Institute for Healthcare Improvement

IHI Expedition

Putting your Patient Experience Data to Work
Session 1: Data Sources: What's Out There and What Do You Have?

Kevin Little PhD
Kristine White RN, BSN, MBA
Angela Zambeaux

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Today's Host

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Rebecca Goldberg, Project Coordinator, Institute for Healthcare Improvement (IHI), coordinates multiple projects focused on increasing value in health care by improving quality and reducing costs. Currently, Rebecca's primary responsibility is coordinating and hosting IHI's Expeditions, monthly virtual support programs focused on specific topic areas. Rebecca is a recent graduate of Georgetown University in Washington, D.C., where she obtained her Bachelor of Science degree in human science with a minor in public health.

Audio Broadcast

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You will see a box in the top left hand corner labeled "**Audio broadcast**." If you are able to listen to the program using the **speakers on your computer**, you have connected to the audio broadcast.
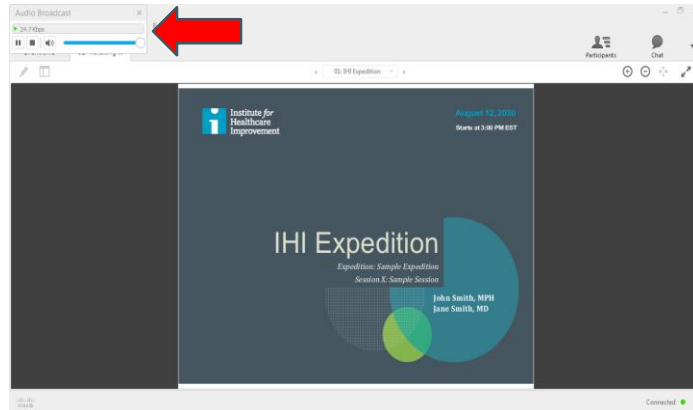
Phone Connection (Preferred)

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To join by **phone**:

1) Click on the "Participants" and "Chat" icon in the top, right hand side of your screen to open the necessary panels

2) Click the [button] button on the right hand side of the screen.

3) A pop-up box will appear with the option "I will call in." Click that option.

4) Please dial the **phone number**, the **event number** and your **attendee ID** to connect correctly .
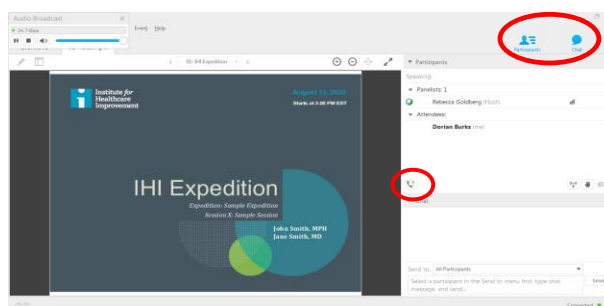
WebEx Quick Reference

- Please use chat to "*All Participants*" for questions

- For technology issues only, please chat to "*Host*"

