Voices of Measurement in Improving the Patient Experience

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Press Ganey
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THE BERYL INSTITUTE
Improving the Patient Experience
The Beryl Institute is the global community of practice and premier thought leader on improving the patient experience in healthcare. The Institute serves as a reliable resource for shared information and proven practices, a dynamic incubator of leading research and new ideas and an interactive connector of leaders and practitioners. The Institute is uniquely positioned to develop and publicize cutting-edge concepts focused on improving the patient experience, touching thousands of healthcare executives and patients.

The Institute defines the patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

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INTRODUCTION

My first experience with patient surveys was in the late 70’s when, as a high school candy striper, I distributed a survey - copied from copies and without instructions for how to return it – to patients at my community hospital. In the mid 80’s, while in graduate school, I helped ensure that an academic medical center’s four-color survey brochure, replete with photos of smiling staff members, made its way into patient information packets. What did these experiences have in common? There was little evidence that the data was tabulated; much less used. I found this baffling, and at some level, disrespectful to the patient.

When I joined a then tiny – but eventually market leading – patient survey firm in 1990, the quality measurement field was nascent and the interest in measuring patient opinions lagged behind. In those early days, many more health care professionals were asking, “Why should we measure what patients think?” than “How can we measure it better?”

A quarter century later, the health care industry has experienced dramatic change. There is virtual consensus on the value and importance of measuring the patient (and family) perspective regarding their healthcare experiences. As can be seen in the accompanying interviews, researchers, practitioners, regulators and executives may place different weights on the goals of the surveys, but no one doubts that patient feedback is an essential quality metric. While the development and release of the HCAHPS survey (and the CAHPS family of surveys which followed) accelerated the trend, the movement toward patient-centered care has cemented the importance of regularly including the voice of the patient in improvement activities.

The current emphasis on HCAHPS measures, the standardized surveys and publicly reported results, is perceived as a mixed bag by many in the measurement community. The patient/family experience has emerged as a key strategic priority among hospital and healthcare leaders. Actual experiences are being improved and long-standing “pain points” – such as discharge processes – are being addressed. A closely related trend, the development of patient-family advisory councils, brings the patient voice closer to improvement teams at many organizations.

Simultaneously, as this paper’s contributors explain, there are still legitimate debates about how to apply survey and measurement science to patient experience – methodology, response rates, question selection, sampling – can be vexing. An underlying challenge is balancing the cost of data collection, with the value of the data collected. Better data is better. More (better) data is even better. As many of the contributors point out, having more data creates increased opportunities for being able to “slice” the data into more meaningful “buckets;” operationally (such as by unit or department) or clinically (such as by diabetic or CHF). The “big data” movement seems likely to create opportunities to add sophistication to the usual analysis of patient experience data. Mobile technologies represent a novel opportunity to obtain the data. While they may not be approved for regulatory surveys, their use for real-time feedback seems inevitable.

As the contributors are quick to note, the implementation of HCAHPS/CAHPS and their use in reimbursement formulas has brought the unintended consequence in some organizations of reducing the patient experience improvement process to a laser-like focus on a score. While it seems to be a knee-jerk response, it is a disappointing trend to many professionals. The HCAHPS surveys leave off areas where patient feedback could be helpful; including information about access, website design, food service and teamwork among many others.
Finally, the emphasis on the required questions and reported scores may mean that in the short-term organizations are neglecting the insights gleaned from analyzing patient comments. Other listening posts, focus groups or interviews have great potential to supplement the survey results and should be included in the organizations overall plan for measuring and improving the patient experience.

As questions about survey measurement shortcomings are raised and debated, the discussion often turns to “How can we put the data to better use?” The contributors in this paper offer many insights in this area. It seems clear that leadership is critically important to set the approach to integrating the patient voice into the organizational culture, develop and implement the patient experience improvement plans and hold individuals accountable for results. While a full discussion of this topic is bigger than the scope of a single publication like this Voices of Measurement white paper, accountability remains inextricably linked to the successful use of survey data and its impact on outcomes.

It is clear that the measurement and use of patient experience information has evolved. Our healthcare system is better for it; as are our individual experiences as patients and family members. Asking patients and families to share their experiences has become an integral part of everyday management at virtual every health care organization. Asking for feedback creates both the opportunity to listen and the obligation to improve. The most successful healthcare organizations are finding ways to succeed at both.

Mary Malone
President
Malone Advisory Services

Mary has over 20 years of experience in the healthcare industry. Prior to forming her own firm, she worked for Press Ganey for more than 14 years, serving in a variety of senior leadership positions. She writes and speaks often on various aspects of patient satisfaction.
This paper grounds itself in the core findings from The Beryl Institute 2013 Benchmarking Study that suggests core surveys and measurement practices are still the primary metric for gauging performance and improvement in addressing patient experience in healthcare organizations today. Our intent in this work is to explore the use and impact of patient experience measurement efforts. Through a series of interviews – core ideas will be explored, case studies and proven practices revealed and a common set of themes regarding effective measurement uncovered.

The paper is intended to represent the voices of measurement by including the perspectives of multiple survey organizations – most often seen as competitors in the market, but in this instance brought together to support a better understanding for the broader healthcare community. This idea and purpose is central to our mission at The Beryl Institute and reinforces the Institute’s vendor-neutral position and active willingness to engage all perspectives and ideas as the global community of practice on patient experience improvement. The organizations whose voices are included in this paper include Avatar International, Catalyst Healthcare Research, Gallup, HealthStream, National Research Corporation (NRC), Press Ganey, and Professional Research Consultants (PRC).

Through conversations with these leading resource providers in the measurement space, this paper examines the purposes for and implications of effective measurement – from methods to key considerations for effective collection, analysis and action. The paper will follow a set of core questions, sharing themes that emerged as well as providing insightful quotes from the various contributors. A key part of the Institute’s 2013 Voices paper series, this final installment helps us begin to put context around the implications for action and causes us to pause and ask not just how we are doing things, but also why and what we are doing to drive experience improvement overall.

Measurement is unquestionably a critical area in the experience conversation. As a long standing practice based on unique and purposefully distinguished models and with roots that go back for some over 30 years, it is now facing a strong consolidation of ideas due to the emergence of the CAHPS surveys in the U.S. and standardized surveys globally. This shift from a ‘nice-to-do’ to a mandatory practice with a required framework has created new opportunities to explore what is critical in measurement. It has also caused organizations to reflect more considerably on what they want to measure and also determine what they are willing to invest in what can be a significant commitment in both dollars and other resources.

With this expanding and complex web of considerations and requirements, the exploration of measurement and its impact on improvement is a relevant and timely discussion in the continued growth and sustainability of the patient experience movement. Our hope with this work is to provide a solid reflection on practice, establish a foundation for new insights and raise critical questions as each of you continue on your patient experience journey.
LISTENING TO THE VOICES OF MEASUREMENT

As we have throughout the Voices of Patient Experience series, this paper focuses on the actual words and ideas shared with our contributors. The paper offers a summary of each of our main questions while highlighting some of the most insightful and informative statements from those individuals we interviewed. While each interview was conducted separately, what may be one of the most compelling findings in this paper is the consistency in response we heard from the various resource providers. While most of our contributing organizations were founded on many similar core ideas, it was clear that operating and management philosophies, business strategies and beliefs may not have always been the same. Yet when it comes down to why measurement is important and what it takes to do it in an effective manner, there remains great alignment.

To get at the heart of this issue we asked our contributors eight main questions:

• Why is measurement important in addressing patient experience?
• What do you see as key measurement practices? What are the best methods for gathering and using data?
• Where should we be focusing to drive effective measurement in patient experience? i.e. who, what, where to measure and why?
• What are the best/most effective modes of data collection?
• How should organizations be using measurement to support their experience efforts/drive their strategy?
• What is the best means to analyze/understand measurement data?
• What do you see as the impact of HCAHPS/CAHPS surveys – how has this common requirement changed/influenced measurement strategy?
• What is the impact/potential outcome of effective measurement practice?

Through their responses, each organization presented their own individual “flavor” while at the same time they were reinforcing key themes that kept surfacing in each conversation. As we examined the words of those we interviewed a clear and concise framing of recommendations emerged. From the summaries around each question asked to the culmination of a collective suggestion for actions and focus, the ultimate message for this paper was reinforced. Measurement matters, when done right, done thoughtfully, done with purpose AND then acted on. This is not a paper about substantiating measurement for measurement’s sake. Rather it is about the very impact that measurement can and should have, the actions it inspires and the outcomes it can influence. We began the exploration with just that question – why is measurement important?
WHY IS MEASUREMENT IMPORTANT IN ADDRESSING PATIENT EXPERIENCE?

