Patient Experience as a Measure of Quality

Medical Education Discussion Group Series

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Associate Chief of Medicine
Medical Director, Patient Experience
“…for the secret of the care of the patient is in caring for the patient.”

- Francis W. Peabody, MD
  October 21, 1926.
What do patients want?

• To be valued
• To be listened to
• To be cared for
• To be cared about
• To be treated as an individual
What does YNHH Want?
Patient Experience

Satisfaction
Evolution: Patient Experience

- Patient Satisfaction
- Service Excellence
- Patient Experience
Patient Experience Vision 2014

- Do Not Harm Me
- Heal Me
- Be Kind to Me

Quality & Safety Alignment
Full Alignment with MD Partners
Engaged Workforce
200% Accountability
Clear Expectations
Family Centered
Defining the Patient Experience Across The Care Continuum

- Physician Practices/Clinics
- Emergency Depts
- Inpatient Units
- Hospital Ambulatory Sites
- Community/Home
Personalized Attention to Patient Care

High Touch, Personalized Patient Experience
Critical Elements of Care

Access

Appearance

Communication

Coordination
360 Degree Accountability: Cleveland Clinic

• “Patients were coming to us for the clinical excellence, but they did not like us very much.”

• “…for many people choosing a hospital, the anticipated patient experience trumped medical excellence.”

• Managing the 360

  ◦ Everyone and everything people encounter from the time they decide they need to go to the Clinic until discharge

  ◦ All employees are caregivers
Patient Experience Priorities

- Culture shift to achieve the vision
- Focus on voice of patients and families
- Consistent structure for Patient Experience Forums
- Physician engagement
Nobody cares how much you know, until they know how much you care.

-Theodore Roosevelt
The Problem

- Documentation requirements have increased
- Time spent with patients has decreased
- Physicians and nurses no longer know their patients
The Problem

• 18-32% of patients could correctly name their hospital physician

• 60% could correctly name their nurse

• There was no agreement between patients and physicians on planned tests or procedures for the day 38% of the time

• Communication Discrepancies Between Physicians and Hospitalized Patients. (Arch Intern Med, 2010 Aug.)

• Hospitalized patients’ understanding of their plan of care. (Mayo Clin Proc, 2010 Jan.)
The Problem

- 28% of patients could list their medications
- 37% could state the purpose of their medication
- 14% could state common side effects
- 42% could state their diagnosis
- 50% of all prescriptions went unfilled
- 50% of filled prescriptions were taken improperly

Makaryus, A. Friedman, E. “Patients’ Understanding of Their Treatment Plans and Diagnosis at Discharge.” (Mayo Clinic Proc., 2005 Aug.)
The Problem

• Patients feel their emotional needs are not being met and their care teams do not know their personal story.

- 98% of physicians believed they addressed patients’ fears and anxieties

- 54% of patients stated their physicians never addressed their fears and anxieties

• Communication Discrepancies Between Physicians and Hospitalized Patients. (Arch Intern Med, 2010 Aug.)
“The biggest problem with communication is the illusion that it has been accomplished.”

- George Bernard Shaw
The Danger of Miscommunication
Why is This Important?

• Because the patient experience is a measure of quality.
  – Measured by our patients
  – Measured by the GMEC
  – Measured by the Federal Government
GMEC Milestones

Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship.

Serves as a role model for effective and compassionate communication. Develops patient-centered educational materials.

Establishes rapport with and demonstrates empathy toward patients... Listens effectively to patients...

Demonstrates empathy, compassion, and respect to patients...

Consistently and capably performs patient-centered skills... Provides patient-centered counseling.

Demonstrates honest and caring patient interactions. Forms effective therapeutic bond with patients.

Uses the medical interview to establish rapport and facilitate patient-centered information exchange.

PEDIATRICS
ORTHOPAEDIC
DIAGNOSTIC
RADIOLOGY
NEUROSURGERY
EMERGENCY MEDICINE
INTERNAL MEDICINE
FAMILY MEDICINE
UROLOGY
Hospital Consumer Assessment of Healthcare Providers and Systems

• In 2007, the Joint Commission called to improve communication across the continuum of care
  ▪ Developed with CMS
  ▪ Endorsed by National Quality Forum
  ▪ Approved by Federal Office of Management & Budget

• 3 Main goals for HCAHPS
  ▪ Produce comparable data
  ▪ Enhance accountability and create transparency
  ▪ Create incentives for hospitals
HCAHPS 2013-2014

• 2,600 hospitals voluntarily participate
• HCAHPS performance accounts for 30% of a Hospital’s Value Based Purchasing Total Performance Score

- $850 million, 1% of CMS revenue, held as reserve
- Increase to 2% by 2017
HCAHPS Questions

