

Patient Satisfaction What Works



Presentation Overview

- **Impact of HCAHPS**
- **Top 5 Evidence-based Practices for Patient Satisfaction**
- **Provider Focus**

What is HCAHPS?

- **HCAHPS** (Hospital Consumer Assessment of Healthcare Providers & Systems) is a standardized survey developed by CMS for inpatients to evaluate their hospital experience on 10 measures of care
- **IMPACT:**
 - Publicly reported on Hospital Compare to enable informed choice on *how often* adult discharged inpatients received *high quality care and service*
 - Financial payment based on hospital's performance in delivering high quality care

Why HCAHPS matters to our patients?

- **Quality of care was significantly better in hospitals that performed on HCAHPS**
(New England Journal of Medicine 2008;359:1921-31)
 - Patient's experience is linked to great clinical care reduced medical error and advanced performance outcomes
- **Survey questions offer feedback on issues that impact core clinical quality**
 - Communication of medication side effects
 - Managing pain well
 - Explaining discharge instructions in a way patients can understand



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Why HCAHPS matters to hospitals?

Medicare & Medicaid reimbursement rates will be adjusted to at-risk amount rises to 1.25% of base DRG Payment starting October 1st 2013

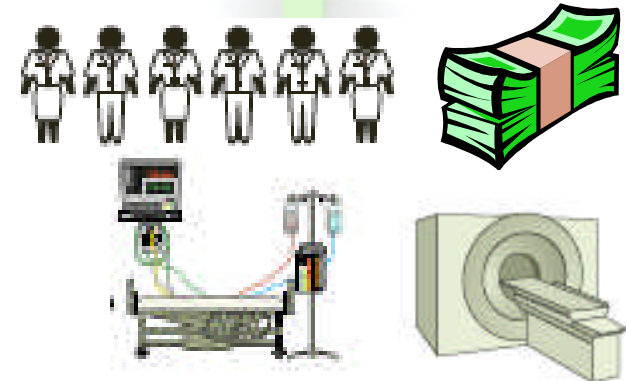
Clinical Performance
(45% Weight)

Outcomes (Mortality) Performance
(25% Weight)

HCAHPS Performance
(30% Weight)

=

Hospitals must excel in performance for Operating Budget & Capital



HCAHPS Survey

OMB Control Number: 0938-0881

SURVEY INSTRUCTIONS: You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: Yes

● No → If No, Go to Question 1

Please answer the questions in this survey about your stay at Scott & White Memorial Hospital. Do not include any other hospital stays in your answers.

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
2. During this hospital stay, how often did nurses listen carefully to you?
 Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 Never
 Sometimes
 Usually
 Always
 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
6. During this hospital stay, how often did doctors listen carefully to you?
 Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
 Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
 Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
 Yes
 No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
 Never
 Sometimes
 Usually
 Always
12. During this hospital stay, did you need medicine for pain?
 Yes
 No → If No, Go to Question 15
13. During this hospital stay, how often was your pain well controlled?
 Never
 Sometimes
 Usually
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
 Never
 Sometimes
 Usually
 Always
15. During this hospital stay, were you given any medicine that you had not taken before?
 Yes
 No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
 Never
 Sometimes
 Usually
 Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
 Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home
 Someone else's home
 Another health facility → If Another, Go to Question 21
19. 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?
 Yes
 No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
 Yes
 No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
 Definitely no
 Probably no
 Probably yes
 Definitely yes

ABOUT YOU

23. In general, how would you rate your overall health?
 Excellent
 Very good
 Good
 Fair
 Poor
24. What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree
25. Are you of Spanish, Hispanic or Latino origin or descent?
 No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
26. What is your race? Please choose one or more.
 White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native

27. What language do you mainly speak at home?
 English
 Spanish
 Chinese
 Russian
 Vietnamese
 Some other language (please print): _____

Please take a moment to respond to the following statement. Your insights will help us improve health care quality for everyone.

Comments (describe your good or bad experiences):

Patient's Name: _____ Telephone Number: _____

(optional)

(optional)

(continued...)

THANK YOU. Please return the completed survey in the postage-paid envelope.

Impact on HCAHPS Scores

Nurse Communication Domain

- **The nurse patient relationship sets the tone of the care experience** and has a powerful impact on patient satisfaction since nursing spends the most time with patients
- Based on 2007 HCAHPS and Press Ganey Survey data, Press Ganey identified “**Nurse Communication**” as the factor with the greatest impact on patients’ overall ratings of their hospital experience
- Survey questions that focus on the nurse patient relationship drive patient ratings of their overall experience
- Quality of communication in nursing also has the highest impact on patients’ likelihood to recommend the hospital

Source: 2010 Press Ganey Associates

Top 5 Practices for Patient Satisfaction



Top 5 for Patient Satisfaction

- AIDET-Key Words
- Post Discharge Phone Calls
- Nurse Hourly Rounding
- Leader Rounding
- Strategic Goal Alignment & Accountability

AIDET

Acknowledge-Introduce-Duration-Explanation-Thank

- **The five fundamentals of communication**
- **An evidence-based practice for communicating with patients, families and staff**
- **Fundamental for providing excellent customer service**
 - **Framework for using “Key Words at Key Times”**
(i.e., *we want to always answer your call light timely...*)
 - **Supports “Managing Up” that takes the “I” in AIDET to the next level**
(i.e., *“Hello, Mrs. Smith. I see this afternoon you will be going down to the radiology department. Radiology has state of the art technology and an excellent staff.”*)

AIDET

Acknowledge & Introduce

- The patient has the right to know who is treating them

Patient's Bill of Rights

- ***“Because greetings are one way to ensure proper identification of patients, they may well be considered a fundamental component of patient safety.”***

An Evidence-Based Perspective on Greetings in Medical Encounters by Gregory Makoul, PhD; Amanda Zick, MA; Marianne Green, MD. *Arch Intern Med.* 2007;167(11):1172-1176.

- ***“It’s all about building connection. Connection builds trust. Trust builds patient compliance. Compliance builds better health for our patients. And that’s the real picture.***

Why My Wife Thinks Her Doctor is so Nice by Scott Abramson, MD, Kaiser Permanente GSAA, January 2006.



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AIDET

Explanation

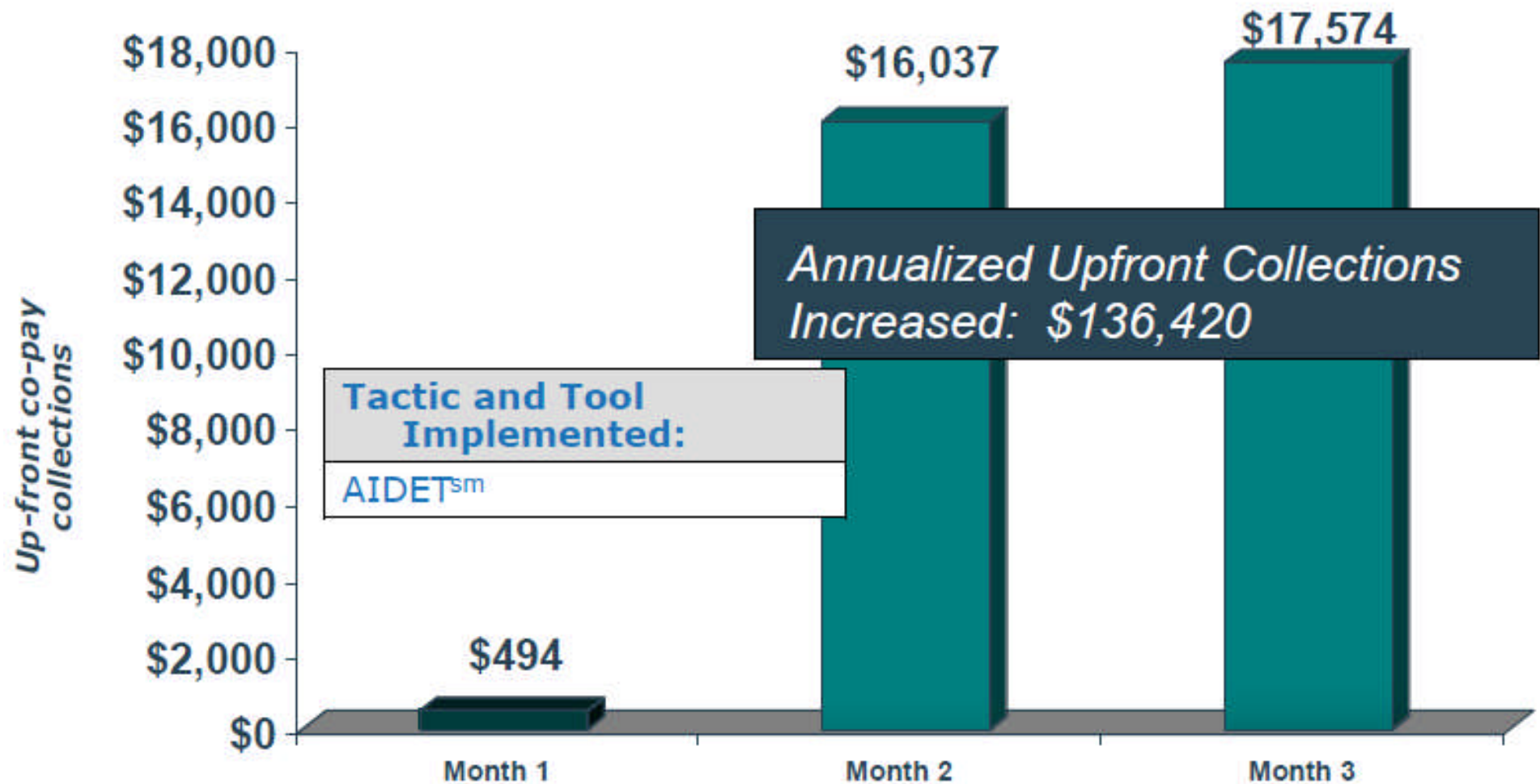
- ***“Physician communication, or the lack of it, is probably one of the most important factors for patient noncompliance”***
 - 72% of patients unable to list medications they take
 - 58% of patients unable to recite their own diagnosis

