AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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?
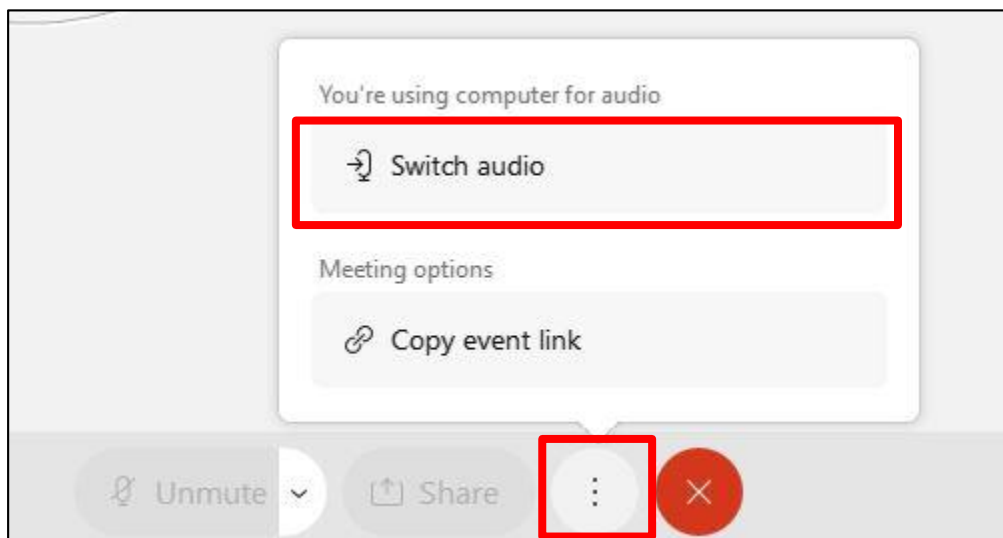
- Trouble with your connection or slides not moving?
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  - ► Use Q&A feature to ask for help
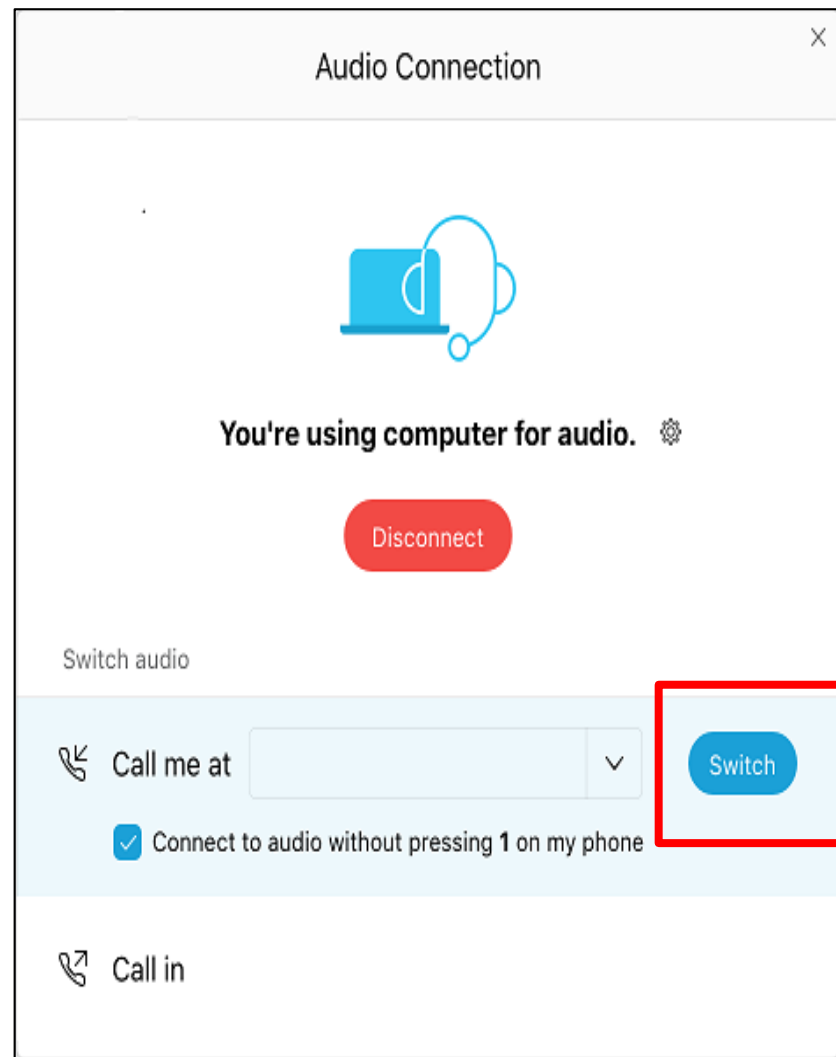
Using the Webcast Console to Submit Questions

- Question and Answer
  - ▶ Select Q&A
  - ▶ Type question in the box that opens
  - ▶ Make sure "All Panelists" is selected

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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.

Davies E, Shaller D, Edgman-Levitan S, Safran DG, Oftedahl G, Sakowski J, and Cleary P (2008). *Evaluating the Use of a Modified CAHPS Survey to Support Improvements in Patient-Centered Care: Lessons from a Quality Improvement Collaborative*, Health Expectations, 11(2), 160-176.

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

Shaller D. "Patient-Centered Care: What Does It Take?" New York: The Commonwealth Fund. Publication No. 1067, November 2006.

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

VA DEFINITION

The sum of all **interactions**, shaped by the organization's **culture**, that influence Veterans' and their families' **perceptions** along their healthcare journey.

SHEP – Over 1.8 Million Surveys Sent Annually

Survey Instrument	Mode of Administration	Number Sent Per Month	National Response Rate – FY2020 (Oct 2019 – Mar 2020)
Inpatient (IP)	Mail Only (per HCAHPS Protocol)	14,500	36%
Patient-Centered Medical Home (PCMH)	Internet & Mail	65,000	35%
Specialty Care (SC)	Internet & Mail	54,000	34%
Community Care (CC)	Internet & Mail	10,000	30%
Telehealth (Your Recent Visit – CG-CAHPS 4.0)	Internet & Mail	15,000 (6 months)	???

