



Patient Experience: Making a Difference

Quality Corner Call
May 26, 2022

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For Audio, please call the following:

- U.S. and Canada Toll Free: (866) 740-1260
- Required Participant Passcode: 2337436



Today's Focus

- Maximizing the Food Impact
- What's Clean Got to Do with It?
- Transitioning to Care Transitions
- Empowering Patients to Speak Up
- Four Rules to Remember

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Patient Experience vs Patient Satisfaction

- Patient experience is related to patient satisfaction, but experience is more of a nebulous concept.
- Patient experience is about the interaction between caregivers and the hospital as a whole with patients and their families.
- Patient experience involves the environment, interactions with staff, perception, and feelings.

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Maximizing the Food Impact

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Maximizing the Food Impact

Patients separate the experience with hospital food into two general categories:

1. Characteristics of the food itself
 - Seasoning
 - Preparation
 - Temperature
2. Issues related to ordering and delivery
 - Menu selection
 - Ease of ordering
 - Timeliness of delivery
 - Order accuracy

Maximizing the Food Impact

- Most critical of the ordering and delivery issues.
- Most do not expect it to taste good
- Ordering and delivering aspects of food service strongly influence overall perception of food quality

Maximizing the Food Impact

- Food service should be a pleasurable experience during hospitalizations
- Teamwork makes a difference
- Meal ordering and service is important to patients
- “Room service” options are popular, but may not be best for all patients
- Special diets require special attention

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**What's Clean
Got to Do with It?**

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What's Clean Got to Do with It?

- Patients expect a minimum 'clean' of shiny floors, clean bathrooms, and clutter-free commons areas
- Patients have a heightened concern and awareness of HAIs
- Patients believe a sanitary environment is important to their healing and recovery

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What's Clean Got to Do with It?

- Patients describe their assessment of cleanliness as an important barometer of the quality of care overall
- “If they can't keep the hospital clean, what other things that I can't see might also be neglected?”

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What's Clean Got to Do with It?

Patients' perception of hospital cleanliness is highly correlated to:

- Risk of hospital acquired infections
- HCAHPS indicator of patient loyalty
- HCAHPS indicator of teamwork

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What's Clean Got to Do with It?

Hospital leadership and department managers should:

- Recognize and value EVS workers as stakeholders in delivery of safe, effective, quality care
- Consistently identify and employ evidence-based guidance in EVS to optimize the cleanliness (actual and perceived) of hospital rooms and common areas
- Reinforce accountability for service excellence among EVS staff
- Foster a culture of teamwork, communication, and collaboration between EVS staff and the rest of the caregiving team

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Transitioning to Care Transitions

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Transitioning to Care Transitions

- Upon admission, give patient/family small notebooks or notecards for their questions
- Utilize the whiteboard for dismissal preparation
- Discharge folders to keep all information organized
- Begin education/information exchange for dismissal needs from admission
- “Ticket to Discharge”

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Empowering Patients to Speak Up

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Empowering Patients to Speak Up

- About 1/3 of patients do not feel comfortable speaking up
- Encouraging patients to talk about problems can improve patient experience and safety
- You have to be prepared to 'do something' and not just ignore the comment
- Patients are more likely to express concerns if a friend/ family member was in the room vs. being alone
- Patients who were not comfortable raising concerns gave lower ratings for nurse communication, physician communication, and the hospital overall

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Low Hanging Fruit

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Low Hanging Fruit

Two frequently utilized points of contact are your website and the person taking incoming phone calls

- Go to your website to attempt simple tasks
 - Try to schedule an appointment
 - Attempt to pay a bill
 - Find the types of insurance you accept
- Call in to the hospital
 - Ask the person who answers the phone a question about Medicare or Medicaid billing
 - Did the person they transferred you to give you the correct answer?
 - Did a recording tell you to call back during 'regular business hours'?

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Low Hanging Fruit

- Were you satisfied with the experience?
- Did you gain the information needed?
- If not, how could your patients be reacting?
- How could you change it to make it more positive?
- Could the PFAC assist you with this?

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Biggest Impact

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Patient Satisfaction Impact

3 Interventions had the most impact on HCAHPS scores:

- Nurse manager rounding
- Post-discharge phone follow-up
- Improved discharge teaching

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Pt Exp vs Pt Satisfaction

- Connection to Patient Satisfaction and Patient Experience
- Making your facility more patient-centered
- Encouraging patient and family involvement



Today's healthcare environment is no place for the timid. C-suite leaders need to think, plan and act differently so that their organization can improve the cost and quality of care, comply with government regulations, attract and retain skilled employees and leaders, and keep patients healthy. That's a pretty daunting list. Leading under these constraints can be full of challenging twists and turns that require you to modify and adopt new strategies and even shift your entire organizational culture to strengthen business today and create future growth.

Each day, more than 8,000 discharged consumers complete the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction survey. On a monthly basis, more than three million surveys are returned and the results published online for consumers to review.

environment. To remain competitive, organizations must understand and implement strategies and processes that can move them from "bottom-box" and "middle-box" ratings to consistently rank as a "top-box" performer.

There are many approaches to choose from that can raise patient satisfaction scores. By analyzing your current HCAHPS composite and individual scores, assessing strengths, weaknesses and opportunities, and instituting actionable programs designed to boost those scores, you can improve both your financial performance and consumers' experiences.

