

Session: CAHPS College
Date & Time: April 19, 2010, 2-5 pm

Using Survey Results To Improve Patients' Experiences

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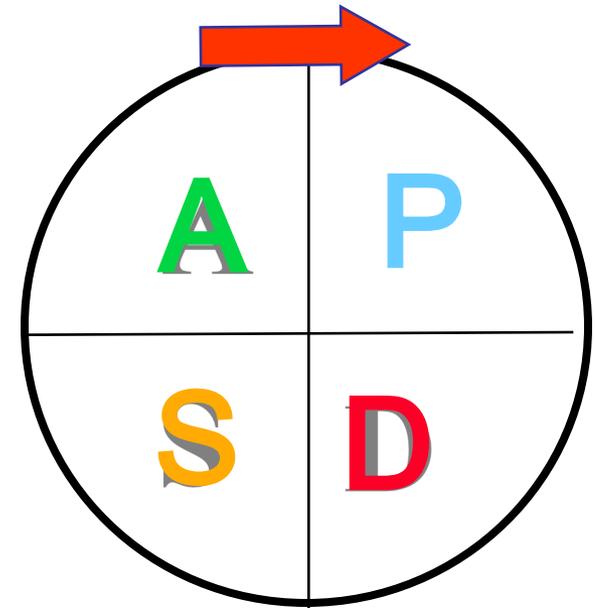


Overview of the Presentation

- Introduction to the quality improvement cycle
- Discussion of each step in the cycle
 - Diagnosing problems using CAHPS survey data
 - Developing QI strategy and action plan
 - Implementing QI strategies and the action plan
 - Monitoring and revising the plan
- Lessons learned from implementation experiences

