

Quality Care Monitoring and Improvement
Source of Evidence EP 35 EO

Describe and demonstrate that overall patient satisfaction data aggregated at the organization or unit level outperforms the mean, median, or other benchmark statistic provided by the national database used. Provide analysis and evaluation of data and resultant action plans related to patient satisfaction addressing four (4) of the following:

- Pain
- Education
- Courtesy and respect from nurses
- Careful listening by nurses
- Response time
- Other nurse-related national survey questions

Appraiser Feedback:

Data could not be evaluated. Intended benchmark was unclear in the graphs. Two (2) years of quarterly data was not presented. Information was not provided for Vanderbilt Psychiatric Hospital or the Clinics.

Purpose and Background

Our ability to support quality patient care, excellent outcomes and a positive experience for every patient at each point of contact at Vanderbilt is based on our ability to receive feedback quickly and address issues as they arise. Patient satisfaction is measured using a telephone methodology implemented through our department of Strategic Development and Professional Research Consultants (PRC) in Omaha, NE. Professional Research Consultants is a healthcare survey and consulting firm and has been in business for over 30 years.

We chose this company based on their research driven identification of key drivers of excellence which tell us what the best indicators of patient perception of 'Overall Quality of Care' are. PRC provides key drivers of excellence which are calculated using discriminate analysis that identify the survey questions which are the best indicators of patient perception of *Overall Quality of Care*. These key drivers assist in moving patients that rate Vanderbilt Very Good to rating Vanderbilt Excellent.

In addition, Service is one of the 5 pillars by which we set our strategic plan and goals. Service is measured through our patient satisfaction data. Based on PRCs research and benchmarks, we have set the 50th percentile as our goal for comparison to other organizations in the PRC database.

Methods and Approach

The survey effort is ongoing and measures patient satisfaction across the inpatient (adult, pediatric, psychiatry), outpatient (VMG clinics, outpatient technical, ambulatory surgery), emergency (adult, pediatric) and urgent care settings. PRC also conducts the HCAHPS survey for Vanderbilt which is the survey required by CMS. PRC takes a sample of patients from each area being surveyed and trained interviewers make weekly telephone calls. Each survey is customized for the particular patient population. The calls occur from 1 to 2 weeks after the patient has been seen or treated at Vanderbilt.

A web-based electronic system provides nurses at all levels access to the results that are placed in **PRCEasyView** within 24 hours of the call. Updates from patient satisfaction interviews are available on a daily, monthly or quarterly basis. The results include the number of interviews conducted, the percent of response (% of excellent), percentile (benchmark) score and % excellent needed to be at the goal of the 50th percentile. With real time results, this system supports a quick and timely response to issues and provides nursing the opportunity to monitor trends and measure the success of their improvement strategies.

There are several helpful features of PRC Patient Satisfaction that include:

- Phone calls being made soon after patient discharge
- “Live” data that changes as the surveys are completed – action can be taken quickly at the point of care
- Unit/clinic/department specific data
- Action Alert System for identified problems, which allows us to respond within 24 hours of a phone call
- Ability to have question sets individualized to specific entities – such as Clinics have very different questions than inpatient areas
- Statistical analysis

Scoring/benchmarking

Our focus is on the percentage of patients who rated their Vanderbilt experience as *excellent*. We compare our scores (benchmarks) to other facilities by looking at the percentile we fall in based on how many of our patients ranked that particular question as excellent. Organizationally we have focused on what we believe to be two key indicators: ‘Overall Quality of Care’ and ‘Likelihood to Recommend’, with the understanding those are the elements that will most likely bring patients back to us for their healthcare in the future. Key questions are identified that influence these two items and they also change based on the area and what is going on with all the hospitals in the database.

Participants

Patient participants are chosen at random by PRC and represent every area that patient care is provided. All areas that provide patient care at Vanderbilt Hospitals and Clinics receive data. Organizational participants include all patient care areas throughout the Medical Center.

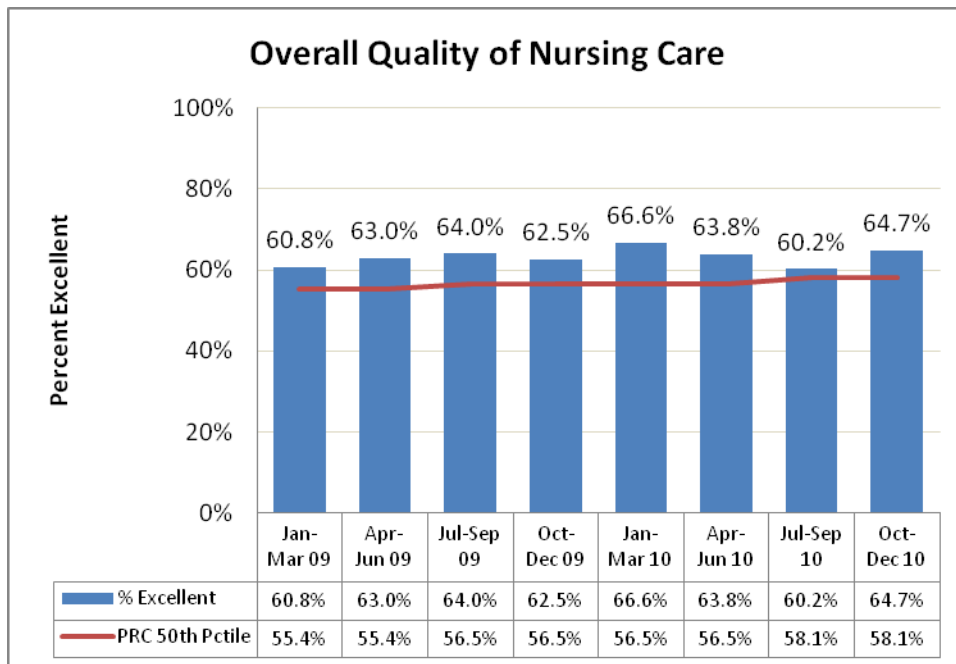
Outcomes

VUMC does extremely well in the comparison with PRC. Individual unit/clinic/department specific data is provided in OO 26 with identified benchmarks. Aggregate entity specific information is provided below.

