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Creating an Exceptional Patient Experience

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A PRESENTATION FOR GRADUATE MEDICAL EDUCATION:
CREATING AN EXCEPTIONAL
PATIENT EXPERIENCE

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Nada Elmagbari.

The Patient Experience Affects

- **Reimbursement** – 25% CMS VBP
- **Market Share** – estimated 30+% consumers consider HCAHP and other publically reported data when choosing a provider
- **Readmission** – poor communication significant contributor

Compliance – better relationship with pt. = improved compliance

Liability and M&M- patients who like and trust their doctors are far less likely to sue *even there is a bad outcome.*

25 % CMS Reimbursement based on Patient Experience SCORES

www.qualityreportingcenter.com/wp-content/uploads/2015/10/FY-2018-Infographic-VBP-Domain-Weighting_FINAL_508.pdf

FY 2018 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2017 to September 30, 2018)

Clinical Care 25%	Baseline Period October 1, 2009–June 30, 2012	Performance Period October 1, 2013–June 30, 2016		
	Measures 30-day mortality, acute myocardial infarction (MORT-30-AMI) 30-day mortality, heart failure (MORT-30-HF) 30-day mortality, pneumonia (MORT-30-PN)	Threshold 0.851458 0.881794 0.882986	Benchmark 0.871669 0.903985 0.908124	
Patient- and Caregiver- Centered Experience of Care/Care Coordination 25%	Baseline Period January 1, 2014–December 31, 2014	Performance Period January 1, 2016–December 31, 2016		
	HCAHPS Survey Dimensions	HCAHPS Performance Standard		
		Floor (%)	Threshold (%)	
	Communication with Nurses	55.27	78.52	
	Communication with Doctors	57.39	80.44	
	Responsiveness of Hospital Staff	38.40	65.08	
	Pain Management	52.19	70.20	
	Communication about Medications	43.43	63.37	
	Hospital Cleanliness and Quietness	40.05	65.60	
	Discharge Information	62.25	86.60	
	3-Item Care Transition*	25.21	51.45	
	Overall Rating of Hospital	37.67	70.23	
			Benchmark (%)	
			85.68	
			88.51	
			80.35	
			78.46	
			73.66	
			79.00	
			91.63	
			62.44	
			84.58	
Efficiency and Cost Reduction 25%	Baseline Period January 1, 2014–December 31, 2014	Performance Period January 1, 2016–December 31, 2016		
	Measure i MSPB-1 Medicare spending per beneficiary	Threshold Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Benchmark Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period.	
Safety 25%	Patient Safety for Selected Indicators	Baseline Period July 1, 2010–June 30, 2012	Performance Period July 1, 2014–June 30, 2016	
		Measures i AHRQ PSI-90 Composite	Threshold 0.577321	
	Complications/Healthcare-Associated Infections	Baseline Period January 1, 2014–December 31, 2014	Performance Period January 1, 2016–December 31, 2016	
		Measures i Central Line-Associated Bloodstream Infections (CLABSI) i Catheter-Associated Urinary Tract Infections (CAUTI) i Surgical Site Infection (SSI): Colon i SSI: Abdominal Hysterectomy i Methicillin-resistant Staphylococcus aureus (MRSA) i C. difficile Infections (CDI)	Threshold 0.369 0.906 0.824 0.710 0.767 0.794	Benchmark 0.000 0.000 0.000 0.000 0.000 0.002
Process	Baseline Period January 1, 2014–December 31, 2014	Performance Period January 1, 2016–December 31, 2016		
	Measures i PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation	Threshold 0.020408	Benchmark 0.000000	

* = New Measure
i = Lower Values Indicate Better Performance

Payments Withheld

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
	12.5%	1.5%	1.7%	2.0%	2.0%

Empathy: The Human Connection to Patient Care



The Cleveland Clinic

- https://www.youtube.com/watch?v=cDDWvj_q-o8

**How do we measure the
patient experience?**

CAHPS Overview

Consumer Assessment of Healthcare Providers and Systems

- **First national, standardized, publicly reported survey which measures and reports patients' perceptions of healthcare experiences**
- **HCAHPS (Hospitals), & CGAHPS, (clinical groups) are already in effect**
- **ALSO:**
 - EDcahps
 - Child cahps