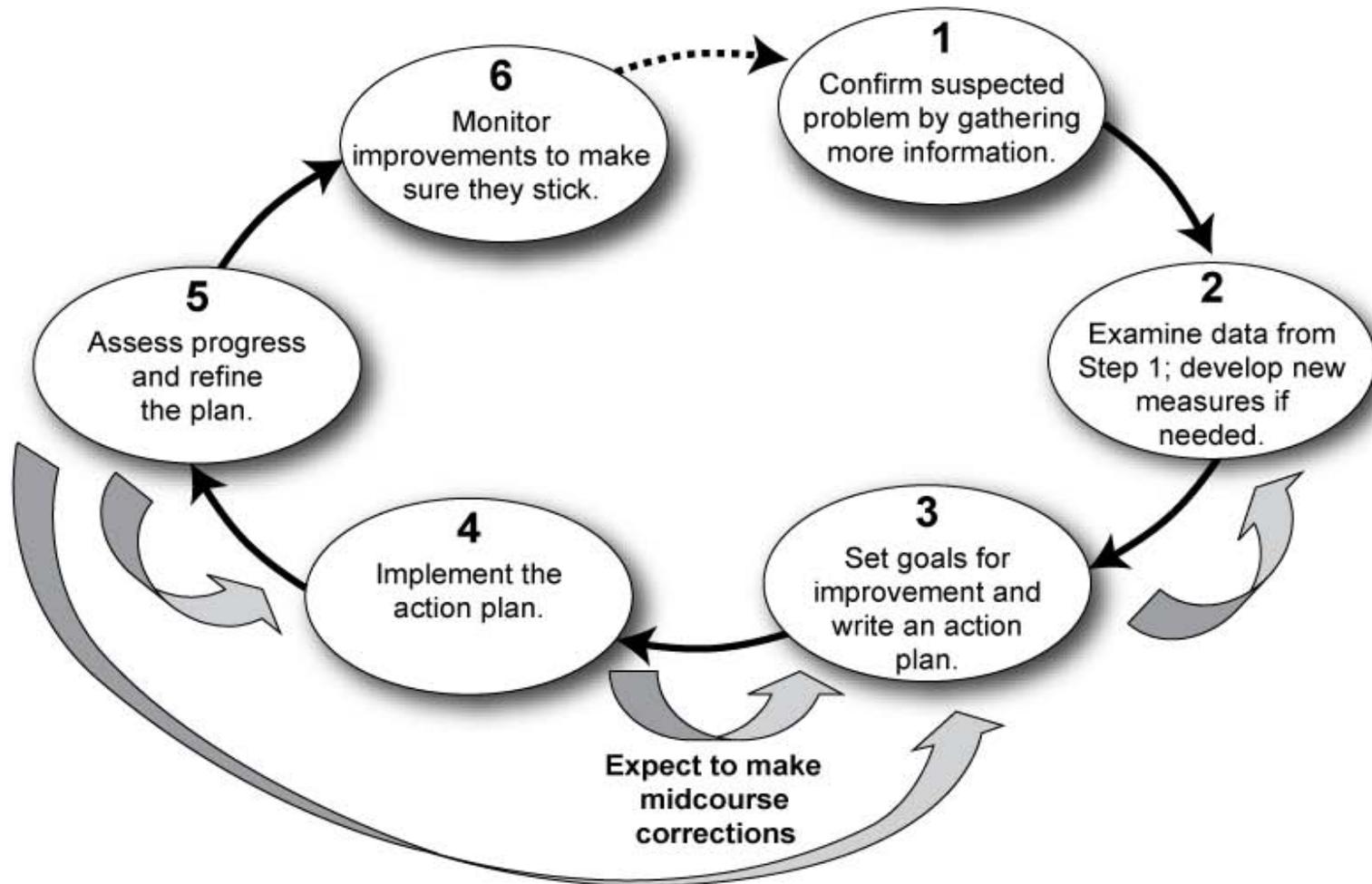
The Plan-Do-Study-Act (PDSA) Cycle

- **Plan:** Develop a focused, realistic *action plan*
- **Do:** Begin to introduce *planned changes*
- **Study:** Do *small scale tests of new practices or procedures*
- **Act:** Apply test results to *make larger changes*



To learn more about the PDSA cycle, go to the Institute for Healthcare Improvement Web site at www.IHI.org

Six Steps to On-going QI Based on PDSA Cycle



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How the Six Steps Map to the PDSA Cycle

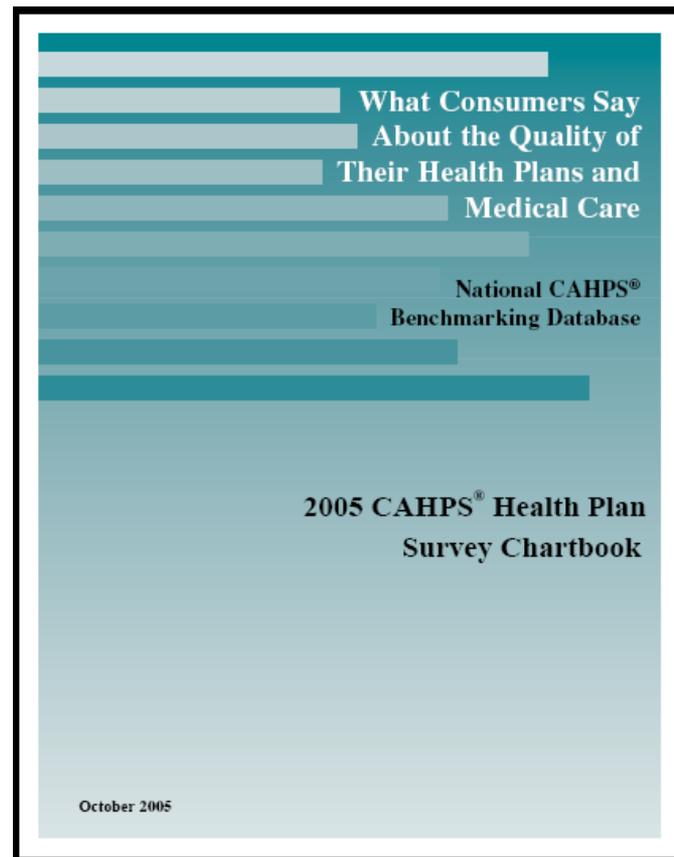
- **Plan:** *Step 1: Confirm suspected problem*
Step 2: Examine data; develop new measures
Step 3: Set goals for improvement; write action plan
- **Do:** *Step 4: Implement the action plan*
As small scale tests of Do, Study, Act
- **Study:** *Step 5: Assess progress and refine plan*
- **Act:** *Step 6: Monitor improvements to make sure they stick*

PLAN : 1. Confirm problem by gathering information

- Assemble CAHPS survey results and trends
 - Composite scores, individual items
- Compare CAHPS data to benchmarks
 - *Resource: National CAHPS Benchmarking Database*
- Define potential opportunities for improvement from CAHPS
- Gather additional information on area of need, which could require primary data collection
 - *Resource: Supplemental QI items on CAHPS*
 - Focus groups or interviews with key stakeholders
 - Small scale surveys

