

Gathering Feedback, Evaluation & Working with Data

AFPA Webinar

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Voices of Our Patients



Define Stage In Review

- Developing a Charter
- Writing an Aim Statement
- Building a Team
 - Engaging Stakeholders
- Traversing the Trajectory

Define

Measure

Analyze

Improve

Control

Aim Statements...Must Include

- A measureable verb; preferably increase or decrease
- A measure of success, preferably an outcome measure, not a process measure
- A target to achieve based upon data
- A timeline in which to achieve the goal

Define

Measure

Analyze

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Focus the improvement effort by gathering information on the current situation.

MEASURE

Quantitative & Qualitative Measures

Quantitative

LOS, process outcome
Inventory costs
Satisfaction
Steps
Expenses/revenue



Qualitative

Increased communication
Improved capacity, workflow, ownership
Aesthetics look better

Define

Measure

Analyze

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Types of Measures

Outcome Measures:

Voice of the customer.

Tells the result/achievement of the aim

Process Measures:

Voice of the system.

Tells whether the specific process is having an effect

Balancing Measures:

Tells whether changes in one part of the system are affecting other parts of the system



Define

Measure

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Be Aware of These Pitfalls

- Lack of clarity on how to define the measure
- Too many measures
 - Focus on vital few (3-5)
- Waiting for a technical fix to solve an adaptive challenge
 - i.e. Waiting for IS or some other miracle worker to provide data
- At the end of the day... directional at best

Getting Started – Path to Performance

- Traversing the trajectory
 - “Don’t Shoot!”
 - “My patients are different”
 - “Show me the data!”
 - “Tell me what my patients say!”
 - “Fine, just tell me what to do!”





Improving Patient Experience

Queens Hospital Center



Problem and Project Goal

PROBLEM:

- ▶ Three HCAHPS measures below 50th percentile:
 - ▶ MD Communication (77.4)
 - ▶ RN Communication (67.1)
 - ▶ Discharge Information (77.2)
- ▶ Effective communication drives engagement of staff, patient satisfaction, patient outcomes, and affects reimbursement.

GOAL:

- ▶ 5% increase in HCAHPS scores on three communication measures by June 2014



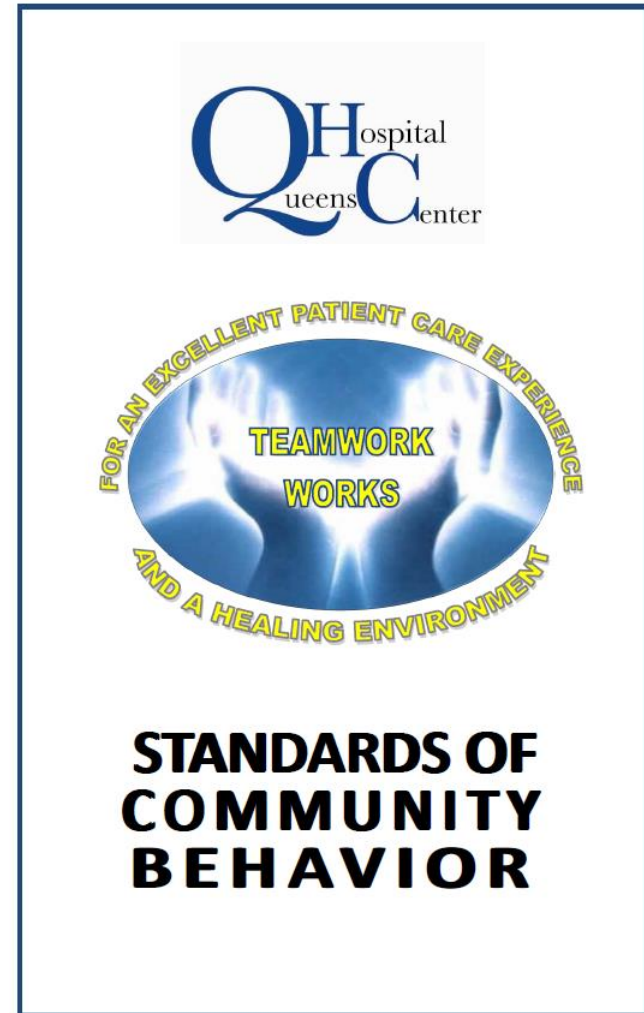
Project Design and Progress

- ▶ **Strategies to promote organizational commitment to patient centered care:**
 - ▶ Patient engagement named as QHC goal.
 - ▶ Executive sponsorship for patient experience
 - ▶ All clinical services required to incorporate a patient communication metric in their performance improvement initiatives.



