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The 4 Values of a Positive Patient Experience

Lisa Allen, Ph.D. Chief Patient Experience Officer
Johns Hopkins Medicine, Armstrong Institute for Patient Safety and Quality, JHI Consultant

Patient Experience Forum

Creating a Community of Patient Centered Care

16 - 17 November 2019
Sheraton Grand Hotel, Doha

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Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

Overview

- Defining patient experience
- The 4 values of a positive patient experience
  - Human Value
  - Quality and Safety Value
  - Reputational Value
  - Financial Value
- Ideas for improving the patient experience

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Defining the Patient Experience

- The JHM Patient Experience is based partly on the patients' and family's high *expectations* of what is about to happen and the *cumulative evaluation* of their **journey** through our system**.**
  - We have opportunities to delight or disappoint based on their **clinical** and **emotional interactions** with us, as well as
  - Interactions with our **people**, our **processes,** and our **physical setting**.

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JHM Strategic Priorities

- Push the Boundaries of Science and Education
- Work Like One Organization
- Support the Well-Being of Our People and Our Communities
- Improve the Quality and Affordability of Health Care
- Make Johns Hopkins Medicine Easy
- Aim for Precision in Everything We Do

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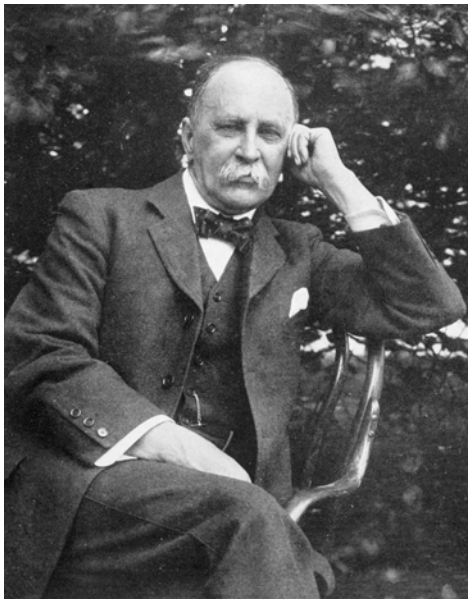

"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has" -William Osler

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The Human Value

- Patients want:
  - Be listened to
  - Communicated with in a way they can understand
  - Be treated with respect
  - Addressed as a person (not a disease)

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Patient Suffering

Unavoidable	Avoidable
Associated with Diagnosis &Treatment	Associated with Health Care System Delivery Dysfunction

Work by Tom Lee, M.D. and Press-Ganey

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Understanding “Clues” in Healthcare Interactions

- High Emotion Services elicit intense emotions. (cancer, ICU, surgery)
- “Patients’ experiences, good and bad, accumulate as a result of clues embedded in these experiences” (Berry et al 2016)
- Positive clues build trust and hope
- Negative Clues lead to anxiety, helplessness, anger, fear, stress

(Berry et al 2016)

DOI: 10.1200/JOP.2016.011130; published online ahead of print at jop.ascopubs.org on March 22, 2016.

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Types of Clues in Healthcare

(Based on the work of Berry, L)

- Humanic clues- People
  - Verbal, body language,
  - Tone of voice, appearance

- Mechanic clues-Place
  - Sights, sounds, textures

DOI: 10.1200/JOP.2016.011130; published online ahead of print at jop.ascopubs.org on March 22, 2016.

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Types of Clues in Healthcare

(Based on the work of Berry, L)

- Functional clues-Process: technical quality or competence of the service
  - MD expertise, teamwork, care coordination, efficiency

DOI: 10.1200/JOP.2016.011130; published online ahead of print at jop.ascopubs.org on March 22, 2016.

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How Our Patients View the Human Value

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The Quality Safety Value

- Part of a good experience is:
  - Health improving
  - Care delivered safely
  - Positive health outcomes
  - Appropriate level of care for needs
  - Care delivered with a focus on quality

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Does It Make a Difference?

