

Redefining Patient Experience

Deirdre E. Mylod, PhD
Executive Director, Institute for Innovation
SVP, Research and Analytics



Agenda

- The Current Landscape
- HCAHPS Trends
- Redefining Patient Experience
- Applying QI Principles to Improvement Strategies

© 2013 Press Ganey Associates, Inc.

2



Your World is Becoming Even More Challenging

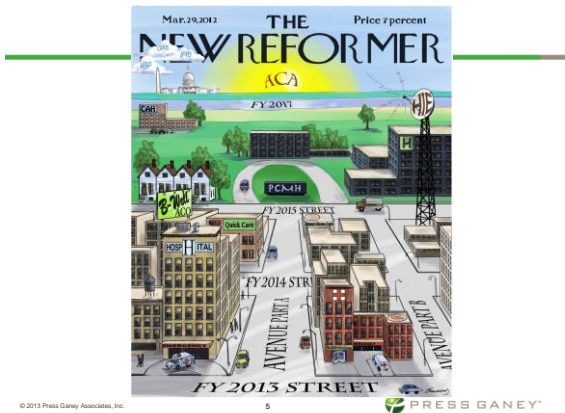
- **VBP**- Shrinking revenue
- **Readmissions**- Further financial risk – complexity in addressing
- **More Metrics**- Continual increase in accountability metrics
- **Rising Benchmarks**- Comparison bar continues to rise
- **Consolidations**- Changes in your competition (1 in 5 hospitals expected to realign over the next decade)
- **ACOs**- Uncertainty, new models to assign revenue and drive quality
- **Increased Competition** to survive and to attract patients
- **Patient Experience (surveys) expanding**– maintain 30% weight in VBP, coming for other populations
- **Greater Public Awareness of Transparency of Measures**

© 2013 Press Ganey Associates, Inc.

3

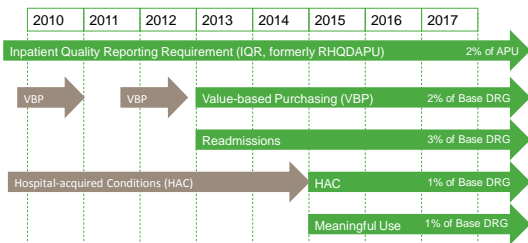




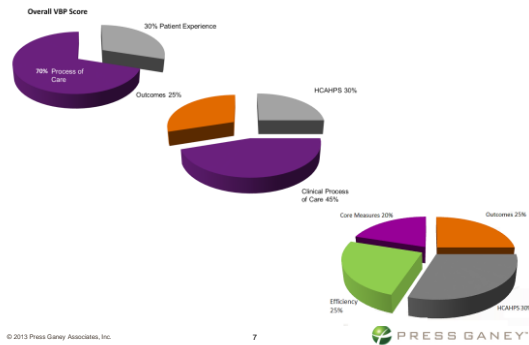


Multiple Silos Impact Financial Performance

Up to 7% of Reimbursement Will be at Risk by 2015



Domain Weighting for FFY15



FFY 2013 Clinical Measures

AMI-7A Fibrinolytic therapy received within 30 mins of hospital arrival
AMI-8A Primary PCI received within 90 mins of hospital arrival
HF-1 Patients DC'd home with written instructions/materials
PN-3B Blood culture performed in the ED prior to initial atbx rec'd
PN-6 Initial atbx selection for CAP in immunocompetent patients
SCIP-INF-1 Prophylactic atbx rec'd within one hour prior to surgical incision
SCIP-INF-2 Prophylactic atbx selection for surgical patients
SCIP-INF-3 Prophylactic atbx discont' within 24 hrs after surgery end time
SCIP-INF-4 Cardiac surgery pts with controlled 6AM postop blood glucose
SCIP-CARD-2 Surgery pts on a beta blocker prior to arrival who received a beta blocker during the perioperative period
SCIP-VTE-1 Surgery pts with recommended VTE prophylaxis ordered
SCIP-VTE-2 Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery

8

PRESS GANEY™

FFY 2013 HCAHPS Dimensions

- Nurse communication
- Doctor communication
- Cleanliness and quietness
- Responsiveness of hospital staff
- Pain management
- Communication about medications
- Discharge information
- Overall rating 0-10
- *Likelihood to recommend is not part of VBP*

© 2013 Press Ganey Associates, Inc.

9

PRESS GANEY™

Patient Reported Outcomes Measure (PROM)

- The National Quality Forum (NQF) defines patient surveys as a Patient Reported Outcomes Measure (PROM)
 - Considered the patient's view of the entire process-not defined as their happiness or satisfaction with care.
 - It's not going away or getting less important- getting further integrated with all quality metrics.