Mayo Clinic Proceedings, 2005
- ***“Most common cause of malpractice suits is failed communication with the patients and their families. Explore ways that better communication could lead to fewer malpractice claims.”***

Reducing Litigation Costs Through Better Patient Communication, *The Physician Executive*, June 2004.
- ***“Physician communication skills heavily influence patient compliance and affect clinical outcomes”***

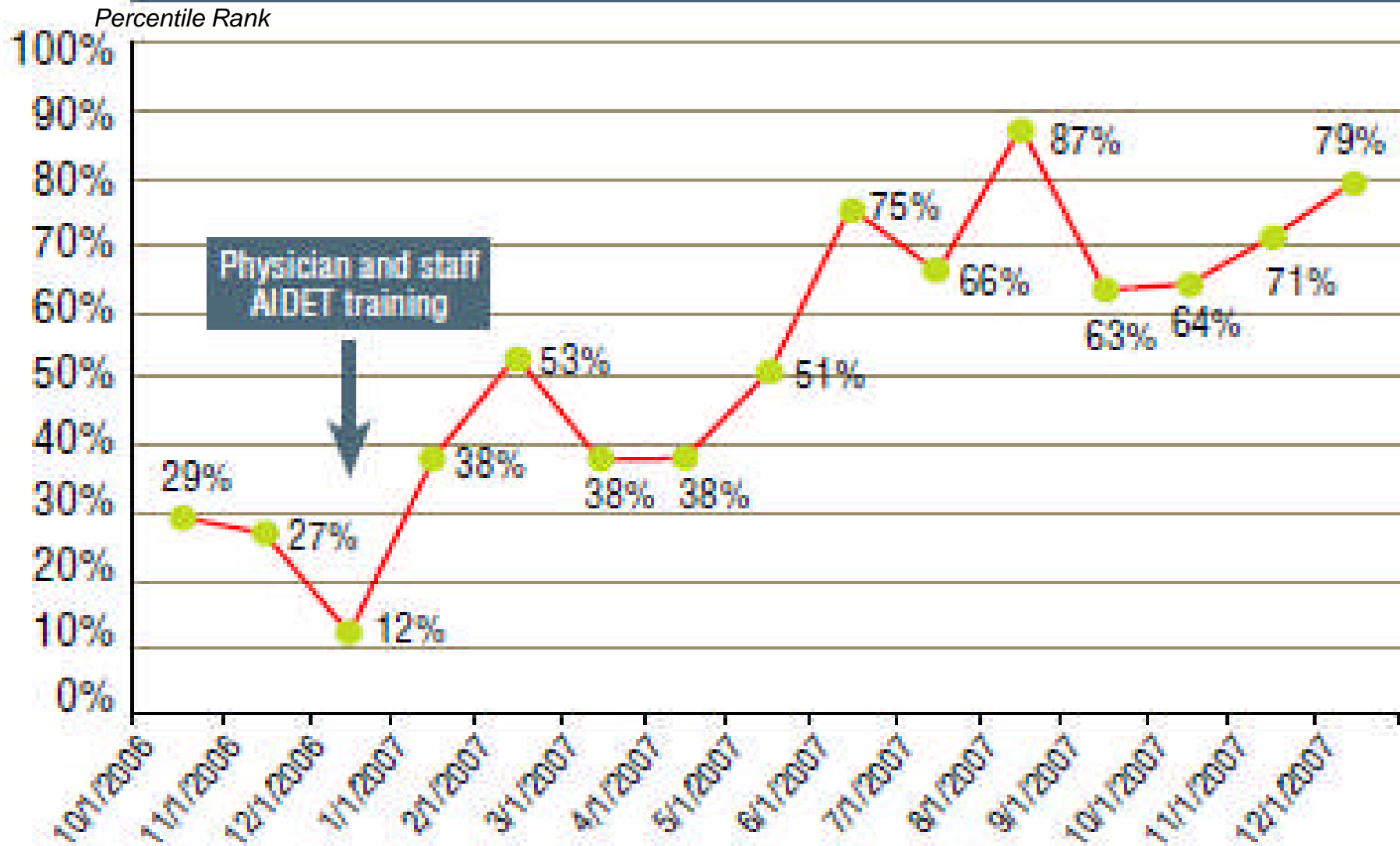
Keep Your Patients Coming Back, *MGMA Connexion*, August 2008.

Return on Investment: Upfront Collections



Source: Southwest Washington M.C., Vancouver, WA, 360 beds

UMC medical practices patient satisfaction



Source: University Medical Center in Tucson, AZ

Post Discharge Phone Calls

- **Discharge Phone Calls are a viable means to earn patient loyalty, improve quality of care, clinical outcomes and develop a reputation of excellence in the community when consistently completed**

- ***“Discharge phone calls are a key tactic in the saving lives arsenal.”***

Words Matter by Lynne Cunningham, *MHS*, Spring 2009.

- **Discharge telephone calls provide invaluable opportunities to prevent adverse events, improve quality of care, and increase patient satisfaction**

“Building the Value of Discharge Phone Calls and Leader Rounding”, *Journal of Nursing Administration*, March 2009.

Post Discharge Phone Calls

- **Evidence suggests that a post-discharge telephone call to patients may help reduce medication errors and hospital readmission**

Do post-discharge telephone calls to patients reduce the rate of complications?
by Kelley Moulds, MD, and Kenneth Epstein, MD, MBA, *The Hospitalist*, August 2008.

- **Discharge phone calls close the loop on continuity of care for the patient and family**

American Journal of Nursing, 2008

- ***“You have a 90 percent chance of keeping a patient if you call within 48 hours of discharge and do something — like apologize — to make the patient’s experience better. If you wait longer than a week, you have a 10 percent chance you’ll lose 10 other patients through word of mouth”.***

Jap Kaplan, MD, Studer Group’s Medical Director

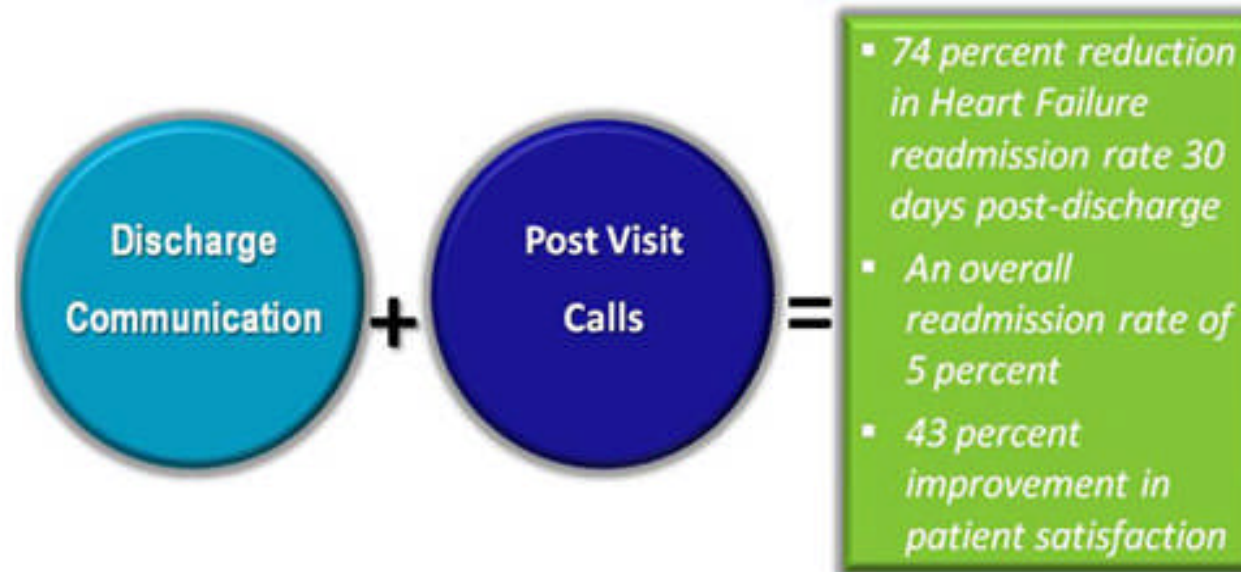


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Post Discharge Phone Calls

- **In a study evaluating resource use in CHF patients, follow-up telephone calls significantly decreased the average number of hospital days over six months time and readmission rate at six months in the call group, as well as increased patient satisfaction**

Riegel B, Carlson B, Kopp Z, LePetri B, Glaser D, Unger A. Effect of a standardized nurse case-management telephone intervention on resource use in patients with chronic heart failure. *Arch Intern Med.* 2002 Mar 25;162(6):705-712.