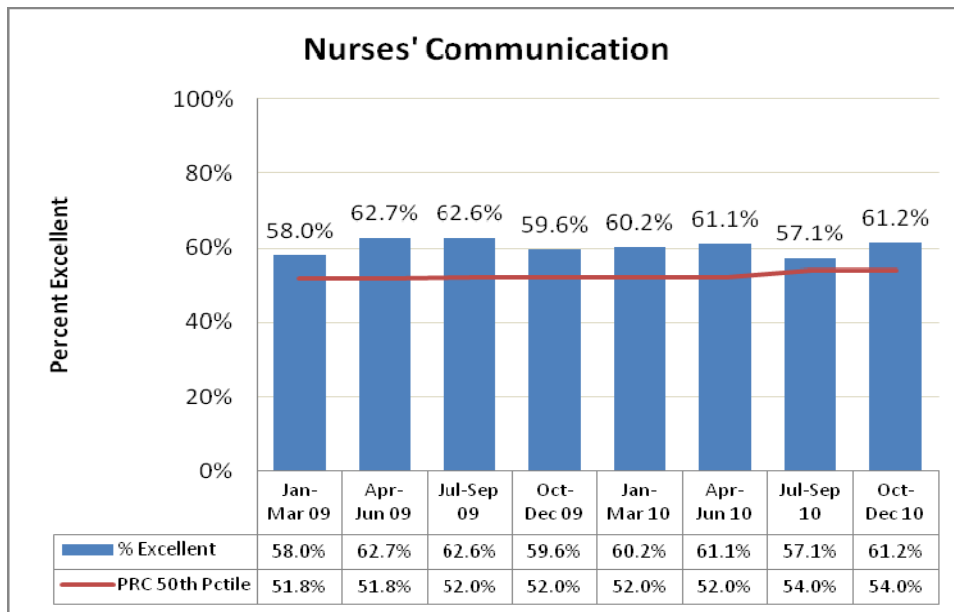
Vanderbilt University Hospital Aggregated Results

For all four (4) of the selected questions, the VUH aggregated results outperform the 50th percentile for PRC comparison in all eight (8) quarters except for one (1) quarter with the 'Pain Management Needs' question. The July-September quarter was VUH 58.0% and the compare was 59.0%

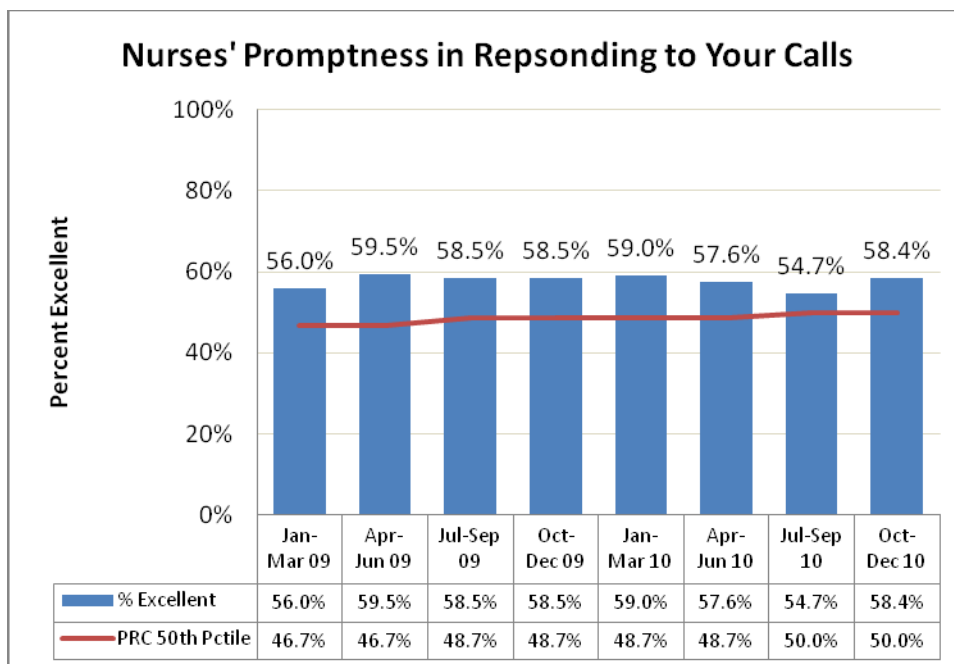
Graph EP 35 EO – 1: Aggregated Patient Satisfaction Survey Results for VUH question – 'Overall Quality of Nursing Care' – Other nurse related question



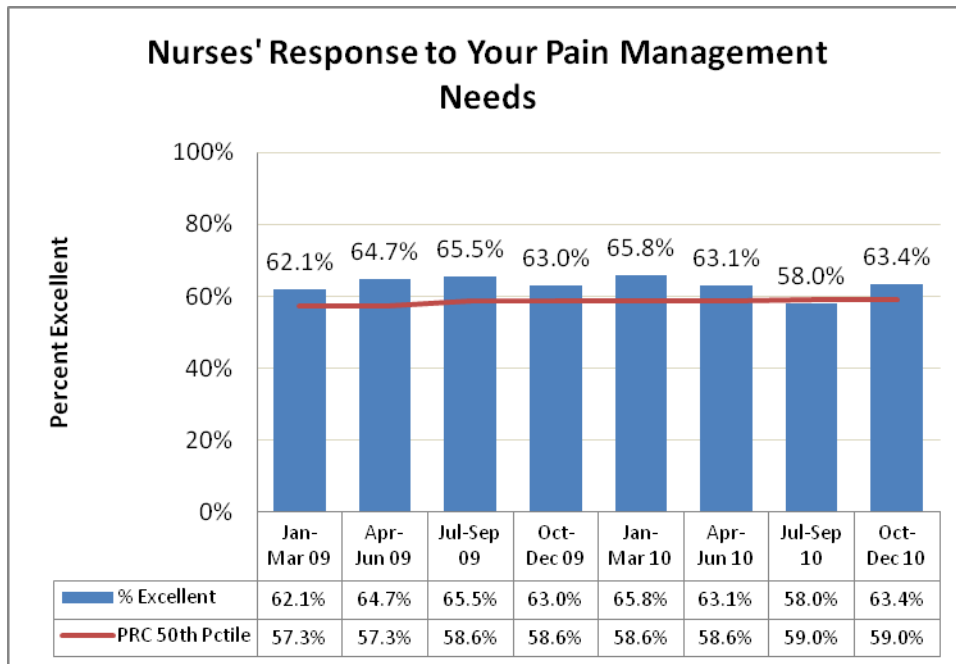
Graph EP 35 EO – 2: Aggregated Patient Satisfaction Survey Results for VUH question – ‘Nurses’ Communication’ - Careful listening by nurses



