

Track: The CAHPS Grad School
Session: Quality Improvement
Date & Time: April 19, 2010, 3:00 pm

Using CG CAHPS and HCAHPS for
Transformation

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CAHPS User Group Meeting



AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care



Getting Started...

- Identify motivational drivers for practice leadership and staff, e.g.,
 - P4P
 - No access in primary care
- Choose a process improvement method
 - LEAN
 - PDSA
 - Baldrige
 - Other?

Getting Started...

- Choose data metrics for a dashboard:
 - Quality
 - PEC
 - Financial
 - Loyalty/Growth
 - Peer reviews
- Inventory current demands/projects
 - P4P
 - Organizational
 - Internal to practice or team
 - Public reports

Start With A Perceived Need At The Practice

- Find an open door or stress point, e.g., “Please fix my....”
 - Office staff
 - Access
 - Communication
 - Hospitalists
 - Nurses

Value-stream Process Mapping

- Anthropological approach to observe the “tribe”
- Share observations(facts) to help link opinions with reality
- Conduct a walkthrough:
 - <http://www.cahps.ahrq.gov/QIGuide/content/interventions/Walkthrough.aspx>

Example Of A Request

- How long do patient visits really take?
- Why does it feel so busy?
- How can we increase quality while decreasing stress?
- How can we reduce readmissions?

Road Map For Improving The Patient's Experience Of Care in Ambulatory Settings

- Create a vision and values for the practice
- Identify strong leaders with *visionary* and *practical* expertise
- Use system resources, if available, e.g. HR, technology, financial
- Set realistic expectations for time and effort required
- Focus on improving **process improvement skills**
- Essential to link improving the patient's experience with enhancing the quality of work life for the clinicians and staff
- Make technology your friend but recognize barriers openly: typing, time investment, cost, don't ask, just tell...

HCAHPS

High-Impact Suggestions for Improvement in the Hospital

- Validate execution of key strategies such as hourly rounding, discharge phone calls, and bedside report.
- Create formal patient/family advisory councils for all major services.
- Include a review of patient experience of care data and comments in all senior leadership meetings.
- Develop thoughtful reward and recognition programs for all staff, based on the patient experience of care data and comments.

High-Impact Suggestions for Improvement

- Implement HR policies to link hiring, orientation, training, staff education, and performance evaluations to quality and safety goals.
- Be aggressive about managing people who do not uphold the standards, values and culture.
- Implement employee surveys to identify barriers to culture change and quality of work life for staff.
- Expand service excellence training programs for all front-line staff, including office staff, dietary, housekeeping, and security staff.

HCAHPS Composite Improvement Strategies

Doctor Communication

- “During this hospital stay...”
 - “*How often did doctors treat you with courtesy and respect?*” (Q5)
 - “*How often did doctors listen carefully to you?*” (Q6)
 - “*How often did doctors explain things in a way you could understand?*” (Q7)
- Target hospitalists
- Find out in detail the role patients and families want to play in decision-making
- Share care plans and clinical pathways with patients and families
- Identify a spokesperson for the medical team: “responsible MD”.
- Include the family in rounds.

Nurse Communication

- “During this hospital stay...”
 - “*How often did nurses treat you with courtesy and respect?*” (Q1)
 - “*How often did nurses listen carefully to you?*” (Q2)
 - “*How often did nurses explain things in a way you could understand?*” (Q3)
- Offer **all** patients their charts and visit notes to read and update
- Share care plans and clinical pathways with patients and families
- Offer choices at every opportunity
- Provide easy methods to elicit and monitor questions from patients and family members: wash and wipe boards, rx pads for questions in the hospital, the ER, and ambulatory care offices
- Promote excellent RN/MD communication
- Report at the bedside!

Pain Management

- “During this hospital stay...”
 - *“How often was your pain well controlled?” (Q13)*
 - *“How often did the hospital staff do everything they could to help you with your pain?” (Q14)*
- Educate staff about how to handle difficult anxieties and concerns
- Mandatory MD, nursing, and pharmacy in-service on pain management.
- Offer complementary therapies for pain and other symptoms, where appropriate(ice, elevation, massage).
- “Next available meds”

Communication About Medicines

- “During this hospital stay...”
 - *“Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? ” (Q16)*
 - *“Before giving you any new medicine, how often did hospital staff describe side effects in a way you could understand? ” (Q17)*
- Talking points about med side effects.
- Encourage patients/families to always question unusual or unexpected tests or medications.
- Use written materials to educate patients about medications.
- Require medication reconciliation before, during, and after hospitalizations and in the ambulatory setting.

Responsiveness of Hospital Staff

- “During this hospital stay...”
 - “After you pressed the call button, how often did you get help as soon as you wanted it?” (Q4)
 - “How often did you get help in getting to the bathroom or using a bedpan as soon as you wanted?” (Q11)
- Hourly rounds/”Is there anything else I can do for you?”
- Create family guidelines to identify what they can and cannot do to help the patient.
- Identify the care team by name, role, and shift length on white boards in the patient room.
- Transfer trust

Cleanliness and Quiet of Hospital

- “During this hospital stay...”
 - “*How often were your room and bathroom kept clean?*” (Q8)
 - “*How often was the area around your room quiet at night?*” (Q9)
- Develop explicit standards regarding staff behavior with patients: forms of address, rules of propriety, dress
- Build patient-centered environments: lighting, nature, comfort, accessible
- Use electronic monitors to measure decibel levels
- Invite staff to spend the night in an empty bed!

