Improving Patient Experience: Data Analysis Methods

A Webcast Presented by the AHRQ CAHPS User Network
March 3, 2021
1:00 – 2:00 pm ET
Our Focus Today

• Overview of AHRQ’s CAHPS program

• Foundational elements of patient experience improvement

• Two case studies presenting:
  
  ► Key driver analyses and journey mapping to focus improvement solutions in the VA
  
  ► A-3 Lean methods to identify improvement opportunities in hospice care

• CAHPS improvement resources
Need Help?

- No sound from computer speakers?

  ![Switch audio](image)

- Trouble with your connection or slides not moving?
  - Log out and log back in

- Other problems?
  - Use Q&A feature to ask for help
Using the Webcast Console to Submit Questions

• Question and Answer
  ► Select Q&A
  ► Type question in the box that opens
  ► Make sure “All Panelists” is selected
Today’s Speakers

- **Caren Ginsberg, Ph.D.**
  Director, CAHPS & SOPS Programs
  Agency for Healthcare Research and Quality

- **Jim Schaefer, M.P.H.**
  Director of Surveys, Analytics & Performance Integration &
  Department of Veterans Affairs

- **Jennifer Purdy, LCSW, CPXP**
  Executive Director
  VA Patient Experience Program

- **Natalie McNeal, M.B.A., M.H.A.**
  Executive Director
  Wellstar Community Hospice

- **Dale Shaller, M.P.A. (Moderator)**
  Principal
  Shaller Consulting Group
AHRQ’S CAHPS® PROGRAM

Caren Ginsberg, Ph.D., CPXP,
Director, CAHPS & SOPS
Center for Quality Improvement & Patient Safety, AHRQ
AHRQ’s Core Competencies

• **Health Systems Research:** Invest in research and evidence to make health care safer and improve quality.

• **Practice & Quality Improvement:** Create tools for health care professionals to improve care for their patients.

• **Data & Analytics:** Generate measures and data to track and improve performance, and evaluate progress of the US health care system.
The AHRQ CAHPS Program

• CAHPS = Consumer Assessment of Healthcare Providers and Systems

• Program advancing the understanding, measurement, and improvement of patients’ experiences with their health care

• Initiated and funded by AHRQ since 1995

• CAHPS Consortium – AHRQ, Yale University, RAND Corporation, Westat
CAHPS Research and Products

• The CAHPS program…
  ► Conducts research to further…
    – our understanding of patient experience of care
    – our knowledge of measuring patient experience and collecting relevant data
    – informative reporting of patient experience data
    – quality improvement involving CAHPS

  ► Develops surveys and related materials to assess patient experience in health care settings and with health plans and providers
CAHPS Surveys

• CAHPS surveys are the gold standard for patient experience measurement.

• The CAHPS program captures the patient’s voice.

• Surveys measure patient experience of care in different settings.

• Surveys are developed using standardized methodology and research findings.

• Trademark is held by AHRQ; all surveys must adhere to CAHPS design principles to earn the trademark.
Evaluating the use of a modified CAHPS® survey to support improvements in patient-centred care: lessons from a quality improvement collaborative

**Conclusion:** Small measurable improvements in patient experience may be achieved over short projects. Sustaining more substantial change is likely to require organizational strategies, engaged leadership, cultural changes, regular measurement and performance feedback, and experience of interpreting and using survey data.

Foundational Elements of Patient Experience Improvement

• Leadership and governance
• Partnerships with patients and families
• Focus on the workforce
• Systematic measurement and feedback
• Supportive technology and infrastructure
• Built environment

Examples of Patient Experience Improvement: Veterans Health Administration

Jennifer Purdy: Executive Director, VA Patient Experience Program

Jim Schaefer: Director of Surveys, Analytics & Performance Integration

Webcast Sponsored by AHRQ
March 3, 2021
What is Patient Experience (PX)?

