

A Diagnostic Approach to Improving H-CAHPS Results at the Health System

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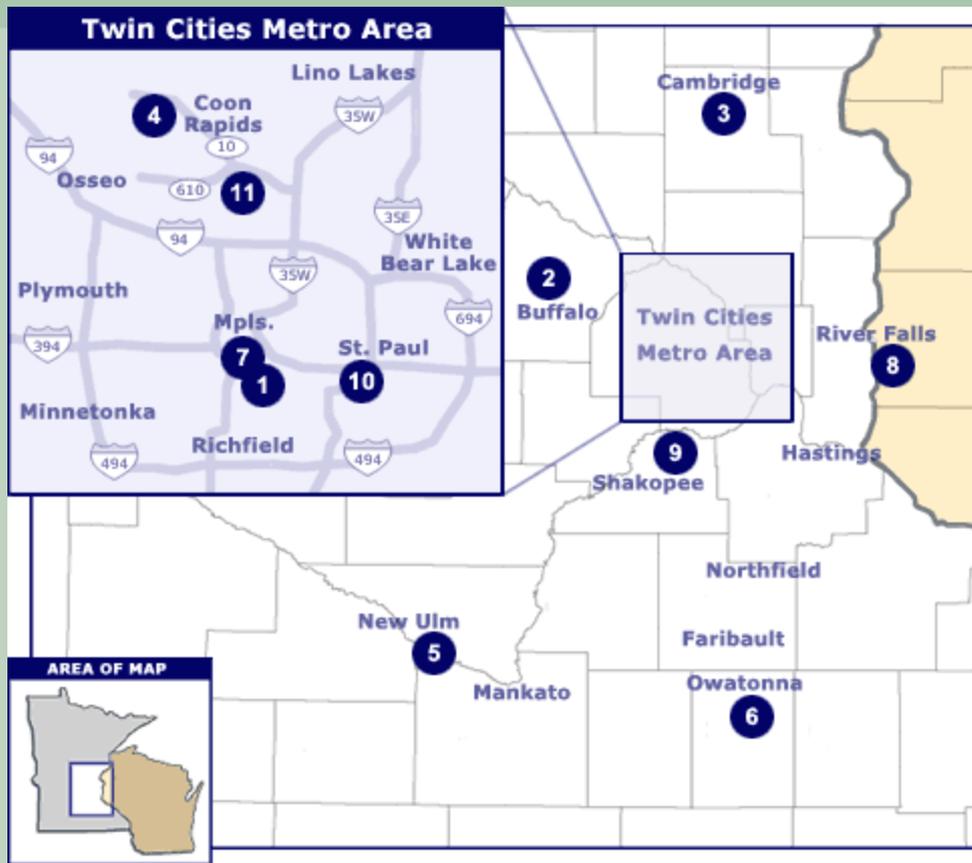
Track: Improving Patients' Experiences With Care

Session: Using H-CAHPS To Drive Systemwide
Improvements.

