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EVERYONE IS THE CHIEF EXPERIENCE OFFICER



Have you ever wondered why your HCAHPS scores do not reflect the patient's comments regarding their hospital experience when you make rounds? Here are some of the comments this writer has heard:

"The nurses are wonderful!"
"No, there's nothing else you can do for me."
"Yes, my doctor has been in, and I know when I'm going home."
"No, I can't think of any suggestions to make my experience different."

Sound familiar? With those kinds of comments, one might expect that HCAHPS top box scores should be above national averages, however when you see your report, the scores may not meet your expectations. The Centers for Medicare and Medicaid Services (CMS) officials instituted HCAHPS because they believed that, "Delivery of high-quality, patient-centered care requires us to carefully consider the patient's experience in the hospital inpatient setting." The CMS assumption remains that if the patient is happy with their hospital experience, they have received high-quality care and subsequently the hospital's HCAHPS scores will be good. That is an excellent theory, however not necessarily realistic.



The Patient's Perspective

In a recent piece written by Fox News consumer reporter, John Stossel has a bone to pick with the U.S. healthcare system. The journalist is undergoing treatment for lung cancer at one of the highest-rated hospitals (New York Presbyterian) in the country. Stossel writes, "I have lung cancer. My medical care is excellent but the customer service stinks." He complains that, "Doctors keep me waiting for hours, and no one bothers to call or email to say, 'I'm running late.' Few doctors give out their email address. Patients can't communicate using modern technology." He reports that, "he is forced to fill out duplicative paperwork" and complains that "some hospital workers are indifferent" to his needs. He questions whether all the medical tests that doctors order are even necessary.

One must pause and reflect on Mr. Stossel's concerns since it is likely that others experience the same dilemmas when faced with unexpected or even expected hospital encounters, albeit inpatient or outpatient services. Stossel is a 69 year old man who is expecting to use current technology as a means of communicating with caregivers. Not unrealistic. He expects that he can fill out paperwork once and not fill out the same information multiple times. Not unrealistic. His expectation is that caregivers actually care about him as a person. Not unrealistic since most caregivers selected their profession for altruistic reasons. He questions whether all the tests he has undergone are necessary for treatment. Not unrealistic since apparently no one is explaining the rationale for ordering the tests.

Ultimately, one must question how these concerns are reflected in HCAHPS scores, and do Stossel's apprehensions echo those of the general population, yet most patients never articulate them. And why is that?

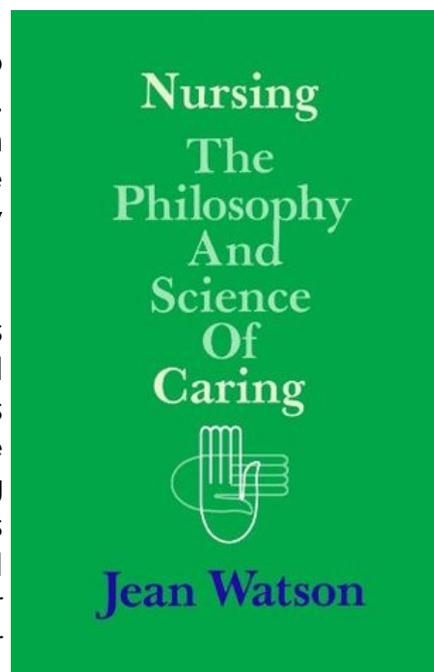
Balancing Act

Perhaps your hospital is not part of value-based purchasing (VBP) and the reimbursement or penalty associated with it. Regardless, it is important in the highly competitive health care environment to assure that patients, families, and significant others are happy and safe when in hospitals. Let's put the patient experience into perspective. Most people have some experience with hospitalization either personally or peripherally, and base their expectations on that experience. The balancing act requires two key elements. The first element is to change the experiential perception and make it better, and second, balance what the patient wants versus what they need.