We started our inquiry with a broad question on the importance of measurement overall. Perhaps the simplest of answers that consistently came up in our discussions was what gets measured, gets addressed. Historically, survey vendors tended to provide what many alluded to as satisfaction data, with their own proprietary set of questions, means for gathering data and overall philosophy to the data collection process. In the end, whether in those days of divergence, or in the current state of consistency in measures, the message remains, that in order to know where you are and how you are progressing, you need to measure.

The philosophy that has emerged is one recognizing that the idea of patient experience is broader than simple satisfaction. Instead, it plays a critical role in the overall outcomes of patients. At the Institute we continue to suggest that experience itself is the integration of quality, safety and service. These are three areas that, while often established as disparate entities in healthcare organizations, are not often distinguishable to a patient or family member. To patients, experience is experience and with that understanding their perspective becomes the means to explore current performance, plan clear courses of action and measure progress towards objectives.

Of course there is a deeper philosophical conversation here as well that was presented. In asking patients for their perspective, you are moving beyond a simple clinical relationship to one grounded in listening and respect. Yet, while every participant espoused the importance of engaging in gathering the data, of hearing the patient’s voice, the recognition is that this then presents a “burden” for action. All too often in consumer settings we may be asked a question only to feel as if our input or idea has fallen upon deaf ears or was an empty effort from the start. While measurement is a critically important part of the patient experience equation according to our contributors, it also requires the commitment for something beyond asking, even beyond listening, to acknowledgement, feedback and action. This idea is central to the expanding consumer mindset in healthcare overall. As one contributor suggested, it is beyond measures of experience or even clinical or quality outcomes to that which reinforces our very brand loyalty overall. Our contributors see measurement in itself as central to strategy and all that can be done to execute on and exceed organizational commitments and objectives. Perhaps the bottom line in what we heard is you will never know until you ask.
It ultimately boils down to this important truth— in order to improve, to change the patient experience and to make it better in the future, you have to measure it. Otherwise, you won’t know if you are actually making a difference or if the changes have any impact.

- Hope Brown PRC

Measurement at the very core is about how we convert what the patient experiences from the hospital bed or in the exam room into something that we can measure and improve, build on and learn from, and so at its very basic level it is about turning experience into numbers we can do something with.

- Lynn Ehrmantraut, Avatar Solutions

The phrase that popped to mind as I was thinking about this question is you have to ask if you want to know. If you don’t ask [patients], and they’re the only ones that can tell you, you won’t know how you’re doing. So if you don’t know and you don’t measure accurately, you’re not actually going to be able to improve the patient experience.

- Deirdre Mylod, Press Ganey

I think most fundamentally, measurement is important in addressing the patient experience because it’s not possible for us to know what kind of service quality we provided from the patient’s perspective unless we ask them; it’s just not possible. If you want to know how you’re doing, you have to actually ask. You can’t infer patient perspectives based upon external metrics, you have to take it [directly] to the patient.

- Dan Witters, Gallup

The patient experience is our core competency in healthcare. Measurement answers the question, how are we performing in the eyes of the patient—the individuals we are called and compelled to serve. It is how they hold us accountable and it is evidence that we have the right patient-centered behaviors, every patient, every time. Without measurement, overall assessments of performance are all relative—as they are based on individual perspectives or impressions. Often we find that what someone thinks is improving a process may not actually be getting results. Measurement can help support improvement processes by showing the actual impact in the eyes of the patient.

- Katie Owens, HealthStream

My observation is that most healthcare employees are highly mission-driven to provide the best possible care for patients. Listening to the voice of the patient via quantifiable data measurement provides another means for employees to connect to the patient, further inspiring their passion for caring for others.

- Mollie Condra, HealthStream

By measuring what the experience was between patients, providers and staff, we could begin to create a sense of accountability to that relationship. Delivering high-quality healthcare is more than just a clinical outcome. It means engaging patients, ensuring shared decision making, emotionally supporting them, and really focusing on building confidence and trust between patients and their providers. When we do this well, patients can have the best holistic care experience and not just a technically proficient one.

- Gregg Loughman, National Research Corporation

To quote Peter Drucker, “What gets measured, gets managed.” That sums it up.

- Dan Prince, Catalyst Healthcare Research
WHAT DO YOU SEE AS KEY MEASUREMENT PRACTICE AND WHAT ARE THE BEST METHODS FOR GATHERING AND USING DATA?

In transitioning the conversation to a more tactical focus, several themes emerged around key measurement practices. For example, there was consensus among our contributors around telephone surveying being the most successful method of data collection (though mail is more common) in most situations. This is primarily due to higher response rates and greater control during the collection process that allows for more quantitative and qualitative data to be captured. Phone surveys also help eliminate the tendency for responses primarily from patients with extreme (positive or negative) experiences that are more common in the less intrusive, self-selection methods. That said, researchers are eagerly exploring how new technologies can be best used to improve responsiveness and quality of data available across all modes of collection.

We’ll explore the various modes of surveying in greater detail later, but regardless of methodology used, timeliness of data collection is crucial. By reaching out to patients as quickly as possible after their healthcare encounter, they are more likely to remember specifics about their care, caregivers and overall experience. In addition to capturing the data quickly, the ability to analyze and report data back to hospitals in a timely manner can have a significant impact on the ability to drive positive patient experience outcomes from a facility perspective down to the department or floor level.

Another key insight shared was that hospitals are often guilty of making assumptions or attempting to identify issues with too little data. To improve validity of the results and capture more meaningful trends, sample size is key. By gathering more data, from more people, in more ways, analysts have a greater ability to slice data and drill down to specific areas with less margin of error. A larger sample size also provides the credibility needed to justify recommendations with little room for skepticism from staff, physicians or leadership.

Of course CAHPS and other mandated surveys come with their own sets of rules about how surveying can and can’t be done. As Avatar’s Lynn Ehrmantraut stated, “Most of those rules are pretty well founded in science, so not a lot of debate exists.” Yet, while HCAHPS, for example, is built to measure instances of consistency, similar to a clinical checklist, the next step in driving improvement comes in understanding what impacted given answers. That’s where the quality of the questions, the ability to probe deeper and the increased sample size have significant impact.
We have been very successful with the telephone methodology. The simple reason for this is, when someone answers the phone, we will complete that survey 90 percent of the time. Of course, there are other ways to interview patients and we are able to accommodate those diverse methodologies; however, we have found that, from the standpoint of obtaining relevant, quality data, none can compare to the telephone methodology.

- Joe Inguanzo, PRC

We find it most valuable for measurement to provide connectedness and drive behavior change among the front lines of healthcare. Leaders must understand the results and communicate with staff and physicians’ performance every month. Staff and physicians must know the survey tools, be engaged and empowered to adopt patient centered behaviors and be accountable for outcomes (both recognition and improvement coaching). For optimal impact, behaviors that are having an impact on patients’ experiences should be identified and discussed. The timeliness of the reports is important, too. Long lags tend to lead to a sense that the information is “old” and that the problems have been fixed.

- Katie Owens, HealthStream

Chief among the best practices is to ask behaviorally based questions. What we mean by that is to ask respondents about what they observed. This type of question removes the emotive or the rating aspect from the evaluation, and places greater tangibility around what we’re actually measuring. We also coach our clients to measure change over time, as opposed to cross-sectional measurements or focusing on percentile ranks. Percentiles can change over time, but really the focus should be on scores and whether you are improving over time, and whether your efforts at implementing quality improvements are effective.

- Deron Ferguson, National Research Corporation

In giving patients the opportunity to evaluate care, from a methodological perspective, we feel strongly that in addition to asking patients how often something happened, that it’s really important to assess how well something met their needs. So someone might respond that nurses always responded to the call button quickly, but the attitude, or the intent, or the emotion that’s conveyed, or the sense of compassion that’s conveyed, when the nurse responds can be different than just knowing that it always happened.

- Deirdre Mylod, Press Ganey

The biggest problem we see out there is hospitals relying too heavily on too little survey information. What I mean is using limited sample sizes in trying to represent patient experience and how it’s changing over time. It’s fine to peek at weekly or daily results for red flags, but hospital leaders really need larger sample sizes, looked at over longer time horizons. They can’t internally report much about what’s happening in their hospital if they’re looking at it at that microscopic level with so few surveys and reporting on too frequent a basis.

- Dan Prince, Catalyst Healthcare Research

Utilization of a well-crafted and validated survey instrument along with methodological rigor is key to gathering and using data. Having metrics which directly link to outcomes for hospitals is also critical. For patient experience surveys, Gallup utilizes a telephone survey methodology, which ensures swift feedback to clients and allows for additional oversight of the survey process. In addition, this mode results in higher overall response rates compared to mail based surveys. Another key practice is to augment quantitative results and analysis with qualitative information. That is really important when we’re thinking about the patient experience. We’re not talking exclusively about quantitative measurement.

