

Facing the Numbers

A Decade of Advancing Patient-Centered Care:
The 10th National CAHPS® User Group Meeting

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We have arrived at a critical juncture in improving patient-centered care.....

- We have established through rigorous qualitative and quantitative methods what matters to our patients and their families when they are cared for in our health care system
 - Technical quality of care
 - Competence of professional and other staff
 - Universal concerns around important dimensions of care that ONLY patients and their families can evaluate and report on
 - Physical comfort, access to care, how they perceived that physicians and nurses treated them, how they were treated in the transition from one setting to another, how the environment they were cared for appeared

What we have accomplished...(cont'd)

- Established rigorous methods for ascertaining how patients perceive their care
 - Modes of survey administration and biases related to those methods
 - Adjustments for response rates
 - Adjustments/stratification by the type of clinical care patients received (ob, surgery, medical)
 - What burden both care providers and patients can bear in terms of responding to surveys

What Now?

So What?

Where Do We Go From Here?

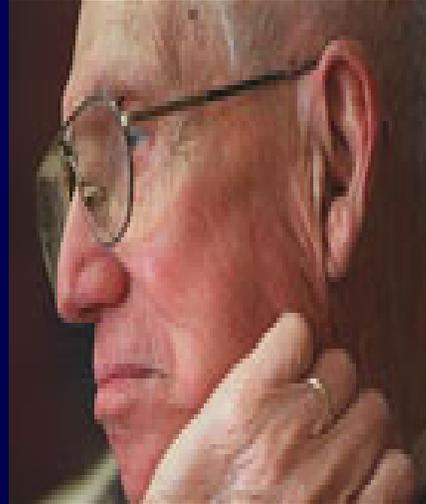
The Face of the "Numbers"

Patients come to us in their most vulnerable time of need...

Are we there for them?

Do we serve them well?

To serve means "to be of help and to be useful...."



Patient-Centered Experience

Service essentials

- Clean patient facilities
- Reasonable patient wait times
- Prompt attention to patient needs
- Patients well-informed of diagnosis, treatment, care processes
- Polite and respectful patient communication
- Patient inconveniences remedied through active service recovery

"Quality" – Through Their Eyes

- Tangible – staff appearance, cleanliness of facility
- Timely, reliable, and effective processes
- Proactive and helpful service implies quality and safe care delivery
- Open dialogue and regular communications with knowledgeable staff
- Respectful and courteous interactions with trustworthy staff
- Friendly, supportive and caring environment that values patients time, values and expressed needs

Common complaints:

Courtesy of care givers, wait times, privacy, lack of explanations, courtesy towards family, pain control, arrangements for home care, discharge instructions, and responsiveness

Meet Sarah

- Sarah is a nurse
 - She is also the former CNO and COO of several hospitals
 - Last spring she went to the supermarket in a blinding rainstorm on a Sunday evening in Dallas
 - She fell and fractured her right wrist in multiple places resulting in both of the major bones in her forearm being impacted in her wrist
 - She required external fixation under general anesthesia and was told that immediately after the surgery she could go home on pain medication and she would be back to work by Thursday
- 
- She and her husband had complete confidence in her orthopedic surgeon
 - This is her story in her own words

What Happened to Me...

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- "I was admitted on Sunday night. I was in excruciating pain all night but by the next day at noon I had some relief."
 - "The operating room was fully booked on Monday so I was a 'to follow' case. No one ever told me that it would be 6 or 7 pm before I went to the OR. My husband and I were frantic and no one told us what was going on..."
 - "After the surgery was over at 10 pm, they told me I could go home in the morning. I couldn't sleep with all the pain."
- "When I asked for more pain medication, the nurses told me that they didn't want to give me any more because I might become addicted."
 - "I didn't sleep for two days because of the pain."
 - My doctor apparently wrote the appropriate orders but the nurses refused to carry them out."

How Sarah's Problems Got Resolved

- Persistent complaints to nursing staff
- Perception as a "troublemaker"
- Demanded conference with physician and nurses in charge of her care
- Differences in quality of nursing care from shift to shift
- Changes in how orders were written so nursing staff had little discretion in administration of pain medication
- Discharged within 24 hours of change in orders



- "I couldn't get them to listen to me! And I'm a nurse!"

- "I will never go back to that hospital again."