Project Design and Progress

- ▶ Standards of Community Behavior:
 - ▶ Developed expectations and shared meaning for patient-centered communication.
 - ▶ Condition for employment (June 2013)
 - ▶ Reviewed with existing staff via leadership rounds Fall 2013.



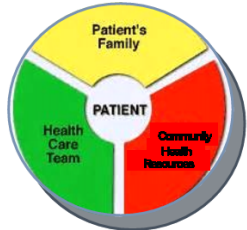
QUEENS HOSPITAL CENTER

STANDARDS OF COMMUNITY BEHAVIOR



MUTUAL RESPECT

- Treat each patient, visitor and co-worker with respect and compassion.
- Respect the diversity of all individuals.
- Respect the knowledge and experience that everyone (patients, families and staff) bring to QHC. Listen respectfully to others.



PATIENT CENTERED CARE

- Always include the patient and family in treatment planning and decision making; discuss the benefits and risks of all treatment options; encourage the patient to ask questions and express concerns; recognize the patient's right to refuse care.
 - Always use the patient's preferred language.
- Keep patients and family informed about wait times and delays, and if the patient is unable to wait, offer alternatives, such as rescheduling.

PATIENT COMMUNICATION

Use the **ONE** technique for patient communication.

- O**pen: Make eye contact, smile and greet the patient and visitors in a friendly tone; state your name and role.
- N**arrative: Explain what you are going to do and why you are doing it. Ask the patient if they have any questions or concerns; actively listen to and address any questions and concerns.
- E**xit: Ask the patient to teach back the critical points of the discussion; ask is there anything else you can do to help them; thank the patient and visitors.

PATIENT SAFETY: RED RULES

Hand Hygiene - Always practice safe hand hygiene (hand washing with soap and water or hand rubbing with foam or gel) prior to and after each patient interaction.

Patient Identification - Always verify the patient's identity at every encounter, including prior to any diagnostic test, treatment, procedure, medication administration or hand-off, using two patient identifiers (Name and Date of Birth in Out-patient settings; Name and Medical Record Number for admitted patients).

QUEENS HOSPITAL CENTER

STANDARDS OF COMMUNITY BEHAVIOR

TEAMWORK



- Identify common team goals and work together to achieve these goals; respectfully discuss and resolve differences.
- Openly share information with co-workers and listen attentively to their opinions and concerns.
- Support co-workers when they need help and ask for assistance when needed.

COURTESY



- **Elevator Courtesy** - Let patients and visitors on the elevator first; hold the door for patients and visitors; offer assistance when visitors appear lost or confused; do not discuss patient-related issues on the elevator.
- **Meeting Courtesy** - Always come prepared; read the agenda in advance and complete assignments; arrive on time and end on time; set electronic devices on silent or vibrate; listen attentively and actively participate; step out of the meeting if you must handle an urgent matter.
- **Telephone Courtesy** - Start with a greeting, including your name and department; ask how you may assist the caller; offer to transfer the call if they have reached the wrong department; before ending the call, ask if there is anything else you can do to assist the caller.

APPEARANCE

Employees should dress in attire that is appropriate for a health care institution and for their individual work setting; ID badges should be worn at all times above the waist.

ENVIRONMENT

Maintain a clean and safe environment; pick up litter when you see it; report spills and other environmental hazards to Environmental Services staff.