- Coleen McMurray, Gallup

I saw a quote recently that referred to patient comments as “data with soul” and that’s such a great depiction of what it is all about. The comments almost always tie back to the quantitative data but somehow bring that patient voice alive. That’s a key measurement practice that organizations should put into place, to use both the numbers and comments, as well as other ways of capturing the voice of the patient.

- Lynn Ehrmantraut, Avatar Solutions
WHERE SHOULD WE BE FOCUSING TO DRIVE EFFECTIVE MEASUREMENT IN PATIENT EXPERIENCE?

In moving from the examination of method we move to “where” we should be focusing our efforts. This question begins to reveal some of the differences in perspective among the firms with which we spoke, but also reinforced a set of aligned central ideas. First and foremost, in carrying over from the previous question, our contributors made the point that focus should not be simply aligned to one particular organizational area. While initial focus has been primarily on the acute setting with slow expansion to other areas, this policy limitation should not impede the importance of thinking both about the breadth and depth of measurement needed to make a real impact.

There was a strong alignment around the need to look at data not simply at single points in time, but across the care continuum and along the patient lifecycle. While there may not be one model for true tracking of experience across the continuum, we are seeing increased interest in how to shape a process like this as both the reality of the healthcare consumer perspective is expanded and the legislative and policy implications grow around such ideas as Accountable Care Organizations and other systemic solutions. In alignment with the Institute’s definition of patient experience as the sum of all interactions across the continuum of care, this broad perspective acknowledges the factors that can influence experience are not simply isolated within the four walls of one clinical encounter.

In fact, another way to look at this is that there is a potential “three-phase” approach to exploring patient and family encounters as consumers of care and one that provides for a cyclical and ongoing experience overall. There is first the question of brand reputation in which people are making decisions and judgments about your healthcare organization based on what they hear, read, research, etc. This reputation sets expectations and drives market choices. The second phase is that of the actual healthcare encounter and primarily the elements surrounding or seen as directly related to the clinical encounter – from appointment setting and other pre-visit communications to discharge and any follow-up, clinical, financial or otherwise. The final phase is that of a loyalty measure. Did the encounter itself make you and your family brand ambassadors or detractors, and how willing are you not only to recommend, but also return yourself? It is an interesting and important lesson in perspective to realize measurement at all the points on the continuum can provide important insights and broad data for action.

From the breadth of the experience continuum there is also the critical point we heard repeatedly about depth of data. Not just to ensure the greatest response rate, rigor or validity, but rather this takes us back to our first question on purpose. Depth in samples provides greater responses and clearer data at all levels, which makes it truly actionable for the organization. This suggests that experience improvements are significantly less likely to be based on decisions made generically at the organizational level. In fact, while some organizations may choose to collect the minimal samples required for surveys such as HCAHPS, most often due to the desire to save financial or other resources, they could end up with the greater burden of misdirected interventions, the inability to identify the need for improvements or to track change in outcomes. Ultimately, the desire to save or reduce complexity could cost or cause much more in expense or disruption as a result. As we see elsewhere in our conversations, each of our contributors was unwavering in suggesting the need for deeper and focused data sets in order to drive real and lasting improvements.
From the ideas of breadth and depth, the conversations also covered the reach in which experience exploration should go. There is a recognition that measurement is not simply about what is happening with patients and families, but should include the perspectives of the people in your organization, a wider exploration of your organization culture and definitively an inquiry with patients and family members. It is this multi-faceted approach that reinforces experience as not only about the perceptions of the recipient, even though paramount, but it is also about the organizational behaviors and norms that support the type of experience you wish to create. These too should be measured.

To support this, contributors also suggested it was not just the quantity in which something occurs that should be deemed important or even indicative of overall performance but the quality of those interactions. By finding means to determine the expectations placed around certain interactions, how they are perceived and the impact this has on people’s overall perspective on your organization is important. This reinforces the idea of focusing measurement efforts on both the breadth and depth of organizational efforts and consumer experience.

Ultimately, contributors reinforced a central idea about the critical nature of leadership and overall business needs. While leadership is not the direct focus of measurement inquiry, an interesting point was raised that leadership is the ultimate champion for effective and sustained measurement of any kind, not just in the execution of a process, but also in acting upon the results. Therefore a point to consider is that leadership is not just an advocate for or investor in an experience strategy, they must be a vocal and active champion for its importance, the processes in place to execute and the expectations of action and outcomes. This alignment with organizational needs is fundamental and in many ways brings us full circle to the idea of breadth in experience strategy. Measuring patient experience efforts beyond the four walls makes the point that experience and the outcomes of those encounters drive market reputation, consumer choice and many other factors that can impact healthcare organizations as businesses, and therefore their viability overall. So in looking at the idea of where measurement should occur, you must look beyond the simple idea of one survey to a much broader sense of implications for the range of actions that exist in measurement for patient experience.

I think we need to measure the experience of all kinds of patients all along the continuum of care so that we do a better job of reflecting the total experience, from a person’s initial contact with a health system through the resolution of their final bill. I think if we’re talking about a bigger picture and a longer run, we need to try to represent and understand the total experience. As I look at this, I think that Patient Experience is defined by the sum of all interactions that take place across the continuum of care.

– Dan Prince, Catalyst Healthcare Research

I think you have to drive measurement down as deeply as possible within the organization, to the department or unit level, to make it as actionable as possible. An organization’s ability to take that data and use it to drive meaningful change is difficult unless you have it down to that level. Only then do you have the ability to focus on where you’re performing well and not performing well, and put in place a rigorous plan around what you need to do to improve on that performance.

– Scott McGinnis, Gallup
One way that I think about where we should focus is in determining the appropriate populations. I’m thinking about this from a practical point of view as legislation has said these things are important to you because they impact dollars. Second we’ll talk about from a patient centered point of view. But from a practical value-based purchasing point of view, you can’t afford not to be focusing on and measuring your emergency department. About 40 percent of patients who are inpatients and who returned a survey were admitted through the emergency department. So typically, and we do this today, we measure the distinct perceptions within inpatient settings, we measure perception with your physician office, we measure the emergency department, but I think where we ultimately need to be measuring is across a patient’s lifecycle of interaction with the healthcare system. That will become more possible with the concepts of accountable care, with integrated health delivery systems becoming much more the norm, but getting to that point of better understanding that patients don’t have just one healthcare experience and then leave, we must understand their experience at every touch point.

– Deirdre Mylod, Press Ganey

I would start at the highest level. We need to measure at least three constituencies. First, we need to focus on our employees. We need to be measuring how well we do in helping our employees do their best work every day. This absolutely has an impact on the patient experience. The second area is culture, specifically a culture of service to patients. How is the culture designed to support the patient experience and organizational improvement efforts? Finally we arrive at the obvious answer to this question, which is asking the patients and where appropriate, family members or friends who are accompanying that patient, about their experience. So if you want to drive improvement in that patient experience, then you first have to drive measurement of the underlying structures that support improvement.

– Lynn Ehrmantraut, Avatar Solutions

I think the key thing to drive effective measurement or drive effective patient experience change is that we have to be measuring the quality of patient interactions. It is there where the market hasn’t gotten great traction. Some high performers have figured out that they should be measuring more than just the experience. We have to be monitoring our staff and coaching them to have better interactions with patients. Until we’re actually assessing those interactions and identifying what we’re doing well and what we’re not doing well (and then coaching to address deficiencies in those areas), the outcome measures (which are HCAHPS and patient experience scores) aren’t going to go up.

– Hope Brown, PRC

We have to re-sensitize our workforce to understand the views of patients and overcome the three most significant barriers to improving the patient experience: accountability, consistency and staff/physician buy in. By assuring that leaders, staff, and physicians understand the questions being asked of patients and actual performance (both % Top box and Ranking) urgency and engagement for improvement can be achieved. It is imperative that leaders have the skills to effectively interpret the data they receive from their survey vendor and be able to make the link between their staff’s actions that occurred—or didn’t occur—and patients’ perceptions of those actions. With this understanding, leaders must also be able to effectively communicate this information in a clear, easy-to-understand manner to their staff. Physicians and staff must be engaged in the process.

– Katie Owens, HealthStream
WHAT ARE THE BEST AND MOST EFFECTIVE MODES OF DATA COLLECTION?