How HCAHPS Scores Are Developed

There are eleven HCAHPS measures which are publicly reported on the government's [HCAHPS.com](https://www.hcahps.com) website. Those measures are determined by answers to specific questions in the [patient satisfaction survey](https://www.hcahps.com). Seven of those measures are composite scores, which means they are based on more than one question in the survey. Composite scores are intended to increase the reliability of the measure and help consumers quickly review patient experience information. Two measures are individual items based on just

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PFE and BSR

Implement Bedside Shift Reporting

Bedside shift reporting is another initiative that has been linked to [improved HCAHPS patient satisfaction scores](#). The goal of Nurse Bedside Shift Reporting (or Bedside Change of Shift Reporting) is to ensure an efficient and safe handoff of care between nurses by involving the patient and family. When shift reports are given at the bedside, patients and family members share in the information exchange, ask questions and hear directly from the nurse about their plan of care. Bedside Shift Reports show patients and families that the care providers are working effectively as a team. This strategy can also serve to strengthen the relationship between nurses. Hospitals that have implemented this program [have observed](#) more effective information sharing with patients, increases in patient satisfaction and improved nurse morale.

HOW TO ANALYZE AND IMPROVE YOUR HCAHPS SCORE



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Parting Thoughts

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Four Rules Worth Remembering

1. Experience and satisfaction are related, but they are not the same.
2. Every patient has an experience, but the experience does not always result in a satisfied patient.
3. Patient satisfaction cannot be improved without knowing a patient's expectations.
4. Purchasing data and paying for coaching do not change rules 1-3.

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How's Your Employee Satisfaction?

Happy Staff = Happy Patients

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What Ratings Don't Tell Us

“Keep in mind these data are reflective of patients’ perception of their care; whether or not we, as medical providers, agree, that perception is legitimate...”

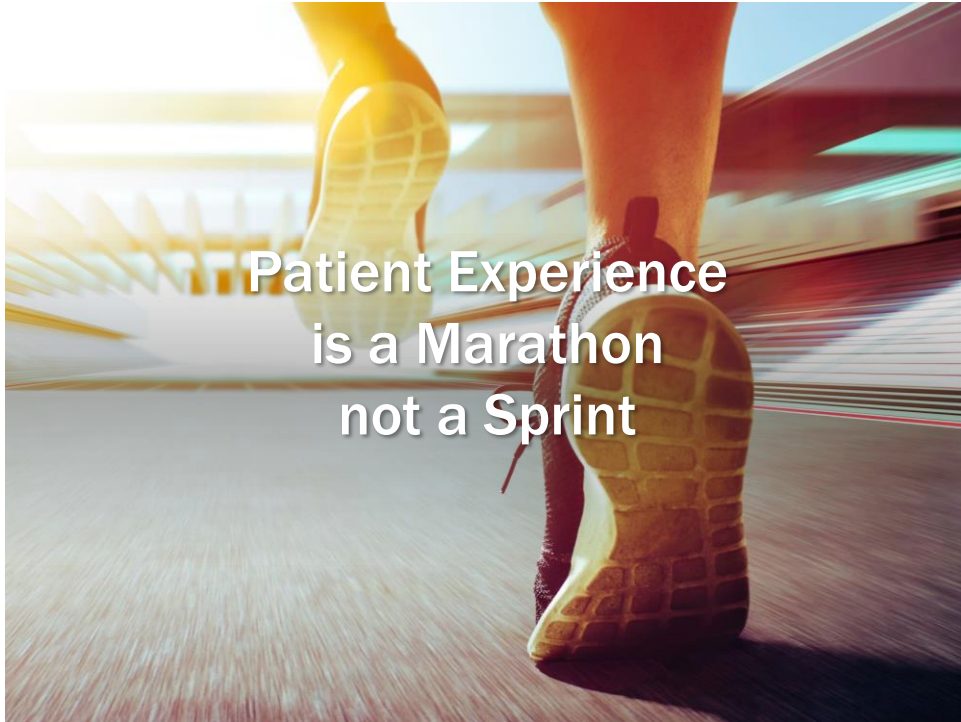
Kenneth Poole, Jr., MD, MBA

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“Sympathy’s easy. You have sympathy for starving children swatting at flies on the late-night commercials. Sympathy is easy because it comes from a position of power. Empathy is getting down on your knees and looking someone else in the eye and realizing you could be them, and that all that separates you is luck.”

Dennis Lehane

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A solid blue rectangular banner. At the top, there is a decorative border consisting of a repeating pattern of white stethoscopes. Below the border, the text "Upcoming Events" is centered in a large, white, sans-serif font. In the bottom left corner, the logo for "HEALTHWORKS KANSAS HOSPITAL ASSOCIATION" is displayed in a smaller white font.

Upcoming Webinars

- 2022 SHIP Informational Webinars
 - June 15
 - September 15
 - December 15
- 2022 Quality Corner Calls
 - August 10
 - September 29

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Upcoming In-Person Offerings

- MBQIP Reporting Review Site Visits
 - Scheduling June, July, and August now
 - Usually last 90 minutes
- Employee Health & Safety Cohort
 - June 22 - Wichita
 - One spot left
- Quality 101
 - July 28 & 29 - Topeka
 - Those new to quality in the last 18 months

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Contact Us

Jennifer Findley
jfindley@kha-net.org
785.233.7436

Susan Runyan
srunyan@kha-net.org
620.222.8366

Susan Pattie
spattie@kha-net.org
785.276.3119





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