



**THE PATIENT EXPERIENCE MYSTERY:  
THE ANSWER IS IN THE DATA**

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# QI WORKSHOP AGENDA

- ❑ Overview of Workshop Agenda (Jill)
- ❑ Pre-evaluation
- ❑ Introductions (Jill)
- ❑ Ice Breaker (Wendy and Jill)
- ❑ Team STEPPS (?)(Jill)
- ❑ Patient Experience (Wendy)
- ❑ Project Updates (Wendy and Jill)
- ❑ Quality and Data (Wendy)
- ❑ Best Practices (Wendy)
- ❑ Participant Feedback (Wendy and Jill)
- ❑ Next STEPPS for future workshops (Jill and Wendy)
- ❑ Post-evaluation



# INTRODUCTIONS

- Name, position, and hospital
- Length in position
- How long working with your current hospital
- How long working in healthcare
- What do you love about your role in healthcare
- What do you hope to gain from today's workshop



# ICEBREAKER ACTIVITY

## Questions or thoughts to discuss:

- What are you actively doing to improve patient safety **(both groups)**
- Describe your thoughts about staff freely speak up if they see something that may negatively affect patient care **(group 2)**
- Describe your thoughts about staff feeling free to question the decisions or actions of those with more authority **(group 1)**
- How does hospital management provide a work climate that promotes patient safety **(both groups)**



# GROUP REPORT OUT

- What were common thoughts or concerns of your group
- What behaviors are members of your group seeing in the hospital environment regarding safety



# INTRODUCTION TO TEAM STEPPTS

- What is Team STEPPTS
- Why the interest in Team STEPPTS
- How the FLEX program uses Team STEPPTS
- How QI can use Team STEPPTS moving forward



# TEAM STEPPS OVERVIEW

Collaboration and teamwork are key

- Create a Change Team
- Define the Problem, Challenge, or Opportunity for Improvement
- Define the Aim(s) of Intervention
- Design an Intervention
- Develop Plan for Testing the Effectiveness of Your Intervention
- Develop an Implementation Plan
- Develop a Plan for Sustained Continuous Improvement
- Develop a Communication Plan
- Putting It All Together: Write the Action Plan
- Review Your Action Plan with Key Personnel



# THE PATIENT EXPERIENCE



*"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."*





# PATIENT AND CUSTOMER EXPECTATIONS

Research indicates patients and customers want to experience the following in a healthcare setting:

- Be treated with dignity and respect
- Have associate carefully listen to their requests
- Be able to approach any associate with questions or concerns
- Have their concerns taken seriously
- Have associates spend quality time with them
- Feel that everyone truly cares about their well-being

# PATIENT & CUSTOMER EXPERIENCE

## Patient Experience: 3 Components

### Satisfaction

- Meet/exceed expectations
- Outcome delivered
- How “well”

Patient Satisfaction/  
Loyalty  
Satisfaction Survey

### Loyalty

- Emotional bonding
  - Psychological commitment
  - Likelihood to recommend

**NPS:**  
**Net Promoter**  
**Score**

### Perceptions

- Formed by experience
- Perceptual quality
- Behavior and consistency
- **How “often”**

**HCAHPS**

satisfaction, loyalty, and perception measured by the HCAHPS Survey

# MEASURING PATIENT PERCEPTION

## HCAHPS Question Categories

- (1) Nursing Communication
- (2) Doctor Communication
- (3) Staff Responsiveness
- (4) Care Environment
- (5) Pain Management
- (6) Medication Information
- (7) Discharge Information

✓ Overall Rating of Experience

Always

Usually

Sometimes

Never

# HCAHPS: Hospital Consumer Assessment of Healthcare Providers & Systems

## Brief Review

- Public reporting of the survey results creates new incentives for hospitals to improve quality of the patient experience
- First national, standardized, publicly reported survey of patients' perspectives of hospital care
- Survey is designed to produce data about patients' perceptions of care that allow objective comparisons of hospitals



# HCAHPS CONTINUED

## Brief Review

- Part of the Hospital VBP (Values Based Purchasing) program
- Known as the CAHPS® Hospital Survey, is a survey instrument and data collection methodology for measuring **patients' perceptions** of their hospital **experience**
- Public reporting serves to enhance accountability in healthcare by increasing transparency of the **quality of hospital care**



# How Does HCAHPS Measure Experience?

- Survey to patients between 48 hours and 6 weeks after discharge
  - Minimum of 300 patients surveyed annually
- Questionnaire addresses **patient perceptions of and frequency of behaviors**
  - **How often**, not how well
  - Top Box: “Always,” “Yes,” or “9” or “10”
- 27 total survey questions; 17 questions in 8 domains/dimensions affect HCAHPS component of the VBP score



# Why is HCAHPS Important to Hospitals

## What Hospital leaders do now will impact reimbursement

- **Performance period for 1% at risk:**
  - July 1, 2011, through March 31, 2012
    - Baseline period was July 1, 2009, to March 31, 2010
- Factors to determine Values Based Purchasing (VBP) at-risk reimbursement score:
  - HCAHPS – 30%
  - Core Measures – 70%
- Factoring
  - National performance (percentile)
  - Improvement for each Dimension
  - Consistency of performance



# IMPACT of REIMBURSEMENT

- **Average Hospital VBP Revenue Risk**
  - Payment – earn back/reduction:
    - 2013: 1%
    - 2014: 1.25%
    - 2015: 1.5%
    - 2016: 1.75%
    - 2017 and beyond: 2%





# HOSPITAL PROJECTS REPORT OUT

Share what you and your hospital staff are doing with the HCAHPS data

- Name, role, and hospital
- Describe your project
- Why did you pick this project?
- What is working well?
- What are your challenges?
- How are you measuring change?



