

Patient Experience Feedback Driving Quality Improvement

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Executive Summary

Review Aim

This review summarises the literature about how the feedback collected from patient experience surveys is used in quality improvement initiatives to improve patient experience.

The issues covered in this review include:

- a) The context of how patient experience impacts the quality of care
- b) The use of survey feedback gained from patient experience surveys based on the adult in-patient questionnaire
- c) Examples of quality improvement initiatives stemming from patient experience surveys which focus on improving communication, discharge planning, hospital environment and overall care
- d) An alternative approach; Patient Reported Outcome Measures (PROMS)
- e) Guides to support the use of patient experience feedback for quality improvement.

Methods

Information from peer-reviewed and grey literature was included in this review.

Findings

a) Patient experience and impact on quality of care

The literature reports that strong staff engagement and effective leadership has an impact on patient experience and that improvements in patient experience, leads to better quality of care.

Organisations that have improved patient experience have some common underlying elements [1, 2]:

- Transformational leadership has played a key part. This is often a senior figure in the organisation with vision and drive, and the skills to communicate these to others.
- A dedicated and dynamic champion whose central focus is to improve patients' experience is essential for driving change at the operational level
- There is greater clinical engagement and professional empowerment.
- Patients and their families are engaged in care and those experiences are viewed from the users' perspectives.
- There is an emphasis on continual feedback from patients, families and carers and measurement for improvement.
- Clarity of goals with a consistent, integrated program of activities, rather than a series of small random projects.
- A focus on building staff capacity where staff members are enabled to deliver excellent patient experience and empowered to make changes themselves.
- Focus on the workforce where the use of patient and carer feedback is used in staff development and appraisal
- Adequate resourcing to enable systems changes such as introducing new appointment and scheduling systems, improving access arrangements, or developing facilities for family members to stay overnight
- Performance measurement and feedback that includes continuous measurement and reporting on patients' experiences to assess progress, strengthen accountability, and identify new opportunities for improving performance

A recent review of the literature by April Strategy (2015) [3] reported the following aspects of how patient experience impacts quality of care:

1. The available evidence indicates that there are measures of patient experience that are robust and distinctive indicators of healthcare quality
2. Evidence shows that better patient experience scores are linked to:
 - Lower readmission rates
 - Lower cost per case
 - Shorter length of stay
3. Patients with lower anxiety feel less pain and surgical wounds heal more quickly
4. Variation between hospitals in patient perception of quality of care is greatly (90%) influenced by human factors
5. Good communication improves:
 - Compliance with post discharge instructions
 - Safety with respect to patients identifying potential adverse effects
 - Blood pressure
 - Self-management
 - Emotional health
 - Number of complaints. Evidence shows tone of voice is a key factor in complaint levels

Aspects about how staff engagement impacts patient experience and outcomes indicates that there is a clear relationship between the wellbeing of healthcare staff and patients' wellbeing. This evidence also describes that hospitals with higher staff engagement leads to:

- Lower patient mortality
- Fewer hospital acquired infections
- Significantly fewer mistakes
- Higher patient satisfaction scores
- Lower staff absenteeism
- A better patient experience

Staff engagement is achieved by promoting a healthy, safe work environment, ensuring every role counts, delivering supportive management and leadership, enabling the growth and development of staff and ensuring their involvement in decision making.

b) The use of patient experience feedback (via survey) in quality improvement initiatives

There is a lack of reporting of quality improvement initiatives driven by patient experience feedback data, specifically surveys using the Picker adult in-patient questionnaire in the Australian and UK healthcare settings. These findings are recognised within the peer reviewed literature and suggest that survey data is being used locally to improve the quality of patient experiences however 'these projects are not necessarily officially documented or nationally publicised' [4].

In 2014 Coulter and colleagues[1] noted that the NHS have been collecting data on patients' experience of care for over 10 years but few providers are systematically using the information to improve the service. Their argument is for a more coordinated approach to make better use of people's reports on their experiences, where a practical focus on working with providers to experiment with different ways of gathering and using patient experience data at clinical, organisational and policy levels to stimulate improvements is required.

c) Examples of using patient experience feedback and quality improvement

Although a vast quantity of information was identified about patient experience, there were only a handful of examples (n=7), which reported the use of a patient experience survey feedback to drive quality improvement initiatives.

The majority of the examples are based on feedback derived from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey which is a widely used throughout the United States. The HCAHPS is a survey instrument and methodology for measuring patients' perceptions of their hospital experience, designed to produce comparable data on the patient perspective of care that allows objective and meaningful comparison between hospital domains important to consumers. While the HCAHPS is not a survey that is used in Australia it does provide similar questioning included in the Victorian Healthcare Experience Survey (which is based on the Picker Tool) [5].