The sum of all interactions, shaped by the organization’s culture, that influence Veterans’ and their families’ perceptions along their healthcare journey.
### Survey Instrument

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (IP)</td>
<td>Mail Only (per HCAHPS Protocol)</td>
<td>14,500</td>
<td>36%</td>
</tr>
<tr>
<td>Patient-Centered Medical Home (PCMH)</td>
<td>Internet &amp; Mail</td>
<td>65,000</td>
<td>35%</td>
</tr>
<tr>
<td>Specialty Care (SC)</td>
<td>Internet &amp; Mail</td>
<td>54,000</td>
<td>34%</td>
</tr>
<tr>
<td>Community Care (CC)</td>
<td>Internet &amp; Mail</td>
<td>10,000</td>
<td>30%</td>
</tr>
<tr>
<td>Telehealth (Your Recent Visit – CG-CAHPS 4.0)</td>
<td>Internet &amp; Mail</td>
<td>15,000 (6 months)</td>
<td>???</td>
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</tbody>
</table>
What is a Driver’s Analysis (DA)?

Quantitative technique used to evaluate the impact of various aspects of patient experience (i.e., “drivers”) on overall patient experience (i.e., “outcomes”).

The “outcome” in SHEP data is the Overall Hospital Rating measure (IP), the Rating of Provider measure (PCMH and SC), and Overall Satisfaction with VA Community Care (CC).

The “drivers” are the remaining HCAHPS measures and CAHPS measures, respectively.

DA helps identify intervention or leverage points for improving PX and informs clinical and operational action planning.
Q34 Doctor Informed: “During this hospital stay, how often did healthcare providers seem informed and up-to-date about the care you got from other providers at the hospital?” is not an official HCAHPS reported measure.

*Q34 Doctor Informed: “During this hospital stay, how often did healthcare providers seem informed and up-to-date about the care you got from other providers at the hospital?” is not an official HCAHPS reported measure.

Communication with Nurses, Cleanliness of Hospital Environment, and Care Transition have direct impacts on Overall Hospital Rating. Communication about Medicine influences other composites, therefore making it a fruitful point of intervention to help increase Overall Hospital Rating scores.
**KEY TAKEAWAY:**

If 10% of the veterans' ratings improved from bottom box to top box for **Communication with Nurses**, then we would predict an increase in Overall Hospital Rating (top box) of **4.6%**.
Phase 1: (FY17) Build
- Define PX
- Design PX for VHA
- Gain Trust & Pilot Toolkits

Phase 2: (FY18) Deploy
- Leadership Engagement
- Employee Engagement
- Orchestrated Touchpoints

Phase 3: (FY19) Coach
- Assess Facility Needs & PX Maturity
- PX Culture
- Outcomes

Phase 4: (FY20) Build
- Standardize Across VHA
- Strengthen Skills
- Accountability Outcomes
Patient Experience Journey Maps

Human Centered Design (HCD) is a design and management framework for producing solutions to issues or problems that involve the human-perspective in all facets of the problem-solving process. During a discovery sprint, interviews across the country in various geographies, genders, races, life stages, military branches, and eras of service provide insights into bright spots and pain points, while baselining moments that matter in the journey receiving healthcare service delivery.

WHAT IS A JOURNEY MAP?

Journey maps visually display a common set of moments that Veterans experience before, during, and after receiving healthcare or interacting at the VA. They identify ideal situations and opportunities for improvement.

Current Journey Maps: Outpatient, Women’s Outpatient, Hospitalization, and Discharge

In-Development: Care in the Community, Emergency Medicine, Telehealth, and more!
Implementation of PX Foundational Tools

WHAT'S IN A VA PX TOOLKIT?

A toolkit is a set of information to assist VHA leaders understand the benefits of patient experience and offer strategies, tactics, and tips for implementing and the value of a targeted campaign, initiative, program, or solution at a facility. Toolkits are often accompanied by reference materials and promotional materials to assist in socializing the item for implementation.

The Own the Moment (OTM) Veterans Customer Experience workshop: Teaching customer experience standards, the VA WAY, through three guiding principles.

This workshop improves on good customer service by providing ease, effectiveness, and adds a third dimension of emotion.