Source: Getwell Network White Paper: Improving Heart Failure Outcomes through Interactive Patient Care: June 2009



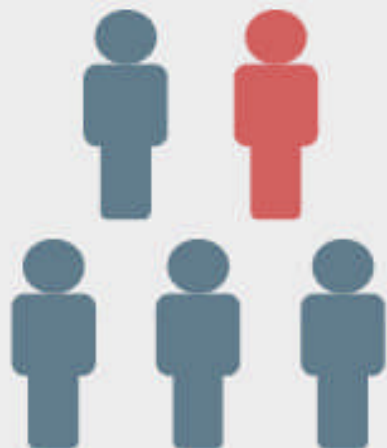
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Reality of Adverse Events Post Discharge

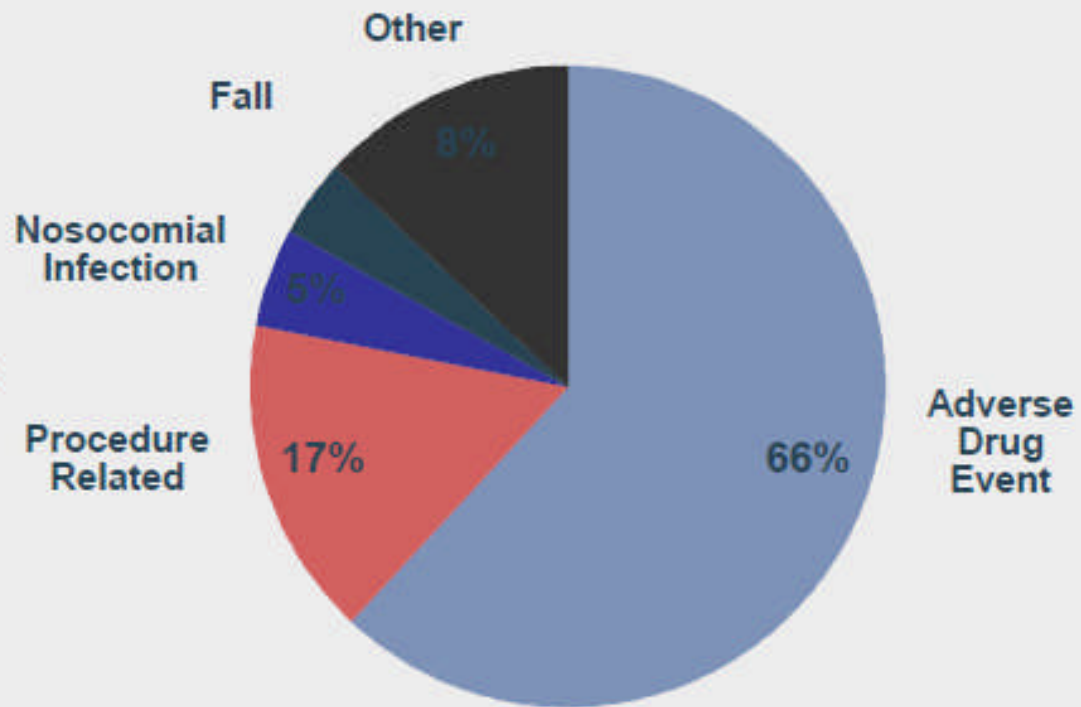
“Nearly 1 in 5 patients”*

400 patients surveyed

76 (19%) had adverse events after discharge



Type of Adverse Events



* 81 events occurred in 76 patients

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

Readmission Reduction Post-Visit Calls

*Patients that received a post visit call
3 days after discharge had a lower
re-admission rate*



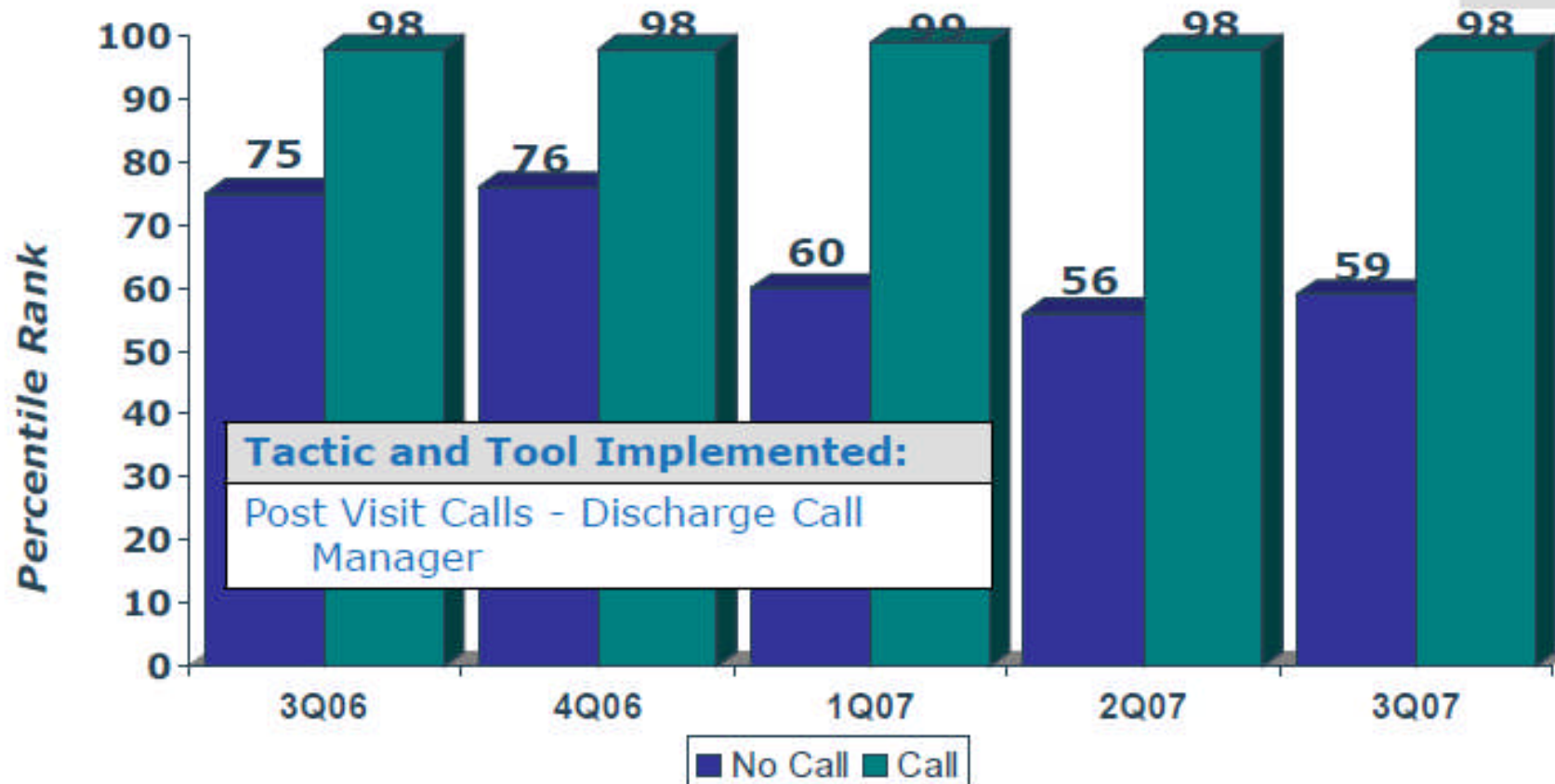
Sources: South Carolina Academic Medical Center

Post Visit Calls: Patient Perception of Care - Inpatient



Inpatient Admissions = 75,297

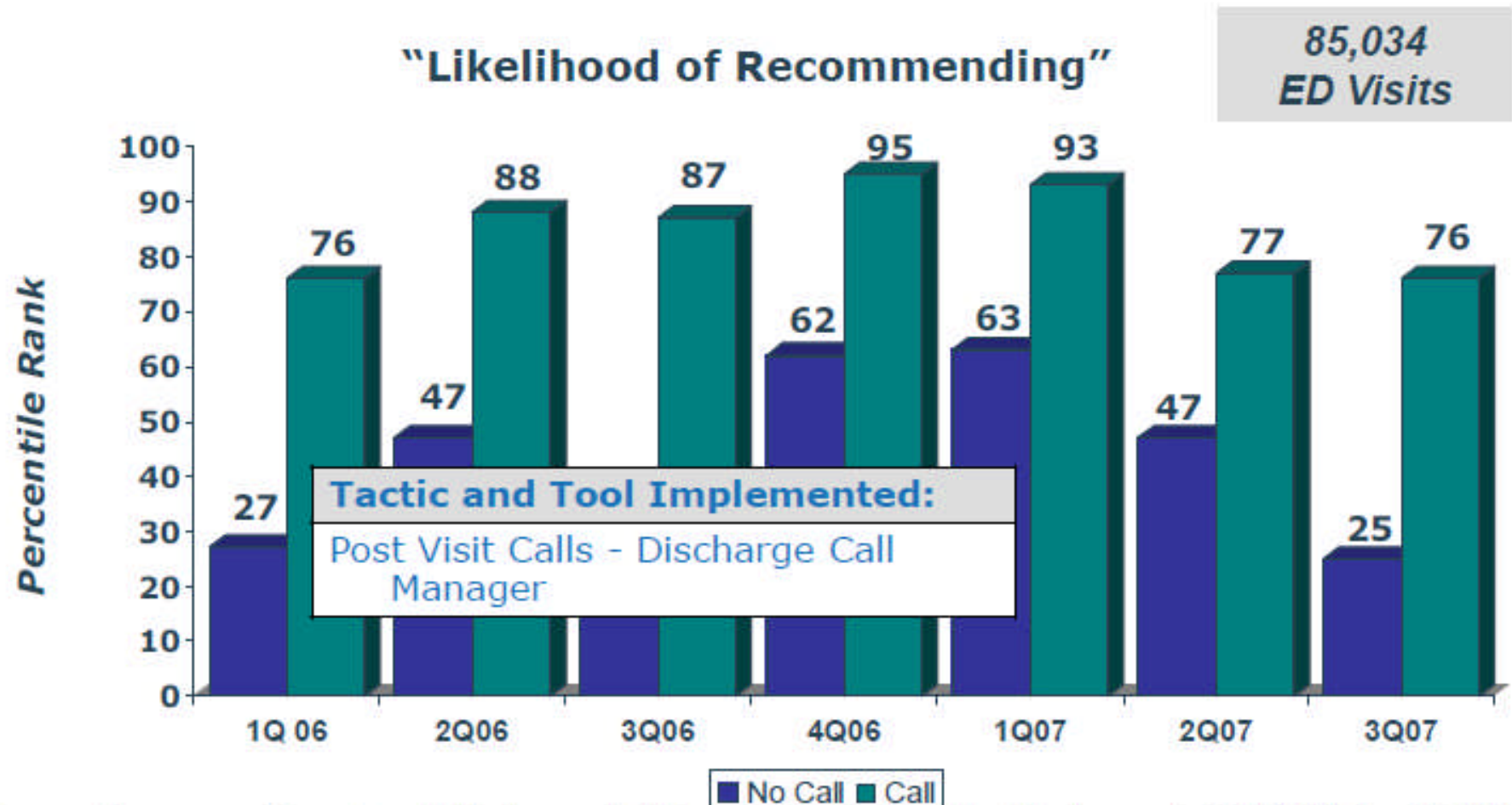
"Likelihood of Recommending"



Source: Hackensack University Medical Center, Inpatient admissions=75,297, Total beds = 781



Post Visit Calls: Patient Perception of Care - ED



Source: Emergency Department, Hackensack University Medical Center, Hackensack, NJ, ED Visits: 85,034

Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- *Nurse Hourly Rounding*

Nurse Hourly Rounding

- **Rationale:**
 - Actively engages patients and families
 - Builds Trust
 - Reduces Anxiety
 - Call light reduction
 - Decreases nurse stress
 - Decreases patient uncertainty

Gardner, Glenn E., Woollett, Kaylene, Daly, Naomi, & Richardson, Bronwyn (2009). Measuring the effect of patient comfort rounds on practice environment and patient satisfaction: a pilot study. *International Journal of Nursing Practice*, 15(4), 287-293.