Let's further explore these two key elements. What will it take to improve the patient experience, and subsequently customer satisfaction scores? The following ideas are proposed:

1. Research supports bedside report improves the patient experience. (Planetree)
2. Use a patient relationship model such as The Caring Model™ coupled with Relationship Based Care concepts that place the patient and family at the center of all aspects of the experience. (The Caring Model™. Sharon Dingman. Relationship Based Care. Creative Health Care Management.)
3. Institute shared governance throughout the organization which promotes united decision-making and empowerment instead of top down decisions.
4. Have former patients and family members serve on hospital committees, especially committee(s) trying to improve HCAHPS/customer satisfaction.
5. Encourage board members to make rounds prior to the board meeting and talk with patients, families, visitors, providers and staff as a means of understanding their needs and concerns.
6. Accept a holistic approach; look beyond the hospital walls. Patients and families view your organization as a whole. They combine their experience with their primary care provider with the ability to make an appointment quickly with their emergency department encounter with their assessment of their inpatient stay with their follow up care. Leaders must assess all aspects of the services provided since each service impacts the patient experience.
7. Leverage "connected health" aka digital health to identify, track, and manage patients' health concerns. According to a recent survey, using digital health improves the patient satisfaction with their health care experience. (HIN. Digital Health in 2016: Connectivity Elevates Patient Experience, Satisfaction)
8. Create a healing environment. One suggestion is designating quiet times when patients can have fitful rest with no interruptions. Another suggestion is defining a room within a building that has comfortable chairs, low lighting, soft music and an overall relaxing environment for anyone to use, to include staff. This writer worked with a hospital in New Jersey that had such a place that was called the Watson Room, after Jean Watson, the nursing theorist who has spent her life promoting human caring.



The second key element is balancing what the patient wants versus what they need. It has been reported that our country has an opioid crisis. Based on this reality, an example might be a patient going to his primary care physician with the chief complaint of back pain not relieved by Ibuprofen or Tylenol. The patient requests something stronger such as Tramadol. The physician e-scribes a prescription for Tramadol. Within 10 days, the patient sees the physician again, and complains that the Tramadol did not do much for the pain, and requested Oxycodone to relieve the pain. The physician e-scribes a prescription for Oxycodone. The physician is trying to meet the patient's need so they have a good experience and are happy with the encounter. This is an exaggerated example, but it makes a point that behavior patterns must be evaluated and acted upon for the best interest of the patient. Many of us have heard the adage; we're doing this for your own good, and it fits in some situations.

Care providers are committed to saving lives and doing no harm. Educating patients is essential to understand the importance of working together to improve health outcomes, and sometimes having to say no to what the patient wants does not imply poor quality care. Similarly, overuse of tests and procedures sparks alarm as well. John Stossel mentioned that in his comments. It is truly a balancing act.

System Changes

There is evidence that the majority of errors in health care are a result of system malfunctions. As a result, leaders must continually evaluate system processes to assure efficiencies and effectiveness that yield positive outcomes. When we discuss improving patient satisfaction and the patient experience, staff often thinks we are going to ask them to smile more. Genuine warmth and smiles do go a long way in customer satisfaction yet concentrating on system overhauls can have a positive impact on patient experience and satisfaction. A good example is when Mayo Clinic revamped their scheduling system. They employed industrial engineers using stopwatches to time wheelchairs between appointment locations in order to ensure that correct scheduling algorithms were created. Another practical example is assuring that patients have their follow-up appointment with their primary care physician before they are discharged.

Finally, strive for a Just Culture or blame free environment. The founder of the Ritz Carlton luxury hotels, Colgate Holmes said, "If a mistake happens once it may be the fault of the employee. If it happens twice, it is most likely the fault of the system." Like the Ritz Carlton, once the systems are transformed and a new culture evolves, hospitals can be as successful as the hotel chain.



Summary

Micah Solomon, a contributor to Forbes, offered some wise counsel to health care regarding HCAHPS and the patient experience. He suggests that leaders review the survey questions as a whole and how they “fit within your broader attempt to create an overall experience of caring” so that there will be a positive “halo effect.” Solomon states that “the halo effect I’m referring to is the tendency of humans—including patients and their loved ones—to cut you slack when they have a generally positive impression of you, how a positive experience with you will spread in their minds (and in their survey responses) to areas where, literally speaking, your institution may not have been entirely up to snuff.” There is work to do within all aspects of health care since consumers have a choice, and hopefully they will chose you.

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