Using Survey Results To Improve Patients’ Experiences

Denise D. Quigley, Ph.D.
RAND Team
Overview of the Presentation

- Introduction to the quality improvement cycle
- Discussion of each step in the cycle
  - Diagnosing problems using CAHPS survey data
  - Developing QI strategy and action plan
  - Implementing QI strategies and the action plan
  - Monitoring and revising the plan
- Lessons learned from implementation experiences
The Plan-Do-Study-Act (PDSA) Cycle

- **Plan:** Develop a focused, realistic *action plan*
- **Do:** Begin to *introduce planned changes*
- **Study:** Do *small scale tests of new practices or procedures*
- **Act:** Apply *test results to make larger changes*

*To learn more about the PDSA cycle, go to the Institute for Healthcare Improvement Web site at www.IHI.org*
Six Steps to On-going QI Based on PDSA Cycle

1. Confirm suspected problem by gathering more information.
2. Examine data from Step 1; develop new measures if needed.
3. Set goals for improvement and write an action plan.
4. Implement the action plan.
5. Assess progress and refine the plan.
6. Monitor improvements to make sure they stick.

Expect to make midcourse corrections
How the Six Steps Map to the PDSA Cycle

- **Plan:**
  - Step 1: Confirm suspected problem
  - Step 2: Examine data; develop new measures
  - Step 3: Set goals for improvement; write action plan

- **Do:**
  - Step 4: Implement the action plan
  - As small scale tests of *Do, Study, Act*

- **Study:**
  - Step 5: Assess progress and refine plan

- **Act:**
  - Step 6: Monitor improvements to make sure they stick
PLAN: 1. Confirm problem by gathering information

- Assemble CAHPS survey results and trends
  - Composite scores, individual items
- Compare CAHPS data to benchmarks
  - Resource: National CAHPS Benchmarking Database
- Define potential opportunities for improvement from CAHPS
- Gather additional information on area of need, which could require primary data collection
  - Resource: Supplemental QI items on CAHPS
  - Focus groups or interviews with key stakeholders
  - Small scale surveys
Resource for Benchmarking CAHPS

- Voluntary reporting of CAHPS survey results
- Provides detailed benchmark information
- Health plan survey data available
  - Medicare
  - Medicaid
  - Commercial
- Chartbook available with Hospital Survey data
24 Health Plan CAHPS QI supplemental items:

- **Coordination of care** – Communication between providers
- **Access to care**
  - Appointments
  - After-hours care
- **Information and materials for consumers**
  - Effectiveness of information
  - Usefulness of information
- **Customer service**
  - Problem resolution
  - Representative’s knowledge
  - Representative’s politeness
QI Items Available for Clinician/Group CAHPS (#1)

21 Clinician/ Group CAHPS supplemental items:

- **Being informed about wait time**

- **Patient-doctor interaction**
  - Being cared for by a doctor
  - Being ignored by a doctor
  - Having interest shown by a doctor
  - Having experienced a condescending, sarcastic or rude doctor

- **Having doctor conduct specific communication actions during a visit**
  - Listens to reasons for visit
  - Shows concern for physical comfort
  - Describes physical findings
  - Explains reasons for tests
  - Describes next steps in treatment
21 Clinician/ Group CAHPS supplemental items:

- **Receiving complete and accurate information from a doctor about six aspects of care**
  - Tests
  - Choices of care
  - Treatment
  - Plan for care
  - Medications
  - Follow-up care

- **Having doctor provide easy to understand information about seven aspects of care**
  - What was wrong
  - Reason for treatment
  - What medication was for
  - “Something else”
  - Results from tests
  - What to do if condition worsened
  - How to take medication

- **Doctor was hard to understand because of language**
**PLAN:** 2. Decide What Should be Measured (Example)

Percentage responding “usually” or “always”

<table>
<thead>
<tr>
<th>Plans</th>
<th>Getting Needed Care</th>
<th>Getting Care Quickly</th>
<th>How Well Doctors Communicate</th>
<th>Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your plan</td>
<td>70%</td>
<td>71%</td>
<td>89%</td>
<td>84%</td>
</tr>
<tr>
<td>Statewide</td>
<td>75</td>
<td>78</td>
<td>88</td>
<td>80</td>
</tr>
<tr>
<td>National</td>
<td>69</td>
<td>71</td>
<td>86</td>
<td>77</td>
</tr>
</tbody>
</table>
**PLAN:** 2. Decide What Should be Measured (Example)

<table>
<thead>
<tr>
<th>Composite</th>
<th>Composite Score</th>
<th>Q4. Care for problem when needed</th>
<th>Q6. Appt for routine care when needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Care Quickly</td>
<td>71%</td>
<td>74%</td>
<td>0.41</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corr. Rate all care</td>
<td>Corr. Rate all care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>usually” or “always”</td>
<td>Percentage “usually” or “always”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.41</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.40</td>
</tr>
</tbody>
</table>
**PLAN:** 2. Decide What Should be Measured (Example)

<table>
<thead>
<tr>
<th>Composite</th>
<th>Composite Score</th>
<th>Q27. Easy to get specialist appointments</th>
<th>Q31. Usually got tests, care you needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>70%</td>
<td>67% (usually or always)</td>
<td>73% (usually or always)</td>
</tr>
<tr>
<td>Corr. Rate all care</td>
<td>0.36</td>
<td></td>
<td>0.37</td>
</tr>
</tbody>
</table>
**PLAN**: 3. Set Goals for Improvement

- Establish QI implementation team
- Establish goals for improvement
- Investigate potential strategies
  - Resource: CAHPS QI guide
- Design specific intervention(s)
  - Resource: CAHPS Case Examples
CAHPS Quality Improvement Guide

