

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

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Wellstar Community Hospice



Wellstar.

Our state-of-the-art facilities include:



11

HOSPITALS



300+

MEDICAL  
OFFICE  
LOCATIONS

9

CANCER  
CENTERS



55



REHABILITATION  
CENTERS

3

HOSPICE  
FACILITIES



1



RETIREMENT  
VILLAGE



21

IMAGING  
CENTERS



15

URGENT CARE  
LOCATIONS



5

HEALTH  
PARKS

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



Wellstar

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.



Wellstar.

# 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**

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

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

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.

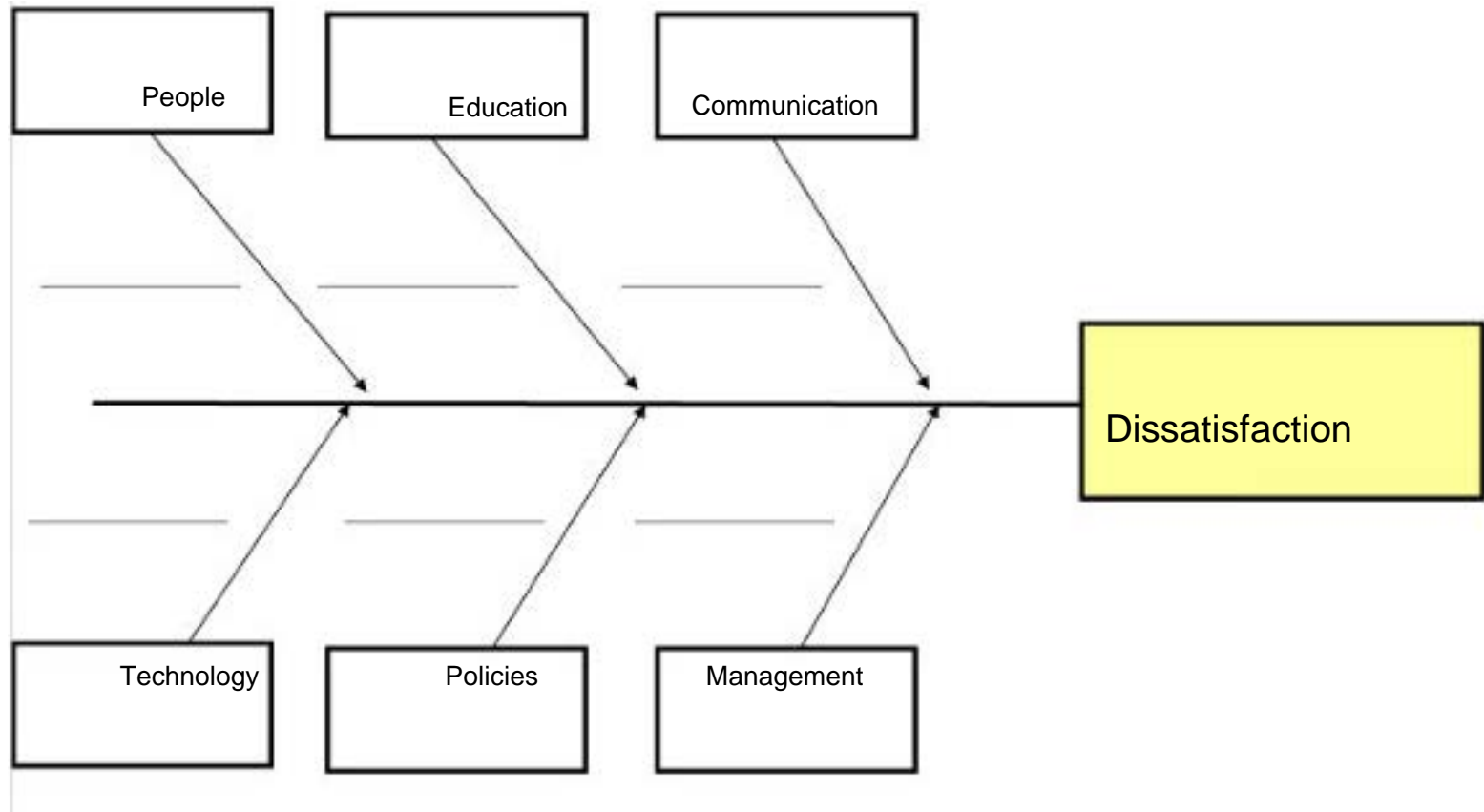
Why

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

Why

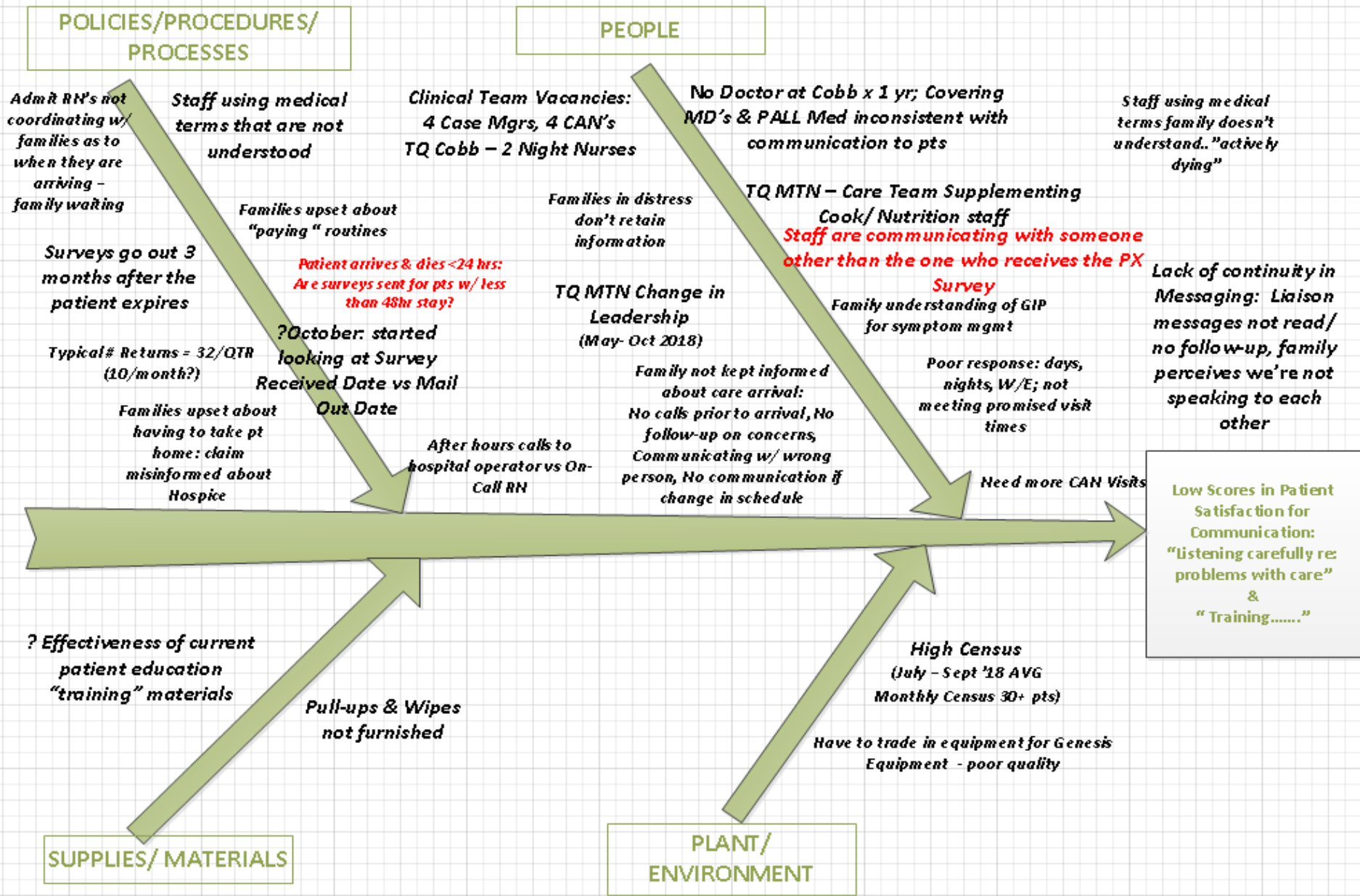
- Why did we not verify that they felt our actions rectified their problem?
- The process was not defined, and responsibility was not delegated