Health Affairs Article Cites:

- 5.3% lower medical costs for patients receiving enhanced decision making support
- 12.5% fewer hospital admissions
- 20.9% fewer preference sensitive heart surgeries
- Least activated patients had 21% higher costs.

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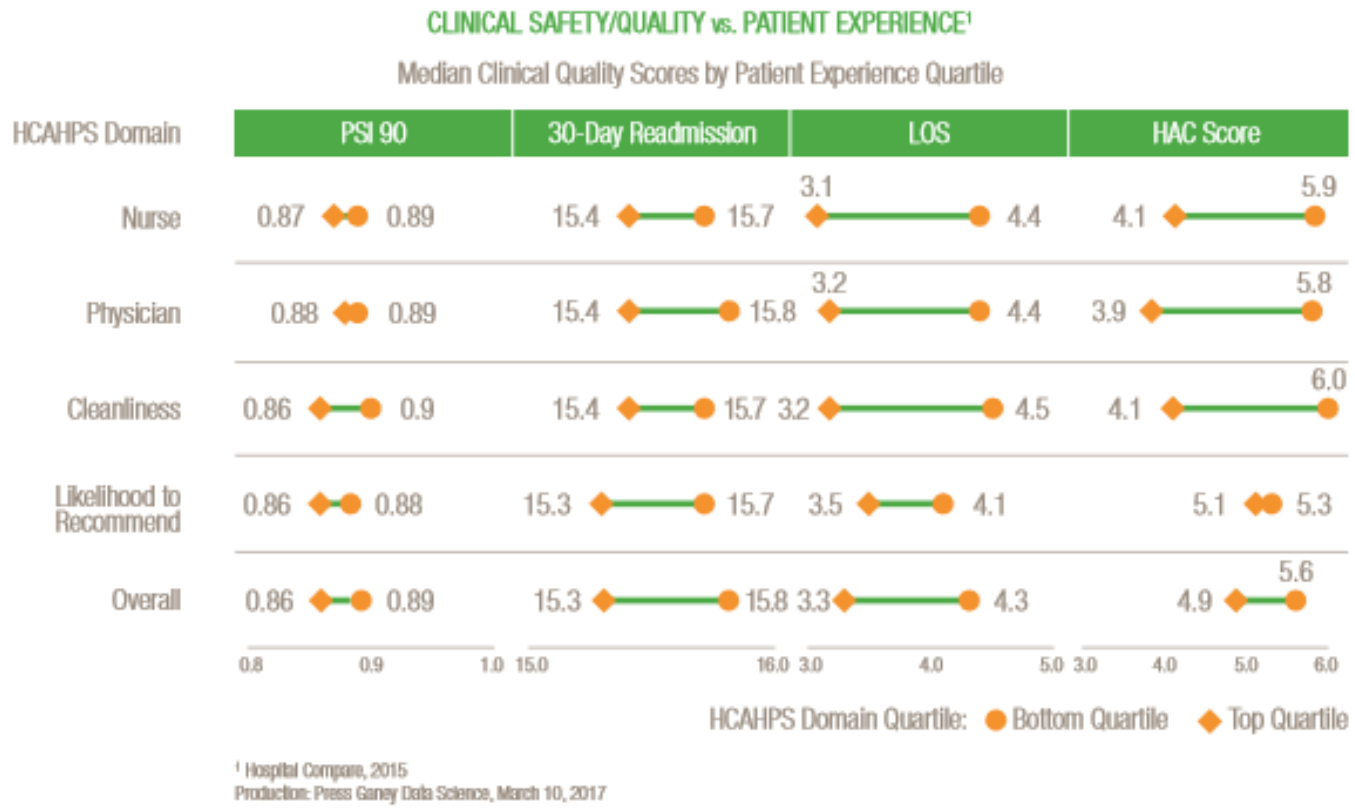
Press-Ganey Quality, Safety & Patient Experience Link



[1] Hospital Compare, 2015
Production: Press Ganey Data Science, March 10, 2017

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How Our Patients View the Quality Value

"I love everyone I crossed paths with. I couldn't recommend Johns Hopkins enough. The quality of care is something you don't get most places."

