Patient Satisfaction
What Works
Presentation Overview

- Impact of HCAHPS
- Top 5 Evidence-based Practices for Patient Satisfaction
- Provider Focus
What is HCAHPS?

- **HCAHPS** (Hospital Consumer Assessment of Healthcare Providers & Systems) is a standardized survey developed by CMS for inpatients to evaluate their hospital experience on 10 measures of care.

- **IMPACT:**
  - Publicly reported on Hospital Compare to enable informed choice on *how often* adult discharged inpatients received *high quality care and service*.
  - Financial payment based on hospital’s performance in delivering high quality care.
Why HCAHPS matters to our patients?

- **Quality of care was significantly better in hospitals that performed on HCAHPS**
  - Patient’s experience is linked to great clinical care reduced medical error and advanced performance outcomes

- **Survey questions offer feedback on issues that impact core clinical quality**
  - Communication of medication side effects
  - Managing pain well
  - Explaining discharge instructions in a way patients can understand
Why HCAHPS matters to hospitals?

Medicare & Medicaid reimbursement rates will be adjusted to at-risk amount rises to 1.25% of base DRG Payment starting October 1st 2013

- Clinical Performance (45% Weight)
- Outcomes (Mortality) Performance (25% Weight)
- HCAHPS Performance (30% Weight)

Hospitals must excel in performance for Operating Budget & Capital
HCAHPS Survey

SURVEY INSTRUCTIONS: You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by simply putting an X in the circle to the left of your answer. If you are not sure of your answer, you can circle more than one answer to the question. You can check back over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: "Yes → No, If No, Go to Question 1".

YOUR CARE FROM NURSES:
1. During this hospital stay, how often did nurses treat you with courtesy and respect? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
2. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
3. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
4. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
5. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
6. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
7. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always

YOUR EXPERIENCES IN THIS HOSPITAL:
8. During this hospital stay, how often were your room and bathroom kept clean? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
9. During this hospital stay, how often was the area around your room quiet at night? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
10. During this hospital stay, how often was the area around your room quiet at night? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
11. During this hospital stay, how often did you get help in getting to the bathroom or in using a bedpan or urinal? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
12. During this hospital stay, how often did you get help in getting to the bathroom or in using a bedpan or urinal? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
13. During this hospital stay, how often was your pain well controlled? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
14. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
15. During this hospital stay, how often did nurses explain things in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? [ ] Never [ ] Sometimes [ ] Usually [ ] Always
18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? [ ] Own home [ ] Someone else's home [ ] Another health facility [ ] If another, go to Question 21
19. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? [ ] Own home [ ] Someone else's home [ ] Another health facility [ ] If another, go to Question 21
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? [ ] Yes [ ] No
21. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? [ ] Yes [ ] No
22. Would you recommend this hospital to your friends and family? [ ] Definitely no [ ] Probably no [ ] Probably yes [ ] Definitely yes
23. In general, how would you rate your overall health? [ ] Excellent [ ] Very good [ ] Good [ ] Fair [ ] Poor
24. What is the highest grade or level of school that you have completed? [ ] 4th grade or less [ ] Some high school, but did not graduate [ ] High school graduate or GED [ ] Some college or 2-year degree [ ] 4-year college graduate [ ] More than 4-year college degree
25. Are you of Spanish, Hispanic or Latino origin or descent? [ ] No [ ] Yes, Puerto Rican [ ] Yes, Mexican, Mexican American, Chicano [ ] Yes, Cuban [ ] Yes, other Spanish or Hispanic/Latino
26. What is your race? Please choose one or more. [ ] White [ ] Black or African American [ ] Asian [ ] Native Hawaiian or other Pacific Islander [ ] American Indian or Alaska Native
27. What language do you mainly speak at home? [ ] English [ ] Spanish [ ] Chinese [ ] Russian [ ] Vietnamese [ ] Some other language (please print):

Please take a moment to respond to the following statement. Your insights will help us improve health care quality for everyone.

