Updates in Patient Experience

Joshua M. Rosenberg, D.O., FACP, SFHM
Apogee Physicians
Division President

Disclosures

• None
Objective

Purpose: Provide the best patient experience in healthcare

Vision: What’s best for the patient, is best for the practice.

Mission: To be the best hospitalist, by any measure, everywhere we practice, everyday

Journal of Patient Experience

Mapping the Patient Journey Across the Continuum: Lessons Learned From One Patient’s Experience
Melanie A Meyer, PhD
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Mapping the Patient Journey Across the Continuum: Lessons Learned from One Patient’s Experience

• Objective: Analyze patient journey to determine needs to improve patient-centered process.

• Background:
  • 400,000 hip and knee replacements annually (most common surgery for Medicare patients) in the U. S.
  • Long recovery period
  • Cost ~$7 Billion
  • 1 in 4 Americans (3 in 4 Americans ≥ 65-years-old) have multiple chronic conditions (MCCs).

Patient AB
• 80-year-old male with MCCs.
• Posterior hip replacement surgery due to Avascular Necrosis.
• Post-op rehab went well.

• 5-months post-op began re-experiencing right hip pain.
  o Multiple primary care and pain management appointments.
  o Referred back to hip surgeon.
  o Diagnosis: Hip prosthetic infection and loose acetabulum.
  o Prosthesis removed and spacer placed.
Mapping the Patient Journey Across the Continuum: Lessons Learned from One Patient’s Experience

Patient AB
- 3-major surgeries
- 9-care transitions
- One health system
- Time between surgeries: 5-months
- Complete patient journey: 21-months
- Coordinated Care: Patient’s spouse (LS)

Mapping the Patient Journey Across the Continuum: Lessons Learned from One Patient’s Experience

AB Post Right Hip Replacement:
- PCP Visits: 5
- ED Visits: 4
- Hospitalizations: 7
- Subspecialists:
  1. PCP
  2. Orthopedic Surgery
  3. Pain Management
  4. Infectious Disease
  5. Neurology
  6. Urology
  7. Cardiology

- Admissions
  1. Hospital x 7
  2. Rehab
  3. SNF
  4. Assisted Living
  5. Home

- Procedures
  1. Right Hip Replacement
  2. Right Hip Revision
  3. Needle Aspiration
  4. Pacemaker
  5. Right Hip Replacement
Critical Needs:
1. Visible Health Goal
2. Transparent, Shared Decision Making
3. Closed-Loop Communication Process

Visible Health Goal:
- AB: Regain the ability to walk and return home to independent living.
- Patient perspective: Quality Care = meeting health goals ASAP.

Roadmap to best health outcome:
1. Clearly spell out patient goal.
2. Available to all members of the healthcare team.
3. Allow for asynchronous collaboration and dynamic updates.
Mapping the Patient Journey Across the Continuum: Lessons Learned from One Patient’s Experience

Transparent, Shared Decision Making (SDM):

• AB / LS: Unsure who to contact for specific issues (post-op).

• Abrupt (1-day notice) discharge home from Rehab 2-weeks after second surgery due to lack of participation in PT.
  • Hip prosthesis removed.
  • Not allowed full weight bearing for 4-weeks.
  • Required significant ADL support.

Roadmap to best health outcome:
  1. Patient and family need to be included in care decisions.
  2. Shared decision making: Free flow of information and transparency.

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Closed-Loop Communication Process:

• AB: Serious adverse outcomes avoided only because wife’s careful oversight avoiding serious lapses in care:
  • 2-episodes of overmedication → unconsciousness → ER (one hospitalization).
  • 1-episode of antibiotics erroneously being discontinued. Wife prompted staff to call physicians. Antibiotics restarted.
  • Failure to coordinate patient’s medications (closing the communication loop).

Roadmap to best health outcome:
  1. Regular care team communication
  2. Ensure all parties, including patient and family, consistently receive same information in a timely manner.
Does provider self-reporting of etiquette behaviors improve patient experience? A randomized controlled trial

Objective:
Determine if prompting providers to assess their own etiquette-based practices improves physician domain patient experience.