Date & Time: April 20, 2010, 2:15 pm

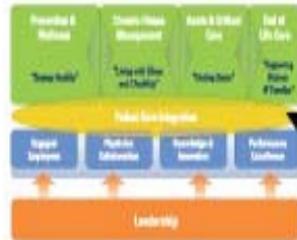
Track Number: CAHPS T2- S3-1

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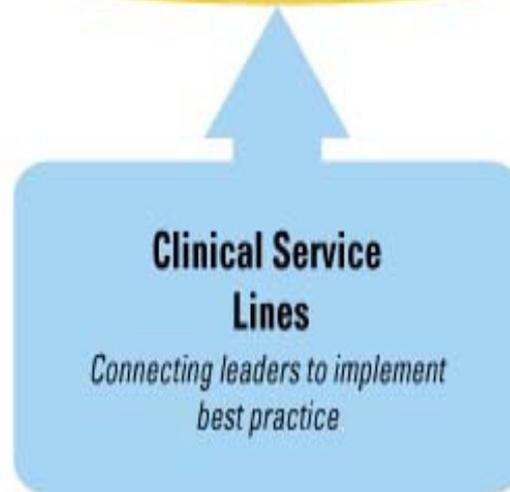
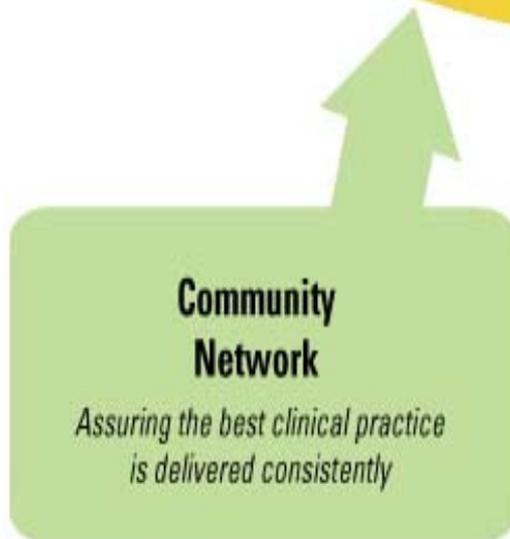
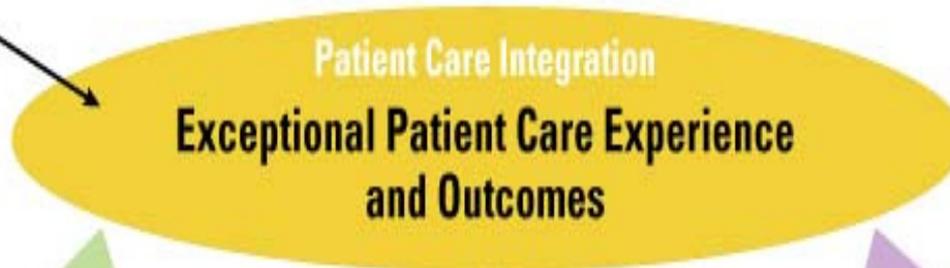


1. Abbott Northwestern - Minneapolis, MN
2. Buffalo Hospital - Buffalo, MN
3. Cambridge Medical Center - Cambridge, MN
4. Mercy Hospital - Coon Rapids, MN
5. New Ulm Medical Center - New Ulm, MN
6. Owatonna Hospital - Owatonna, MN
7. Phillips Eye Institute - Minneapolis, MN
8. River Falls Area Hospital - River Falls, WI
9. St. Francis Regional Medical Center - Shakopee, MN
10. United Hospital - St. Paul, MN
11. Unity Hospital - Fridley, MN