"My experience at Johns Hopkins was amazing! The staff were conscientious and attentive. I was totally at ease under their care. Friendly, supportive and professional"

"I was very impressed by my stay at Hopkins. I am an employee and have never been a patient in a hospital but everybody I encountered made me feel comfortable and proud to work for such a great organization."

"Dr. V is an excellent physician. He shows care and empathy as well as being a good listener and makes the patient feel comfortable."

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Reputational Value

- 1 of every 2 individuals surveyed noted brand and reputation were important in choosing a hospital. (Deloitte 2016)
- 59% of hc consumers said patient experience is extremely important and another 32% said very important (Beryl 2018)
- 78% “My health and well-being are important to me”

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Effect of Patient Experience on Loyalty

- Twice as many patients reported positive experiences with health care
- Positive experiences-
- 70% told someone else;
- 73% will continue to use the same MD or health care organization
- Negative experience
- 76% tell someone else,
- 43% did not return to same person or place;
- 37% actively find and use different MD or hc organization

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Research on Transparency

- More than 50% of millennials used online reviews to shop for a doctor.
- 72% of Americans research health information online
- Yelp scores are correlated to both HCAHPS and potentially preventable readmissions.
- Customer Service, not clinical skills – dominates as the leading distinction between high rated and low rated doctors online.

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It Makes A Difference!

The Johns Hopkins Hospital Achieves Magnet® Recognition for the Fourth Time

Healthgrades Outstanding Patient Experience Award™

LEAPFROG HOSPITAL SAFETY GRADE

A

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#3 IN THE NATION

#1 IN MARYLAND

According to *U.S. News and World Report*'s 2018-19 rankings

QUALITY | PARTNERSHIP | COMPASSION

EXCELLENCE IN PERSON CENTERED CARE

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How Our Patients View the Reputational Value

"We traveled from another state to receive care from Dr. L and his staff. Everyone was very nice and efficient."

"Johns Hopkins Hospital is #1 to me for A-Z from arrival to discharge. Your hospital is the greatest."

"My first choice always when it comes to my children. You guys are the BEST"

"I think I received the best care ever. Everyone from the front door of the hospital to the doctors were extremely helpful, kind and caring."

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Financial Value

- Hospitals with “excellent” HCAHPS scores had:
  - Net margin of 4.7% compared to 1.8% for those with low ratings.
- Hospitals in the same regions and similar hospital characteristics had:
  - 1.4% increase in net margin and 1.3% return on assets
- Investments in patient experience increase costs but increase revenue even more.

Deloitte 2016 Center for Healthcare Solutions

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Maryland QBR vs VBP- Reimbursement Potential

FY 2019 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2018 to September 30, 2019)

Version 2: 01-11-2018

Clinical Care 25%

Baseline Period *July 1, 2009–June 30, 2012* — **Performance Period** *July 1, 2014–June 30, 2017*

Measures	Threshold	Benchmark
30-day mortality, acute myocardial infarction (MORT-30-AMI)	0.850671	0.873263
30-day mortality, heart failure (MORT-30-HF)	0.883472	0.908094
30-day mortality, pneumonia (MORT-30-PN)	0.882334	0.907906

Baseline Period *July 1, 2010–June 30, 2013* — **Performance Period** *January 1, 2015–June 30, 2017*

Measures	Threshold	Benchmark
↓THA/TKA: Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate*	0.032229	0.023178

Person and Community Engagement 25%

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with Nurses	28.10	78.69	86.97
Communication with Doctors	33.46	80.32	88.62
Responsiveness of Hospital Staff	32.72	65.16	80.15
Communication about Medications	11.38	63.26	73.53
Hospital Cleanliness and Quietness	22.85	65.58	79.06
Discharge Information	61.96	87.05	91.87
Care Transition	11.30	51.42	62.77
Overall Rating of Hospital	28.39	70.85	84.83