# QUALITY AND THE PATIENT EXPERIENCE

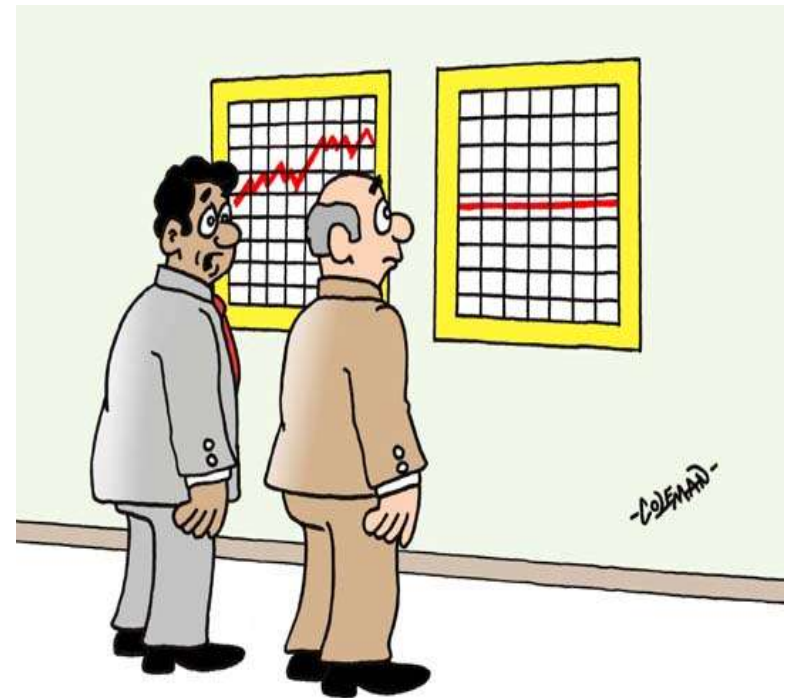
## Activity Discussion

- If you wanted to get a sense of the quality of healthcare delivery in your hospital, how would you go about it?
- Can you imagine any reason why these methods may not work?



# TIME TO LOOK AT AND USE THE DATA

- Understanding your data
- How to create data reports
- What data to collect
- How to use data
- Collect baseline data
- Follow-up data collection
  - Frequency
  - Document test of change



" I DON'T KNOW WHAT IT MEANS IN THE STOCK MARKET, BUT  
IN THE MEDICAL PROFESSION IT MEANS YOU'RE DEAD ! "

# COLLECTING PATIENT EXPERIENCE DATA

- Collect patient survey data
- Determine how you want to use the survey data
- Define the change you wish to see
- Define what quality looks like in that area
- Define the stakeholders and collaborate
- Define what process needs improving
  - How Healthcare is provided
  - How the system works
- Define the outcome expected
  - Does it make a difference?
  - Perceptions of care
- **Collect base-line data to understand intervention and improvement methods that are working**



# Hospital Scores As Reported by CMS

	Overall Rating	Would Recommend	Nurses	Doctors	Responsiveness
Jul 2011 - Jun 2012	N/A	N/A	N/A	N/A	N/A
Jul 2011 - Jun 2012	56% (11)	54% (5)	75% (28)	82% (61)	67% (58)
Jul 2011 - Jun 2012	64% (25)	64% (25)	73% (17)	78% (28)	58% (15)
Jul 2011 - Jun 2012	63% (22)	71% (52)	81% (77)	86% (85)	71% (74)
Jul 2011 - Jun 2012	62% (19)	70% (47)	82% (82)	83% (68)	82% (94)
Jul 2011 - Jun 2012	N/A	N/A	N/A	N/A	N/A
Jul 2011 - Jun 2012	74% (73)	69% (43)	81% (77)	82% (61)	68% (63)
Jul 2011 - Jun 2012	N/A	N/A	N/A	N/A	N/A

	Pain Management	Medicines	Discharge Info
Jul 2011 - Jun 2012	N/A	N/A	N/A
Jul 2011 - Jun 2012	67% (24)	60% (32)	82% (32)
Jul 2011 - Jun 2012	70% (49)	58% (20)	85% (60)
Jul 2011 - Jun 2012	66% (18)	66% (75)	74% (3)
Jul 2011 - Jun 2012	74% (81)	69% (86)	87% (79)
Jul 2011 - Jun 2012	N/A	N/A	N/A
Jul 2011 - Jun 2012	72% (68)	61% (40)	90% (94)
Jul 2011 - Jun 2012	N/A	N/A	N/A



# HCAHPS Compliance Chart

Scores displayed here are based on interviews from CMS submitted data for the selected time period(s).

Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores. Scores for the individual questions do not have adjustments applied.

		FY 2015 VBP Thresholds										
		Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	
67.96	83.44	<b>Overall Rating</b>	61.35	68.36	55.23	55.02	67.58	52.85	64.55	47.94	70.63	61.69
76.56	85.70	<b>Communication with Nurses</b>	69.99	79.34	67.82	66.29	76.46	81.36	77.85	64.40	76.66	76.64
		Nurse Respect	80.77	89.19	79.75	78.69	87.88	90.16	86.36	85.48	83.10	89.02
		Nurse Listen	75.93	89.19	81.01	70.97	86.36	90.32	87.88	73.02	86.49	83.33
		Nurse Explain	81.48	87.84	70.89	77.42	83.33	91.80	87.50	62.90	83.78	80.95
79.88	88.79	<b>Communication with Doctors</b>	82.11	82.81	81.20	82.71	83.29	73.80	83.23	73.09	81.22	83.93
		Doctor Respect	88.89	93.24	93.67	91.94	93.94	85.00	95.45	85.48	89.04	95.24
		Doctor Listen	90.74	91.89	89.74	93.55	92.42	83.61	90.91	80.65	84.93	87.95
		Doctor Explain	92.59	89.19	86.08	88.52	89.39	78.69	89.23	79.03	89.19	88.10
63.17	79.06	<b>Responsiveness of Staff</b>	63.31	72.00	57.73	62.22	74.57	66.65	75.80	65.45	73.65	68.11
		Call Button	77.08	86.89	76.56	74.00	87.27	81.13	84.48	76.47	82.26	78.57
		Bathroom Help	75.76	83.33	65.12	76.67	88.10	78.38	93.33	80.65	88.64	81.25
69.46	78.17	<b>Pain Management</b>	69.30	73.23	62.78	60.00	75.01	66.50	69.30	65.33	79.38	72.10
		Pain Controlled	80.43	83.64	74.19	68.52	85.11	76.60	78.43	75.47	86.54	76.06
		Help with Pain	82.61	87.27	75.81	75.93	89.36	80.85	84.62	79.63	94.23	90.14
60.89	71.85	<b>Communication about Medications</b>	68.78	74.07	61.77	57.53	54.50	58.96	74.29	65.17	60.65	70.98
		Med Explanation	93.75	92.31	81.82	80.00	78.95	80.95	94.12	85.71	76.92	96.30
		Med Side Effects	68.75	80.77	66.67	60.00	55.00	61.90	79.41	69.57	65.38	66.67
64.07	78.90	<b>Hospital Environment</b>	64.42	67.29	66.41	60.71	73.02	68.10	78.45	69.31	70.33	69.23
		Cleanliness	71.37	78.73	73.08	69.40	84.50	80.48	90.51	80.89	80.94	83.46
		Quiet	57.47	55.86	59.75	52.03	61.54	55.73	66.39	57.73	59.73	54.99
83.54	89.72	<b>Discharge Information</b>	86.91	83.76	80.73	79.52	85.05	78.81	82.74	76.75	79.68	82.34
		Help After Discharge	88.46	82.61	78.67	80.00	84.13	75.44	82.54	74.14	75.71	82.72
		Symptoms to Monitor	96.15	95.71	93.59	89.83	96.77	92.98	93.75	90.16	93.06	91.36
		<b>Number of Surveys</b>	54	74	79	62	66	62	66	63	74	84

