diversity of food options and develop a translated or visual labeling system to help patients make food choices.

8. **Patients spend 30% of their time in Mayo and 70% of their time outside of Mayo.**
   International patients report taking advantage of time outside of Mayo to travel around the region and the US. Those without that amount of flexibility stay nearer to campus, but still often face working out how to fulfill their lifestyle needs alone.
   Create partnerships, regional resources and interpretation capabilities in the region around each US Mayo campus.

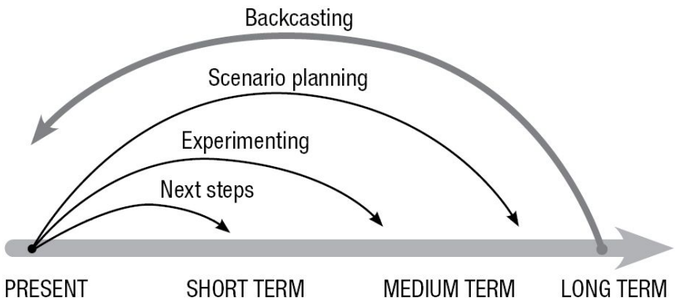
INTERNATIONAL PATIENT "CULTURAL AGILITY"

MOVING FORWARD

Moving Forward: Backcasting

The insights and associated directives generated from this research serve as a jumping-off point to imagine how Mayo Clinic might better serve international patients in the future. Realizing this future state will require changes on multiple levels, from individual staff to enterprise policy.

Backcasting is a planning method that starts with defining a desirable future and then works backwards to identify policies and programs that will connect that specified future to the present. This method encourages bold innovation as opposed to incremental change that might result from tweaking or optimizing existing practices because it prompts the open-ended question, “what if” and not “how.”



After establishing an ideal future state, we will create example scenarios to bridge from current state to future state. The following pages describe one future state scenario from the perspective of a fictional patient. Their interactions before, during, and after treatment at Mayo illustrate an international patient experience that is patient-centered, transparent, and supported by culturally-agile staff and technology. In this patient story, interactions and services that are not possible today are written in **bold**.

Though the following future state scenario uses a Middle Eastern patient as an example protagonist, the future state contains ideals that could be applied to multiple scenarios, and are consistent with our larger vision of how the ideal future state is aligned with the enterprise 2030 strategy.

Experimentation would be the next step in making these ideal scenarios possible at Mayo Clinic. Instead of jumping straight into implementation, experimentation recognizes that we don’t have full knowledge in our current state to get directly to our future state. Experimentation helps us get there in an iterative approach to learning while implementing, constantly stretching between current and future.

There are also some opportunities that do not require experimentation, that can be implemented immediately to improve the patient experience and cultural agility at Mayo Clinic. These are Near Term improvements (page 38) that could be implemented given the right support and resources.

Future-State Scenario

Our future-state scenario describes an international patient's experience with Mayo Clinic in 2030. Interactions or services that are not possible today are written in bold.



Aisha Alghamdi is an abdominal cancer patient with a dire prognosis and is seeking human-centered, participatory and communicative care planning. She has explored care in her home country of Saudi Arabia, ultimately choosing care at a prominent clinic in Texas. However, despite having extraordinary medical results, she is unhappy because she does not feel included in her own care plan. She hopes Mayo can cure her and make her feel included and cared for in her own fight to live. Aisha is currently able to travel but has been cautioned that people in her situation can quickly become unable to travel. She is an extremely bright and normally vibrant person, overwhelmed by her medical situation.



Aisha ultimately decides to travel to Mayo Florida with her husband, **Ali Alghamd,** who is a pediatric doctor in Saudi Arabia, and her youngest adult son, **Roni**. Her **other sons and daughters** will join them at different parts of her week-long journey at Mayo Florida; they expect to be included in all conversations and decisions.



