

# **The Perfect Patient Experience:** ***Bringing High Reliability to the Bedside***

Nebraska Hospital Association

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# Learning Objectives

- Discuss the evidence correlating positive patient experiences with quality and safety
- Implement three evidence-based practices proven to improve each of these domains
- Commit to delivering perfect patient experiences

# Quality, Value and Experience

- Value = Quality/Price
- Quality
  - S.T.E.E.E.P. (IOM, 2001)
  - The culmination of everything that happens to a patient during and as a result of an encounter (Studer Group, 2012)
  - Cannot be determined without voice of the customer input (i.e., experience)

# Higher Patient Satisfaction = Communication = Engagement = Quality

Physician communication correlates STRONGLY with adherence rates by patients in acute and chronic disease. There are now over 100 observational and 20+ experimental studies published demonstrating the correlation of communication (patient satisfaction) with compliance. **Compliance with treatment regimens has significant influence on quality measures in chronic disease and outcomes.**

*Medical Care*: August 2009 - Volume 47 - Issue 8 - pp 826

# The (vast) Preponderance of Evidence says . . .

- Patient experience is positively associated with clinical effectiveness and patient safety.
- Associations appear consistent across a range of disease areas, study designs, settings, population groups and outcome measures
  - Positive associations                      429 studies (77.8%)
  - No association                                127 studies (22%)
  - Negative association                        1 study (0.2%)