Nurse Hourly Rounding

- **Hourly rounding has a tremendous impact on patient perception and quality of care**
 - Hourly rounding effectively decreases call lights by 37.8%
 - Decreases falls by 50%
 - Decreases hospital-acquired decubiti by 14%
 - Improves patient perception by 12 mean points

American Journal of Nursing, September 9, 2006



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Nurse Hourly Rounding

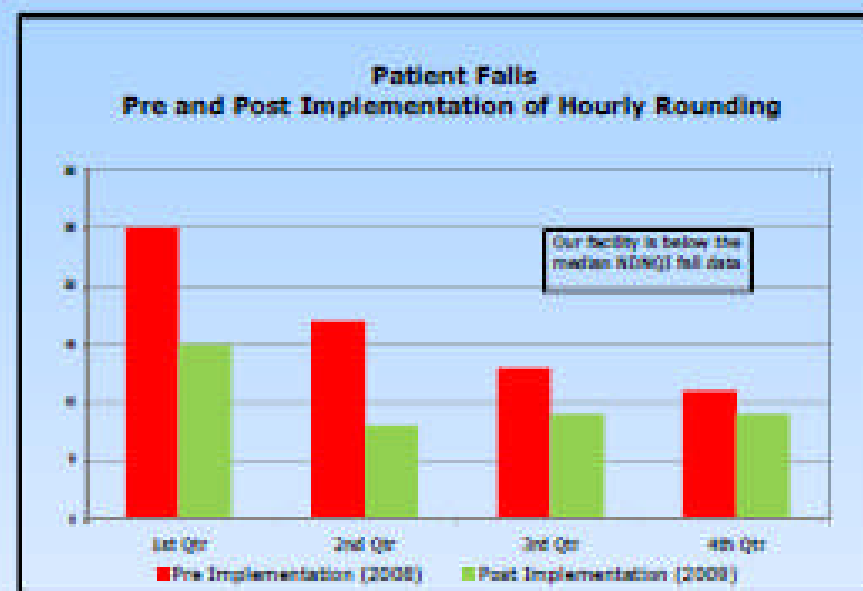
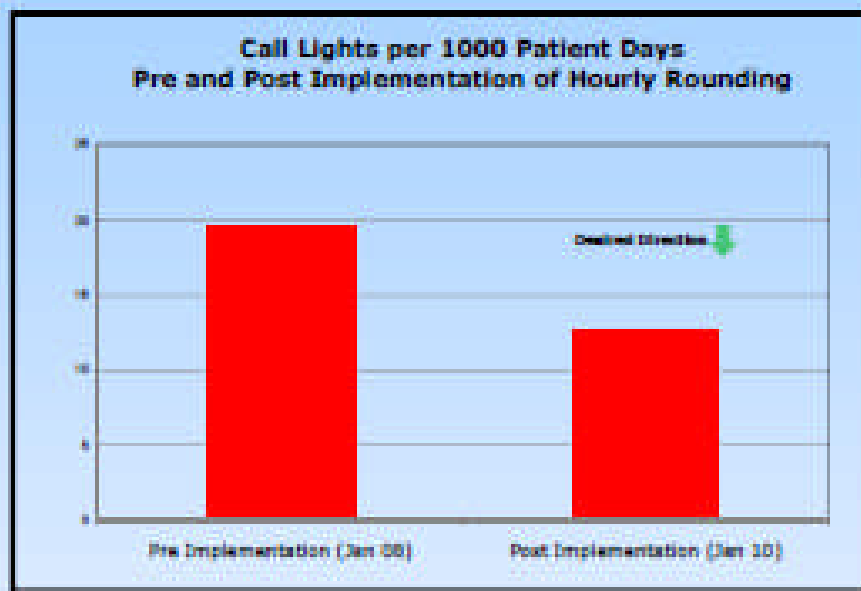
Table 1
Studies of hourly rounds

Reference	No. and setting	Call lights	Falls	Restraints	Attendants	Patients' satisfaction	Level of evidence
Meade et al ¹	14 hospitals, 27 units	Decreased ^a	Decreased ^a			Increased ^a	IIa
Johnson and Topham ²	1 unit, rehabilitation		Decreased		Decreased		IIb
Haack ³	1 unit, rehabilitation	Decreased	Decreased			Increased	IIb
Tea et al ⁴	202 patients, 4 orthopedic units					Increased	IIb
Bourgault et al ⁵	3 hospitals, all units (including intensive care units)		Increased			Increased	IIb
Sobaski et al ⁶	335 patients, telemetry units					Increased	IIb
Culley ⁷	3 units		Decreased			Increased	IIb
Assi et al ⁸	2 units, oncology and acute care for elderly	Decreased	Decreased	Decreased		Increased	IIb
Weisgram and Raymond ⁹	1 unit, telemetry	Decreased	Decreased				IIb
Kalman ¹⁰	2 units, medical surgical	No effect	No effect			No effect	III
Woodard ¹¹	1 unit, medical surgical	Decreased	Decreased			Increased	IIb

^a $P < .05$.

Halm, Margo A., RN, PhD, CNS-BC. (2009). Hourly Rounds: What does the evidence indicate? *American Journal of Critical Care*, 18(6), 581-584.

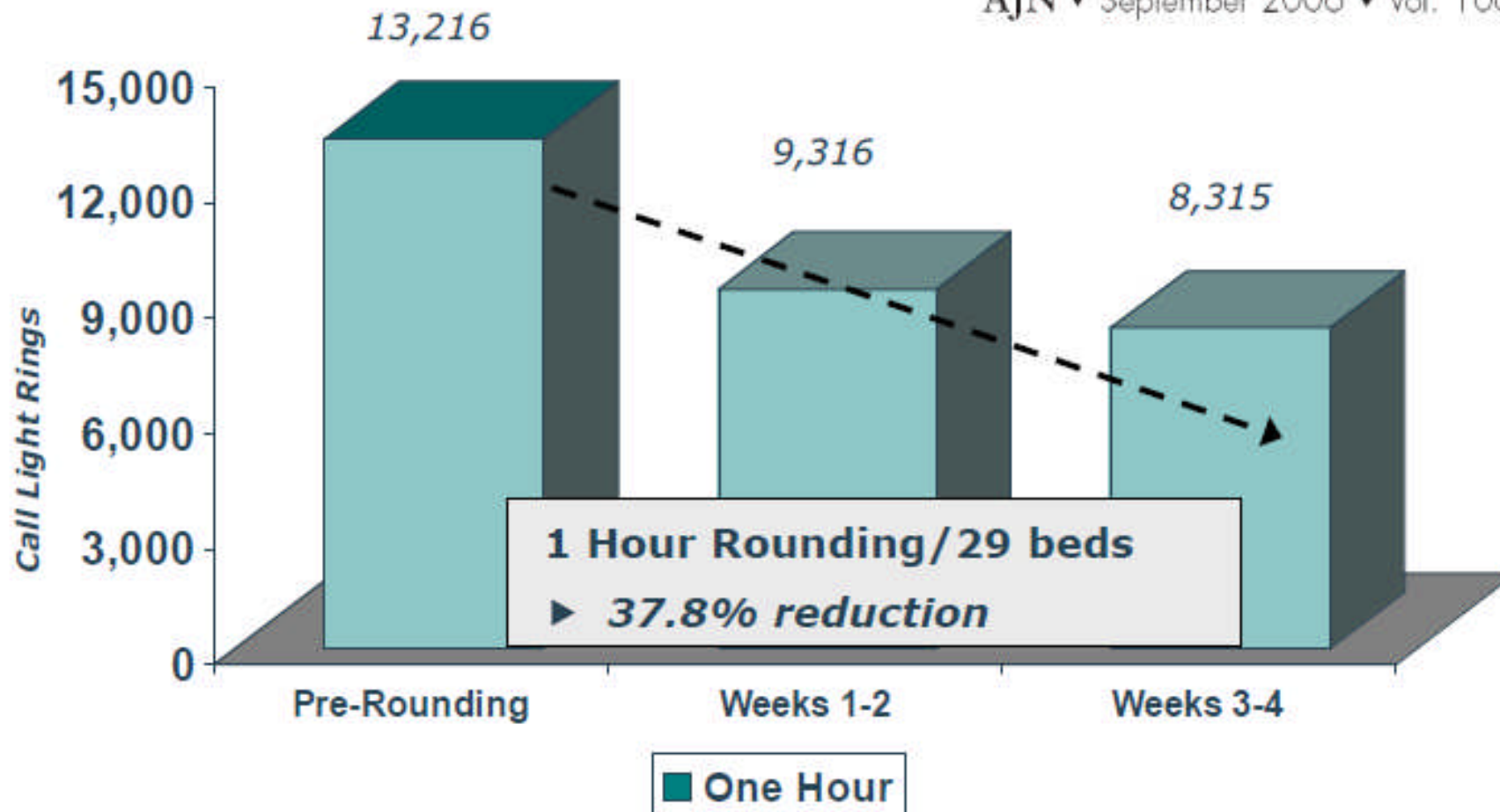
Nurse Hourly Rounding



Deb Ricketts, RN & Reyne McEuen, RN, BSN, *Positive Patient Satisfaction with Hourly Rounding*

