# Advancing Methods of Implementing and Evaluating Patient Experience Improvement Using CAHPS® Surveys

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#### Our state-of-the-art facilities include:



Every day, our team of **24,000+ healthcare professionals** provides personalized care for patients at every age and stage of life.



Nationally ranked and locally recognized for our high-quality care, inclusive culture, and exceptional doctors and caregivers, Wellstar Health system is one of the largest and one of the most integrated healthcare systems in Georgia.

As a not-for-profit health system, our passion for people extends beyond our system and into the communities we serve.



# Performance Improvement Design

Wellstar utilizes the A-3 Lean methodology

**Pros**-Plan, Do, Check, Act cycle; root cause analysis; structured format with easily viewable progress; document utilized throughout the process

**Cons**-can be overwhelming/complex; must have a culture that does not punish; problems can't be viewed as a burden



# **Enhancing the Patient Experience**

- Listen Carefully re: Care Problems
  - Measurable and Moveable
  - Hospice Core Value
  - Being heard significantly impacts the experience

Performance Indicators-Starting Point 68.6%

Goals: Threshold 83.8% Target 85% Max 88.5%



## **A3 Communication Format**

#### **Executive Sponsor: ED of Hospice**

### Project Title: WELLSTAR HOSPICE: PATIENT EXPERIENCE Background: Patient Experience Scores were below desired levels. **Current Condition: HOSPICE - COMMUNICATION** \*Note 3 month lag time for survey recipients Goal: Listen Carefully re: Care Problems Threshold +5% Target +10% Max +15% Problem Analysis: See Fishbone Not identifying and connecting with person who gets the survey Who is getting surveyed (? Patient stays <48hrs)

- Communication processes within the Hospice clinical team
- Staffing & Census Challenges
- Survey language different than staff language
- · Lack of Provider continuity; relationship building

#### Start Date: xx/xx/xxxx Revision Date: xx/xx/xxxx Revision #: 5

Countermeasures/Action Plan/ Solutions:							
		Problem/ Issue	Action/ Solutions	Owner	Due Date		
	DO (Improve)	Need team member feedback on PX scores	Managers meet with Teams for input	DCS, Mgrs.	Completed		
		Key words in the PX Survey are not in the language typically used by team members.	Pull out key words that need to be socialized with team members, leaders and medical staff Incorporate key words in a manner caregivers are comfortable using "not scripted text" ex: training vs education, "listening", "it's my privilege"	PE Coach  Hospice Educator	Completed		
		Families unclear about medication side effects; don't recall "training"	Compile the list of top ten meds (pain); Create sheet for E Kit. Purchase CAM cards to supplement medication education /"training" Staff Education rollout	Ex Dir	Completed		
		Staff are not always speaking with person who will complete survey	Staff to check address box in med record to see who is receiving survey and communicate with them. Inservice for SW staff: "Who will receive Survey?"  Document in medical record under HCAPS recipient.  Document in medical record – sticky note	SW Manager	Ongoing and occurring		
		Clarify who is getting the survey: does this include < 48 hr stays	Contact Med Record Consultant & CAHPS	PE Coach	Completed		
		Communication with families over scheduling	Clinicians Call families 1 <sup>st</sup> thing in the morning & update with any changes	Manager	Working on – update at next staff mtg		

Results: Patient Experience score for FY ended above Max%



# 5 Whys Approach to Cause Analysis

# Why

- •Why was the listening carefully score low on the CAHPS survey?
- •Because only 5 people completed and returned the survey so the one low grade really impacted our score.

# Why

- •Why did only 5 people get the CAHPS survey?
- •More people returned the survey, but this was a follow-up question to having a problem.

# Why

- •Why did those with problems feel that we did not listen?
- •Because their problem was not resolved in a way they felt we heard their concern.

# Why

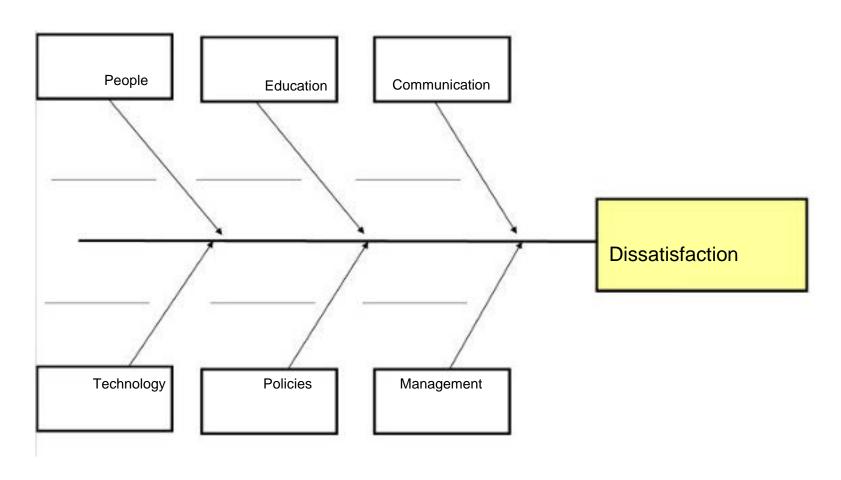
- •Why did we not address their need?
- •We did not verify that we understood and addressed the problem we thought they had.