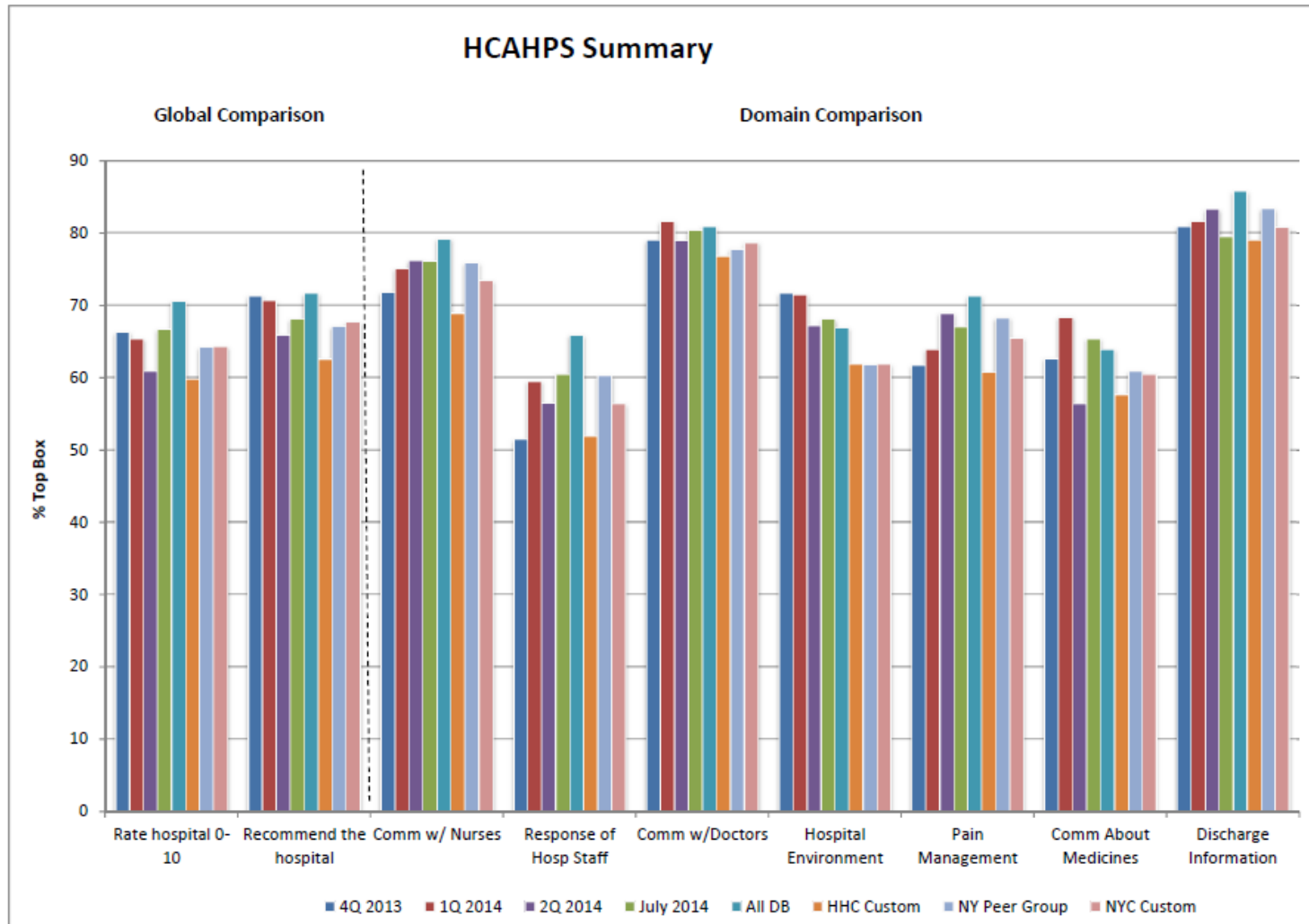
Project Design and Progress

- ▶ **Monthly Huddles:**

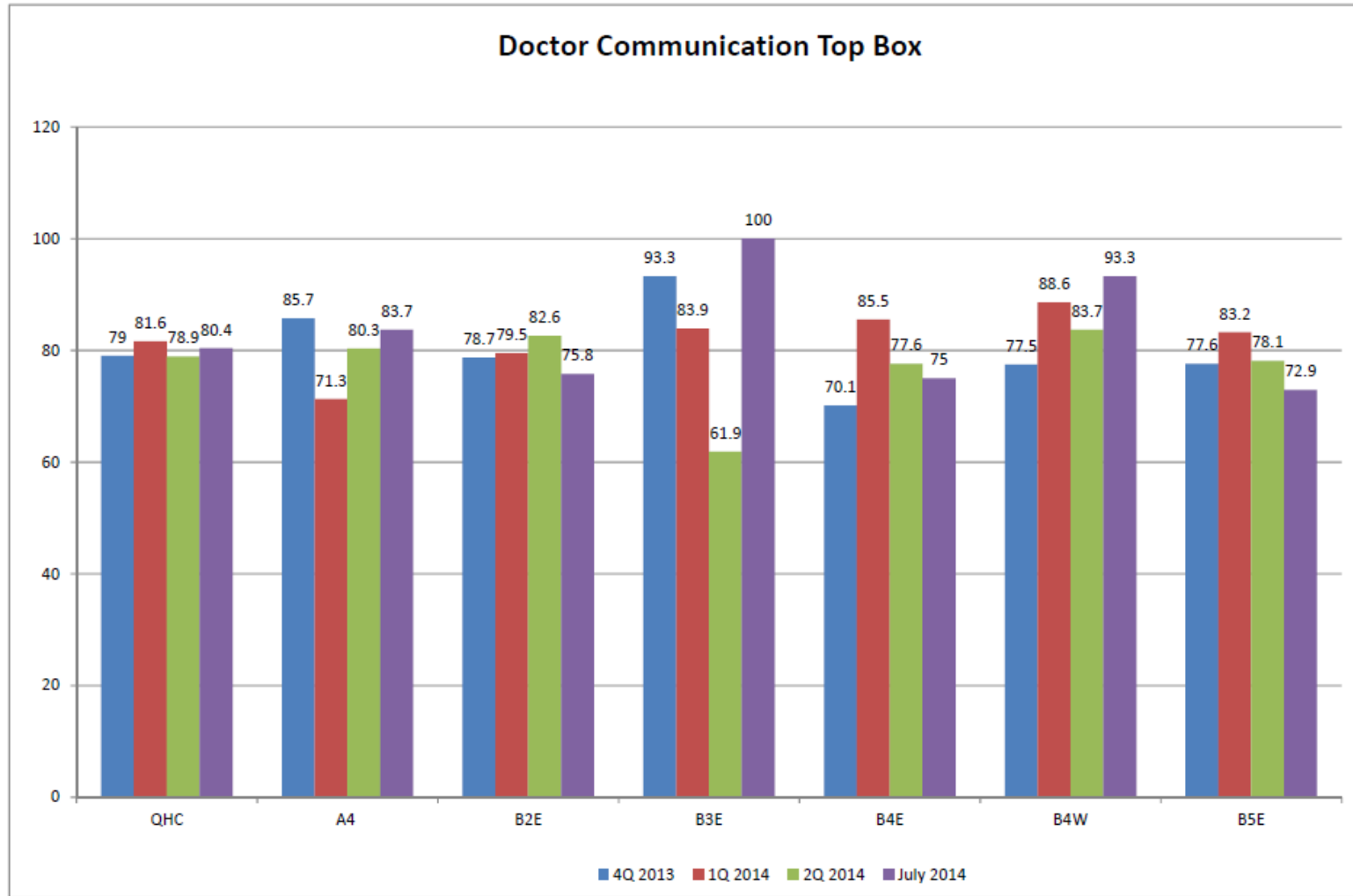
- ▶ Huddles at unit level to review data and share best practices related to communication with patient/family.