Allina 2.0: Enhancing the Patient Experience



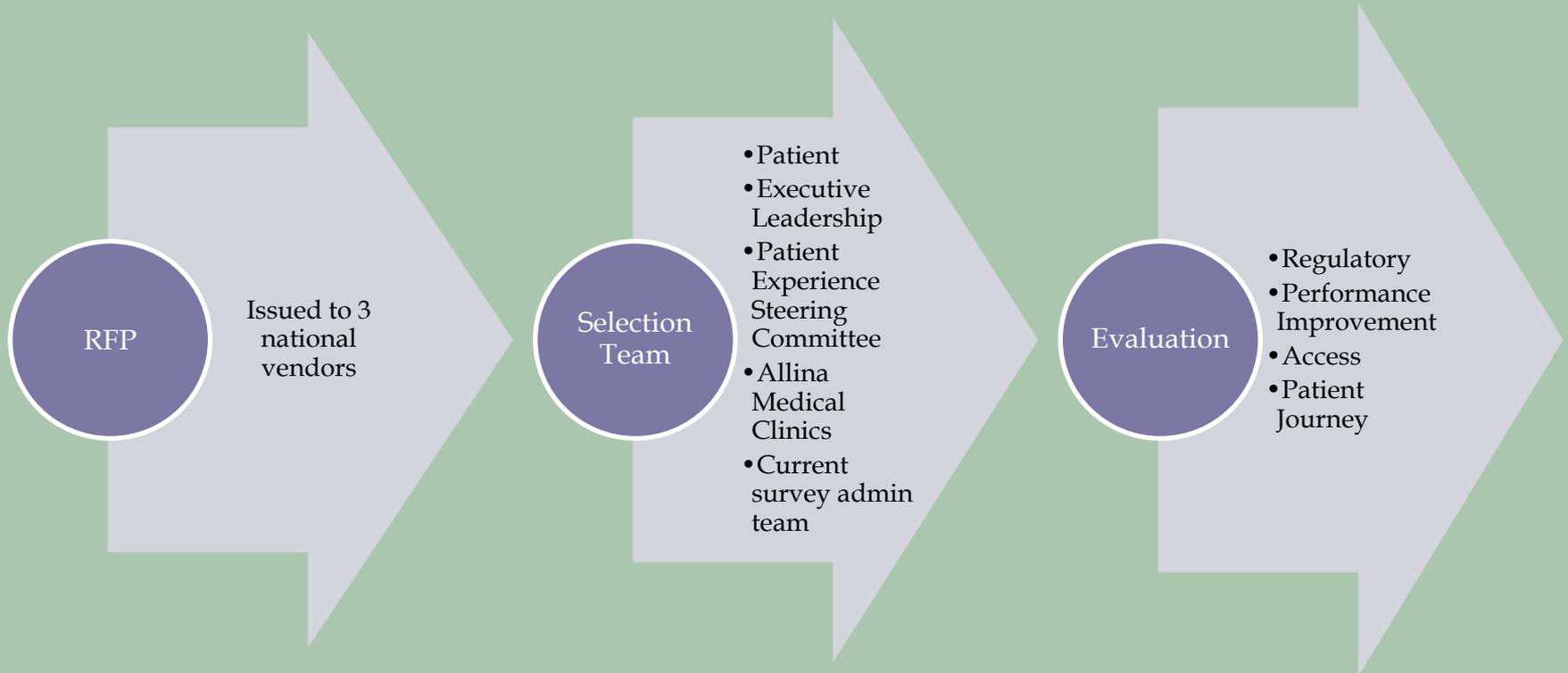
ALLINA CARE MODEL ROAD MAP



Why Was a New Approach Needed?

- Regulatory Risk
- Performance Improvement
- Access
- Patient Journey
- Reporting Capabilities
- Partnership

Selection Process



Patient Experience: Vendor selection process

Susan Blumentals, patient



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Partnership philosophy: Potential areas of engagement

Investment

- **HCAHPS surveys**
- **HCAHPS Diagnostic™ tool**
- **Quality/ performance improvement tools**
- **Education/ events**
- **“Service Level Package”**
- **QAP – High degree of compliance**
- **Minnesota benchmark comparisons**
- **Data return (FTP)**
- **Feedback loops**

Transactional

- **Simplify/ redesign overall patient survey approach**
 - Streamline IP, OP and ancillary service surveys
 - Cross-continuum surveys
- **Support new/ emerging care model development**
 - Health care home, pilot programs, etc.
- **Physician and employee surveys/ additional engagement tools**
- **Addition of new CAHPS (e.g. CG CAHPS) surveys as appropriate**
- **Performance guarantee/shared risk**