Design:
Random. Hospitalists in 2-community and 2-teaching hospitals.

Participants:
Hospitalist with ≥ 15 unique patients responding to Press Ganey experience survey during 12-month baseline period.
Does Provider Self-Reporting of Etiquette Behaviors Improve Patient Experience? A Randomized Controlled Trial

- 1:1 Randomization
- Biweekly Etiquette Behavior (EB) v. Quality Improvement Behavior surveys
- Frequency performing 7-best practice bedside etiquette behaviors

<table>
<thead>
<tr>
<th>Always or Usually %</th>
<th>Introduce Self</th>
<th>Smile</th>
<th>Visitor Etiquette</th>
<th>Sit Down</th>
<th>Body Language</th>
<th>Wrap-Up</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>59</td>
<td>88.3</td>
<td>85.2</td>
<td>62.9</td>
<td>66.7</td>
<td>96.2</td>
<td>92.5</td>
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<tr>
<td>Quarter 4</td>
<td>90.37</td>
<td>96.51</td>
<td>95.34</td>
<td>70.93</td>
<td>87.77</td>
<td>97.67</td>
<td>92.41</td>
</tr>
</tbody>
</table>
Does Provider Self-Reporting of Etiquette Behaviors Improve Patient Experience? A Randomized Controlled Trial

• Response rate: 57.4% (intervention) v. 85.7% (control)
• Baseline: Etiquette-based behavior: 83.9% (+/-3.3)
  • Moderate Improvement: 5.6%
• Best category: Wrap-Up (“Do you have any other questions or concerns?”): 80.7%.
• Biggest opportunity: Sat down: 27.9%.

Does Provider Self-Reporting of Etiquette Behaviors Improve Patient Experience? A Randomized Controlled Trial

• Changes in self-reported etiquette behavior not associated with changes in composite Press Ganey and HCAHPS scores.
• If physicians believed they perform well at baseline they didn’t consider the need for improvement.
• Studies have shown physicians significantly overestimate how frequently they preform etiquette behaviors\(^1,2\).

\textit{Every patient every time?}

Purpose: Compare Press Ganey and HCAHPS scores between TJA patients who did and did not receive perioperative mobile phone messages.

Method: Prospective pilot study over 6-weeks.
• 37-patients
• 34-enrolled
• 30-completed

Automated mobile messaging system
Increasing Perioperative Communication with Automated Mobile Phone Messaging in Total Joint Arthroplasty

### Pre-Operative Messages
- 1-week
- 4-days
- 2-days
- 1-day
- Date of surgery reminder
- Encourage skin examination
- NPO reminders
- Medication instructions
  - Phone number to clinic for questions
  - Option to reply for more information

### Post-Operative Messages
- POD 1 – 2-weeks
- Post-op Activity
- Pain control
- Dressing changes
- Monitoring for concerning signs and symptoms
- Discharge goals
- Information important to patients

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Increasing Perioperative Communication with Automated Mobile Phone Messaging in Total Joint Arthroplasty

- 87% felt messages helped them be “more prepared for surgery.”

- 100% felt messages kept them “better informed during recovery.”

- 97% would “participate in automated mobile messaging again.”
Increasing Perioperative Communication with Automated Mobile Phone Messaging in Total Join Arthroplasty

Patient receiving messages; more likely to feel:

- Included in decisions about treatment.
- Informed about their care.
- To understand their health needs after leaving the hospital.

No difference in physician communication HCAHPS.

Journal of Patient Experience

Grab a Seat! Nudging Providers to Sit Improves the Patient Experience in the Emergency Department

Clinton J Orloski, MD, Erica R Tabakin, MD, Frances S Shrofer, PhD, more...
Grab a Seat! Nudging Providers to Sit Improves the Patient Experience in the Emergency Department

• Objective: Determine if provider sitting influenced patient satisfaction in an academic emergency department and if education and / or environmental manipulation could nudge providers to sit.

• Design: Prospective, controlled, pre – post trial in 2-urban academic EDs within a single health system with shared staff.

• Method: Baseline – Intervention Period – Post-Intervention

• Participants: Patients 18-years and older with GCS ≥ 15 being discharged home from the ED.