© 2013 Press Ganey Associates, Inc.

10



Evidence Links Patient Evaluations to Other Quality Metrics

- A recent systematic review of 50+ studies showed that satisfaction is positive associated with other quality and outcome measures.
 - Doyle, C., Lennox, L., & Bell, D. (2013). "A systematic review of evidence on the links between patient experience and clinical safety and effectiveness." *BMJ Open*, 3. Available at <http://open.bmj.com/lookup/doi/10.1136/bmjopen-2013-000344>
- Researchers at Duke have repeatedly demonstrated that HCAHPS is related to outcomes- often more so than available process measures.
 - Boulding, W., Glickman, S. W., Manary, M. P., Schulman, K. A., & Staelin, R. (2011). "Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days", *American Journal of Managed Care*, 17(1), 41-48.
 - Glickman, S. W., Boulding, W., Manary, M., Staelin, R., Roe, M. T., Wolosin, R. J., et al. (2010). "Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction", *Cardiovascular Quality and Outcomes*, 3(2), 188-195.
- Press Ganey has linked HCAHPS points earned under VBP is related to Readmission penalties

© 2013 Press Ganey Associates, Inc.

11

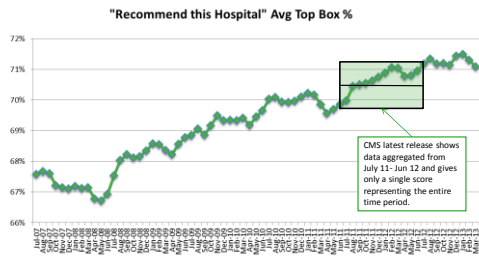


National Context HCAHPS Trends

© 2013 Press Ganey Associates, Inc.



The Influence of the Environment

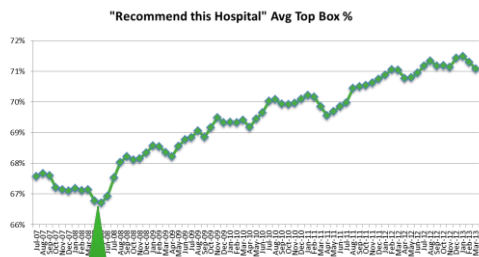


© 2013 Press Ganey Associates, Inc.

13

PRESS GANEY

The Influence of the Environment

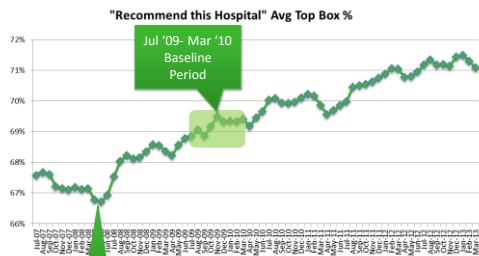


© 2013 Press Ganey Associates, Inc.

14

PRESS GANEY

The Influence of the Environment

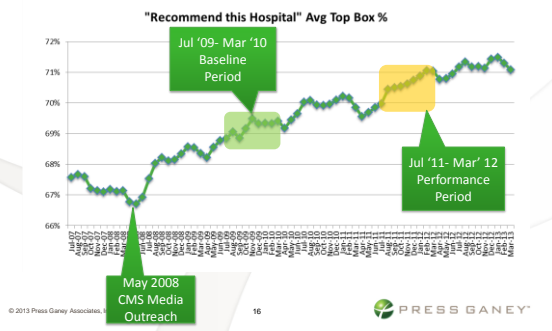


© 2013 Press Ganey Associates, Inc.

15

PRESS GANEY

The Influence of the Environment



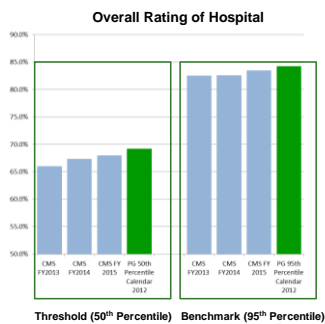
HCAHPS: Floors, Thresholds, Benchmarks (FFY13)

Dimension	Threshold	Benchmark
Communications with Nurses	75.18	84.70
Communication with Doctors	79.42	88.95
Responsiveness of Staff	61.82	77.69
Pain Management	68.75	77.90
Communication about Meds	59.28	70.42
Cleanliness and Quietness	62.80	77.64
Discharge Information	81.93	89.09
Overall Rating	66.02	82.52

17

PRESS GANEY

Threshold and Benchmark Levels Continue to Rise



© 2013 Press Ganey Associates, Inc.