Examples of quality improvement initiatives with positive outcomes driven by patient experience feedback are summarised below:

| Setting | Intervention | Outcome |
|--|---|--|
| Service: Cleveland Clinic [6] Survey: HCAHPS QI focus: Communication | Purposeful hourly rounding which promotes a proactive approach to responding to the needs of patients and their families | Increase in staff responsiveness and nurse communication scores. |
| Service: Stillwater Medical Group [1] Survey: CG-CAHPS QI focus: Communication | Introduction of a new electronic medical record system that included a module for documenting and printing an after visit summary (AVS) for the patient to take home which outlines all the issues addressed during the visit, test results, medication lists and important follow-up steps to take | Positive impact on the number of patients reporting having received easy to understand information to take care of their health condition. Performance on this CG-CAHPS item stayed relatively steady for Family Medicine, results improved for Internal Medicine from a low of 84% to a high of 98% of patients saying they definitely received easy to understand instructions. |
| Service: Magee-Women's Hospital [6] Survey: HCAHPS QI focus: Discharge | Five specific projects with the guiding principles of making the process of preparing patients for discharge begin from day one and extend beyond the moment a patient is discharged from the hospital. Projects include: Flight plan for discharge; Discharge education materials; Workflow change; Post-discharge planning; Partner education | A demonstrated increase in the question that asks patients if hospital staff talked to them about whether they would have the help they needed after leaving the hospital. A consistent result in the question about whether patients received written information about symptoms or other problems to look out for after leaving the hospital. |
| Service: Columbus Regional Hospital [7] Survey: Not specified QI focus: Discharge | Revision of the discharge process – loading more actions earlier in the patients stay. | Reduced cycle time required to discharge patients from 202 minutes to 115 minutes. Patient satisfaction with timeliness of the discharge process improved. Target of \$29.67 for the cost of non-chargeable items per discharge was met resulting in substantial savings to the hospital. |
| Service: Allina Hospitals & Clinics [8] Survey: HCAHPS QI focus: Communication and discharge | Implemented a number of “best practice” initiatives to improve patient experience: Discharge Phone Calls; Hourly Rounding; Leadership Rounding; Bedside Shift Report; Nurse Call System; Patient Directed Visitation; Patient Access to a Clinical Pharmacist | Experienced gains in all of the initiatives linked to the HCAHPS domains. Success was directly related to increasing the amount of time patients have contact with nursing staff |
| Service: Whipps Cross University Hospital NHS Trust [2] Survey: Care Quality Commission (CQC) Adult Inpatient Services Survey QI focus: Attitudes and Behaviours of Staff | “Patient experience revolution” which identified the key staff behaviours that are important to patients. The trust embedded these across the organisation. | Improvements have been made in 43 of the 63 survey indicators. |
| Service: Spectrum Health System [9] Survey: National comparative patient experience survey tool. QI focus: Overall patient experience | Created a culture of patient experience which included the following elements: All leaders define and own the commitment to Patient-Family Centered Care (PFCC); PFCC is linked to the Spectrum Health mission; Patient experience is deeper than solely a focus on service; Focus on impact; Family presence is essential to a multidisciplinary team; Involvement of patient and family advisors in executive and service line councils; Development of PFCC skills; Focus on strategies to engage the hearts and minds of staff members. | Based on the National comparative patient experience survey tool – patients’ assessments of their experience improved from the 24 th percentile to the 80 th percentile over the 4 years. |

Further details of these quality improvement initiatives and the respective results are described in the full report below.

d) An alternative approach: Patient Reported Outcome Measures (PROMS)

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The four procedures are:

1. hip replacements
2. knee replacements
3. groin hernia
4. varicose veins

PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

PROMs have been collected by all providers of NHS-funded care since April 2009. This national-level data are published every month with additional organisation and record-level data made available each quarter (typically in February, May, August, and November each year). Data are provisional until a final annual publication is released each year [10].

Evidence shows that the systematic use of information from PROMs leads to better communication and decision making between doctors and patients and improves patient satisfaction with care. There is also evidence that patients report better outcomes, for example, improvement in depression. However, research on attempts to embed measurement of patient reported outcomes into routine practice has revealed many technical, social, cultural, legal, and logistical barriers to successful adoption [11].

From the same report, the views of patient advocates were sought and they reported the following;

For most patients there is no systematic or effective method for communicating what happens outside the clinical encounter, such as perceived needs, symptoms, response to treatment, undesirable side effects, effect on function, and what matters to patients and their families. Like clinicians, patients want better outcomes for individuals and communities, and better professional development and system performance, although we might not use those same words to describe them.

PROM systems have the potential to enable improvement by providing information that can bridge the gap between the clinical reality and the patient world, triggering learning as well as the right next action.

PROM systems must be co-developed by patients, the public, and professionals to obtain maximum value. They should be integrated with the rest of the patients' healthcare information and patients should be able to use the information when and where they choose, including for research to benefit others with their condition.

e) Guides for using patient experience feedback data to drive quality improvement initiatives

Two guides for using patient experience feedback data to drive quality improvement were identified.

1. The NHS guide to using patient feedback to transform services. It has been included as the setting for the use of the guide mirrors the way we work at Monash Health [12].
2. The Health Research & Educational Trust, Hospitals in Pursuit of Excellence Group [13] provides a guide to effectively use the HCAHPS. This has been included here as the principles of the guide are broadly applicable to the Monash Health setting and many of the examples provided in the next section are based on HCAHPS data.

Implications for Monash Health

1. The results of this scoping search highlight that there is great opportunity to share quality improvement initiatives that utilise patient experience feedback along with the outcomes of the initiatives
2. The planning and conduct of these initiatives requires the key foundations of staff engagement and effective leadership in order to improve organisation wide patient experience.

Background

A large amount of patient experience feedback is being collected by departments of health and healthcare organisations and it is important to see how this information is being used to drive quality improvement initiatives.

Currently the Victorian Healthcare Experience Survey (VHES) is administered by the Department of Health and Human Services to adult inpatients, adult emergency patients, paediatric inpatients and paediatric emergency patients post discharge from hospital. This data set includes the core focus questions and key aspects of care.

The VHES is based on the Picker adult in-patient questionnaire.