HCAHPS' Survey "Communication with Doctors" Composite

YOUR CARE FROM DOCTORS

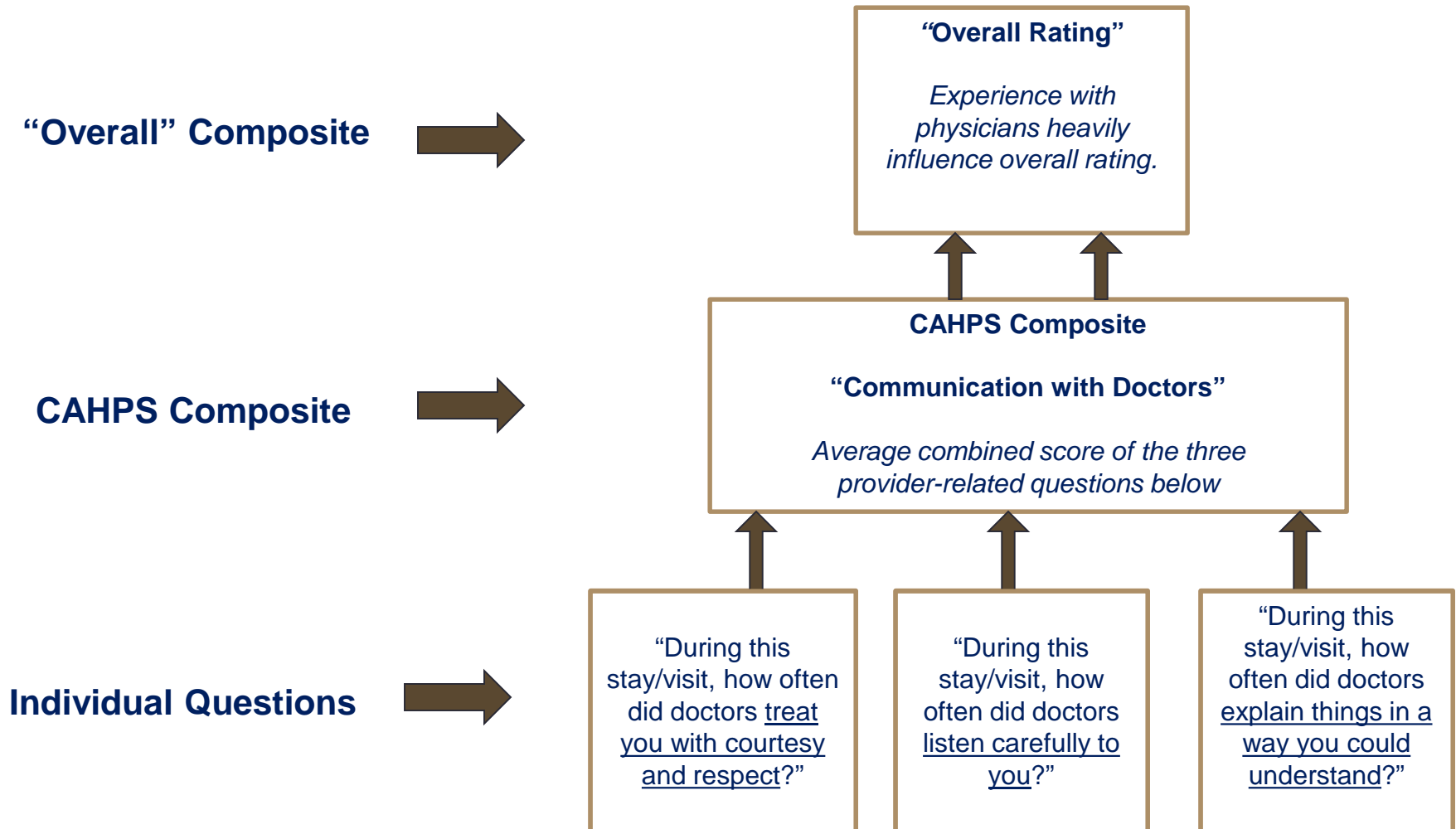
5. **During this hospital stay, how often did doctors treat you with courtesy and respect?¹⁸⁸⁷⁵**
 - ① Never
 - ② Sometimes
 - ③ Usually
 - ④ Always

6. **During this hospital stay, how often did doctors listen carefully to you?¹⁸⁸⁷⁷**
 - ① Never
 - ② Sometimes
 - ③ Usually
 - ④ Always

7. **During this hospital stay, how often did doctors explain things in a way you could understand?¹⁸⁸⁸⁴**
 - ① Never
 - ② Sometimes
 - ③ Usually
 - ④ Always