18


PRESS GANEY

Redefining Patient Experience




© 2013 Press Ganey Associates, Inc.

Redefine Patient Experience



- You can't separate the patient experience from what actually happens to the patient.
 - The patients' experience includes everything that touches or impacts them including clinical processes, practices to ensure safety, service delivery and outcomes of care.
 - Integrating these metrics leads to better knowledge of care and a single source of truth for improving care- prevents waste of efforts and prevents creating unintended consequences.
- The National Quality Forum (NQF) defines patient surveys as a Patient Reported Outcome Measure (PROM)
 - Considered the patient's view of the entire process-not defined as their happiness or satisfaction with care.
 - It's not going away or getting less important- getting further integrated with all quality metrics.



© 2013 Press Ganey Associates, Inc. 20

Our Mission Must be to Reduce Suffering



© 2013 Press Ganey Associates, Inc.

Improving Patient Care = Reducing Suffering

Suffering Associated with the Medical Condition	Suffering Associated with Medical Treatment (when delivery is perfect)	Suffering Associated with Medical Treatment (when delivery is NOT perfect)
This suffering may be unavoidable for the patient.	This suffering is avoidable. We create this suffering <i>without patients' permission</i> .	
OUR GOAL: Mitigate this suffering.	OUR GOAL: DO NOT create this suffering for patients.	
Address symptoms, improve functioning, seek to cure, reduce pain and discomfort.	Provide evidence-based care.	
Reduce anxiety and fear, educate and inform.	Prevent complications and errors.	
Minimize the extent to which medical care disrupts normal life, activities and roles to the greatest extent possible.	Reduce wait, show respect and value for the individual, ensure coordinated communication, create a trusted environment with cooperation among staff.	
When possible, provide distractions from the medical setting that provide respite to the anxious patient.		

Outdated vs. Contemporary View

Outdated

- We need to delight to compete
- We need to focus on amenities
- We need to create wows- *because we've already addressed defects*
(The above mindset predates transparency of performance)

Contemporary

- We need to understand the defects in the process -there are many
- Patients are reporting on critical issues: pain control, respect, clarity of communication, education for self care, information re medication
- We don't have the right to make care worse for patients (clinically or experientially) – *it's against the mission of healthcare*

© 2013 Press Ganey Associates, Inc.

23

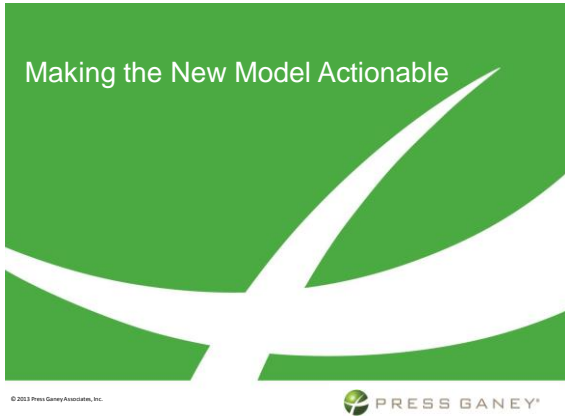


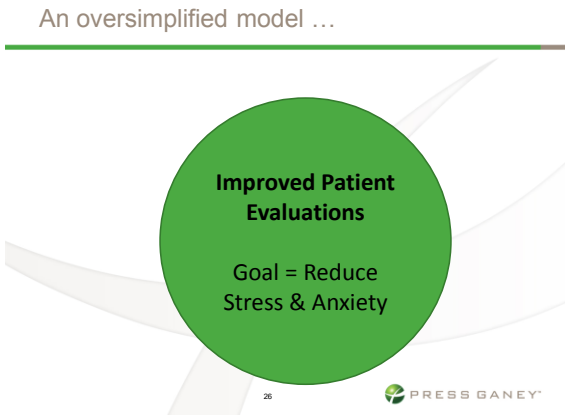
Reconsidering Care in Light of Suffering

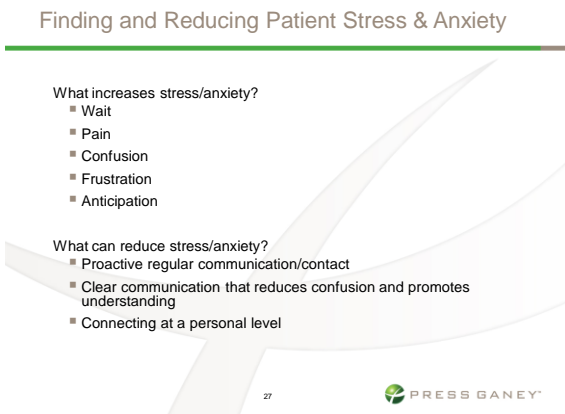


24









Where & How Can You Reduce Anxiety?