The three-hour workshop is geared for all VA employees and volunteers and offers some continuing education credits. Implemented through a train-the-trainer model at each facility.
### PX Toolkit Library

Click a link below to access a toolkit:

<table>
<thead>
<tr>
<th>Caregiver Support Guide (PCMH, IP, SC)</th>
<th>Commit to Sit (IP)</th>
<th>Change of Provider Letter (PCMH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Checklist (IP)</td>
<td>Employee Recognition (PCMH, IP, SC)</td>
<td>Green Gloves (PCMH, IP, SC)</td>
</tr>
<tr>
<td>Hourly Nurse Rounding (IP)</td>
<td>I Choose VA Employee Badges (PCMH, IP, SC)</td>
<td>Interdisciplinary Team Rounding (IP)</td>
</tr>
<tr>
<td>Journey to Discharge Hospitalization Journal (IP)</td>
<td>Messages for the Moment (PCMH, IP, SC)</td>
<td>My Life My Story (IP)</td>
</tr>
<tr>
<td>Own the Moment (PCMH, IP, SC)</td>
<td>Patient Communication Whiteboards (IP)</td>
<td>Pre-visit Checklist (PCMH)</td>
</tr>
<tr>
<td>PX Change Agent (PCMH, IP, SC)</td>
<td>PX Communications Plan (PCMH, IP, SC)</td>
<td>PX Road Show (PCMH, IP, SC)</td>
</tr>
</tbody>
</table>
SHEP HCAHPS Star Rating - Communication with Nurses

VA 2018 Compared to VA 2020

VA compared to HCAHPS* Hospitals

* based on July 2020 Release - N=3478 Hospitals with Star Ratings (includes VA data) Patient discharged from Oct 2018 to Sept 2019
SHEP HCAHPS Star Rating - Care Transition

VA 2018 Compared to VA 2020

VA Compared to HCAHPS* Hospitals

* based on July 2020 Release - N=3478 Hospitals with Star Ratings (includes VA data) Patient discharged from Oct 2018 to Sept 2019
SHEP HCAHPS Star Rating - Overall Rating of Hospital

VA 2018 Compared to VA 2020

Percentage of Hospitals

<table>
<thead>
<tr>
<th>STAR Rating</th>
<th>VA 2018</th>
<th>VA 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>20</td>
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<td>3</td>
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<td>4</td>
<td>39</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>41</td>
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</tbody>
</table>

VA Compared to HCAHPS* Hospitals

Percentage of Hospitals

<table>
<thead>
<tr>
<th>STAR Rating</th>
<th>VA</th>
<th>HCAHPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td>4</td>
<td>41</td>
<td>41</td>
</tr>
</tbody>
</table>

* based on July 2020 Release - N=3478 Hospitals with Star Ratings (includes VA data) Patient discharged from Oct 2018 to Sept 2019
Leadership and employee engagement is key
- Foundational goal of the organization
- Patient experience baked into the organization’s culture

Understand what is important to patients
- Human centered design
- Journey maps of key touchpoints (Moments that Matter)

Turning data into action
- Key drivers help to narrow the focus
- Understand patient/staff interactions, processes, and key touchpoints
- Develop and deploy toolkits for quality/process improvement and standardization across the enterprise

Celebrate successes!!!
Contact Information

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Advancing Methods of Implementing and Evaluating Patient Experience Improvement Using CAHPS® Surveys

March 3, 2021

Natalie McNeal, MBA, MHA
Wellstar Community Hospice
Every day, our team of 24,000+ healthcare professionals provides personalized care for patients at every age and stage of life.

<table>
<thead>
<tr>
<th>Facilities Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>11</td>
</tr>
<tr>
<td>Medical Office Locations</td>
<td>300+</td>
</tr>
<tr>
<td>Rehabilitation Centers</td>
<td>55</td>
</tr>
<tr>
<td>Hospice Facilities</td>
<td>3</td>
</tr>
<tr>
<td>Retirement Village</td>
<td>1</td>
</tr>
<tr>
<td>Imaging Centers</td>
<td>21</td>
</tr>
<tr>
<td>Urgent Care Locations</td>
<td>15</td>
</tr>
<tr>
<td>Health Parks</td>
<td>5</td>
</tr>
</tbody>
</table>
Nationally ranked and locally recognized for our high-quality care, inclusive culture, and exceptional doctors and caregivers, Wellstar Health system is one of the largest and one of the most integrated healthcare systems in Georgia.