Call Light Reductions After Implementing Rounds

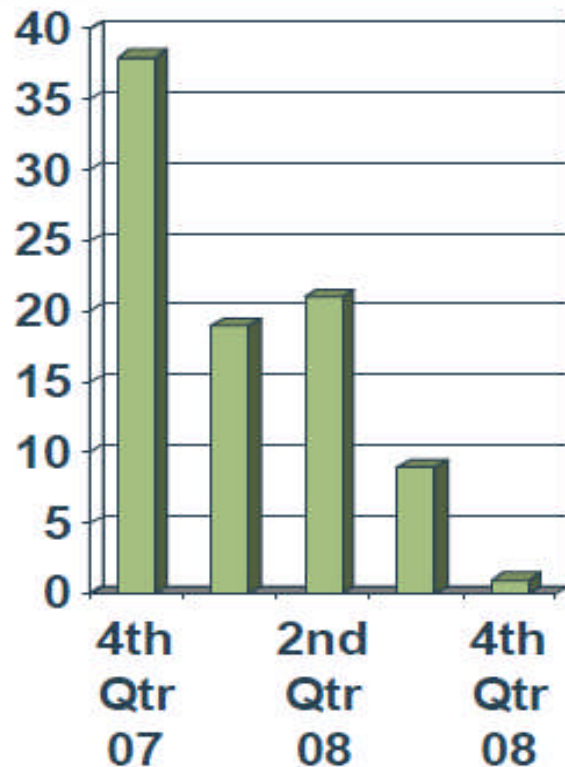
AJN ▼ September 2006 ▼ Vol. 106, No. 9



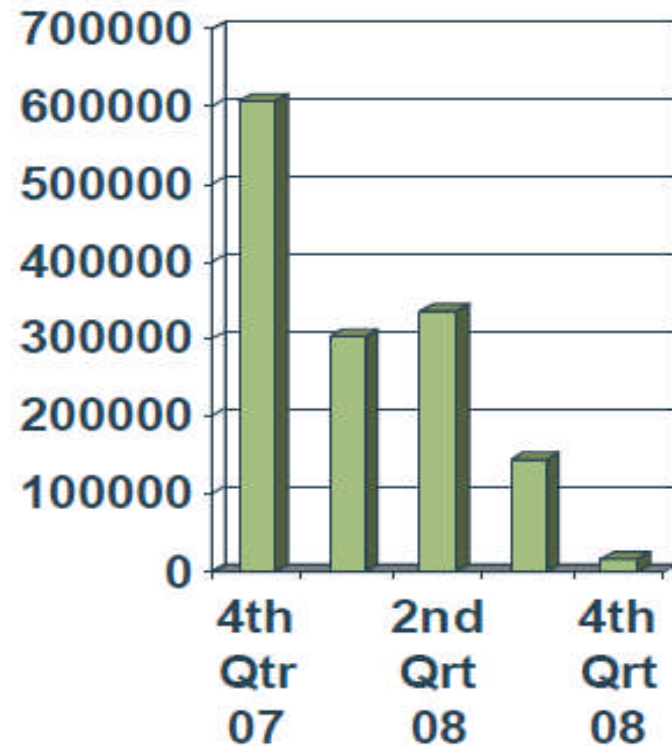
* Reduction for one-hour was statistically significant ($p=.000$)

Nurse Hourly Rounding

Siena Hospital Acquired Decubiti NDNQI



HAD



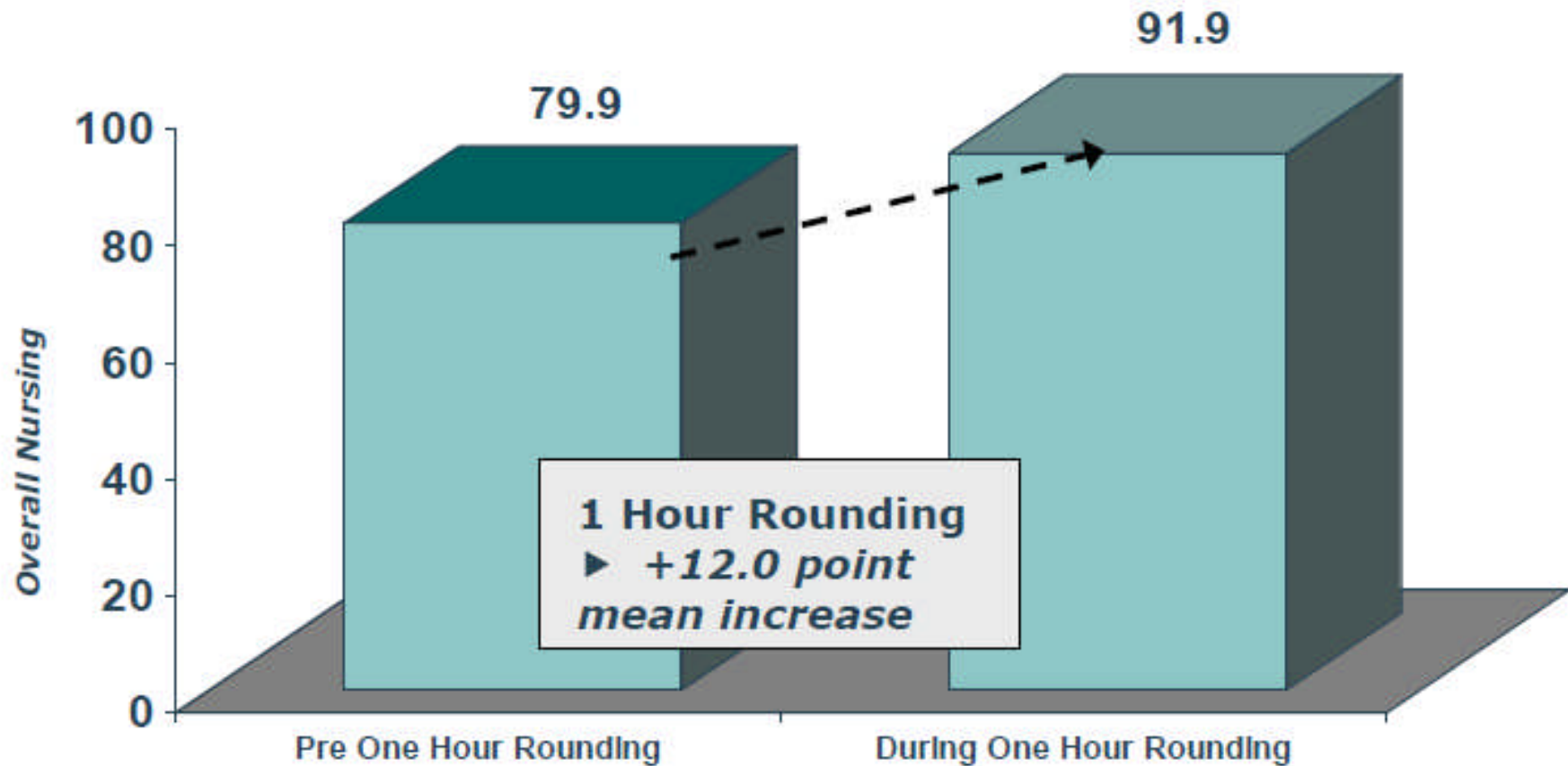
Cost

\$15,958* average cost for nosocomial decubitus

* AHRQ, 2005-'Payments for Adverse Events'