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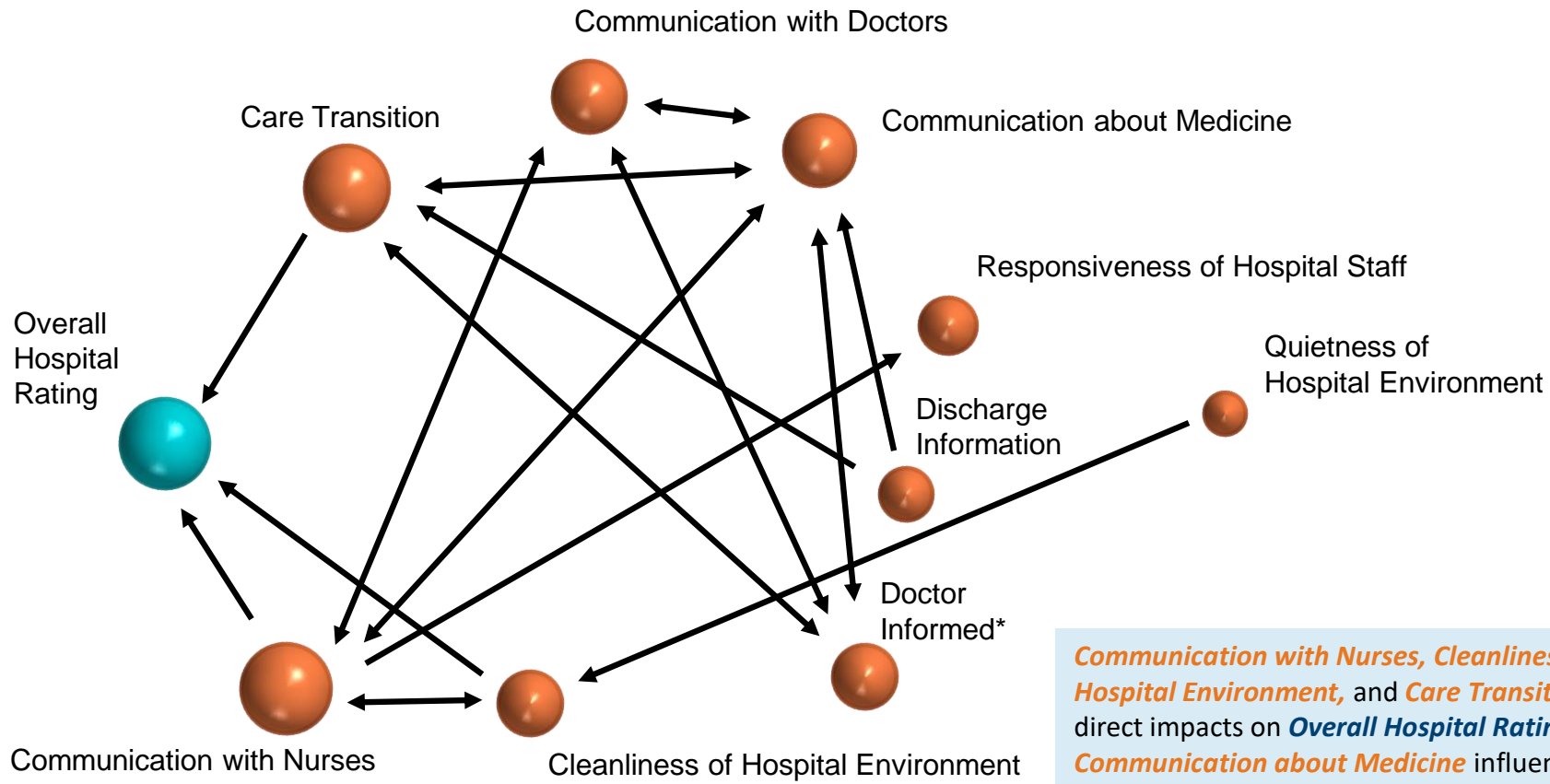
The "*outcome*" in SHEP data is the **Overall Hospital Rating** measure (IP), the **Rating of Provider** measure (PCMH and SC), and **Overall Satisfaction with VA Community Care** (CC).

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.

VA National

Communication with Doctors

Care Transition

Communication about Medicine

Responsiveness of Hospital Staff

Overall Hospital Rating

Quietness of Hospital Environment

Discharge Information

Doctor Informed*

Communication with Nurses

Cleanliness of Hospital Environment

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.

* 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.

SHEP Driver Analysis | Inpatient IPSOS Bayes Net (IBN) Impact Scores

VA National

Category	Impact Score
Communication with Nurses	4.6%
Care Transition	4.1%
Communication with Doctors	3.0%
Communication about Medicine	2.9%
Cleanliness of Hospital Environment	2.4%
Doctor Informed	2.3%
Responsiveness of Hospital Staff	1.9%
Discharge Information	1.6%
Quietness of Hospital Environment	1.0%

0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10%
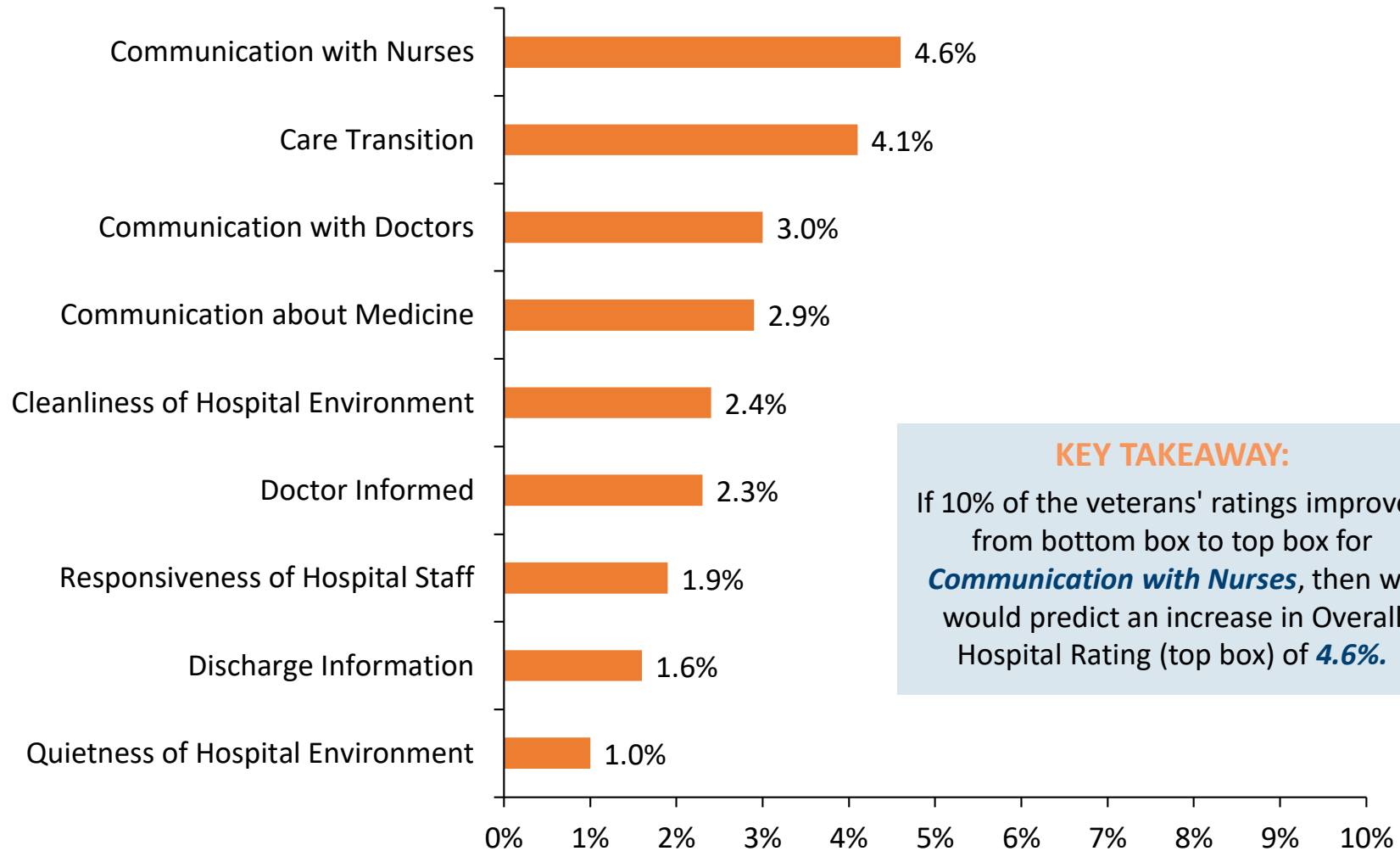
KEY TAKEAWAY:

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

VA PX — A framework and tools to help you enhance the Veteran Patient Experience

- WECARE Rounding
- Standard Phone Greeting
- Employee "I Choose VA" Name Badges
- Own the Moment
- Red Coat Ambassadors

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:

Caregiver Support Guide (PCMH, IP, SC)	Commit to Sit (IP)	Change of Provider Letter (PCMH)
Discharge Checklist (IP)	Employee Recognition (PCMH, IP, SC)	Green Gloves (PCMH, IP, SC)
Hourly Nurse Rounding (IP)	I Choose VA Employee Badges (PCMH, IP, SC)	Interdisciplinary Team Rounding (IP)
Journey to Discharge Hospitalization Journal (IP)	Messages for the Moment (PCMH, IP, SC)	My Life My Story (IP)
Own the Moment (PCMH, IP, SC)	Patient Communication Whiteboards (IP)	Pre-visit Checklist (PCMH)
PX Change Agent (PCMH, IP, SC)	PX Communications Plan (PCMH, IP, SC)	PX Road Show (PCMH, IP, SC)

SHEP HCAHPS Star Rating - Communication with Nurses
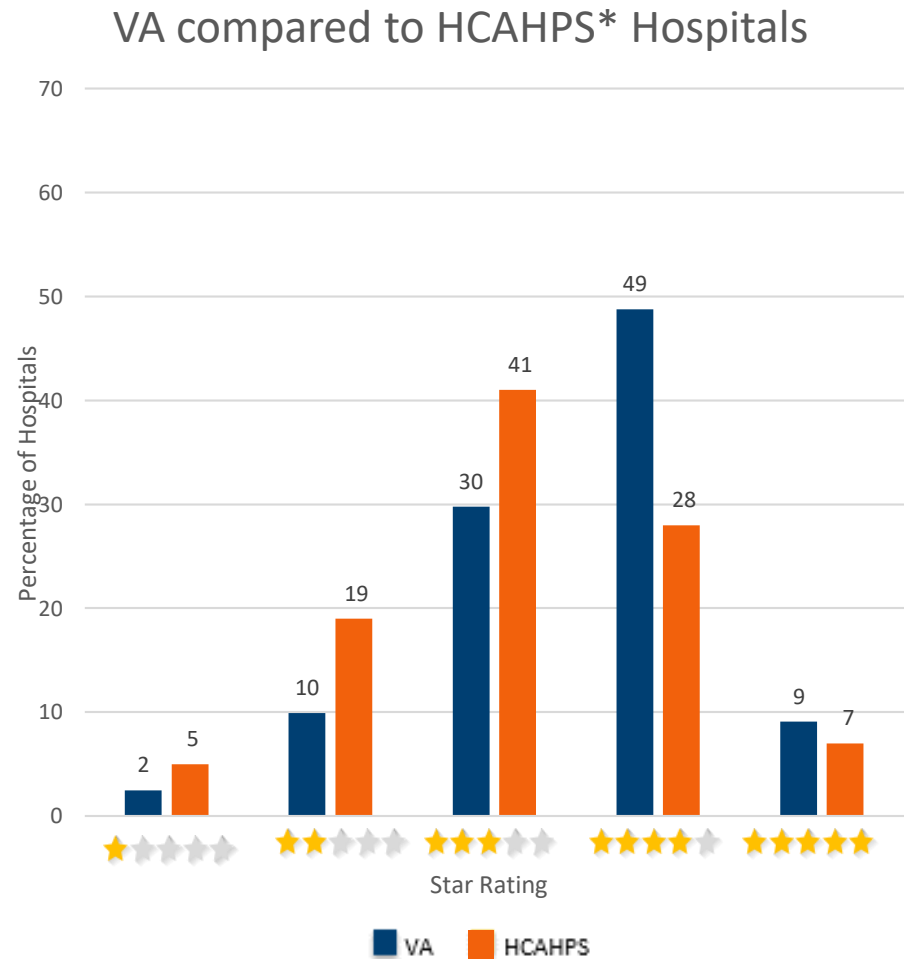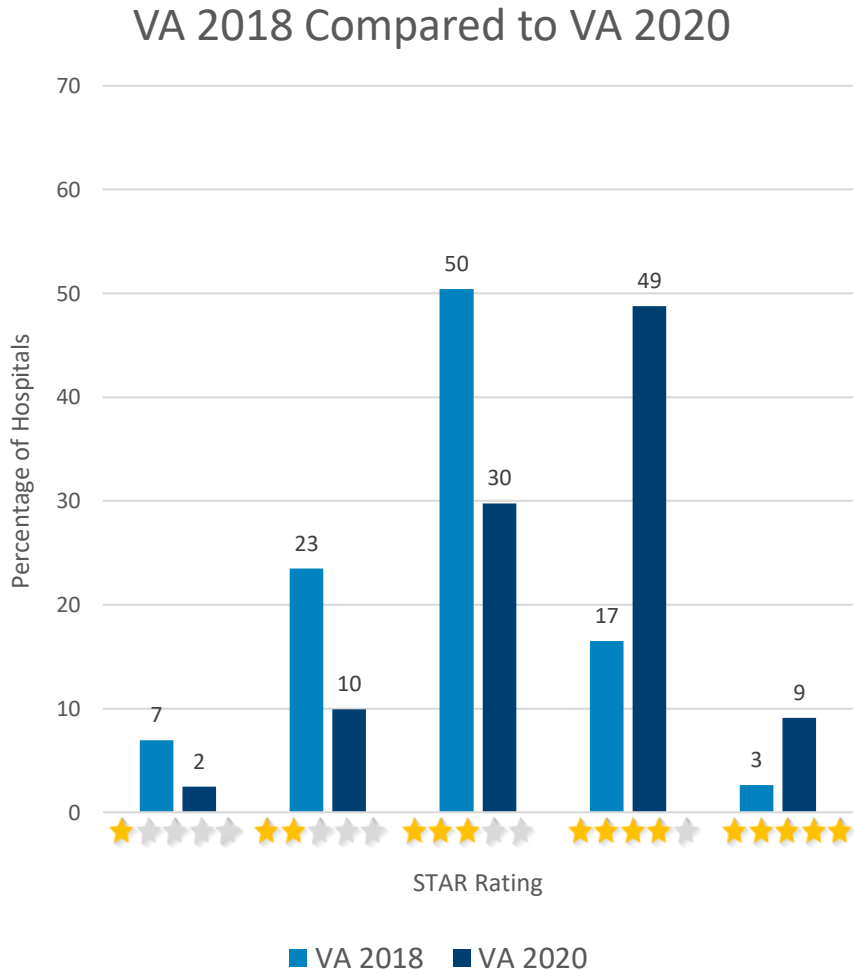
VA 2018 Compared to VA 2020