Graph EP 35 EO – 3: Aggregated Patient Satisfaction Survey Results for VUH question – ‘Nurses’ Promptness in Responding to Your Calls’ – Response Time



Graph EP 35 EO – 4: Aggregated Patient Satisfaction Survey Results for VUH question – ‘Nurses’ Response to Your Pain Management Needs’ - Pain

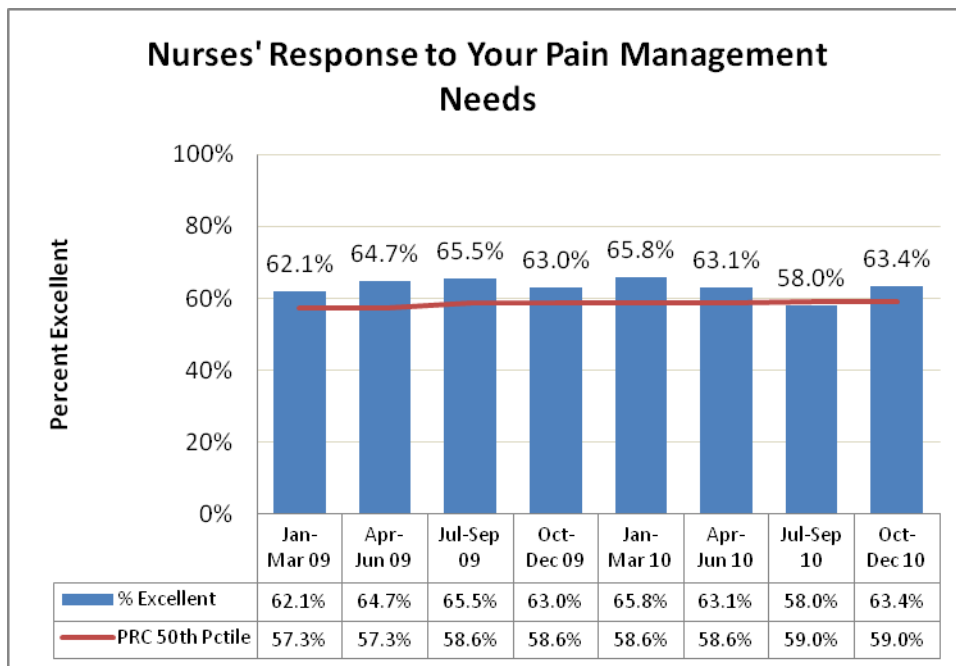


Vanderbilt Children’s Hospital Aggregated Results

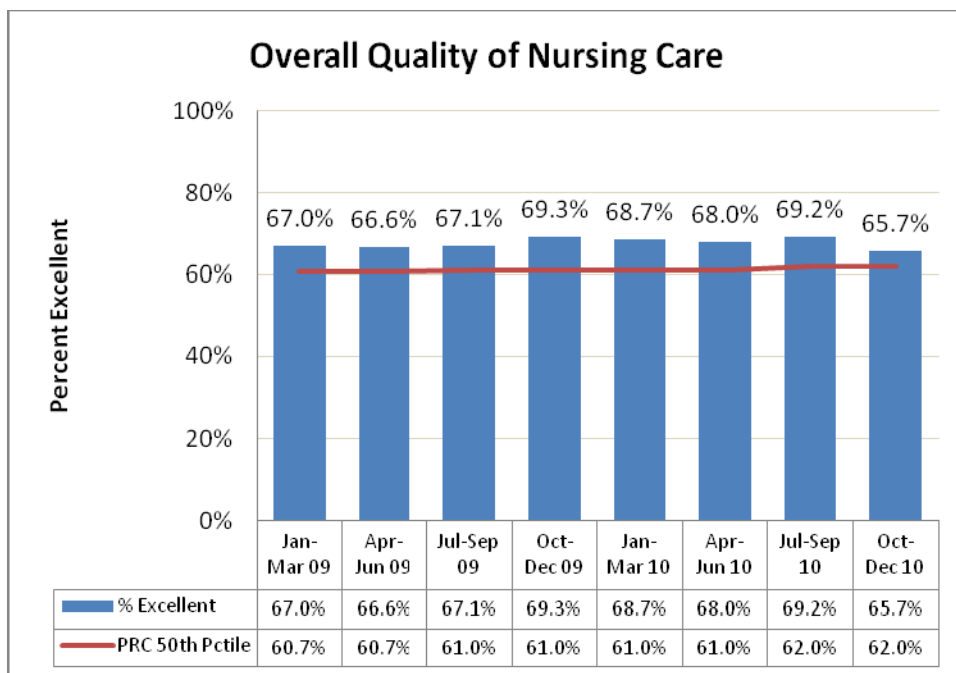
For three (3) of the selected questions, the VCH aggregated results outperform the 50th percentile for PRC comparison in all eight (8) quarters. The question about Communication was a Vanderbilt specific question and PRC did not start using it for their other clients until July 2010, therefore we do not have comparative data for the first 6 quarters.