Comments (describe your good or bad experiences):

Patients Name: (optional) Telephone Number: (optional)

THANK YOU. Please return the completed survey in the postage-paid envelope.
Nurse Communication Domain

- The nurse patient relationship sets the tone of the care experience and has a powerful impact on patient satisfaction since nursing spends the most time with patients.
- Based on 2007 HCAHPS and Press Ganey Survey data, Press Ganey identified “Nurse Communication” as the factor with the greatest impact on patients’ overall ratings of their hospital experience.
- Survey questions that focus on the nurse patient relationship drive patient ratings of their overall experience.
- Quality of communication in nursing also has the highest impact on patients’ likelihood to recommend the hospital.

Source: 2010 Press Ganey Associates
Top 5 Practices for Patient Satisfaction
Top 5 for Patient Satisfaction

- AIDET-Key Words
- Post Discharge Phone Calls
- Nurse Hourly Rounding
- Leader Rounding
- Strategic Goal Alignment & Accountability
AIDET
Acknowledge-Introduce-Duration-Explanation-Thank

- The five fundamentals of communication
- An evidence-based practice for communicating with patients, families and staff
- Fundamental for providing excellent customer service
  - Framework for using “Key Words at Key Times”
    (i.e., we want to always answer your call light timely…)
  - Supports “Managing Up” that takes the “I” in AIDET to the next level
    (i.e., “Hello, Mrs. Smith. I see this afternoon you will be going down to the radiology department. Radiology has state of the art technology and an excellent staff.”)
**AIDET**

**Acknowledge & Introduce**

- The patient has the right to know who is treating them
  
  Patient's Bill of Rights

- “Because greetings are one way to ensure proper identification of patients, they may well be considered a fundamental component of patient safety.”

  An Evidence-Based Perspective on Greetings in Medical Encounters by Gregory Makoul, PhD; Amanda Zick, MA; Marianne Green, MD. *Arch Intern Med.* 2007;167(11):1172-1176.

- “It’s all about building connection. Connection builds trust. Trust builds patient compliance. Compliance builds better health for our patients. And that’s the real picture.”

AIDET

Explanation

- “Physician communication, or the lack of it, is probably one of the most important factors for patient noncompliance”
  - 72% of patients unable to list medications they take
  - 58% of patients unable to recite their own diagnosis
  *Mayo Clinic Proceedings*, 2005

- “Most common cause of malpractice suits is failed communication with the patients and their families. Explore ways that better communication could lead to fewer malpractice claims.”

- “Physician communication skills heavily influence patient compliance and affect clinical outcomes”
Return on Investment: Upfront Collections

Annualized Upfront Collections Increased: $136,420

Tactic and Tool Implemented: AIDET<sup>sm</sup>

Source: Southwest Washington M.C., Vancouver, WA, 360 beds
Source: University Medical Center in Tucson, AZ
Post Discharge Phone Calls

- Discharge Phone Calls are a viable means to earn patient loyalty, improve quality of care, clinical outcomes and develop a reputation of excellence in the community when consistently completed.

  "Discharge phone calls are a key tactic in the saving lives arsenal."
  
  Words Matter by Lynne Cunningham, MHS, Spring 2009.

- Discharge telephone calls provide invaluable opportunities to prevent adverse events, improve quality of care, and increase patient satisfaction.

  "Building the Value of Discharge Phone Calls and Leader Rounding", Journal of Nursing Administration, March 2009.
Evidence suggests that a post-discharge telephone call to patients may help reduce medication errors and hospital readmission.


Discharge phone calls close the loop on continuity of care for the patient and family.

American Journal of Nursing, 2008

“You have a 90 percent chance of keeping a patient if you call within 48 hours of discharge and do something — like apologize — to make the patient’s experience better. If you wait longer than a week, you have a 10 percent chance you’ll lose 10 other patients through word of mouth.”

Jap Kaplan, MD, Studer Group’s Medical Director
In a study evaluating resource use in CHF patients, follow-up telephone calls significantly decreased the average number of hospital days over six months time and readmission rate at six months in the call group, as well as increased patient satisfaction.