British Medical Journal 2013  
<http://dx.doi.org/10.1136/bmjopen-2012-00157>

**It's not about satisfaction.**  
**It's about *frequency*.**

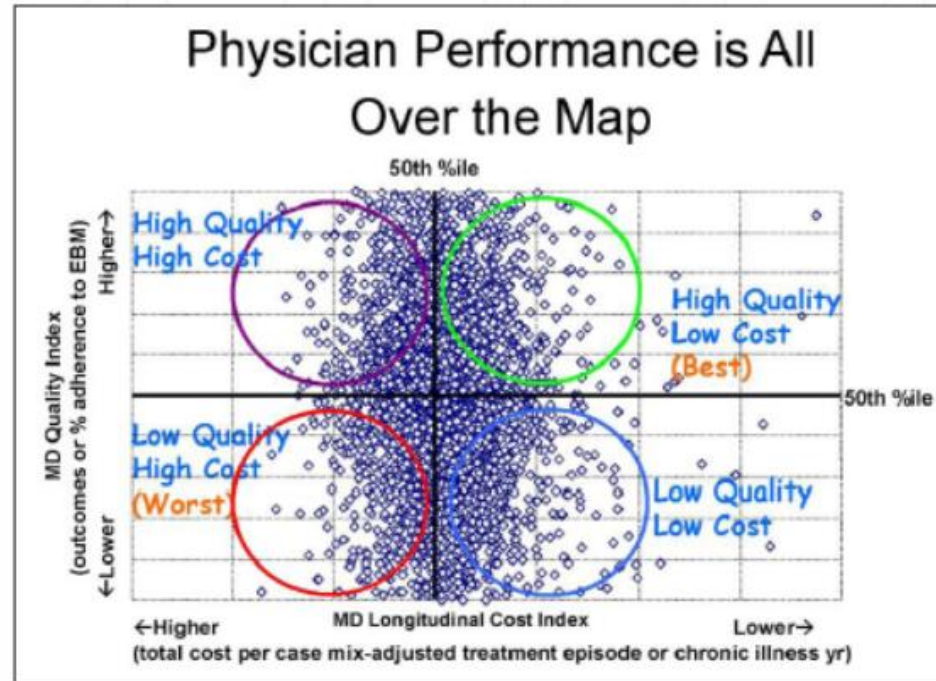
**Never**

**Sometimes**

**Usually**

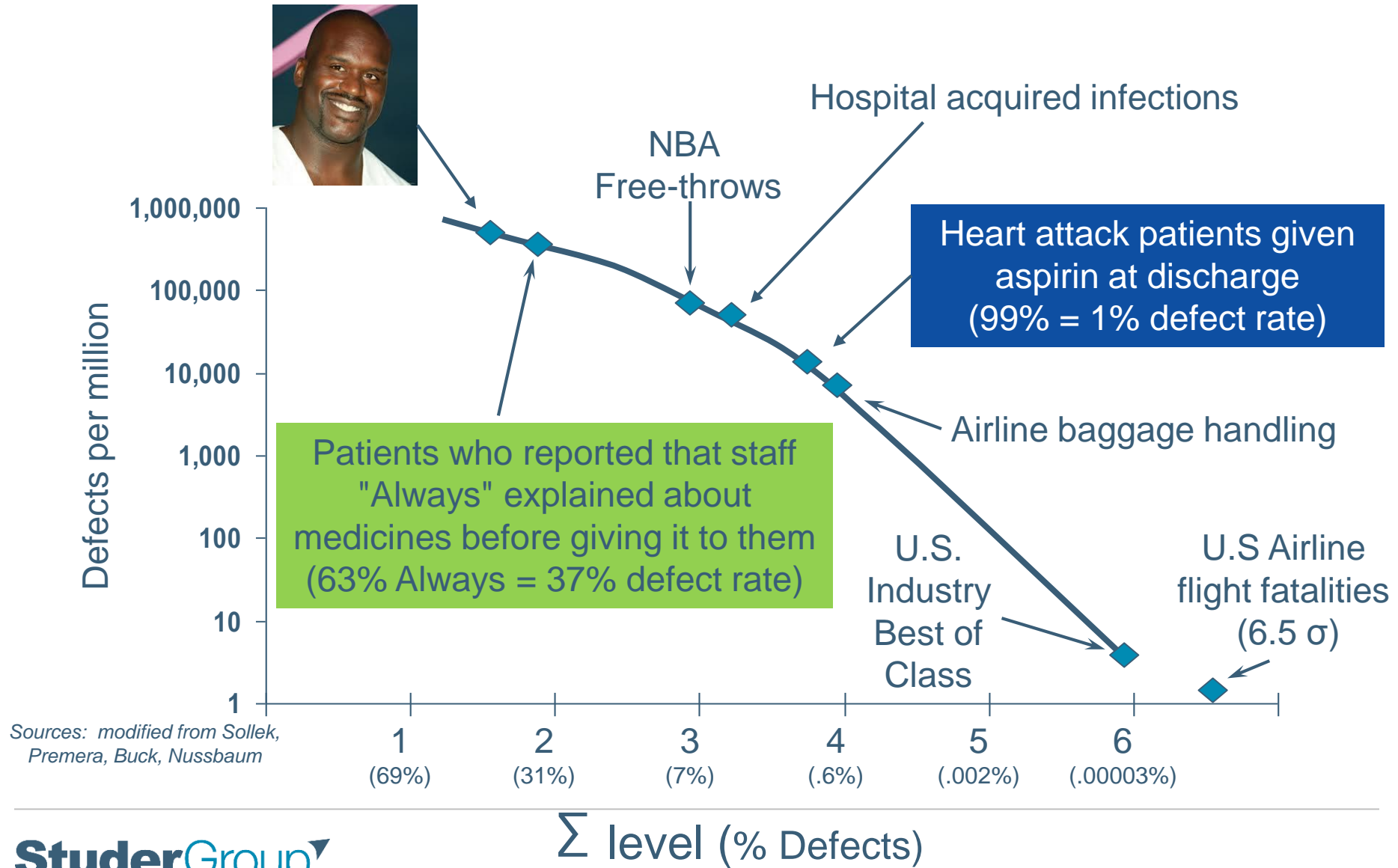