- 27 questions rating perception of care on a Likert scale
- Questions are divided into functional groups, including Your Care from Doctors

<table>
<thead>
<tr>
<th>YOUR CARE FROM DOCTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. During this hospital stay, how often did doctors treat you with courtesy and respect?</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
</tr>
</tbody>
</table>

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

6. During this hospital stay, how often did doctors listen carefully to you?

7. During this hospital stay, how often did doctors explain things in a way you could understand?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
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<tbody>
<tr>
<td></td>
<td>Sometimes</td>
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<tr>
<td></td>
<td>Usually</td>
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<tr>
<td></td>
<td>Always</td>
</tr>
</tbody>
</table>
YPC Informal Assessment of HCAHPS Knowledge

- 60 surveys sent
- 41 surveys completed

- Does it fairly capture patients’ impressions?
  - Yes 33%
  - No 45%
  - No opinion 22%

- 51% of trainees had little knowledge
  - about HCAHPS
  - about questions asked
  - or when and where administered

- After HCAHPS Training, the opinions of those surveyed were:
  - Motivating 57%
  - Discouraging 16%
  - Indifference 8%
  - Other 19%

Reality Check...

How are we doing?

Survey: Excellent: ✔ Good: Fair: Poor:
# Patient Experience HCAHPS Dashboard

## HCAHPS Domains
Data Displayed by Received Date through 2/28/14

Scores represent the % of patients who responded “Always” to the survey questions.

## Current HCAHPS Performance Period
1/01/14-12/31/14

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Overall Rating of Hospital</td>
<td>69.3</td>
<td>83.9</td>
<td>68.5</td>
<td>73.4</td>
<td>4.9</td>
<td>71.2</td>
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<tr>
<td>Communication about Medicines</td>
<td>62.3</td>
<td>72.7</td>
<td>63.2</td>
<td>64.4</td>
<td>1.2</td>
<td>63.8</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
</tr>
<tr>
<td>Environment</td>
<td>64.9</td>
<td>79.1</td>
<td>58.5</td>
<td>60.3</td>
<td>1.8</td>
<td>59.6</td>
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<tr>
<td>Quietness</td>
<td></td>
<td></td>
<td>46.8</td>
<td>48.6</td>
<td>1.8</td>
<td>47.9</td>
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</tr>
<tr>
<td>Cleanliness</td>
<td></td>
<td></td>
<td>70.2</td>
<td>72.0</td>
<td>1.8</td>
<td>71.3</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>77.6</td>
<td>86.0</td>
<td>80.0</td>
<td>80.8</td>
<td>0.8</td>
<td>80.4</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>80.4</td>
<td>88.5</td>
<td>80.6</td>
<td>81.5</td>
<td>0.9</td>
<td>81.1</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>64.7</td>
<td>79.7</td>
<td>65.0</td>
<td>65.7</td>
<td>0.7</td>
<td>65.4</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
</tr>
<tr>
<td>Pain Management</td>
<td>70.1</td>
<td>78.1</td>
<td>70.5</td>
<td>72.8</td>
<td>2.3</td>
<td>71.8</td>
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<tr>
<td>Discharge Information</td>
<td>84.7</td>
<td>90.3</td>
<td>84.1</td>
<td>87.3</td>
<td>3.2</td>
<td>85.9</td>
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<tr>
<td>Care Transitions (mean score)</td>
<td>82.3</td>
<td>83.3</td>
<td>1.0</td>
<td></td>
<td></td>
<td>82.9</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
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<tr>
<td>Hospital staff took preferences into account</td>
<td>79.6</td>
<td>81.2</td>
<td>1.6</td>
<td>80.5</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good understanding managing health</td>
<td>82.7</td>
<td>83.2</td>
<td>0.5</td>
<td>83</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
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<td></td>
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<tr>
<td>Understood purpose of taking meds</td>
<td>85.5</td>
<td>85.5</td>
<td>0.0</td>
<td>85.5</td>
<td><img src="red_circle" alt="Below CMS Threshold" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>75.8</td>
<td>78.8</td>
<td>3.0</td>
<td></td>
<td></td>
<td>77.5</td>
<td><img src="yellow_triangle" alt="At or above CMS threshold, below CMS Benchmark" /></td>
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</tbody>
</table>
Reality Check...
Let’s take a look at what patients see
Reality Check...
Let’s listen to what patients hear
What Patients Hear…

1. Sound of squeaky wheels
2. Monitors beeping
3. Hallway conversations
4. Overhead page
5. Ambient patient room sound
Create a Healing Environment

YNHH is not just a place of employment, but a healing environment for patients.
How has YNHH Responded to these Challenges?

Clustered Care Quiet Intervention

Population: Patients discharged from EP 5-5 from 12/2012 - 1/2013

Question: Will patient satisfaction increase if routine clinical activities are rescheduled to occur outside overnight hours (11pm – 6am)?