Source: Getwell Network White Paper: Improving Heart Failure Outcomes through Interactive Patient Care: June 2009
Reality of Adverse Events Post Discharge

“Nearly 1 in 5 patients”*

- 400 patients surveyed
- 76 (19%) had adverse events after discharge

* 81 events occurred in 76 patients

Type of Adverse Events

- Adverse Drug Event: 66%
- Procedure Related: 17%
- Nosocomial Infection: 5%
- Fall: 8%
- Other

*“Adverse Events After Discharge from Hospital”, Annals of Internal Medicine, February 2003
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
Post Visit Calls: Patient Perception of Care - Inpatient

"Likelihood of Recommending"

Tactic and Tool Implemented:
Post Visit Calls - Discharge Call Manager

Source: Hackensack University Medical Center, Inpatient admissions=75,297, Total beds = 781
Post Visit Calls: Patient Perception of Care - ED

"Likelihood of Recommending"

85,034 ED Visits

Percentile Rank

1Q 06  2Q 06  3Q 06  4Q 06  1Q 07  2Q 07  3Q 07

Tactic and Tool Implemented:
Post Visit Calls - Discharge Call Manager

Source: Emergency Department, Hackensack University Medical Center, Hackensack, NJ, ED Visits: 85,034

WHAT’S Right IN HEALTH CARE™

StuderGroup™
Top 5 for Patient Satisfaction

✓ AIDET-Key Words
✓ Post Discharge Phone Calls
  ▪ Nurse Hourly Rounding
Nurse Hourly Rounding

**Rationale:**
- Actively engages patients and families
- Builds Trust
- Reduces Anxiety
- Call light reduction
- Decreases nurse stress
- Decreases patient uncertainty

Nurse Hourly Rounding

- Hourly rounding has a tremendous impact on patient perception and quality of care
  - Hourly rounding effectively decreases call lights by 37.8%
  - Decreases falls by 50%
  - Decreases hospital-acquired decubiti by 14%
  - Improves patient perception by 12 mean points

*American Journal of Nursing*, September 9, 2006
Nurse Hourly Rounding

<table>
<thead>
<tr>
<th>Reference</th>
<th>No. and setting</th>
<th>Call lights</th>
<th>Falls</th>
<th>Restraints</th>
<th>Attendants</th>
<th>Patients’ satisfaction</th>
<th>Level of evidence</th>
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<tbody>
<tr>
<td>Meade et al&lt;sup&gt;7&lt;/sup&gt;</td>
<td>14 hospitals, 27 units</td>
<td>Decreased&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Decreased&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>Increased&lt;sup&gt;b&lt;/sup&gt;</td>
<td>IIA</td>
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<tr>
<td>Johnson and Topham&lt;sup&gt;7&lt;/sup&gt;</td>
<td>1 unit, rehabilitation</td>
<td>Decreased</td>
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<td>Decreased</td>
<td></td>
<td></td>
<td>IIB</td>
</tr>
<tr>
<td>Haack&lt;sup&gt;7&lt;/sup&gt;</td>
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<td>Decreased</td>
<td>Decreased</td>
<td></td>
<td></td>
<td></td>
<td>IIB</td>
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<tr>
<td>Tea et al&lt;sup&gt;7&lt;/sup&gt;</td>
<td>202 patients, 4 orthopedic units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IIB</td>
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<tr>
<td>Bourgault et al&lt;sup&gt;7&lt;/sup&gt;</td>
<td>3 hospitals, all units (including intensive care units)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>IIB</td>
</tr>
<tr>
<td>Sobaski et al&lt;sup&gt;9&lt;/sup&gt;</td>
<td>335 patients, telemetry units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increased</td>
<td>IIB</td>
</tr>
<tr>
<td>Culley&lt;sup&gt;7&lt;/sup&gt;</td>
<td>3 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increased</td>
<td>IIB</td>
</tr>
<tr>
<td>Assi et al&lt;sup&gt;9&lt;/sup&gt;</td>
<td>2 units, oncology and acute care for elderly</td>
<td>Decreased</td>
<td>Decreased</td>
<td>Decreased</td>
<td></td>
<td>Increased</td>
<td>IIB</td>
</tr>
<tr>
<td>Welsgram and Raymond&lt;sup&gt;7&lt;/sup&gt;</td>
<td>1 unit, telemetry</td>
<td>Decreased</td>
<td>Decreased</td>
<td></td>
<td></td>
<td></td>
<td>IIB</td>
</tr>
<tr>
<td>Kalman&lt;sup&gt;11&lt;/sup&gt;</td>
<td>2 units, medical surgical</td>
<td>No effect</td>
<td>No effect</td>
<td></td>
<td></td>
<td>No effect</td>
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<td>Woodard&lt;sup&gt;11&lt;/sup&gt;</td>
<td>1 unit, medical surgical</td>
<td>Decreased</td>
<td>Decreased</td>
<td></td>
<td></td>
<td>Increased</td>
<td>IIB</td>
</tr>
</tbody>
</table>