11 - During this hospital stay, how often did nurses treat (you/your family member) with COURTESY AND RESPECT? Would you say:

ResponseText	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13
% Always	83.1	88.9	78.9	79.4	88	90.5	86.4	85.2	83.1	89.4	83.3
Inpatient 86th Pe	90.6	90.6	91.1	91.1	91.1	91.1	92	92	92	92	92.2
N of Cases	65	81	90	68	75	63	66	61	71	85	6
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	0	0	1	1	0	0	1	1	0	0
Sometimes	7	2	8	4	2	2	1	4	3	2	0
Usually	3	7	11	9	6	4	8	4	8	7	1
or Always	54	72	71	54	66	57	57	52	59	76	5
% Never	1.5	0	0	1.5	1.3	0	0	1.6	1.4	0	0
% Sometimes	10.8	2.5	8.9	5.9	2.7	3.2	1.5	6.6	4.2	2.4	0
% Usually	4.6	8.6	12.2	13.2	8	6.3	12.1	6.6	11.3	8.2	16.7
% or Always	83.1	88.9	78.9	79.4	88	90.5	86.4	85.2	83.1	89.4	83.3

12 - During this hospital stay, how often did nurses LISTEN CAREFULLY TO (YOU/YOUR FAMILY MEMBER)? Would you say:

ResponseText	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13
% Always	79.1	87.7	81.1	72.5	85.3	90.6	87.9	72.6	86.5	83.7	66.7
Inpatient 86th Pe	84.5	84.5	84.5	84.5	84.5	84.5	85.3	85.3	85.3	85.3	86.6
N of Cases	67	81	90	69	75	64	66	62	74	86	6
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	0	1	1	0	0	1	1	1	0	0
Sometimes	7	2	9	6	3	2	0	5	3	1	0
Usually	6	8	7	12	8	4	7	11	6	13	2
or Always	53	71	73	50	64	58	58	45	64	72	4
% Never	1.5	0	1.1	1.4	0	0	1.5	1.6	1.4	0	0
% Sometimes	10.4	2.5	10	8.7	4	3.1	0	8.1	4.1	1.2	0
% Usually	9	9.9	7.8	17.4	10.7	6.3	10.6	17.7	8.1	15.1	33.3
% or Always	79.1	87.7	81.1	72.5	85.3	90.6	87.9	72.6	86.5	83.7	66.7



13 - During this hospital stay, how often did nurses EXPLAIN THINGS in a way (you/your family member) could understand?

ResponseText	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13
% Always	80.6	86.4	72.2	76.8	81.3	92.1	87.5	62.3	83.8	81.4	83.3
Inpatient 86th Pe	82.2	82.2	82.8	82.8	82.8	82.8	83.9	83.9	83.9	83.9	84.2
N of Cases	67	81	90	69	75	63	64	61	74	86	6
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	1	2	0	0	0	0	1	1	0	0
Sometimes	3	0	8	6	7	2	5	5	3	5	1
Usually	9	10	15	10	7	3	3	17	8	11	0
or Always	54	70	65	53	61	58	56	38	62	70	5
% Never	1.5	1.2	2.2	0	0	0	0	1.6	1.4	0	0
% Sometimes	4.5	0	8.9	8.7	9.3	3.2	7.8	8.2	4.1	5.8	16.7
% Usually	13.4	12.3	16.7	14.5	9.3	4.8	4.7	27.9	10.8	12.8	0
% or Always	80.6	86.4	72.2	76.8	81.3	92.1	87.5	62.3	83.8	81.4	83.3

# CAN QI IMPROVE THE PATIENT EXPERIENCE?

## Collaboration and teamwork are key to Team STEPPS

- Create a Change Team (STAKEHOLDERS)
- Define the Problem, Challenge, or Opportunity for Improvement
- Define the Aim(s) of Intervention
- Design an Intervention
- Develop Plan for Testing the Effectiveness of Your Intervention
- Develop an Implementation Plan
- Develop a Plan for Sustained Continuous Improvement
- Develop a Communication Plan
- Putting It All Together: Write the Action Plan
- Review Your Action Plan with Key Personnel



# WHY ARE STAKEHOLDERS IMPORTANT TO THE SUCCESS OF YOUR ACTION PLAN GOALS?

- 1) They can increase the credibility of your efforts or your evaluation
- 2) They are responsible for day-to-day implementation of the activities that are part of the program
- 3) They will advocate for or authorize changes to the program that the evaluation may recommend
- 4) They will fund or authorize the continuation or expansion of your program



# STAKEHOLDERS IN QUALITY HEALTHCARE

- **Stakeholders** are people with some stake or concern in the process and they **define quality**
- Examples:
  - **Employees** – may want job security in a safe and friendly workplace
  - **Patient/Customers** – may want the lowest cost for the highest quality and most amenity
  - **Payers** – may want providers to follow a clear, evidence based, diagnostic plan and reach an accurate diagnosis and treatment plan with the fewest visits and least number of tests.



# MORE STAKEHOLDER EXAMPLES

- **Providers-** May want to provide the best service using the most accurate and newest tests and treatments (also likely most expensive). They also want to provide preventative care which the insurance company (payer) may not cover.
- **Corporate** – May want to see the highest profit for the lowest total cost
- **In service industries, customer satisfaction is often the primary measure**



# QUALITY DEFINED

## Activity:

- What is your definition of quality in healthcare?