Dr. Hadi is Aisha's referring provider in Saudi Arabia. The new Sheikh Shakhbout Medical City in Abu Dhabi is taking the region by storm, but currently her biggest impact personally is in refining teaming relationships between herself, her patients and specialty Mayo care teams globally. She knows Aisha will continue to need her.

BEFORE COMING TO MAYO

1 INQUIRING TO COME TO MAYO

+ Roni is concerned about the care his mother is getting at another clinic and **consults the recommendations on the Mayo Platform** to see what other patients say about abdominal cancer treatment and patient experience at Mayo Clinic.
+ Ali escalates his son's inquiry by calling Mayo to **talk with someone directly**, a staff member answers, **speaking Arabic.**
+ Mayo staff listens and captures Ali's query, concerns, expectations and preferences in anticipation of guiding them further. **Staff is fully trained in cultural brokerage and cultural agility.**
+ Staff's policy is to **pre-schedule before getting off of the phone** and although Ali is favorable to the idea of his wife going to Mayo, he needs to talk things over with her and their children about changing other plans that are already in motion.

2 PRE-SCHEDULING

+ Ali uses online scheduling to pick at time his whole family could make. **Knowing they would have jet lag and time zone adjustment, he chooses** an afternoon meeting for the initial consult. Ali **chooses a female doctor** for his wife based on their religious and social beliefs.
+ **Additional tests and appointments were triggered** based on Ali's selections. Ali previewed the appointments **and corresponding cost estimate** with his mother and father. Because they are first-time Mayo guests, an orientation meeting is also automatically scheduled. **They approved the additional appointments,** knowing that it was subject to change, and book their travel.

3 PRE-ARRIVAL COMMUNICATIONS

+ **The Alghamdi family is assigned a coordinator** who reaches out to Aisha and establishes a communication channel that Aisha and her family can use anytime. **Aisha is introduced to her International team and care team. They discuss questions and concerns** which the coordinator captures in order to track them and communicate to the team.
+ The coordinator provides remote assistance with accessing the patient portal. Although Aisha is the patient, she is too distressed and unwell to use the portal, the coordinator helps Ali be the main user and other family members take over as needed.
+ **The coordinator sets up a telehealth visit with the family, their referring provider and Mayo's Dr. Cortez.** Introductions are made, **goals of the visit are agreed upon**, **recognizing how care will be resumed locally.** The conversation helps Dr. Cortez review and triage Aisha's case. Specific OSMs are agreed upon.
+ OSMs are digitally uploaded; translation services are available on Mayo Platform, otherwise will be done by Mayo (for Mayo).
+ The coordinator helps the Alghamdi family decide on contact and communications with all of the family members, and captures contact information. In this case, the family wants to use a WhatsApp group.

4 BOOKING TRAVEL & SETTING UP

+ **Roni uses the Mayo Platform** to book travel for his mother, father and himself.
+ **The Alghamdi family travel information is stored in Mayo databases to anticipate and personalize their travel.**
+ **A US bank account is automatically made for them** since they don't already have one. **Ali sets up appropriate wire transfer before their trip.**
+ **The Alghamdi family have the option of having a financial assistant assigned to them** that works on their behalf to resolve financial questions, process financial papers and provide financial planning.
+ The coordinator 'pushes' the Patient Portal app install to Ali and other family members and is able to provide remote support in installation and set up.
+ The Alghamdi family use Aisha's Patient Portal together (even though Aisha is the patient, she is not interested in dealing with technology at the moment). **The portal is integrated with the Mayo Platform, allows sign-ons for family members, and can be viewed in different languages so even those in the family that don't speak English understand the content.**

VISITING MAYO

5
ARRIVE AT AIRPORT & SETTLE IN

+ **A Mayo greeter knows when they're arriving and welcomes them at the airport**.

+ Ground transportation is provided to their hotel.

+ **A personalized welcome kit is waiting for them in their hotel room** that tells them where they can find food, spiritual amenities and other travelers who are there when they are.

+ **The Alghamdi family chose to have their orientation at their hotel lobby with other new patients the evening before appointments star**t.