Service: Patient Satisfaction Increased

AJN ▼ September 2006 ▼ Vol. 106, No. 9

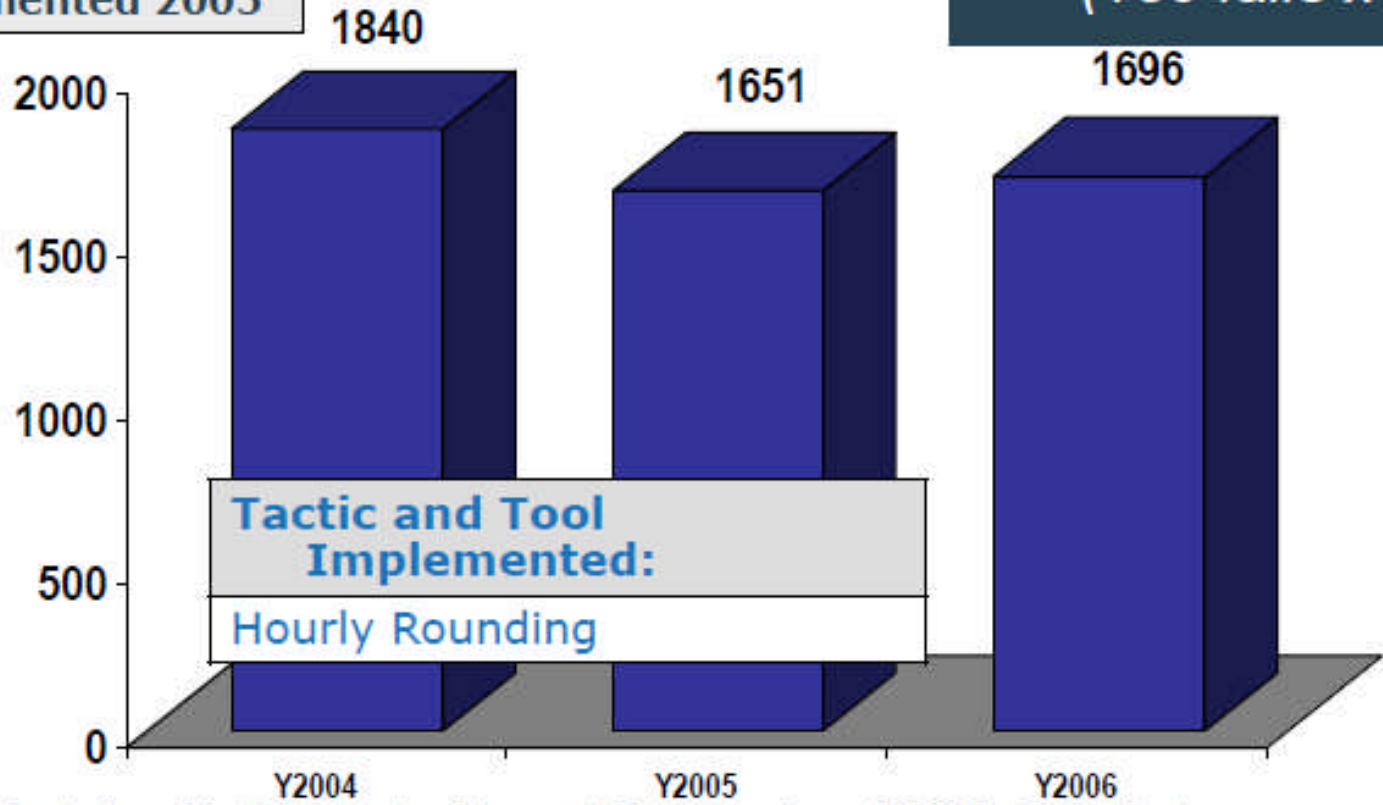


One Hour: n=18 units

Return on Investment: Reduction of Falls

Hourly Rounding implemented 2005

Estimated Annualized Savings: \$1.65 million (150 falls x 11,000)



Source: Montefiore Medical Center, Bronx, NY, Admissions: 60,632, Total Beds = 1002, Estimated cost per fall = \$11k, Hourly Rounding implemented in 2005

Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- ✓ Nurse Hourly Rounding
- *Leader Rounding*

Leader Rounding

- **Leader rounding for outcomes is the first key to success**
- **The point of rounding for outcomes is**
 - ***“to fix systems, remove barriers, model behavior, and find staff who deserve to be rewarded and recognized.”***
 - ***“You are also engaged in the very important process of building an emotional bank account with staff.”***

Quint Studer, Studer Group

- ***“When managers constantly model behavior and respond to staff concerns, they do not need to talk their employees into this change in behavior, they will walk their employees into it.”***

Sutter Medical Center Human Resources Director (2004 Sacramento Workplace Excellence Leader)



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Leader Rounding

HCAHPS Category	Tactic to Move Outcome
Doctors always communicated well	<i>Physician Note Pad</i>
Nurses always communicated well	<i>Hourly Rounding</i>
Pain was always well controlled	<i>Hourly Rounding</i>
Patients always received help as soon as they wanted	<i>Hourly Rounding</i>
Staff always explained about medicines before giving them to patients	<i>Key Words at Key Times</i>
Yes, patients were given information about what to do during their recovery	<i>Discharge Phone Call</i>
Patients who gave a rating of 9 or 10	<i>Leader Rounding on Patient</i>
Yes, patients would definitely recommend the hospital	<i>Discharge Phone Call</i>

Valley Hospital Patient Experience, October 2010.



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Leader Rounding

- **Benefits of Leader Rounding on Patients**

- Increase patients satisfaction by an average 59 percentile
- Decrease patient complaints by 66%
- Reduce Emergency Department LWOT from 4.5% to 2%

Baptist Leadership Institute

- **Benefits of Leader Rounding on Staff**

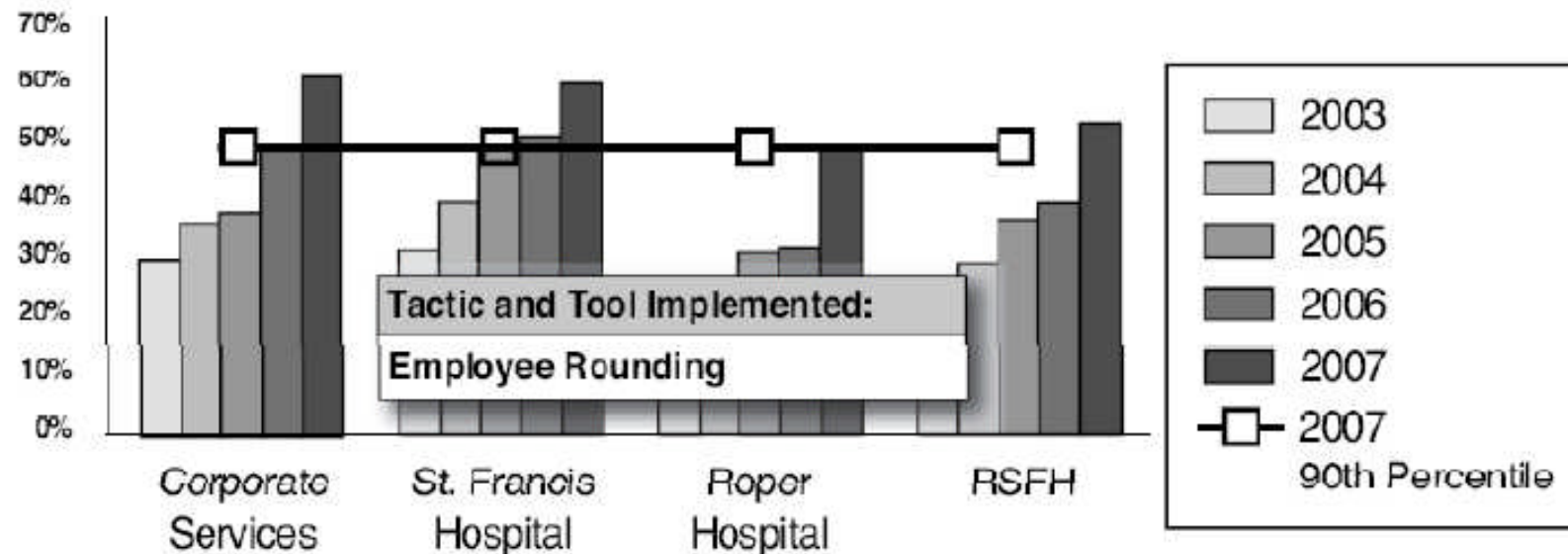
- Improved Employee Satisfaction from 10th to 75th percentile
- Reduce Voluntary/Non Voluntary Turnover from 11.2% to 6.1%
- Improve Retention from 82.5% to 87.2%
- Decrease Vacancy Rate from 7% to 2%

Baptist Leadership Institute

Leader Rounding

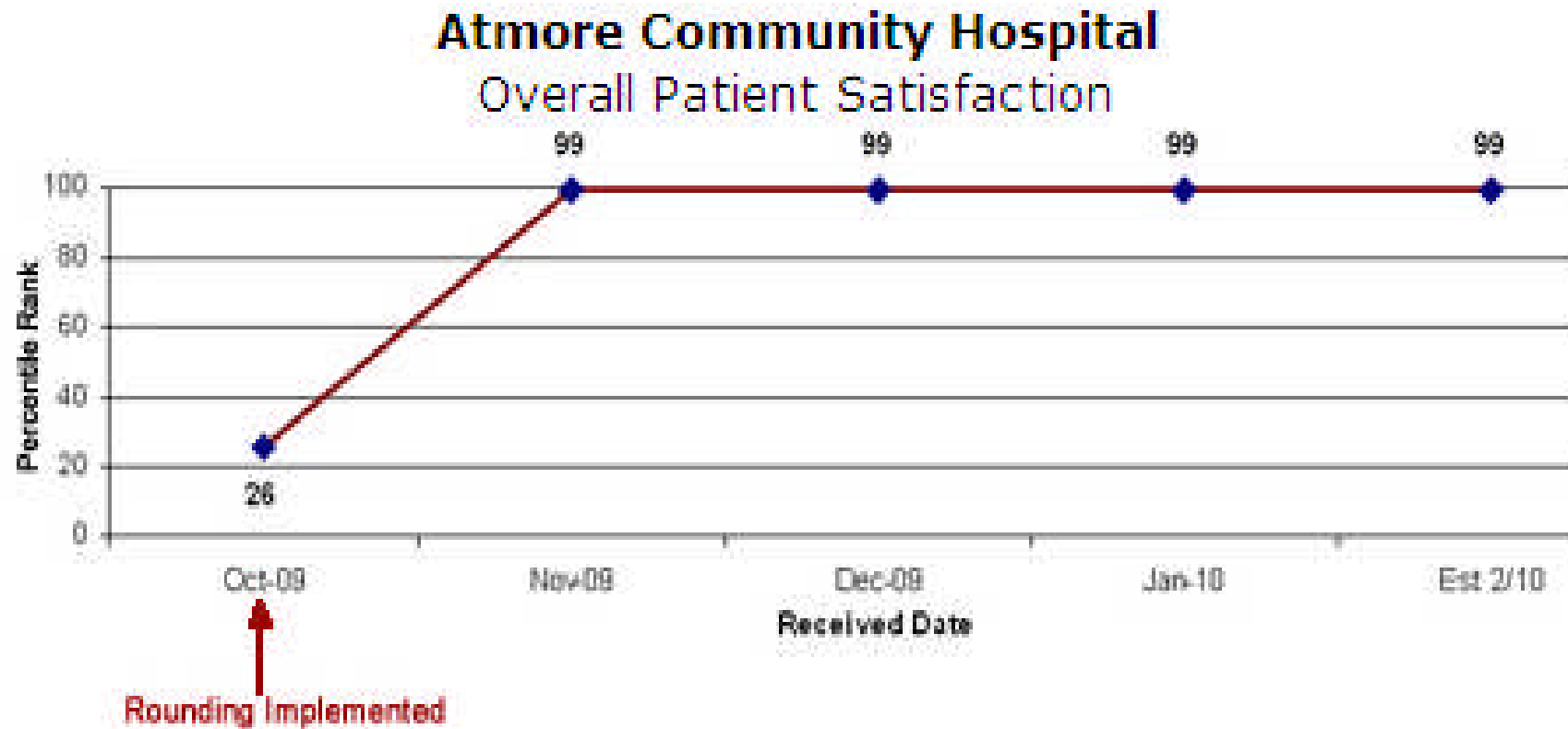
Employee Rounding *Employee Satisfaction Increase*

