Overview

• What is Patient Experience?
• The Ripple Effect of Patient Experience
• What Matters Most to Patients and their Families
• The Place for Empathy in Patient Experience
• Measurement and Patient Experience
• Service Recovery and Patient Experience
• Staying True to Our Purpose
Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Ripple Effect

Patient Experience

Potentially less revenue for the hospital

Other

Poor clinical outcome

Readmission to hospital

Clinical Outcomes

Other

Patient Experience

Customer Loyalty

Reputation

Financial Outcomes

Potential added cost for patient

Other
What Matters Most to Patients

• Treat them with courtesy and respect
• Understand their feelings of vulnerability
  • When they don’t understand the medical aspects of their situation, they don’t have control over what is happening to their bodies
• Make a personal connection with them
• Smile
• Listen to them
• Communicate clearly; provide timely accurate information
Empathy

3 Cs of Empathy

- **Care**
  - Put yourself in the patient’s shoes
  - See the world through the patient’s eyes

- **Connect**
  - Give your full attention *(Pause)*
  - Make eye contact
  - Use touch, if appropriate
  - Connect with their needs

- **Communicate**
  - Non-verbal: Use body language, voice tone to show you care
  - Verbal: Choose words that show you care
  - Validate patient’s feelings and concerns

Source: University Hospitals Cleveland Medical Center

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Empathy Do’s and Don’ts

**Empathy Don’ts:**

- Do NOT say, “I understand how you feel.”
  - (Because every situation is unique. Because it’s about the patient, not about you. Because it’s their story, not yours.)
- Don’t try to solve their problem; instead listen to their concerns.

**Empathy Do’s:**

- Say, “I’m sorry you’re having to go through this.” (“I’m sorry you got in a car accident and you’re missing your prom.”)
- Say, “This must be hard.”
- Ask, “What’s the main thing you’re concerned about right now?”
- Validate what the patient is feeling: “It sounds like...you are worried about...”
Measurement

CMS administered surveys. (Centers for Medicare and Medicaid Services)

**H-CAHPS:** Hospital Consumer Assessment of Healthcare Providers and Systems

**OAS CAHPS.** Outpatient and Ambulatory Services CAHPS.

**HCBS CAHPS.** Home and Community-Based Services CAHPS

**YOUR CARE FROM DOCTORS**

5. During this hospital stay, how often did doctors treat you with *courtesy and respect*?
   - Never
   - Sometimes
   - Usually
   - Always

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

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

• To obtain top box scores:
  • Remember the key: One survey = one patient experience
  • Improve “consistency” of behaviors
  • Ensure the behavior is “complete” - you may want to explain what this means and/or give some examples
Service Recovery

- *Service Recovery* is the special effort patients and family members should expect on their behalf when things have not gone as expected.

- It includes actions taken by an employee to resolve a situation that has not gone as planned and when patient expectations have not been met.

- “Doing service recovery well” is an essential part of delivering patient experience excellence.
Staying True to Our Purpose

• Core values are the beliefs you have that guide your behaviors and drive the decisions you make

• Both individuals and organizations have values

• Alignment between individual and organizational values may increase job satisfaction

• Managing stress

• Identifying personal strength: develop new ones and use them to improve the patient experience
Patient Experience Committee (Hospitalist Division)

Dr. Brian Changlai    Dr. Dinesh John    Tina Passett
Dr. Ali Khan          Dr. Maneesh Bisen   Karen Wentworth
Dr. Alyssa Cortese    Ms. Susi Koshy, NP  Dr. Zachary Shepard
James Legault         Dr. Tim Creamer     Caitlin Tomko, NP
Dr. Harvir Singh Gambhir Aisha Lubega, NP  Alanna Glidden
Dr. Sindhuri Gayam    Dr. Zaher Oueida    Dr. Michael Sandhu
Dr. Tanya George      Dr. Abha Harish    Dr. Cate White
Dr. Karan Ramakrishna Dr. Housam Hegazy

• First meeting: May 2020
• Founded to improve patient experience by focusing on doctor/patient communication
Our Methods

- Monitoring quarterly HCAHPS scores:
  - Each group
  - Each individual

- Real-time observation of doctor-patient interaction for all hospitalists:
  - Will provide feedback and ask for feedback as well
  - Look for any opportunities for improvement

- PX cards: P.E.A.C.E.

- PX champions: recruitment

- Quarterly single behavioral focus (P.E.A.C.E.)

- Provide educational and motivational support

- Financial incentive
Where do we stand?
What’s our goal?
## INPATIENT REPORT

### CAHPS Summary Information - IT MD_NAME: Total

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### Press Ganey

7/31/2020

**Your top box**

- **All DB**
- **NY state 300-699 beds**

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**2021 Hospitalist Division Goal Top Box Goal**

72%
Working together.....

Brings success.
Reference

• www.PXlearning.org