6
WALK-IN QUESTIONS & LIFESTYLE NEEDS

+ While staying at Mayo Florida, the Alghamdi family get a parking ticket. **they use the 24/7 contact information to get ahold of their coordinator** to figure out how to deal with it.

+ Roni's mild cold gets much worse during their trip and he takes advantage of the **walk in clinic.**

+ Ali's hypertension prescription runs out and he needs a refill. **He uses the Mayo Platform to connect his prescribing provider with Mayo pharmacy**.

+ **The Alghamdi family get connected with other Middle Eastern visitors** to gather for an evening meal. Mayo has resources for them to find a space and set up catering/food.

+ The Alghamdi family enjoys fine art and shopping, **a local app helps them find activities** they can do spontaneously. **Local hospitality** has created empathetic policies around ticket refunds that give low-barrier options.

7
INTERNATIONAL CENTER REGISTRATION

+ The Alghamdi family checks in at the International Center prior to the first appointment. Registration is already done, finances are already set up - they do a final review of their itinerary and complete any remaining loose ends.

+ **The International Center is home to all of the international services** the Alghamdi family needs: Concierge, Travel Services, International Finance, Language Services, International Nurse and Coordination.

+ The Alghamdi family get the impression by the **design of the International Center** that Mayo is a leader in serving international patients. The International Center feels like their 'home base' at Mayo and they meet other international patients there.

+ **The Alghamdi family are coached to use an interpreter** based on the fact that a medical vocabulary will be used and to **provide cultural brokerage with the care team**. Since they are first-time guests, their **interpreter also serves as a guide to their first appointment**.

+ The interpreter clarifies their role and shows them how to get an interpreter for future appointments; **Mayo's system can dynamically assign interpreters and dispatchers are no longer making manual assignments or projections**.

+ **Aisha can see who their interpreter will be in advance and can make direct requests for interpreter services on an as-needed basis** (the desk no longer has to do this).

8
MEDICAL CARE

+ Mayo Clinic is known for its extraordinary coordination and the Alghamdi family experiences this by considering GIM as their gateway to Mayo. **Mayo coordinates all international patients through GIM**, effectively giving consistent stewardship for international patients.

+ **Staff are all trained in conflict resolution**, and unconscious bias. They practice refining their cultural agility. They know fellow staff they can call on if they need cultural consultation.

+ The Alghamdi family see some Mayo employees who are Middle Eastern.

+ **The interpreter is available for desk and LPN staff prior to the consult** so they don't have to pantomime through rooming and vitals.

+ Dr. Kay knows how to leverage the interpreter because it was explicitly communicated to all staff.

+ Mayo provides staff with cultural learning opportunities to help them increase their worldview of how people live. Dr. Kay has learned that she can suggest that Aisha can continue to wear her head dress even though she must use the robe for the exam.

+ **Aisha's other children could not make the trip but join medical consults remotely**.

+ Ali suggests to the provider that Aisha's knee also gets looked at while they are there; **they are presented with an estimate to help them decide if they want to pursue it**. Mayo has availability to take on additional medical requests.

+ **The patient coordinator is in contact after each appointment to take care of necessary processing and questions.** The coordinator quarterbacks with the interpreter, the rest of the International Center team and is liaison to the medical care team.

+ Orders are placed before the Alghamdi family leave the office. The orders trigger appropriate appointments. T**he Alghamdi family preview the cost estimates, insurance coverage (if applicable) and corresponding appointments, make any final adjustments and sign off.**

+ One evening in the hotel, Aisha's travel and recent chemotherapy create a medical concern that her family do not know how to deal with. **They use a telehealth visit to get guidance from their assigned GIM RN.**

9
ONGOING SCHEDULING

+ **Ongoing scheduling has become automated and simplified, based on algorithms triggered by physician orders, patient travel constraint, religious practices, gender preferences, availability and other factors. The Alghamdi family can schedule themselves and Mayo staff is ready to assist.**

10
PREPARING TO RETURN HOME

+ **Staff use the Mayo Platform** to find prescriptions, home going equipment and additional services for Aisha that she can get at home.