- Examples of improvement strategies
  - Health plan
  - C/G CAHPS (being updated)

- Topics:
  - Communication with doctors,
  - Customer service,
  - Access to care,
  - Coordination/integration of care,
  - Health promotion and education

- Provides information on planning and implementing QI

- Analysis steps (being updated)

On-line at: www.cahps.ahrq.gov/QIGuide
CAHPS Case Examples

• Health Plan
  – More than 500,000 members
  – Fielded CAHPS since 1995
• Topic: Customer Service
• QI Strategies:
  – Training for representatives
  – Developed career path
  – Empowered decision-making
  – Reconfigured quality control tracking system
• CAHPS Trends
  – Getting customer service help
  – Easy to reach service rep

• Hospital
  – More than 600 beds
  – Began CAHPS during QI effort
• Topic: Emotional Support
• QI Strategies:
  – Focus on patient service
  – New charge nurse position
  – Improved communication with patients
  – Provided support to staff
• CAHPS Trends
  – Nurses discussed patient’s anxieties and fears
  – Would recommend hospital

On-line at: www.cahps.ahrq.gov/content/resources/QI/RES_QI_RandCaseStudy.asp
PLAN: 3. Write an Action Plan

• Action plan contents
  – Strategies and priorities
  – Specific actions
  – Timeline
  – Measurement and monitoring

• Measures
  – Define measures for each action
  – Identify data sources
  – Frequency of measurement

• Monitoring
  – Define criteria for meeting a goal
  – Decide on monitoring schedule
<table>
<thead>
<tr>
<th>Performance Dimension</th>
<th>CAHPS Score Levels</th>
<th>Action Priority</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Getting needed care</td>
<td>70%</td>
<td>Priority: ( H\quad M \quad L )</td>
<td>Improve access to specialist care</td>
</tr>
<tr>
<td>2. Getting care quickly</td>
<td>71</td>
<td>Priority: ( H\quad M \quad L )</td>
<td>Improve timely appts. for routine care</td>
</tr>
<tr>
<td>3. How well doctors communicate</td>
<td>89</td>
<td>Priority: ( H\quad M \quad L )</td>
<td>No action</td>
</tr>
<tr>
<td>4. Customer service</td>
<td>84</td>
<td>Priority: ( H\quad M \quad L )</td>
<td>No action</td>
</tr>
</tbody>
</table>
**Performance Dimension:** 2. Getting care quickly

<table>
<thead>
<tr>
<th>Define actions to strengthen this program component</th>
<th>Designate lead staff person for the action, other staff involved, and key task responsibilities.</th>
<th>Identify the tools and resources for the action</th>
<th>Specify the action timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action #2.1</td>
<td>Lead: Other Staff: Responsibilities:</td>
<td></td>
<td>Start Complete</td>
</tr>
<tr>
<td>Action #2.2</td>
<td></td>
<td></td>
<td>Start Complete</td>
</tr>
<tr>
<td>Action #2.3</td>
<td></td>
<td></td>
<td>Start Complete</td>
</tr>
</tbody>
</table>
**Performance Dimension:**  2. Getting care quickly

<table>
<thead>
<tr>
<th>Program Component</th>
<th>MONTH OF WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sep</td>
</tr>
<tr>
<td>Action #2.1</td>
<td></td>
</tr>
<tr>
<td>Action #2.2</td>
<td></td>
</tr>
<tr>
<td>Action #2.3</td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
</tr>
</tbody>
</table>
### PLAN: Write Action Plan - Measures & Monitoring

**What to measure:**
1. Have planned changes really been made?
2. How are changes affecting processes?
3. How are changes affecting patient experiences?

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Measure</th>
<th>Data Sources</th>
<th>Monitoring Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>[2. Getting care quickly]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DO: 4. Implement the Action Plan

- Implement interventions at a small scale
  - **DO**: Begin to introduce planned changes
  - **STUDY**: Do small scale tests of new practices or procedures
  - **ACT**: Apply test results to make larger changes

- Revise and adjust interventions to organizational context

- Gather data on measures selected to monitor progress
STUDY: 5. Assess Progress and Refine Plan

- Monitor performance measures over the course of QI intervention and compare them to performance goals
- Assess what worked and what didn’t work
- Modify strategy, if needed
- Introduce improvements into the organization on a broader scale, as appropriate
- Start the PDSA cycle again
- Continue to implement CAHPS survey again and examine changes in scores for areas chosen
ACT: 6. Monitor to Make Sure Improvements Stick

- Continue to monitor data to make sure that improvements continue
- Prepare for events that might compromise any gains
- Remain committed to QI
- Respond to data and modify strategy, when needed
- Continue to track overall trends and items
QI is On-going and the PDSA Steps are Iterative

To learn more about the PDSA cycle, go to the Institute for Healthcare Improvement Web site at www.IHI.org
Lessons Learned Using CAHPS For QI

- CAHPS surveys provide useful information for QI
  - Trending
  - Benchmarking
  - Setting priorities
  - Drilling down

- Gather additional information to gain a full picture of specific processes that need to be improved

- QI requires item-level information as well as composite scores

- Define overall and interim measures to track progress

- QI is a process – be prepared to refine strategies
  - Use small scale tests
  - Expect mid-course corrections
Lessons Learned for Effective Quality Improvement

- It is very difficult to change organizations – it takes time and perseverance
- Gain and maintain buy-in from leadership on action steps and the monitoring process
- Involve patients and staff in QI process – they know best
- Plan on the need for training and coaching
- Try to anticipate challenges and prepare actions to manage them proactively (i.e. through communication and training)