Resource for Benchmarking CAHPS

- Voluntary reporting of CAHPS survey results
- Provides detailed benchmark information
- Health plan survey data available
 - Medicare
 - Medicaid
 - Commercial
- Chartbook available with Hospital Survey data



QI Items Available for Health Plan CAHPS

24 Health Plan CAHPS QI supplemental items:

- **Coordination of care** –
Communication between providers
- **Access to care**
 - Appointments
 - After-hours care
- **Information and materials for consumers**
 - Effectiveness of information
 - Usefulness of information
- **Customer service**
 - Problem resolution
 - Representative's knowledge
 - Representative's politeness

QI Items Available for Clinician/Group CAHPS (#1)

21 Clinician/ Group CAHPS supplemental items:

- **Being informed about wait time**
- **Patient-doctor interaction**
 - Being cared for by a doctor
 - Being ignored by a doctor
 - Having interest shown by a doctor
 - Having experienced a condescending, sarcastic or rude doctor
- **Having doctor conduct specific communication actions during a visit**
 - Listens to reasons for visit
 - Shows concern for physical comfort
 - Describes physical findings
 - Explains reasons for tests
 - Describes next steps in treatment

QI Items Available for Clinician/Group CAHPS (#2)

21 Clinician/ Group CAHPS supplemental items:

- **Receiving complete and accurate information from a doctor about six aspects of care**
 - Tests
 - Choices of care
 - Treatment
 - Plan for care
 - Medications
 - Follow-up care
- **Having doctor provide easy to understand information about seven aspects of care**
 - What was wrong
 - Reason for treatment
 - What medication was for
 - “Something else”
 - Results from tests
 - What to do if condition worsened
 - How to take medication
- **Doctor was hard to understand because of language**

PLAN: 2. Decide What Should be Measured (Example)

Percentage responding “usually” or “always”

Plans	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
<i>Your plan</i>	70%	71%	89%	84%
Statewide	75	78	88	80
National	69	71	86	77

PLAN: 2. Decide What Should be Measured (Example)

Composite	Composite Score	Q4. Care for problem when needed		Q6. Appt for routine care when needed	
		Percentage “usually” or “always”	Corr. Rate all care	Percentage “usually” or “always”	Corr. Rate all care
Getting Care Quickly	71%	74%	0.41	68%	0.40

PLAN: 2. Decide What Should be Measured (Example)

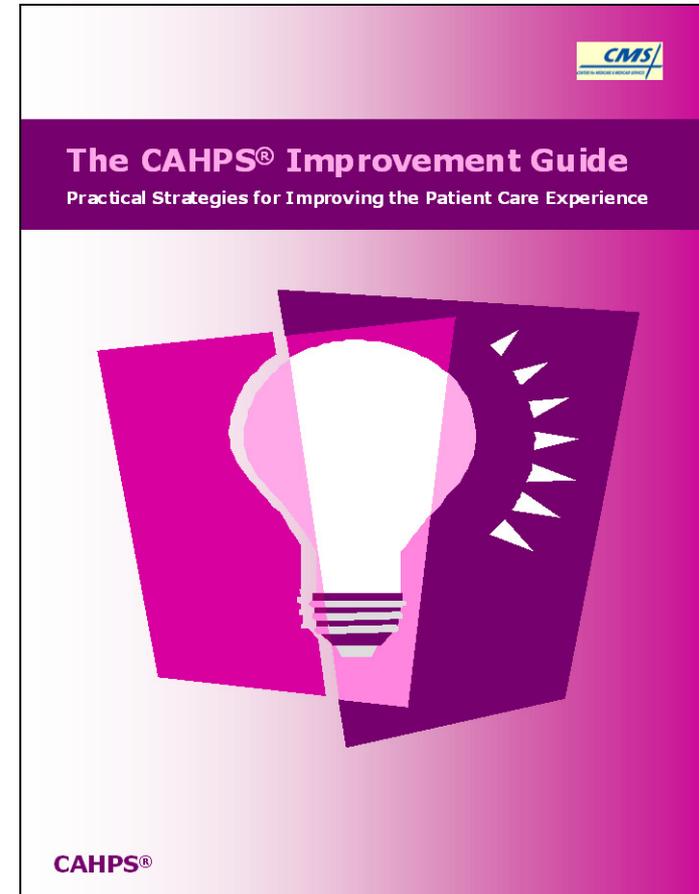
Composite	Composite Score	Q27. Easy to get specialist appointments		Q31. Usually got tests, care you needed	
		Percentage “usually” or “always”	Corr. Rate all care	Percentage “usually” or “always”	Corr. Rate all care
Getting Needed Care	70%	67%	0.36	73%	0.37