Perhaps the million-dollar question in patient satisfaction measurement is what is the best mode for collecting data. Phone? Mail? Email? Kiosk? Mobile? Each option has its strengths and weaknesses. As mentioned previously in relation to key measurement practices, the firms interviewed recognized the value of phone surveying as a preferred method of collecting data because of the robust detail it allows and speed of relaying information back to providers. However, it’s an expensive option and can lend itself to certain biases. Mail, considered the reference mode by CMS, has a lower response rate but offers anonymity that lends itself to more honest feedback, while still open to selection bias itself. Mail still remains the mode primarily used by a large number of survey providers. Email as a mode offers quick but lower response rates and presents its own challenges of obtaining accurate addresses and avoiding spam filters. With that, the most commonly recommended solution is a multi-mode approach.

Mail, phone, mixed mode, split mode, kiosks, email, you name it, there are all kinds of methods or modes out there of collecting data, each effective in its own way. The key is to wherever possible collect it in the way the patient wants to provide it, always being sensitive to whether or not what you are trying to capture and the way you are trying to capture it is right for the situation.

– Lynn Ehrmantraut, Avatar Solutions

The fundamental goal is to be able to have representation of all patients, not just the ones who have iPads, iPhones or an email address. The Internet is being used as a supplemental way to get information, and I believe that is valuable. However, the thing you have to make sure of as a researcher is that everyone has an equal opportunity.

– Joe Ingauzno, PRC

We believe that listening to the voice of the patient via a telephone conversation optimizes the construct validity of the data as direct, personal conversation facilitates clarity of communication. We also believe that responses tend to be more timely and complete via a phone methodology.

– Mollie Condra, HealthStream

It really depends on a number of factors including the survey content, the population being surveyed, the accuracy and the availability of contact information, and so forth. Historically National Research Corporation has focused on a two-wave mail methodology as the predominant mode of collection, although in recent years some of our clients have begun using web-based, email and telephone modes, which we are happy to provide. While we tend to view mail as usually the most reliable survey method at this point, we expect to see interest and growth in other modes in the future.

– Deron Ferguson, National Research Corporation
There is no one perfect way to draw a sample. Each method of sampling or surveying has its own inherent limitations. With that said, we believe that there will be a move away from the traditional modes of data collection, including mail and phone surveying, towards new ways of gathering feedback, from patients and consumers via online surveys, and on down the road not too far, via apps that have been downloaded by patients. A hybrid approach; for example, mail plus online surveying, allows hospitals to get more feedback, more quickly, and at a lower cost than relying strictly on a pure mail survey or a pure phone survey method.

– Dan Prince, Catalyst Healthcare Research

For any of these modes, you absolutely have to have the rigor of doing the research, knowing how to normalize across the modes. If you’re going to combine you can’t just slap them together. CMS has a mode adjustment, we have a mode adjustment, and we also use mixed adjustments to account for the fact that an e-survey can account for different populations. In the end, we think it’s that blend and flexibility that gets the best data from people.

– Deirdre Mylod, Press Ganey

The important thing is to control for as many of those contexts as you can possibly control for. And by controlling context effects, I mean consistency in the way in which you collect the data, consistency in the order the questions are administered to respondents, consistency in the case of phone, the call design that you employ, consistency in the time of day that you attempt to reach people. Those are all things that are critically important to try and minimize the static that can infiltrate your data in the absence of those controls.

– Dan Witters, Gallup

HOW SHOULD ORGANIZATIONS BE USING MEASUREMENT TO SUPPORT THEIR EXPERIENCE EFFORTS AND DRIVE THEIR OVERALL STRATEGY?

In moving from how to measure, to how to use that measurement as a strategic lever, the message from our contributors could be boiled down to a simple concept: it’s one thing to say it’s important, it’s another to actually act on it, but it’s a whole different thing to actually say we’re going to measure it, set goals and reinforce what that means through accountability associated with performance, rewards and recognition both at the individual and organizational level. The idea that experience measurement is something much more than the traditional view of satisfaction was reinforced by each of our contributors. Measurement is not a passive process, but an active part of the strategic effort of organizations. It is a tool to motivate, identify issues and plan action and a gauge of progress, challenges, opportunities and successes.

In support of this refocused view of measurement, participants also stressed the point that patient experience measures are strategically valid. Like other measures healthcare organizations use, such as financial performance, outcome measures, productivity, etc., experience measures are operationally relevant and should be central data in any organizational decision-making process. While other measures equate to the internal processes of an organization, patient reported measures are the one true measure of consumer engagement and perceptions in order to adjust strategy in patient acquisition, engagement, establishing loyalty and trust, in building brand reputation and more. These measures are not just indicators of how happy your patients are, these are not smile sheets or satisfaction scales, but they are true data points through which decisions can and should be made.

Acknowledging the important role of patient reported data reinforces the very objectivity of the feedback provided. Through rigorous and statistically valid processes, healthcare organizations can build measurement processes into their strategies directly. In doing so they are acknowledging this information as central to decision-making and an ultimate driver for and measure of positive (or negative) changes. Having clear data through which to make reasoned and thoughtful decisions is a fundamental of healthcare management through the ages. The inclusion of the
patient voice in this equation is only natural, not simply from a consumer or patient-centric ideology, but from a recognition that these voices are true guideposts for action and mile markers for progress.

With that, our participants also acknowledge, as discussed above, that experience measurement cannot be isolated in ways the other measures such as financial or clinical outcomes have been in the past. Integrating patient experience measures into an organization’s data portfolio is a fundamental step in framing a true systemic perspective of organizational performance. More so, this systemic perspective acknowledges that the voice of experience measurement, as previously discussed, cannot be limited simply to patients, but must acknowledge the voice of caregivers, physicians and others in the system as integral players in an overall experience strategy. If we assert that experience is the sum of all interactions, based on an organization's culture, then it is truly the behaviors, actions and attitudes of all who participate in the system that impact the experience overall. These are not random occurrences, and their outcomes should not be left to chance. Experience measures serve as a means to gauge all aspects of system performance and as a resource to reinforce, repurpose or realign behavior with strategic direction. All players in a system contribute to experience and measuring for this broad picture supports alignment and desired outcomes.

That idea supports a challenge identified by many organizations struggling to effectively address performance, particularly around experience – that of accountability. Across the discussions with contributors, each touched on the value of the data in not only measuring for progress but also for identifying performance strengths, improvement opportunities, recognizing individuals, units or teams and providing a basis for focused rewards. With this idea, the use of measurement as a strategic tool is not just an idea held at the highest levels of organizational structure, but instead is a fully transparent resource that focuses the organization on its defined objectives, acknowledges its strengths, helps address gaps and engages all in aligned efforts for improvement. The strategic positioning of data and the use of experience measurement can be a significant lever for organization performance and outcomes. It is a simple but powerful choice to impact overall outcomes and sustain improvement in the experience results an organization produces.
I think the first thing is that organizations need to acknowledge experience surveys as a patient reported outcome measures and consider them a quality metric and operational data. That doesn’t mean it has to be predictive of other clinical quality. While we have all kinds of evidence in the literature about what patient experience is related to including other clinical, operational, engagement, and physician alignment measures, it is when organizations embrace that it is a patient reported outcome measure in and of itself that makes it meaningful. The second thing is to use it as operational data, so just as you’re asking how should people use measurement of patient experience to drive their strategy, it’s almost like saying, how should you use your knowledge of revenue to drive your strategy. It’s critical for survival. It needs to be considered operational data, you need to be using it as operational data so that doesn’t just mean setting goals at the board level and CEO and then having some initiatives around it. It means that leaders should be using it to evaluate the quality of care from all different angles...using the data as operational data, in the way you would with any kind of clinical quality information, to determine where there are the defects, where we are really not meeting patient’s experiences, and then targeting specific improvement efforts.

– Deirdre Mylod, Press Ganey

Accountabilities predict outcomes. Through measurement, organizations are able to assess their progress toward a goal. If they are not achieving the metrics that reach or exceed their goals, organizations must change course. Measurement provides the roadmap for improvement.

- Mollie Condra, HealthStream

It’s because we choose to measure it that turns something that could be subjective into something that’s objective, that you can set goals towards, and focus the organization much like we can with financial goals or with productivity goals. And so as a result, it should be experienced as if it’s adopted as a strategic imperative by an organization’s leadership and it should be incorporated into the leadership goals just like anything else.

– Jeff Brady, Avatar Solutions

The area that we see so many organizations struggle with these days is setting expectations and accountability. I don’t think it’s so difficult to set the expectations, such as “we need this level of improvement,” or “we’ve set this goal,” but it is holding leaders and staff accountable for those improvement efforts that organizations struggle with the most. Using measurement can help identify where staff need training and support. Either an employee engagement survey, or patient survey results can reveal patterns of where we need to provide staff training on meeting the patient where they are, helping them prepare for a visit, or making sure that the follow-up after the visit happened in a way that meets the patient’s needs. Our favorite way of using measurement is in recognizing exemplary service, and identifying folks who are really modeling the behaviors and the experiences we’d like our patients to have. And then also to identify coaching opportunities for those staff who are struggling. We see increased focus on surveying and sharing performance feedback with providers, to identify potential mentors as well as those who need coaching. Feedback sessions create an opportunity to look at progress towards goals and identify barriers to success - what are the things that get in the way that make it difficult for employees to do the right thing? What have we embedded in the way that we deliver care that make it difficult for patients to get what they need, and how do we remove those barriers? So it’s really using the measurement tools as part of the overall strategic service plan and again, driving a culture of extraordinary service.