<sup>a</sup> P < .05.
Nurse Hourly Rounding

Deb Ricketts, RN & Reyne McEuen, RN, BSN, *Positive Patient Satisfaction with Hourly Rounding*
Call Light Reductions After Implementing Rounds

13,216

9,316

8,315

Call Light Rings

1 Hour Rounding/29 beds

37.8% reduction

* Reduction for one-hour was statistically significant (p=.000)
$15,958* average cost for nosocomial decubitus

* AHRQ, 2005-`Payments for Adverse Events’
Service: Patient Satisfaction Increased

AJN • September 2006 • Vol. 106, No. 9

One Hour: n=18 units
Return on Investment: Reduction of Falls

Estimated Annualized Savings: $1.65 million (150 falls x 11,000)

Tactic and Tool Implemented:
- Hourly Rounding

Source: Montefiore Medical Center, Bronx, NY, Admissions: 60,632, Total Beds = 1002, Estimated cost per fall = $11k, Hourly Rounding implemented in 2005
Top 5 for Patient Satisfaction

- AIDET-Key Words
- Post Discharge Phone Calls
- Nurse Hourly Rounding
  - Leader Rounding
Leader Rounding

- Leader rounding for outcomes is the first key to success

- The point of rounding for outcomes is
  - “to fix systems, remove barriers, model behavior, and find staff who deserve to be rewarded and recognized.”
  - “You are also engaged in the very important process of building an emotional bank account with staff.”

  Quint Studer, Studer Group

- “When managers constantly model behavior and respond to staff concerns, they do not need to talk their employees into this change in behavior, they will walk their employees into it.”

  Sutter Medical Center Human Resources Director (2004 Sacramento Workplace Excellence Leader)
## Leader Rounding

<table>
<thead>
<tr>
<th>HCAHPS Category</th>
<th>Tactic to Move Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors always communicated well</td>
<td>Physician Note Pad</td>
</tr>
<tr>
<td>Nurses always communicated well</td>
<td>Hourly Rounding</td>
</tr>
<tr>
<td>Pain was always well controlled</td>
<td>Hourly Rounding</td>
</tr>
<tr>
<td>Patients always received help as soon as they wanted</td>
<td>Hourly Rounding</td>
</tr>
<tr>
<td>Staff always explained about medicines before giving them to patients</td>
<td>Key Words at Key Times</td>
</tr>
<tr>
<td>Yes, patients were given information about what to do during their recovery</td>
<td>Discharge Phone Call</td>
</tr>
<tr>
<td>Patients who gave a rating of 9 or 10</td>
<td>Leader Rounding on Patient</td>
</tr>
<tr>
<td>Yes, patients would definitely recommend the hospital</td>
<td>Discharge Phone Call</td>
</tr>
</tbody>
</table>

Valley Hospital Patient Experience, October 2010.
Leader Rounding

- **Benefits of Leader Rounding on Patients**
  - Increase patients satisfaction by an average 59 percentile
  - Decrease patient complaints by 66%
  - Reduce Emergency Department LWOT from 4.5% to 2%