Research Supports That The "Softer" Side Impacts the Patient Perception of Quality

- People place more importance on doctors' and nurses interpersonal skills than their medical judgment or experience. Failing in this area is a key factor that drives patients to switch doctors (and nurses and hospitals).
 - 85% said treating a patient with dignity and respect is an extremely important quality in a doctor
 - 84% cited listening carefully and being easy to talk to as important qualities
 - 58% said having "a lot of experience treating patients with your medical condition" was extremely important

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Creating a Culture of Service Excellence

Requires building a systematic approach to:

- Asking patients what they want and need
- Inviting patient complaints and suggestions for improvement
- Listening to patient perception of services delivered
- Measuring performance in areas that are important to patients

And then USING the information to improve the delivery of health care!

Meet Jim and His Family

- Jim is a lawyer
- His parents are in their sixties and have six children in their thirties and forties
- About a year ago Jim's father developed a staph blood stream infection from extensive eczema all over his body
- The bacteria seeded many of his vital organs doing extensive damage to the bones in his spine. He required surgery to correct his collapsing spine
- Post-operatively he developed overwhelming sepsis and respiratory failure and was intubated in an intensive care unit for weeks



- Jim's father was ultimately discharged from the acute care hospital and spent over 7 months in several LTACs
- Jim's father died in late October
- This is Jim's family's story in his own words

What Happened to Us...



- "My mother saw my father every day for seven months in several hospitals."
- "She knew so much about how to care for him within a matter of weeks that she could tell a good nurse from a not-good nurse within five minutes of a nurse walking in my father's room."
- "My father had a tracheostomy and was supported on a respirator for most of the seven months. He was completely conscious but he couldn't talk. The good nurses would come in and talk to him directly and work out some kind of communication system."
- "The not-so-good nurses treated him as if he were already dead. They only talked to my mother. "
- "We learned that what the intake coordinator told us about how good the care was almost always wrong."
- "We had some great care but, in general, WE had to demand appropriate care from the staff. We shouldn't have to do that."

The Patient's Perception of Quality Care

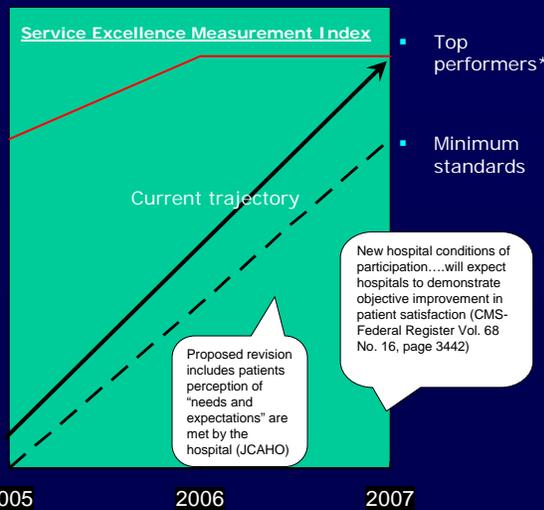
- Patients assume quality clinical care
- It is caring service that differentiates hospitals and creates loyal patients and customers
- Specifically, patients and families want to be:
 - Communicated with, kept informed and included in decisions
 - Treated with respect and dignity
 - Taken care of in a timely manner
 - Shown concern for privacy
 - Listened to when they have a complaint/issue
 - Cared for by empathetic staff

Satisfaction Impacts Other Areas

- Clinical outcomes
- Patient use of the health care system and benefiting from services provided
- Consumer choice in providers and plan enrollment
- Litigation risk

While not as easy to scientifically validate, the "subjective" component is equally important

Industry Standards are Accelerating Because Our Patients Expect It



- Service standards will rise significantly in 2006
- A significant gap exists between service expectations and current delivery