Raise your hand

Select Chat recipient
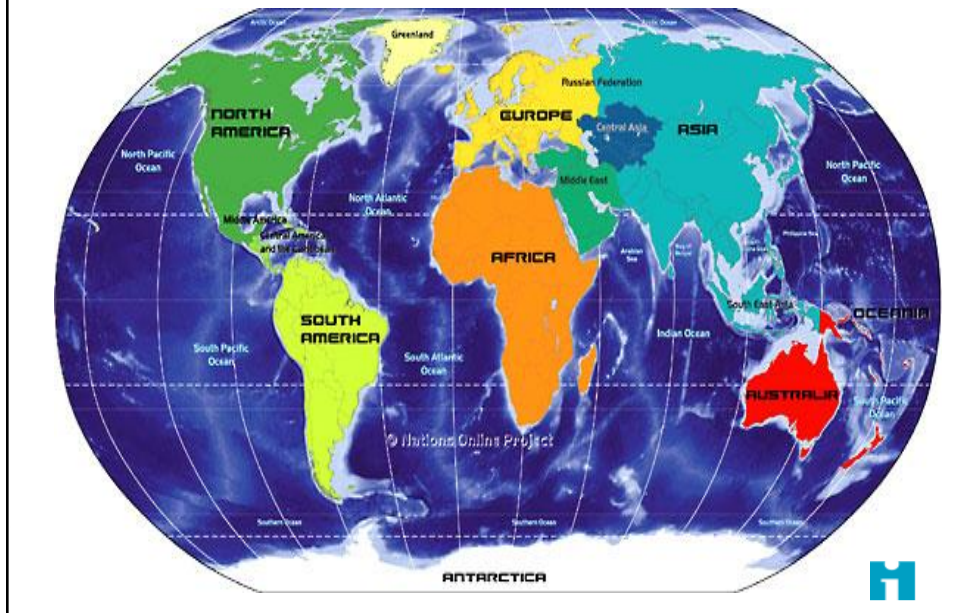
Enter Text
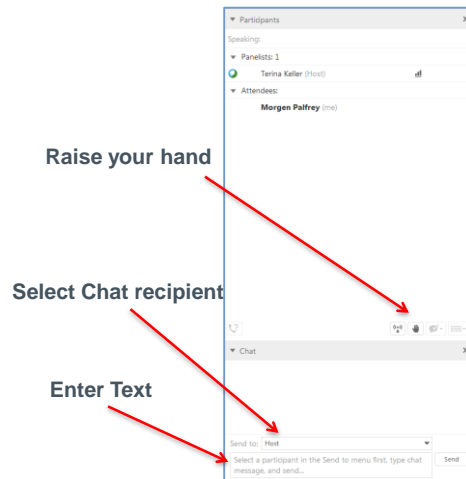
Chat

Name and the Organization you represent

Example: Sam Jones, Midwest Health

Please send your message to *All Participants*

Where are you joining from?

Passport
Guiding your journey to exceptional care

By joining Passport, your entire staff gets access to a wide range of web-based tools to help prioritize, deploy, and accelerate your improvement initiatives without leaving your desks. Passport membership will:

- Bring IHI's world-class expertise to your doorstep (virtually) and support multiple teams closest to the point of care as they make rapid improvements in the areas of greatest concern to hospitals today.
- Help your staff meet its continuing education requirements for physicians, nurses, and pharmacists.
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- Save you time, set your teams up for success, and facilitate more effective use of your resources.
- http://www.ihi.org/Engage/Memberships/Passport/Pages/default.aspx

IHI Open School Courses

- More than **20** online courses developed by world-renowned experts in the following topics
  - Improvement Capability
  - Patient Safety
  - Person- and Family-Centered Care
  - Triple Aim for Populations
  - Quality, Cost, and Value
  - Leadership
- More than **26** continuing education contact hours for nurses, physicians, and pharmacists. NAHQ has also approved the courses for CPHQ CE credit.
- Basic Certificate of Completion available upon completion of 16 foundational course.
- Mobile App for iPhone and iPad
- 20% Discount on organizational subscription for Passport Members

What is an Expedition?

ex·pe·di·tion (noun)

1. an excursion, journey, or voyage made for some specific purpose
2. the group of persons engaged in such an activity
3. promptness or speed in accomplishing something

Expedition Director

Angela G. Zambeaux, Senior Project Manager, Institute for Healthcare Improvement (IHI), has managed a wide variety of IHI projects, including a project funded by the US Department of Health and Human Services that partnered with the design and innovation consulting firm IDEO around shared decision-making and patient-centered outcomes research, the STAAR (STate Action to Reduce Avoidable Rehospitalizations) initiative, virtual programming for office practices, and in-depth quality and safety assessments for various hospitals and hospital systems. Prior to joining IHI, Ms. Zambeaux provided project management support to a small accounting firm and spent a year in France teaching English to elementary school students.

