Various Facets of Capturing Emergency Department Patient Experience: Lessons Learned

A Bi-State Collaborative
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Objectives

- Identify best practice delivery model for a critical access hospital (CAH) emergency department (ED) Patient Engagement Program
- Mitigate anticipated roadblocks and potential barriers to overcome during survey implementation
- Compare and contrast the difference between ED Consumer Assessment of Healthcare Providers and Systems (CAHPS) pilot project through the Centers for Medicare and Medicaid Services (CMS) and a pared-down process for patient engagement
History

- Started with an ‘idea’ back in 2014
- Eight Illinois hospitals and five North Dakota Hospitals
- Utilized Custom Learning to help in building initial mailed survey
- Brian Lee from Custom Learning provided four education sessions with pilot group
- Reporting was challenging, no electronic platform
## Flex Grant Logic Model 2015

### Goal 5
**Program Area:** Integration of Innovative Health Care

<table>
<thead>
<tr>
<th>Activities</th>
<th>Budget</th>
<th>Staff Responsible</th>
<th>Sub Activity</th>
<th>Outputs (Process Measures)</th>
<th>Impact (Short and Long-Term) Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of innovative health care models</td>
<td>$11,000</td>
<td>ICAN/WIC Director</td>
<td>Identify cohort between Illinois and North Dakota with care participating CAHs from each state</td>
<td># CAHs continuing participating in cohort</td>
<td># CAHs who report improvement in ED CAHs-related measures(s) to a quality improvement intervention</td>
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<td>Create cohort objectives around improvement of ED CAHs and patient satisfaction from ED consumers</td>
<td># CAHs attending quarterly technical assistance calls</td>
<td># of interventions suggested to CAHs and/or high performers and best practices shared at quarterly meetings</td>
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<td>Year 2: determine a minimum of 3 measures (domains) to focus on and offer coaching through use of subject matter experts</td>
<td># of best practices shared</td>
<td># CAHs not part of the cohort implementing best practices share and/or participating in educational webinars or conference structures</td>
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<td>Share preliminary findings at national conference (Flex and/or National Rural Health Association)</td>
<td># measures and guidelines identified</td>
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<td>Year 3: continue with further identification on 3 domains to improve upon in cohort</td>
<td># education events: # attendees</td>
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<td>Share findings through state and national routes such as newsletters, webinar training and national conference</td>
<td># CAHs adding ED as new survey service</td>
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Decision Factors

- Survey design
- Length of survey
- Mail vs telephone (manpower)
- CMS Pilot in progress
  - EDPEC 2.0
  - 53 Questions
  - ED Patient Admitted version
- “If I were a patient”
- “I want to know....”
- “What can I improve”
Initial Survey

- 30 Questions
- Mailed to homes
- Domains
  - Going to the emergency room (ER)
  - During the ER visit
    - Medicine education
    - Pain management
  - Nurses and Doctors
    - Introduce
    - Courtesy and Respect
    - Listen
    - Explain
  - Leaving: Discharge Instructions
  - Rate and Recommend
Start Up Successes and Failures

Successes
- Energetic
- Easy to implement
- Easy to return

Failures
- Bad addresses
- Incomplete responses
- Poor response rate
- Provider engagement fair
- Staff not as participative in learning
<table>
<thead>
<tr>
<th>Communication about Medications</th>
<th>91%</th>
<th>89%</th>
<th>79%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asked about ALL medicines taken</td>
<td>100%</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>Given instructions on what the medication was for</td>
<td>91%</td>
<td>92%</td>
<td>69%</td>
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<tr>
<td>Provided possible side effects in way that could be understood</td>
<td>78%</td>
<td>76%</td>
<td>70%</td>
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**Communication About Medications**

- **Q1**
- **Q2**
- **Q3**
2015 and 2016

- Changed it up a bit
- Started by reducing to 23 questions
- Created a 14 Question
2017 Year of Change

- January 2017 pilot group discussion
- Partnered with tablet vendor
- Real-time data collection
- 11 Questions
Initial Outcomes to Changes

- Four hospitals had immediate 60% improved response rate
- Staff engaged but struggle with ‘framing the ask’
- Real time notification of unsatisfied patient
- Provider engagement by two ‘groups’
- Supervisor satisfaction to fix any immediate needs
- Quickly watch dashboard
- Not as easy to see comparison with entire pilot group
- Tablets challenging for infection control issues
2018 Changes

- Partnered with AdCo as our Platform
- Ability to benchmark against others but not as ‘real time’
- [www.icahnsurveysolutions.org](http://www.icahnsurveysolutions.org)
Lessons Learned

- Staff not comfortable asking for patient feedback
- Concerns with ‘is it accurate’ or are ‘nurses doing it’
- Need signage for patient reminders
- Tablets don’t hold up over a year
- Admin and ED Provider Groups like data provided
- The more simple the better

Next steps
- Email, Text, QR Code
Ask Away....