As a not-for-profit health system, our passion for people extends beyond our system and into the communities we serve.
Wellstar utilizes the A-3 Lean methodology

**Pros** - Plan, Do, Check, Act cycle; root cause analysis; structured format with easily viewable progress; document utilized throughout the process

**Cons** - can be overwhelming/complex; must have a culture that does not punish; problems can’t be viewed as a burden
Enhancing the Patient Experience

• Listen Carefully re: Care Problems
  • Measurable and Moveable
  • Hospice Core Value
  • Being heard significantly impacts the experience

Performance Indicators-Starting Point 68.6%

  Goals: Threshold 83.8%  Target 85%  Max 88.5%
**Executive Sponsor: ED of Hospice**

**Project Title:** WELLSTAR HOSPICE: PATIENT EXPERIENCE

**Background:** Patient Experience Scores were below desired levels.

**Current Condition:**

HOSPICE - COMMUNICATION

*Note 3 month lag time for survey recipients*

**Goal:** Listen Carefully re: Care Problems

Threshold +5% Target +10% Max +15%

**Problem Analysis:**
See Fishbone
- Not identifying and connecting with person who gets the survey
- Who is getting surveyed (? Patient stays <48hrs)
- Communication processes within the Hospice clinical team
- Staffing & Census Challenges
- Survey language different than staff language
- Lack of Provider continuity; relationship building

**Countermeasures/Action Plan/ Solutions:**

<table>
<thead>
<tr>
<th>Problem/ Issue</th>
<th>Action/ Solutions</th>
<th>Owner</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need team member feedback on PX scores</td>
<td>Managers meet with Teams for input</td>
<td>DCS, Mgrs.</td>
<td>Completed</td>
</tr>
<tr>
<td>Key words in the PX Survey are not in the language typically used by team members.</td>
<td>Pull out key words that need to be socialized with team members, leaders and medical staff. Incorporate key words in a manner caregivers are comfortable using “not scripted text” ex: training vs education, “listening”, “it’s my privilege”</td>
<td>PE Coach</td>
<td>Completed</td>
</tr>
<tr>
<td>Families unclear about medication side effects; don’t recall “training”</td>
<td>Compile the list of top ten meds (pain); Create sheet for E Kit. Purchase CAM cards to supplement medication education /”training” Staff Education rollout</td>
<td>Ex Dir</td>
<td>Completed</td>
</tr>
<tr>
<td>Staff are not always speaking with person who will complete survey</td>
<td>Staff to check address box in medical record to see who is receiving survey and communicate with them. Inservice for SW staff: “Who will receive Survey?” Document in medical record under HCAPS recipient. Document in medical record – sticky note</td>
<td>SW Manager</td>
<td>Ongoing and occurring</td>
</tr>
<tr>
<td>Clarify who is getting the survey; does this include &lt; 48 hr stays</td>
<td>Contact Med Record Consultant &amp; CAHPS</td>
<td>PE Coach</td>
<td>Completed</td>
</tr>
<tr>
<td>Communication with families over scheduling</td>
<td>Clinicians Call families 1st thing in the morning &amp; update with any changes</td>
<td>Manager</td>
<td>Working on – update at next staff mtg</td>
</tr>
</tbody>
</table>

**Results:** Patient Experience score for FY ended above Max%
5 Whys Approach to Cause Analysis

Why was the listening carefully score low on the CAHPS survey?
Because only 5 people completed and returned the survey so the one low grade really impacted our score.

Why did only 5 people get the CAHPS survey?
More people returned the survey, but this was a follow-up question to having a problem.

Why did those with problems feel that we did not listen?
Because their problem was not resolved in a way they felt we heard their concern.

Why did we not address their need?
We did not verify that we understood and addressed the problem we thought they had.