• Intervention ED: Large tertiary care ED with ~62,000 annual visits.

• Control ED: Level 1-trauma center with ~47,000 annual visit.

• Emergency medicine attending physicians and residents practice at both sites.
Grab a Seat! Nudging Providers to Sit Improves the Patient Experience in the Emergency Department

Intervention

• Folding Seat
  • Branded with colorful institutional logo and project slogan; “Grab a Seat”.
  • Hung on hooks in eyesight in each patient room.

• Educational campaign: Highlight importance of good communication
  • 4-minute video seen by all attendings, residents, APPs, nurses.
  • Both institutions.

• Patients surveyed 7 AM to 12 AM
  • Perception of how well providers kept them informed.
  • Perception if provider spent enough time with them.
  • Whether they felt the provider listened, cared, and was polite.
  • Was it important for provider to sit down.

• Provider sitting at any point during the clinical encounter improves patient perception of their care and overall satisfaction.

• Provider sitting was influenced by placement of a colorful, branded seat in the clinical environment.

• After implementation, the odds of a physician or APP sitting increased by 30%.

• Barrier overcome by nudging providers with visual cues.
Grab a Seat! Nudging Providers to Sit Improves the Patient Experience in the Emergency Department

• Once seats were removed from the clinical environment, provider sitting decreased to pre-intervention baseline.

• Study did not compare effect with actual Press Ganey scores.
Retrospective Analysis of the Effect of Postdischarge Telephone Calls by Hospitalists on Improvement of Patient Satisfaction and Readmission Rates

• Objective: Assess impact of post-discharge telephone call from discharging hospitalist on readmissions and patients’ ratings of hospital care and hospitalist communication.

• Method: Retrospective analysis collected from patients’ EHR at a 167-bed hospital and HCAHPS as conducted by Press Ganey.

• Outcomes of Interest: 30-day readmissions and HCAHPS satisfaction scores for overall hospital rating and hospitalist communication.

Retrospective Analysis of the Effect of Postdischarge Telephone Calls by Hospitalists on Improvement of Patient Satisfaction and Readmission Rates

• Intervention Group
  • Telephone call by the discharging physician within 7-days of discharge.
  • Discharging physician determined eligibility for the call.
  • Patients ≥ 18-years-old, discharged by a hospitalist 2/28/15 – 2/29/16, diagnosed with non-psychiatric condition, eligible to receive HCAHPS survey.
  • Monthly goal: 10-completed calls per FTE.
  • Call documented in EHR.

• Call with patients or caregivers:
  • How the patient was fairing after discharge.
  • Whether they had questions about their hospital stay.
  • Whether they had a follow-up appointment scheduled.
  • No voice mails.
Retrospective Analysis of the Effect of Postdischarge Telephone Calls by Hospitalists on Improvement of Patient Satisfaction and Readmission Rates

• HCAHPS Questions: “How often did doctors...”
  • “...treat you with courtesy and respect?”
  • “...listen to you carefully?”
  • “...explain things in a way you could understand?”
• Overall hospital rating
• Top box scores

• Calculated Number Needed to Treat: Number needed to call to have one additional **perfect** HCAHPS score.

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Retrospective Analysis of the Effect of Postdischarge Telephone Calls by Hospitalists on Improvement of Patient Satisfaction and Readmission Rates

• Average duration of each call: ≤ 5-minutes
• Successful phone calls: 40%
• Minutes per day speaking to patients per hospitalist: 5-10-min.
• Average patients called per hospitalist per day: 1-3-patients.
• Percent of calls resulting in need for additional action: 10%
Retrospective Analysis of the Effect of Postdischarge Telephone Calls by Hospitalists on Improvement of Patient Satisfaction and Readmission Rates

Sample Descriptive Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Call</th>
<th>No Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>1067</td>
<td>3423</td>
</tr>
<tr>
<td>HCAHPS Hospital Rating, n (%)</td>
<td>307 (28.8%)</td>
<td>600 (17.5%)</td>
</tr>
<tr>
<td>HCAHPS MD Communication, n (%)</td>
<td>311 (29.1%)</td>
<td>606 (17.7%)</td>
</tr>
</tbody>
</table>

