

# Patient and Family-Centered Care, Patient Experience, and Patient Satisfaction

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# What is Patient- and Family-Centered Care?

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“Health care that establishes a ***partnership among practitioners, patients, and their families***...to ensure that decisions ***respect patients’ wants, needs, and preferences*** and that patients have the ***education and support*** they need to ***make decisions and participate*** in their own care.”

*Crossing the Quality Chasm: A New Health System for the 21st Century, Institute of Medicine, 2001 & The Picker Institute*

# Institute for Patient- and Family-Centered Care

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- People are treated with dignity and respect;
- Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful;
- Patients and family members build on their strengths by participating in experiences that enhance control and independence; and,
- Collaboration among patients, family members, and providers occurs in policy and program development and professional education, as well as in the delivery of care.

# An Experience Vision

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When we enter our clinic, doctor's office, or hospital, **we experience a sense of relief and comfort** that we will be respected, cared for, and guided to better health.

# The Value of Patient and Family-Centered Care

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- Environment
  - Transparency of performance measures, including patient experience at hospital, practice, and MD level
  - Cost-shifting to patients is growing
  - Patient-centeredness is one of the IOM six aims

# The Value of Patient and Family-Centered Care

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- Quality of Care
  - Improved patient adherence and patient outcomes
  - Improved patient safety
  - Reduction in malpractice risk (potential large savings by reducing patient dissatisfaction)
  - Patients are the *only* ones who can judge many aspects of quality of care

# The Value of Patient and Family-Centered Care

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- “What’s In It For Me”: The Clinical Environment
  - Creates high performance practices/units and integrally links to care redesign efforts
  - Strengthens ability to recruit and retain excellent staff
  - Improves clinician and staff satisfaction
  - Reduces the time and energy currently invested in “service recovery”
  - Reduces cost of rework

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“Honest criticism is hard to take,  
particularly from a relative, a  
friend,  
an acquaintance, or a stranger.”

Franklin P. Jones

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# *Consumer Assessments of Healthcare Providers and Systems (CAHPS)*

# Consumer Assessment of Healthcare Providers and Systems(CAHPS)

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- Initiated and funded by AHRQ since 1995
- n Most widely used survey tools for assessing the patient's experience with care
- Endorsed by National Quality Forum
- Consortium members include: AHRQ, CMS, RAND, Yale/Harvard, and Westat

# CAHPS Survey Design Principles: Measuring the Patient's Experience With Care

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- ***Emphasis on patients***
  - What patients value with respect to the setting of care
  - Aspects of care for which patients are the best or only source of information
  - Extensive testing with patients and families
- ***Reports and ratings about experiences***
  - *Did your nurse answer your questions in a way you could understand?(Report)*
  - *Rate your satisfaction with the information you received from your nurse(Rating)*
- ***Standardization***
  - Surveys, data collection, analysis, reporting, benchmarking
- ***Multiple versions for diverse populations***
  - e.g., adult, child, languages
- ***All CAHPS surveys and products are in the public domain***

# H-CAHPS Composites

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- Composite Measures (number of questions)
  - Nurse communication (3)
  - Doctor communication (3)
  - Cleanliness and quiet of hospital environment (2)
  - Responsiveness of hospital staff (2)
  - Pain management (2)
  - Communication about medicines (2)
  - Discharge information (2)
- Overall Rating of Hospital (Q21)
- Willingness to Recommend Hospital (Q22)

# CG Core Questionnaire Composites

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## Access: Getting Appointments and Health Care When Needed

- Getting appointments for urgent care
- Getting appointments for routine care or check-ups
- Getting an answer to a medical question during regular office hours
- Getting an answer to a medical question after regular office hours
- Wait time for appointment to start

## How People Rated Doctor

- 0-10 rating of doctor

## How Well Doctors Communicate

- Doctor explanations easy to understand
- Doctor listens carefully
- Doctor gives easy to understand instructions
- Doctor knows important information about medical history
- Doctor shows respect for what you have to say
- Doctor spends enough time with you

## Courteous and Helpful Office Staff

- Clerks and receptionists were helpful
- Clerks and receptionists treat you with courtesy and respect

# PCMH CAHPS Composites

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- *Access*
- *Communication*
  - About care from other providers (e.g., specialists)
  - Among others at the provider's office (e.g., care team)
- *Coordination*
- *Comprehensiveness*
- *Shared decision-making*
- *Whole person orientation*
- *Self-management support*
- *Office Staff*

# Other Supplemental Item Sets

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- Health literacy
- Cultural competence
- Health information technology (HIT)
- Persons with mobility impairments (PWMI)
- Ad hoc quality improvement items

# Profile of Users

## 12-Month Version

- Public reporting initiatives in CA, MA, and other markets
- Some health plans and systems (CA, MI, WI, MA)
- Department of Defense

## Visit Version

- Public reporting initiatives in MN, WI, MI, ME, and other markets
- Growing numbers of medical practices (including UHC and 6 safety net clinics in CA)
- Vendors such as Press Ganey, NRC, Avatar
- ABMS for MOC (Doctor Communication items)

# High-Impact Suggestions for Improvement

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- Create formal patient/family advisory councils and patient/family faculty programs for all major services and practices.
- Include a review of patient experience of care data and comments in all senior leadership meetings.
- Implement leadership interviews of patients who have experienced a medical error and/or who have had an experience of care on a quarterly basis.
  - Share stories from these interviews in leadership meetings and with front line staff.