- **Benefits of Leader Rounding on Staff**
  - Improved Employee Satisfaction from 10th to 75th percentile
  - Reduce Voluntary/Non Voluntary Turnover from 11.2% to 6.1%
  - Improve Retention from 82.5% to 87.2%
  - Decrease Vacancy Rate from 7% to 2%
Leader Rounding

Employee Rounding
Employee Satisfaction Increase

Entity Comparison for % Excellent “As a Place to Work”

Source: South Carolina Hospital, Admissions=25,837 Total Beds=594, expanding to 644 in 04/08, employee satisfaction measured by PRC
Leader Rounding

Atmore Community Hospital
Overall Patient Satisfaction

- Oct-09: 26
- Nov-09
- Dec-09
- Jan-10
- Est 2/10

Rounding Implemented

Scott & White Healthcare
Top 5 for Patient Satisfaction

- AIDET-Key Words
- Post Discharge Phone Calls
- Nurse Hourly Rounding
- Leader Rounding
  - Strategic Alignment and Accountability
Strategic Goal Alignment and Accountability

- A “Must Have” for operational excellence
- Clearly connects the goals of the organization
- Reduces unnecessary work and duplication of efforts because clear expectations are set
- Keeps leaders focused on what is really important

Hardwiring Leader Evaluations, Studer Group

- Health systems that fail to align their metrics with their core values are less likely to achieve outstanding results


- Relentless accountability

Rush, Sandy, RN, FACHE, CHW, San Francisco, CA.
“A System-Wide Approach to Moving Organizational Excellence through Accountability and the Nursing Bundle.”
Evidence-Based Leadership℠ (EBL)

STUDER GROUP:

Objective Evaluation System ➔ Leader Development ➔ Must Haves℠ ➔ Performance Gap ➔ Standardization ➔ Accelerators

Aligned Goals
- Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability
- Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

Aligned Behavior
- Rounding
- Thank You Notes
- Employee Selection
- Pre and Post Phone Calls
- Key Words at Key Times
- Re-recruit high and middle performers
- Move low performers up or out

Aligned Process
- Agendas by pillar
- Peer interviewing
- 30/90 day sessions
- Pillar goals
- Leader Eval Mgr (LEM)
- Staff Eval Mgr (SEM)
- Discharge Call Manager (DCM)
- Rounding Mgr
- Idea Express

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Strategic Goal Alignment and Accountability

- “The first step to creating a culture of accountability is to set the expectation for holding one's self as well as our colleagues and employees accountable for outcomes and consequences of our actions or lack thereof.”


- 30 percent of leaders’ incentive compensation at Hopkins is based on performance on the Safety Dashboard as well as the less tangible notion of their engagement in our “culture of improvement.” Combined, these incentives build a culture of accountability for improvement.

  Johns Hopkins
Leadership accountability at Methodist Healthcare
San Antonio, TX

- Reduced staff turnover by 40 percent in 2009
- 75th percentile in patient satisfaction scores
- Improved patient safety scores to less than 1.12 of lost work time cases per 100 employees
- Meeting labor and operational budgets

Studer Group
Impact of Organizational Goals Hardwired into Leader Evaluation on Patient Perception of Care

Leader Evaluation

![Bar Chart]

Source: Studer Group® October 2008 Measurement Spreadsheet; Organizations that hardwire the leader evaluation process show patient perception of care ratings that are significantly higher than those that do not. Patient perception of care mean score average includes all partner selected vendors including Arbor, Avatar, Gallup, HCAHPS, Healthstream, Jackson, NRC, PRC Picker, Press Ganey, RPM, and Statisquest.
## Engagement Survey Regression Analysis: Correlation to Nurse Engagement

