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Identifying Areas to Improve

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Speaker

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Presentation Available

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Carla Zema

Hello, the Agency for Healthcare Research and Quality CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experience with care. I'm Carla Zema from St. Vincent College and also a consultant to the CAHPS User Network. I'm here today with Donna Farley from RAND, welcome Donna.

Donna Farley

Thank you.

Carla Zema

Donna has served as one of the principal investigators for the CAHPS Consortium grantee team from RAND for almost 15 years. Can you believe that it's been that long?

Donna Farley

It's amazing, isn't it?

Carla Zema

It is. She also leads the Quality Improvement team for RAND. In our earlier podcast in the series we talked about why improving patient experience is so important as well as some of the factors that are important to any quality improvement effort such as leadership and teamwork. But once you've made the commitment to improve patient experience how do you know what you're going to decide to do? In other words how do you identify specific areas of improvement? That's what we're here to talk about today.

Everyone that's involved in Quality Improvement or QI knows about the PDSA cycles or the "Plan-Do-Study-Act cycle". It's really easy to skip or to minimize the "Plan" part of that cycle. We're all very results driven, and always anxious to jump to the "Do" part of the cycles. Why is the planning step so important?



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Donna Farley

Well, Carla, it's all about resources and priority. When you start to pursue improvements in patient experience of care, you want to be sure that you've identified correctly the problems that you're going to approach and made the right decision in selecting the ones that are the priorities for you. This is because any organization has a finite budget, and you want to be confident that you're working on improvements that are indeed important for your organization. Sometimes that's pretty hard to do for issues with patient experience of care, because many factors can affect patient experience, and you have to find them, and you have to seek information that can help you understand those factors.

And bottom line, the primary source is the patient. It's important to ask them and to listen to what they have to tell you.

Carla Zema

That makes a lot of sense, but what exactly is involved in the planning step of a QI cycle?

Donna Farley

It has basically three components. First of all, you want to identify or confirm your performance problems, and then you want to examine your data more closely to gain a better understanding of what's behind those problems and how best to measure them. And finally, you want to establish improvement goals and strategies as well as actions and get them written up into an action plan that can guide your implementation work.

Carla Zema

What should I expect or what results can I see if I've done this planning effectively before going into the rest of the cycle?

Donna Farley

Three things actually. First of all, if you do your homework carefully, you'll have solid knowledge of the problems that are most in need of improvement for your organization. And secondly, you'll have the ability to choose which of those are most important to go after first. And finally, that information will equip you to set the right improvement goals, viable goals, hopefully feasible goals, and then develop a strategy and actions for improvement. This would include measures that you can use to track your improvement progress.

Carla Zema

Great. So how do I confirm the problems or the areas that I want to specifically look at within patient experience in care? Patient experience is pretty broad from the moment the patient starts to seek care all the way through the entire visit or admission, so that's quite a broad range of different aspects of patient experience? How do I narrow in on something or target something?

Donna Farley

That's right, it is a broad area, and this is in part the beauty of having CAHPS and the data from the CAHPS survey. That's the first thing you want to look at. Because it's a wonderful source of information, largely because it measures the dimensions of patient experience of care that we know are important, because patients helped guide the scope of CAHPS. And then you can also compare your scores with those of other organizations who have also used the CAHPS surveys. But that's not all. The other sources of information that you need to look at include those from administrative sources, such as appointment records, patient complaints, and even observations of interactions with patients.

Sometimes you already know there's a problem, and this information can help confirm it or give you further guidance on exactly what the problem is and the details that may be creating it. At other times, these two data sources, the CAHPS and other information, may in fact identify problems that you hadn't even been aware of. This would be the first time you'd see them. But you need to examine as many relevant sources as possible, so that you're sure that you have a good understanding of those problems.

Carla Zema

Okay so let's start first with CAHPS. How do I use my CAHPS data in this overall assessment process?

Donna Farley

The CAHPS data can really be your primary source to help set priorities for improvement and goals for patient experience of care. That's because the data in CAHPS are really coming from the patients themselves, and they give you the measures of key outcomes in terms of patient experience of care, as well as the comparison opportunities. First of all, you'd look at your scores on the overall rating measures in CAHPS, as well as the composites that address different dimensions of patient experience. You want to look for measures that you have high scores on, as well as those that you have low scores.

The low scores will give you a good first look at where your problems may lie. And then you'll want to use information from the CAHPS comparative database to compare your organization's performance to that of other organizations that are like yours. This is really powerful, because you can find that your organization is doing really well compared to others, even though you feel that your lowest scores you may want to improve, but that tells you that they may be relatively good compared to others.

Or you may find the opposite; you may find that even your best scores aren't doing as well as the average for your peer organizations. So it gives you an important comparison base. To get an understanding of what lies behind these low scores, then -- within CAHPS, you want to look at the scores on the individual items that are within each of the composites that are low, that you're concerned about. Because those items may begin to give you some pointers to the underlying causes for why that composite scores as well as it does.