# High-Impact Suggestions for Improvement

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- Implement HR policies to link hiring, orientation, training, staff education, and performance evaluations to quality and safety goals. Be aggressive about managing people who do not uphold the values and culture you are building.
- Implement employee surveys to identify barriers to culture change and quality of work life for all staff.
- Expand service excellence training programs for all front-line staff.

# High-Impact Suggestions for Improvement

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- Create thoughtful reward and recognition programs for all staff, based on the patient experience of care data and comments.
  - Include stories in practice newsletters and local papers.
  - Provide tuition reimbursement to attend educational programs, and financial incentives for worthy employees.

# High-Impact Suggestions for Improvement

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- Provide support for implementing qualitative methods of collecting patient feedback to complement CAHPS survey data.
  - Practice walkthroughs
  - Focus groups
  - Comment cards
  
- Collect survey data at the clinician level, whenever possible.

# High-Impact Suggestions for Improvement

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- Use *The CAHPS Improvement Guide* as a free resource for information about quality improvement methods, data analysis, practical strategies, and interventions.
  - <https://www.cahps.ahrq.gov/qiguide/default.aspx>

# **Preconditions for Habitual Excellence in Patient Experience**

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Would your workforce answer yes to these questions?

- 1. Am I treated with dignity and respect everyday by everyone I work with?**
- 2. Do I have the knowledge, skills, and tools to do my job?**
- 3. Am I recognized and thanked for my contributions?**
- 4. Is my safety, psychological and physical, a priority?**

# H-CAHPS Strategies

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- Patient/family partnerships to redesign care
- Open visitation and families on rounds
- Bedside nursing reports
- Hourly rounding
- Discharge preparation and f/u phone calls

# C-G CAHPS Strategies

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- PCMH Implementation
- “Key words at key times”
- AIDET
  - (Acknowledge, Introduce, Duration, Explanation, Thank)
- Four Habits to manage office visits
  - Invest in the Beginning, Elicit the Patient’s Perspective
  - Express Empathy, Invest in the End.

# MGH Credo

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**As a member of the MGH community and in service of our mission, I believe that:**

- The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.**
- Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.**
- My colleagues and I are MGH's greatest assets.**
- Teamwork and clear communication are essential to providing exceptional care.**

# MGH Credo

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**As a member of the MGH community and in service of our mission, I will:**

- **Listen and respond to patients, patients' families, my colleagues and community members.**
- **Ensure that the MGH is safe, accessible, clean and welcoming to everyone.**
- **Share my successes and errors with my colleagues so we can all learn from one another.**
- **Waste no one's time.**
- **Make wise use of the hospital's human, financial and environmental resources.**
- **Be accountable for my actions.**
- **Uphold professional and ethical standards.**

# MGH Boundaries

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**As a member of the MGH community and in service of our mission, I will never:**

- **Knowingly ignore MGH policies and procedures.**
- **Criticize or take action against any member of the MGH community raising or reporting a safety concern.**
- **Speak or act disrespectfully toward anyone.**
- **Engage in or tolerate abusive behaviors.**
- **Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.**
- **Work while impaired by any substance or condition that compromises my ability to function safely and competently.**

*Optional, depending on use:*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**



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

*-Chinese  
Proverb*



# Resources

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- Edgman-Levitan S, Shaller D, McInnes K, Joyce R, Coltin K, Cleary P. *The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. CMS, Baltimore, MD; 2003
- Delbanco T, Berwick D, Boufford JI, Edgman-Levitan S, Ollenschlager G, Plamping D, Rockefeller RG. *Healthcare in a Land Called PeoplePower: Nothing About Me Without Me*. *Health Expectations*, 2001 Sep; 4 (3): 144-50.
- Gerteis M, Edgman-Levitan S, Daley J, Delbanco TL, editors. *Through the Patient's Eyes*. San Francisco: Jossey-Bass Publishers, Inc.; 1993.

# Resources

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- <http://www.bu.edu/fammed/projectred/REDFactSheet1-12-08.pdf>
- Fremont AM, Hargraves JL, Rowe RM, Jacobson NB, Ayanian JZ. *Patient-Centered Processes of Care and Longterm Outcomes of Myocardial Infarction*. JGIM, 2001;16:800-808.
- Cleary PD. *A Hospitalization from Hell: A Patient's Perspective on Quality*. Ann Intern Med. 2003 Jan 7;138(1):33-9.

# Resources

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- Leebov, W. G. Scott, et al. (1998) *Achieving Impressive Customer Service: 7 Strategies for Healthcare Managers*, Jossey-Bass.
- Leebov, W., S. Afriat, et al. (1998). *Service Savvy Healthcare: One Goal at a Time*, Jossey-Bass / AHA Press.
- Webster, PD, Johnson, B. *Developing and Sustaining a Patient and Family Advisory Council*, Institute for Family-Centered Care, 2000.
- Beeson, Stephen. *Practicing Excellence*, Firestarter Publishing, 2006
- *Patient-Centered Care: What Does It Take?* Dale Shaller  
[www.pickerinstitute.org/Research/shaller.pdf](http://www.pickerinstitute.org/Research/shaller.pdf)

# Resources

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- [www.stoecklecenter.org](http://www.stoecklecenter.org)
- [www.familycenteredcare.org](http://www.familycenteredcare.org)
- [www.npsf.org](http://www.npsf.org)
- [www.ahrq.gov](http://www.ahrq.gov)
- [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- [www.ihl.org](http://www.ihl.org)
- [www.planetree.org](http://www.planetree.org)

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# Thank You!

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