Efficiency and Cost Reduction 25%

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

Measure	Threshold	Benchmark
↓MSPB Medicare Spending per Beneficiary	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period

Safety 25%

Healthcare-Associated Infections

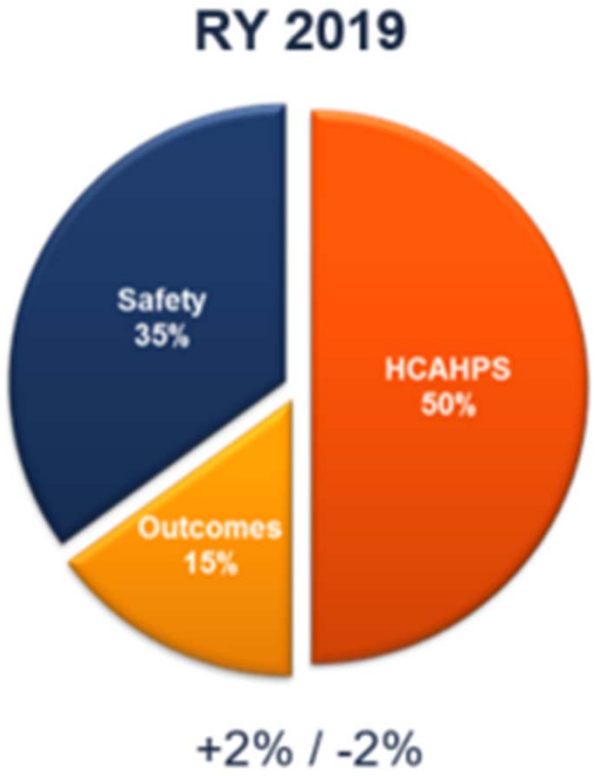
Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

Measures	Threshold	Benchmark
↓Central Line-Associated Bloodstream Infections (CLABSI)	0.860	0.000
↓Catheter-Associated Urinary Tract Infections (CAUTI)	0.822	0.000
↓Surgical Site Infection (SSI): Colon	0.783	0.000
↓SSI: Abdominal Hysterectomy	0.762	0.000
↓Methicillin-resistant *Staphylococcus aureus* (MRSA)	0.854	0.000
↓*C. difficile* Infections (CDI)	0.924	0.113

Process

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

Measure	Threshold	Benchmark
↓PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation	0.010038	0.000000



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How to Improve? Set Realistic Expectations

Service/Level	Peer Group	Your Score	Your Rank	The top 10% of improvers• saw this much change: Stretch Goal: Score Increase	Stretch Goal: Score Goal	Stretch Goal: Percentile Rank Goal
HCAHPS						
Rate hospital 0-10	Large PG DB	80.4	87	2.8	83.2	95
Recommend the hospital	Large PG DB	84.8	92	1.8	86.6	96
Comm w/ Nurses	Large PG DB	80.6	61	1.8	82.4	77
Response of Hosp Staff	Large PG DB	60.1	17	3.2	63.3	35
Comm w/ Doctors	Large PG DB	82.0	64	1.7	83.7	76
Hospital Environment	Large PG DB	66.8	58	2.0	68.8	72
Comm About Medicines	Large PG DB	63.5	47	3.7	67.2	72
Discharge Information	Large PG DB	90.5	84	1.5	92.0	93
Care Transitions	Large PG DB	63.2	94	1.7	64.9	96

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Standardize and Enhance the Patient Experience