+ The Alghamdi family have a final meeting with Dr. Kay before they depart.

+ Staff and the Alghamdi family agree on a care plan that reduces their need to travel even though their preference is to travel as long as Aisha is up to it. Together, they evaluate frequency and location of treatments, **coordination with providers in their area and telehealth visits.**

+ **Staff will track Aisha remotely in partnership with her primary physician.**

+ **Ali receives the final bill in a timely way and is not surprised by it; it is reasonably close to estimates.**

+ It is Ali's standard practice with bills to negotiate final costs. **Mayo staff are ready to review the terms, negotiate any available discounts** and close payment.

+ Their next visit to Mayo Florida is **booked before they leave** and the Alghamdi family understand costs.

+ Aisha wants paper copies of some of her medical records from her visit and they are ready for her when she leaves. She is comfortable accessing the rest of the records digitally.

RETURNING HOME

11
FOLLOW UP

+ Aisha visits Dr. Hadi when she returns home. **Dr. Hadi has Aisha's Mayo records**. Aisha felt uncertain that Dr. Hadi could fill Mayo's shoes but realized that Dr. Hadi and Dr. Kay have already spoken and are in communication. **They have a telehealth visit together after Aisha's first local treatment.**

+ Aisha continues to have questions well after returning home; **she reaches her coordinator easily, who quarterbacks her questions**.

+ Mayo Platform has quality assurance governance that ensures **partnerships, equipment and services meet excellence standards**.

+ The Alghamdi family **continues to use the patient portal after returning home** to coordinate remote tracking, telehealth visits, paying bills, making recommendations on the Mayo Platform, looking up medical information related to Aisha's condition, sending and receiving medical records, translating records, and communications with Mayo staff. **They use these technologies in the language they are most comfortable with**.

+ Scheduled and spontaneous telehealth visits account for time zone differences.

+ The Alghamdi family knows exactly how to **get their family friend in touch with Mayo** through communication channels they already use with Mayo.

Moving Forward: Creating Experiments

The future state vision that was developed (pages 33- 35) suggests *what and why* things might be different but do not provide specifics on *how* to get there. And while we know quite a lot about what's going on in the current state, it would be presumptuous to suggest that multi-faceted implementation across an enterprise within a world of great change could be effectively coordinated, implemented and effective at a system-wide level. Additionally, it's likely that hidden barriers need to be addressed first. Experimentation allows us to explore these unanticipated barriers and create a path towards implementation.

Our research team has developed 400+ experiments based on:

+ the opportunities uncovered in the qualitative data and unique to the conditions present at Mayo Clinic,
+ achieving continuity and differentiation of the patient experience, and
+ alignment with the enterprise 2030 strategy.

The table at the right shows an example of how experiments were developed :

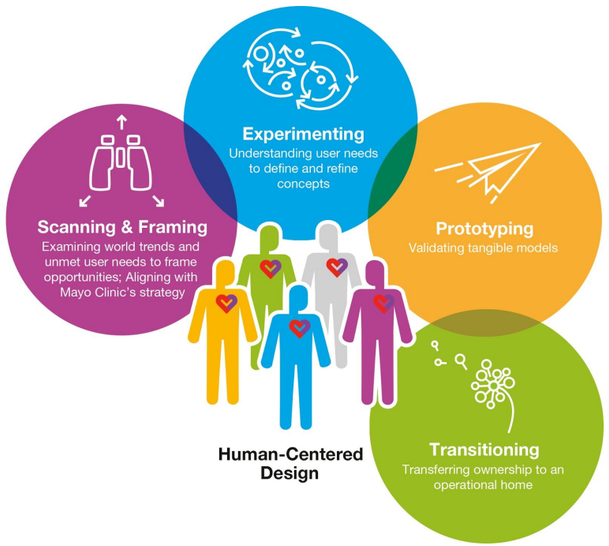
1. Employee-reported conflicts are written in the form of disrupted values along with the value proposition that is at stake. At this level, the disrupted values are on a personal level, involving interaction with international patients and their travel companions; one might consider them to be personal cultural codes.
2. The personal disrupted values are mapped to Mayo Values to tie personal values to institutional values.
3. "What if…" statements are crafted from the disrupted value proposition in order to ask what could be different.
4. Answering the "what if…" question offers an experiment opportunity.