*Defined as award winners, magnet designations, etc

Barriers to Delivering Patient-Centered Care

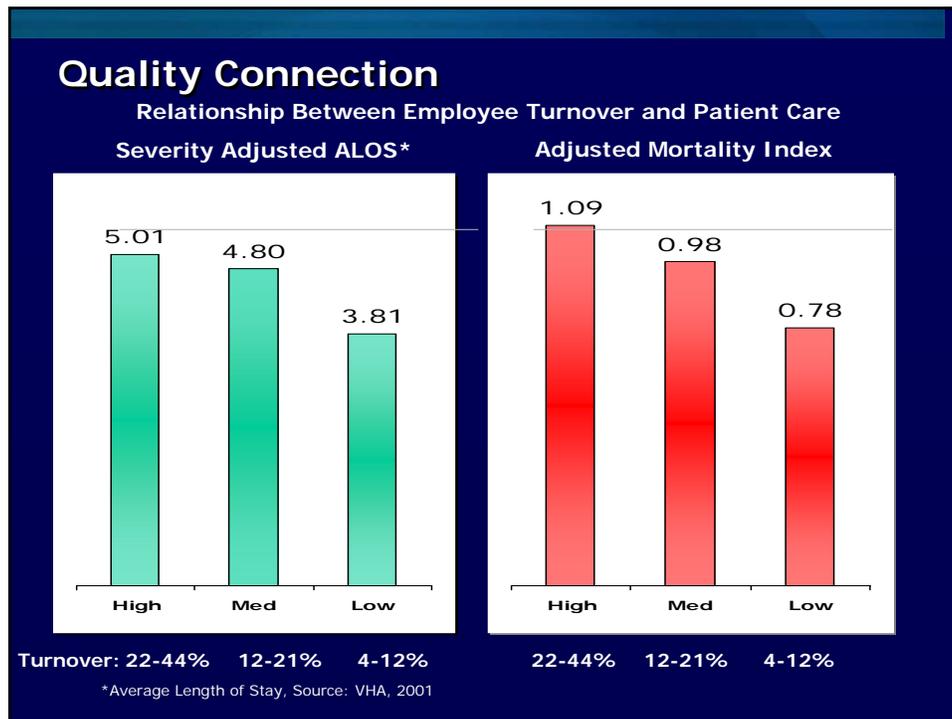
Unfortunately, we don't ALWAYS

- Treat patients as individuals
- Work together as a team to deliver care
- Communicate in ways patients can understand
- Ensure patients are educated according to their needs and goals
- Create healing environments
- Provide emotional support, focusing instead on the tasks of patient care
- Focus on the needs of the family
- Prepare patients for transitioning out of the hospital
- LISTEN to what patients say is important

Four Key Observations A Culture of Service Excellence

1. Service excellence is an integral part of a hospital's success, both in patient satisfaction and financial viability
2. Successful "programs" include both clinical and non-clinical employees
3. Employee satisfaction drives patient satisfaction, clinical outcomes, and significantly impacts financial indicators
4. Service excellence concepts MUST be present in the daily working environment

Source: The Advisory Board on Service Excellence, April 2005



Culture is Led by Leadership Who...

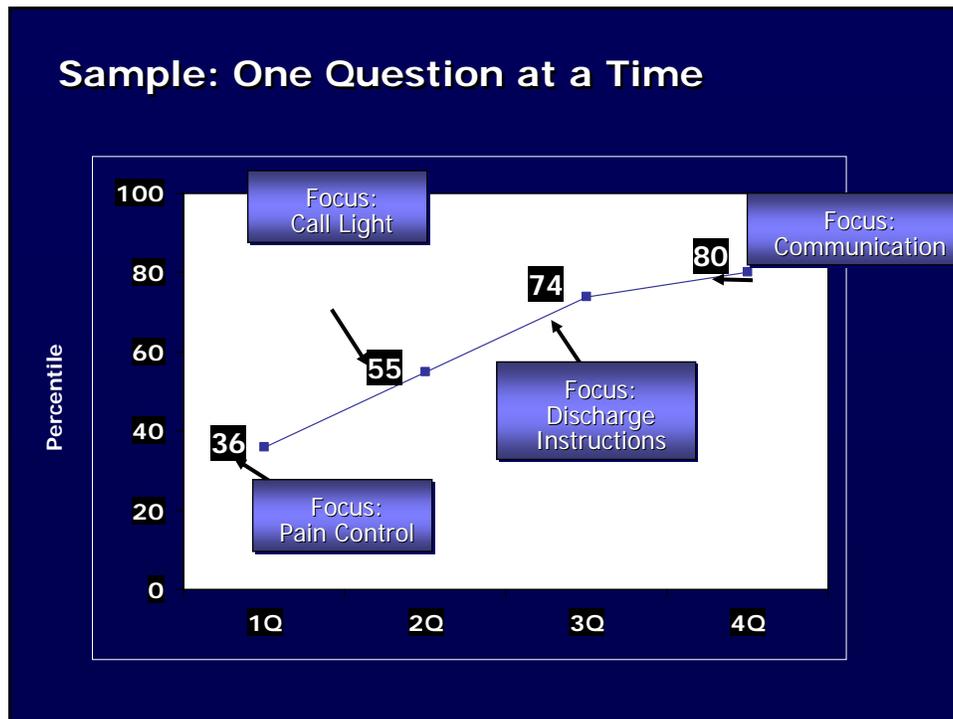
- Are committed to excelling in quality, operations, and service
- Ensure these efforts are transparent to key stakeholders
 - ✓ Staff
 - ✓ Physicians
 - ✓ Patients/community
- Blend operational and cultural dimensions with equal focus on service results
- Enables shift from "what we do" to "who we are"