# Fishbone Approach to Cause Analysis





Contributing Factors



# 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



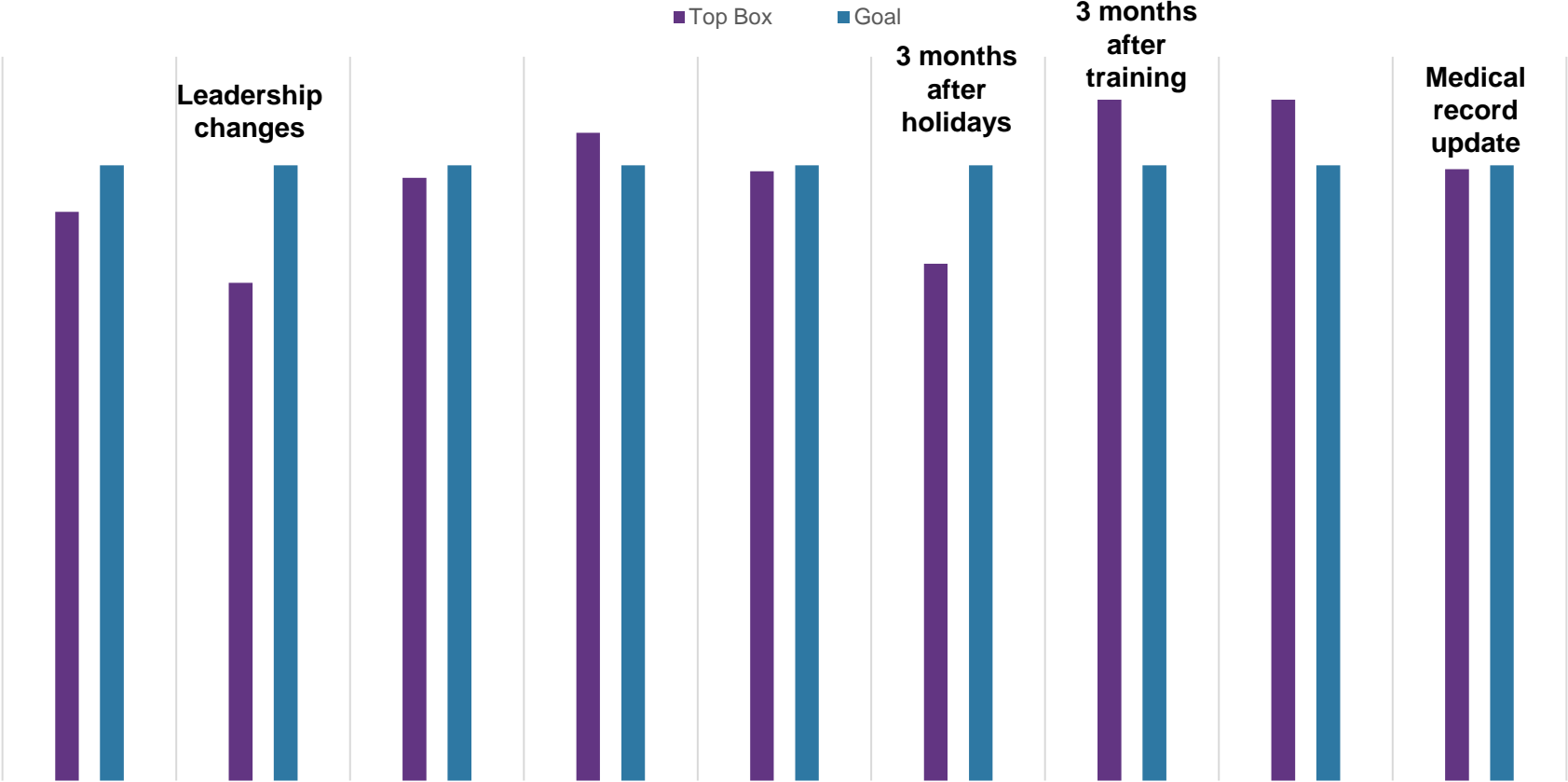
Bereavement firsts-emotional fluctuations



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 1 <sup>st</sup> 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, 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.**



**Wellstar.**

# Contact Information

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