	Value Disruption	Disrupted Mayo Value	What if...	Experimentation Opportunities
LANGUAGE & COMMUNICATION	Patients value getting closure on their medical experience by meeting directly with the physician, however physicians often forego final meetings if they feel everything is taken care of.	Integrity *Patient feels Mayo will take care of them.*	• What if patients wrapped up every visit? • What if physicians had open office hours? • What if patients were given the choice to have a final meeting even if the doctor felt everything is taken care of?	**At patient's penultimate encounter (or earlier), equip physicians with a script that essentially asks if patients want a face-to-face wrap up meeting even if physician feels confident of care plan.**
NEGOTIATING EXPECTATIONS	Companions value being able to support their loved one during their medical experience, however they are not always able, willing or prepared to give care.	Healing *Companions feel they are part of a supported partnership in healing their loved one.*	• What if Mayo trained companions on medical care-giving? • What if patients could elect to hire Mayo staff to go home with them? • What if Mayo had a medical hotline for caregivers?	**Test a new policy in which a proactive phone call or video chat is made to caregivers the first night after discharge.**
TEAMING	Staff values when patients are handed off to capable and understanding hands however staff does not always have the capability to contact home country MDs directly in order to conduct a handoff, or no home MD exists.	Teamwork *Staff have adequate partnerships to coordinate follow up care.*	• What if the initial consult included a home physician? • What if the Mayo Platform enabled physicians to find and collaborate with MDs in other countries? • What if handoff happened after care plan is established in home country?	**Mock up and test a low fidelity Mayo Platform use case in which Mayo staff can find partnerships and resources abroad that will fulfill care plan objectives.**
FINANCE	Patients value being able to plan how they spend their money however, financial processing is not transparent enough for them to make decisions about what they do/don't want to or can/can't pay for.	Integrity *Patients feel Mayo won't shortchange their wealth for their health.*	• What if patients could set a spending limit? • What if patients had to approve orders (and cost) before they were executed? • What if Mayo bundled their services into fixed prices?	**Simulate a system in which patients are made aware of new orders and costs associated with them; they would need to acknowledge seeing it and deciding if they want to proceed.**

Experiments are accountable directly to the granular qualitative data collected during research. They will ultimately serve as a bridge to future state.

Moving Forward: Engaging Partners for Experiments

Our approach to nimble, innovative change is participatory experimentation. This allows us to create an action-oriented, flexible bridge between current state and strategy, with the people who would ultimately be expected to own and fully operationalize changes.



Having finished Scanning & Framing (aka Discovery), we will use participatory, agile experimentation to work toward the 2030 vision.

Guiding Design Principles for Experimenting

+ Low-fidelity, fast tests of change,
+ Low-risk,
+ Engage with people, directly and collaboratively,
+ Learn forward and iterate towards implementation,
+ Focus on how change affects social and cultural dynamics, evaluate for desired state, and
+ A way to take assumptions out of implementation; identify, acknowledge, address, adjust assumptions.