**Always**

# A Look at Value



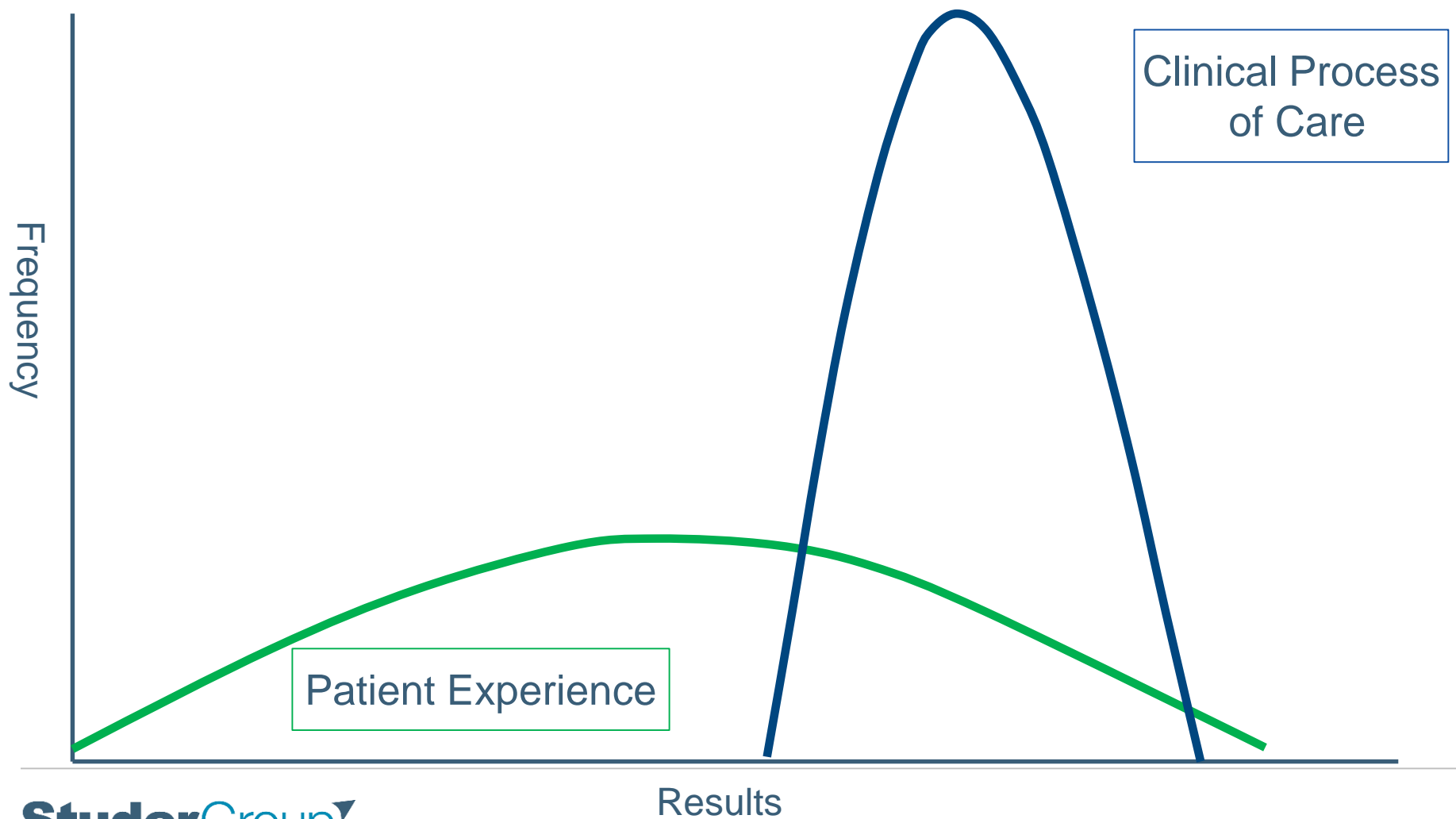
Source: Patrick Torcson, MD, Chair SHM Performance Measurement and Reporting Comm. Data from Regence Blue Shield and A. Milstein, MD 2006