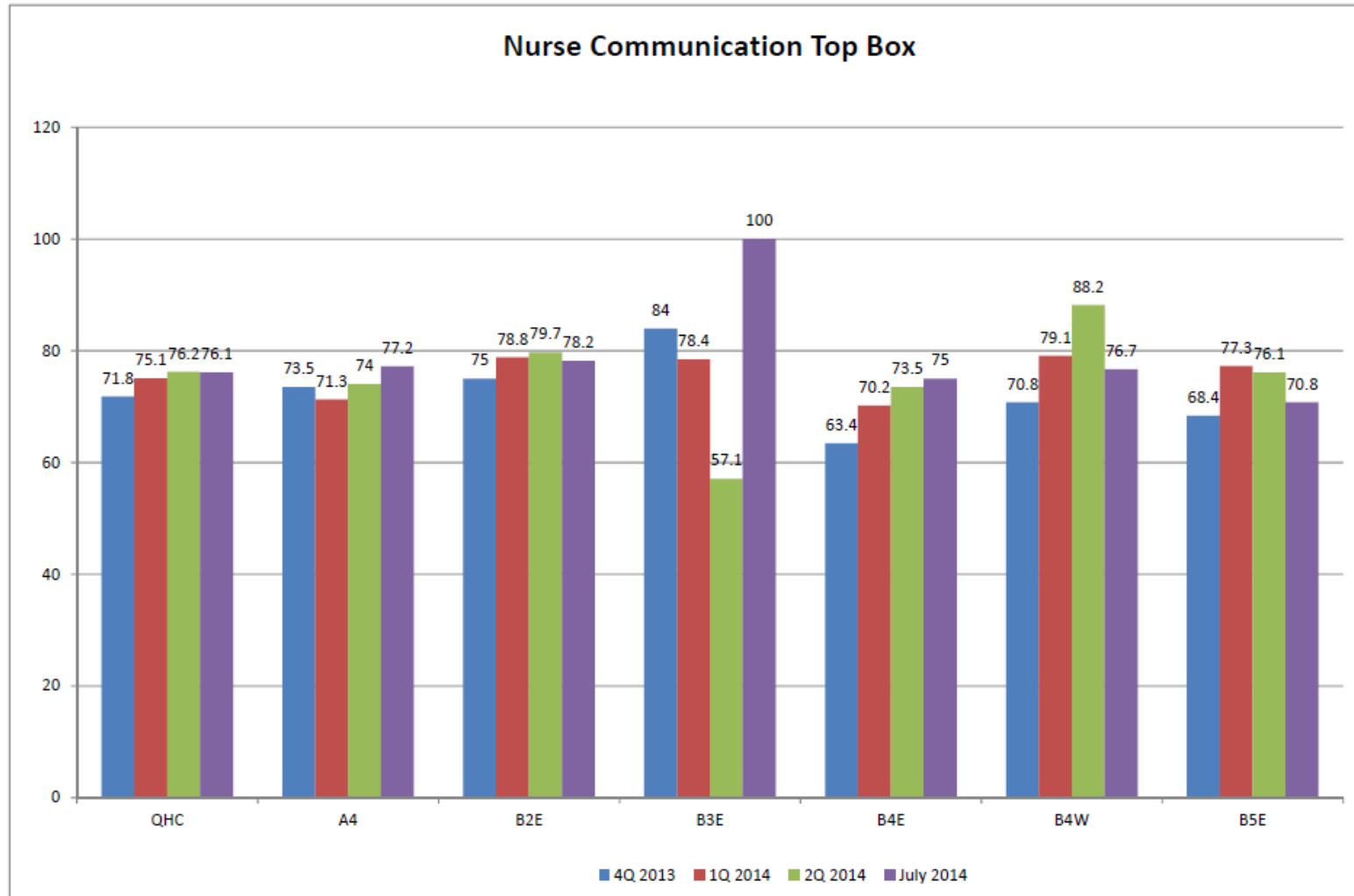
Monthly Huddles



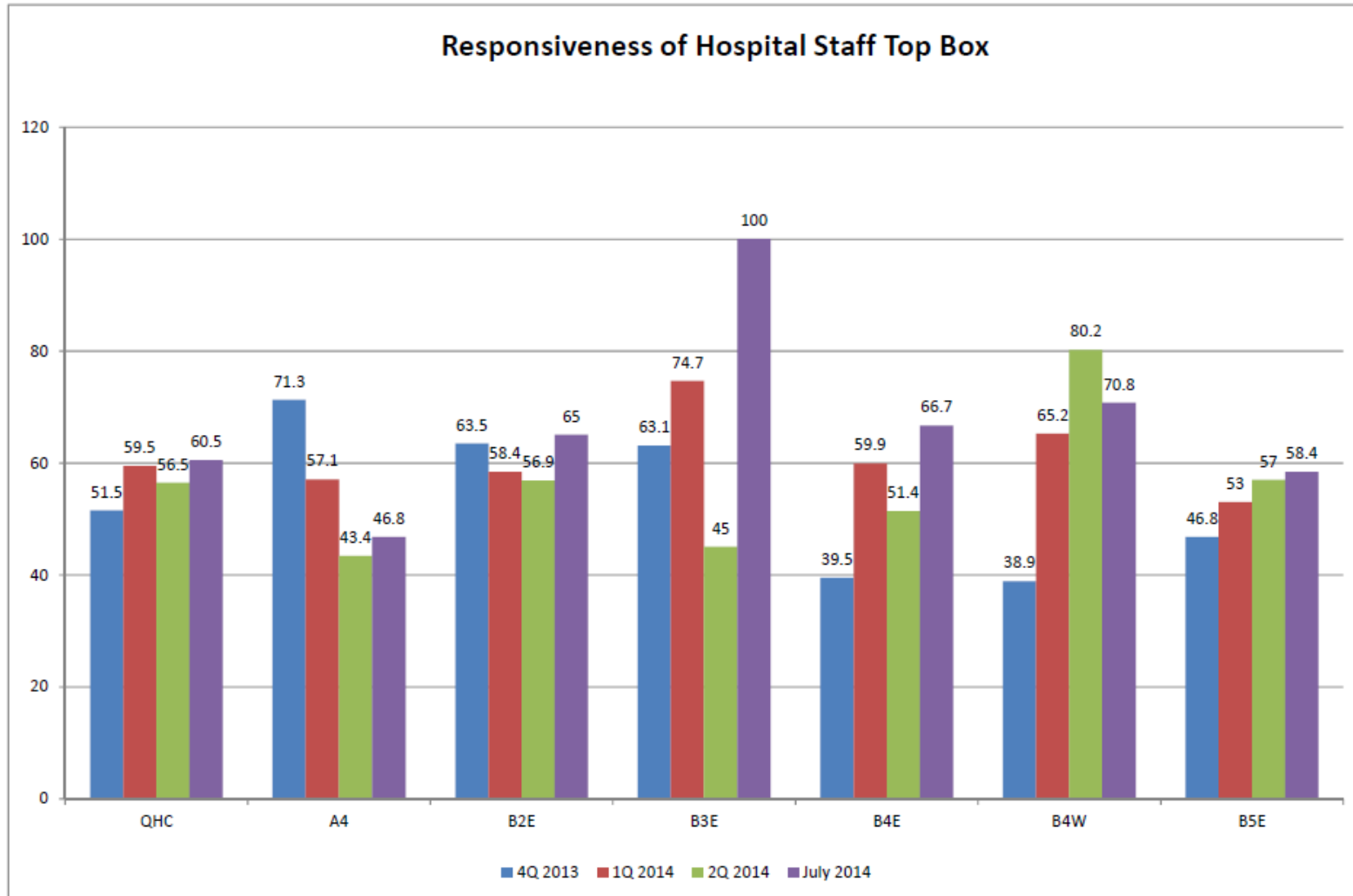
Monthly Huddles



Monthly Huddles



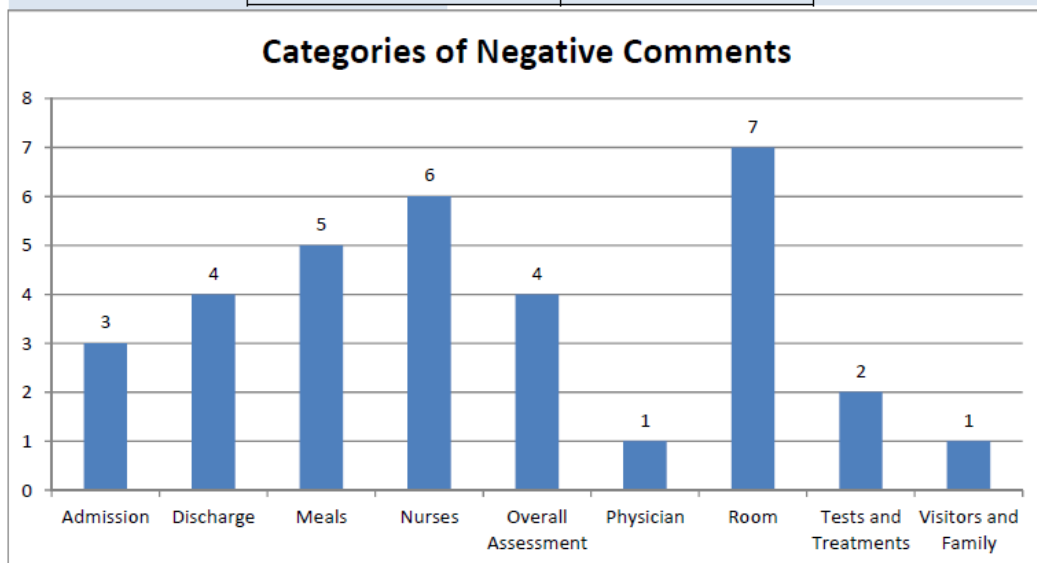
Monthly Huddles



Monthly Huddles

QHC HCAHPS Summary of Recorded in July 2014

Row Labels	Column Labels				Total #	Total %
	Positive		Negative			
	#	%	#	%		
A4	17	89.47%	2	10.53%	19	100.00%
B2-E	22	61.11%	14	38.89%	36	100.00%
B3-E	14	77.78%	4	22.22%	18	100.00%
B4-E	40	97.56%	1	2.44%	41	100.00%
B4-W	10	66.67%	5	33.33%	15	100.00%
B5-E	22	75.86%	7	24.14%	29	100.00%
Grand Total	125	79.11%	33	20.89%	158	100.00%



Project Design and Progress

- ▶ **Training in Principles of Patient Centered Care (September 2014):**
 - ▶ **Communicate** - The Power of Language. Attendees will use service language standards to classify common words and behaviors as unacceptable or acceptable.
 - ▶ **Anticipate** – the Power of Listening focuses on foundational behaviors used to solicit, anticipate and connect with patients' emotional needs.