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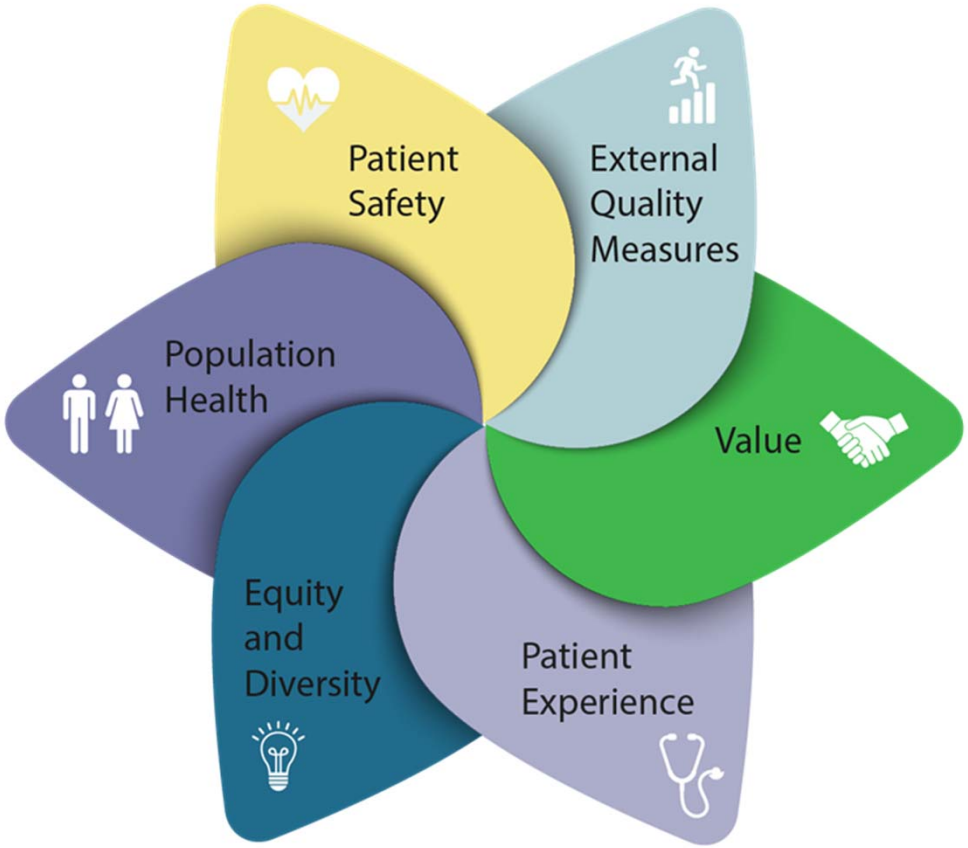
Create the Enabling Infrastructure - Create Alignment



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Use Lean A3 for Patient Experience Improvement

JHCC Pediatric ED: Child-HCAHPS Strategy A3

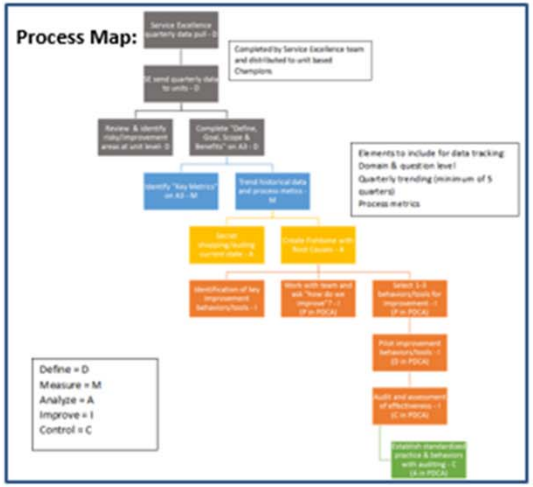
Define:
In the beginning of FY 2018, the Johns Hopkins Children's Center's (JHCC) Pediatric Emergency Department (PED) identified an opportunity to improve patient experience through keeping patients and families informed about what is being done for the patient as measured by the Child-HCAHPS domain of *Child's Care in ED*.