Reduce Anxiety Associated with the Medical Condition	Mitigate Unavoidable Anxiety During Treatment	Minimize Creation of Added Anxiety During Treatment
•Address pain	•Address pain	•Reduce waiting
•Give information	•Clear communication	•Explain/apologize when needed
•Describe plan of action	•Explain Process	•Ensure consistent communication
•Acknowledge emotional burden	•Create a calming environment/ or distractions	•Eliminate issues that reduce trust
<input type="checkbox"/> Make it safe to ask questions	•Make a personal connection	•Display a team environment

Where & How Can You Reduce Anxiety?

Reduce Anxiety Associated with the Medical Condition	Mitigate Unavoidable Anxiety During Treatment	Minimize Creation of Added Anxiety During Treatment
•Address pain	•Address pain	•Reduce waiting
•Give information	•Clear communication	•Explain/apologize when needed
•Describe plan of action	•Explain Process	•Ensure consistent communication
•Acknowledge emotional burden	•Create a calming environment/ or distractions	•Eliminate issues that reduce trust
<input type="checkbox"/> Make it safe to ask questions	•Make a personal connection	•Display a team environment

Where & How Can You Reduce Anxiety?

Reduce Anxiety Associated with the Medical Condition	Mitigate Unavoidable Anxiety During Treatment	Minimize Creation of Added Anxiety During Treatment
•Address pain	•Address pain	•Reduce waiting
•Give information	•Clear communication	•Explain/apologize when needed
•Describe plan of action	•Explain Process	•Ensure consistent communication
•Acknowledge emotional burden	•Create a calming environment/ or distractions	•Eliminate issues that reduce trust
Reduce waiting	•Make a personal connection	•Display a team environment

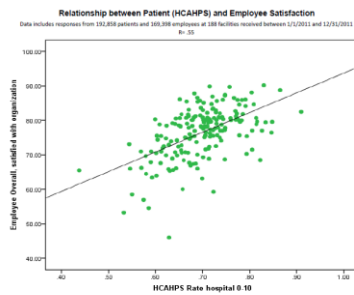
Adoption Rates of Practices

Enhancing Engagement &
Providing Feedback

© 2013 Press Ganey Associates, Inc.



Employee Relationships Matter



© 2013 Press Ganey Associates, Inc.

32



How Do I Know if What We're Doing Matters?

- What is the impact of a best or recommended practice?
- How often are patients receiving the best or recommended practice?
- Adoption rate- the proportion of time that a desired best practice actually occurs.
 - Logs
 - Observation
 - Patient Report
 - E.g., What proportion of the time do patients indicate they had hourly rounding?
 - What is the difference in patient evaluations of care if they did/did not receive hourly rounding?

© 2013 Press Ganey Associates, Inc.

33



Survey Question Options: Adoption Rates

Overt Rounding:

- During your stay, did a staff member visit you hourly?
 - Yes
 - No

Stealth Rounding:

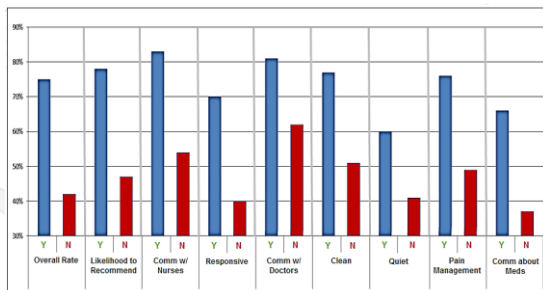
- During your stay, how often did nursing staff come into your room to check on you?
 - Each shift
 - Every few hours
 - Every couple of hours
 - Every hour

© 2013 Press Ganey Associates, Inc.

34



Hourly Rounding Impact on Top Box %



Q1 2012

© 2013 Press Ganey Associates, Inc.

35



Implementation of Adoption Rate Processes

- Identify the specific behavior you are asking staff to engage in to improve the patient experience.
- Identify a patient reported indicator that can reflect that behavior.
- **First-** emphasize the impact of the behavior-
 - "When we do X patients experience better communication, better coordination, better pain control..."
- **Second-** set targets for adoption rates-
 - How often do we expect patients to experience the target behavior?
 - Will the target adoption rates be different by unit?

© 2012 Press Ganey Associates, Inc.

36



Questions?



© 2013 Press Ganey Associates, Inc.