Entity Comparison for % Excellent "As a Place to Work"



Source: South Carolina Hospital, Admissions=25,837 Total Beds=594, expanding to 644 in 04/08, employee satisfaction measured by PRC

Leader Rounding



Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- ✓ Nurse Hourly Rounding
- ✓ Leader Rounding
- *Strategic Alignment and Accountability*

Strategic Goal Alignment and Accountability

- **A “Must Have” for operational excellence**
- **Clearly connects the goals of the organization**
- **Reduces unnecessary work and duplication of efforts because clear expectations are set**
- **Keeps leaders focused on what is really important**

Hardwiring Leader Evaluations, Studer Group

- **Health systems that fail to align their metrics with their core values are less likely to achieve outstanding results**

Yonek, J., Hines S., and Joshi, M., *A Guide to Achieving High Performance in Multi-Hospital Health Systems*, HRET, Chicago, Ill., March 2010.

- **Relentless accountability**

Rush, Sandy, RN, FACHE, CHW, San Francisco, CA.
“A System-Wide Approach to Moving Organizational Excellence through Accountability and the Nursing Bundle.”

Evidence-Based LeadershipSM (EBL)

Foundation

Breakthrough

STUDER GROUP:



Aligned Goals

- ▼ Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability
- ▼ Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

Aligned Behavior

- ▼ Rounding
- ▼ Thank You Notes
- ▼ Employee Selection
- ▼ Pre and Post Phone Calls
- ▼ Key Words at Key Times

- ▼ Re-recruit high and middle performers
- ▼ Move low performers up or out

Aligned Process

- ▼ Agendas by pillar
- ▼ Peer interviewing
- ▼ 30/90 day sessions
- ▼ Pillar goals
- ▼ Leader Eval Mgr (LEM)
- ▼ Staff Eval Mgr (SEM)
- ▼ Discharge Call Manager (DCM)
- ▼ Rounding Mgr
- ▼ Idea Express

Strategic Goal Alignment and Accountability

- **“The first step to creating a culture of accountability is to set the expectation for holding one's self as well as our colleagues and employees accountable for outcomes and consequences of our actions or lack thereof.”**

Dianne A. M. Aroh MS, RN, NEA-BC, Dianne A., Occhiuzzo MS, RN, BC, Denise, Douglas MA, RN, CNN, APN, Claudia. Blueprint for Nursing Leadership: Creating a Culture of Accountability, *Nursing Administration Quarterly*, July/September 2011, Volume 35 Number 3, Pages 189 - 196.

- **30 percent of leaders' incentive compensation at Hopkins is based on performance on the Safety Dashboard as well as the less tangible notion of their engagement in our “culture of improvement.” Combined, these incentives build a culture of accountability for improvement.**

Johns Hopkins

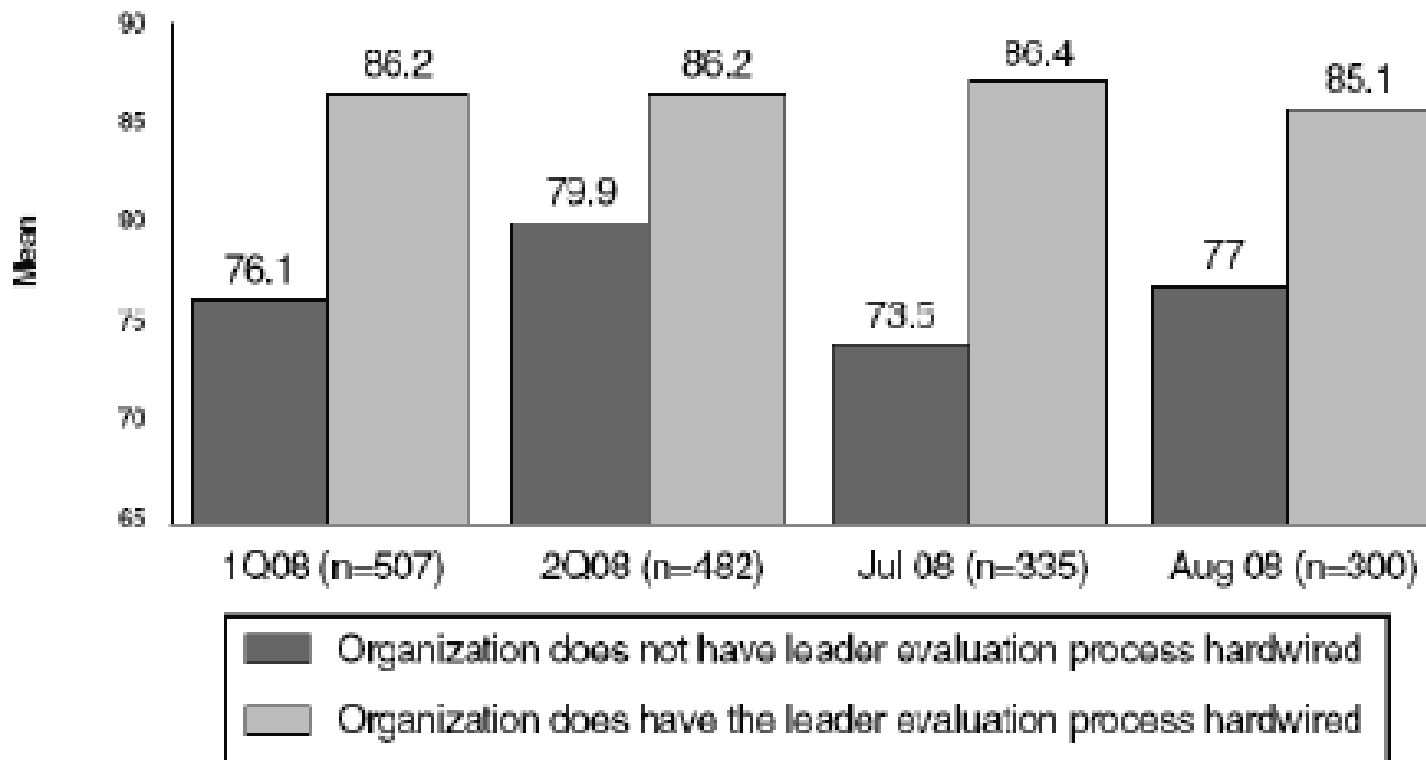
Strategic Goal Alignment and Accountability

- **Leadership accountability at Methodist Healthcare San Antonio, TX**
 - Reduced staff turnover by 40 percent in 2009
 - 75th percentile in patient satisfaction scores
 - Improved patient safety scores to less than 1.12 of lost work time cases per 100 employees
 - Meeting labor and operational budgets

Studer Group

Impact of Organizational Goals Hardwired into Leader Evaluation on Patient Perception of Care

Leader Evaluation



Source: Studer Group® October 2008 Measurement Spreadsheet; Organizations that hardwire the leader evaluation process show patient perception of care ratings that are significantly higher than those that do not. Patient perception of care mean score average includes all partner selected vendors including Arbor, Avatar, Gallup, HCAHPS, Healthstream, Jackson, NRC, PRC Picker, Press Ganey, RPM, and Statquest.

Engagement Survey Regression Analysis:
Correlation to Nurse Engagement

Top 4 Drivers

n=15,417

Driver	Beta
Nurses providing clinically excellent care receive positive recognition	0.447
My manager and nurse colleagues routinely and openly discuss unit weaknesses and vulnerabilities along with potential solutions	0.445
Each member of the multidisciplinary care team (physician, nurse, and other caregivers) is aware of their patients' daily goals	0.408
Nurses know their units' performance goals for quality indicators (pressure ulcers, infection rates, falls, etc.)	0.398

Instilling Frontline Accountability, The Advisory Board Company.

Provider Focus

Teamwork | Patient-Centered | Innovation | Accountability | Excellence | Pride



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HCAHPS Survey

OMB Control Number: 0938-0881

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 No → If No, Go to Question 15
13. During this hospital stay, how often was your pain well controlled?
 Never
 Sometimes
 Usually
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
 Never
 Sometimes
 Usually
 Always
15. During this hospital stay, were you given any medicine that you had not taken before?
 Yes
 No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
 Never
 Sometimes
 Usually
 Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
 Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home
 Someone else's home
 Another health facility → If Another, Go to Question 21
19. 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?
 Yes
 No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
 Yes
 No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
 Definitely no
 Probably no
 Probably yes
 Definitely yes

ABOUT YOU

23. In general, how would you rate your overall health?
 Excellent
 Very good
 Good
 Fair
 Poor
24. What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree
25. Are you of Spanish, Hispanic or Latino origin or descent?
 No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
26. What is your race? Please choose one or more.
 White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native

27. What language do you mainly speak at home?
 English
 Spanish
 Chinese
 Russian
 Vietnamese
 Some other language (please print): _____

Please take a moment to respond to the following statement. Your insights will help us improve health care quality for everyone.