Goal:
To consistently achieve top-box frequency scores above the 50th percentile in the *Child's Care in ED* Child-HCAHPS domain through structured volunteer & Clinical Customer Service Representative (CCSR) rounding, as well as Clinical Customer Service Coordinator (CCSC) follow-up with patients admitted to JHCC through PED

Scope:
100% of JHCC patients & families admitted through PED

Benefits:
Performing well in the Child-HCAHPS pilot phase prepares PED for expected CMS requirements, as well as continuous improvement in patient and family engagement and experience

Process Map:



Key Metric(s):
PED Child-HCAHPS *Child's Care in ED* domain score

Domain	50th Percentile	Pre-Implementation (7/1/2017 – 1/31/2018) (n=71)	Post-Implementation (2/1/2018 – 7/11/2018) (n=56)
Child's Care in ED (Top-Box)	84.8	71.8	85.7
Child's Care in ED ("Yes, Somewhat")		25.4	10.7
Needed to Improve to 50th Percentile		13.0 (9 out of 71 to answer "Yes, Definitely" instead of "Yes, Somewhat")	+0.9 (0 out of 56) to answer "Yes, Definitely" instead of "Yes, Somewhat")

Analyze/Improve:

Domain	Process Step	Δ +/- From Pre-Implementation to Post-Implementation
Child's Care in ED	Improve	+13.9

Approach:

Domain	Barriers	Improvement Techniques
Child's Care in ED	• Busy & multifaceted clinical plans & interactions • Message coming from volunteer/CCSR/CCSC not always well-received by staff • Reactive approach • Staff/volunteer turnover • No volunteers June—August • Parents nervous of consequences if they share concerns in person	• Structured volunteer rounding • Structured CCSR rounding • CCSC following up with patients and families admitted to JHCC through PED

Control:

Implementation	Key Behaviors	Impact Level
Child's Care in ED	*TBD (02/2019)*	*TBD (02/2019)*

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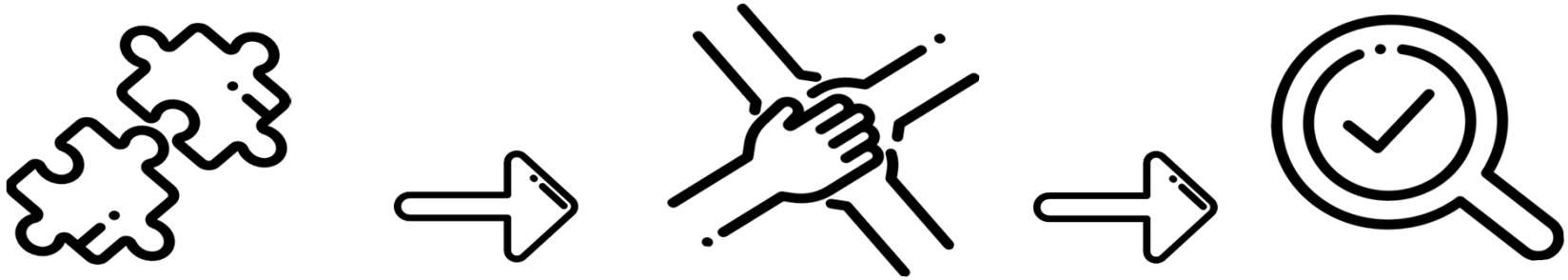
JHHS Communication Plan: Connect Partner Reflect



Connect

(beginning)

Create a person to person connection

Partner

(middle)

Listen to understand and engage in shared decision making

Reflect

(end)

