September 11, 2014

Tread Water No More! Making Sense of Patient Experience Data

Dial In: 877.668.4493
Code: 663 099 885
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Madge Kaplan, IHI’s Director of Communications, is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement — both in the U.S. and internationally. Prior to joining IHI in July 2004, Ms. Kaplan spent 20 years as a broadcast journalist for public radio – most recently working as a health correspondent for National Public Radio. Ms. Kaplan was the creator and Senior Editor of Marketplace Radio’s Health Desk at WGBH in Boston, and was a 1989/99 Kaiser Media Fellow in Health. She has produced numerous documentaries, and her reporting has been recognized by American Women in Radio and Television, Pew Charitable Trusts, American Academy of Nursing and Massachusetts Broadcasters Association.

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Kristine K. S. White, RN, BSN, MBA, Principal, Aerate Consulting, and Co-founder, Aefina Partners, LLC, previously served in senior leadership roles at Spectrum Health. Her areas of expertise include leadership and system design for cultures of excellence and innovation, integrating innovation practices and skills into organizations, and readying cultures and organizations to solve problems and identify new tools and processes for the future. She has particular interest in working with leaders to identify strategic opportunities to align and leverage improvement efforts in quality, safety, patient experience, and efficiency. She has worked with physicians to increase effectiveness of physician communication efforts; leaders and teams to drive meaningful improvement in the patient and family experience in organizations of all types; leaders and teams to understand and utilize patient experience data sets; and she has coached senior teams to strategically focus and prioritize efforts that yield value to patients within their systems. She is passionate about integrating patient and family advisors into the design and evaluation of health care and has helped many organizations build the infrastructure and processes to do so.

Kris can be reached at Kris@Aefinapartners.com
Kevin Little, PhD, is a statistician who applies information design and analysis methods to solve practical problems. He has applied his analytic skills and experience to promote sustainable buildings and communities and has worked to improve performance in health care applications. His company, Informing Ecological Design, tackles projects that help the present industrial economy evolve to an economy that integrates with the rest of Nature’s systems. Kevin is also a Partner in Rapid Improvement Associates, which specializes in use of collaborative learning methods to solve environmental problems. Kevin serves as an Improvement Advisor with the Institute for Healthcare Improvement. In that capacity he has supported several hundred community health centers that participated in chronic care collaboratives sponsored by Health Resources Services Administration, U.S. Department of Health and Human Services, to develop performance measures, analyze progress using performance data and coach improvement projects by health center staff. In late 2011 and early 2012, Kevin led the project to develop the set of measures now used in a national multi-year campaign, the Healthier Hospitals Initiative and continues to serve HHI as the lead measures analyst.

Kevin can be reached at klittle@iecodesign.com

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Stages of Dealing with Patient Experience Data

- **Deny**
  - “We have Patient Experience data???”

- **Ignore**
  - “Just don’t make eye contact, don’t open the email and if subject comes up… change it and talk fast!”

- **Shoot the messenger**
  - “The survey tool is biased, my patients are crabbier than anybody else’s,…cannot possibly reflect what is going on in my unit!!”

- **Accept**
  - “OK- help me learn how to use this to drive change and understand our impact on patients and families.”

- **Use**
  - “Identify high leverage improvement to create the best care outcomes and best environment in which to work.”
Symptoms of trouble

- “We pretty much just look at our performance internally and overall we feel pretty good about it.”
- “We look only at organizational numbers rolled up, that’s what matters at the end of the day.”
- “We regularly review our data and form teams around the lowest scores.”
- “Every month we review our scores and if we drop down, we form a team to fix it, and if it’s up- we get a pizza party.”
- “It’s all so overwhelming- it’s just so hard to know where to start.”
- “CAHPS has really changed our focus- it’s really the only thing we are focusing on now in my organization.”
Sources of Patient Experience Data

A holistic perspective is critical!

- CAHPS: respecting its influence, understanding its limitations
- Press Ganey, NRC Picker, Gallup, Avatar, etc.
- Focus groups
- Patient Relations
- Patient/Family advisors
- Billing
- Physicians
- Safety culture surveys
- Staff and provider engagement surveys
- “Hot” comments- a gold mine!
## A Table To Organize Patient Experience Data

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Data Type</th>
<th>Direct or Indirect Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHPS surveys (national government-sponsored patient experience surveys in U.S.)</td>
<td>Survey data</td>
<td>Direct</td>
</tr>
<tr>
<td>3rd party formal surveys, linked to common set of questions across multiple organizations</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>In-house Comment Cards/Open Ended questions of patients</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Staff vitality surveys, safety culture surveys</td>
<td>Focus groups, conversations</td>
<td>Direct</td>
</tr>
<tr>
<td>Patient/Family Advisors</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Patients and Families</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td>Indirect/Direct</td>
</tr>
<tr>
<td>Front line process/service performance data</td>
<td>Workplace (“Gemba”) data</td>
<td>Indirect</td>
</tr>
<tr>
<td>Rounding observations</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Patient Relations data (grievances, complaints and positive letters)</td>
<td>Admin/Operations data</td>
<td>Direct</td>
</tr>
<tr>
<td>Billing complaints and issues (U.S.)</td>
<td></td>
<td>Indirect</td>
</tr>
<tr>
<td>Dashboard metrics: LWBS, errors, safety performance etc.</td>
<td></td>
<td>Indirect</td>
</tr>
</tbody>
</table>
### Activity: Data self-assessment