(See Graphs below)

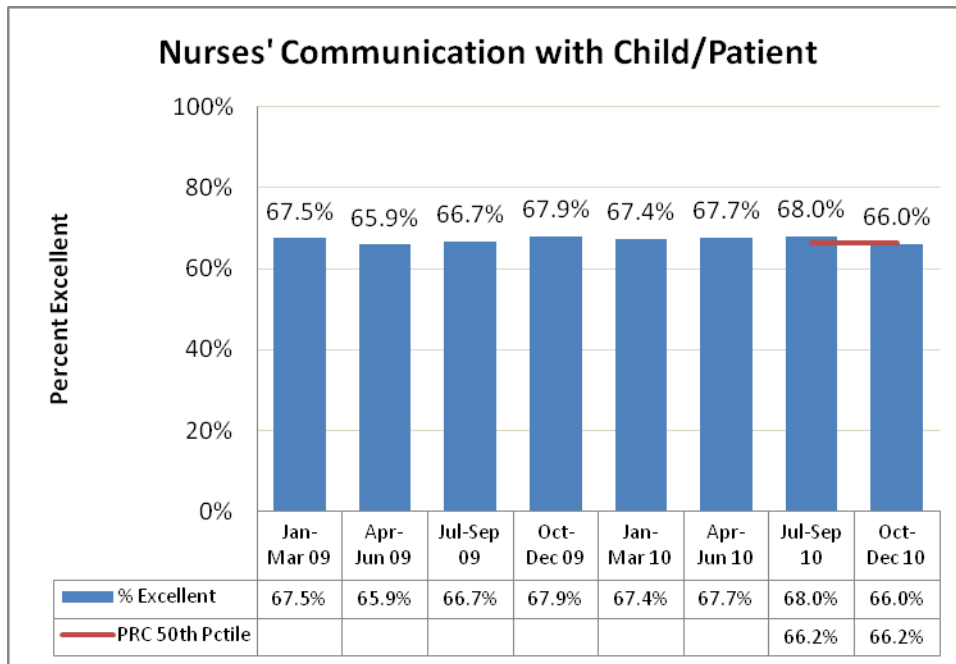
Graph EP 35 EO – 5: Aggregated Patient Satisfaction Survey Results for VCH question – ‘Nurses’ Response to Your Pain Management Needs’ – Pain



Graph EP 35 EO – 6: Aggregated Patient Satisfaction Survey Results for VCH question – ‘Overall Quality of Nursing Care’ - other nurse-related question



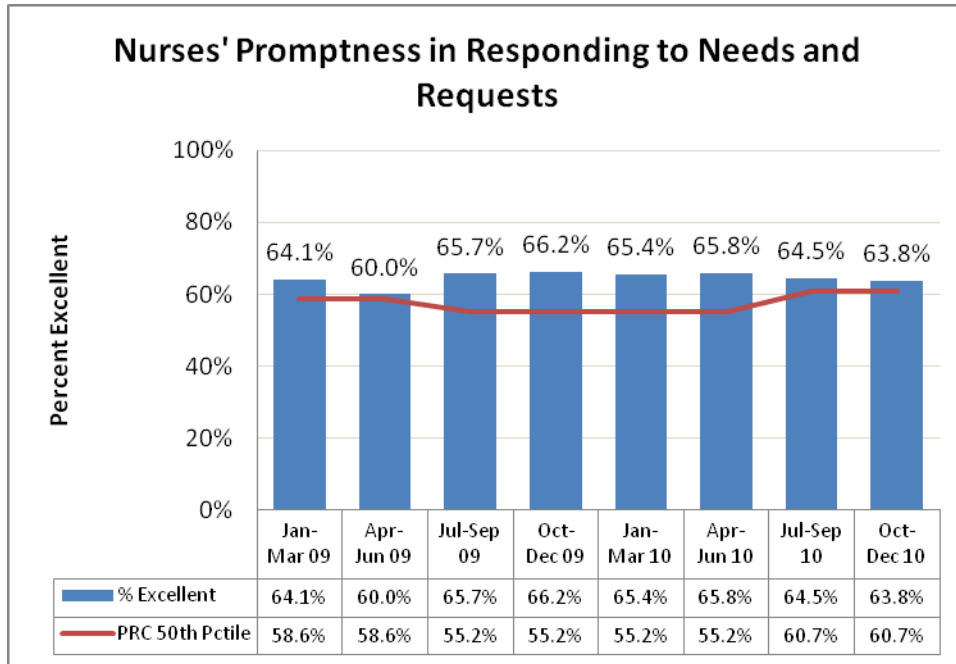
Graph EP 35 EO – 7: Aggregated Patient Satisfaction Survey Results for VCH question – ‘Nurses’ Communication with Child/Patient’ – Careful listening



The question about Communication was a Vanderbilt specific question and PRC did not start using it for their other clients until July 2010, therefore we do not have comparative data for the first 6 quarters.

(See Graph below)

Graph EP 35 EO – 8: Aggregated Patient Satisfaction Survey Results for VCH Question – ‘Nurses’ Promptness in responding to Needs and Requests’ – Response Time