Of specific interest to Monash Health is the use of patient experience feedback data from surveys utilising the Picker questionnaire to drive quality improvement initiatives and which describe outcomes from these initiatives.

Review Aim

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Methods

Search strategy

We undertook a high-level review of the literature, which included a search for publications using key words in relation to patient experience surveys and quality improvement initiatives related to communication, discharge, environment and overall care.

This was not a comprehensive literature review; rather, it sought to identify examples of where patient experience feedback results had been used in quality improvement initiatives.

Evidence eligibility criteria

| | | |
|----------------------------|-----------------------|--|
| Setting | Inclusion: | Australian and international hospitals |
| Population | Inclusion: | Inpatients |
| Intervention | Inclusion: | Patient Experience Survey Results |
| Outcome | Inclusion: | Quality improvement initiatives related to communication, discharge, hospital environment and overall care |
| Publication Details | Inclusion: | Documents in English |
| | Exclusion: | Languages other than English |
| Publication Date | All literature | 2005 - present |

Results

The results of the search for information related to the use of patient experience feedback data in quality improvement initiatives revealed a broad scope of material. This information has been summarised according to the headings below:

- a) The context of how patient experience impacts the quality of care
- b) The use of survey feedback gained from patient experience surveys based on the adult in-patient questionnaire
- c) Quality improvement initiatives stemming from patient experience surveys which focus on improving communication, discharge planning, hospital environment and overall care

- d) An alternative approach; Patient Reported Outcome Measures (PROMS)
- e) Guides to support the use of patient experience feedback for quality improvement.

a) The impact of patient experience and impact on quality of care

It is evident from the literature and patient experience survey results, that some organisations do patient experience better than others and that these improvements in patient experience lead to better quality of care. Also of importance is the impact of staff engagement and effective leadership on patient experience. Examples of these issues are described below.

A report from the NHS Confederation (2010) [2] highlighted that organisations that have improved patient experience have some common underlying elements:

- Transformational leadership has played a key part. This is often a senior figure in the organisation with vision and drive, and the skills to communicate these to others.
- Change is effected across the whole system rather than in one corner.
- Patients and their families are engaged in care and those experiences are viewed from the users' perspectives.
- There is an emphasis on continual feedback from patients, families and carers and measurement for improvement.
- There is a consistent, integrated program of activities, rather than a series of small random projects.
- There is recognition of the importance of embedding desired values and behaviours across the organisation (this goes beyond paying lip service to a mission statement).
- Staff are enabled to deliver excellent patient experience and empowered to make changes themselves.
- There is greater clinical engagement and professional empowerment.

A recent review of the literature by April Strategy (2015) [3] reported the following aspects of how patient experience impacts quality of care:

1. The available evidence indicates that there are measures of patient experience that are robust and distinctive indicators of healthcare quality
2. Evidence shows that better patient experience scores are linked to:
 - Lower readmission rates
 - Lower cost per case
 - Shorter length of stay
3. Patients with lower anxiety feel less pain and surgical wounds heal more quickly
4. Good communication improves:
 - Compliance with post discharge instructions
 - Safety with respect to patients identifying potential adverse effects
 - Blood pressure
 - Self-management
 - Emotional health
 - Number of complaints. Evidence shows tone of voice is a key factor in complaint levels
5. Variation between hospitals in patient perception of quality of care is greatly (90%) influenced by human factors

The same review [3] also described evidence about how staff engagement impacts patient experience and outcomes. It reported that there is a clear relationship between the wellbeing of healthcare staff and patients' wellbeing.

The review reports that hospitals with higher staff engagement leads to:

- Lower patient mortality
- Fewer hospital acquired infections
- Significantly fewer mistakes
- Higher patient satisfaction scores
- Lower staff absenteeism
- A better patient experience

Staff engagement is achieved by promoting a healthy, safe work environment, ensuring every role counts, delivering supportive management and leadership, enabling the growth and development of staff and ensuring their involvement in decision making [14].

Coulter et al (2014) presents a study of clinicians' attitudes in four countries (Denmark, Israel, UK, and US) and reported the identification of "a chasm" between hospital managers' assertion of the importance of patients' experience and their failure to engage clinicians or provide structured plans for improving it. Highlighting that measurement is necessary but that change will not happen without effective leadership improvements [1].

Factors that influence the likelihood of changing the patient experience include [1]:

- Strong, committed senior leadership: Success and sustainability depend on effective distributed leadership with active support from the chief executive and board. Support must be empowering rather than directive, enabling people on the front line to innovate without fear of retribution if things don't turn out as expected
- Dedicated champions: A dynamic champion whose central focus is to improve patients' experience is essential for driving change at the operational level
- Active engagement of patients and families or carers: Can range from patient involvement in organisational decisions (such as service developments) to engagement at the point of care
- Clarity of goals: Clear goals and standards, plus effective methods for communicating these at every level, help spread and reinforce patient centred values and procedures
- Focus on the workforce: Use of patient and carer feedback in staff development and appraisal can be helpful. Some organisations also include patients on interview panels. The staff culture and work environment should be constantly developed and reviewed
- Building staff capacity: Staff require special training in communication skills and quality improvement concepts and methods. Also highlight examples of new roles, tools, and initiatives that have been shown to work well elsewhere
- Adequate resourcing: Support is needed for systems that help improve care—for example, introducing new appointment and scheduling systems, improving access arrangements, or developing facilities for family members to stay overnight
- Performance measurement and feedback: Continuous measurement and reporting on patients' experiences to assess progress, strengthen accountability, and identify new opportunities for improving performance. Both narrative feedback and surveys have a role

b) The use of patient experience feedback (via survey) in quality improvement initiatives

There is a lack of reporting of quality improvement initiatives driven by patient experience feedback data, specifically surveys using the Picker adult in-patient questionnaire in the Australian and UK healthcare settings. These findings are recognised within the peer reviewed literature and suggest that survey data is being used locally to improve the quality of patient experiences however 'these projects are not necessarily officially documented or nationally publicised' [4] and despite the knowledge that surveys are being undertaken there is little evidence about how best to use such information in quality improvement efforts [15].