Collaborative

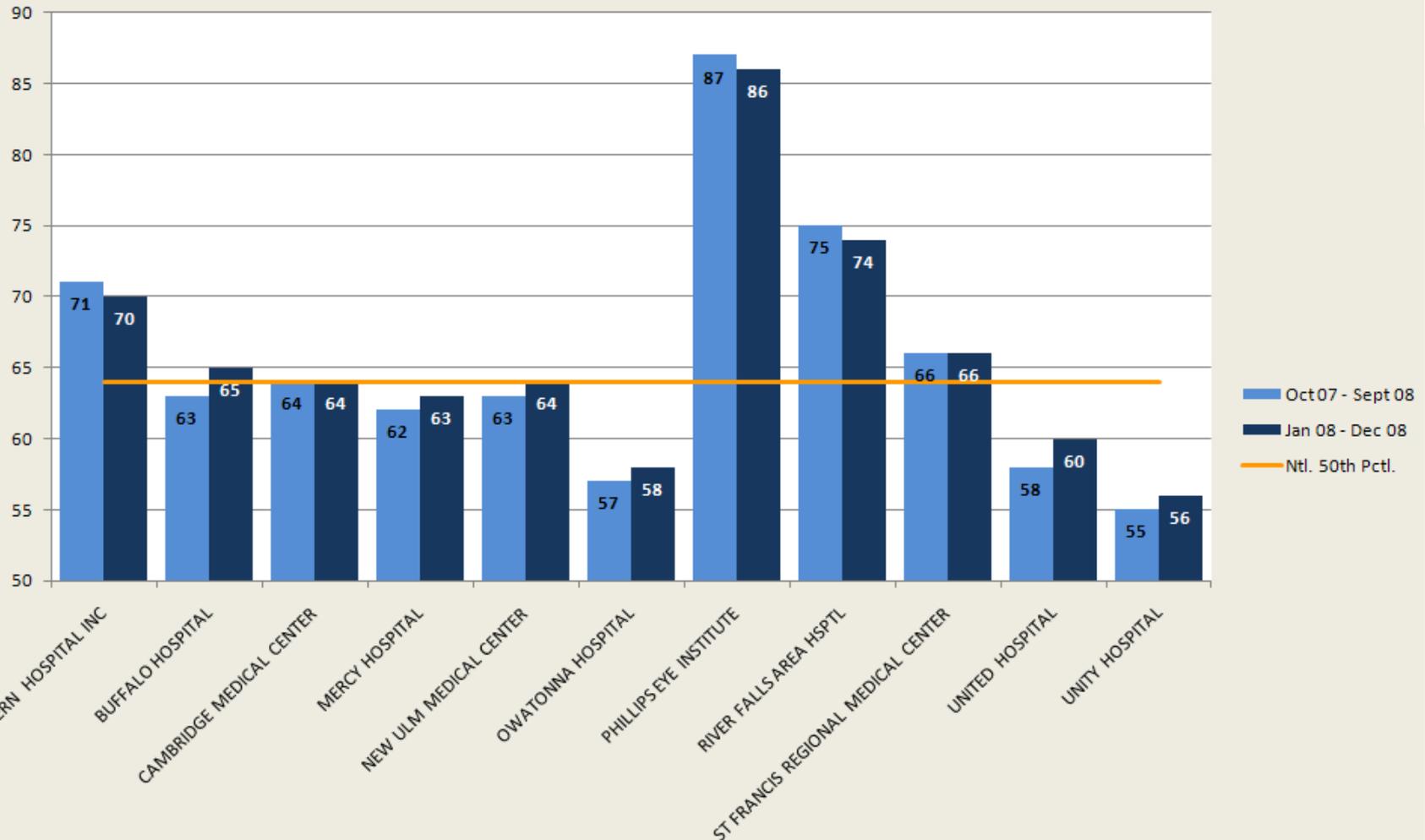
- **Support full voice of the patient feedback cycle:**
 - Design/Proactive
 - In-the-Moment
 - Responsive (beyond HCAHPS)
- **Co-development of technologies to support voice of the patient work**
- **Support voice of patient work across clinical/ care continuum partners to support clinical service lines**
- **Performance improvement tracking/ accountability tools**
- **Financial analysis/ decision support tools**

Partnership

What's Different with Avatar?