Why did we not verify that they felt our actions rectified their problem?
The process was not defined, and responsibility was not delegated.
Fishbone Approach to Cause Analysis

Dissatisfaction

- People
- Education
- Communication
- Technology
- Policies
- Management
Contributing Factors

POLICIES/PROCEDURES/PROCESSES
- Admit RNs not coordinating w/families vs when they are arriving - family waiting
- Surveys go out 3 months after patient expires
- Typical # Returns - 32/QTR (10/month?)
- Families upset about having to take at home - claim misinformed about Hospice
- Staff using medical terms that are not understood
- ? Effectiveness of current patient education "training" materials
- Pull-ups & Wipes not furnished

PEOPLE
- Clinical Team Vacancies: 4 Case Mgrs, 4 CAN's, TQ Cobb - 2 Night Nurses
- Families upset about "paying" routines
- Families in distress don't retain information
- Families in distress: Are surveys sent for pts w/ less than 48hr stay?
- Staff using medical terms - family doesn't understand: "actively dying"
- TQ MTN - Care Team Supplementing
- TQ MTN - Change in Leadership (Oct 2018)
- Survey: Family understanding of GIP for symptom mgmt
- Need more CAN Visits
- Lack of continuity in Messaging: Liaison messages not read/no follow-up, family perceives we're not speaking to each other
- Low Scores in Patient Satisfaction for Communication: "listening carefully re: problems with care" & "Training......."
- No Doctor at Cobb x 1 yr; Covering MD's & P ALL Med inconsistent with communication to pts
- Staff are communicating w/ someone other than the one who receives the RX
- Patiend arrives & dies <24 hrs: Are surveys sent for pts w/ less than 48hr stay?
- After hours calls to hospital operator vs On-Call RN
- TQ MTN Change in Leadership (May-Oct 2018)
- Family not kept informed about care arrival: No calls prior to arrival, no follow-up on concerns, communicating w/ wrong person, no communication if change in schedule
- Poor response: days, nights, W/E; not meeting promised visit times
- High Census (July - Sept '18 AVG Monthly Census 30+ pts)
- Have to trade in equipment for Genesis Equipment - poor quality

SUPPLIES/MATERIALS
- Need more CAN Visits

PLANT/ENVIRONMENT
- Low Scores in Patient Satisfaction for Communication: "listening carefully re: problems with care" & "Training......."
Issues and Challenges in Data Evaluation

- Patient is not the person surveyed in Hospice CAHPS
- Lag in time of survey sent from last date of care
- Listen Carefully re: Care Problems is not evaluated by all survey recipients
- Bereavement firsts-emotional fluctuations
- Hospice days on service impacts scores
<table>
<thead>
<tr>
<th>Outcomes and Data Evaluation</th>
<th>Communicate Peaks and Valleys</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership changes</strong></td>
<td><strong>3 months after holidays</strong></td>
</tr>
<tr>
<td><strong>Top Box</strong></td>
<td><strong>Goal</strong></td>
</tr>
<tr>
<td><strong>3 months after training</strong></td>
<td><strong>Medical record update</strong></td>
</tr>
</tbody>
</table>
## Countermeasures and Action Plans:

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<td>J. Dudley, Laura</td>
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</table>
Key Principals for Success

• We had a lean expert guiding our team throughout
• Practice, Practice, Practice
• Keep focus on process improvement and off of people failure
• Recognize causal factors in addition to the root cause
• Set attainable goals
To enhance the patient experience, we must focus on each person we serve as an individual. What seems like a simple measure, such as listening, has a multitude of factors for each respondent that will impact their score. Without understanding each person we serve, we will not be able to sustain improvement and provide the best end of life experience possible for our patients and their loved ones.
Contact Information

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Executive Director
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470-245-9958
CAHPS Improvement Resources

- CAHPS Improvement Guide
- Research on improving patient experience

www.ahrq.gov/cahps/quality-improvement/index.html
CAHPS Updates

Sign up for email updates

- CAHPS - Consumer Assessment of Healthcare Providers and Systems
  - CAHPS News & Events
  - TalkingQuality
Questions or Comments?

- E-mail: cahps1@westat.com
- Phone: 1-800-492-9261
- Website: www.ahrq.gov/cahps
Thank you!

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