# Let's Look at Variation

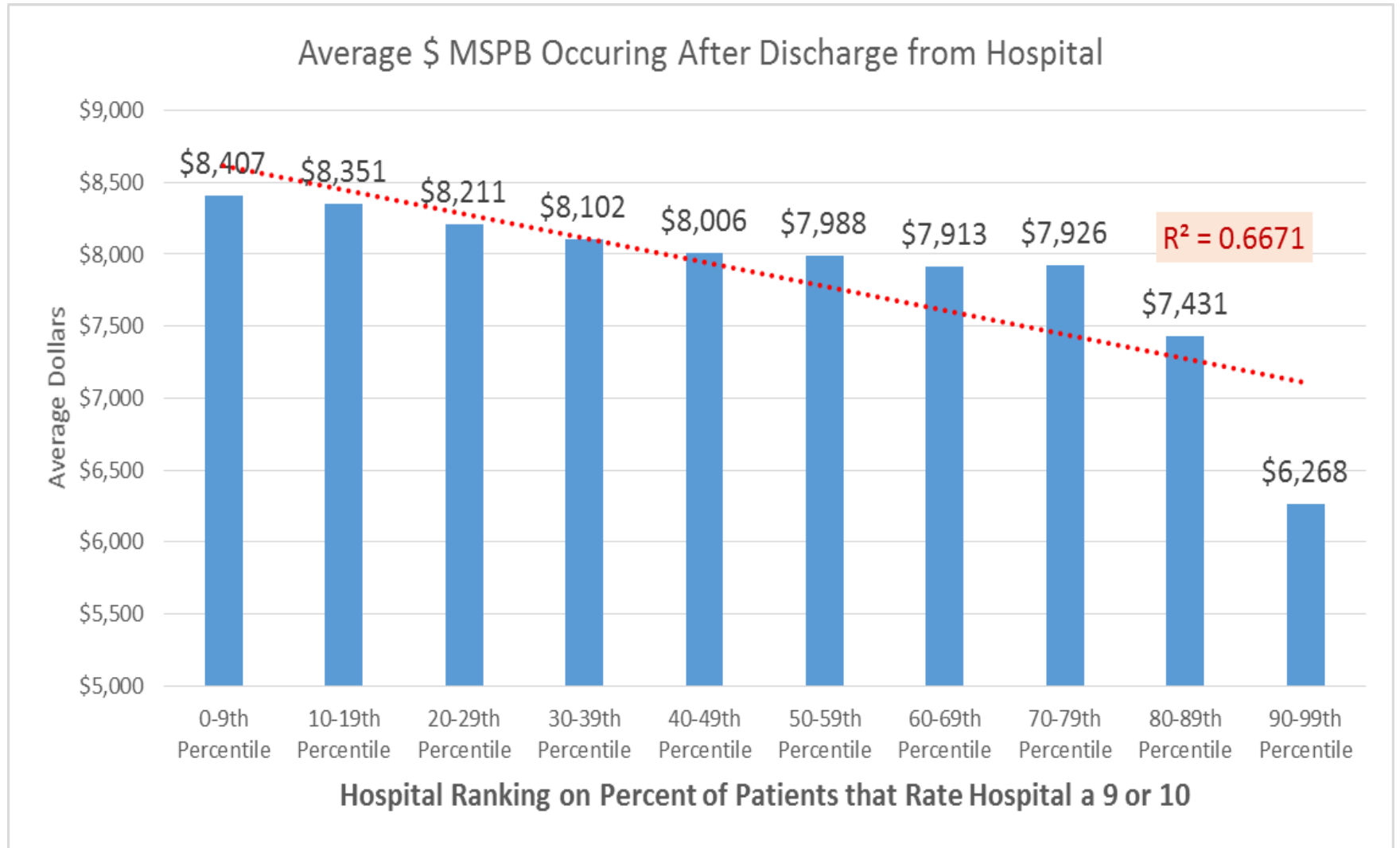




# Technical Measures of Quality vs. Patient-Reported Measures of Quality



# Hospitals with Better Patient Experiences Are *Less Expensive*



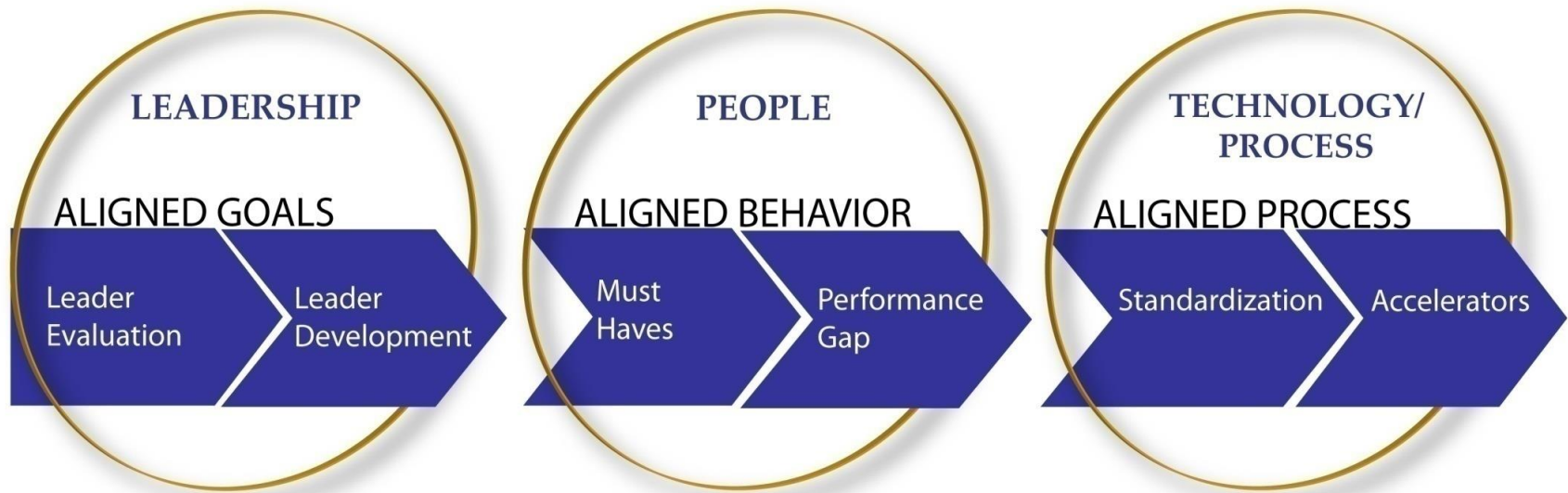
# Moody's Investors Service Special Comment – 5/9/12

MOODY'S

*“The most meaningful cost reduction strategies will involve standardization of clinical care and elimination of variation in patient procedures. This will be a multi-year, ambitious journey requiring strong physician, management and board leadership”*