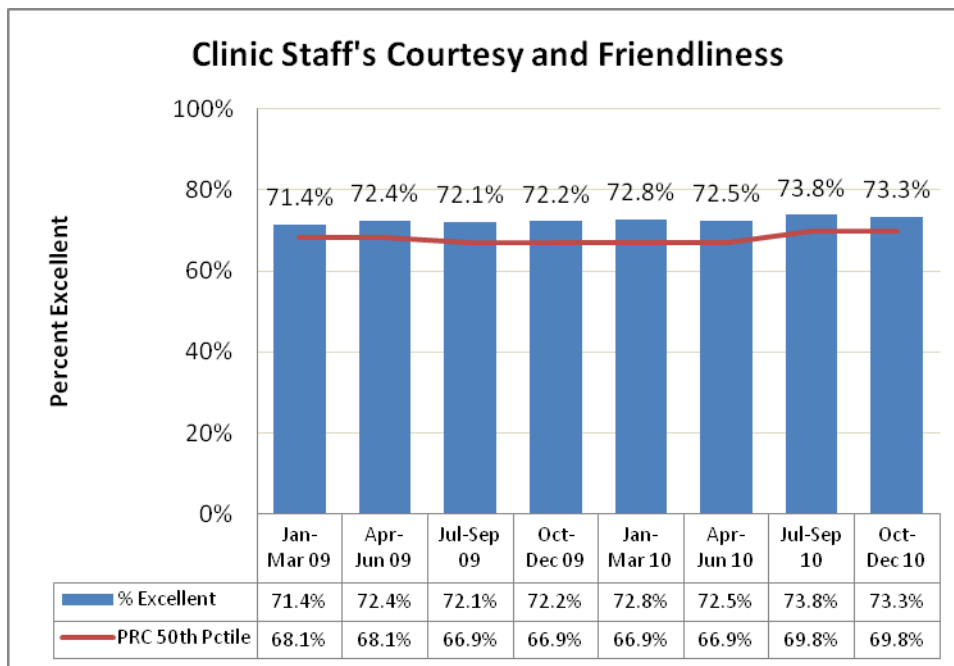


Vanderbilt Clinics (VMG) Aggregated Results

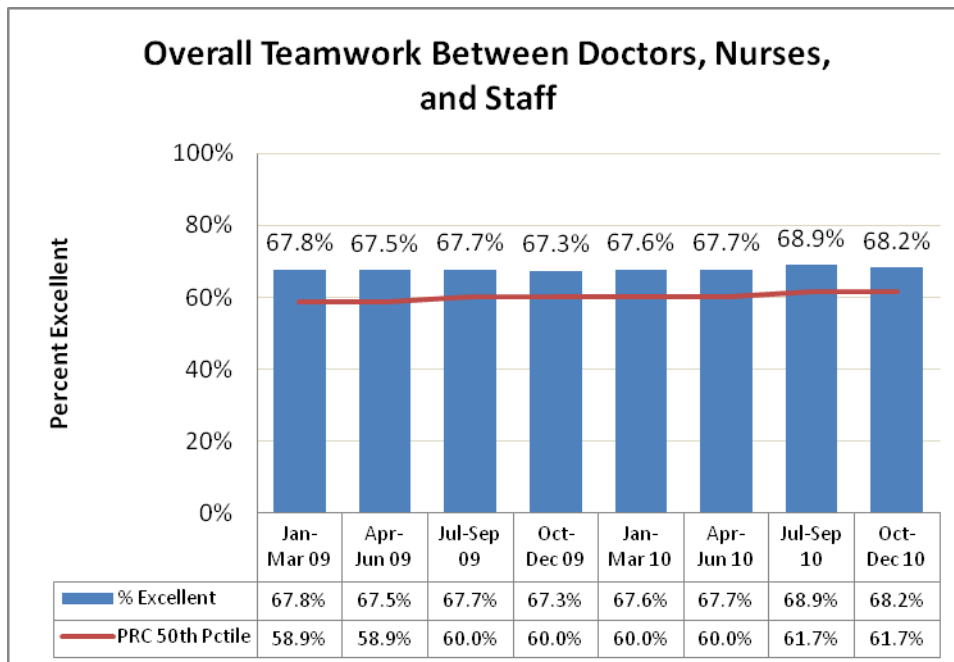
In our clinics the questions we ask patients/families are based on what research shows is most important to them. The nature of the clinic work is extremely interdisciplinary and we are looking to gage the role of the nurse as part of the team. In all five (5) of the questions presented, Vanderbilt Clinics outperformed the benchmark every quarter.

(See Graphs below)

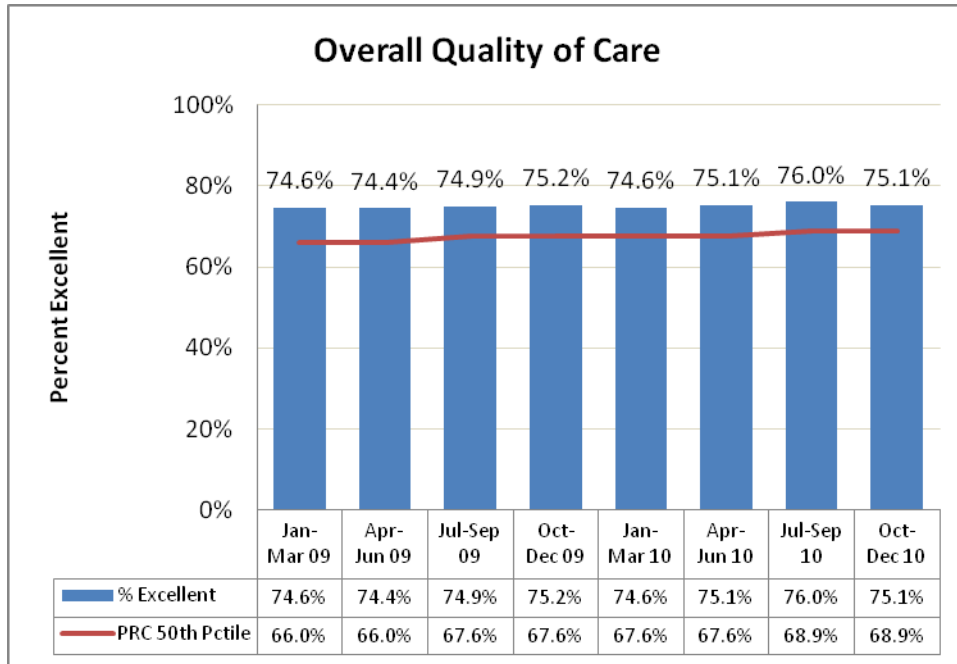
EP 35 EO – 9: Aggregated Patient Survey Results for Clinics Question –
'Clinic Staff's Courtesy and Friendliness' – Courtesy & Respect



