Cultural Diversity and the Patient Experience

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Hospital Quality Institute
Agenda

HCAHPS Performance Review: CA and HASC Region

Experience disparities & the case for cultural competence

The emerging work of HQI

Data and story
Cleveland Clinic Video

Empathy: The Human Connection to Health Care

https://www.youtube.com/watch?v=cDDWvj_q-o8
California’s HCAHPS Performance
Because direct stratification of HCAHPS respondents by demographic variables is not possible on CMS’ Hospital Compare, our method involved analyzing the most current HCAHPS results from Hospital Compare (Q2 2012 – Q3 2013) in conjunction with OSHPD hospital demographic data for 2012.

The analysis included 293 hospitals that had information present in both datasets.

The main goal was to determine which - if any - demographic variables were statistically significant as predictors of HCAHPS scoring.
To explore some of the patient demographic factors that may impact the state’s HCAHPS outcomes, multi-factorial regression analysis was performed using the OSHPD dataset.

OSHPD’s patient variables include sex, race/group, admission source, ER admissions, admission type, discharge disposition, and payer group.

These categories were analyzed for correlations to HCAHPS scores for each of the ten public measures.
A robust, significant negative correlation(*) was found on 9 out of 10 HCAHPS measures for the following hospital population categories:

Asian
Medi-Cal

Significant negative correlation was found on 5 out of 10 HCAHPS measures on the hospital population category:

African American

(*) p values < .005
Strategies for Achieving Health Care Equity

- Collect accurate and reliable patient demographic data (at a minimum: race, ethnicity & language.)
- Identify, measure and understand disparities.
- Collaborate on care improvements to alleviate disparities.
Collecting Race, Ethnicity and Language Data: a hospital example

- Missing data on race:
  - 2003: 6%
  - 2007: 17%
  - 2008: 45%

- Missing data on language:
  - 2003: 1%
  - 2007: 4%
  - 2008: 20%
Once we stratified patient experience results by demographic variables,

We found that patients/families who were:

- non-white
- spoke a language other than English in home
- on Medicaid

reported lower experience scores than families who were commercially insured, white, and spoke English in the home
Overall, How Would You Rate the Care Your Child Received?

- **English**: 61%
- **Non-English**: 43%
Did You Feel Welcome at Children’s?

- **English**: 92%
- **Non-English**: 86%
Was Your Child Treated With Care and Compassion?

- **English**: 83%
- **Non-English**: 73%
Percentage of parents who gave a score of *excellent*
Did ED Nurses Talk in Front of Your Child as if He or She Wasn’t There?

- **White**
  - Yes: 11%
  - No: 89%

- **Non-White**
  - Yes: 43%
  - No: 57%
Pain: Was the Pain Your Child Experienced More Than You Were Told It Would Be?

Percentage of parents reporting a problem score, by race/ethnicity.
Pain: Staff Did All They Could To Control Your Child’s Pain?

Percentage of parents reporting a positive score, by race/ethnicity
Patient Experience Dashboard

Care and Compassion

<table>
<thead>
<tr>
<th>% Yes, definitely</th>
<th>Jan-Mar 2009</th>
<th>Apr-June 2009</th>
<th>July-Sep 2009</th>
<th>Oct-Dec 2009</th>
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<tbody>
<tr>
<td>English Speaking</td>
<td>83.8%</td>
<td>82.2%</td>
<td>83.8%</td>
<td>83.0%</td>
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<tr>
<td>Non-English Speaking</td>
<td>69.7%</td>
<td>73.2%</td>
<td>73.9%</td>
<td>75.0%</td>
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Gap:
- Jan-Mar 2009: 14.1%
- Apr-June 2009: 9.0%
- July-Sep 2009: 9.5%
- Oct-Dec 2009: 8.0%

Goal for 2010: gap < 9.2%

P<0.05
Analysis of patient experience survey returns revealed significant **differences in response rates** by race, language spoken in the home, and insurance. Being non-White, speaking a language other than English in the home, and being insured through Medicaid were highly correlated with **not** responding to the survey.
Complaints to Patient/Family Relations Staff

- **All Children's Patients**
  - Non-White: 53%
  - White: 47%

- **Patients in Contact with Family Relations Liaisons**
  - Non-White: 30%
  - White: 70%
VISION:
CA hospitals will lead the nation in patient safety and quality performance with high reliability and zero defects in care on behalf of the people and communities they serve. They will lead through respect for people and a culture of habitual excellence.

