

# Using Quality Improvement Methods to Improve Patient Experience

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## Abstract

Patient experience is an important component of the overall medical encounter. This paper explores how patient experience is measured and its role in radiology, including its impact on clinical outcomes and reimbursement. Although typically applied to safety and clinical outcomes, quality improvement methodology can also be used to drive improvement efforts centered on patient experience. Applying an established framework for patient-centered care to radiology, this paper provides a number of examples of projects that are likely to yield significant improvement in patient satisfaction measures.

**Key Words:** Radiology, patient experience, patient satisfaction, quality improvement, clinical outcomes

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## INTRODUCTION

In 2001, the Institute of Medicine identified patient- and family-centered care as one of the key components in health care for the 21st century. Measuring and improving patient experience has become increasingly tied to reimbursement models by the CMS as part of their Value-Based Purchasing Program. The integrated role of radiology throughout virtually all aspects of health care delivery makes it a key player in influencing patient experience.

Quality improvement (QI) is a progressive management methodology to engage frontline employees in leading change and re-engineering work systems. Although many QI efforts in health care have traditionally been geared toward improving the safety or efficiency of a clinical environment, QI can be equally as effective at improving the patient experience. At the heart of modern QI techniques is listening to the voice of the customer and removing waste around the process of delivering value.

This paper explores how patient experience is measured and its role in radiology, including its impact on clinical outcomes and reimbursement. Using an established framework, we provide examples of projects that are likely to yield significant improvement in patient experience measures.

## MEASURING PATIENT EXPERIENCE

The concept of patient-centered care, initially coined “biopsychosocial” care, originated with the idea that rather than simply treating disease, medical treatment should encompass and integrate the associated psychosocial components of illness, considering the needs, goals, and preferences of the patient and collaborating with both patients and their families in decision making [1]. Gerteis et al [2] later introduced a conceptual framework to understand the different dimensions of patient-centered care and emphasize the role of the organization or institution in the provision of patient-centered care. These elements include (1) respect for the patient’s values, preferences, and expressed needs; (2) coordination and integration of care; (3) communication, information, and education; (4) physical comfort; (5) emotional support; and (6) involvement of family and friends (Table 1).

Patient experience and patient satisfaction are two terms often encountered when discussing patient-centered care. Patient experience can be thought of as

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**Table 1.** Dimensions of patient-centered care

Respect for patients' values, preferences, and expressed needs  
Coordination and integration of care  
Communication, information, and education  
Physical comfort  
Emotional support  
Involvement of family and friends

individual interactions, what actually happened and how often, as opposed to patient satisfaction, which is a subjective assessment of the cumulative quality of individual encounters. These two terms are distinguished from the patient outcome, which is the objective, clinical result of treating medical illness in the original biopsychosocial model. For example, a patient with known terminal illness may be hospitalized in a supportive, patient-centric environment and be left with an overall positive impression despite a poor clinical outcome.

Unlike measuring clinical outcomes, which are generally objective and clearly defined, accurate assessment of the patient experience employs the use of subjective patient satisfaction surveys. Patient expectations vary depending on the type of clinical encounter. For example, a patient presenting to the emergency department for abdominal pain will have different expectations than a patient presenting for hip arthroplasty at an outpatient surgical center. Variable expectations on inpatient, outpatient, surgical, and medical services impact each patient's experience and require individualized questions to attempt to capture the unique circumstances that affect each encounter.

## PATIENT EXPERIENCE AND REIMBURSEMENT

CMS uses a patient experience survey known as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to evaluate overall patient experience at an institutional level after hospitalization. The results of this survey are linked to reimbursement through the Hospital Value-Based Purchasing Program. This program couples a portion of CMS reimbursement to performance metrics. Of the metrics employed by CMS, 70% are clinical performance metrics and the remaining 30% are patient experience metrics captured via the HCAHPS survey [3].

Although patient experience is categorically linked to CMS reimbursement via HCAHPS, there is no clear relationship between patient satisfaction/experience and clinical outcomes. Though some studies have shown a

correlation between HCAHPS [4] or alternate patient satisfaction surveys [5,6] and clinical outcomes, a growing body of data demonstrates the absence of such a correlation [7], particularly in surgical specialties [8-12]. In fact, one study reported that increased mortality and complication rates were associated with higher patient satisfaction scores [13].

## THE IMPACT OF RADIOLOGIC SERVICES ON PATIENT EXPERIENCE

The integrated role of radiology throughout virtually all aspects of health care delivery makes it a key player in influencing patient satisfaction. Radiology is heavily utilized in the emergency department; on the surgical, medical, and pediatric floors; and in outpatient centers. Patients in each of these settings will have diverse expectations that will shape the perception of care. Attempting to isolate and measure the role of radiology within the cumulative patient experience introduces a new level of complexity to the inherent difficulty of accurately measuring patient satisfaction.

Despite these complexities, several attempts have been made to capture the concerns and expectations of patients and assess their satisfaction with radiologic services. These data have been gathered via focus groups [14], analysis of complaint data involving radiology [15,16], and satisfaction surveys with questions specific to the radiology department [14,17]. The results of these analyses share a small number of common themes, including report accuracy, timeliness, safety, comfort, cleanliness, and interaction with staff.

A radiologic adaptation of the above-described framework for patient-centered care has previously been described in detail [18]. We use the Gerteis framework to highlight a number of examples of successful QI projects as well as potential targets that are likely to yield measurable improvement in patient experience. A brief list of potential projects pertaining to each dimension of the framework for patient-centered radiology is provided in Table 2.

## A FRAMEWORK FOR PATIENT-CENTERED RADIOLOGY

### Respect for Patients' Values, Preferences, and Expressed Needs

Given the ever-increasing pressure for increased throughput, streamlining processes within the radiology department is essential to increase efficiency and reduce unwanted variability. Although increased standardization

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