DeCourcy et al (2012) examined the National Adult Inpatient Survey results from the English NHS from 2002 to 2009 to see how the data has been used and what do we know as a result. They found an emerging picture of inpatient survey data is not in itself a quality improvement tool. They found it can monitor trends and can provide comparative data but simply providing hospitals with patient feedback does not automatically have a positive effect on quality standards. The survey program has revealed that focusing attention on specific areas or devising targets that hospitals are expected to attain, can have a beneficial effect on patients' reported experience.[4]

In 2014 Coulter and colleagues [1] noted that the NHS have been collecting data on patients' experience of care for over 10 years but few providers are systematically using the information to improve the service. Their argument is for a more coordinated approach to make better use of people's reports on their experiences, where a practical focus on working with providers to experiment with different ways of gathering and using patient experience data at clinical, organisational and policy levels to stimulate improvements is required.

c) Examples of using patient experience feedback and quality improvement

Although a vast quantity of information was identified about patient experience, there were only a handful of examples (n=7), with reported outcomes of specific interest to this review, where the use of a patient experience survey results to drive quality improvement initiatives were described.

To align with areas of priority for Monash Health we specifically searched for examples of quality improvement in the areas of communication, discharge, hospital environment and overall care. No examples of quality improvement initiatives driven by patient experience feedback were identified for hospital environment.

The majority of the examples below are based on feedback derived from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey which is a widely used throughout the United States. The HCAHPS is a survey instrument and methodology for measuring patients' perceptions of their hospital experience, designed to produce comparable data on the patient perspective of care that allows objective and meaningful comparison between hospital domains important to consumers [5].

Communication

Example 1 [6]

Healthcare service: Cleveland Clinic

Survey used: HCAHPS

Gaps identified: The domains of communication and responsiveness. The staff used a report-generating function available through its call light system to review how fast patient calls were being answered and discovered the response time was quite good. However, upon reading patient comments and asking them for feedback directly, they found a different story emerged. While patients confirmed call lights were being answered quickly, they did not always feel their concerns were addressed in the same timely fashion. For example, while a nurse's aide may have quickly answered a call from a patient experiencing pain, much more time was required for that caregiver then to seek out a nurse who would need to confirm orders before getting medicine to the patient. During times when the nurse was busy attending to other patients, this wait time was further extended, leaving patients to feel the overall responsiveness to their concerns was not timely.

Intervention applied: In an effort to enhance communication between patients and nursing staff, in early 2008 the staff tried moving the shift-to-shift report between nurses so that it occurred at the bedside with patients and their families whenever appropriate. The report included handoff information such as how the patient was feeling during the previous shift, what was expected to happen during the following shift, and how pain was being managed. This effort brought about some improvement in scores for nursing communication but little change in staff responsiveness scores. The nursing staff knew it needed to do more and, through a further search of best practices in the literature, hit upon the concept of purposeful hourly rounding. It began to implement this tactic in 2009.

Purposeful hourly rounding promotes a proactive approach to responding to the needs of patients and their families. While rounding commonly occurs on most hospital floors, purposeful rounding places emphasis on anticipating patient needs related to the following "Four Ps":

- Potty: Checking on the need for patient trips to the bathroom to avoid falls and other unsafe conditions;
- Position: Making sure patients are comfortable and assessing the risk of pressure ulcers;
- Pain: Asking patients to describe their pain level on a scale of zero to 10; and
- Placement: Making sure the items patients need are within easy reach, such as water, tissues, the TV remote control, and the telephone.

In addition, an expectation that a member of the nursing staff will return on an hourly basis (or every two hours at night), and the purpose for doing so is clearly communicated to the patient. This shared understanding both helps patients to feel more attended to and allows nursing staff to work more efficiently, making better use of time to address a patient's total needs while in the room and decreasing the need to respond reactively to call lights.

Results: Cleveland Clinic's Heart and Vascular Institute - Staff responsiveness composite increase from a top box score (i.e., the percentage of "always" responses) of 55 percent in the first quarter of 2009 to 68 percent in the third quarter of 2011. In this same time span, the Institute's nurse communication composite score also rose from 73 percent to 80 percent.

Main Campus Hospital: the staff responsiveness composite score also rose overall as the practice of purposeful nurse rounding was expanded in 2010. The hospital's top box score for the staff responsiveness composite was 56 percent in the third quarter of 2010 and increased to 61 percent a year later. The hospital's nurse communication composite score rose 3 percentage points in this same period from 75 percent to 78 percent.

In addition to tracking HCAHPS measures, two levels of leadership rounding are used for ongoing monitoring of the purposeful hourly rounding protocol. Nurse leaders make daily rounds to check how the hourly rounding process is working for patients.

Example 2 [1]

Healthcare service: Stillwater Medical Group

Survey used: CG-CAHPS

Gaps identified: Doctor-patient communication was the focus as it was believed to be important and patient feedback identified this area as important.