Source: Jamie Orlikoff, President, Orlikoff & Associates, Inc., 4800 S. Chicago Beach Drive, Suite 307N, Chicago IL 60615-2054, 773-268-8009, [j.orlikoff@att.net](mailto:j.orlikoff@att.net)

# Three Elements to Execution



*Source: Simplified depiction of Studer Group's Evidence-Based Leadership<sup>SM</sup> framework.*

# M in the Box<sup>®</sup>

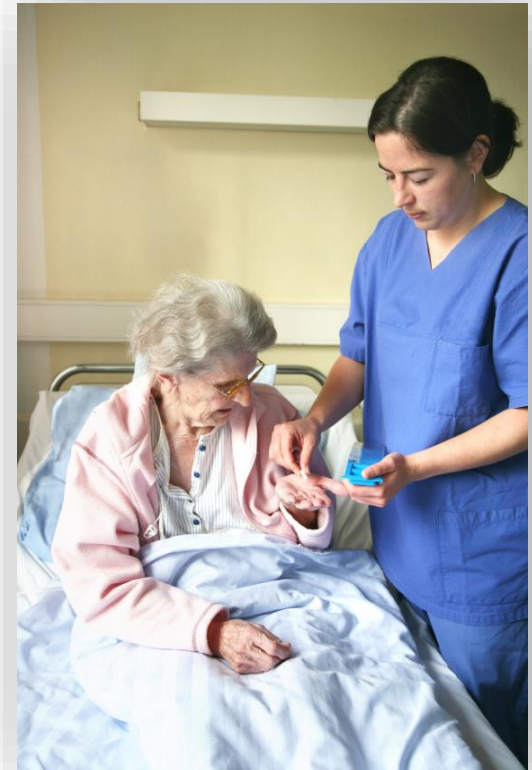


# M in the Box<sup>®</sup>

- Enhancement to Bedside Shift Report
- Engage patient, improve safety & HCAHPS
  - explanations of medications
  - understanding of side effects
- Technical Requirements:
  1. Board
  2. Marker
  3. Ability to draw a square and write letter “M”
  4. 30 seconds