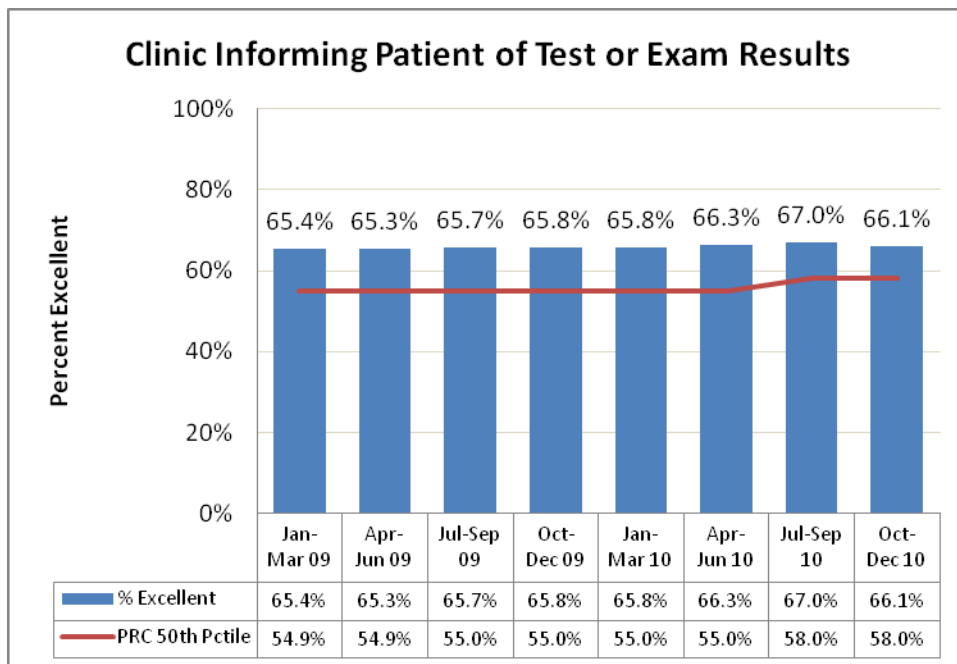
Graph EP 35 EO – 10: Aggregated Patient Survey Results for Clinics Question –
'Overall Teamwork Between Doctors, Nurses, and Staff' – Other survey question



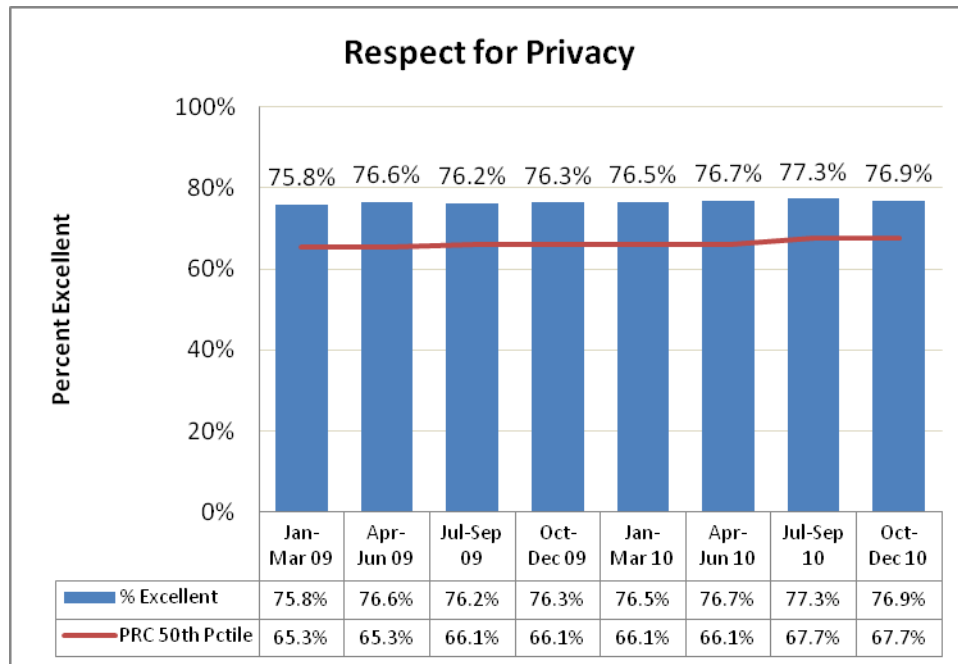
Graph EP 35 EO – 11: Aggregated Patient Survey Results for Clinics Question – ‘Overall Quality of Care’ – Other survey related question



Graph EP 35 EO – 12: Aggregated Patient Survey Results for Clinics Question – ‘Clinic informing Patient of Test or Exam Results’ – response, education



Graph EP 35 EO – 13: Aggregated Patient Survey Results for Clinics Question – ‘Respect for Privacy’ – Courtesy & Respect



Vanderbilt Psychiatric Hospital Aggregated Results

Background

Since PRC has been conducting our patient satisfaction phone calls, VPH patient satisfaction scores were low and reflected dissatisfaction with the questions: ‘overall quality of care’, ‘nurses’ instructions and explanations’, ‘nurses caring and understanding’, and nurses’ respect for privacy’. Discussion about this problem and how to resolve was challenging, due to the patient population itself. Was their hospitalization voluntary or mandatory, were they unhappy with being discharged (still wanting the security of hospitalization), could changes in medication panel affect their outlook, or would required changes in their lifestyle post-hospitalization affect their responses. Based on positive antidotal comments from patients/families, the team considered, “are we asking the wrong questions”, or “do we just need a better way to measure psychiatric patient satisfaction”? We found this to be a common theme in the literature with psychiatric patient satisfaction attempts.

Methods/ Approach:

The team worked with our in-house PRC data experts for information on other PRC Psychiatric Hospitals that had high PRC scores. Two nurse managers visited one of the top ranking PRC comparative group hospitals to learn about best practices that had been shown to influence PRC scores.

