Tracking and Improving Patient Satisfaction and How to Apply the Measures to Improve Results

Presentation for The 7th Annual Conference from ASC Communications and the Ambulatory Surgery Foundation

Presented by Paul G Faracas, MBA
President & CEO, CTQ Solutions
Presentation Overview

• Current-State Performance – Assessing Yourself Accurately
  – Benchmarking Relevance
• Value and Benefit of Benchmarking (Scenario Discussion)
  – Assessing Performance Through Macro- and Micro-Evaluations
  – Internal Benchmarking Illustration
  – Single Correlation Analysis
  – Critical to Improvement (CTI) Analysis
  – Cause & Effect Drill-Down and Failure Points
  – Practical Application: Credentialing
• Measurement Design & Interpretation
  – Attribute Considerations
  – Dashboards
  – Properly Defining Excellence
  – Balanced Scorecards
• Quality and Process Improvement
  – Putting Benchmarking into Action
• The Future: Consumer-Driven Healthcare (Value-Based Purchasing/P4P)
Current-State Performance

“How is your current performance?” vis-à-vis “How are you doing?”

• How clearly can you respond to this question?
• If you’re doing well….what is ‘well’ compared to?

Benchmarking: The barometer defined by a measure or measures to determine your relative level of performance.

How does your performance:
  – Compare to ‘like/peer' surgery centers or entities?
  – Compare to local or competing entities?
  – Compare to past performance?
  – Compare to available best-practice metrics or another definition of “excellence”? …Is there room for improvement?
### Micro- and Macro-Evaluations

<table>
<thead>
<tr>
<th>Measure</th>
<th>Facility Score</th>
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</thead>
<tbody>
<tr>
<td><strong>Overall</strong> patient satisfaction score</td>
<td>92.1</td>
</tr>
<tr>
<td>Surgeon spent adequate time with me prior to my procedure</td>
<td>91.6</td>
</tr>
<tr>
<td>Privacy was respected at all times</td>
<td>89.5</td>
</tr>
<tr>
<td>Wait time was reasonable</td>
<td>92.2</td>
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<tr>
<td>Pain was controlled and as expected</td>
<td>93.2</td>
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<tr>
<td>Parking convenience</td>
<td>97.6</td>
</tr>
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<td>Would recommend the facility to family &amp; friends</td>
<td>87.2</td>
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<td>Décor was cheerful</td>
<td>96.9</td>
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<td>Confidence in care provided</td>
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• Comparing yourself to yourself
• Determine if there is a cause/effect relationship
• Impact of a single key performance indicator on key loyalty indicator(s)
• Survey and peer correlations
• Would the loyalty correlation be similar with “parking convenience”? 
<table>
<thead>
<tr>
<th>Service</th>
<th>Weighted Rank</th>
<th>Current Score</th>
<th>National Average</th>
<th>Score Ranking</th>
<th>Survey Correlation</th>
<th>National Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy of recovery time in facility</td>
<td>78</td>
<td>84.2</td>
<td>92.1</td>
<td>27</td>
<td>0.52</td>
<td>0.62</td>
</tr>
<tr>
<td>Respect for privacy</td>
<td>61</td>
<td>90.5</td>
<td>92.2</td>
<td>18</td>
<td>0.60</td>
<td>0.62</td>
</tr>
<tr>
<td>Family information during visit</td>
<td>60</td>
<td>89.7</td>
<td>88.0</td>
<td>21</td>
<td>0.59</td>
<td>0.53</td>
</tr>
<tr>
<td>Wait time</td>
<td>54</td>
<td>86.6</td>
<td>88.2</td>
<td>26</td>
<td>0.52</td>
<td>0.46</td>
</tr>
<tr>
<td>Recovery staff courtesy</td>
<td>48</td>
<td>90.1</td>
<td>93.1</td>
<td>16</td>
<td>0.60</td>
<td>0.62</td>
</tr>
<tr>
<td>Instructions prior to surgery</td>
<td>34</td>
<td>90.9</td>
<td>90.3</td>
<td>19</td>
<td>0.48</td>
<td>0.49</td>
</tr>
<tr>
<td>Staff concern during follow-up call</td>
<td>31</td>
<td>92.0</td>
<td>91.7</td>
<td>13</td>
<td>0.50</td>
<td>0.59</td>
</tr>
<tr>
<td>Pain level control</td>
<td>29</td>
<td>91.4</td>
<td>90.7</td>
<td>14</td>
<td>0.44</td>
<td>0.59</td>
</tr>
<tr>
<td>Anesthesia staff attention and availability</td>
<td>26</td>
<td>92.1</td>
<td>91.7</td>
<td>12</td>
<td>0.53</td>
<td>0.62</td>
</tr>
<tr>
<td>Parking convenience</td>
<td>22</td>
<td>87.4</td>
<td>88.5</td>
<td>23</td>
<td>0.31</td>
<td>0.38</td>
</tr>
<tr>
<td>Other 17 measures in survey**</td>
<td>313</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summarized for illustration**
• Prioritizing improvement
• Correlation of scores with key loyalty indicators
Aggregates Versus Drill-Down Components
Physician Credentialing

- Number of responses provided (data reliability)
- Comparison to facility average
- Comment content
- Consistency of comments (isolated versus patterned)
- Complete scores by doctor can be used for credentialing
Correlation: Cause & Effect
Understanding Failure Points

Prophylactic Antibiotic Provided Within 1 Hour Of Incision?