# Step 1:

- If a new med ordered during the shift, the nurse will explain the medication and possible side effects to the patient.
- Then, puts the letter “**M**” in the box drawn on the board.



*“Mrs. Smith, I’m writing the **M** in the box to remind both of us that you had a new medication and I have communicated to you the reason for the medication and any possible side effects.”*

## Step 2:

- Later, during bedside shift report, the off-going nurse points out the “**M in the Box**”



*“Dr. Jones ordered Mrs. Smith a new medication”.*

*“Mrs. Smith, do you remember the name of the new medication?”*

*Can you tell me why Dr. Jones ordered it for you?*

*Can you also tell me one of the side effects of the medication?”*





## Step 3:

- The off-going nurse checks back with the on-coming nurse

*“As you heard, Mrs. Smith is aware of her new medication and possible side effects.”*

*“I will erase the **“M in the box”**, so that you can fill it in if another new medication is ordered for Mrs. Smith during your shift.”*

- The process continues each shift until the patient is released. If no new medication is ordered the box should be empty.

# Simple Tactic, Profound Results

- Safety: Engage patient in monitoring for side effects/reactions; Opportunity for “teach-back”
- Patient engagement: verbal and visual, two-way communication with patient about all new medications and any possible side effects
- HCAHPS: Hardwire explanation of medication and side effects
- Decreases patient’s anxiety
- Caregiver efficiency

# Post-Visit Phone Calls: The Best Four Minutes in Healthcare

# Clinical Outcomes

- **Oncology:**

Discharge call with a family member revealed patient had fallen at home on numerous occasions and was in pain. Family assumed pain was from cancer diagnosis. Staff advised family to visit the ER. Patient was seen in ER and found to have a broken wrist. Family reassured and instructed in basic pain assessment for oncology patient.