Based on that information, the team developed the following action plan:

Discharge Phone Calls:

- Began May 1, 2010
- A VPH Registered Nurse personally calls discharged patients to discuss how the patient is doing. [EP 35 EO-Exhibit A-1-Discharge Phone Call Record VPH]
- The target time frame for calls is 48-72 hours post discharge. When the managers round, they complete the top portion of the form. The nurse who discharged the patient, then pulls the form and completes the call.
- They ask the patient if they are having any problems or concerns and also check on their medications and follow-up appointments. The caller encourages the patient to give feedback to help improve patient care.
- The staff, supervisors and managers receive immediate feedback which gives them the opportunity to highlight the positive comments, or address and correct concerns.
- Recognition letters are sent to all staff members who are named specifically in the feedback from the discharge phone calls.
- The clinical information is collected and logged for follow-up. The nurse caller will direct questions as they are identified, to the appropriate clinician. The feedback collected is given to the Chief Administrator (Bill Parsons, PhD) and the CNO (Avni Cirpili, RN, MSN, NE-BC). Discussion occurs through the shared governance structure and the data is monitored for trends. As this is a new project, data collection and analysis are too new to see sustained trends yet, however, results are greatly improved.

Administrative Coordinators:

- A nursing leadership role which has been added to the interdisciplinary team. The Administrative Coordinators provide a valuable resource to problem solve with staff and intervene to resolve patient concerns immediately. The Administrative Coordinators are present in the hospital from 9 pm to 7 am daily. This provides overlap for evening shift and coverage for night shift.

Faculty Members:

- VPH has recruited new faculty members who are now seeing almost all the VPH patients and that provides a virtually closed staffing model. Having all patients have an on-site provider helps us to address issues more quickly and provide a better continuum of care.

(See Table below)

Table EP 35 EO – 1: Participants

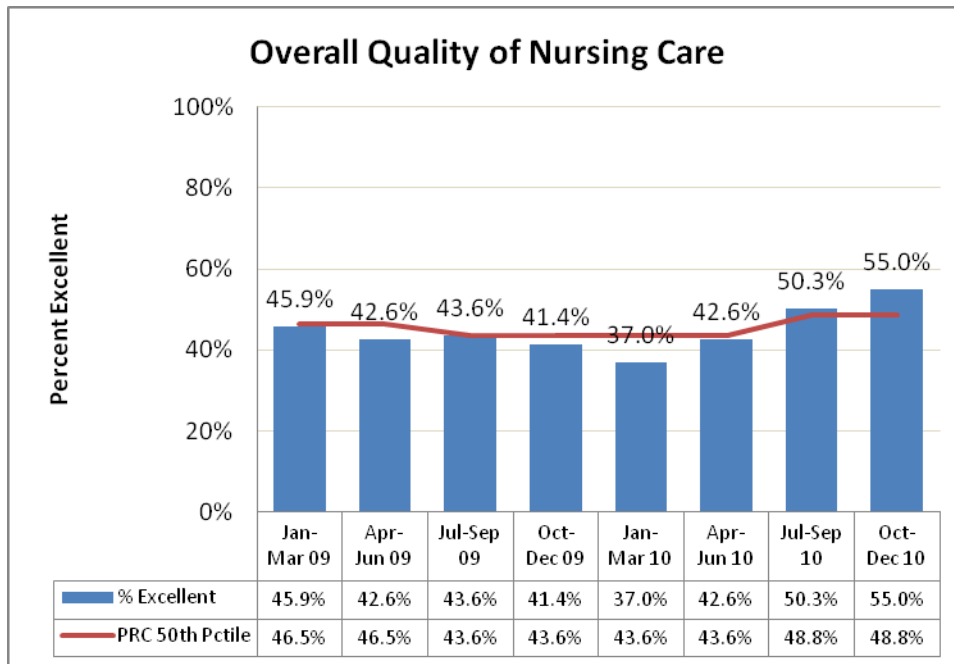
Name	Credentials	Title
Lori Harris	RN, BSN	Nurse Manager
Jon Comer	RN, BSN	Nurse Manager
Carol Terrell	RN 3	Direct Care Nurse
Debra Evans	RN	Direct Care Nurse
Bill Parsons	PhD	Chief Administrator
Avni Cirpili	RN, MSN	Chief Nursing Officer
Harsh Trivedi	MD	Executive Medical Director/Chief of Staff/ Associate Professor of Psychiatry

Outcomes/Impact

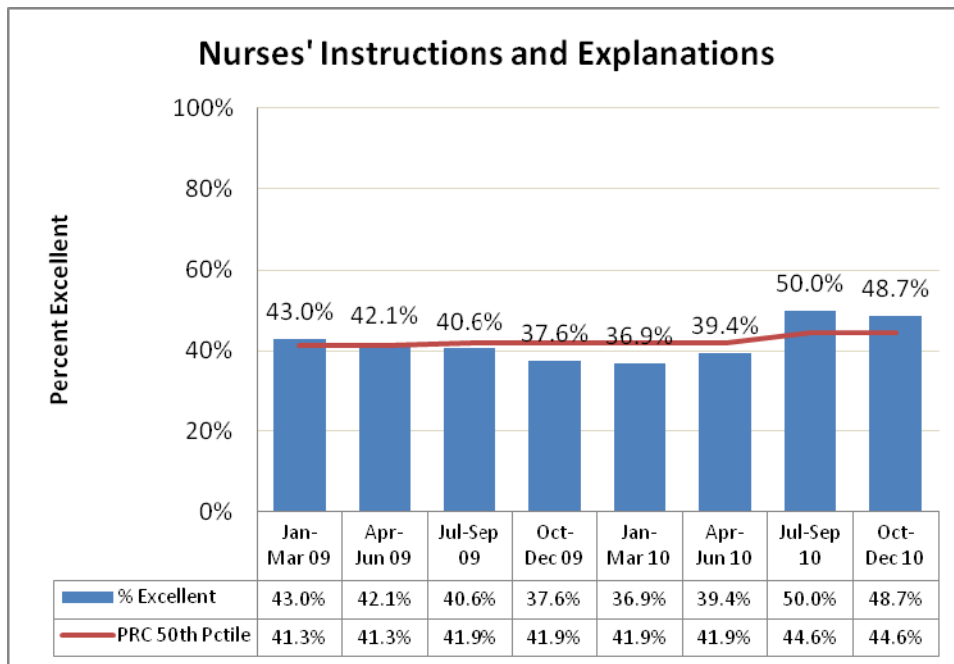
Patient Satisfaction achieved threshold for the first time ever in 4th QFY10. (see below)
Several clinical issues have been identified that allowed nursing to resolve issues that may have impacted outpatient care. Some of these issues have included: preauthorization of medication and potential conflict with follow-up appointments. During two phone calls, the nurse was able to connect the inpatient provider with the patient who had been experiencing an exacerbation of symptoms. Appropriate care was then provided for patient safety.