– Lynn Ehrmantraut, Avatar Solutions

Patient experience and HCAHPS scores need to be considered as a serious business metric, and should be applied evenly across an organization in order to drive strategy. To emphasize this, most of our top performing clients integrate this as part of leadership’s annual reviews and dashboard goals. I think placing the importance on the metric is crucial, ensuring that people throughout the organization understand that the patient experience is something that is a critical component of how they deliver excellent patient care, versus just being a financial data point. Leaders should look at each of their care settings and really understand what they’re doing to drive performance, where they are strong, where they are deficient, and what they need to do differently to affect these metrics. From this they can then develop a purposeful plan that’s followed in a meaningful way.

– Scott McGinnis, Gallup
In a nutshell it’s all about measuring strengths and weaknesses and measuring them versus something significant whether it’s progress over time within the institution, whether it’s progress against a competitive set, whether it’s progress against publically-reported percentiles. What we see is that hospital leaders are using measurement information to drive positive change and positive behaviors by all staff members including doctors. And they’re using it to focus internal teams on the areas of greatest priority or need when it comes to the patient experience, and actually improving the experience that a patient and his or her family has with a hospital. So if you back up and reflect, what all this can lead to is instilling or supporting a patient-centric culture, which is how, from our point of view, this measurement information should ultimately be viewed and used.

– Dan Prince, Catalyst Healthcare Research

I think as you go back to before HCAHPS was a part of measurement, our recommendation to clients consisted of a very simple model: patients are just a part of the equation. Also important to patient experience are the clinical hospital staff and employees. If you become excellent from the perspective of your patients, physicians and your employees, your organization is well positioned to not only provide excellent patient experiences, but to also perform well financially. The challenge is to identify how you can do that. We have been in the healthcare business now for 33 years. I have been to a lot of hospitals, and very seldom do I find excellent patient experiences being reported without also having engaged physicians, nurses and employees working together to make it happen.

– Joe Inguanzo, PRC

One issue that arises is where organizations implement a quality improvement effort, but they don’t really measure or get feedback from the people who are affected by that change, as to whether it worked or whether it didn’t work, or whether there was an acceptance in the workplace of this change they’re trying to make. When you implement a quality improvement, you should really look at it as a research experiment. You want to try to do it in a controlled environment and account for as many factors as possible that might be affecting that experiment.

– Deron Ferguson, National Research Corporation

If you can link your patient experience measurement program to programs that you’re tackling with clinicians on quality, safety or utilization, connecting patient experience and process improvement with global strategy, your staff will begin to see patient experience measures, and the process improvement plans that go with them as part of achieving your broader goals.

– Gregg Loughman, National Research Corporation

Throughout all of this, strategy has to be clearly defined. When you talk about a strategy, you have to know what you mean by strategy. And that’s one place where having a standing survey instrument that gets administered to your patients can really be useful. With it, you can measure your performance and set goals for performance. But what you also have then, is an objectively defined list of metrics that we are pursuing excellence in, around which you can use to define your strategy. So if you look at real successful hospitals, ones that knock it out of the park in terms of their patient scores, there are certain commonalities that you almost always find. And that includes an executive leadership that defines quality the same way, they all talk about it constantly, so they all flood the zone throughout staff in the hospital, including medical staff, with their commitment to it, and they say this is who we are, this is important to us, and it’s not ever going to go away. And the way you codify that message is by ongoing measurement of those things that you say you care about and setting goals around them. So at the very heart of any hospital’s strategy, this kind of measurement system can and should play an incredibly important role.

– Dan Witters, Gallup
WHAT IS THE BEST MEANS TO ANALYZE AND UNDERSTAND MEASUREMENT DATA?

Despite the numerous challenges outlined above, it could be said that collecting data is actually the easy part. The complexity comes in deciding what to do with the information once you’ve gathered it. How can it help you better understand the state of your organization and identify opportunities for improvement?

Beyond reporting satisfaction data, survey providers have begun taking more active, consultative roles in helping their clients understand and act on the information they collect. Their data experts understand the nuances of the methodologies, needs for mode adjustments, how to best analyze qualitative text and how to appropriately slice quantitative data.

Our contributors emphasized the need to tailor reports to users at all levels of the organization, understand how they are using the data and be willing to adjust dashboards to best support their needs and efforts. They also suggest getting as granular as your sample size will allow in order to provide data down to an individual department or physician level.

It is also important to consider your goals and benchmarks wisely. As Deron Ferguson from NRC stated, “Percentiles can change over time, but the focus should be on your actual scores and whether you are improving over time and whether your efforts at implementing quality improvements are effective.” There seemed to be a great consistency around this clear advice: consider rigorously measuring change over time, rather than reviewing snapshots of cross-sectional measurements solely focused on percentile ranks. While benchmarks are important in understanding where you stand and percentiles do have implications in today’s healthcare system, particularly in the United States, the true sign of progress is to track your own change in results, with a broad and deep data set, finding, acting on and measuring change across the organization is a fundamental means to move from analysis to action and ultimately outcomes.
There’s a fairly standardized approach being used by us and others and it comes down to providing, reviewing and sharing results at the overall hospital level, at the domain level, and down to the question level, and then within the different parts of a hospital, so that leadership in a hospital is looking at this period’s results versus last period’s. They’re looking at the cumulative trend, how are scores trending by time, quarter by quarter, and against the percentile rankings that come through CMS. We also suggest they look at their results against a carefully selected small set of hospitals that they consider to be benchmark hospitals or key competitor hospitals.

– Dan Prince, Catalyst Healthcare Research

Insightful reports and data analysis should be provided to the organization by either the survey vendor and/or data experts; leaders should not need to spend time buried in Excel creating complex pivot charts. Leaders need to use the data—and data experts can help to expedite this process. Also, by seeking the assistance of data experts, leaders benefit from having a resource to answer questions and/or provide periodic training for frontline staff and leaders.

– Mollie Condra, HealthStream

Our statisticians describe three key insights we need to help our clients understand. First is to know their current performance – where do they stand right now. Second it to provide them with tools to show what direction they are headed in – data trends over time. Finally we can help them be predictive - not only are they improving, but what is the velocity of that improvement.

– Lynn Ehrmantraut, Avatar Solutions

The customer defines what excellence is. The customer defines what experience is. The more you are able to be in tune with that, the more you’re going to be able to get it right. If you want to take it to the next level, you have to start fine-tuning. You do this by going to the source (which is the patient) and asking them to explain what an excellent patient experience means to them, then doing everything feasible to provide that experience every time.

– Joe Inguanzo, PRC

We always recommend that the benchmarking be as specific to the population you are surveying as possible. Benchmarking should be more than recent, it’s important that it’s relevant and appropriate for the groups you’re looking at. So for example, your hospital overall might benchmark at the 75th percentile but if your OB unit is at the 50th percentile, and your orthopedic unit is at the 90th percentile, for their types of patients, that’s important to know and we would strongly recommend going beyond just a service line of medical surgical and OB. Cardiac surgical patients and orthopedic surgical patients have very different experiences and very different normative levels of evaluations of care. This requires us to dig deeper, but in doing so drive a better chance for positive results.

– Deirdre Mylod, Press Ganey

Probably the overarching issue or concept here is that a lot of analysts or quality improvement professionals will look at scores and focus too much on the numbers, not thinking about the context around a score and forgetting that patient experience measurement is a tool. It’s a tool that should be used together with other qualitative information that you have about the organization – what’s going on in an individual unit, how are they organized, and what sort of patients do they see?

– Deron Ferguson, National Research Corporation

It’s always good to get input from people using the data and understand their perspectives, the things they’re paying attention to, and try to design a report that makes it easy for them to access that information. If they’re really interested in a trend line over time, or if they’re interested in getting unit level or service line level information, something that makes it usable for them and that they’re going to be pursuing. So I don’t want this to be something where it’s a force feed, here take your report and use it, I want them to be coming and looking for the report and wanting it and having that report in a way that is useful for them.

– John Reimnitz, Gallup
WHAT DO YOU SEE AS THE IMPACT OF HCAHPS/CAHPS SURVEYS AND HOW HAS THIS COMMON REQUIREMENT INFLUENCED MEASUREMENT STRATEGY?