# HOW TO MEASURE QUALITY

## 3 Types of Measurement used in Quality Process and Outcome Indicators

- **Structure:** Physical equipment and facilities
- **Process:** How the system works
- **Outcome:** The final product, result, experience
  - *Structure and process are easier to measure; outcome is more important.*



# DEFINING PROCESS AND OUTCOME

- Defining process and outcome becomes key in understanding a QI project.
- What is the difference between **Process** and **Outcome**?
  - **Process:**
    - How Healthcare is provided
    - How the system works
  - **Outcome:**
    - Health status
    - Does it make a difference?
    - Perceptions of care





# QI CREATING POSITIVE CHANGES

**Leaders are critical to the success of HCAHPS and patient experience improvement.**

Key strategies to ensure success include:

- **Linking HCAHPS and other Experience efforts to quality and patient safety** and reinforcing that improvement efforts are not about scores but about “doing what is right for the patient and family” and living the Mission.
- Fostering a sense of **teamwork** by communicating that improvement requires the participation of all associates. (Remember, teamwork is the highest correlate to patient experience performance and for associate engagement.)
- **Modeling desired behaviors and recognizing** those associates who are demonstrating the right behaviors.
- Being diligent in using validation tools to ensure consistency and accountability.
- Empowering associates to take an active role in developing and adopting tools and approaches that achieve results in needed improvement areas.
- Follow-up with PDSA (Plan, Do, Study, Act)



# HCAHPS IMPROVEMENT CONSIDERATIONS

## Considerations:

- (1) Collaboration and Teamwork using **Team STEPPS**
- (2) Strategies and tactics to specifically address the key measurement dimensions

## Improvement requires addressing :

1. Broad focus on **improving communication** between caregivers and patient and family members to reinforce **perception of care** and to improve meaningful, effective communication in specific areas that drive loyalty
2. **Assessing and implementing targeted strategies/tactics** to address specific needs in various dimensions



# STRUCTURING HCAHPS IMPROVEMENT EFFORTS

## Caregiver Communication

- Nursing Communication (3 Qs)
- Doctor Communication (3 Qs)
- Responsiveness to Patient Needs (2 Qs)

Improving the quality of interpersonal communication skills of caregivers

## Environment of Care

- Room & Bathroom Cleanliness (1 Q)
- Quietness at Night (1 Q)

Performing on two aspects of the care environment: cleanliness and reducing noise

## Patient Informational Areas

- Pain Management (2 Q)
- Medication (2 Q)
- Discharge Information (2 Q)

Ensuring patients receive and understand important safety /medical information consistently

# TIME TO PRACTICE



# LOOKING AT NURSE COMMUNICATION AS AN EXAMPLE

- Look at the data for the past 3-6 months
  - What does the data tell you from Oct 2011- March 2012 for Nurse communication on the HCAHPS sheet?
  - What areas of nursing need improvement?
  - What is the goal?
  - How do you know where the problem is?
  - Can you identify the root cause?



# LOOK AT % EXCELLENCE NORM

How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room? Would you say:

		% Excellent Deciles										
Year	Service Line	0	10	20	30	40	50	60	70	80	90	100
2012	ED	28.6	39.5	41.4	43.3	44.8	46.0	48.2	50.0	52.0	55.3	66.0

Now I would like to ask you some questions about the NURSES who treated (you/your family member) in the emergency room. How would you rate the nurses': Instructions or Explanations of the Treatment or Tests in a Way (You/Your Family Member) Could Understand? Would you say:

		% Excellent Deciles										
Year	Service Line	0	10	20	30	40	50	60	70	80	90	100
2012	ED	32.1	40.2	43.1	44.6	46.2	47.9	49.5	51.3	53.6	56.6	67.9

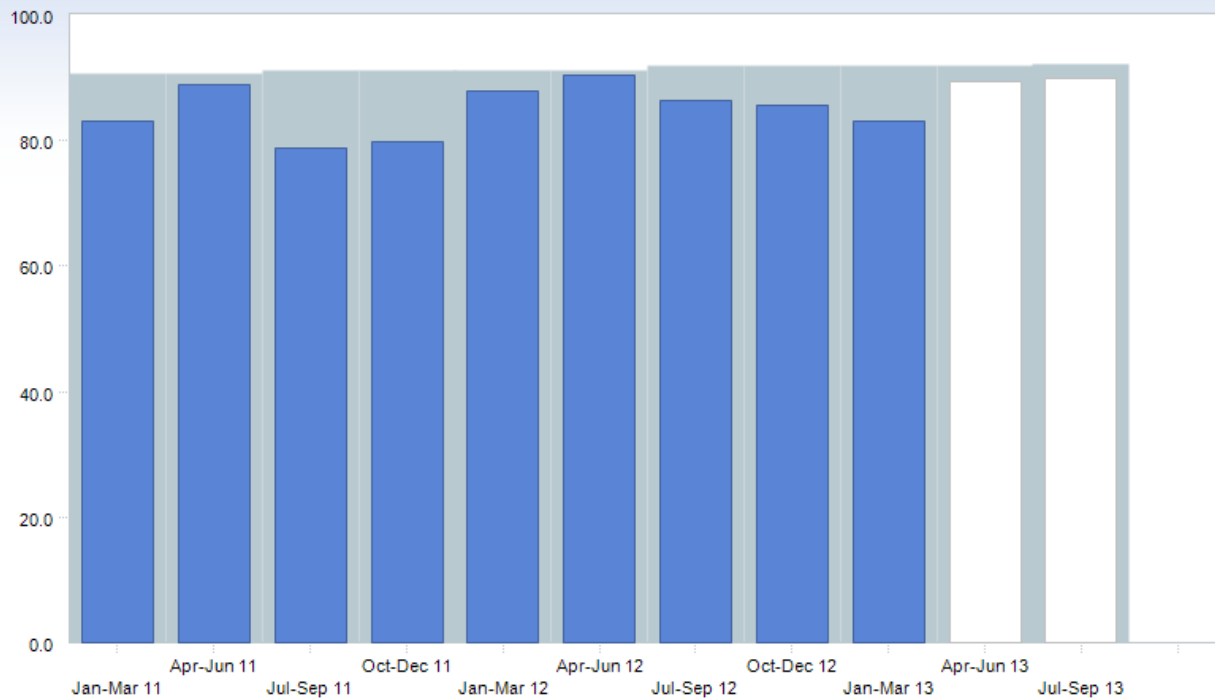
10. Now I would like to ask you some questions about the NURSES who treated (you/your family member) in the emergency room. How would you rate the nurses': Understanding and Caring? Would you say:

		% Excellent Deciles										
Year	Service Line	0	10	20	30	40	50	60	70	80	90	100
2012	ED	32.3	43.3	46.3	48.3	50.0	51.9	53.4	55.1	57.4	60.4	72.1