Overview of Patient Survey

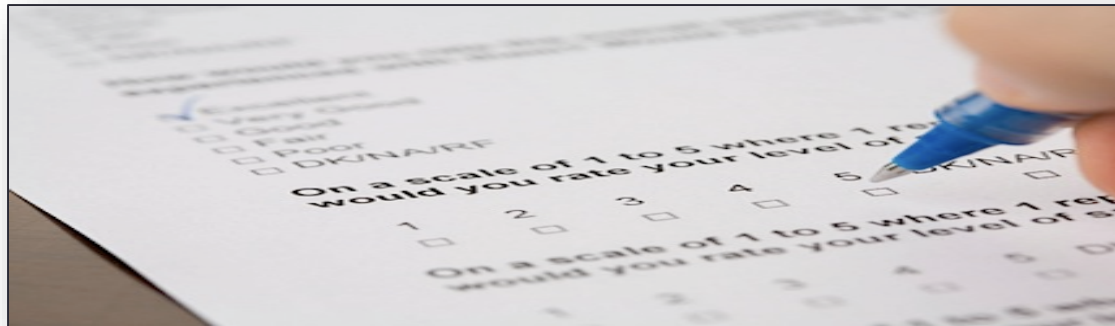
EXAMPLE: “Communication with Doctors”



Scoring Methodology

“Top Box” Scoring

“Top Box” scores are the **percentage** of the **highest ranking** on a given question



Example: “During this stay/visit, how often did doctors listen carefully to you?”

- **Always (8 responses) *** The only answer that counts is always*****
- Usually (1 response)
- Sometimes (0 responses)
- Never (1 response)

‘Top Box’ score of 80% = 50th Percentile National Ranking

“High-level skills like reflectiveness and empathy are an important part of medical education these days. That is all to the good, of course. But... medical schools may be underemphasizing a much simpler virtue: good manners.”

Michael Kahn, MD

The Six Habits of Highly Respectful Physicians

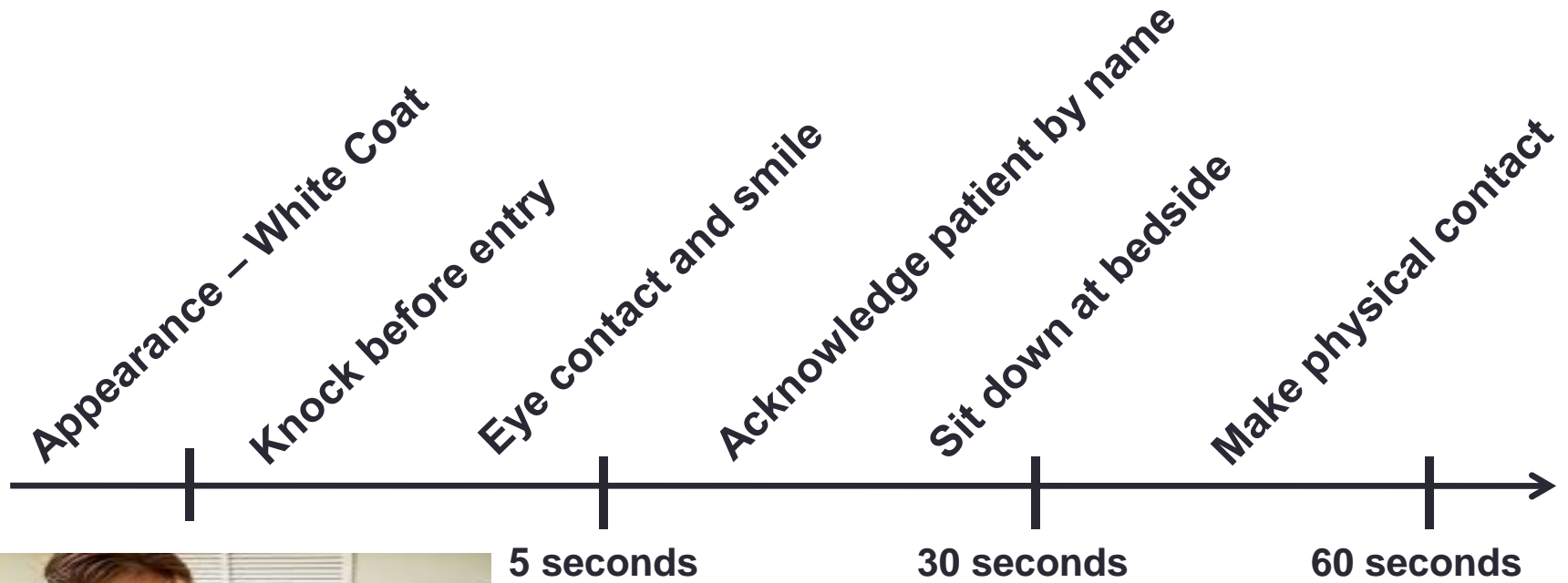
December 1, 2008

“The Short List”

1. **What’s your brand?** We all have one; you create your personal brand which impacts how patients see you and evaluate you. It has nothing to do with your clinical skill and everything to do with your personality and communication skills.
2. Effectively manage **First Impressions**
3. Engage patients in **Two-Way Conversation**
4. Foster an environment of **Team Collaboration**

First Impressions

A Timeline for Success...