<table>
<thead>
<tr>
<th>Information source</th>
<th>Does your organization have this information?</th>
<th>Is the information organized and accessible to you?</th>
<th>Is the information summarized and understood by senior leaders?</th>
<th>Is the information linked back to front-line staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHPS survey data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal patient surveys other than CAHPS (e.g. Press-Ganey)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal patient complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient letters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership rounding/direct observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spoken patient complaints or comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add your favorite source here</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What about CAHPS?

Why we care
- Common across all U.S. hospitals (and now clinical groups, too)
- Public access
- Ballpark right stuff
- Suitable for dashboards, on run charts
- CMS has your attention

Limitations in our work
- Time lag—too delayed for improvement work
- Global numbers may not reflect targeted unit work
- Low response rates
- “silo” focus, not team focus for care
- The “n” problem (to double precision, you need to quadruple sample size)
CAHPS* data: Five items to know

1. Use Top Box
2. Understand Percentiles
3. Interpret Correlations
4. Remember how the “n” matters
5. Plot your data in time order

*also applies to every other formal patient experience survey data we know
Top Box

22. Would you recommend this hospital to your friends and family?

1. Definitely no
2. Probably no
3. Probably yes
4. Definitely yes

For survey data, “top box” refers to most positive choice on a ordered scale

*Exception: On the HCAHPS survey question 21, top box refers to evaluation of a hospital as 9 or 10 out of 10 point scale, with 10 the best hospital possible.
What is correlation?

Correlation, based on either scores or ranks, measures strength of association and ranges from 1 (perfect positive linear or rank order relationship) to 0 (no linear or rank relationship) to -1 (perfect negative linear or reverse rank order relationship.)

Here’s a picture that shows some invented data, with the correlation coefficient ranging from 0.96 to 0.55.
Plot survey data in time order

OH1 Top Box % Jan 2011- Jul 2013 with median thru Aug 2012

Collab start

Baseline median
Compressed Percentile scale is good news/bad news.

Do you know which is which?
James Bonner, LMSW, serves Spectrum Health in the capacity of Director of Patient Experience. Spectrum Health consists of a 900+ provider Spectrum Health Medical Group, 11 Hospitals, and a health plan, Priority Health. James has worked at Spectrum Health for 17 years in a variety of leadership roles. He’s currently responsible for leading the efforts to transform the delivery of care to ensure that the patient is heard and at the center. In addition to James’ personal and professional passion for this work, ensuring the patient is at the center is achieved using objective and subjective data sources, as well as through the active engagement of leaders, in direct partnership with patients. Input comes from Spectrum’s 13 Patient and Family Advisory Councils as well as the robust data sources of HCAHPS and CGCAHPS that the team has developed. Spectrum Health, which has received numerous awards and recognition, has linked their data through their data warehouse to move towards an analytics approach that can drive change.

James can be reached at James.Bonner@Spectrumhealth.org
Driving with CGCAHPS

Mail Comments
Excellent service! Thank you!

I always have a good experience with * [Name]

eSurvey Comments
The dr's assist. was very gracious and concerned in my comments and health issues. Dr. [Name] always makes me feel I am his only patient of the day as he listens and questions me and is never hurried. I trust this medical team with my life.

Comprehensive physical exam; sensitive and thoughtful to specific concerns; connected present status to past history; reinforced healthy lifestyle recommendations.
## Department Level Reporting