Expedition Sessions

Session 1 – Data Sources: What's Out There and What Do You Have?

Session 2 – Understanding Potential Pitfalls and How to Avoid Data Craziness

Session 3 – Using Surveys, Letters, and Complaints as Data

Session 4 – Storytelling: Patient, Clinician, and Staff Stories

Session 5 – Fast and Slow Feedback – Best Practices for Both

Session 6 – Leadership from Where You Are and Where You Are Going

Faculty

Kevin Little, PhD, Improvement Advisor, Institute for Healthcare Improvement (IHI), is a statistician specializing in the use of information to study, understand, and improve system performance. His experience in application of statistical methods includes direct work with scientists and engineers in a range of disciplines. He has also coached improvement teams in a range of industries. Dr. Little served as Improvement Advisor to the National Health Disparities Collaboratives from 2001 to 2006, and to IHI's Hospital Portfolio of projects from 2010 to 2012. Recently, he has worked on the measurement strategy for the Healthier Hospitals Initiative and led a pilot to improve physician communication behaviors.

Faculty

Kristine K. S. White, RN, BSN, MBA, Principal, Aerate Consulting, and Co-Founder, Aefina Partners, LLC, previously served in senior leadership roles at Spectrum Health. Her areas of expertise include leadership and system design for cultures of excellence and innovation, integrating innovation practices and skills into organizations, and readying cultures and organizations to solve problems and identify new tools and processes for the future. Ms. White has worked with physicians to increase the effectiveness of physician communication efforts and with leaders and teams to drive meaningful improvement in the patient and family experience in organizations of all types and understand and utilize patient experience data sets. She has also coached senior teams to strategically focus and prioritize efforts that yield value to patients within their systems. Ms. White is passionate about integrating patient and family advisors into the design and evaluation of health care and has helped many organizations build the infrastructure and processes to do so. Her aim is to connect leaders and health care teams to a clear purpose, with measurable and sustainable impact and value to patients and their families.

Guest Presenter

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T. Scott Kearney, **President, T.S. Kearney Consulting, LLC**. currently serves as Chairperson Patient and Family Advocacy Council, Meijer Heart Center, Spectrum Health and as a Member, Executive Patient and Family Advocacy Council, Spectrum Health.

Expedition Objectives

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At the conclusion of this Expedition, participants will be able to:

- List the variety of patient experience data available in your organization
- Identify and avoid wasted effort in use of required data
- Discuss the use of complaint data for improvement
- Place patient stories in context
- Define fast and slow feedback and provide examples of when each is appropriate
- Explain the role of leaders in interpreting and using data to drive improvement

Topic for Today- *Data Sources: What's Out There and What Do You Have?* 17

- Why are you here?
- Goals for this Expedition
- The Model for Improvement Review
- Data sources to help understand and improve the patient experience: Start with Patients
- Data Scavenger Hunt: Assignment

Pre-Survey 18

- We received 50 responses to our survey- thanks so much for your responses!
    - It is great to have a large number of quality improvement and patient experience professionals on our Expedition. We also have a large number of data analysts, patient safety professionals, as well as patient/family advisors and advocates.

- How do you assess qualitative and quantitative patient experience data?
    - Just about half of us have a single process that supports this knowledge and the other half have a reliable process that supports this assessment across the organization.

Pre-survey part 2

- How do you interpret the information you have and use it effectively?
  - The majority of survey respondents have a single process that supports this knowledge in your organization.
  - Several others (34%) are able to share this information reliably across the organization.
- How many respondents are currently able to go beyond patient satisfaction surveys to link your patients' experience of care with your efforts to improve quality and safety ?
  - 28% are not quite there, 30% have a single process, and 18% are able to reliably share this information across the organization.

What are you most proud of?