- Regulatory Risk
- Performance Improvement
- Access
- Patient Journey
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Baseline HCAHPS Results - Overall

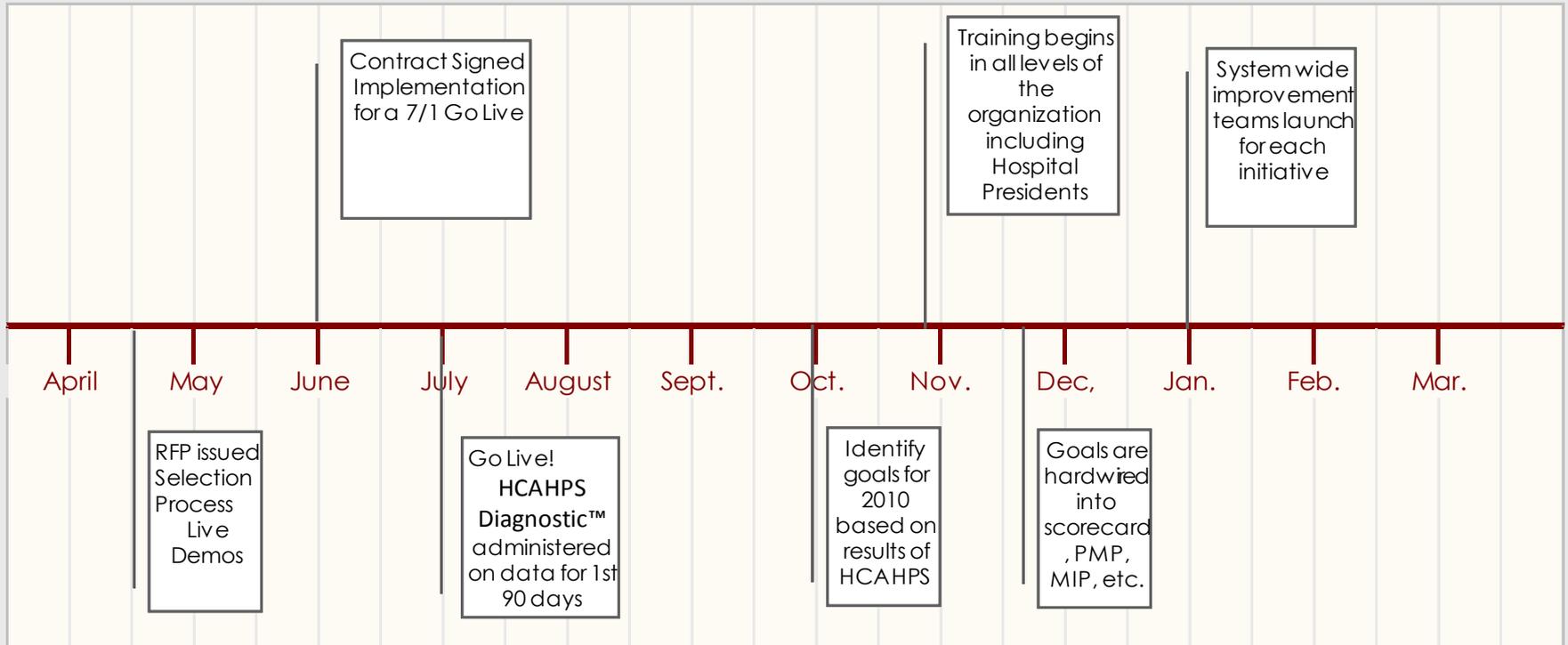


Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

Source for Individual Hospital Scores: www.hospitalcompare.hhs.gov. Results are from patients who had overnight hospital stays from October 2007 through September 2008 compared with January 2008 through December 2008.