### SHMG Practice/Provider LTR Results FY14
#### Womens Health

<table>
<thead>
<tr>
<th>Location Desc</th>
<th>N</th>
<th>Top Box %</th>
<th>PG Provider Name</th>
<th>N</th>
<th>Top Box %</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH OB/GYN MIDTOWNE</td>
<td>802</td>
<td>91.53 %</td>
<td>Provider A</td>
<td>135</td>
<td>65.58 %</td>
</tr>
<tr>
<td>WH OB/GYN MIDTOWNE</td>
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<td>91.53 %</td>
<td>Provider A</td>
<td>68</td>
<td>55.45 %</td>
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<td>Provider A</td>
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<td>WH OB/GYN MIDTOWNE</td>
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<td>91.53 %</td>
<td>Provider A</td>
<td>93</td>
<td>59.25 %</td>
</tr>
<tr>
<td>WH OB/GYN MIDTOWNE</td>
<td>802</td>
<td>91.53 %</td>
<td>Provider A</td>
<td>25</td>
<td>68.00 %</td>
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<tr>
<td>WH OB/GYN MIDTOWNE</td>
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<td>91.53 %</td>
<td>Provider A</td>
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<td>67.78 %</td>
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<tr>
<td>WH OB/GYN MIDTOWNE</td>
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<td>91.53 %</td>
<td>Provider A</td>
<td>77</td>
<td>67.01 %</td>
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<th>Top Box %</th>
<th>PG Provider Name</th>
<th>N</th>
<th>Top Box %</th>
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<tbody>
<tr>
<td>WH OB/GYN MIDWIFERY</td>
<td>98</td>
<td>97.98 %</td>
<td>Provider A</td>
<td>28</td>
<td>100.00 %</td>
</tr>
<tr>
<td>WH OB/GYN MIDWIFERY</td>
<td>98</td>
<td>97.98 %</td>
<td>Provider A</td>
<td>70</td>
<td>67.14 %</td>
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<table>
<thead>
<tr>
<th>Location Desc</th>
<th>N</th>
<th>Top Box %</th>
<th>PG Provider Name</th>
<th>N</th>
<th>Top Box %</th>
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<tr>
<td>WH UROGynecology</td>
<td>175</td>
<td>93.71 %</td>
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<td>25</td>
<td>56.00 %</td>
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<tr>
<td>WH UROGynecology</td>
<td>175</td>
<td>93.71 %</td>
<td>Provider A</td>
<td>73</td>
<td>54.52 %</td>
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<tr>
<td>WH UROGynecology</td>
<td>175</td>
<td>93.71 %</td>
<td>Provider A</td>
<td>77</td>
<td>62.21 %</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Desc</th>
<th>N</th>
<th>Top Box %</th>
<th>PG Provider Name</th>
<th>N</th>
<th>Top Box %</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH ZEELAND OB/GYN 8333</td>
<td>99</td>
<td>92.93 %</td>
<td>Provider A</td>
<td>7</td>
<td>100.00 %</td>
</tr>
<tr>
<td>WH ZEELAND OB/GYN 8333</td>
<td>99</td>
<td>92.93 %</td>
<td>Provider A</td>
<td>42</td>
<td>65.24 %</td>
</tr>
<tr>
<td>WH ZEELAND OB/GYN 8333</td>
<td>99</td>
<td>92.93 %</td>
<td>Provider A</td>
<td>50</td>
<td>60.62 %</td>
</tr>
</tbody>
</table>
New Models of Data
Defining Quality Care

Is it healing?
- Access
- Experience

Is it right?
- Safety
- Efficiency
- Timelines
- Equity
- Effectiveness/Expertise perspective

The customers’ perspective

The provider/caregivers’ perspective:
Kathy Klock is the senior vice president of Clinical Operations and Human Resources at Gundersen Health System. She is responsible for the operations of Gundersen Health System’s hospitals and clinics in Minnesota, Wisconsin and Iowa. Information Systems, Quality, Nursing, Learning & Development and Human Resources are also in her divisions. Kathy has worked at Gundersen since February 2003, but her healthcare career began more than 30 years ago as a staff nurse in Syracuse, N.Y. She has served in many roles in New York and Michigan, including director roles in Nursing, Quality and Human Resources.

Kathy can be reached at Kcklock@gundersenhealth.org.
Provider Level Reporting as an Innovation

SERVICE EXCELLENCE
DEPARTMENT CHAIR PROVIDER LEVEL REPORT GUIDE

PROVIDER LEVEL REPORT
The purpose of this report is to provide timely performance information for individual providers and leaders. Provider level reports are distributed electronically on a quarterly basis.

SUMMARY REPORT
This report provides a department level summary of individual provider data. Sent to dept. chairs, section heads, regional medical directors, and administrative directors.

PROVIDER RESPONSIBILITIES
Be familiar with CAHPS survey and your provider level reports
Collaborate with colleagues to identify best practices
Identify opportunities for improvement

RESOURCES
Reporting and measurement
Galen Papaconstantinou, 55655, glpapaco@gundersenhealth.org
Shadowing and coaching
Gale Kreibich, 56863, grkreibi@gundersenhealth.org
A patient wrote the following to his orthopedic surgeon:
I walked in a one-mile cancer benefit walk in June. I came in first in my age group... of course I was the only one in my age group!

Seriously, the new knee worked fine. Last year, I had a hard time finishing at all and walked with a cane. This year, I walked cane-free and had no problems.
I’m looking forward to the Steppin’ Out in Pink five-mile walk in September.
Thanks for the new knee!
An Electronic, Interactive Strategy for Obtaining Patient/Family Feedback

Our goal is to provide you with a healing environment.

Are you currently satisfied with the quietness of the area around your room at night?

YES  NO
Using Patient-Reported Measures to Improve the Value of Care
Begins October 22, 2014

• Patient-Reported Measures (also known as Patient-Reported Outcome Measures) are used to improve the value of care by getting information directly from patients about their functional health.
• Their use in the US is growing to meet the demand to improve quality and reduce costs.
• Some reimbursement requirements will eventually include patient-reported measures. Will your organization be ready?

http://www.ihi.org/Expeditions
Thanks to everyone who makes WIHI possible!
Next up on WIHI:

September 24, 2014
• MORE THAN A MANDATE: Q.I. AND THE CLINICAL LEARNING ENVIRONMENT REVIEW

September 24, 2014
• MENTAL HEALTH CARE IN THE HOSPITAL: PREVENTING HARM, PROMOTING SAFETY

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