PLAN: 3. Set Goals for Improvement

- Establish QI implementation team
- Establish goals for improvement
- Investigate potential strategies
 - *Resource: CAHPS QI guide*
- Design specific intervention(s)
 - *Resource: CAHPS Case Examples*

CAHPS Quality Improvement Guide

- Examples of improvement strategies
 - Health plan
 - C/G CAHPS (being updated)
- Topics:
 - Communication with doctors,
 - Customer service,
 - Access to care,
 - Coordination/integration of care,
 - Health promotion and education
- Provides information on planning and implementing QI
- Analysis steps (being updated)



On-line at: www.cahps.ahrq.gov/QIGuide

CAHPS Case Examples

- Health Plan
 - More than 500,000 members
 - Fielded CAHPS since 1995
- Topic: Customer Service
- QI Strategies:
 - Training for representatives
 - Developed career path
 - Empowered decision-making
 - Reconfigured quality control tracking system
- CAHPS Trends
 - Getting customer service help
 - Easy to reach service rep
- Hospital
 - More than 600 beds
 - Began CAHPS during QI effort
- Topic: Emotional Support
- QI Strategies:
 - Focus on patient service
 - New charge nurse position
 - Improved communication with patients
 - Provided support to staff
- CAHPS Trends
 - Nurses discussed patient's anxieties and fears
 - Would recommend hospital

On-line at: www.cahps.ahrq.gov/content/resources/QI/RES_QI_RandCaseStudy.asp

PLAN: 3. Write an Action Plan

- Action plan contents
 - Strategies and priorities
 - Specific actions
 - Timeline
 - Measurement and monitoring
- Measures
 - Define measures for each action
 - Identify data sources
 - Frequency of measurement
- Monitoring
 - Define criteria for meeting a goal
 - Decide on monitoring schedule

PLAN: 3. Write Action Plan – Strategies & Priorities

Performance Dimension	CAHPS Score Levels	Action Priority	Strategy
1. Getting needed care	70%	Priority: H <u>M</u> L	Improve access to specialist care
2. Getting care quickly	71	Priority: <u>H</u> M L	Improve timely appts. for routine care
3. How well doctors communicate	89	Priority: H M <u>L</u>	No action
4. Customer service	84	Priority: H M <u>L</u>	No action

PLAN: 3. Write Action Plan – Actions to Carry Out

Performance Dimension: 2. Getting care quickly

Define actions to strengthen this program component	Designate lead staff person for the action, other staff involved, and key task responsibilities.		Identify the tools and resources for the action	Specify the action timeline
Action #2.1	Lead: Other Staff:	Responsibilities:		Start Complete
Action #2.2				Start Complete
Action #2.3				Start Complete

PLAN: 3. Write Action Plan – Timeline for Actions

Performance Dimension: 2. Getting care quickly

	MONTH OF WORK											
Program Component	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Action #2.1												
Action #2.2												
Action #2.3												
Etc.												

PLAN: 3. Write Action Plan - Measures & Monitoring

- What to measure:**
- 1. Have planned changes really been made?**
 - 2. How are changes affecting processes?**
 - 3. How are changes affecting patient experiences?**

Strategy	Measure	Data Sources	Monitoring Schedule
[2. Getting care quickly]			

DO: 4. Implement the Action Plan

- Implement interventions at a small scale
 - **DO**: Begin to introduce planned changes
 - **STUDY**: Do small scale tests of new practices or procedures
 - **ACT**: Apply test results to make larger changes
- Revise and adjust interventions to organizational context
- Gather data on measures selected to monitor progress