Does the White Coat Matter?



“Respondents overwhelmingly favor physicians in professional attire with a white coat. Wearing professional dress (i.e., a white coat with more formal attire) while providing patient care by physicians may favorably influence trust and confidence-building in the medical encounter.”

[The American Journal of Medicine](#)

[Volume 118, Issue 11,](#)

November 2005, Pages 1279-1286

Why Sit Down?

THE UNIVERSITY OF KANSAS HOSPITAL

**Sitting Down on the Job: New Data Finds
That Patients Are Happier When Doctors Sit
Down, Even If They Don't Stay As Long**

April 7th, 2010

	Sitting	Standing
Actual Time	1:02	1:28
Perceived Time	5+ minutes	3:44
% Satisfaction	95%	61%

Two-Way Conversation is Key



- Higher proportion of patient & family speech = higher patient satisfaction ¹
- Strong tie between patient satisfaction and patient-doc language reciprocity ²

¹ Crit Care Med. 2004 Jul;32(7):1484-8.
Family satisfaction with family conferences...

² Evaluation and the Health Professions,
Vol. 13 No. 2, June 1990 168-185

Techniques to Engage Patients

- Start & finish with open-ended questions

Begin sentences with “What/How” rather than “Do/Did”

- Utilize teach-back methodology

Ensures patient understanding + increases reciprocity

- Listen actively without interrupting

Silence can be engaging, and doesn't generally harm the experience

Techniques to Engage Patients

- Draw family members into the conversation

Family engagement will simultaneously improve quality of post-discharge compliance and overall satisfaction

- Tie everything back into the plan of care

Utilize whiteboards and treatment goals to keep patients engaged in the bigger picture of their care



3 Strategies to Enhance Team Collaboration:

- 1) Notify nursing staff upon arrival to unit. Invite them to accompany you to the bedside. If unavailable prior to patient round, circle back prior to leaving unit.
- 2) Give nursing staff a chance to ask questions – just like patients.
- 3) “Manage Up” the care team whenever possible – includes nurses, Primary Care Physicians, other depts., etc.

Key Word Examples

- I will be off tomorrow but one of my partners will be here to see you and they will take continue the care plan.
- We work as a team; my partners and I take care of all the patients.
- I have given you lots of information; what questions do you have for me?

A lack of self awareness may be our greatest liability in achieving meaningful progress on the patient experience.

NEJM 2017 – “How We Improved Hospitalist Patient Communication”

Rush University Medical Center's Best Practices Checklist for Hospitalists

Organized around the 3 questions in “Dr. Communication” portion of HCAHPS patient survey

How often did doctors treat you with courtesy and respect?

- Knock before entering room as a sign of respect
- Greet patient by name
- Introduce yourself, your role; use face cards/white board
- Make sure patient is comfortable and ready and able to talk
- Review chart prior to entering the room
- Treat every concern brought up as important, explain why you prioritize certain concerns over others in the hospital
- Look directly at patients while speaking with them, minimize interactions with computer
- Ask for permission to conduct a physical examination
- Involve patients in the decision making process, acknowledge their input
- If the patient appears uncomfortable, acknowledge this and ask why
- Ask for questions at the end of an encounter in an open ended fashion (“What questions do you have?”)
- End the interaction on a positive note
- Update RN on plan of care daily to avoid miscommunication/mixed messages
- End the hospital stay on a positive note: thank the patient for choosing your institution and let them know you value their feedback. (Of note: it is okay to ask for feedback via survey, however as per government regulations, you cannot solicit for specific responses or use exact language from the survey.)

How often did doctors listen carefully to you?

- Avoid interruptions
- Give patients a way to record their questions so they won't forget them (white board)
- Summarize key points of a discussion
- Pay attention to your patients' nonverbal cues and acknowledge emotions
- Sit at the bedside, lean forward to demonstrate engagement
- Use social touch to convey empathy
- Be comfortable with silence: give patient 5 seconds to resume conversation when there is a lapse
- Watch your body language- don't appear hurried, bored, fidgety, etc.

How often did doctors explain things in a way you could understand?