Bar chart comparing VA 2018 and VA 2020 by STAR Rating (Percentage of Hospitals):
- 1 star: VA 2018 = 7, VA 2020 = 2
- 2 stars: VA 2018 = 23, VA 2020 = 10
- 3 stars: VA 2018 = 50, VA 2020 = 30
- 4 stars: VA 2018 = 17, VA 2020 = 49
- 5 stars: VA 2018 = 3, VA 2020 = 9

Legend: VA 2018, VA 2020

VA compared to HCAHPS* Hospitals

Bar chart comparing VA and HCAHPS by Star Rating (Percentage of Hospitals):
- 1 star: VA = 2, HCAHPS = 5
- 2 stars: VA = 10, HCAHPS = 19
- 3 stars: VA = 30, HCAHPS = 41
- 4 stars: VA = 49, HCAHPS = 28
- 5 stars: VA = 9, HCAHPS = 7

Legend: VA, HCAHPS

* 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
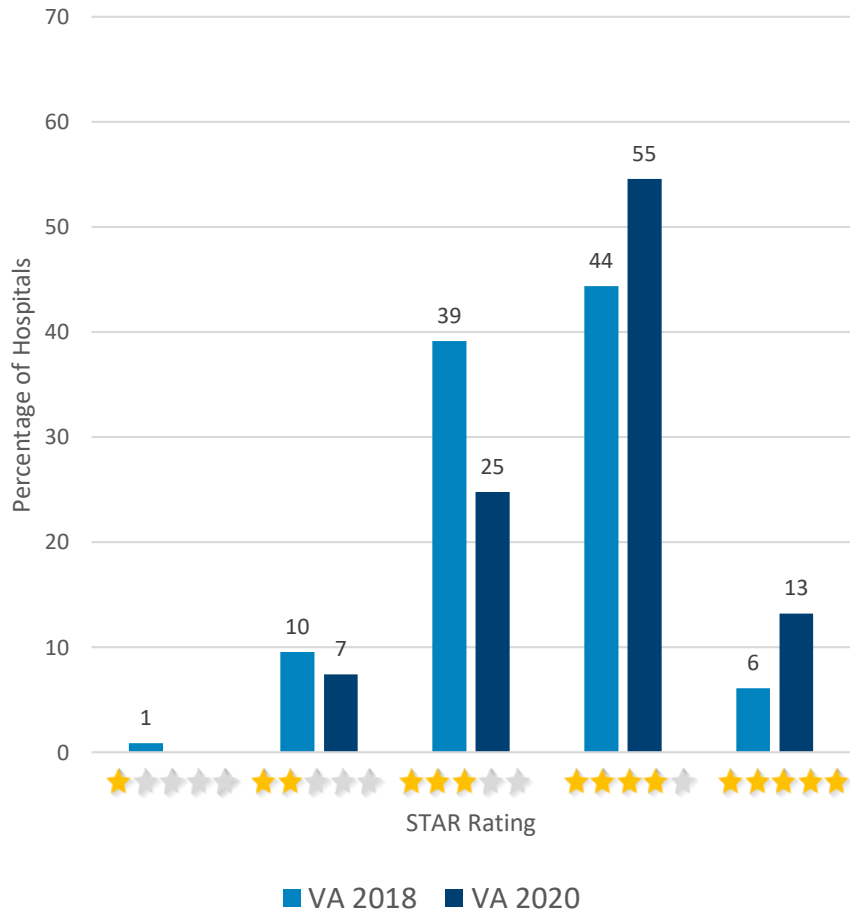
Percentage of Hospitals vs STAR Rating

- 1 star: VA 2018 = 1, VA 2020 = (none)
- 2 stars: VA 2018 = 10, VA 2020 = 7
- 3 stars: VA 2018 = 39, VA 2020 = 25
- 4 stars: VA 2018 = 44, VA 2020 = 55
- 5 stars: VA 2018 = 6, VA 2020 = 13

Legend: ■ VA 2018 ■ VA 2020

VA Compared to HCAHPS* Hospitals

Percentage of Hospitals vs STAR Rating

- 1 star: VA = (none), HCAHPS = 7
- 2 stars: VA = 7, HCAHPS = 22
- 3 stars: VA = 25, HCAHPS = 30
- 4 stars: VA = 55, HCAHPS = 32
- 5 stars: VA = 13, HCAHPS = 9