MISSION:
To advance and accelerate patient safety and quality improvement for coordinated statewide impact, with aims to achieve zero defects, optimize clinical effectiveness, and enhance patient and family experience in healthcare.
HQI’s Patient Experience Strategy
“P4PEx”

P4PEx
*(Partnership for Patient Experience)*

- Focusing on patient experience is key to creating a high-quality health care system.
- P4PEx is HQI’s portfolio of activities to assist California hospitals state-wide with systemic advances in patient experience and engagement.
- Emphasis on cultural competence is a natural complement given California’s demographic diversity and the evidence of disparities in care.

**Goal/Mission**
Measurably improve the experience of diverse patients and families as an integral component of safe and effective care in California hospitals.

**Vision**
California hospitals will be known for an engaged and culturally competent workforce relentlessly focused on creating positive experiences for patients and their families.

**Patient Experience: Definition**
The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.
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<tr>
<th>DATA USE STRATEGIES</th>
<th>AIM</th>
<th>VALUE TO MEMBERS</th>
<th>METHOD</th>
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<td></td>
<td>In-depth understanding of the state of patient experience in CA hospitals. Help member hospitals increase the understanding of HCAHPS and other experience data among the leaders, providers and front-line staff.</td>
<td>Benchmarking and contextualizing. Highlight gaps &amp; focus areas. Increase experience data literacy among leaders, providers and front-line staff.</td>
<td>Study current state (HCAHPS, org. surveys, interviews, site visits, ethnography). Study success factors of high performing hospitals, including those in diverse environments. Develop comparative reports with identified gaps &amp; focus areas, and assessment of survey methods for response variation. Disseminate findings and provide opportunities for peer interaction, sharing and networking around data. Limited 1:1 consulting.</td>
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<th>IMPROVEMENT STRATEGIES (PROGRAMS, TOOLS &amp; RESOURCES)</th>
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<td>Assist member hospitals articulate evidence-based, culturally competent organizational approaches to patient engagement and experience improvement. Develop and deliver strategic programs, tools and resources to help member hospitals advance improvement, paying particular attention to issues of cultural diversity. Advance programs state-wide with sensitivity to local context &amp; population. Prioritize improvement efforts on the “low outlier” hospitals.</td>
<td>Leadership skills around patient partnership / engagement and experience improvement. Staff/provider skills for partnering with patients and creating excellent experience in diverse contexts. Exposure to best practices, tools &amp; resources.</td>
<td>Statewide conferences and other learning opportunities for leaders and clinical teams to advance and spread strategies for improvement. Peer networking &amp; sharing opportunities in-person and online. Tools/resources. Programs:</td>
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<td>State-wide public visibility of patient experience and engagement. Highlight excellence in hospitals.</td>
<td>Visibility &amp; recognition. Positive P.R. for CA hospital community overall and for individual hospital efforts.</td>
<td>A simple and compelling public communication campaign around patient engagement and experience, complementing the HQI’s improvement strategy. Recognition program (e.g., CA Always Events.)</td>
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Data Use Strategies

- Study current state (HCAHPS, org. surveys, interviews, site visits, ethnography).
- Study success factors of high performing hospitals, including those in diverse environments.
- Develop comparative reports with identified gaps & focus areas, and assessment of survey methods for response variation.
- Disseminate findings and provide opportunities for peer interaction, sharing and networking around data.
- Limited 1:1 consulting.
Improvement Strategies

• Learning opportunities for leaders and clinical teams to advance and spread strategies for improvement.
• Peer networking & sharing opportunities in-person and online.
• Tools/resources.