# DURING THIS HOSPITAL STAY, HOW OFTEN DID NURSES TREAT (YOU/YOUR FAMILY MEMBER) WITH COURTESY AND RESPECT?

**Nurses Courtesy and Respect**



% Always	83.1	89.0	78.9	79.7	88.0	90.5	86.4	85.5	83.1	89.4	90.0
Inpatient 86th Percentile	90.6	90.6	91.1	91.1	91.1	91.1	92.0	92.0	92.0	92.0	92.2
N of Cases	65	82	90	69	75	63	66	62	71	85	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013

\*Rankings are based on PRC Norm data.  
+Marked bars are Statistically Significant



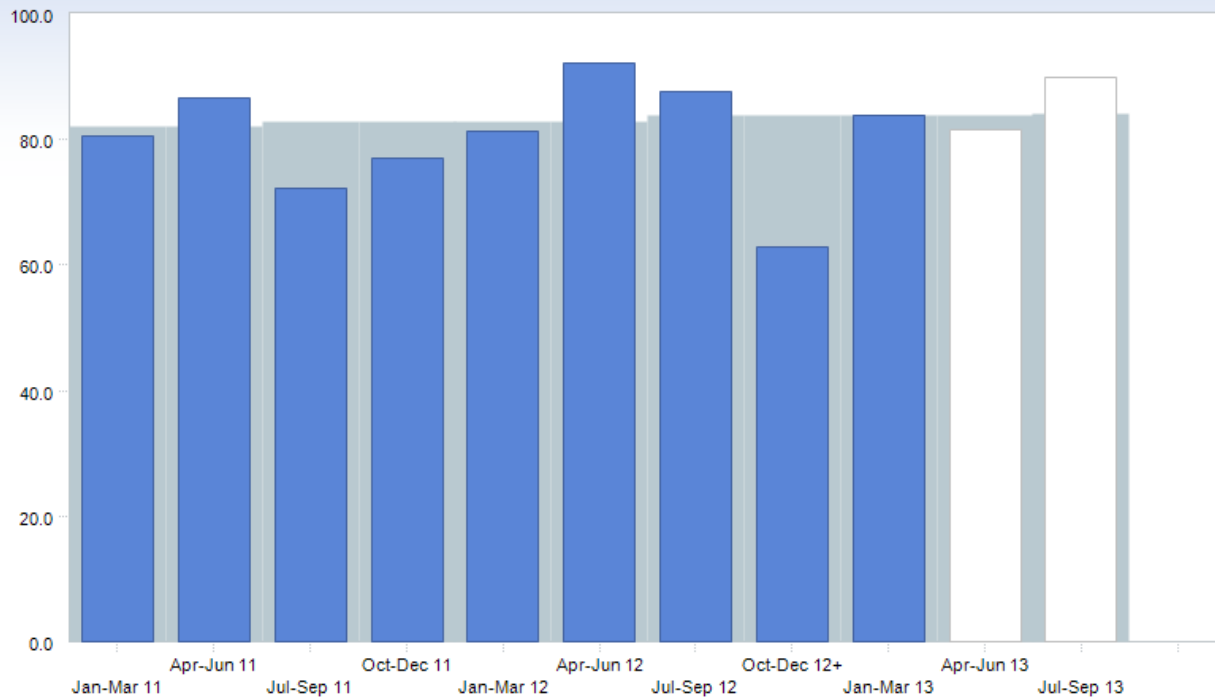
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N of Cases	65	82	90	69	75	63	66	62	71	85	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	0	0	1	1	0	0	1	1	0	0
Sometimes	7	2	8	4	2	2	1	4	3	2	0
Usually	3	7	11	9	6	4	8	4	8	7	1
or Always	54	73	71	55	66	57	57	53	59	76	9
% Never	1.5	0	0	1.4	1.3	0	0	1.6	1.4	0	0
% Sometimes	10.8	2.4	8.9	5.8	2.7	3.2	1.5	6.5	4.2	2.4	0
% Usually	4.6	8.5	12.2	13	8	6.3	12.1	6.5	11.3	8.2	10
% or Always	83.1	89	78.9	79.7	88	90.5	86.4	85.5	83.1	89.4	90



# DURING THIS HOSPITAL STAY, HOW OFTEN DID NURSES EXPLAIN THINGS IN A WAY (YOU/YOUR FAMILY MEMBER) COULD UNDERSTAND?

Nurses Explain



% Always	80.6	86.6	72.2	77.1	81.3	92.1	87.5	62.9	83.8	81.6	90.0
Inpatient 86th Percentile	82.2	82.2	82.8	82.8	82.8	82.8	83.9	83.9	83.9	83.9	84.2
N of Cases	67	82	90	70	75	63	64	62	74	87	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013

\*Rankings are based on PRC Norm data.  
+Marked bars are Statistically Significant

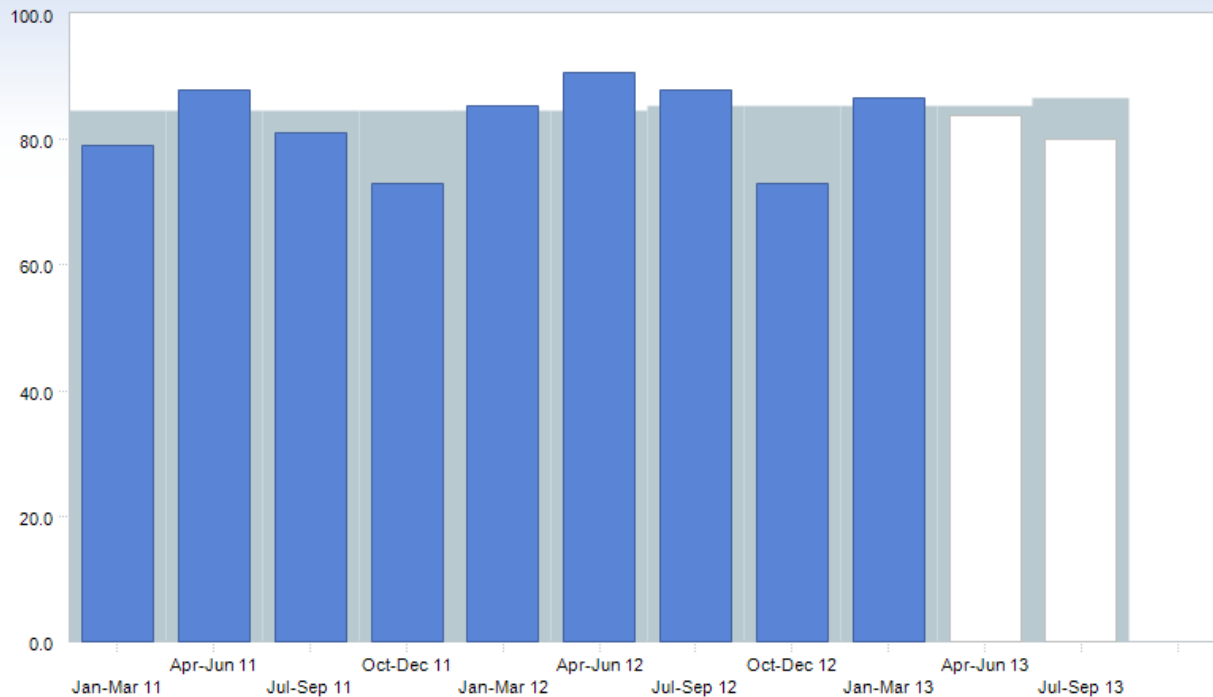


13 - During this hospital stay, how often did nurses EXPLAIN THINGS in a way (you/your family member) could understand?