Creating a Culture of Service Excellence

- Hire people with “service” oriented personalities
- Involve the front-line staff in improvement efforts
- Train all staff and physicians (especially those providing personal care at the bedside) on the value of patient satisfaction
- Hold people accountable to identified behavior standards
- Use a variety of communication channels to assess performance
- Engage physicians as partners in delivering patient-centered care

Roadmap of Tenet Health Care - The Nine Principles of Target 100

- | | | | |
|---|----------------------------------|---|---------------------------------------|
|  1 | Commit to Excellence |  6 | Build Individual Accountability |
|  2 | Measure the Important Things |  7 | Align Behaviors with Goals and Values |
|  3 | Build a Culture Around Service |  8 | Communicate at All Levels |
|  4 | Create and Develop Great Leaders |  9 | Recognize and Reward Success |
|  5 | Focus on Employee Satisfaction | | |



Reducing Variance - Service Recovery

- A formalized approach to inviting, managing and resolving customer complaints
- An operating philosophy that focuses on listening to customers and noticing when high expectations have not been met
- A critical component in a culture of service excellence
- A regulatory requirement by JCAHO
- A key driver of patient loyalty
- Inevitable – so everyone's responsibility

Meet Leah

- Leah was adopted from China in December of 1996; she is now 10 years old
- At the age of 18 months, she broke her right arm with a spiral fracture of the humerus
- Her mother took her to the nearest Emergency Room; because of her age, her pediatrician referred them to the Emergency Room of a famous and highly regarded pediatric hospital
- After evaluation and treatment, Leah and her family were referred to the state under suspicion of child abuse by the ER at the hospital



- After several days and multiple evaluations, it was concluded that Leah suffered her fractured arm from catching her arm between two toy cars at a playground
- The state concluded that no abuse had occurred
- This is Leah's story in her mother's words....

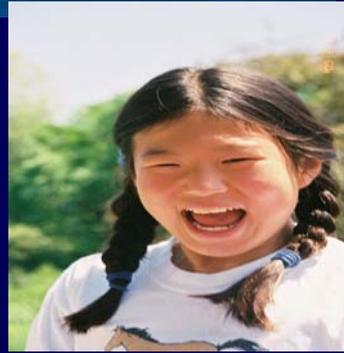
What Happened To Us

- "The babysitter called me and said Leah's arm wasn't looking right and she was very upset. I went right home and could tell her arm was broken."
- "We took her to our local community hospital to be evaluated. The people in the ER were very nice, but after the X-ray results came back, I noticed a real difference in how the nurses and the doctor in the ER treated us."
- "Our pediatrician sent us in town to the big pediatric hospital. We waited almost six hours to see the orthopedic resident. They finally told us at 2 am that all the residents were in the OR."



- "I noticed that the nurses looked at us really funny and were rough with Leah when they examined her. Finally the resident came in to tell me that they had decided to file a "51A" on Leah and my family for suspected child abuse. I was in shock but it helped me to understand why we were being treated sort of like criminals. We were 'guilty until proven innocent' in the eyes of the staff."

How Leah's Problems Got Resolved



- "I got on the phone with a friend who is the Chief of Orthopedics at the hospital and asked him to look at Leah's films. He called me right back and told me that Leah's fracture was not typical of the patterns seen in child abuse. He offered to call the Child Abuse Evaluation team and tell them what he thought."
- "Because of his call to the pediatrician in charge of the Child Abuse Team, the Team Leader called me and asked to see Leah and the family immediately."
- "We had a full evaluation by the Child Abuse Team within 24 hours and they established that no abuse occurred."
- "I lodged a complaint with the Chief Medical Officer and the physician director of the ED for the way we were treated. They promised to follow up with me in three months. They never did. I will never go there again."



***Those who say it
cannot be done should
not interrupt the
person doing it.***

-Chinese Proverb