Surgical Site Infections

Recovery Staff Courtesy
Helpfulness of Homecare Instructions
Nursing Staff Concern For Comfort

Confidence In Care
Patient Satisfaction
Would Recommend The Facility

Parking Convenience
Wait Time
Surgeon Explanation After Surgery

HIGH
LOW
Measure Design & Interpretation
Attribute Considerations

- **Measurable – Clearly Defined Parameters**
  - How is data measured? Proper use of qualification.

- **Reliability – Data is Accurate and Statistically Significant**
  - Returns appropriately represent the sample. Greater than 30 returned surveys.

- **Peer Benchmark Census – Contrast ‘Peer’ (like) Entities**
  - 85 could be good or bad.
  - What is my peer’s score for each KPI?
  - How did we perform last month/quarter/year?
  - If you are part of an IDN or management group, what comparative data might be available and accessible?

- **Timeframe – For What Period**
  - Does the data collection represent a month? A quarter? Does time of year matter? Were there major internal events or change during the timeframe?

- **Meaningful – Influences Action**
  - Does the information provide insight for improvement?
Leadership should consider having executive dashboards and delegating the management of individual and complementary measures to other key stakeholders. Performance needs to be measured and managed.
Review and assess clinical, operational & financial performance, as well as patient safety. If metrics are ‘under-performing’, determine if your targets are realistic or if you need to make improvements in operations.

**DISCOVERY**

- Identify Key Organizational Objectives & Goals
- Assess Cultural Readiness for Change
- Identify Areas of Risk
- Flowchart Current Processes
- Develop Scorecards & Performance Metrics
- Develop Risk Management Strategies
- Identify Best Practice & Operational Redesign

**Blueprint**

- Change Management
- Operational Excellence
- Customer Service
- Education & Development
- Financial Performance

**Improvement Implementation**
Balanced Scorecards

- **Patient Safety**
- Policies & Procedure
- Evidence-Based
- **Effectiveness of Care** – Degree to which Desired Results are Achieved
- Continuity of Services

- **Patient-Centered**
- **Timely**
- **Equitable** (Access to Services)
- Privacy
- Surgeon, Nurse, Patient & Family Satisfaction
- Interpersonal – Trust, Respect, Courtesy

**Operational Excellence**

**Customer Service**

- Competencies Attained
- Credentials Maintained
- Policies are Shared
- Best Standards of Practice Adhered To

**Efficient**

- Revenue Maximization - Increase Case Load & Increase Charge Capture
- Cost Avoidance – Case Costing, Supply Analysis
- Cost Reduction – Overtime, Infrastructure

**Crossing the Quality Chasm, US Institute of Medicine**
Optimizing Use of Benchmarks

• Create Internal Best Practice Targets
  – Define ‘reasonable’ goals with reasonable timeframes for improvement
  – Educate employees on benefits of goal realization
  – Assign accountability and monitor progress
  – Develop executive dashboard components – keep simple

• Compare Across Other Facilities – If You are Part of a Management Group
  – Take advantage of leveraging data from peers
  – Create friendly competition - escalate corporate averages
  – Use data for retreats, quarterlies and board meetings
  – Challenge your corporation for meeting and exceeding ‘excellence’

• Use Data for Marketing
  – Tout your proudest benchmarks as they compare to published averages
  – Point consumers to publicly reported data when your results are favorable
Currently data is publicly reported and accessible. Now patients have a greater opportunity to infuse these measures in their selection of care.

- **HCAHPS®** – Hospital Consumer Assessment of Healthcare Providers and Systems
- **SCIP** – Surgical Care Improvement Project
- **ORYX** – Hospital Quality Measures used to satisfy both CMS and Joint Commission requirements initiative to improve quality of care
- **P4P/Value-Based Purchasing** – Forthcoming for ASC’s

<table>
<thead>
<tr>
<th>Measure</th>
<th>National Benchmark</th>
<th>State Benchmark</th>
<th>Facility #1</th>
<th>Facility #2</th>
<th>Facility #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIP Measure #1: Percent of surgery patients who were given an antibiotic at the <strong>right time</strong> (within one hour before surgery) to help prevent infection</td>
<td>86.0</td>
<td>88.0</td>
<td>84.9</td>
<td>93.4</td>
<td>87.1</td>
</tr>
<tr>
<td>HCAHPS Global Measure: Percent of patients who reported YES, they would definitely recommend the hospital.</td>
<td>68.0</td>
<td>71.0</td>
<td>52.9</td>
<td>87.1</td>
<td>72.1</td>
</tr>
<tr>
<td>Various Occurrence of Negative-Based Events</td>
<td>0.015 per 1,000</td>
<td>0.014 per 1,000</td>
<td>0.021 per 1,000</td>
<td>0.007 per 1,000</td>
<td>0.016 per 1,000</td>
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Paul Faracles
President & CEO

CTQ Solutions, LLC
500 East Main Street • Suite 312
Branford, CT 06405

pfaracles@ctqsolutions.com
www.ctqsolutions.com

(877) 208.7605 ext. 104