<table>
<thead>
<tr>
<th>Activity Occurring During Overnight Hours</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications Scheduled</td>
<td>11% - 90%</td>
<td>27%</td>
</tr>
<tr>
<td>Vital Signs Taken</td>
<td>100%</td>
<td>9%</td>
</tr>
<tr>
<td>Labs Drawn</td>
<td>86%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Result:

- HCAHPS Quiet Score rose 31.4 points (200%)
- Nearly 50% of patients said it was “always” quiet around their room
How has YNHH Responded to these Challenges?

- Committed to train every clinical house officer at YNHH to utilize patient centered interviewing skills:
  - Develop strong **empathic relationships** with patients in the first moments of an encounter
  - **Involve patients** and their families in their care plans at the conclusion of an encounter
  - Develop skills that enable the utilization of **teach-back** moments at the conclusion of an encounter to improve understanding and compliance.
“Words matter. What clinicians say and how they say it hugely affects patients.”

Pantilat SZ. Better words to say. JAMA 2009;301(12):1279-81.
Empathy and Compassion

- Empathy – putting ourselves in another person’s shoes
- Compassion – traveling with someone at the level of feeling and suffering
- Studies show we don’t optimize opportunities for empathic statements

Can This Be Untaught?
Empathy Can Be Taught

• Teaching the ability to read others
  » Reading fiction
  » Narrative writing
  » Promoting a balanced life
  » Watching videos

• Teaching Empathic Behavior

Ways to Express Empathy

- **Naming**  "You seem upset…"
- **Understanding**  "This must be hard…"
- **Respecting**  "I am so impressed…"
- **Supporting**  "Our team will be here…"
- **Exploring**  "Tell me more about…"

Active Listening

- Time
- Silence
- Can be therapeutic in itself for all parties
- Practice makes better
- Essential for picking up cues
- Can be small bits over time

Non-verbal Empathy

- Eye contact (cultural cues)
- Sit down
- Face the patient
- Open body posture
- Lean toward patient
- Relaxed without tension
- Touch (cultural cues)
Empathy Training for Physicians

• Three 90 minute empathy modules improved empathic behavior of ENT residents.

• Meta analysis showed training Oncology Physicians in empathy led to improvement in communication skills and patient outcomes
Attending physicians and residents were the central figures of narratives revealing both the informal and hidden curricula.

Positive and negative behaviors shaped the students' perceptions of the profession and its values.

The respect and communication skills we display with patients, families, and colleagues more effectively teach our trainees than anything we say.

We ask our trainees to do as we say, and not as we do, but we must change as well.
Teaching
Patient Centered Interviewing

- Symptoms have a personal and emotional context.
- Patients do not want us to fix everything.
- Patients do not often feel our caring and compassion
- Open-ended interviewing skills
Key Components to Didactic Session

- Empathy: The Human Connection to Patient Care*
- Data driven presentation
- Audience participation

* Cleveland Clinic Media Production, commissioned by the Chief Experience Officer James Merlino, MD.
Audience Participation
Working in Dyads:
2 different roles: 1 minute each

Skills practice

1. Storyteller
   - Describe a recent pleasant activity.

2. Interviewer/Listener
   - Ask no questions/tell no stories
   - Use nonfocusing open-ended skills:
     • Silence
     • neutral utterances
     • nonverbal encouragement

Debrief

1. Storyteller:
   - What was it like to tell your story without interruption?

2. Interviewer/Listener:
   - How was it listening using only nonfocusing open-ended skills?
Audience Participation

Working in Dyads:
2 different roles: 2 minute each

Skills Practice

1. Storyteller
   - Describe a challenging experience

2. Interviewer/Listener
   - asks no questions/tell no stories
   - use **focusing open-ended skills**:
     - Echoing
     - Tell me more
     - Summarizing

Debrief

1. Storyteller
   - What was it like to tell your story with reflective listening?

2. Interviewer/Listener
   - How was it using **focusing open-ended skills**?
Role Play Skill Building

- Set the stage
- Elicit chief concern and set agenda
- Non-focusing skills
- Focusing skills - impact on the patient’s personal experience and emotions
Assessment of 5-Step Patient Centered Interviewing

DRAFT - Assessment of 5 Step Patient-Centered Interviewing

Step 1: Setting the stage for the interview
Please check below whether or not the doctor completed the items successfully.

1. Welcomed the patient Yes No
2. Used the patient's name Yes No
3. Introduced himself/herself and identified his/her specific role Yes No
4. Ensured the patient's readiness and privacy Yes No
5. Removed barriers to communication (sit-down) Yes No
6. Ensured comfort and put the patient at ease (social talk) Yes No

Step 2: Eliciting chief concern and setting agenda
Please check below whether or not the doctor completed the items successfully.