Comments (describe your good or bad experiences):

Patient's Name: _____ Telephone Number: _____

(optional)

(optional)

(continued...)

THANK YOU. Please return the completed survey in the postage-paid envelope.

How Do Patients Judge Quality?

- **Did the physician listen?**
- **Did the physician express concern?**
- **Did the physician answer my questions?**
- **Did the physician care for me as a person, and not just a patient?**
- **By physicians verbal and non-verbal behavior**

Interpersonal Skills

“Patients place **more importance** on doctors’ **interpersonal skills** than their medical judgment or experience, and doctors failing in these areas are the overwhelming factor that drives **patients to switch**”

Wall Street Journal, September 2004

Importance of Physician Communication

“20% of all Medicare patients discharged from hospitals were readmitted within 30-days and 34% within 90-days.

The Joint Commission and others rightly believe that inadequate communication between physicians, as well as between physicians and patients, is a major contributing factor.”

New England Journal of Medicine 2009



SCOTT & WHITE
Healthcare

HCAHPS Doctor Communication Domain

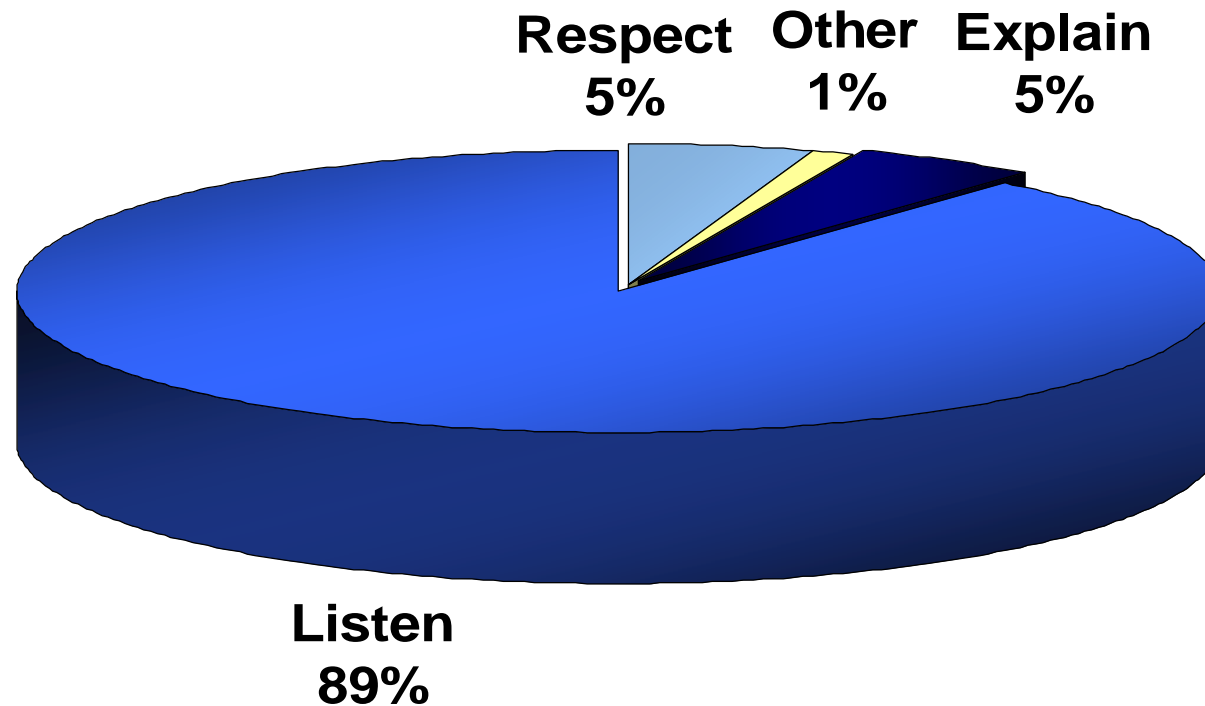
Doctor Communication Domain

- 1 of 8 Domains on HCAHPS Survey
- Comprised of 3 Survey Questions:
 - During this hospital stay, how often did doctors treat you with *courtesy and respect*?
 - During this hospital stay, how often did doctors *listen carefully to you*?
 - During this hospital stay, how often did doctors *explain things* in a way you could understand?

Greatest Impact on Doctor Communication

Doctor Communication Domain

Improvement in Doctors' Listening Skills will most strongly impact the Doctor Communication Score



Source: 2011 Press Ganey Associates, Inc.

Provider Communication

QUESTION

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

RESPONSE SCALE

Always, Usually, Sometimes, Never

SCRIPTING

*“As a **courtesy and respect** to our patients, we knock before entry”.*

ACTIONS & BEHAVIORS

- Make eye contact with patient. Acknowledge all in room. The first impression is established here.
- Employ a warm, friendly and reassuring manner.
- Introduce yourself to the patient, your role in the patient’s care and the experience that you bring.
- Greet the patient by name and shake hands if possible.
- Communicate your awareness of relevant clinical data to the patient as this impacts patient’s perception of care. Sit whenever possible.
- Ask permission to begin an exam or assessment.

Empathy

- Patients whose physicians were rated as more empathetic had higher rates of high satisfaction than patients whose physicians were less empathetic (29% vs 11%; $P=.004$)
- Patients whose physicians made any reflective statements had higher rates of high autonomy support than those whose physicians did not (46% vs 30%; $P=.006$)
- Patient-physician communication is a central component of high-quality care

Provider Communication

QUESTION

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

RESPONSE SCALE

Always, Usually, Sometimes, Never

SCRIPTING, ACTIONS & BEHAVIORS

- Use open-ended questions. *“Tell me about your pain.”*
- Follow the 2-minute rule. Allow the patient to talk for at least 2-minutes uninterrupted while maintaining eye contact for 80% of time and **listening** (2-minutes sitting at the bedside is perceived better than 10-minutes standing in the doorway)
 - *“I want to make sure I **heard** you correctly...”*
 - *“I care about how you are doing...”*
 - *“Let me see if I understand...”*
 - *“Does that sound reasonable to you?”*
- Convey sincere empathy regarding pain.
 - *“I’m sorry this has been your experience.”*
 - *“I’m sorry that you have experienced the severe pain as this will no...”*

Patient's Listening

- A patient's listening is motivated by a universal need:
 - The need for compassion
 - The need to be heard
 - The need to be recognized
- From a tone of voice or acknowledgment, the patient can readily hear if the white coat standing in front of him/her is someone who can care enough to listen.

Shannon, M. The Permanente Journal: Spring 2011; Vol. 15, 2.

Provider Communication

QUESTION

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

RESPONSE SCALE

Always, Usually, Sometimes, Never

SCRIPTING, ACTIONS & BEHAVIORS

- Explain the patient's diagnosis, tests and care in general in clear, simplistic, non-technical terms that is easier to understand.
 - “Let me **explain** your diagnosis to you.”
 - “Let me **explain** the tests that I am going to ask for you to receive and what will happen next.” (Explain what you will do & why before doing it)
 - “Let me **explain** what to look for...”
 - “Let me **explain** what you need to do...”
 - “Let me **explain** why you are taking this medication, the generic name and the potential side effects.”
 - “Let me **explain** what to expect after surgery...”

Importance of Communication

“Physician communication or the lack of it, is probably one of the most important factors for patient noncompliance.

Mayo Clinic found:

- **72%** of patients were unable to list medications that they take
- **58%** of patients were unable to recite their own diagnosis”

Mayo Clinic Proceedings 2005

Explanation

“Simple choices in words, information depth, speech patterns, body position, and facial expression can greatly affect the quality of one-on-one communication between the patient and physician.”

Travaline, J.M. MD, Ruchinkas, R., PsyD., D’Alzonzo Jr, G. JAOA: 1, 2005; Vol. 105, No 1:13-18.

Superior Service with AIDET



SCOTT & WHITE
Healthcare

A	Acknowledge <i>Acknowledge the patient/others with a smile & make eye contact</i> <i>(When entering a room, knock on patient's door before entry then make eye contact & smile)</i>	
I	Introduce <i>Introduce yourself, your role/skills and experience</i> <i>(After knocking on door, listen for vocal response then enter & introduce yourself)</i>	<i>Focus on the "A & I" to show Courtesy & Respect by ALL Physicians, Nurses, Students & Support Staff</i>
D	Duration <i>Give an accurate time expectation for tests, physician arrival and other events; Keep in touch to ease waiting times</i>	
E	Explanation <i>Explain step by step what will happen, answer questions and leave a phone number where you can be reached</i>	<i>Focus on the "E" to Explain Medications, Diagnosis & Information.</i>
T	Thank You <i>Thank the patient/family for choosing Scott & White and ask: "Is there anything else I can do for you?"</i>	

A

Acknowledge – Entry to All Patient Rooms (Make eye contact & smile!)

- *Acknowledge everyone in the room*
- *Address the patient by name*
- *Make the patient your focus*

I

Introduction to Patients and Family

- *Introduce yourself “Hello, Mr. Smith, I am ____, your ____ (surgeon...).”*
- *Statement of experience*
- *Sit down if possible at patient’s level*

D

Duration – Communication on Duration

- *“Mr. Adams, we will have the results of your lab tests and x-rays this afternoon. I will be back this afternoon to discuss our treatment options.”*

E

Explanation

- *Carefully listen to the patient’s story uninterrupted (2 minutes at least)*
- *Use language the patient can understand when describing the treatment plan (e.g. “We’ll run a CK-MB to determine AMI” vs. “We’ll run some blood tests to determine if you’ve suffered a heart attack.”)*

T

Thank – When leaving a room, make eye contact and ask:

- *“Do you have any questions?”*
- *“Is there anything else I can do for you?”*
- *“Thank you for allowing me to care for you.”*