Discharge Information

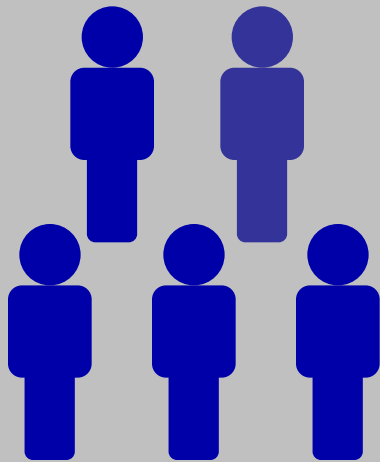
- “During this hospital stay...”
 - *“Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?” (Q19)*
 - *“Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?” (Q20)*
- Customize discharge instructions by condition or procedure *through the eyes of the patient and family*
- Make sure the patient and family know who to call with questions and schedule for all f/u activities
- Medication reconciliation
- Discharge quizzes
- F/u phone calls
- Patient portals

Reality of Adverse Events: Post Discharge

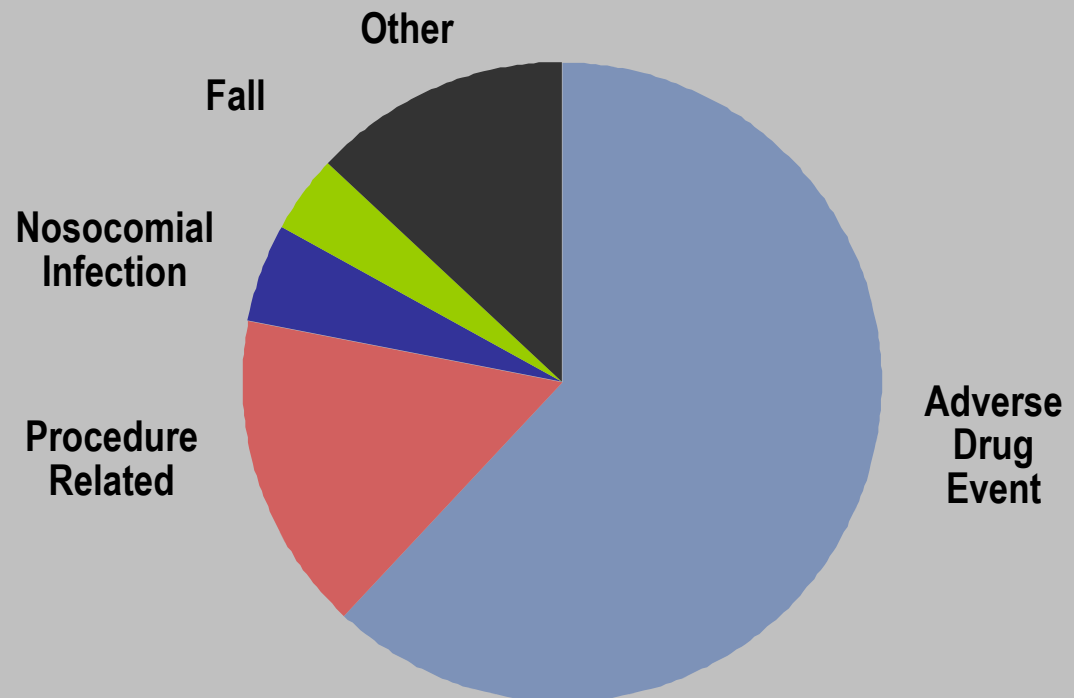
“Nearly 1 in 5 patients”*

400 patients surveyed

76 (19%) had adverse events after discharge



Type of Adverse Events



* “Adverse Events After Discharge from Hospital”, Annals of Internal Medicine, February 2003

* 81 events occurred in 76 patients

Family Involvement

“We are the visitors in the patients’ lives.”

- Beverley Johnson, CEO, Institute for Family Centered Care

Family Involvement

- Develop patient/family learning centers in your organizations and/or the community
- Open visitation for ICU's and PACU's
- Identify the primary caregiver and take care of them too.
- Families on rounds
 - Team communication
 - Information sharing
 - Time saving
 - Patient safety issues
 - Relationship building
 - Emotional support

Conclusions

- Health care that promotes good patient experiences is important for achieving:
 - Strong provider-patient relationships
 - Better clinical outcomes
 - Decreased risk management issues
- Patient experiences are measurable
- Valid surveys of patient experience provide important information to patients and providers
 - Patient reports discriminate among clinics, systems, markets, regions and countries
 - Patient reports are associated with other indicators of care quality
 - Patient reports are useful for focusing and evaluating improvement efforts

- *The CAHPS Improvement Guide*
<https://www.cahps.ahrq.gov/qiguide/default.aspx>
- *Patient-Centered Care: What Does It Take?*
Dale Shaller
 - <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2007/Oct/Patient-Centered-Care--What-Does-It-Take.aspx>

- P. A. Nutting, W. L. Miller, B. F. Crabtree et al., "Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home," *Annals of Family Medicine* May/June 2009 7(3):254–60.