Intervention applied: This initiative coincided with the introduction of a new electronic medical record system that included a module for documenting and printing an after visit summary (AVS) for the patient to take home which outlines all the issues addressed during the visit, test results, medication lists and important follow-up steps to take.

Results: The results indicate that use of the AVS has had a positive impact on the number of patients reporting having received easy to understand information to take care of their health condition. While performance on this CG-CAHPS item stayed relatively steady for Family Medicine, results improved for Internal Medicine from a low of 84% to a high of 98% of patients saying they definitely received easy to understand instructions. This increase coincides with the department's adoption of the AVS tool available for use once SMG implemented its new EMR system (see Figure 1). Similarly, while the percentage of Family Medicine patients rating their doctor as a 9 or 10 on a 0-to-10 scale remained at 72% in both the 4th quarter of 2009 and a year later, Internal Medicine saw an increase of three percentage points (from 79% in Q4 2009 to 82% in Q4 2010).

One physician in particular—who also serves as president of the medical group—saw his own individual scores improve for the “received easy to understand instructions” survey item from 84% in the 4th quarter of 2009 to 100% a year later, corresponding to his increased usage of the AVS and eventual use of the tool with 100% of his patients.

Discharge

Example 3 [6]

Healthcare service: Magee-Women's Hospital

Survey used: HCAHPS

Gaps identified: Program was already engaged in a number of improvement initiatives led by a multidisciplinary team meeting every two weeks. As the program began to receive increasing feedback from patients about frustrations with the discharge process, the working group decided to focus attention on improving this area of the care experience.

Intervention applied: The guiding principle of these changes was that the process of preparing patients for discharge should begin from day one and extend beyond the moment a patient is discharged from the hospital. Five specific projects were initiated:

Flight plan for discharge. As most of its patients are post-operative, the program's physicians worked together to review the seven common surgical procedures to define better what length of stay was expected for each. The operating room scheduler now uses this information to communicate a clear plan to patients before they arrive at the hospital. Physicians reinforce the message in their encounters with the patient, beginning with their first pre-operative office appointment, to establish a common expectation for discharge timing.

Discharge education materials. The program recognized its electronic educational materials for discharge were very generic and often required staff to eliminate information that was not pertinent. Gynecologic oncology physician extenders (i.e., physician assistants and nurse practitioners) were charged with reviewing all procedures and developing specific discharge materials for each. The discharge instructions, along with a frequently asked questions form, are now given to patients before they have surgery. The materials are still under development and are currently being evaluated for their effectiveness.

Workflow change. The program instituted a new model of care that puts a workflow coordinator in place to carry out rounds with physicians and dedicate time to educating each patient on discharge information specific to his or her situation. The workflow coordinator is a charge nurse or clinician without current patient assignments, so the responsibility to teach can be lifted from those with other patients to care for and given instead to someone who has the time available to provide information as thoroughly as needed.

Post-discharge planning. Before a patient is discharged, a hospital physician extender now calls the physician office to schedule the post-operative appointment to minimize this burden on the patient and ensure proper follow-up. An electronic discharge summary note also is sent to the physician office nurse detailing what was decided for post-discharge steps so a common care plan can be established with the office, the patient's likely next stop in the care continuum.

Partner education. Because many of the program's patients come from rural areas, often traveling two to three hours or more to receive care, the PFCC Working Group found it important to increase its engagement with home health and skilled nursing facility agencies in the community who may care for its patients following discharge. As these agencies may seldom work with gynecologic oncology patients, a special educational forum was held to inform staff about the particular needs of these patients. This included instruction on the management of extensive wound care required so patients are not sent back to the hospital inappropriately. More than 100 area agencies were invited to attend the forum, and the opportunity was well received by those working in this field.

Results: The question that asks patients if hospital staff talked to them about whether they would have the help they needed after leaving the hospital. This survey question demonstrated an increase from 72 percent of patients responding “yes” in the second quarter of 2010 to 92 percent responding “yes” in the first quarter of 2011. The second question included in this domain—whether patients received written information about symptoms or other problems to look out for after leaving the hospital—remained relatively consistent throughout this same time period, with more than 90 percent of patients responding “yes” each quarter.

Example 4 [7]

Healthcare service: Columbus Regional Hospital

Survey used: Used the Lean Sigma methodology and DMAIC roadmap however, did not explain how. Did mention they used a detailed process map and a Failure Modes and Effects Analysis

Gaps identified: Patient satisfaction surveys revealed that fewer than half (47.6 percent) of discharged patients rated the timeliness of the discharge process as “Very Good.”

Intervention applied: Based on the findings, the team revised the discharge process, loading more actions earlier in the patient’s stay.