- Connecting the "dots" and engaging all staff in improving patient experience
- Working with patient/family advisors and advisory councils
- Using patient feedback to drive improvement
- Patient rounding, leadership rounds
- Transparent sharing of data

Top 3 Barriers

- Some of the most frequent responses:
  - TIME!
  - Patient responses (quantity, response time, specificity of data)
  - Not sure how to get the data, who has it, how to best use it
  - Overwhelming task of analyzing the data
  - Finding a standard approach that works for a variety of units/services
  - Engaging staff and patients

- We also reviewed what you hope to learn and will work to address them. Many people asked for best practices so please do share what you are doing so we can all teach and all learn.

Question for you

- Please chat in why you decided to sign up for this Expedition.

Start with why

- Why am I here?
- Why is understanding so critical?
- Why does real improvement begin with truly understanding the data?
- Why we should all work to instill data sanity skills and discipline within our organizations?

Stages of Dealing with Patient Experience Data

- Deny
  - *"We have Patient Experience data????"*
- Ignore
  - *"Just don't make eye contact, don't open the email and if subject comes up… change it and talk fast!"*
- Shoot the messenger
  - *" The survey tool is biased, my patients are crabbier than anybody else's,…cannot possibly reflect what is going on in my unit!!"*
- Accept
  - *"OK- help me learn how to use this to drive change and understand our impact on patients and families."*
- Use
  - *"Identify high leverage improvement to create the best care outcomes and best environment in which to work."*

Symptoms of trouble

- "We pretty much just look at our performance internally and overall we feel pretty good about it."
- "We look only at organizational numbers rolled up, that's what matters at the end of the day."
- "We regularly review our data and form teams around the lowest scores."
- "Every month we review our scores and if we drop down, we form a team to fix it, and if it's up, we get a pizza party."
- "It's all so overwhelming – it's just so hard to know where to start."
- "CAHPS has really changed our focus – it's really the only thing we are focusing on now in my organization."

Data to support your Patient Experience Strategy

- Understand data, what it is, what it isn't, what we can learn, and how to know if what we are doing matters…underpins the entire patient experience strategy
- Precious few resources (time, money, energy)
- Avoid "abuse"
- Drive improvement that _matters_ most

The Model for Improvement

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Do you have a standard* improvement method?

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*standard means you are expected to use the method & people are educated and coached in its use

Use your pointer to show us what you are using

The Model for Improvement	A3 Problem Solving	Plan-Do-Study-Act
DMAIC	Other (please chat it in!)	No standard method yet

Getting to the top of a mountain

Finding my way from conference center to hotel
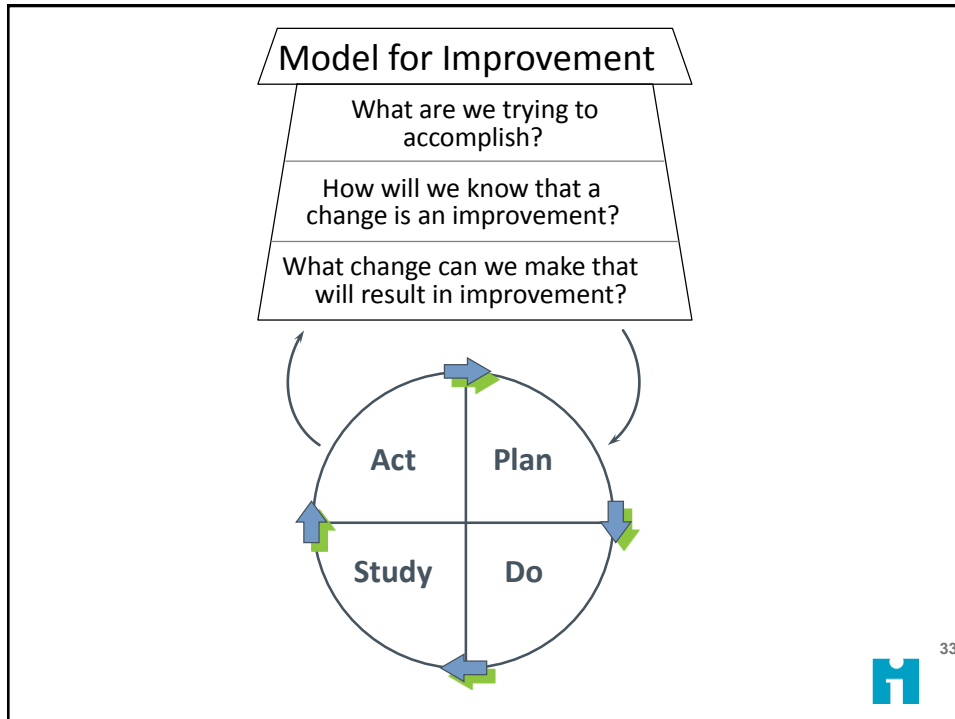
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Three Basic Questions to find my way