### Top 4 Drivers

<table>
<thead>
<tr>
<th>Driver</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses providing clinically excellent care receive positive recognition</td>
<td>0.447</td>
</tr>
<tr>
<td>My manager and nurse colleagues routinely and openly discuss unit weaknesses and vulnerabilities along with potential solutions</td>
<td>0.445</td>
</tr>
<tr>
<td>Each member of the multidisciplinary care team (physician, nurse, and other caregivers) is aware of their patients’ daily goals</td>
<td>0.408</td>
</tr>
<tr>
<td>Nurses know their units’ performance goals for quality indicators (pressure ulcers, infection rates, falls, etc.)</td>
<td>0.398</td>
</tr>
</tbody>
</table>

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Instilling Frontline Accountability, The Advisory Board Company.
Provider Focus
HCAHPS Survey

**SURVEY INSTRUCTIONS:** You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions in the circle to the left of your answer. You are only asked to fill in some questions in this survey. When this happens you will see an arrow with text that tells you which question to answer next, like this: 

- Yes
- No
- If No, Go to Question 1

Please answer the questions in this survey about your stay at Scott & White Memorial Hospital. Do not include any other hospital stays in your answers.

**YOUR CARE FROM NURSES**

1. During this hospital stay, how often did nurses treat you with kindness and respect? 
   - Never
   - Sometimes
   - Usually
   - Always

2. During this hospital stay, how often did nurses explain things in a way you could understand? 
   - Never
   - Sometimes
   - Usually
   - Always

3. During this hospital stay, how often did nurses explain things in a way you could understand? 
   - Never
   - Sometimes
   - Usually
   - Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as possible? 
   - Never
   - Sometimes
   - Usually
   - Always

5. During this hospital stay, how often did doctors answer your questions? 
   - Never
   - Sometimes
   - Usually
   - Always

6. During this hospital stay, how often did doctors listen to you? 
   - Never
   - Sometimes
   - Usually
   - Always

7. During this hospital stay, how often did doctors give you information in a way you could understand? 
   - Never
   - Sometimes
   - Usually
   - Always

8. During this hospital stay, how often were your room and bathroom kept clean? 
   - Never
   - Sometimes
   - Usually
   - Always

9. During this hospital stay, how often was the area around your room quiet at night? 
   - Never
   - Sometimes
   - Usually
   - Always

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan, as soon as you wanted? 
    - Yes
    - No
    - If No, Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan, as soon as you wanted? 
    - Never
    - Sometimes
    - Usually
    - Always

12. During this hospital stay, how often did nurses ask how you were feeling? 
    - Never
    - Sometimes
    - Usually
    - Always

13. During this hospital stay, how often was your pain well controlled? 
    - Never
    - Sometimes
    - Usually
    - Always

14. During this hospital stay, how often did the nursing staff do everything they could to help you? 
    - Never
    - Sometimes
    - Usually
    - Always

15. During this hospital stay, were you given any medicine that you had not taken before? 
    - Yes
    - No
    - If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? 
    - Never
    - Sometimes
    - Usually
    - Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? 
    - Never
    - Sometimes
    - Usually
    - Always

18. After you left the hospital, did doctors, nurses or other hospital staff talk with you about what you should do if you needed help? 
    - Yes
    - No
    - If No, Go to Question 21

19. During this hospital stay, how often did hospital staff discuss your plan with you before you left the hospital? 
    - Yes
    - No

20. During this hospital stay, how often did you get information about your health problems or to look out for things you should do at home? 
    - Yes
    - No

21. During this hospital stay, did the hospital staff treat you the way they would want their family to be treated? 
    - Always
    - Usual
    - Sometimes
    - Never

22. Would you recommend this hospital to your friends and family? 
    - Definitely yes
    - Probably yes
    - Probably no
    - Definitely no

23. In general, how would you rate your overall health? 
    - Excellent
    - Very good
    - Good
    - Fair
    - Poor

24. What is the highest grade or level of school that you have completed? 
    - 4th grade or less
    - Some high school, but did not graduate
    - High school graduate or GED
    - Some college or 2-year degree
    - 4-year college graduate
    - More than 4-year college degree

25. Are you of Spanish, Hispanic or Latino origin or descent? 
    - Yes, Puerto Rican
    - Yes, Mexican, Mexican American, Chicano
    - Yes, Cuban
    - Yes, other Spanish/Hispanic/Latino

26. What is your race? Please choose one or more. 
    - White
    - Black or African American
    - Asian
    - Native Hawaiian or other Pacific Islander
    - American Indian or Alaska Native

27. What language do you mainly speak at home? 
    - English
    - Spanish
    - Chinese
    - Russian
    - Vietnamese
    - Some other language (please print): 


Please take a moment to respond to the following statement. Your insights will help us improve health care quality for everyone.