- ▶ **Partnered with Press Ganey consultant and designed a curriculum to implement a Master Trainer program and training for all QHC team members to bridge the gap between team members' desire to communicate with care and empathy.**
 - ▶ Training provided for 35 master trainers September 8 and 9, 2014.
 - ▶ Training for all executives and department heads scheduled for October 14 and 15, 2014.
 - ▶ Goal is to provide training for all hospital staff within 3 years.



WE ARE ON TRACK!

HCAHPS COMMUNICATION MEASURES:	JAN – JUN 2013	JUL – DEC 2013	JAN - MAR 2014	APR - JUN 2014
NURSES	67.1	70.8	75.2	74.2
Nat. %tile rank	3	7	19	16
DOCTORS	77.4	79	82	79.6
Nat. %tile rank	24	30	58	38
DISCHARGE INFORMATION	77.2	80.3	82.2	83.8
Nat. %tile rank	5	12	18	28



Next Step

- ▶ **Performance Expectation:**
 - ▶ Link patient experience to performance evaluation.



Leadership Lessons

- ▶ **SPONSORSHIP:** The support of the CEO at inception created urgency for this patient-centered culture.
- ▶ **INVOLVEMENT OF STAKEHOLDERS:** Physicians and other direct care providers as champions are keys to achieving success.
- ▶ **RECOGNITION AND REINFORCEMENT:** Recognition of staff who model expected behavior helped reinforce the importance of this initiative.



Challenges

- ▶ Queens serves a multicultural population. Our patients speak over 100 languages. Over 85% include patients with limited or no English proficiency
- ▶ Ethnicity/cultural diversity of staff
- ▶ Accountability
- ▶ Sustainment
- ▶ Limited financial resources



Spectrum of Strategies

	Less	More	Most
Projecting the Patient Voice	Sharing comments, awards	Patient & Family Advisory Council	Patients serving on committees
Data & Reporting	Clinic/site/unit level	Physician level	Enterprise Data Warehouse
Goal Setting & Compensation	Identify areas of focus	Internal scorecard	Tied to physician compensation
Service Strategy & Training	Discuss at provider meetings	Develop/adopt a service mnemonic, Video vignettes	Service training, CMEs
Other	Newsletters, Cards, Care boards	Care team coaching, mystery shopping	SWAT Teams, Patient Centered Medical Home

Resource Investment (\$/Time)



Questions?

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Going Further – IHI Open School

- QI 102 Lesson 2: Setting an Aim
- QI 102 Lesson 3: Measuring for Improvement
- QI 103: Measuring for Improvement