ResponseText	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13
% Always	80.6	86.6	72.2	77.1	81.3	92.1	87.5	62.9	83.8	81.6	90
Inpatient 86th	82.2	82.2	82.8	82.8	82.8	82.8	83.9	83.9	83.9	83.9	84.2
N of Cases	67	82	90	70	75	63	64	62	74	87	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	1	2	0	0	0	0	1	1	0	0
Sometimes	3	0	8	6	7	2	5	5	3	5	1
Usually	9	10	15	10	7	3	3	17	8	11	0
or Always	54	71	65	54	61	58	56	39	62	71	9
% Never	1.5	1.2	2.2	0	0	0	0	1.6	1.4	0	0
% Sometimes	4.5	0	8.9	8.6	9.3	3.2	7.8	8.1	4.1	5.7	10
% Usually	13.4	12.2	16.7	14.3	9.3	4.8	4.7	27.4	10.8	12.6	0
% or Always	80.6	86.6	72.2	77.1	81.3	92.1	87.5	62.9	83.8	81.6	90

# DURING THIS HOSPITAL STAY, HOW OFTEN DID NURSES LISTEN CAREFULLY TO (YOU/YOUR FAMILY MEMBER)?

**Nurses Listen**



% Always	79.1	87.8	81.1	72.9	85.3	90.6	87.9	73.0	86.5	83.9	80.0
Inpatient 86th Percentile	84.5	84.5	84.5	84.5	84.5	84.5	85.3	85.3	85.3	85.3	86.6
N of Cases	67	82	90	70	75	64	66	63	74	87	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013

\*Rankings are based on PRC Norm data.  
+Marked bars are Statistically Significant



12 - During this hospital stay, how often did nurses LISTEN CAREFULLY TO (YOU/YOUR FAMILY MEMBER)?											
ResponseText	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13
% Always	79.1	87.8	81.1	72.9	85.3	90.6	87.9	73	86.5	83.9	80
Inpatient 86th	84.5	84.5	84.5	84.5	84.5	84.5	85.3	85.3	85.3	85.3	86.6
N of Cases	67	82	90	70	75	64	66	63	74	87	10
Norm Year	2010	2010	2011	2011	2011	2011	2012	2012	2012	2012	2013
Never	1	0	1	1	0	0	1	1	1	0	0
Sometimes	7	2	9	6	3	2	0	5	3	1	0
Usually	6	8	7	12	8	4	7	11	6	13	2
or Always	53	72	73	51	64	58	58	46	64	73	8
% Never	1.5	0	1.1	1.4	0	0	1.5	1.6	1.4	0	0
% Sometimes	10.4	2.4	10	8.6	4	3.1	0	7.9	4.1	1.1	0
% Usually	9	9.8	7.8	17.1	10.7	6.3	10.6	17.5	8.1	14.9	20
% or Always	79.1	87.8	81.1	72.9	85.3	90.6	87.9	73	86.5	83.9	80

## How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room?

ResponseText	13-Jan	13-Feb	13-Mar	13-Apr
% Excellent	36	44.9	50	51
ED 80th Percentile	52	52	52	52
N of Cases	50	49	50	49
Norm Year	2012	2012	2012	2012
Excellent	18	22	25	25
Very Good	21	11	13	9
Good	6	12	8	10
Fair	2	2	2	2
or Poor	3	2	2	3
% Excellent	36	44.9	50	51
% Very Good	42	22.4	26	18.4
% Good	12	24.5	16	20.4
% Fair	4	4.1	4	4.1
% or Poor	6	4.1	4	6.1