Check for understanding and discuss next steps

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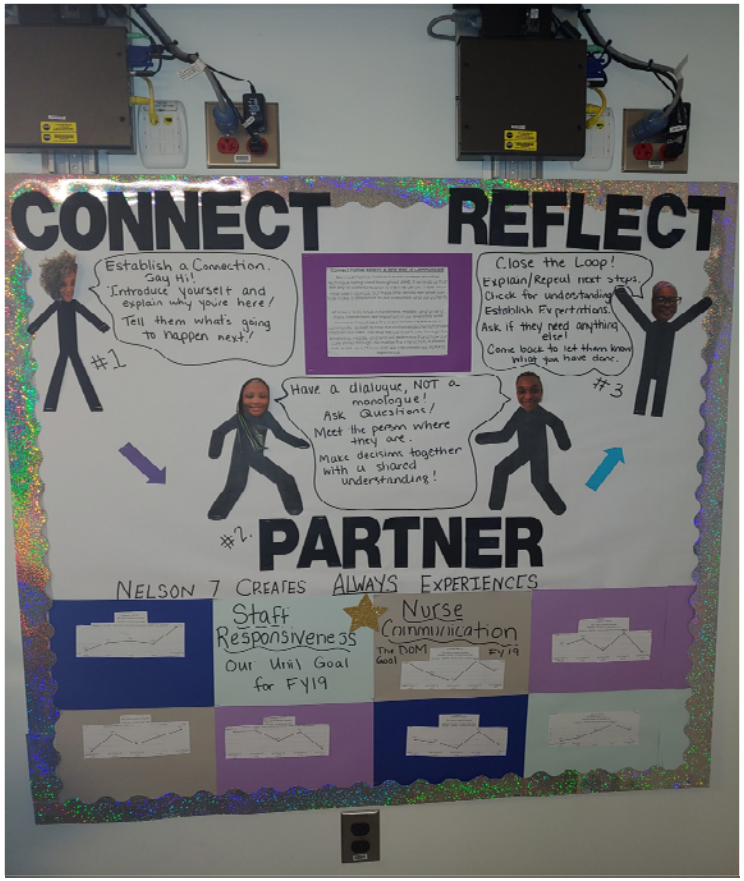
Connect Partner Reflect
Unit Engagement



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Medication Communication – A Team Effort

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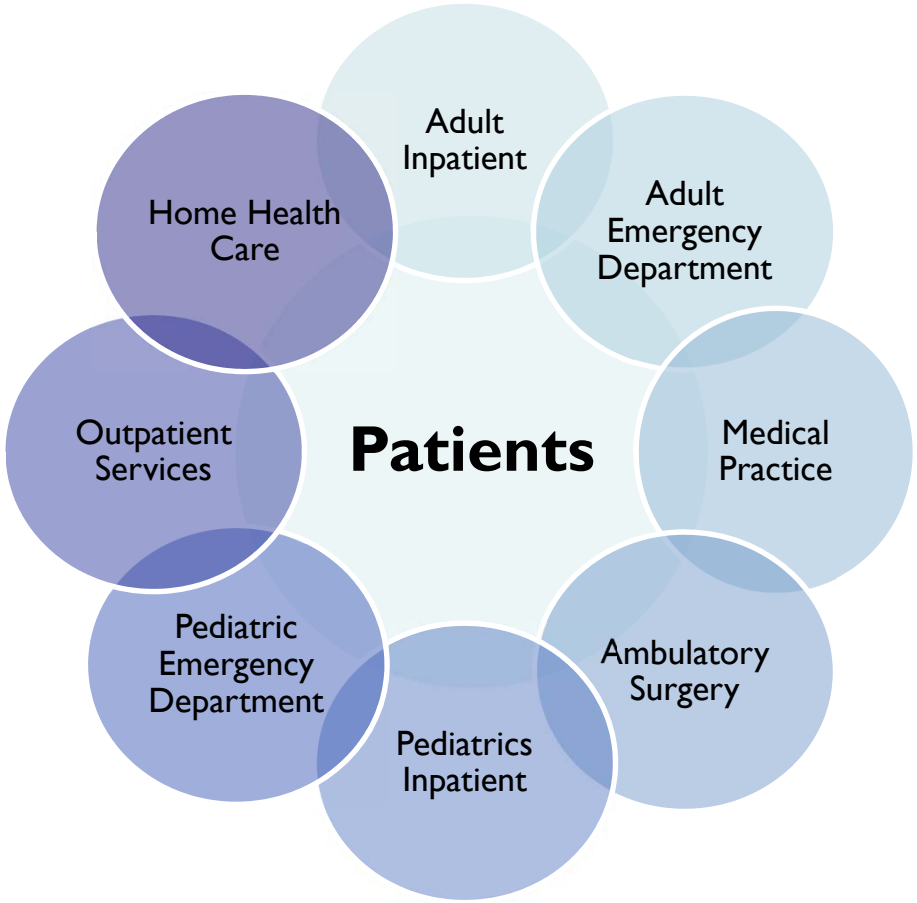
Measurement Along the Patient Journey