Comments (describe your good or bad experiences):

Patients Name:  
Telephone Number: 

Thank you. Please return the completed survey in the postage-paid envelope.
How Do Patients Judge Quality?

- Did the physician listen?
- Did the physician express concern?
- Did the physician answer my questions?
- Did the physician care for me as a person, and not just a patient?
- By physicians verbal and non-verbal behavior

“Patients place more importance on doctors’ interpersonal skills than their medical judgment or experience, and doctors failing in these areas are the overwhelming factor that drives patients to switch”

Wall Street Journal, September 2004
“20% of all Medicare patients discharged from hospitals were readmitted within 30-days and 34% within 90-days.

The Joint Commission and others rightly believe that inadequate communication between physicians, as well as between physicians and patients, is a major contributing factor.”

New England Journal of Medicine 2009
Doctor Communication Domain

- 1 of 8 Domains on HCAHPS Survey
- Comprised of 3 Survey Questions:
  - During this hospital stay, how often did doctors treat you with *courtesy and respect*?
  - During this hospital stay, how often did doctors *listen carefully to you*?
  - During this hospital stay, how often did doctors *explain things* in a way you could understand?
Improvement in Doctors’ Listening Skills will most strongly impact the Doctor Communication Score.

- Respect: 5%
- Other: 1%
- Explain: 5%

Listen: 89%

**QUESTION**
During this hospital stay, how often did doctors treat you with *courtesy and respect*?

**RESPONSE SCALE**
Always, Usually, Sometimes, Never

**SCRIPTING**
“As a *courtesy and respect* to our patients, we knock before entry”.

**ACTIONS & BEHAVIORS**
- Make eye contact with patient. Acknowledge all in room. The first impression is established here.
- Employ a warm, friendly and reassuring manner.
- Introduce yourself to the patient, your role in the patient’s care and the experience that you bring.
- Greet the patient by name and shake hands if possible.
- Communicate your awareness of relevant clinical data to the patient as this impacts patient’s perception of care. Sit whenever possible.
- Ask permission to begin an exam or assessment.
Patients whose physicians were rated as more empathetic had higher rates of high satisfaction than patients whose physicians were less empathetic (29% vs 11%; P=.004)

Patients whose physicians made any reflective statements had higher rates of high autonomy support than those whose physicians did not (46% vs 30%; P=.006)

Patient-physician communication is a central component of high-quality care

During this hospital stay, how often did doctors listen carefully to you?

RESPONSE SCALE
Always, Usually, Sometimes, Never

SCRIPTING, ACTIONS & BEHAVIORS
- Use open-ended questions. "Tell me about your pain."
- Follow the 2-minute rule. Allow the patient to talk for at least 2-minutes uninterrupted while maintaining eye contact for 80% of time and listening (2-minutes sitting at the bedside is perceived better than 10-minutes standing in the doorway)
  - "I want to make sure I heard you correctly..."
  - "I care about how you are doing..."
  - "Let me see if I understand..."
  - "Does that sound reasonable to you?"
- Convey sincere empathy regarding pain.
  - "I’m sorry this has been your experience."
  - "I’m sorry that you have experienced the severe pain as this will no..."
A patient’s listening is motivated by a universal need:

- The need for compassion
- The need to be heard
- The need to be recognized

From a tone of voice or acknowledgment, the patient can readily hear if the white coat standing in front of him/her is someone who can care enough to listen.