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- Where am I trying to go?

- How will I know if I am getting closer?

- What change can I make if I'm not getting closer to the Holiday Inn?

Three Fundamental Questions for Improvement

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- What are we trying to accomplish?

- How will we know that a change is an improvement?

- What change can we make that will result in improvement?

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act Plan

Study Do

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Sperm finding egg: Analog to Model for Improvement Steps

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Guidance on Scale of a Test

Deciding on the Scale of a Test		Current Commitment within Your Organization		
Belief in effectiveness	*Failure Cost*	No Commitment	Some Commitment	Strong Commitment
Low degree of belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Very small-scale test	Very small-scale test
	Cost of failure small	Very small-scale test	Very small-scale test	Small-scale test
High degree of belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Small-scale test	Large-scale test
	Cost of failure small	Small-scale test	Large-scale test	Implement

source: Table 7.1 G. Langley et al. (2009), *The Improvement Guide*, 2nd edition, Jossey-Bass, San Francisco © Associates in Process Improvement, used with permission.

What's Very Small?

- In terms of your work:
  – Test your change on ONE UNIT (one patient interaction, one care round, one shift hand-off, one leadership round….)
- In terms of time:
  – What can you learn in one day, one morning, one hour, five minutes? (shorter the better)

Two types of Activities

- Operating and Supervising: "[O&S] concerns systems and solutions that people participate in routinely, expecting fairly standardized results.
- Planning and Design: "[P&D] activities result in custom-made solutions, policies, and designs, that restructure existing systems or create new ones."

Source: G. Nadler (1981) , *The Planning and Design Approach*, New York: Wiley.

Connections and Implications

- "P&D is concerned with imagining, designing, and implementing new and restructured systems and solutions, O&S with maintaining them. The latter stresses standardization and routine, the former flexibility and innovation." (Nadler)
- Successful P&D eventually links to O&S.
- Model for Improvement can guide improvement in P&D and O&S but you may prefer other problem-solving (A3, DMAIC) for O&S.   That's fine with me!

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Repeated Use of the Cycle

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DATA

Unless changes are integrated into "daily work", changes will not stick. E.g. job descriptions and job training following current best known methods, link to supervision, etc.