There are also CAHPS supplemental items for quality improvement that are available on the CAHPS Web site, which you could add to your next survey to actually help give you some drill-down information on underlying causes for your problems.

Carla Zema

Wow that's a lot of great advice on how to use CAHPS data and look at it in different ways. Thanks also for the reminder of the CAHPS Database. There is the Online Reporting System as well that will allow you to take that web based interface and be able to look at your data compared to others in different composites and different items and so that's also a very user friendly way to help you kind of dig down in your data.

Donna Farley

Absolutely.

Carla Zema

Okay so let's now talk about the other information or the information from other sources that you talked about. What types of information should we consider or should we look at and how important is that information?

Donna Farley

Oh, it's very important, Carla. This is a step that many people often will overlook, but it's one that will give you the information that you need actually to determine your strategies and your actions for improvement. While CAHPS helps give you your priorities, this is the information that focuses on what you want to do about it. And that's because you in fact are looking under the hood. You are looking for information that CAHPS can't provide. CAHPS has been criticized for not giving users, actually, enough information that's actionable for quality improvement.

And in fact it doesn't. And it never could, because so much of this information is operational and very specific to individual organizations, so you really do have to do some more exploration. The information sources are a variety of opportunities to work with, but it's also your opportunity to engage directly with your key stakeholders, those being the patients and the frontline staff, to find out what they know and what they think needs to be fixed, as well as what should be done to fix it.

Carla Zema

I think you raise a good point that these two different sources of information both CAHPS data and information that you collect from other means are really complementary of each other. We've worked with users that just want to kind of say, "Can I take a shortcut and just really collect data and information that I may get from the CAHPS survey just through a comment card or something that's easier so I don't have to do that part of the process". But as you've pointed out they are really complementary with each other and you really need both to get a complete picture.

Donna Farley

And a great deal of it comes down to really understanding what's going on minute by minute in your care processes, and you can only get that from looking within your own organization.

Carla Zema

Great. So we know how you can get [the] CAHPS survey, there's a lot of information that helps us to administer the CAHPS survey, but how can users get this other type of information?

Donna Farley

There are an amazing number of data collection methods available, and in fact many of them are in many of the standard quality improvement models. So they're well-known and there're a lot of good sources explaining how to work with them. And these include both quantitative and qualitative methods. In fact, the CAHPS Improvement Guide has just recently been expanded to provide information and sources for many of these methods, and I suggest that you take a look there to see what they are and where you might go for further detail.

For example, you could use process mapping to improve your understanding of the details of one of your care processes so that you know exactly, step by step, what happens in that care process. And by understanding that, then you can see where there are places where improvements might need to be made to fix it. You can also observe interactions with patients, look at patient complaints to see what issues show up often in those complaints, or perform a root cause analysis of some of the problems that you've identified in order to get down through the layers and find out really what are the underlying causes.

Focus groups and short surveys are a wonderful way to gather data directly from patients or from staff. You'll need to choose the methods that are most relevant for the issues that you want to address, and as you gather the information, keep going -- believe it or not, until you know you're hearing the same thing over and over again because that usually tells you that you have found the underlying reasons for the issues. Based on all of this information then, it's time to decide on your goals. What do you want to achieve in your improvement process? What strategies do you think are the most important ones and feasible ones to work with? And define the actions that you're going to take.

And perhaps most importantly, and a lot of people don't realize how important this is, get it written into an action plan because by putting that written document in place you can really test whether you've got your strategy in place the way you want it to be, and you can define who's in charge of what so that you can get operational pretty quickly. As you start to implement the actions, having this careful assessment behind you will give you the best shot at improving patient experience and hopefully ultimately seeing an increase in your CAHPS scores.

Carla Zema

And that's ultimately what it's all about is to see that improvement as measured through your CAHPS score, so that's great advice. Thank you so much Donna for sharing your expertise with us today. In our next podcast your counterpart from the CAHPS grantee team from Yale, Susan Edgman-Levitan, will be with us to offer some advice and talk with us about ways that we can gather other qualitative methods for gathering data about patient experience.

You can download all the podcasts in this series at the CAHPS User Network Web site at www.cahps.ahrq.gov. That's www.c-a-h-p-s.a-h-r-q.gov [www.cahps.ahrq.gov]. On the Web site you can also access a lot of information and resources about quality improvement including the complete CAHPS Improvement Guide. We also have case studies detailing the use of CAHPS survey results for QI, you can also look at a fuller webcast that we've held on this topic because this is such an important topic for our users, so there's lots of resources out there to support your use of CAHPS surveys for QI.

On the Web site you can also read more about the CAHPS Database and access the Online Reporting System. The CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS help line at 1-800-492-9261 or via email at cahps1@ahrq.gov [cahps1@ahrq.gov]. We thank you for joining us today and we look forward to bringing you more stories and experiences from users of CAHPS surveys. Thank you.

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