Prioritizing Experiments

To choose the experiments that will constitute the next phase of this project, the research team proposes the following approach:

1. The research team winnows the 400+ experiments down to a set that stakeholders and prospective partners can assess.
2. Prospective partner teams rate the experiments online. We want to determine action-oriented partners who are in the right position to make change. This will be used as criteria for selection by the stakeholders in the next step.
3. Stakeholders and supervisors attend prioritization workshops to determine a final set of experiments based on the following criteria:
    a. Partnership enthusiasm and capability exists (from step 2),
    b. Impact is likely to create progress toward the vision in the form of learning forward (it's considered a bridge),
    c. Set of experiments complement each other and provide good coverage across the vision,
    d. Experiments can be executed quickly (up to two weeks) with potential for growth through iteration.
    e. Caveat: stakeholders and supervisors may suggest alternate experiments.
4. Once a set of experiments are determined, the research team determines a master timeline and order for the experiments. They work with partners to develop the specifics of the experiments, the methodology of tracking outcomes, artifacts needed in the experiments and roles and responsibilities of partners.

The Near Term

This list represents some things that can be done now to improve current cultural agility practices, or things that Mayo seemingly can't afford not to do given current practices:

1. Create cultural agility component, including having a global mindset, for New Employee Orientation.
2. Create multilingual information flyers that show diverse people - show others what kinds of people are welcome at Mayo. (1CP)
3. Develop a policy for photo IDs taken for women wearing a veil and communicate it to staff.
4. Coach financial staff to use the term 'first payment' instead of 'down payment'; change wording on written documents. (6F)
5. Include both local and toll-free numbers to Mayo brochures so international patients can use the number. (6F)
6. Have language services meet with the practice to inform how to get an interpreter, what needs the interpreter fills, what an interpreter doesn't do, what is cultural brokerage, and best practices when working with an interpreter. (7CB)
7. Create a communication and conflict styles simulation to offer communication practice as a practical strategy for overcoming or avoiding cultural conflicts. (7CB)
8. Create a simulation for unconscious bias to offer practice as a practical strategy for overcoming or avoiding cultural conflicts. (7CB)
9. Create a resource kit (or website) to Mayo staff that includes how to use language services all the way to what grocery/restaurant options they can share with patients. (7NP)
10. Translate the Patient Portal app for smartphones. (7NC)
11. Create a sample new employee orientation segment that conditions new employees to the expectation that employees embrace and illustrate a global mindset; illustrate the difference between equal service and equitable service. (7T)
12. Create training/communication for food service on how to handle food that should not be cross-contaminated. (7H)
13. Add languages spoken to staff badges.
14. International Center develops communications for the Practice to explain who they are, what they do, how they help, how to work with them, how to get interpreters, and how to tell if an interpreter is needed. (8CB)(8T)
15. Translate the two most popular questionnaires on the iPads and via Patient Portal (and kiosks): Patient History and Social Determinants of Health. Apply cultural brokerage to the questions. (8CB)
16. Hire more interpreters to cover current pressing needs; in addition, have them available for after hours, ICU, ER and weekend situations. (8CP)
17. Create the opportunity for interpreters to sign up for membership with a local or federal interpreter professional membership group. (8CP)
18. Create translated signs in top key languages in every entry and high traffic pedestrian crossroads. (8NH)
19. Make the Unconscious Bias eLearning module mandatory for all staff.
20. Install appropriate cleansing facilities near spiritual centers. (8H)
21. Create medical service packages in which orders that are often placed together are estimated together and coordinated (with slot availability). (9LS)
22. Explore alternate, lighter-weight process for translation for patient materials. (10CB)
23. Expand the Rochester Language Services Arabic orientation pilot to other languages and Mayo sites. (11NH)
24. Create scheduling bundles (preschedule things that are normally likely to be scheduled together anyway) to make scheduling more efficient. (11T)
25. Work with staff to create a protocol for preparing medical records to accompany patients when they go home. Aim for a protocol that 1) can be done in less than 2 hours, 2) starts as soon as the patient arrives on site and 3) gives the patients options for what form they prefer to have the information (paper or some digital form, carry on or digital). (11T)
26. Create an international phone line that provides international patients 24/7 human access for pre and post visit inquiries and possibly even pre-scheduling/follow up scheduling. (11LS)
27. Create a cheat sheet/ sticker that fits on staff desk phones that shows how to dial internationally. (9CB)
28. Designate more appointment slots for international patients. (9NP)(9LS)

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