Legend: ■ VA ■ HCAHPS

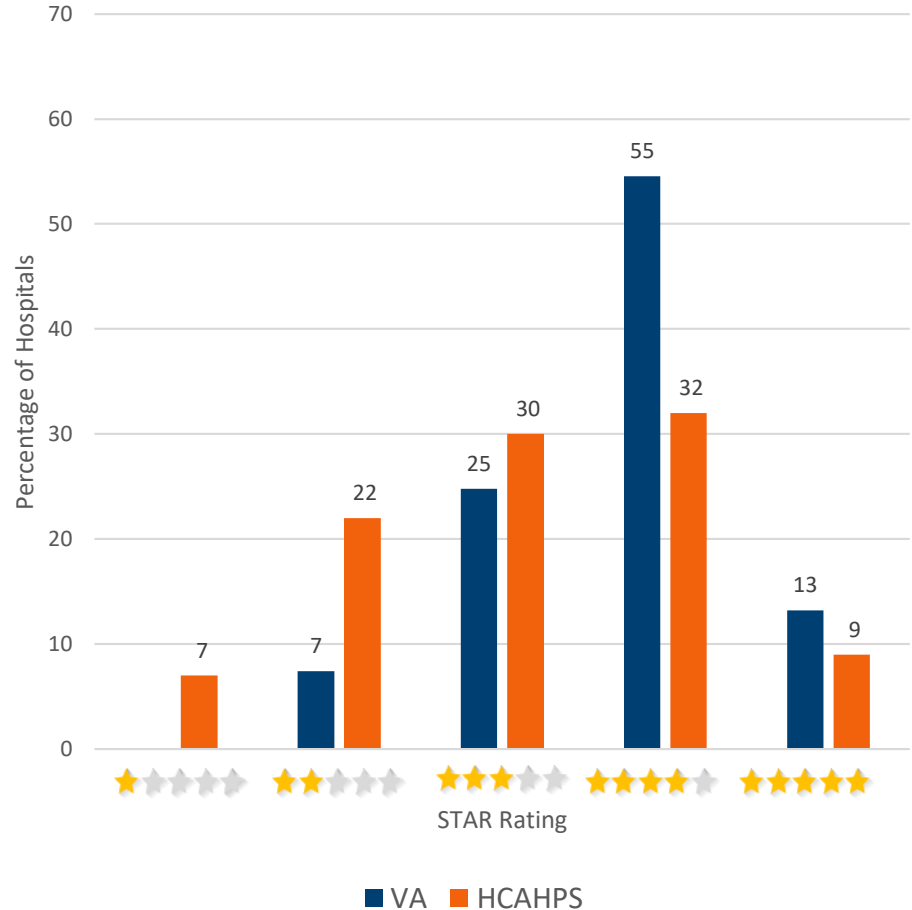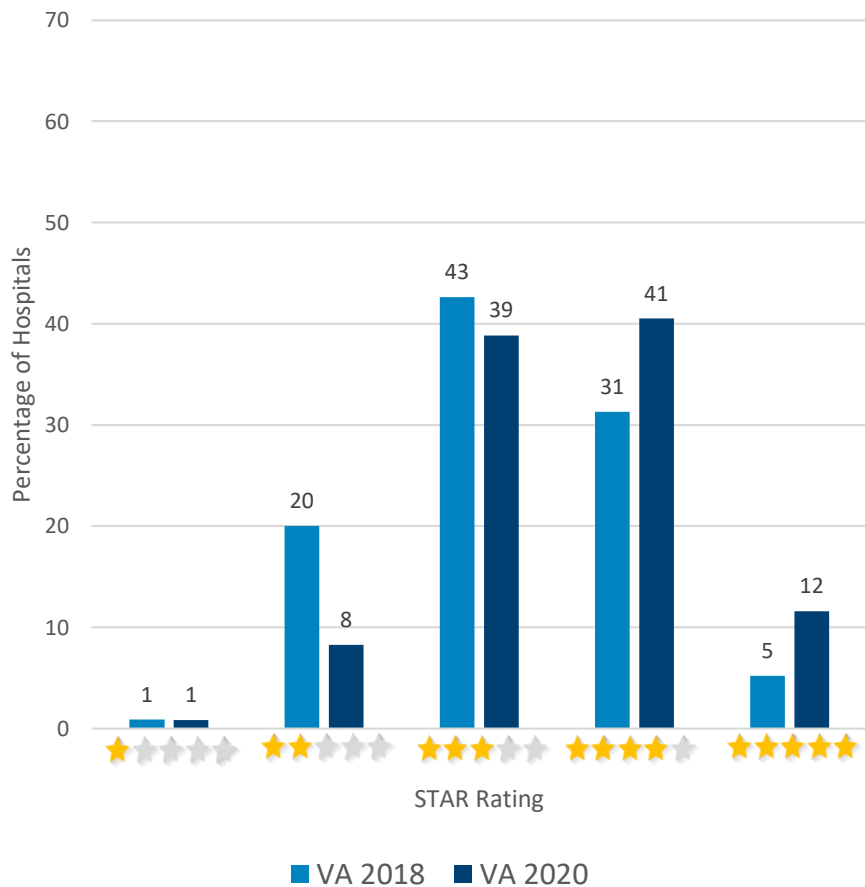* based on July 2020 Release - N=3478 Hospitals with Star Ratings (includes VA data) Patient discharged from Oct 2018 to Sept 2019

SHEP HCAHPS Star Rating - Overall Rating of Hospital

VA 2018 Compared to VA 2020

Bar chart comparing VA 2018 and VA 2020 percentage of hospitals by STAR Rating:

STAR Rating	VA 2018	VA 2020
1 Star	1	1
2 Star	20	8
3 Star	43	39
4 Star	31	41
5 Star	5	12

VA Compared to HCAHPS* Hospitals

Bar chart comparing VA and HCAHPS percentage of hospitals by STAR Rating:

STAR Rating	VA	HCAHPS
1 Star	1	3
2 Star	8	13
3 Star	39	44
4 Star	41	30
5 Star	12	10

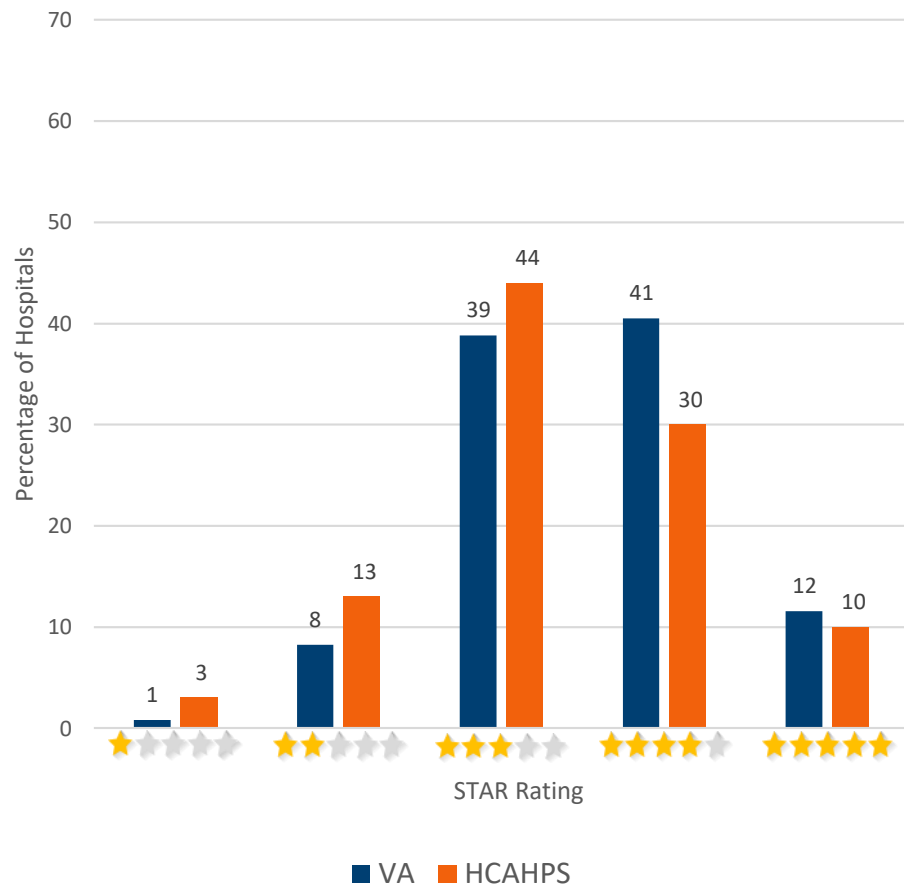* based on July 2020 Release - N=3478 Hospitals with Star Ratings (includes VA data) Patient discharged from Oct 2018 to Sept 2019