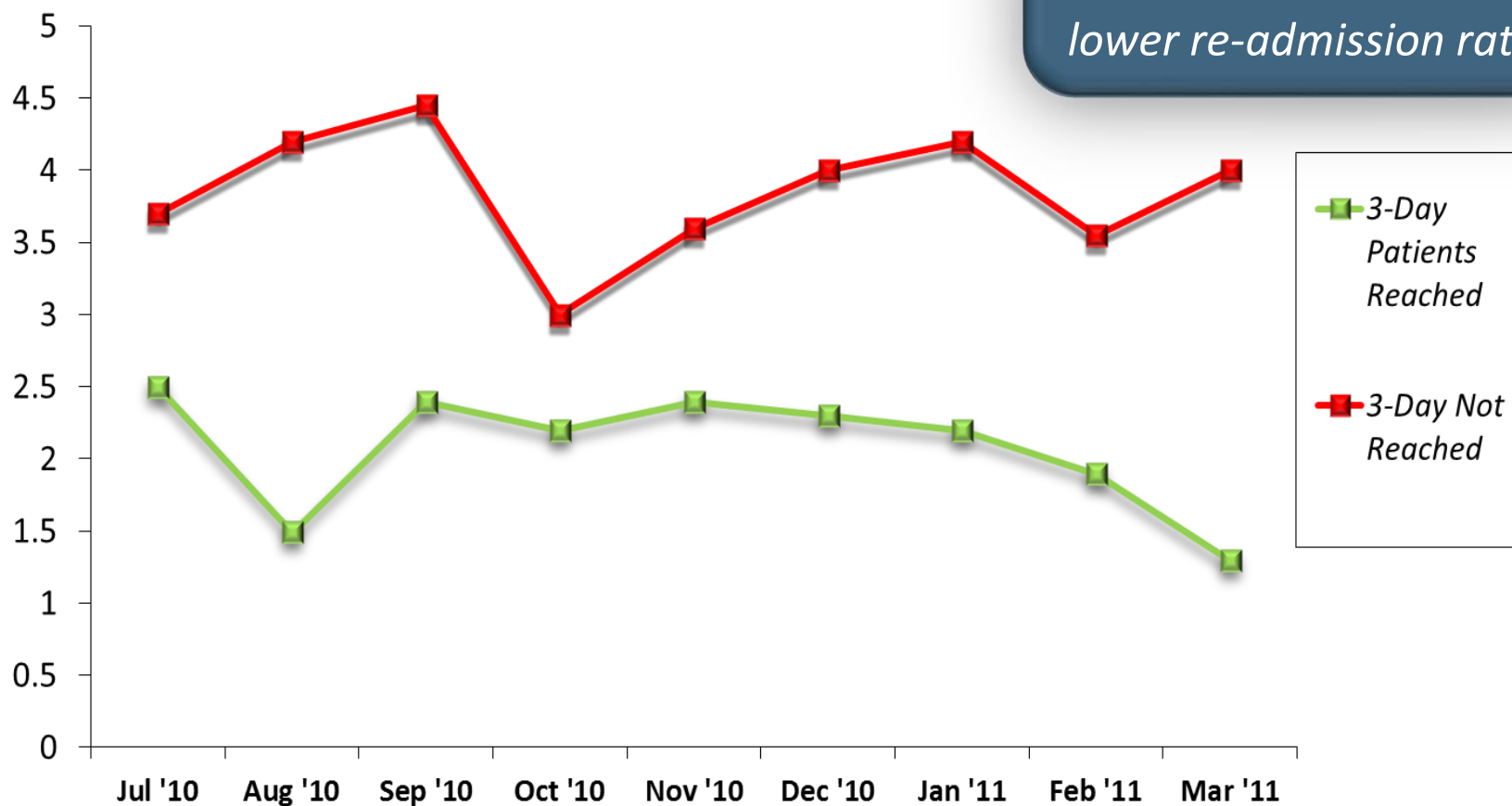
- **Emergency Department:**

Patient reported she was planning to stop taking her antibiotic because of information she read in an article about antibiotics and flu symptoms. ED nurse intervened by explaining to patient she had a bacterial infection (bronchitis) and needed the antibiotic.