26-27 need to say

Excellent

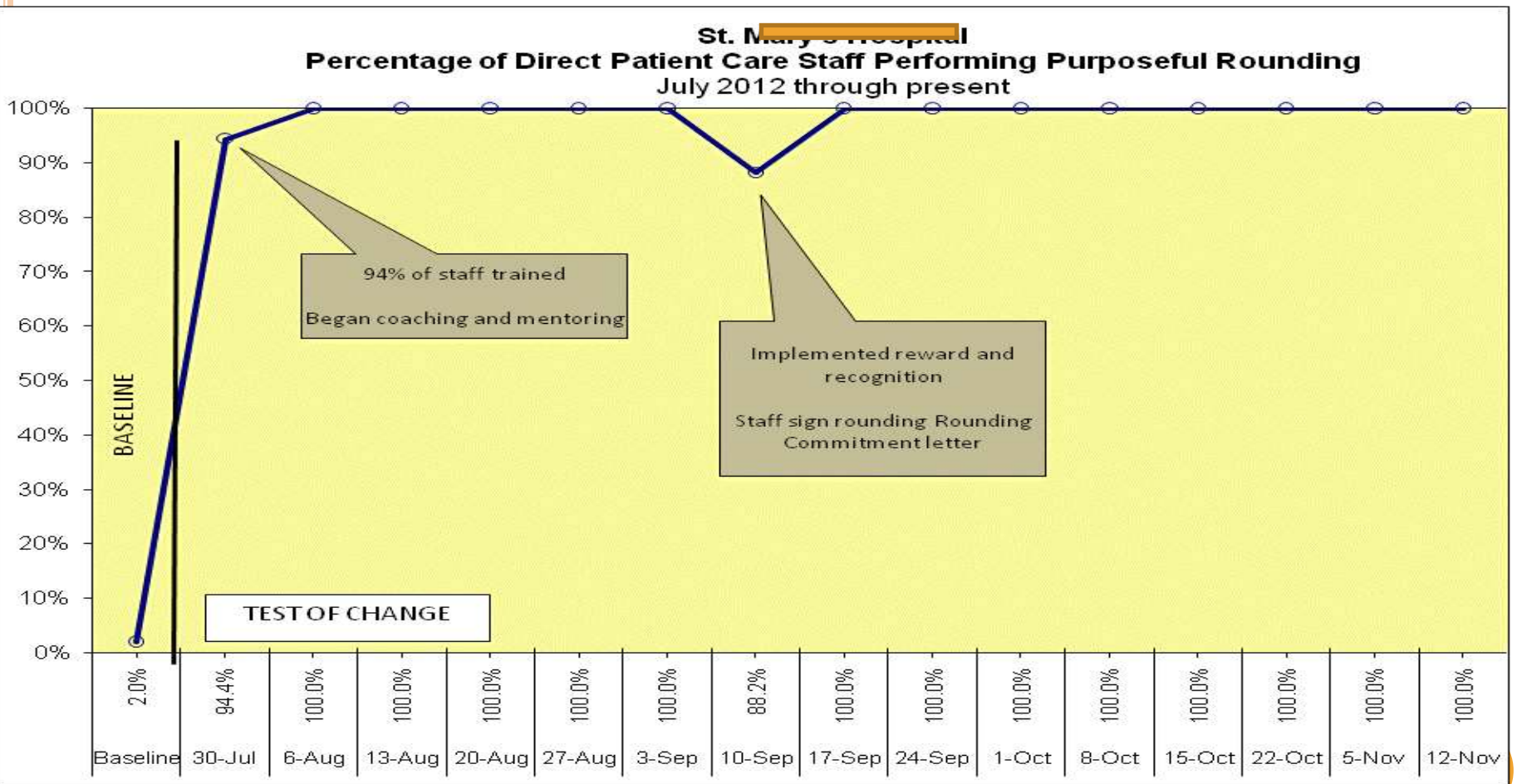
# TIME TO EXPLORE A NURSE COMMUNICATION IMPROVEMENT

**What are some necessary Nurse communication behaviors?**

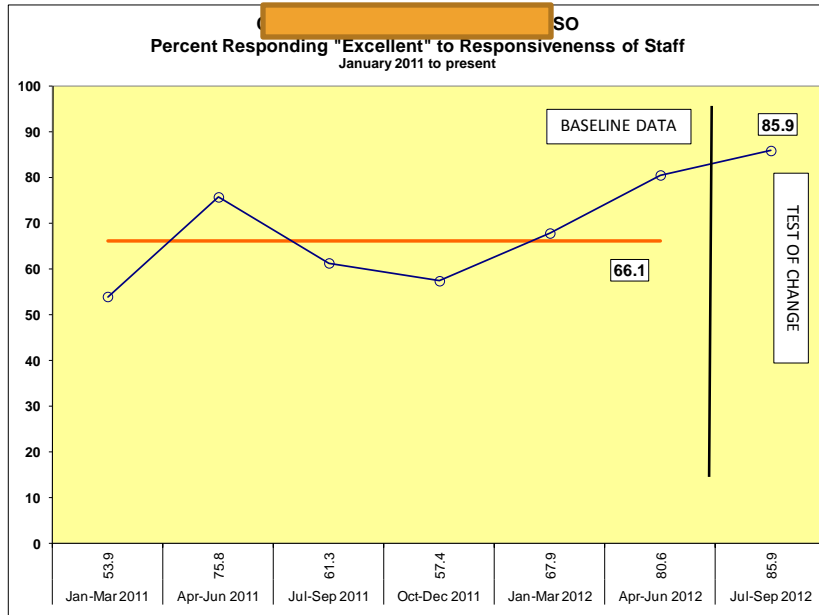
- **Non-verbal behaviors:** tone, eye contact, smile
- **Verbal behaviors:**
  - Creating rapport quickly
  - Eliciting the patient's perspective using active listening
  - Demonstrating empathy and using Emotional Intelligence
  - Involving patients in decisions
  - Ensuring understanding