Patient Experiences

U.S. Department of Veterans Affairs

LESSONS LEARNED

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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Our state-of-the-art facilities include:

11 HOSPITALS

300+ MEDICAL OFFICE LOCATIONS

9 CANCER CENTERS

55 REHABILITATION CENTERS

3 HOSPICE FACILITIES

1 RETIREMENT VILLAGE

21 IMAGING CENTERS

15 URGENT CARE LOCATIONS

5 HEALTH PARKS

Every day, our team of **24,000+ healthcare professionals** provides personalized care for patients at every age and stage of life.

Wellstar.

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.

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Performance Improvement Design

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%

Wellstar

A3 Communication Format

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:

	Problem/ Issue	Action/ Solutions	Owner	Due Date
DO (Improve)	Need team member feedback on PX scores	Managers meet with Teams for input	DCS, Mgrs.	Completed
	Key words in the PX Survey are not in the language typically used by team members.	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"	PE Coach Hospice Educator	Completed
	Families unclear about medication side effects; don't recall "training"	Compile the list of top ten meds (pain); Create sheet for E Kit. Purchase CAM cards to supplement medication education /"training" Staff Education rollout	Ex Dir	Completed
	Staff are not always speaking with person who will complete survey	Staff to check address box in med 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	SW Manager	Ongoing and occurring
	Clarify who is getting the survey: does this include < 48 hr stays	Contact Med Record Consultant & CAHPS	PE Coach	Completed
	Communication with families over scheduling	Clinicians Call families 1st thing in the morning & update with any changes	Manager	Working on – update at next staff mtg

Results: Patient Experience score for FY ended above Max%

Wellstar

5 Whys Approach to Cause Analysis

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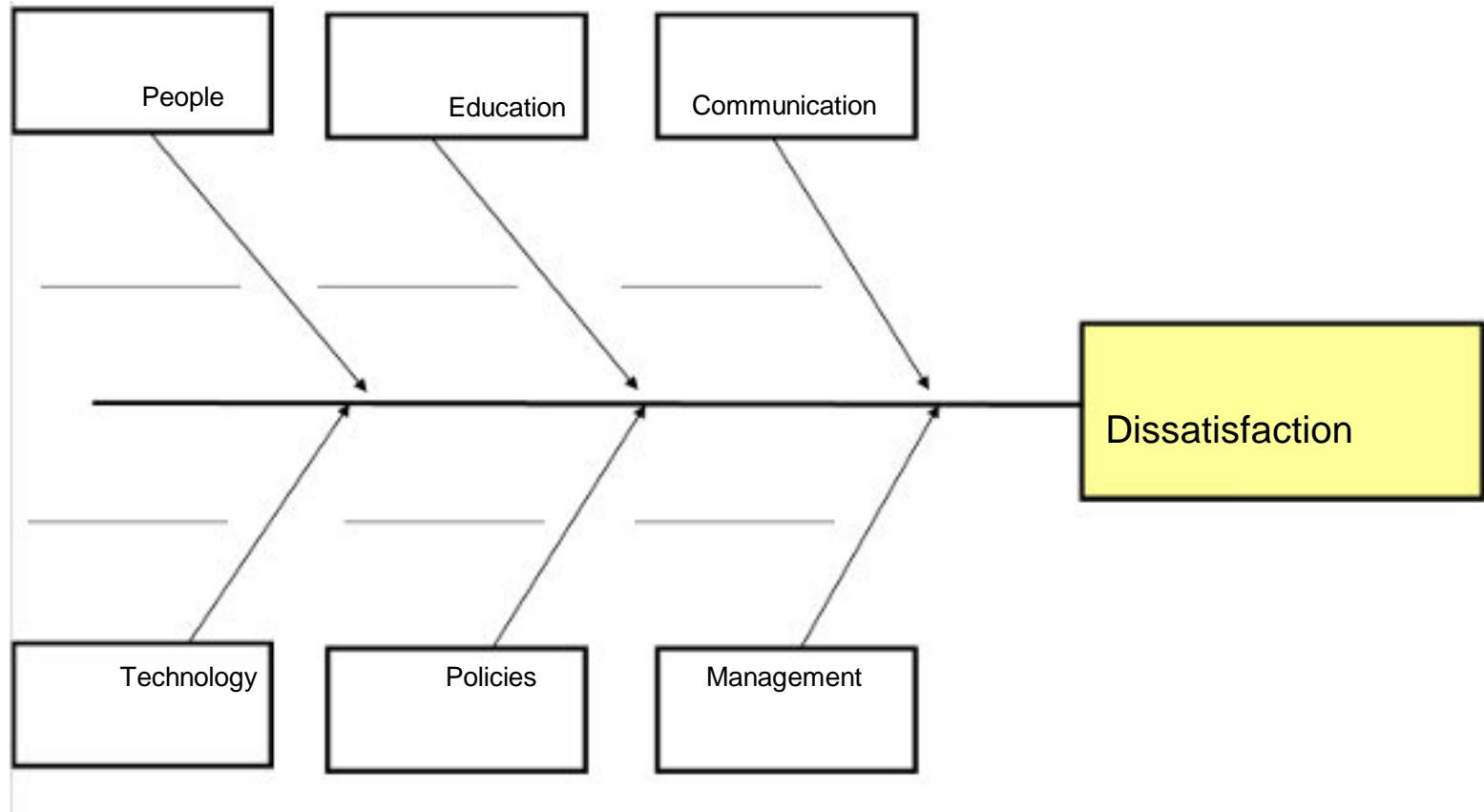- Because their problem was not resolved in a way they felt we heard their concern.