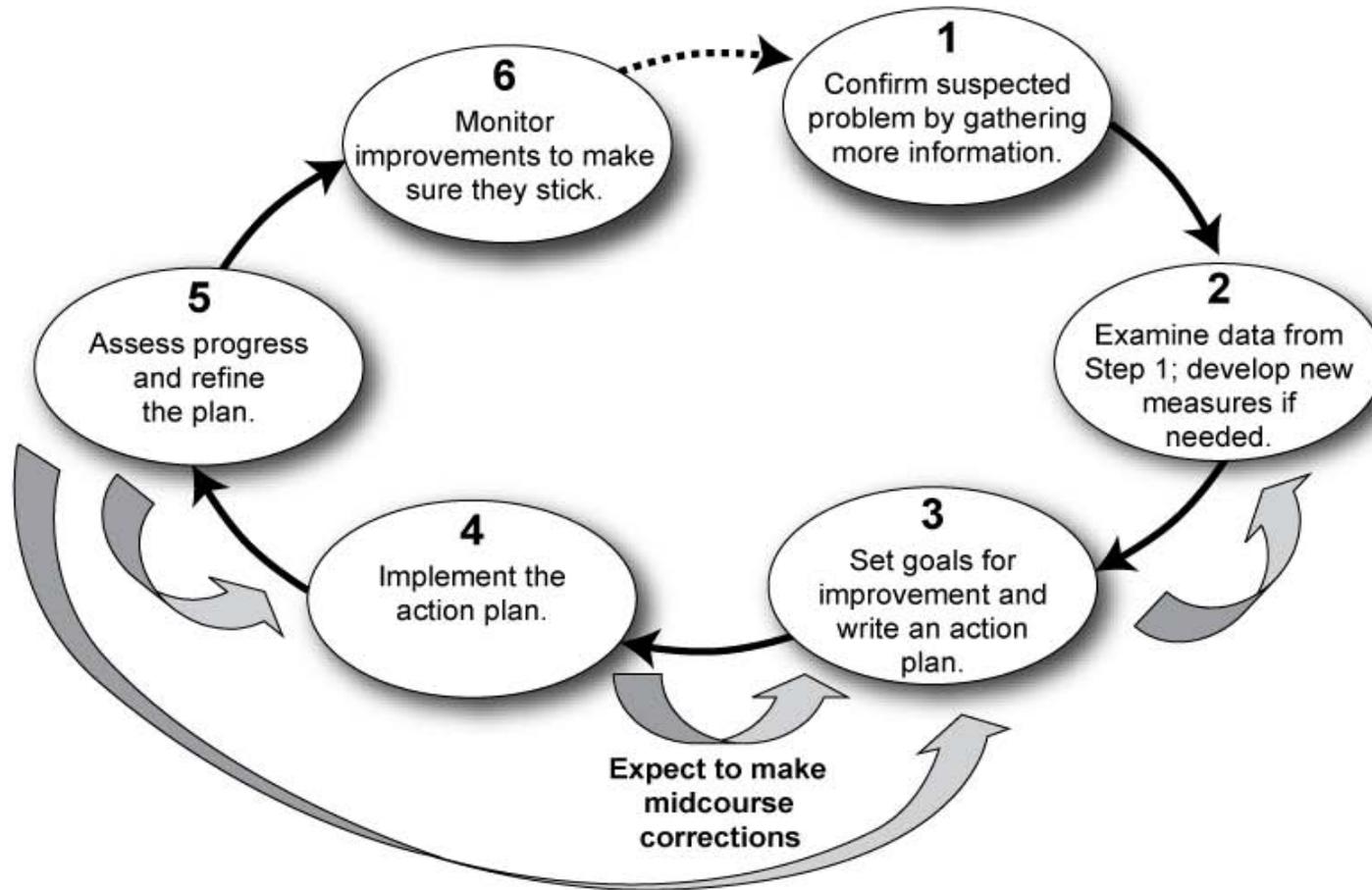
STUDY: 5. Assess Progress and Refine Plan

- Monitor performance measures over the course of QI intervention and compare them to performance goals
- Assess what worked and what didn't work
- Modify strategy, if needed
- Introduce improvements into the organization on a broader scale, as appropriate
- Start the PDSA cycle again
- Continue to implement CAHPS survey again and examine changes in scores for areas chosen

ACT: 6. Monitor to Make Sure Improvements Stick

- Continue to monitor data to make sure that improvements continue
- Prepare for events that might compromise any gains
- Remain committed to QI
- Respond to data and modify strategy, when needed
- Continue to track overall trends and items

QI is On-going and the PDSA Steps are Iterative



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Lessons Learned Using CAHPS For QI

- CAHPS surveys provide useful information for QI
 - Trending
 - Setting priorities
 - Benchmarking
 - Drilling down
- Gather additional information to gain a full picture of specific processes that need to be improved
- QI requires item-level information as well as composite scores
- Define overall and interim measures to track progress
- QI is a process – be prepared to refine strategies
 - Use small scale tests
 - Expect mid-course corrections

Lessons Learned for Effective Quality Improvement

- It is very difficult to change organizations – it takes time and perseverance
- Gain and maintain buy-in from leadership on action steps and the monitoring process
- Involve patients and staff in QI process – they know best
- Plan on the need for training and coaching
- Try to anticipate challenges and prepare actions to manage them proactively (i.e. through communication and training)