As this paper is focused on the broadest conversation of measuring the patient experience, we would be remiss not to inquire about the impact of the emergence of CAHPS surveys in the United States and indirectly the implications of mandated surveys overall globally. We also acknowledge what we continue to reinforce, and heard clearly from the contributors as well, that experience measurement is not and should never be about mandated surveys only.

A consistent suggestion by our contributors is that we should consider going beyond the bounds of mandated surveys, but in doing so, to a person, they acknowledged the value and impact of having clear standardization grounded in a mandatory process. The primary impact of standardization has created for the first time a true macro-level benchmark and the means to pull real comparative data. Even the resource providers in the paper admitted that their comparisons prior could only be against their own databases of customers and did not provide for the broadest level of comparison possible. The ability to have comparative data points and broader standards has led to a focused effort through which organizations of all sizes can begin to track progress at a more substantive level.

With the positive perspective of standardization there were also challenges identified. The primary means mentioned by many was that, with the advent of common question sets, focus could tend to be narrowed. In particular with the attachment of these measures to value-based purchasing reimbursement in the United State and other incentives globally, the motivation can be to teach to the test – to act only to drive the scores that matter. And our contributors were clear in suggesting there is much more we would want to know in measuring the true breadth of experience in healthcare organizations.

While these financial implications have garnered various reactions it has been our belief that while the measures may be questioned by some and/or the financial implications may seem too small to others, the reality that people are being held accountable for a standard measure set with financial consequences is significant. While this may not motivate all to act, it has provided the air cover for those who believe this has been and continues to be the right thing to do – to purposefully focus on the experience of patients and now to do so with greater clarity, purpose and support.

The challenge expressed in looking at the implementation of these mandates has created true choice points for healthcare organizations. While many historically relied on the proprietary model of their chosen resource provider, they now are first choosing whether to simply ask the required questions at the required sample size or dig deeper in both what they want to explore and the population they look to engage. The introduction of this system actually could lead to backtracking by some who see compliance as the means to their end. As we discussed above this could have both financial and resource implications for an organization in both limiting questions and sample size and also leaves them with
little data to act on beyond generic decisions. That being said, this model of compliance is fully acceptable based on new regulatory standards, and some have chosen this path.

On the other end, organizations are realizing the value in the acceptance of standards for benchmarking and comparative purposes as noted above, but recognize the value in exploring further in specific question areas or with broader samples. This allows for a true actionable data set to help drive improvement beyond compliance. As we noted above it is in these choices that more measured and purposeful decisions can be made on change and improvement strategy. The contributors also all suggested that while the standard questions do get to some critical issues, they may not in fact touch all that impacts or even indicates full measures of experience overall.

In the end, mandated surveys have fundamentally changed the business model for measurement organizations built on propriety survey models. While still relevant these questions are now pushed down a survey process that could be seen as cumbersome or even overwhelming to the respondent. Finding the right balance in the new model for experience measurement will continue to be an opportunity for exploration and refinement by all the contributing organizations and definitively for healthcare organizations themselves. Perhaps more importantly than just mandated or extended models is the extent to which a healthcare organization is committed to using the data it collects and what it intends that use to be. When that strategic perspective comes into focus, the path forward becomes clear and the means by which experience measurement data can be used is solidified.

One of the consequences of HCAHPS & CAHPS surveys is that they have placed a spotlight on some areas in healthcare that have sometimes been overlooked in interactions with patients. For example, the interpersonal habits of consistently showing courtesy and respect are clearly important. I do not know a single healthcare employee that starts their day thinking, ‘today I will try my best to be discourteous and disrespectful’. However, as they run busy throughout the day, they may forget to take the time to greet a patient and family in a warm, welcoming manner, ask if he/she would like the door closed for their privacy, or even sit at eye level as they speak to convey respect and show courtesy. By developing a relationship of respect with a patient, there is a greater likelihood that he/she will ask questions of clarification regarding care. In turn, this understanding will likely foster greater patient compliance with medication and treatment.

– Katie Owens, HealthStream
CAHPS has been very helpful in a standardized way to establish a level of measurement that is comparable across organizations. Additionally, this notion of transparent results that are publicly reported support consumers in making good decisions. CAHPS that has also been helpful in elevating the patient experience to a level of prominence in the overall healthcare equation along with clinical outcomes, financial performance, etc. When we think about how organizations have responded to the onset of CAHPS and standardized measures, we see three general groups:

First, for many organizations who have been focused on improving the patient experience for many years, they have viewed HCAHPS and CAHPS in general as if in a rearview mirror. These organizations still by and large maintain a focus on the big, broad patient experience, across the continuum, and assess as many aspects of the patient experience as they can measure. They are focused on the must-haves, performance measures, and delighters.

The second group of organizations are those where HCAHPS and CAHPS in general is predominantly their windshield. They are very focused on measuring and improving the patient experience and increasingly want to know what else to do to be successful. These organizations will use a core HCAHPS instrument plus our diagnostic items that will really help them achieve greater performance.

And then there are a very small number of organizations that are using the CAHPS instruments only, and they’re really more focused on the compliance aspect, and in essence, teaching to the test.

What we learned in analyzing item bank use is that organizations that have that bigger, broader view achieve higher performance, and organizations that are focused on the CAHPS instrument as the only voice of the patient, tend to fall short in achieving top performance.

– Lynn Ehrmantraut, Avatar Solutions

Overall, this is a very positive thing for patients and for providers and hence for the delivery of healthcare in our country. I believe that standardized survey questionnaires, paired with a public display of results at the hospital level, are good because they allow and they actually stimulate “apples-to-apples” comparisons. They shine a light on what’s really happening with patients and families when they come inside the hospital for an overnight stay. Combining this with the whole value-based purchasing piece now arriving on the scene, we see that hospitals are taking on a greater element of financial risk and they’re at risk in terms of what those scores may mean for their reimbursement. So for the first time ever we’ve got a level playing field, where everybody is playing by the same rules, and using the same yardstick to measure progress, and that progress is being reported publicly so people feel accountable and, in fact, are accountable to each other, to their communities, to patients at large, and really to us as a society. So I think that, overall, this standardization, along with the public reporting of results is really a very positive thing for the country and for consumers.

– Dan Prince, Catalyst Healthcare Research

With the CAHPS surveys, the financial element is now there, which results in pressure to do better or face monetary ramifications. In addition, transparency plays a big part now since anybody can see what a hospital’s scores are via hospitalcompare.gov

– Joe Inguanzo, PRC

The first thing that comes to mind is that HCAHPS provides a common measurement program for all inpatient hospitals and provides a very strong national database. Having common benchmarks and framework is beneficial. Additional custom survey items tailored to each client’s needs and having a deep understanding of their strengths and challenges provides hospitals with even more actionable survey data than HCAHPS alone

– Coleen McMurray, Gallup
I think that HCAHPS has definitely put a lot more attention on patient experience, but probably the biggest downside to it is that people are perhaps not making the connection as to why we should focus on the patient experience. It’s now become about money and reimbursement; whereas, it really needs to be about what’s best for the patient. This fundamental shift feels contradictory to our mission and why we went into healthcare in the first place. The underlying reasons for developing HCAHPS were founded in evidence-based practices that purported that, if every hospital and every staff member did prescribed things every single time, patients would become more compliant and engaged in their care, ultimately driving outcomes up and costs down. That’s really where CMS has a vested interest and it is powerful in improving healthcare in the future. However, at the front line it’s often getting translated as “it’s just about money,” or “it’s just about the government regulations,” and they’re missing the real reason why this needs to be done in the first place – to provide the best possible care for patients.

– Hope Brown, PRC

That’s a question we wrestle with on an ongoing basis at National Research Corporation because the CAHPS program is a double-edged sword. The positive side of CAHPS is that the proliferation of the CAHPS standardized measures has now made patient experience a top priority. We talked about organizations that were measuring this before legislation came down, and they were doing it for altruistic reasons. Before CAHPS, many organizations were focused on the experience of their patients and their families. That is no longer an altruistic choice, it’s a mandate. This heightened focus, combined with the common language and yardstick of measurement has driven a lot of incredible improvement in the industry on looking at how staff behavior drives the experience of patients and families. But there were also a number of things that Harvard and the Picker Institute had identified as being highly impactful to the patient experience that weren’t included in the initial CAHPS program, things like involvement of friends and family in the care process, emotional support, and so forth. So one of the side effects of CAHPS is organizations saying, “I’m going to distill the patient experience down to only those measures, which are publicly reported and paid against.” And that’s an unfortunate byproduct of the CAHPS surveys because to truly engage an organization in patient-centered culture change, and to have a robust patient experience measurement program, you can’t simply put blinders on and look only at CAHPS composites. You have to be looking at a broader assessment of the patient and family experience, even in areas that are not reimbursed or reported.