Why
- Why did we not address their need?
- We did not verify that we understood and addressed the problem we thought they had.
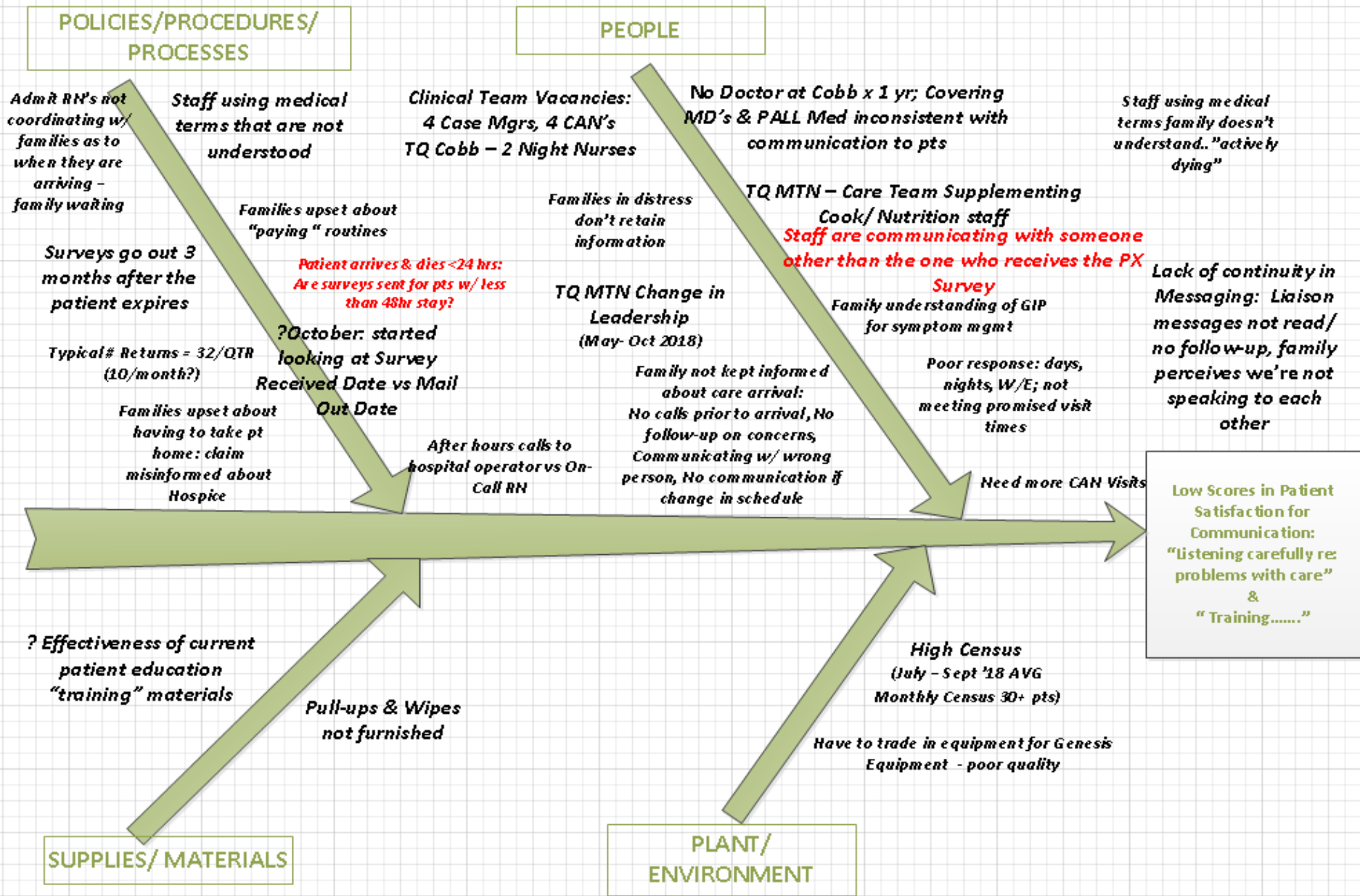
Why
- Why did we not verify that they felt our actions rectified their problem?
- The process was not defined, and responsibility was not delegated

Fishbone Approach to Cause Analysis

POLICIES/PROCEDURES/ PROCESSES

PEOPLE

Admit RN's not coordinating w/ families as to when they are arriving – family waiting

Staff using medical terms that are not understood

Clinical Team Vacancies: 4 Case Mgrs, 4 CAN's TQ Cobb – 2 Night Nurses

No Doctor at Cobb x 1 yr; Covering MD's & PALL Med inconsistent with communication to pts

Staff using medical terms family doesn't understand.."actively dying"

Families upset about "paying" routines

Patient arrives & dies <24 hrs: Are surveys sent for pts w/ less than 48hr stay?

Families in distress don't retain information

TQ MTN – Care Team Supplementing Cook/ Nutrition staff
Staff are communicating with someone other than the one who receives the PX Survey

Surveys go out 3 months after the patient expires

Typical # Returns = 32/QTR (10/month?)

?October: started looking at Survey Received Date vs Mail Out Date

TQ MTN Change in Leadership (May- Oct 2018)

Family understanding of GIP for symptom mgmt

Lack of continuity in Messaging: Liaison messages not read/ no follow-up, family perceives we're not speaking to each other

Families upset about having to take pt home: claim misinformed about Hospice

After hours calls to hospital operator vs On-Call RN

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

Need more CAN Visits

Low Scores in Patient Satisfaction for Communication: "Listening carefully re: problems with care" & " Training……."

? Effectiveness of current patient education "training" materials

Pull-ups & Wipes not furnished

High Census (July – Sept '18 AVG Monthly Census 30+ pts)