1. Indicated time available Yes No
2. Forecasted what he/she would like to have happen in the interview Yes No
3. Obtained list of all issues patient wants to discuss Yes No
4. Summarized and finalized agenda Yes No

Step 3: Beginning interview with non-focusing skills that help the patient to express himself/herself
Please check below whether or not the doctor completed the items successfully.

1. Started with open-ended request/question Yes No
2. Used non-focusing open-ended skills Yes No
3. Obtained additional data from nonverbal sources such as non-verbal cues, physical characteristics, accompaniments, environment, self Yes No

Step 4: Using focusing skills to learn more about symptoms and their impact on the patient's personal experience and emotions
Please check below whether or not the doctor completed the items successfully.

1. Elicited symptom context by using focused, open-ended skills such as echoing (repeating patient's words) summarizing (first you had a fever, then two days later your knee began to hurt, and yesterday you began to limp), and requesting (tell me more about that). Yes No
2. Elicited personal context by broadening personal/psychosocial context of symptoms, patient beliefs/attributions, again using focused, open-ended skills (e.g. "How has this affected you?") "What did you think might be going on?") Yes No

Step 5: Transitioned to second phase (doctor-centered) phase of the interview
Please check below whether or not the doctor completed the items successfully.

1. Gave a brief summary Yes No
2. Checked for accuracy Yes No
3. Indicated the content and style will now change if the patient is ready (e.g. "I'm going to ask you some questions to better understand what might be going on"). Yes No

The next step is to continue with the doctor-centered part of the interview.

Overall Assessment:

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five step patient centered interviewing skills</td>
<td>Physician cannot perform this set of skills even with assistance</td>
<td>Physician should perform this set of skills under direct supervision of an attending</td>
<td>Physician can perform this set of skills unaccompanied, but must review and debrief encounter with supervisor</td>
<td>Physician can perform this skill independently</td>
<td>Physician can act as supervisor or instructor for this skill</td>
</tr>
</tbody>
</table>

Comments: ____________________________

____________________________________

____________________________________
Resources

98 Residents scheduled to complete the training over 8 weeks

5-7 trained faculty members required for each of the 4 sessions

Session duration 3.5 hours

Pre-session and post-session survey

Commitment to change form

Mini-CEX during continuity clinic

Milestone Evaluation
Findings

54% residents (53/98) completed pre and post surveys

Prior Exposure to the 5-Step Interview Method

- No Prior Exposure: 46%
- Prior Exposure: 54%

Perception of Value

- Increased: 86%
- Unchanged: 14%

- Physician: 71%
- Observer: 17%
- Patient: 12%
- Medical School: 48%
- Residency: 52%
Qualitative Data

- “the simulation makes me more willing to participate with the 5 step interview process”
- “difficult to do consistently, only with practice, but hugely important”
- “it seems to be MORE efficient and intelligible way to provide patient care”
- “I think it is not only feasible, but essential to excellent patient care”
The Etiquette of Empathic Behavior

- Easy and Basic principles
  - Ask permission to enter the room
  - Introduce yourself
  - Shake hands
  - Sit down
  - Explain your role on the team
  - Ask the patient how he or she is feeling about being in the hospital

Caution – Avoid being formulaic

YNHH Non-Negotiable Behaviors

• 10/5 Rule
  » Make eye contact and smile when within 10 feet of another person
  » Greet them within 5 feet

• AIDET
  » **Acknowledge** patients by name
  » **Introduce** yourself and explain your role
  » Offer realistic expectations about the **Duration** of procedures, tests, or treatments
  » Provide an understandable **Explanation** of what is happening
  » **Thank** patients for the information they’ve shared

• No Venting
  » Refrain from making negative comments or complaints in a public place
We are All Caregivers

- Patient – Centered
- Accountable

We work together to care for our patients and families
  - Press Ganey question

We treat everyone with respect
  - Part of our YNHH mission and pledge
I will

Create a great first impression
Protect the privacy of our patients
Value diversity and treat all people with respect
Communicate with compassion and courtesy
Maintain a safe, quiet and clean environment
Take actions when things go wrong

Because I am Yale-New Haven.
• Give each patient enough of your time. Sit down; listen; ask thoughtful questions

• Examine carefully…be appropriately critical of what you read or hear…

• Follow the example set by William Osler: ‘Do the kind thing and do it first.’

- Paul Beeson
Acknowledgements

- Auguste Fortin
- Mark Siegel
- Jadwiga Stepczynski
- Laura Morrison
- Jeremy Schwartz
- Varun Kumar
- Jack Contessa
- Lisa Spearman
- Jennifer Bennick
Exceptional care and service for every patient and family, ALWAYS!