**Hunches
Theories
Ideas**

Investigation → **Demonstration** → **Implementation**
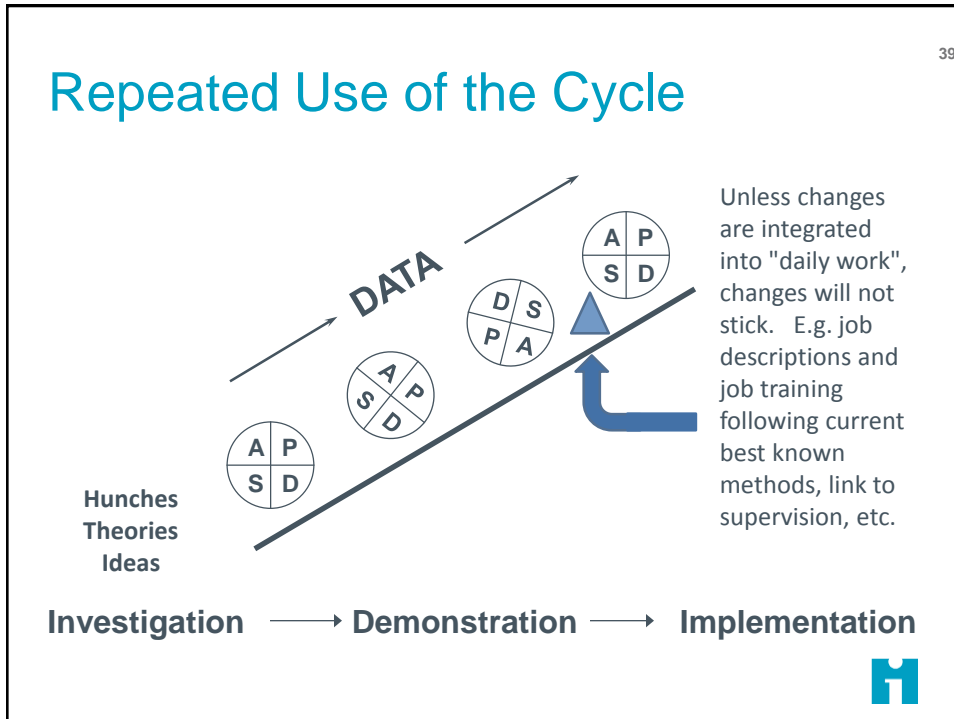
Core competency: training and coaching

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Getting to Standard Work in Health Care

Using TWI to Create a Foundation for Quality Care

Patrick Graupp
Martha Purrier, RN

1. Identify key jobs
2. Teacher* breaks down job
   - "Know what"
   - "Know how"
   - "Know why"
3. Teach one-on-one
4. "If the student hasn't learned, the teacher hasn't taught."

"the way to get a person to quickly remember to do a job correctly, safely and conscientiously." p. 73

*supervisor!

Graupp P and Purrier M *Getting to Standard Work in Health Care.* Boca Raton: CRC Press; 2013.

Resources for Self-study

D. M. Berwick (1996), "A Primer on Leading the Improvement of Systems," *BMJ,* 312: pp. 619-622.

G. Langley et al. (2009), *The Improvement Guide*, 2nd edition, Jossey-Bass, San Francisco.

T. W. Nolan and L. P. Provost (1990), "Understanding Variation", *Quality Progress,* **13**, No. 5.

"Accelerating the Pace of Improvement - An Interview with Thomas Nolan," *Journal of Quality Improvement,* **23**, No. 4, The Joint Commission, April, 1997.

Blog post, Kevin Little 20 July 2015, http://www.iecodesign.com/index.php/234-model-for-improvement-applied-to-different-problems-the-type-of-problem-matters

Resources on the www.ihi.org site: Search for PDSA

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So- where's the data?

Patient/family partnership is key to understanding the data

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- ● Patients are detectives- they are always observing clues:
  - – Work, Look and Feel
  - – These clues are then translated into evaluation of the care and quality of the providers/organization.
  - – We must constantly be asking ourselves- "what are the data *really* telling us?"

- ● Scott Kearney- our guest presenter

Patient Partnership

- ● Analysis is incomplete without Patient Advisors (or equivalent) as part of the discussion
  - – Understand that the data "means/looks like"
  - – Not a "one and done"- active discussion and follow up
  - – Part of the design of improvement ideas/experiments

- ● Focus on what matters most

- ● Remember all the data sources

Questions

- How have you included patients? What worked well?
- What are some of the barriers to including patients?
- Please use the chat or raise your hand to be unmuted.

So how might we proceed to ensure rigor and discipline in our processes so we can put our patient experience data to work?