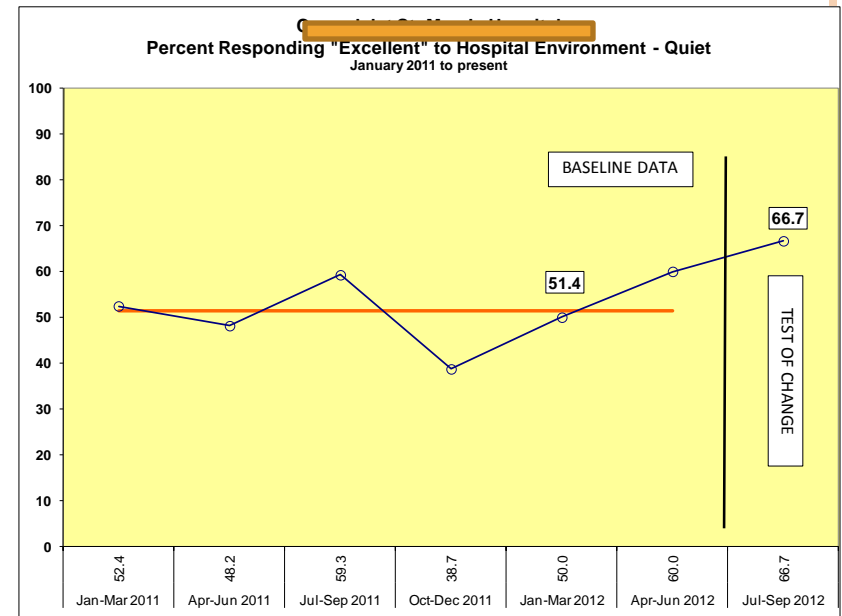
# BASELINE AND CURRENT PURPOSEFUL ROUNDING DATA



# PATIENT SATISFACTION IMPROVED AND TEST OF CHANGE



Staff Responsiveness improved from **80%?** to 86%



Always quiet scores improved from **60.%** to 67%



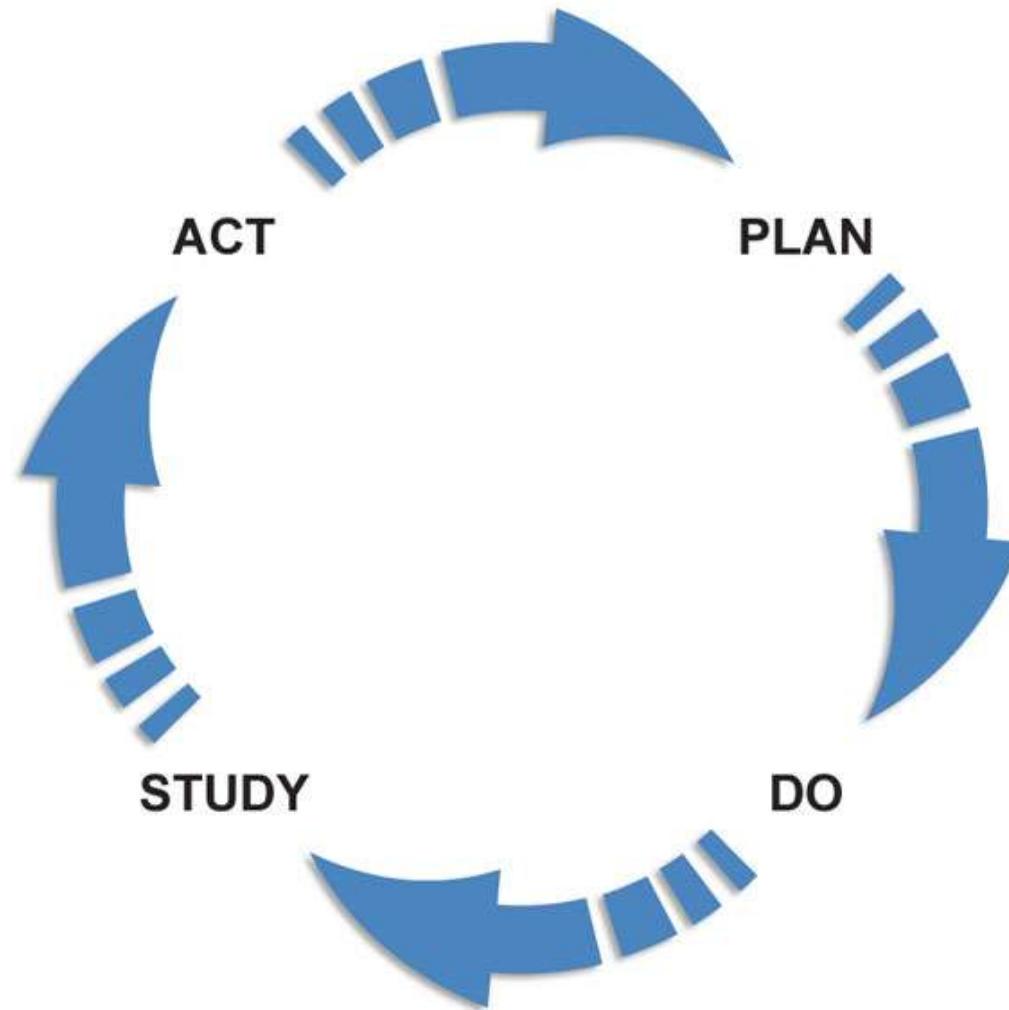
# VALIDATE TACTICS THROUGH PROCESS AND OUTCOME MEASURES

*Evaluation should be used to quantify the success of the implementation of Best Practice Tactics for HCAHPS*

- **Put in validation systems**
  - Tools that validate implementation are critical to measure implementation
  - Without them, all of the performance improvement tactics in the validation process can be missed
  - Validation also provides the consistency needed to get the desired outcome
  - Both process and outcome measures can demonstrate how the organization has met its goals
- **Standardize the steps**
  - Make sure everyone in the organization becomes very familiar with the steps in order to standardize the best practice. Make those steps consistent
- **Example Best Practice Validation**
  - Observation of staff during medication administration  
(e.g., minimum of five observations per week per unit)



# VALIDATION AND PDSA IS NEVER ENDING



# QI AND THE PDSA CYCLE

1. **PLAN:** Plan a change or test of how something works.
  2. **DO:** Carry out the plan.
  3. **STUDY:** Look at the results. What did you find out?
  4. **ACT:** Decide what actions should be taken to improve.
- **Repeat as needed until the desired goal is achieved**



# PROVEN “BEST PRACTICES”

- Hourly Rounding
- Post Discharge Calls
- Handoffs and Transitions
- Shadowing and Coaching
- Scripting and Keywords
- AIDET (acknowledge, introduce, duration, explain, thank)
- Patient Boards and Pain Scales Charts
- Talking with Patient and Family Members
- Patient Advisory Groups
- Safety Huddles
- Volunteers
- Share your idea



# HCAHPS AND LOYALTY/NPS STRATEGIES/TACTICS

	HCAHPS Dimensions and Patient Loyalty (NPS)							
Strategies/Tactics	Nursing Communication	Doctor Communication	Staff Responsiveness	Pain Management	Communication of Medication	Discharge Information	Care Environment	Patient Loyalty/NPS
Caregiver Communication Training	X	X	X	X	X	X	X	X
Hourly Rounding	X	X	X	X			X	X
Providing Holistic Reverent Care	X	X	X	X				X
Bedside Report	X	X	X					X
Hospitalist Review of Care Plan		X		X	X			X
Use of Pain Scales				X	X			
Pain (combination/adjuvant strategies)				X				
Medication Education Sheet					X			
Discharge Checklists						X		X
Discharge Calls						X		X
EVS Rounding							X	
Focus on Floor and Trash Cleanliness							X	
Quiet at Night Education							X	
	Caregiver Communication			Patient Informational Areas			Environ.	Loyalty



# SUMMARY

## Key points to remember

- Improving Healthcare quality is everyone's responsibility
- We all are stakeholders safe and quality care
- Measurement and improvements are possible
- Identify the root cause before making changes
- Collect and use the data to improve
- Collaboration and Teamwork are key
- Be creative in developing solutions
- **THINK OUTSIDE THE BOX!**



# LESSONS LEARNED

- What is one thing you learned today?
- What will you do differently after today?
- What information or knowledge are you still seeking regarding patient experience, quality and safety?



# NEXT STEPPS

- FLEX PROGRAM AND TEAM STEPPS
- WEBINARS
- PROJECT UPDATES





# QUESTIONS OR COMMENTS



# RESOURCES

- Center for Medicare and Medicaid Services  
Center for Medicare (March 2013).  
[http://www.hcahpsonline.org/Files/March%202013%20HCAHPS%20Intro%20Training%20Slides%20Session%20I\\_3-4-13.pdf](http://www.hcahpsonline.org/Files/March%202013%20HCAHPS%20Intro%20Training%20Slides%20Session%20I_3-4-13.pdf)
- [http://patientsafetyed.duhs.duke.edu/module\\_a/introduction/stakeholders.html](http://patientsafetyed.duhs.duke.edu/module_a/introduction/stakeholders.html)
- <https://www.studergroup.com/>