# Why

- •Why did we not verify that they felt our actions rectified their problem?
- •The process was not defined, and responsibility was not delegated



## Fishbone Approach to Cause Analysis





#### Contributing Factors

#### POLICIES/PROCEDURES/ PEOPLE PROCESSES No Doctor at Cobb x 1 yr; Covering Clinical Team Vacancies: Staff using medical Admit RN's not Staff using medical MD's & PALL Med inconsistent with coordinating w/ 4 Case Mgrs, 4 CAN's terms family doesn't terms that are not families as to communication to pts understand.. "actively TQ Cobb - 2 Night Nurses understood when they are dying" aπivina -TQ MTN - Care Team Supplementing Families in distress family waiting Families upset about Cook/ Nutrition staff don't retain "paying" routines Staff are communicating with someone information Surveys go out 3 other than the one who receives the PX Patient arrives & dies <24 hrs: Lack of continuity in months after the Are surveys sent for pts w/less TQ MTN Change in Messaging: Liaison patient expires than 48hr stay? Family understanding of GIP Leadership messages not read/ for symptom mamt ?October: started (May- Oct 2018) no follow-up, family Typical# Returns = 32/QTR looking at Survey Poor response: days, Family not kept informed perceives we're not (10/month?) Received Date vs Mail nights, W/E; not about care arrival: speaking to each meeting promised visit Out Date Families upset about No calls prior to arrival, No other times having to take pt follow-up on concerns, After hours calls to home: claim Communicating w/ wrong hospital operator vs Onmisinformed about person, No communication if Need more CAN Visits Call RN Low Scores in Patient Hospice change in schedule Satisfaction for Communication: "Listening carefully re: problems with care" "Training....." ? Effectiveness of current High Census patient education (July - Sept '18 AVG "training" materials Monthly Census 30+ pts) Pull-ups & Wipes not furnished Have to trade in equipment for Genesis Equipment - poor quality PLANT/ SUPPLIES/ MATERIALS **ENVIRONMENT**

# Issues and Challenges in Data Evaluation



Patient is not the person surveyed in Hospice CAHPS



Lag in time of survey sent from last date of care



Listen Carefully re: Care Problems is not evaluated by all survey recipients



Bereavement firsts-emotional fluctuations

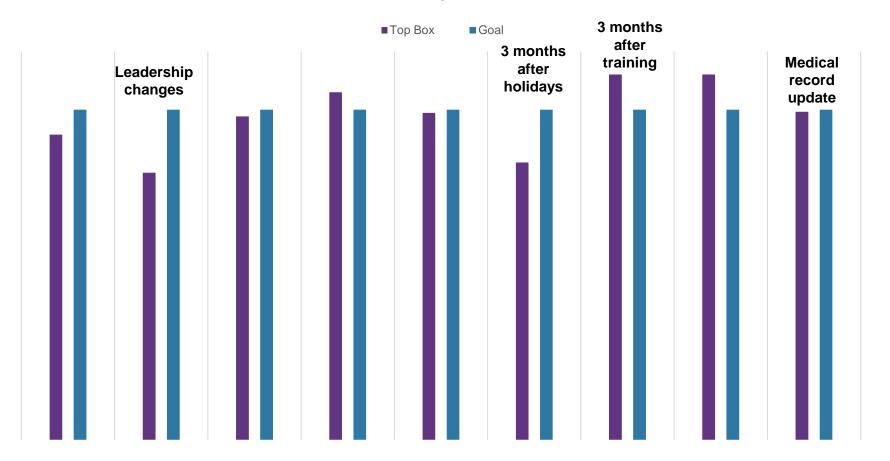


Hospice days on service impacts scores



## **Outcomes and Data Evaluation**

#### **Communicate Peaks and Valleys**





## **Countermeasures and Action Plans:**

Problem/Issue	Action/ Solutions	Owner	Due Date
Need team member feedback on PX scores	Managers meet with Teams for input	R. Messer, N. Jarrell, A. Helton	Completed
Key words in the PX Survey are not in the language typically used by team members.	Pull out key words that need to be socialized with team members, leaders and medical staff Incorporate key words in a manner caregivers are comfortable using "not scripted text" ex: training vs education, "listening", "it's my privilege"	J. Dudley Laura	Completed
Families unclear about medication side effects; don't recall "training"	Compile the list of top ten meds (pain); Create sheet for E Kit. Purchase CAM cards to supplement medication education /"training" Staff Education rollout	N. McNeal	Completed
Staff are not always speaking with person who will complete survey	Staff to check address box in remote client to see who is receiving survey and communicate with them. Inservice for SW staff: "Who will receive Survey?"  Document in EPIC under HCAPS recipient.  Document in hyperspace – sticky note	J. Threadgill	Ongoing and occurring
Clarify who is getting the survey: does this include < 48 hr stays	Contact Jason & CAHPS	J. Dudley	Completed
Communication with families over scheduling	Clinicians Call families 1st thing in the morning & update with any changes	Manager	Working on – update at next staff mtg to



# **Key Principals for Success**

- We had a lean expert guiding our team throughout
- Practice, Practice
- Keep focus on process improvement and off of people failure
- Recognize causal factors in addition to the root cause
- Set attainable goals



To enhance the patient experience, we must focus on each person we serve as an individual. What seems like a simple measure, such as listening, has a multitude of factors for each respondent that will impact their score. Without understanding each person we serve, we will not be able to sustain improvement and provide the best end of life experience possible for our patients and their loved ones.



## **Contact Information**

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