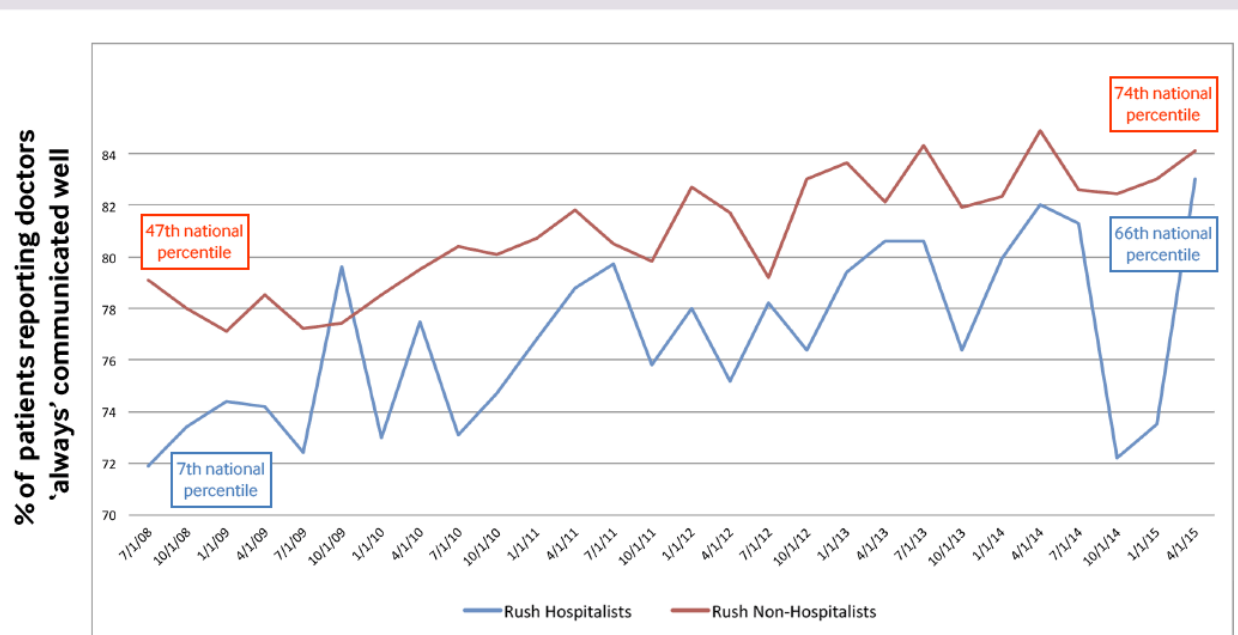
- Avoid medical jargon
- Explain physical exam findings as you are conducting the exam
- Use the teachback method to ensure understanding, utilize open ended questions
- Use diagrams/visual aids to help enhance comprehension
- Explain procedures/testing before they are ordered/performed; follow up on the results the same day via afternoon rounds
- Delineate the plan of the day so patients are aware of what will be happening
- Utilize written handouts to supplement verbal information when possible
- Write out important information (white boards)
- Reference face card as a way for patients to contact you with any questions both in the hospital and after the hospital stay

References: Dutta S and Abbas S, “HCAHPS and the Metrics of Patient Experience: A Guide for Hospitals and Hospitalists,” *Hospital & Medicine Practice* 3, no. 6 (2015); TE Dorrah, *Physician's Guide to Surviving CG-CAHPS and HCAHPS* (Charleston, SC: CreateSpace; 2014); *The Beryl Institute*, <http://www.theberylinstitute.org/news/228542/Guiding-Principles-for-Patient-Experience-Excellence-Identified-by-The-Beryl-Institute.htm>.

NEJM February 2017- Rush Memorial Results:

Improvement in Doctor-Patient Communication

HCAHPS Scores for Rush Hospitalists and Non-Hospitalists



Source: Rush University Medical Center.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Individual System HCAHPS Results & Service Standards

Next Steps:

- Participation in a patient experience simulation- Individual feedback will be given
- Review of HCAHPS / GCAHPS data most relevant to you
- Ongoing education

References & Resources

- <http://www.hcahpsonline.org/>
- www.pressganey.com
- www.thehappy.md.com
- http://www.healinghealth.com/patient_ex_info/?gclid=CLKOvpbmg9QCFQEEaQodbalFcw
- <https://my.clevelandclinic.org/departments/clinical-transformation/depts/patient-experience>
- <http://www.hcahpsonline.org/Facts.aspx>

References & Resources continued...

- <http://catalyst.nejm.org/how-we-improved-hospitalist-patient-communication/>
- <https://www.wsj.com/articles/the-talking-cure-for-health-care-1377785721>
- <https://www.ahrq.gov/cahps/surveys-guidance/hospital/index.html>
- <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/hospitalhcahps.html>