This…then that

aefina PARTNERS

Principles
- Decide WHAT is to measured
- Decide HOW it will be measured
- Communicate WHY or intent
- Select comparison data
- Set goals: What by when
- Determine minimum sample size
- Instill disciplined process to understand data
- Identify all sources of patient experience data
- Leadership commitment to data sanity

Organizational wide performance
- Begin with understanding organizational performance
- Plot data in time order and use run chart rules
- Understand comparison data
- Understand top box
- Understand correlation coefficients and identify greatest opportuniteis for improvement
- Engage all stakeholders in understanding data
- Consistent communication of data, analysis and organizational improvement decisions

Site specific performance
- Determine comparison data
- Ensure adequate sample
- Plot data in time order
- Maintain rigor in data integrity and rules
- Utilize all patient experience data sources including an intentional process for patient comments
- Create dashboard, readily accessible by all, celebrating strengths and improvements while focusing on improvment efforts

Individual provider performance
- Prepare team as a whole
- Prepare individuals who will be included in reporting
- Develop process for fast feedback
- Make resources available for individuals to gain deeper understanding and coaching for improvment
- Understand individual performance within context of of team

Leadership standard work for culture of improvement
- Clear consistent message of why
- Clear consistent messages of expectations
- Commitment to remove barriers and understand challenges
- Utilize coaching skills on a daily basis
- Celebrate improvement and sustained performance

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Questions so far?

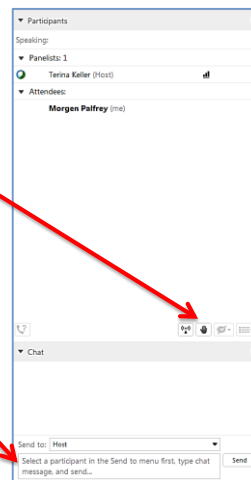Please use the chat or raise your hand to ask any questions you have so far.

Please send your message to *All Participants*

Questions/Discussion

Raise your hand

Use the chat

Action Period Assignment

- Topic: "Required data collection: What are you using and how?"
- Homework: Please complete the Survey Monkey about what data sources you are using and how you are using them.
- The link will be sent out after this session, it is also available here:
  https://www.surveymonkey.com/r/GYM27MF

Categories of data included in the Survey Monkey [56]

- **Government-defined patient experience survey data (e.g. CAHPS in the U.S.)**

- **Externally designed and managed patient experience survey data other than (1) (e.g. Press-Ganey surveys)**

- **Internally designed and managed patient survey data (e.g. 90 follow up phone call on patient experience)**

- **Formal patient complaints**

- **Patient letters**

- **Leadership rounding/direct observation**

- **Spoken patient complaints or comments**

Survey Monkey Format

1. Fill out the survey below about what patient data your organization is collecting.

	Does your organization have this information?	Is the information organized and accessible to you?	Is the information summarized and understood by senior leaders?	Is the information linked back to front-line staff?
Government-defined patient experience survey data (e.g. CAHPS in the U.S.)	⬍	⬍	⬍	⬍
Externally designed and managed patient experience data other than government defined surveys (e.g. Press-Ganey surveys)	⬍	⬍	⬍	⬍
Internally designed and managed patient survey data (e.g. 90 follow up phone call on patient experience)	⬍	⬍	⬍	⬍

Survey Monkey Format continued

2. For either Government-defined or externally designed patient experience surveys, please fill out the table below.

	Time Period: How frequently are these surveys reviewed by the groups/people in the left column?	Typical number of surveys completed and analyzed in each time period
Whole organization	⬍	⬍
Unit or department	⬍	⬍
Care team or individual provider	⬍	⬍

Expedition Communications

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- All sessions are recorded
- Materials are sent one day in advance
- Listserv address for session communications: patientexperienceexpedition@ls.ihi.org
- To add colleagues, email us at info@ihi.org

Session 2

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Understanding Potential Pitfalls and How to Avoid Data Craziness
Tuesday, October 20th, 2015, 1:00-2:00 PM ET

Thank You!

Putting Your Patient
Experience Data to Work

Please let us know if you have any questions or
feedback following today's Expedition webinar.

Angela Zambeaux
azambeaux@ihi.org

Rebecca Goldberg
rgoldberg@ihi.org