– Gregg Loughman, National Research Corporation

The short answer is that people have gotten better. As we can look at the public data, the fact that HCAHPS is publicly reported and is linked to payment, has spurred motivation to improve on the measures. So that’s something we can see in the public data and we see it in our client’s data. There’s been a fixed top box percentage point increase over the last five or six years on the goal measures, I mean everything is more competitive so it’s a good thing for patients and consumers, but it also means the world has become much more challenging for the hospitals and healthcare organizations. The other thing that I see on the impact of the CAHPS strategy returns to the idea I shared regarding compliance versus improvement. We do see that in the haste to improve on HCAHPS because it’s publicly reported and tied to value based purchasing, that some organizations take what we would consider a compliance mindset. That compliance versus improvement mindset I think is something that was spurred by the tie to value based purchasing, but I think as people see how the bar is rising, I think more and more people are moving out of a compliance mindset and into an improvement mindset.

– Deirdre Mylod, Press Ganey
WHAT IS THE IMPACT AND POTENTIAL OUTCOME OF EFFECTIVE MEASUREMENT PRACTICE?

With the advent of HCAHPS and its spirit of transparency, individuals and organizations passionate about driving patient experience efforts have been provided the opportunity and rationale to act and drive change. Regardless of the motivations behind satisfaction measurement and analysis, it’s clear that when healthcare organizations focus on these targets, patient experience improvement follows.

We asked our contributors to share their thoughts on how this focus on effective measurement will impact the overall patient experience movement and felt it best to conclude in sharing these thoughts directly through the words of our contributors.

Patients have a better experience. And that isn’t just, I’m happy with care or I’m satisfied, but the potential impact of if we do this well, we are creating more value for patients, which is us, right, because if we’re not patients now we’re all going to be patients, we are creating a healthcare environment where we are reducing people’s stress, not increasing it, we are making people feel cared for, we are making people trust the healthcare system, not distrust it, and we are making them feel empowered.

– Deirdre Mylod, Press Ganey

Effective measurement practices most fundamentally are there to lend credibility to what it is that you’re trying to do, your business strategy, the things you’re setting as goals, and the things you think are important to you as a hospital. As it relates to the patient experience, moving forward the healthcare industry will continue to place greater importance on measuring patient perceptions using HCAHPS and follow on value based purchasing initiatives such as CGCAPH and EDCAHPS. These efforts will ultimately motivate providers to improve care delivery in all areas, and give the healthcare consumer the ability to make a more informed decision on where they choose to go to receive medical services.

– Scott McGinnis, Gallup

Well the good news is that measurement is happening now. Organizations are now laser focused on what else they need to know and do to be successful, moving past known tactics to connecting the dots between patient experience, employee engagement, and organizational culture ...they are just beginning to understand that there is far more to this improvement equation than they originally thought. That is very exciting for the future of patient, employee and provider engagement in the healthcare system.

– Lynn Ehrmantraut, Avatar Solutions

We’re trying to get organizations to adjust to becoming better and better from the perspective of its customers. And when you do that, it isn’t just the patient who benefits. Everyone benefits.

– Joe Inguanzo, PRC
We see hospitals becoming more sophisticated in their use of measurement data and they’re beginning to learn how to make real improvements in clinical care and the patient experience. They learn how to reform and reshape their cultures so that the delivery of a great patient experience becomes more routine and more consistent. As a result, I think we’ll see higher levels of patient safety and higher levels of patient satisfaction.

– Dan Prince, Catalyst Healthcare Research

The point should be to look at the experience feedback you receive from your patients across all clinical areas, not just those impacted by Value-Based Purchasing. You should be able to track and trend, month to month, and quarter to quarter, to show your patients are having the best possible experience and that your organization is improving further with every patient, each time, having a patient-centered experience.

– Zach Griffin, National Research Corporation

KEY CONSIDERATIONS AND IMPLICATIONS FOR ACTION

In reviewing the collective insights of the contributors, we are exposed to the extensive knowledge of and commitment to the understanding of the data driving patient experience improvement. These voices of measurement have raised significant items for consideration. Some concepts are strikingly simple and some complex, yet through each conversation it became more clear that in the distinctions these organizations may present in methodology, market presence, range or scope of services, and even core operating philosophies through which they draw their distinctions in the competitive landscape of experience surveying, there were also very clear common themes that emerged with significant choice points and broad implications for action.

In reviewing the words of the contributors you are sure to have found you own nugget of gold; perhaps that one idea (or more) that you have been looking for to repurpose or refocus your efforts, make an important case for action or frame a plan for change. In our review we found a few key thoughts to explore as you consider your own experience measurement efforts. These emerging ideas include:

• **Ensure your sample size matches your intentions**
  As you plan for how you want to use your measurement data, be aware of the choices you make in scope, breadth and depth, populations, etc. If you intend to make micro level decisions you need to be willing to dig deeper. Be clear on how you intend to use your data and for what reasons as you make measurement decisions.

• **Recognize that mandates do not necessarily equate to all you need to address in your environment**
  While among our contributors there was a consensus that a common question set such as the one found in the CAHPS surveys was of value for its ability to provide consistency, clear comparative data and level the playing field, there was also consensus that the mandated questions and more so sample size may leave you with
limited information on which to act. While these surveys, specifically CAHPS, are validated indicators around impact on quality and cost, they may not provide the information you need to address the specifics of your environment.

• **Reinforce that experience data is a key strategic resource and should be used as such**
  Data collection for the sake of data collection may be more of a resource drain in dollars and people if not clearly linked to the strategic direction and purpose of your organization. While again mandates were acknowledged as a primary driver, the use of this data to shape, support or reinforce broader strategy has begun to delineate those engaging in measurement for the sake of requirement or compliance, versus those focused on strategic progress and overall improvement.

• **Realize that measurement is not an end in of itself but a means to plan for action and lead change**
  As much as our contributors believe and support the critical value of data collection, they are also consistent in acknowledging that data alone is not the answer. Data collection, measurement of the voices of patients or others is more a means to a more significant end. To a person, our contributors stressed the purpose of data was to plan, focus purpose, inspire and provide milestones for change.

• **Consider that what influences experience is found not just through but also beyond the voices of patients**
  Central to The Beryl Institute’s definition of patient experience is that experience is shaped by an organization’s culture. The contributors alluded to this idea often, noting that the factors influencing experience are not just examined through the voices of patients and family members. Rather, there must be intentionality in gathering the perspectives of your people – of your caregivers – to understand commitment and alignment to purpose. It is through this broader data set that true strategic decisions can not only be made but also shared and reinforced throughout an organization.

• **Determine how the transparency of data can be used to establish and reinforce accountability**
  The idea of transparency reaches beyond the core idea of public reporting of mandated data now central to many systems and as exemplified through the CAHPS process and also beyond the simple posting of reports on unit bulletin boards or break room walls. Transparency in measurement, especially in the realm of patient experience, must be tied back to the expected behaviors and actions of caregivers overall. To achieve the elusive state of accountability many organizations continue to struggle with, measurement data must play a central role in informing, guiding, serving as a rationale for certain choices and a motivator for continued improvement.

• **Expand your focus on measurement from episodic to understanding the continuum of experience**
  Another emerging theme was that while most measurement processes are still focused on a single encounter or episode, which in essence matches the structure of most healthcare delivery systems, there is a great desire to track the experience of patients across the continuum of care. This shift in measurement would allow for
a much more personal recognition of needs and support and would allow a more comprehensive and personal plan to be created for patients. Understanding the impact of transitions and handoffs and getting further clarity on strong and weak links in the continuum of care all support great opportunities for improvement, personalized service and the potential for higher impact and more sustainable outcomes.

- **In the end, be mindful not to substitute data for personal interaction**
  
  We continue to reinforce at the Institute that at the end of the day, in healthcare we are fundamentally human beings taking care of human beings. While surveys are critical points of mostly objective data and as modes expand, the proliferation of surveying continues in the interest of the good, but also puts us at risk of removing the human elements of communication and understanding overall. We can never substitute data collection for the power of personal interaction, of asking for what is needed or “if there is anything else I can do for you.” These two processes are not mutually exclusive and are both forms of getting further data for action. Be mindful not to take the humanity out of the process, for in the combination of the quantitative data and qualitative experiences lies the potential for powerful efforts to drive patient experience excellence overall.
THE VOICES OF MEASUREMENT MATTER

We are grateful for the time and thought each of these contributing organizations and their representatives provided in bringing this paper to you. It continues to remain our belief and our continued intention that in bringing together disparate voices and various perspectives, the strongest picture of understanding can be created.