*Source: Kentucky community hospital. October 2007.*

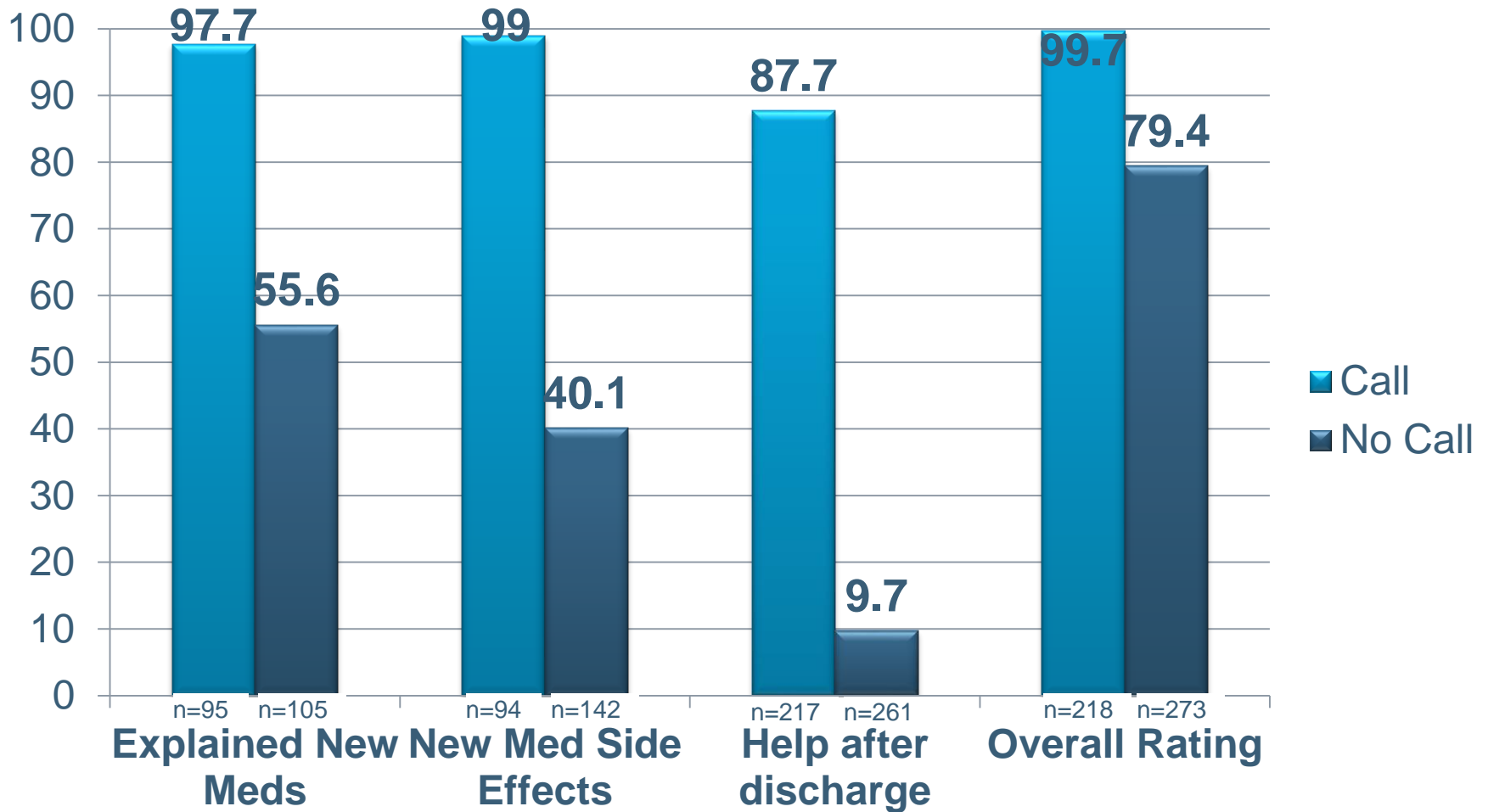
# Readmission Reduction Post-Visit Calls

*Patients that received a  
post visit call 3 days  
after discharge had a  
lower re-admission rate*

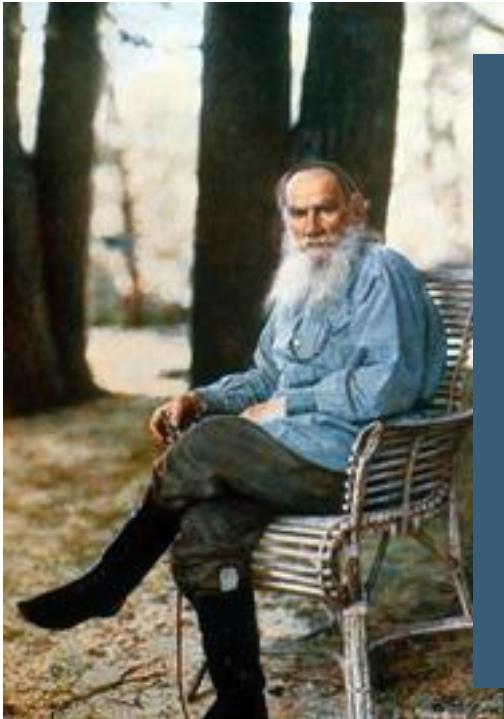


Source: South Carolina Academic Medical Center

# It only works if you do it.



HCAHPS percentile gaps; 2011 HCAHPS Data/ Received Discharge Call: Yes/No; Ranking based on PRC Norm Data



*Everyone thinks of  
changing the world, but  
no one thinks of  
changing himself.*

Leo Tolstoy

# Thank You!

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