1. During Pre-Admission Testing (PAT), surgery patients:

- Learn the anticipated discharge date and time
- Receive pre-printed discharge instructions, including supplies needed at home after discharge and where to purchase them

2. During inpatient stay:

- Patients with one of five top medical diagnoses receive pre-printed discharge instructions
- Anticipated discharge date and time is communicated to physician(s), staff, patient, and patient’s family (important because the primary reason patients don’t leave when ready is because the ride is not available)
- Nursing ensures education, hygiene addressed before discharge day, the bath being offered to the patient by the evening shift nurse the day prior patients were still assisted with “minor” hygiene care the day of discharge
- Patients pre-purchase supplies for use at home

3. On day of discharge:

- Night shift nurse notes any last day education needs
- Discharge nurse, in “protected” status completes discharge process: Assure medication reconciliation; Complete discharge instructions; Arrange physician follow-up; Update PAM; Call physicians, if necessary; Provide final education; Assemble 2 days’ worth of patient home dressing supplies
- Attending physician confirms medication reconciliation is accurate
- Unit Support Partner (USP) assembles discharge packet with: Orders; Instruction; Prescriptions; Face Sheet; Portal
- Care Partner dresses patient and gathers supplies, takes patient to car when ride ready

4. If patient is discharged sooner than expected:

- USP prompts entry of discharge orders
- The chart is flagged by the attending physician

Results: The project team greatly reduced the cycle time required to discharge patients from a baseline average of 202 minutes to 115 minutes. In addition, within a few weeks of implementing the changes, patient satisfaction with timeliness of the discharge process improved from a baseline of 47.6% indicating “Very Good” to 76.0%. Finally, the team was able to reach the target of \$29.67 for the cost of non-chargeable items per discharge, resulting in substantial savings to the hospital.

Communication and Discharge

Example 5 [8]

Healthcare service: Allina Hospitals & Clinics

Survey used: HCAHPS

Gaps identified: Not explained why this area was focused upon but HCAHPS has eight key areas which Discharge is one of.

Intervention applied: The nursing staff has worked collaboratively to improve our care delivery model and the patient experience by developing and adopting a number of best practices from leading national experts and institutions. More specifically, our best practices include:

- Discharge Phone Calls
- Hourly Rounding
- Leadership Rounding

- Bedside Shift Report
- Nurse Call System
- Patient Directed Visitation
- Patient Access to a Clinical Pharmacist

Results: As a result of our efforts, Stamford Hospital has experienced gains in all of the eight HCAHPS domains. In addition to these across-the-board gains, we have consistently exceeded the national average in two areas: nurse communication and pain management. Our success is directly related to increasing the amount of time patients have contact with our nursing staff. For example, Hourly Rounding provides frequent opportunities for nursing to engage patients regarding their care, ensures that pain is adequately managed, anticipates patient needs and assesses patient safety. Our communication with patients continues after discharge through Discharge Phone Calls. Nurses follow up with patients within 24-48 hours of discharge to make sure they understand their discharge instructions and medication regimen. Nurses can also answer any questions about the discharge and identify issues which may require immediate follow up with a physician.

Attitudes and Behaviours of Staff

Example 6 [2]

Healthcare service: Whipps Cross University Hospital NHS Trust

Survey used: Care Quality Commission (CQC) Adult Inpatient Services Survey

Gaps identified: attitudes and behaviours of staff

Intervention applied: The CQC inpatient survey in 2008 showed that patients rated Whipps Cross among the bottom 20 per cent of trusts for two thirds of the questions asked, raising particular issues around the attitudes and behaviour of staff. So in July 2009 the trust began working on a 'patient experience revolution', which they officially launched in March 2010. The revolution was developed by 500 staff and 100 patients across the hospital and identified the key staff behaviours that are important to patients. The trust has started embedding these across the whole organisation.

The approach

The trust:

- ran three 'in your shoes' events where all levels of staff, including the chief executive, sat and listened to patients on a one-to-one basis to learn more about what they wanted. They also contacted and involved previous complainants
- developed a manifesto, including a set of shared values and ten core behavioural standards expected of all staff. Their standards have been developed so that patients feel cared for, safe and confident and every member of staff is asked to sign up to this promise to patients
- trained 40 staff to deliver service standards and communications training for all 3,500 employees to ensure they are equipped to take responsibility for delivering and supporting others to deliver the ten core behavioural standards
- aligned its human resources, performance management and recruitment processes with the values and standards.

In addition:

- 'just a minute' cards have been introduced to all clinical and non-clinical areas asking patients for qualitative feedback, which is often then published on 'you said, we did' posters
- compliments are now recorded in a database
- patient experience data is incorporated into quarterly trust board and directorate scorecards
- the trust is carrying out interim surveys for both inpatients and outpatients to measure areas of improvement.

The impact:

- Making a promise to patients has helped empower staff to work in accordance with the values.

Whipps Cross is now rated "average" for all ten key indicators according to the 2009 CQC Inpatient Services survey, making them one of the better performing trusts in London. Improvements have been made in 43 of the 63 indicators since the 2008 survey.

Overall Patient Experience

Example 7 [9]

Healthcare service: Spectrum Health System

Survey used: Unknown

Gaps identified: overall patient experience

In 2004, Spectrum Health System began using a national comparative patient experience survey tool. Leaders were dismayed to see that patients' assessments of their experiences were much lower than they had assumed — the 24th percentile. These results led to steps by leaders and the entire organization that improved the patient and family experience dramatically over the next four years. This multi-year plan became the culture of the organization — not a “program” or an “initiative.” Spectrum Health System's patient experience results are now above the 80th percentile. Spectrum Health System vice president of innovation and patient affairs, Kristine White, described key actions that led to these results:

- “All in”: All leaders define and own the commitment to PFCC and excellence in patient and family experience. An executive is accountable for the strategy and execution on behalf of the senior management team; however, all leaders play key roles in owning the outcomes. For example, the CFO can talk about the overall PFCC strategy as knowledgeably as the accountable executive, and beyond that, can describe the work in patient-friendly billing systems. The president reserves the first agenda item at every monthly management meeting for PFCC stories of impact, success, and opportunities for improvement.
- PFCC is linked to the Spectrum Health mission: Senior leaders aim high in achieving PFCC results, aligned with other key strategies through a combination of local and organization-wide efforts.
- Patient experience is deeper than solely a focus on service: Service skills are necessary but not sufficient to create a PFCC culture. PFCC is not about “being nice”; it is about system changes to enable excellent partnerships.
- Focus on impact: The focus is on processes that are meaningful to patients and families, not on an abundance of activities that do not add value.
- Family presence is essential to a multidisciplinary team: For example, visiting hours and restrictions were eliminated throughout the entire system in 90 days. Instead of predetermined “visiting hours,” family presence is based on the needs of each individual patient. Leaders Worked with staff to ensure that the infrastructure, processes, and resources were in place to achieve a successful outcome. Staff worked with patients to manage unique challenges such as semi-private rooms.
- Involvement of patient and family advisors in executive and service line councils throughout the organization: In eight hospital settings, there are approximately 100 patient and family advisors for more than 140 service sites and 2,000 beds system-wide. An Executive Council includes core patient advisors, service line council chairs, and members of the executive team; patient and family advisors participate on interview teams for key hospital positions and on key committees (e.g., Board Quality and Safety Committee, Patient Safety Committee)
- Development of PFCC skills: For example, first-year medical residents participate in simulations of patient- and family-centred care interactions.
- Focus on strategies to engage the hearts and minds of staff members: The goal is for each staff member to understand clearly how every person's actions ultimately affect the patient and family

d) An alternative approach: Patient Reported Outcome Measures (PROMS)

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The four procedures are:

1. hip replacements
2. knee replacements
3. groin hernia
4. varicose veins

PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

PROMs have been collected by all providers of NHS-funded care since April 2009. This national-level data are published every month with additional organisation and record-level data made available each quarter (typically in February, May, August, and November each year). Data are provisional until a final annual publication is released each year [10].

Evidence shows that the systematic use of information from PROMs leads to better communication and decision making between doctors and patients and improves patient satisfaction with care. There is also evidence that patients report better outcomes, for example, improvement in depression. However, research on attempts to embed

measurement of patient reported outcomes into routine practice has revealed many technical, social, cultural, legal, and logistical barriers to successful adoption [11].

From the same report, the views of patient advocates were sought and they reported the following;

For most patients there is no systematic or effective method for communicating what happens outside the clinical encounter, such as perceived needs, symptoms, response to treatment, undesirable side effects, effect on function, and what matters to patients and their families. Like clinicians, patients want better outcomes for individuals and communities, and better professional development and system performance, although we might not use those same words to describe them.

PROM systems have the potential to enable improvement by providing information that can bridge the gap between the clinical reality and the patient world, triggering learning as well as the right next action.

PROM systems must be co-developed by patients, the public, and professionals to obtain maximum value. They should be integrated with the rest of the patients' healthcare information and patients should be able to use the information when and where they choose, including for research to benefit others with their condition.

An example of the use of PROMs in clinical practice comes from the University College London Hospitals NHS Trust PROMs where it is considered a crucial part of the clinical assessment of men with lower urinary tract symptoms, and their outputs inform the thresholds of: disease severity; threshold for referral; threshold for treatment; and defining treatment success. [Kings fund paper]. PROMs are firmly embedded in clinical practices in urology.

e) Guides for using patient experience feedback data to drive quality improvement initiatives

Two guides for using patient experience feedback data to drive quality improvement were identified in our search.

1. The NHS guide to using patient feedback to transform services. It has been included as the setting for the use of the guide mirrors the way we work at Monash Health [12].
2. The Health Research & Educational Trust, Hospitals in Pursuit of Excellence Group provides a guide to effectively use the HCAHPS. This has been included here as the principles of the guide are broadly applicable to the Monash Health setting and many of the examples provided in the next section are based on HCAHPS data [13].

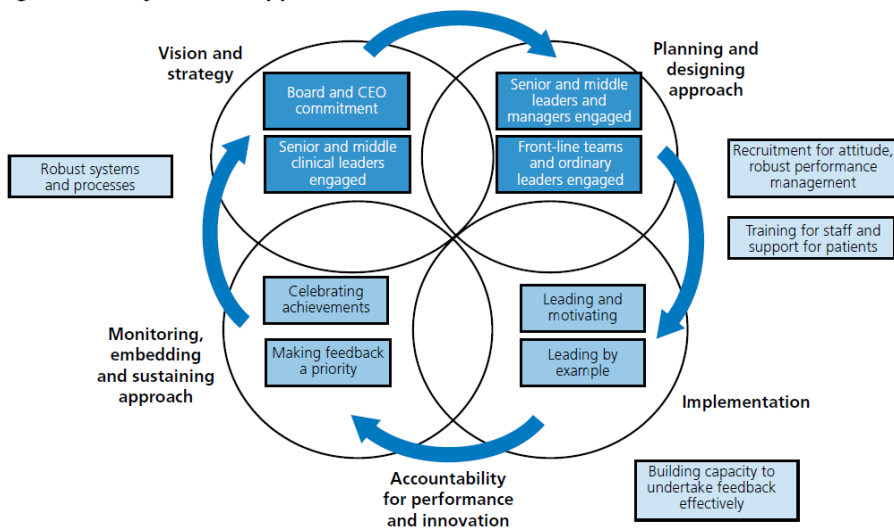
1. National Health Service: Understanding what matters: A guide to using patient feedback to transform services [12]

The NHS provides general guidance to help commissioners and providers use feedback based on patient and service user experience to transform the quality of services. This best practice guidance sets out the key principles for collecting and using patient experience feedback to drive improvements in the quality of services. It has been co-produced with NHS organisations pioneering this approach, to support the embedding of patient insight within everyday practice [12].