Transition & Implementation Timeline

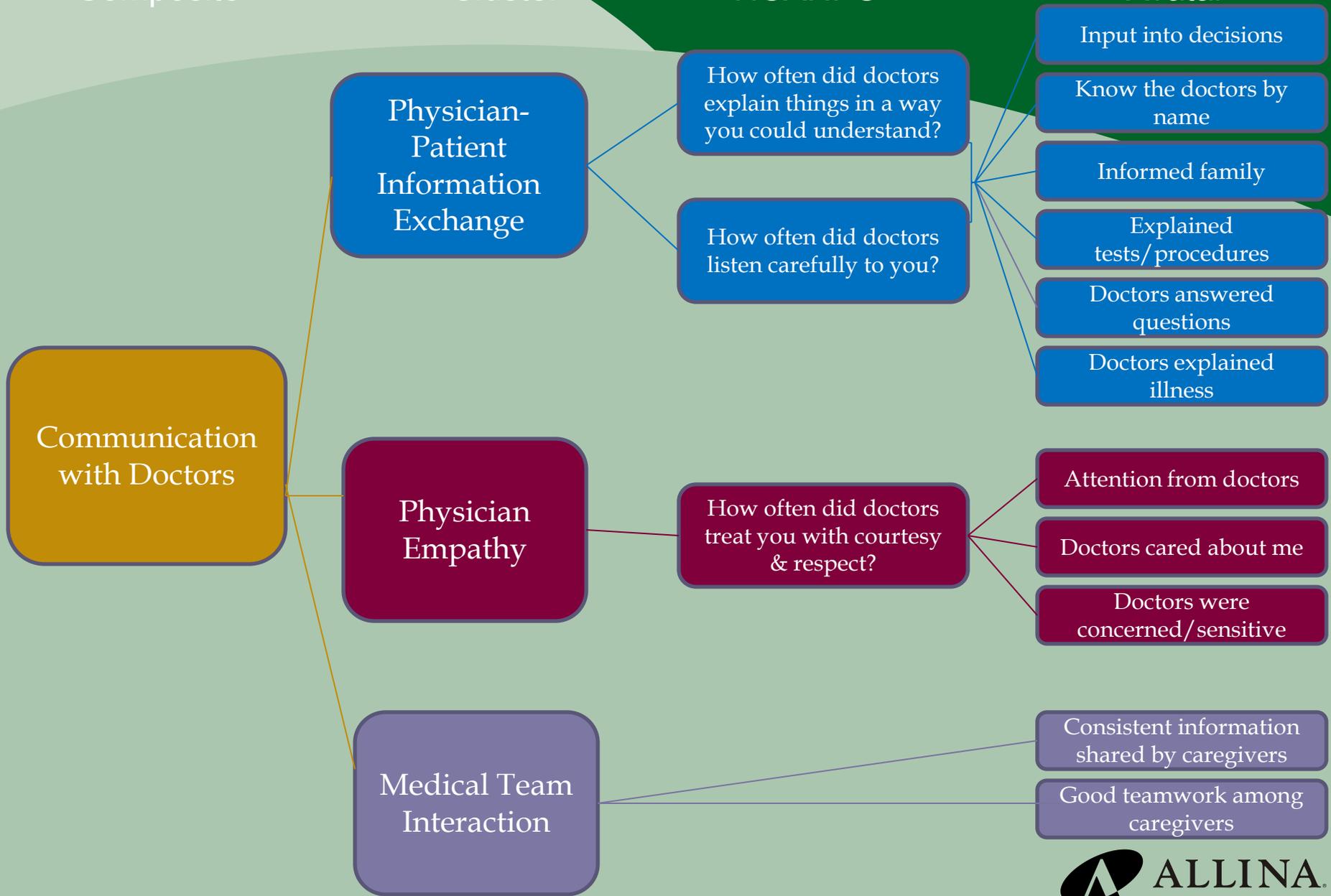


Composite

Cluster

HCAHPS

Avatar



Grade

Communication with Doctors

- Executive Sponsor - Dr. Tierza Stephan
 - Focus will be initially with the hospitalists at each site
 - Medical Staff leadership expanding to include all physician groups
- Specific focus on physician empathy & teach back
 - Tools/training under development based on physician input
 - Articles, videos/vignettes, communication tips
- Takeaways - Challenge/ Actions
 - Look for “windows of opportunity”
 - Tests of change

- **Same systemwide approach underway for Pain Management**
- **Leveraging synergies between other key initiatives in the organization**
 - **Medical utilization & pain management for OB**
- **Look forward to sharing our success with you next year!**