Association of Post-Discharge Phone Call with Readmissions and HCAHPS

<table>
<thead>
<tr>
<th>Scenario</th>
<th>AOR</th>
<th>95% CI</th>
<th>Positive Impact</th>
</tr>
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<tbody>
<tr>
<td>Likelihood of Readmission within 30-days</td>
<td>1.23</td>
<td>0.93 – 1.64</td>
<td>No</td>
</tr>
<tr>
<td>Top Box HCAHPS Hospital Overall</td>
<td>1.52</td>
<td>1.02 – 2.28</td>
<td>Yes</td>
</tr>
<tr>
<td>Top Box HCAHPS Hospitalist Communication</td>
<td>1.56</td>
<td>1.07 – 2.29</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Number Needed to Treat (call) to get one additional **PERFECT** HCAHPS score: **7**
Real-time patient experience surveys of hospitalized medical patients


By: Kimberly Indovina, MD, Angela Keniston, MSPH, Mark Reid, MD, Katherine Sachs, MD, Chi Zheng, MD, Angie Tong, BS, Danny Hernandez, BS, Kathy Bui, BS, Zeinab Ali, Thao Nguyen, BS, Helpees Guiguís, BS, Richard K. Albert, MD, Marsha Burden, MD

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Real-Time Patient Experience Surveys of Hospitalized Medical Patients

• Objective: Evaluate if real-time patient feedback to physicians improved patient experience.

• Design: 525-bed hospital. Teaching and non-teaching general IM service.

• Participants: Hospitalists as attending physicians
Real-Time Patient Experience Surveys of Hospitalized Medical Patients

- US Department of Health and Human Services website survey.
- 4-point scale (poor, fair, good, great)
- Patient asked to rate how well their doctors were:
  1. listening to them
  2. explaining what they wanted to know
  3. being friendly and helpful
- Hospitalist received personalized feedback
- Survey on HD-2 then randomized: intervention v. control

Real-Time Patient Experience Surveys of Hospitalized Medical Patients

- Attendings in intervention group coached:
  - Daily feedback about patients’ survey results
  - Etiquette-based communication
  - Sit down when communicating with patients
  - Revisit each patient to discuss how the team could improve any non-TBS

- Patients surveyed daily until they provided top box answers or DC
### Real-Time Patient Experience Surveys of Hospitalized Medical Patients

#### HCAHPS Questions

<table>
<thead>
<tr>
<th>HCAHPS Questions</th>
<th>Proportion Top Box</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control N = 35</td>
<td>Intervention N = 30</td>
</tr>
<tr>
<td>Overall Hospital Rating</td>
<td>61%</td>
<td>80%</td>
</tr>
<tr>
<td>Courtesy / Respect</td>
<td>86%</td>
<td>93%</td>
</tr>
<tr>
<td>Clear Communication</td>
<td>77%</td>
<td>80%</td>
</tr>
<tr>
<td>Listening</td>
<td>83%</td>
<td>90%</td>
</tr>
</tbody>
</table>

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### Important Findings:

1. Daily patient satisfaction scores improved from first to last day.
2. Patients of providers who received real-time feedback trended toward higher HCAHPS proportions for all 3 provider questions and overall hospital rating.
3. Percentile differences and median score for overall hospital rating were significantly higher in the intervention group.
Take Home Points

1. The patient journey is complex and can be improved by utilizing a Visible Health Goal, Transparent, Shared Decision Making, and Closed Loop Communication
2. Provider self-reporting of etiquette behaviors led to increased frequency performing these behaviors but had no effect on HCAHPS scores.
3. Automated text messaging helped patients feel involved in and have a better understanding of their healthcare.
4. Provider sitting during the patient encounter increased the patient’s perception of satisfaction.
5. Post-discharge callbacks made by the discharging physician increased physician communication and hospital HCAHPS scores.
6. Providers who receive real-time daily feedback had increased physician communication and overall hospital HCAHPS scores.
7. You’re already doing most of this. Apogee has systems to help you.

References

THANK YOU