Through what was shared by our contributors it is clear that measurement is still an active and powerful player in the patient experience marketplace. And to capitalize on its greatest value we need to look beyond the data itself in many directions for broader perspectives, including a linkage to strategy, a foundation for transparency and as we have shared above, a critical contributor to improvement overall.

The paper also represents the power of collaboration central to the patient experience movement overall and a core philosophy of all we do at The Beryl Institute. Our ability to learn, grow and share comes from the connections we make and the willingness we have to maintain our uniqueness while finding common ground. The contributing organizations did just that, by setting aside the highly competitive marketplace they live in daily, to generate the shared ideas they brought together in this work. We offer our greatest appreciation to those individuals and organizations for their commitment and contribution to the broader dialogue.

Measurement is something most if not all healthcare organizations are compelled to do (whether by individual choice or mandate). The opportunity that exists is to recommit to a purpose that in asking the right questions and doing the right things as a result can lead to greater outcomes. The voices of measurement heard here and all the many voices shared in this year’s Institute paper series and beyond exemplify that idea in action. And it is in action that we can continue to move this important cause – excellence for the experience of patients and families – forward together.
CONTRIBUTOR PROFILES

AVATAR SOLUTIONS

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Avatar Solutions (formerly Avatar International LLC and HR Solutions Inc.) is an innovative survey, data measurement, and performance improvement company with over 30 years of experience. Avatar provides CAHPS, Patient Experience, Employee and Physician Surveys to over 500 hospitals and 13,000 clinicians nationwide. Whether the objective is increasing service quality, workforce alignment, or the engagement of patients, Avatar’s surveys deliver a level of insight not available anywhere else. Combined with powerful online data reporting technology, robust performance improvement support, and a committed client-service orientation, these capabilities empower organizations to achieve meaningful improvement in their most critical business outcomes.

Avatar Solutions is the American Hospital Association’s exclusively-endorsed provider for Employee/Exit Surveys and Physician Engagement/Satisfaction Surveys to their 5,000 hospitals and healthcare systems. Avatar works with some of the most well-known organizations in the nation, allowing clients to benchmark against the best.

www.avatarsolutions.com

CATALYST HEALTHCARE RESEARCH

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Catalyst Healthcare Research (CHR) is a CMS-certified patient survey vendor that offers hospitals an innovative way to save money on their patient survey programs.

CHR provides a cost-competitive mail survey program to enable a hospital to meet its HCAHPS requirements. In addition, CHR offers optional online surveying of both inpatients and outpatients to help hospitals meet their critical information and improvement needs. The mix of mail and online surveying can be adjusted as needed, depending on such factors as the availability of email addresses.

CHR’s blended approach means hospitals get more data for each dollar invested than if they relied solely on mail or telephone surveying.

CHR offers several value-added options, including sentiment coding and analysis, the opportunity to add custom questions, and the ability to get custom-tailored reporting.

By design, CHR reports are highly-visual and refreshingly simple. They provide period-over-period results, comparisons to a set of competitors selected by the hospital, and the ability to see the potential impact of their survey results on their likely Medicare reimbursement.

Serving healthcare clients for over 20 years, Nashville-based CHR is a proven provider of ongoing survey programs and custom research studies for the healthcare industry.

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GALLUP

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Gallup delivers forward-thinking research, analytics, and advice to help leaders solve their most pressing problems. Combining more than 75 years of experience with its global reach, Gallup knows more about the attitudes and behaviors of the world’s constituents, employees, and customers than any other organization.

Gallup works with healthcare organizations to ensure they have great medical professionals practicing within innovative and engaging environments. This backdrop allows healthcare organizations to offer the best care, while running efficiently and profitably.

In today’s increasingly consumer-driven healthcare environment, it is essential that healthcare providers go above and beyond patients’ basic expectations. Gallup provides solutions for healthcare leaders to not only transcend basic patient care, but also to emotionally engage...
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patients -- spurring loyalty and better health outcomes.

Gallup’s proprietary Patient Engagement survey combines HCAHPS questions with Gallup’s unique measures of customer engagement to track and improve patient experiences and business outcomes, while meeting HCAHPS participation requirements.

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HEALTHSTREAM

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HealthStream (NASDAQ: HSTM) is dedicated to improving patient outcomes through the development of healthcare organizations’ greatest asset: their people. Our unified suite of software-as-a-service (SaaS) solutions are used by, collectively, approximately 3.4 million healthcare employees in the U.S. for training & learning management, talent management, performance assessment, and managing simulation-based education programs. Our research and ‘patient experience’ solutions provide valuable insight to healthcare providers to meet HCAHPS requirements, engage their workforce, and enhance physician alignment.

Based in Nashville, Tennessee, HealthStream has additional offices in Laurel, Maryland, Brentwood, Tennessee, and Pensacola, Florida.

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NATIONAL RESEARCH CORPORATION

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For more than 30 years, National Research Corporation (NASDAQ: NRCIA and NRCIB) has been at the forefront of patient-centered care. Today, the company’s focus on empowering customer-centric healthcare across the continuum extends patient-centered care to incorporate families, communities, employees, senior housing residents, and other stakeholders.

National Research Corporation implements surveys and performs analyses that recognize a provider’s strengths and problem areas, and then uses the data to design specific, measurable improvement strategies. The company’s products and solutions build on the “Eight Dimensions of Patient-Centered Care,” a philosophy developed by noted patient advocate Harvey Picker, who believes patients’ experiences are integral to quality healthcare.

As the only healthcare research and quality improvement firm serving the entire continuum, our performance measurement and improvement services offerings are used by a significant number of health plans, hospitals, healthcare systems, board members and healthcare executives, payers, physicians, long term care communities, home health agencies, and hospice programs.

Currently recognized by Modern Healthcare as the largest patient satisfaction firm in the U.S., National Research Corporation is dedicated to representing the true voice of patients and other healthcare stakeholders. This integration of cross-continuum metrics and analytics uncovers insights for effective performance improvement, quality measurement, care transitions, and many other factors that impact population health management.

www.nationalresearch.com

PRESS GANEY ASSOCIATES, INC.

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Recognized as a leader in performance improvement for nearly 30 years, Press Ganey partners with more than 10,000 health care organizations worldwide to create and sustain high-performing organizations, and, ultimately, improve the overall health care experience. The company offers a comprehensive portfolio of solutions to help clients operate efficiently, improve quality, increase market share and optimize reimbursement. Press Ganey works with clients from across the continuum of care – hospitals, medical practices, home care agencies and other providers – including 50 percent of all U.S. hospitals.

www.pressganey.com
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PRC drives excellence in healthcare by facilitating millions of interviews, delivering insightful reports, and bringing customized research solutions to hospitals and healthcare organizations. Providing accurate, reliable and timely information for more than 30 years, PRC is the premier market research vendor on a mission to make hospitals better places for physicians to practice medicine, for employees to work and for patients to be treated.

In addition to being a certified vendor for government-mandated CAHPS surveys, PRC also provides research services that measure patient experience, physician engagement and employee engagement, as well as Community Health Needs Assessments that meet IRS Schedule 9 requirements. PRC has long placed high value on the telephone methodology, and achieves unprecedented completion rates as a result of its expertise in conducting telephone surveys. PRC also offers a variety of flexible and mixed-mode methodologies to meet the research needs of any hospital or healthcare organization.

www.PRConline.com
ABOUT THE AUTHORS

Jason A. Wolf, Ph.D., President, The Beryl Institute, is a passionate champion and recognized expert on organizational effectiveness, service excellence and high performance in healthcare. He is revolutionizing the Institute’s services and outreach to position the organization as a globally recognized thought leader on improving the patient experience. Prior to joining the Institute, Wolf designed and led the Organization Change, Service and Leadership Development strategies for more than 45 facilities and 45,000 employees as the director of organization development for the Eastern Group of the Hospital Corporation of America (HCA). His 20-year career has spanned the healthcare and service industries in such roles as senior leader, internal and external consultant and entrepreneur. Wolf has authored numerous articles and publications on organization culture, change and performance in healthcare.

Stacy Palmer, Vice President, Strategy and Member Experience, The Beryl Institute, oversees the organization’s program development, partnerships and communications to ensure they offer maximum benefit to members. She is passionate about the mission of the Institute and in increasing industry awareness of the organization as the global community of practice, thought leader and resource for professionals committed to improving the patient experience. Stacy began working with the Institute in 2010 assisting with its relaunch to an independent membership organization. Prior to joining the Institute she spent eleven years in the media industry focused on communications, advertising and product development.
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Enhancing the Patient Experience through Live Entertainment

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Voices of Practice: Exploring the Patient Experience in Action - Highlights from On the Road with The Beryl Institute

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