In order to use feedback to design and implement service improvements the guide recommends the following:

- The ultimate test is how information is used to bring about change. This cannot happen piecemeal in reaction to specific feedback. The approach to designing potential solutions to issues identified from patient feedback needs to be part of the organisation's wider approach to quality improvement. Information on patient experience should be placed alongside other information – not just safety and effectiveness, but also cost and impact.
- A thorough analysis of feedback gained will help organisations to identify where improvement is needed, and to prioritise where they should focus work on improvement. A key finding from the Picker Institute's Patients Accelerating Change Programme is that it is more effective for organisations to focus on one or two key improvements at a time, rather than trying to tackle every issue identified at the same time. When prioritising action, organisations will find it helpful to consider who they are trying to benefit. It may be better to make a small difference for a large number of patients than a large difference for a few.
- Prioritising and designing solutions should involve patients and staff working together. There is little point in creating a superb feedback system that leads to changes that receive poor feedback [12].
- The different components of a comprehensive and systematic approach to the use of feedback is represented in the below diagram.

Figure 3 – A systematic approach to embed use of feedback



2. Health Research & Educational Trust, Hospitals in Pursuit of Excellence Group: Health Care Leader Action Guide to Effectively Using HCAHPS [13]

This guide describes how HCAHPS data should be used in context with other information about organisational performance. It highlights cultural elements necessary to build a firm foundation for HCAHPS success. Once these foundational elements have been considered, the guide outlines a five-step approach to using HCAHPS effectively to improve the patient experience, quality and safety. These include:

1. Understand HCAHPS data
2. Set improvement priorities
3. Identify and implement targeted interventions
4. Engage the team
5. Measure and monitor success

Putting HCAHPS Data in Context

Hospital leaders should use the survey as a tool to strengthen patient relationships and improve care. However, similar to other tools, the data must be applied wisely in order to be effective. The survey should not be the organisation’s only way of obtaining information about the patient experience. Nor is it intended to be a comprehensive assessment of everything that is important to patients [13].

To get the most value out of the data, it should be considered in conjunction with other organisational metrics related not only to the patient experience, but also to the staff experience. To establish its relevance with clinicians, survey data should be an integral part of hospitals’ quality and safety improvement efforts, rather than simply a measure of customer service. Improving HCAHPS scores should not be viewed as a separate task, but rather within the context of a broader focus [13].

Common Characteristics of high-performing HCAHPS organisations [13]

| Leadership | Partnership with Patients and Family |
|---|--|
| <ul style="list-style-type: none"> - Senior leaders are visible and lead by example <ul style="list-style-type: none"> ➢ Leaders make rounds and speak with patients, families and staff ➢ Leaders clearly communicate a vision and plan for integrating patient-centered care into daily operations - Clinicians are engaged in improvement efforts and visibly support patient-centered care - Patient experience is integrated and aligned with other organisational priorities, including quality and safety - A dedicated champion is in place to support patient-centered care | <ul style="list-style-type: none"> - Patients and families are treated as partners at every level - The organisation engages in dialogue with patients and families on a routine basis using methods other than the HCAHPS survey including: <ul style="list-style-type: none"> ➢ Regular rounding with patients to solicit their perspectives ➢ Patient and family advisors ➢ Focus groups ➢ Post-discharge phone calls ➢ Organisation identify and respond to patients’ individual needs |

| Engaged Workforce | Performance Improvement Focus |
|---|---|
| <ul style="list-style-type: none"> - Staff members are recruited for patient-centered values and job descriptions, including patient-centered description of responsibilities - Orientation and ongoing training reinforce patient-centered tools and skills - Patient-centered care is rewarded and celebrated - Caregivers are supported when challenging situations arise with patients/families - Staff are actively involved in designing patient-centered care processes - Accountability and incentives support patient-centred care | <ul style="list-style-type: none"> - Patient-experience metrics are on the organisation's balanced scorecard - Patient experience is systematically evaluated and feedback is provided to staff - Data is analysed to enable organisational learning from high performing units - Performance goals are established - Ann improvement methodology is used - Tools, training and support for using data effectively for improvement - Staff are encouraged to suggest and pilot improvement ideas |

Conclusion: Implications for Monash Health

In identifying examples of quality improvement initiatives that utilised patient experience survey data to drive change, a broader range of issues related to patient experience and its impact quality of care were revealed. The importance of staff and patient engagement and effective leadership in undertaking quality improvement initiatives and ultimately improving organisation wide patient experience were the key elements to success, however other issues were also described in the literature.

Examples about patient experience quality improvement work stemmed predominantly from the United States using feedback derived from the HCAPHS survey. While not the survey used in Australia it does provide similar questioning to what is included in the Victorian Healthcare Experience Survey. Limited examples are available from the Australian and UK settings, a finding that is supported by other researchers who acknowledged that quality improvement initiatives are being undertaken using data from patient experience surveys to drive the change but it is not reported and published.

The implications for Monash Health are twofold. 1) The results of this scoping search highlight that there is significant opportunity to share quality improvement initiatives that utilise patient experience feedback along with the outcomes of the initiatives, and 2) The planning of these initiatives requires staff engagement and effective leadership in order to improve organisation wide patient experience.

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