(See Graphs below)

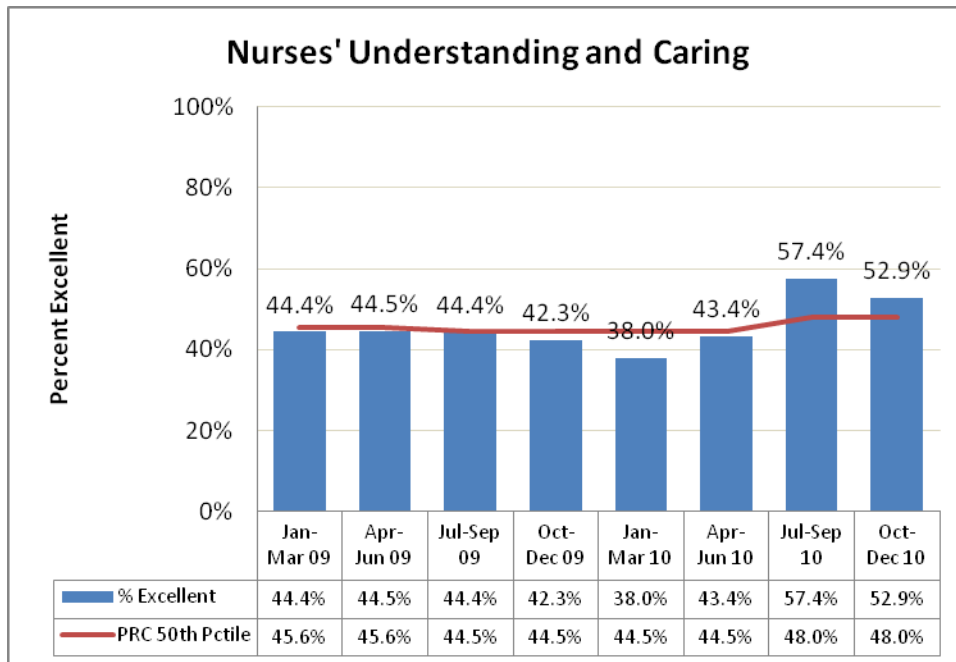
Graph EP 35 EO - 14: Aggregated Patient Survey Results for VPH Question – ‘Overall Quality of Nursing Care’ - other survey question



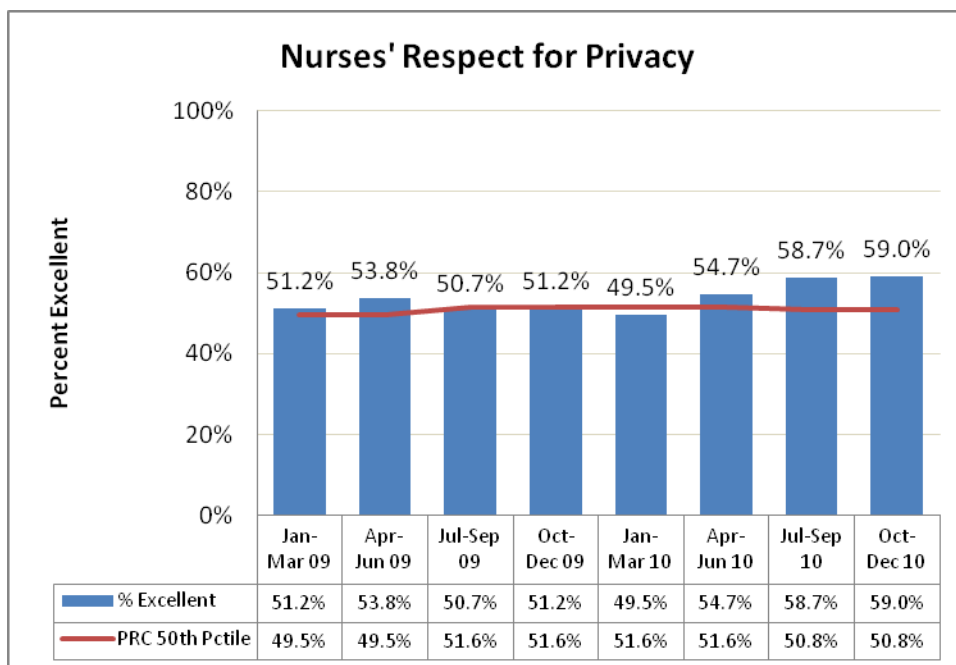
Graph EP 35 EO – 15: Aggregated Patient Survey Results for VPH Question – ‘Nurses’ Instructions and Explanations’ – Education



Graph EP 35 EO – 16: Aggregated Patient Survey Results for VPH Question – ‘Nurses’ Understanding and Caring’ – *careful listening*



Graph EP 35 EO – 17: Aggregated Patient Survey Results for VPH Question – ‘Nurses’ Respect for Privacy’ – *Courtesy & Respect*



Overall Summary

Using the PRC Patient Satisfaction Survey method has been positive for Vanderbilt. Having aggregated results quickly for each manager/supervisor has allowed us to affect change quickly. In addition, the alert system tied to the phone interviews has helped us to identify and intervene on potential problems. Overall, we compare favorably to PRC benchmarks.

In the results provided, VUMC exceeded the benchmark over 112 out of 136 total quarters for 82.35%. Individually, each entity composite scores are below:

- VUH 31/32 for 96.88%
- VCH 25/32 for 78.1% (benchmark data unavailable for one question)
- VPH 16/32 for 50%
- VMG 40/40 for 100%