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Comments are Key

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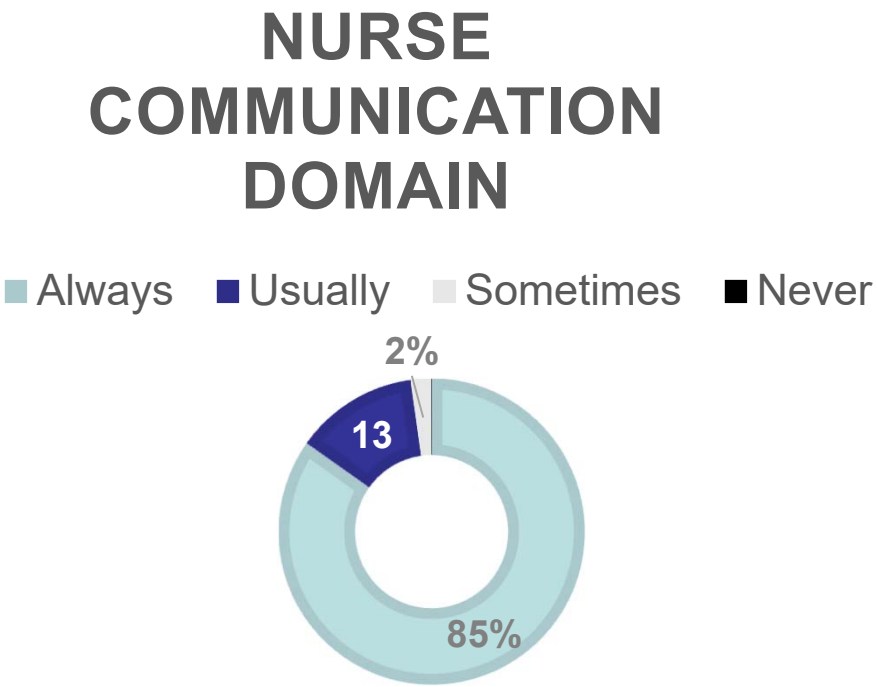
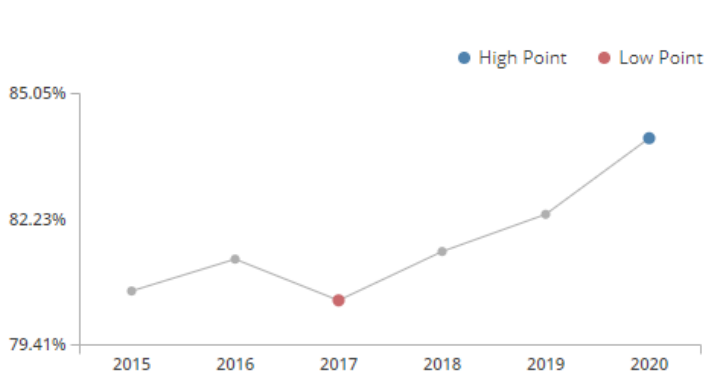
Moving the “Usually” to “Always”



Overall Rating of Care



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Every Patient & Family has an Experience…

- How do you help to shape their experience?
- What is the value for a positive experience in your environment?

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