Have to trade in equipment for Genesis Equipment - poor quality

SUPPLIES/ MATERIALS

PLANT/ ENVIRONMENT

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

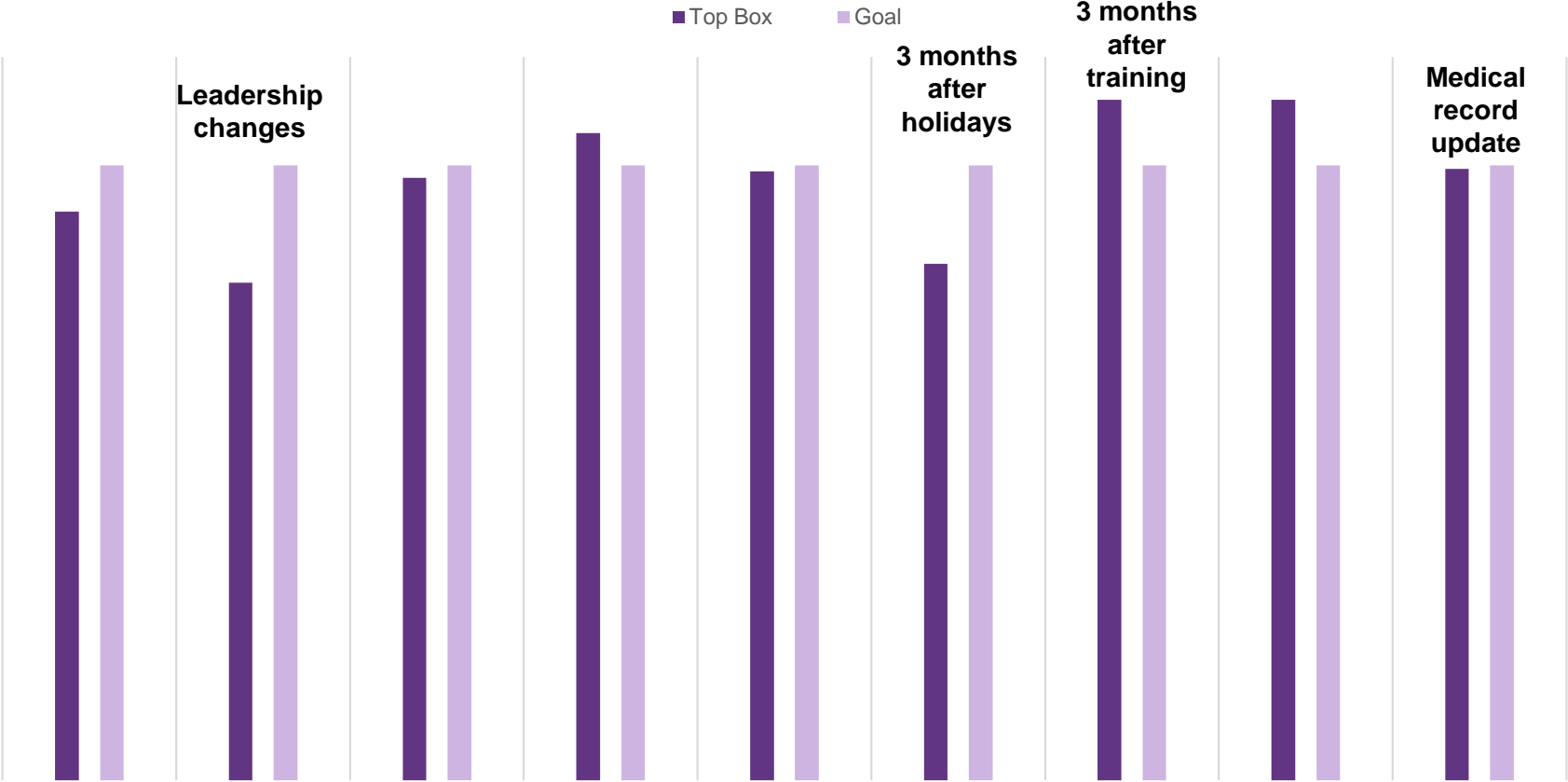Listen Carefully re: Care Problems is not evaluated by all survey recipients

Bereavement firsts-emotional fluctuations

Hospice days on service impacts scores

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Outcomes and Data Evaluation
Communicate Peaks and Valleys

■ Top Box   ■ Goal

Leadership changes

3 months after holidays

3 months after training

Medical record update

Wellstar.

Countermeasures and Action Plans:

Problem/Issue	Action/Solutions	Owner	Due Date
Need team member feedback on PX scores	Managers meet with Teams for input	R. Messer, N. Jarrell, A. Helton	Completed
Key words in the PX Survey are not in the language typically used by team members.	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"	J. Dudley Laura	Completed
Families unclear about medication side effects; don't recall "training"	Compile the list of top ten meds (pain); Create sheet for E Kit. Purchase CAM cards to supplement medication education /"training" Staff Education rollout	N. McNeal	Completed
Staff are not always speaking with person who will complete survey	Staff to check address box in remote client to see who is receiving survey and communicate with them. Inservice for SW staff: "Who will receive Survey?" Document in EPIC under HCAPS recipient. Document in hyperspace – sticky note	J. Threadgill	Ongoing and occurring
Clarify who is getting the survey: does this include < 48 hr stays	Contact Jason & CAHPS	J. Dudley	Completed
Communication with families over scheduling	Clinicians Call families 1st thing in the morning & update with any changes	Manager	Working on – update at next staff mtg to

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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

Wellstar.

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.
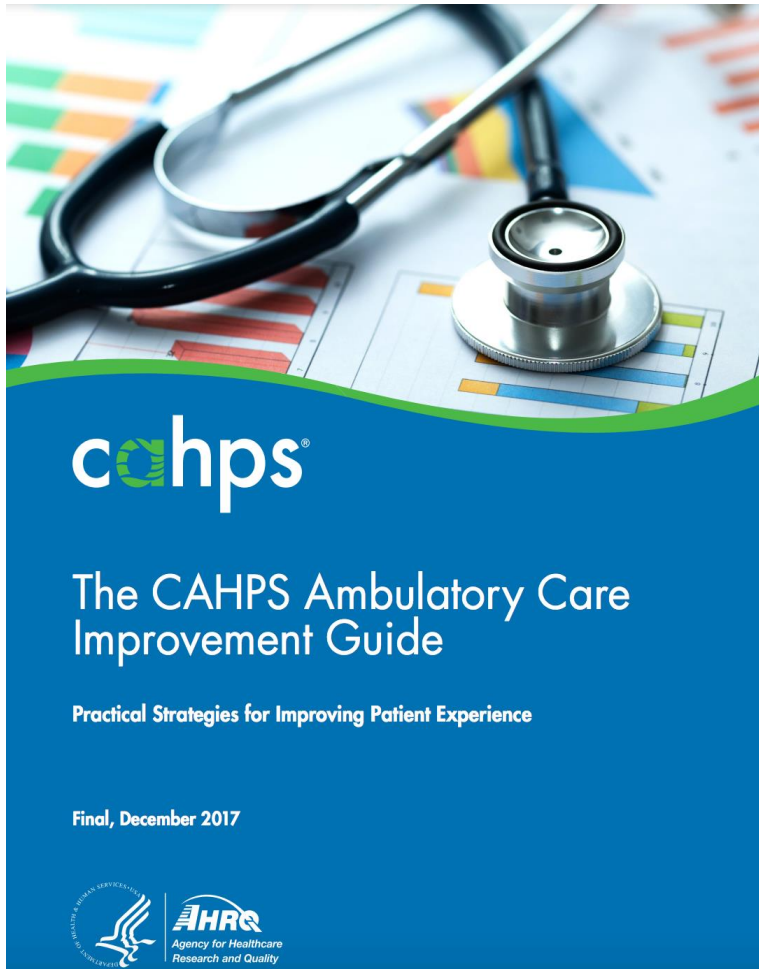
Wellstar.

Contact Information

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CAHPS Improvement Resources

The CAHPS Ambulatory Care Improvement Guide

Practical Strategies for Improving Patient Experience

Final, December 2017

- CAHPS Improvement Guide
- Research on improving patient experience

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

CAHPS Updates

Sign up for email updates

Questions or Comments?

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☎ Phone: 1-800-492-9261

🖥 Website: www.ahrq.gov/cahps

Thank you!

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