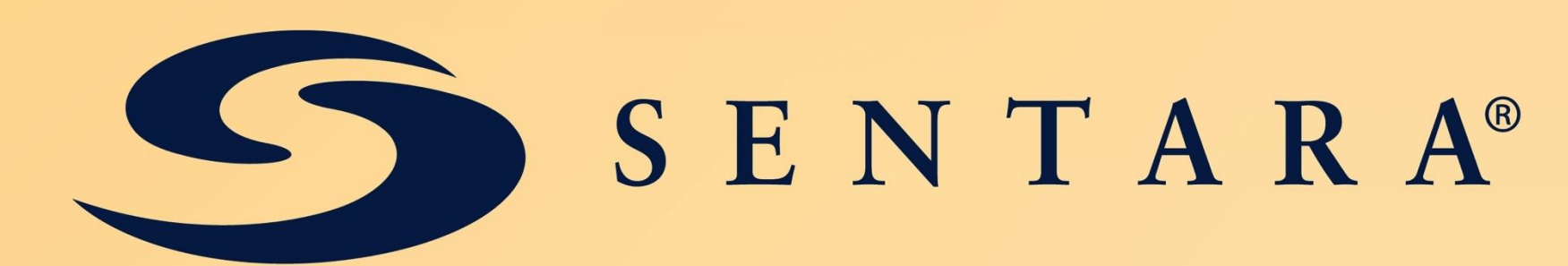




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The Patient Experience: Using Focus PDSA to Improve Patient Satisfaction Scores

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Background

- Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) is a nationally standardized survey that captures patients’ impressions of their hospital care following discharge from an inpatient setting.
- NRC Picker, on behalf of Sentara Northern Virginia Medical Center (SNVMC), uses the HCAHPS survey to ask patients to rate their impressions of their experience with the Women and Children’s Services (WCS) division.
- In 2012, WCS Nurse Leaders noted a precipitous decline in several HCAHPS care dimensions, with scores failing to meet the 75th percentile of the national benchmark.
- Specifically, WCS averaged 69.4% on physical comfort (receiving help going to the bathroom or using a bedpan as needed), compared to the 75th percentile of the national benchmark (74.7%).
- Similarly, WCS averaged 38.4% on care coordination (staff taking patient preferences and those of family or caregivers into account in deciding post-discharge health care needs), compared to the 75th percentile of the national benchmark (48.9%).
- WCS Nurse Leaders used rapid cycle quality improvement to implement the Patient Experience Improvement (PEI) program to achieve improvements in customer satisfaction (HCAHPS scores) within a rapid time frame (≤ 90 days).

Significance

- Exceptional patient experience significantly increases the value proposition. Hospitals that enable a service-oriented culture focused on improving the patient experience may achieve higher clinical quality and efficiency, coupled with safer patient environments. Additionally, employee engagement may be enhanced and financial results improved.

Objectives and Research Questions

This study aims to increase customer satisfaction (HCAHPS scores) by improving the patient experience on WCS for selected patient care dimensions. Research questions include:

- Are there differences in patients’ perceptions of physical comfort care following implementation of the PEI program?
- Do patients’ perceptions of physical comfort exceed the 75th percentile of the national benchmark (74.7%) following implementation of the PEI program?
- Are there differences in patients’ perceptions of care coordination following implementation of the PEI program?
- Do patients’ perceptions of care coordination exceed the 75th percentile of the national benchmark (48.9%) following implementation of the PEI program?

Population

- The study population will include archived records for patients with a hospital admission to SNVMC WCS that meet the following inclusion criteria: (1) 18 years or older on admission; (2) discharged from WCS and received calls at least 48 hours post discharge; (3) admission and discharge dates both occurring within the study period (March 2012 to August 2013); and (4) returned the HCAHPS survey.

Program

- The PEI program aims to improve customer satisfaction by focusing on physical comfort and care coordination.
- Physical comfort is defined as: How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Specific interventions, consistent with the Nursing Bundle include: (1) hourly rounds; (2) beside report; and (3) updated whiteboards.
- Care coordination is defined as: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. Specific interventions include: (1) enhanced discharge instruction process to include assistance with follow-up care; (2) scripted communication; and (3) implementation of discharge phone calls (48 hours, 1 week, and 1 month post discharge).
- Information requested by nurses include: (1) pain control, bleeding status, fever; (2) infant eating behaviors; (3) infant voiding and stooling; (4) follow-up appointments made; and (5) patient reminded to anticipate a survey in the mail and encourage participation.

Method

- This is a retrospective cohort study using secondary data analyses of medical records and HCAHPS scores. The index period is defined as beginning on the admission date for any inpatient hospitalization during the study period (index admission), and ending on the related discharge date for that inpatient hospitalization (index discharge). Only records for patients whose index admission and index discharge dates both occurred within the study period will be included.
- Data related to SNVMC HCAHPS scores are provided by NRC Picker. Patient Health Information (PHI) are recorded in paper charts or EPIC. Medical claims and billing information are recorded in a central data repository (Case Mix).
- All records (HCAHPS scores, paper charts, EPIC, and Case Mix), that meet inclusion criteria will be extracted for secondary data analyses.

Analysis Plan

- SPSS will be used to analyze secondary patient and HCAHPS scores data. Descriptive statistics will be presented for study variables. Mean, standard deviation, median, 25th and 75th quartiles, and range will be reported for continuous variables. Categorical variables will be summarized by frequencies and proportions.
- *Chi-square test of independence* will be used to explore associations between categorical variables and the PEI program.
- *One sample t-tests* will be used to explore differences between SNVMC HCAHPS scores and the 75th percentile of the national benchmark.
- Data will be analyzed as recorded in patient records; missing data will not be imputed. If more than 10% of data are missing for key variables, the Principal Investigator will explore the pattern of missing data to assess the impact of the missing data on the analyses.

Human Subjects Protection

- This study will be submitted for approval to the SNVMC Institutional Review Board. The study will be conducted in compliance with the US Food and Drug Administration (FDA) Title 21 CFR Part 50 – Protection of Human Patients and/or Part 56 – Institutional Review Boards; the Declaration of Helsinki and its amendments; and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Waivers for informed consent and PHI will be requested as this retrospective research study presents no more than minimal harm to patients and involves no physical procedures.
- All requirements for Sentara’s *Use of PHI in Research Policy and Procedure* will be followed. The data files containing information that link patients to their specific records will be password protected. An audit trail will provide information on database access.
- Data will be stored on a secured SAN server with role based security. Appropriate precautions will be used to protect information. Security measures will be in place to protect against the loss, misuse, or alteration of the information under our control.

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