Programs:
- **Patients on Board**
  Empower patients as partners in own care and organizational improvement, including meaningful participation within hospital structures.
- **Language of Caring**
  Build skills for reliable conveyance of empathy across cultures. Implemented via Train-the-Trainer model.
- **P4PEx “Leadership Academy”**
  Build the skills organizational leaders need to develop and facilitate improvements in patient experience.
Communication Strategies

- A simple and compelling public communication campaign around patient engagement and experience, complementing the HQI’s improvement strategy.
- Recognition program (e.g., “CA Always Events”)
Patients On Board:
*Engaging Patients and Families as Partners in Care and Organizational Improvement*

July – December 2014

- 5-month action-oriented collaborative program of California hospitals working to develop authentic ways to engage patients and their families as partners in care and organizational improvement.
- Will include the development of Patient Family Advisory Councils (PFACs) and other vehicles for patient/family engagement.
- Partnership with Patient and Family Centered Care Partners (PFCC Partners).
By the program’s end on 12/8/14, each participating hospital is expected to achieve a minimum of three of the following five objectives:

- Articulate a plan for engaging and integrating Patient Family Advisors (PFAs).
- Identify an Executive Leadership member with accountability for patient/family experience performance, who will actively participate in patient/family engagement activities.
- Complete at least 1 meeting of a newly established PFAC, comprised of one third staff and two thirds patients and families with direct experience in the hospital and a plan to continue monthly meetings.
- Appoint at least one PFA as a member of at least one organizational improvement team or committee.
- Involve at least one PFA as a member of the organization’s Patients on Board collaborative team.
PATIENTS ON BOARD
Schedule (draft)

Jul 21/23 Leadership Kickoff Event: Setting the Table in the Organization: Draft vision statements, commitments, scope & accountabilities. (In-Person, 4hrs; 1 in So. Cal., 1 in Nor. Cal.)

Aug 19 Recruitment Practices (Web-based, 2 hrs.)

Sept 25 Orientation & Preparation (Web-based, 2 hrs.)

Oct 22 How to Set Up and Run First Meetings (Web-based, 2 hrs.)

Nov 19 Sustainability Practices (Web-based, 2 hrs.)

Dec 4/5 Capstone Event: An all-teach, all-learn event. Patient partners expected to join hospital teams. (In-Person, 4hrs; 1 in So. Cal., 1 in Nor. Cal.)

Aug-Nov: Coaching by experts as needed (virtual or on-site)
NOTE next Monday in Los Angeles:
Annual Conference of
Patient and Family Centered Care Partners

2014 PFCC Conference

June 16, 2014

The California Endowment Center
1000 Alameda Street,
Los Angeles, Ca
8:00am to 4:30pm

Patient and Family Centered Care relies on the establishment of partnering relationships between healthcare providers, administrators and their patients and families. This shared learning experience will feature an opening panel of Patient Family Advisors followed by 16 breakout sessions presenting various programs, practices and resources to support the engagement of patients and families into the healthcare environment from the bedside to the boardroom.
Evidence Linking Experience with Quality and Safety

A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle, Laura Lennox, Derek Bell


ABSTRACT
Objective: To explore evidence on the links between patient experience and clinical safety and effectiveness outcomes.
Design: Systematic review.
Setting: A wide range of settings within primary and secondary care including hospitals and primary care centres.

ARTICLE SUMMARY
Article focus
Should patient experience, as advocated by the Institute of Medicine and the NHS Outcomes Framework, be seen as one of the pillars of quality in healthcare alongside patient safety and clinical effectiveness?

The Relationship between Patients’ Perception of Care and Measures of Hospital Quality and Safety

Thomas Isaac, Alan M. Zaslavsky, Paul D. Cleary, and Bruce E. Landon

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DOI: 10.1111/j.1475-6773.2010.01122.x
RESEARCH ARTICLE

BMJ open
Health Services Research
Hospital Quality Institute
Personalize Harm: *Think Rosie*

**Rosie’s Story**

- From January 01, 2010 to May 31, 2011 the ThedaCare system performed 1,700 Hip and Knee replacements and revision procedures.
- During this period, 29 of our patients developed a SSI, leading to a SSI rate of 1.7%, although in line with the national average, this rate will continue to cause pain, suffering, and increased costs.
- Based on the national average; our system, providers, and patients were burdened with an increased cost of $928,000 during this period.

Our SSI rate can be reduced by adopting and standardizing procedures related to Infection Prevention.
Culture Change Through a Patient Story
Find your own patient stories!

And let them motivate your improvement efforts.
Thank you!

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