**QUESTION**
During this hospital stay, how often did doctors *explain things* in a way you could understand?

<table>
<thead>
<tr>
<th>RESPONSE SCALE</th>
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<tbody>
<tr>
<td>Always, Usually, Sometimes, Never</td>
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</table>

**SCRIPTING, ACTIONS & BEHAVIORS**
- Explain the patient’s diagnosis, tests and care in general in clear, simplistic, non-technical terms that is easier to understand.
  - “*Let me explain* your diagnosis to you.”
  - “*Let me explain* the tests that I am going to ask for you to receive and what will happen next.” *(Explain what you will do & why before doing it)*
  - “*Let me explain* what to look for…”
  - “*Let me explain* what you need to do…”
  - “*Let me explain* why you are taking this medication, the generic name and the potential side effects.”
  - “*Let me explain* what to expect after surgery…”
“Physician communication or the lack of it, is probably one of the most important factors for patient noncompliance.

Mayo Clinic found:

- 72% of patients were unable to list medications that they take
- 58% of patients were unable to recite their own diagnosis”

Mayo Clinic Proceedings 2005
“Simple choices in words, information depth, speech patterns, body position, and facial expression can greatly affect the quality of one-on-one communication between the patient and physician.”

<table>
<thead>
<tr>
<th>Superior Service with AIDET</th>
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<tbody>
<tr>
<td><strong>A</strong>&lt;br&gt;Acknowledge&lt;br&gt;Acknowledge the patient/others with a smile &amp; make eye contact&lt;br&gt;(When entering a room, knock on patient’s door before entry then make eye contact &amp; smile)</td>
</tr>
<tr>
<td><strong>I</strong>&lt;br&gt;Introduce&lt;br&gt;Introduce yourself, your role/skills and experience&lt;br&gt;(After knocking on door, listen for vocal response then enter &amp; introduce yourself)</td>
</tr>
<tr>
<td><strong>D</strong>&lt;br&gt;Duration&lt;br&gt;Give an accurate time expectation for tests, physician arrival and other events; Keep in touch to ease waiting times</td>
</tr>
<tr>
<td><strong>E</strong>&lt;br&gt;Explanation&lt;br&gt;Explain step by step what will happen, answer questions and leave a phone number where you can be reached</td>
</tr>
<tr>
<td><strong>T</strong>&lt;br&gt;Thank You&lt;br&gt;Thank the patient/family for choosing Scott &amp; White and ask: &quot;Is there anything else I can do for you?&quot;</td>
</tr>
<tr>
<td>A</td>
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<tr>
<td>• Acknowledge everyone in the room</td>
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<tr>
<td>• Address the patient by name</td>
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<tr>
<td>• Make the patient your focus</td>
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<table>
<thead>
<tr>
<th>I</th>
<th>Introduction to Patients and Family</th>
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<tbody>
<tr>
<td>• Introduce yourself “Hello, Mr. Smith, I am ___, your ___ (surgeon...).”</td>
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<tr>
<td>• Statement of experience</td>
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<tr>
<td>• Sit down if possible at patient’s level</td>
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<table>
<thead>
<tr>
<th>D</th>
<th>Duration – Communication on Duration</th>
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<tbody>
<tr>
<td>“Mr. Adams, we will have the results of your lab tests and x-rays this afternoon. I will be back this afternoon to discuss our treatment options.”</td>
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<table>
<thead>
<tr>
<th>E</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>• Carefully listen to the patient’s story uninterrupted (2 minutes at least)</td>
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<tr>
<td>• Use language the patient can understand when describing the treatment plan (e.g. “We’ll run a CK-MB to determine AMI” vs. “We’ll run some blood tests to determine if you’ve suffered a heart attack.”)</td>
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<thead>
<tr>
<th>T</th>
<th>Thank – When leaving a room, make eye contact and ask:</th>
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<tbody>
<tr>
<td>• “Do you have any questions?”</td>
<td></td>
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<tr>
<td>• “Is there anything else I can do for you?”</td>
<td></td>
</tr>
<tr>
<td>• “Thank you for allowing me to care for you.”</td>
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