

PATIENT EXPERIENCE PROGRAM

BARBARA RAGONESE
Direttore Qualità
Chief Quality Officer
UPMC Italy

Network Italiano JCI
10.11.22

UPMC
LIFE CHANGING MEDICINE

Patient Experience Assessment

1

JCI



Nuovo standard (PCC3) che richiede la misurazione, analisi e il miglioramento dell'esperienza del paziente.

2

MAGNET



Il Magnet Recognition Program richiede che i dati della patient experience (nursing) siano gestiti e aggregati da un **ente esterno**.

3

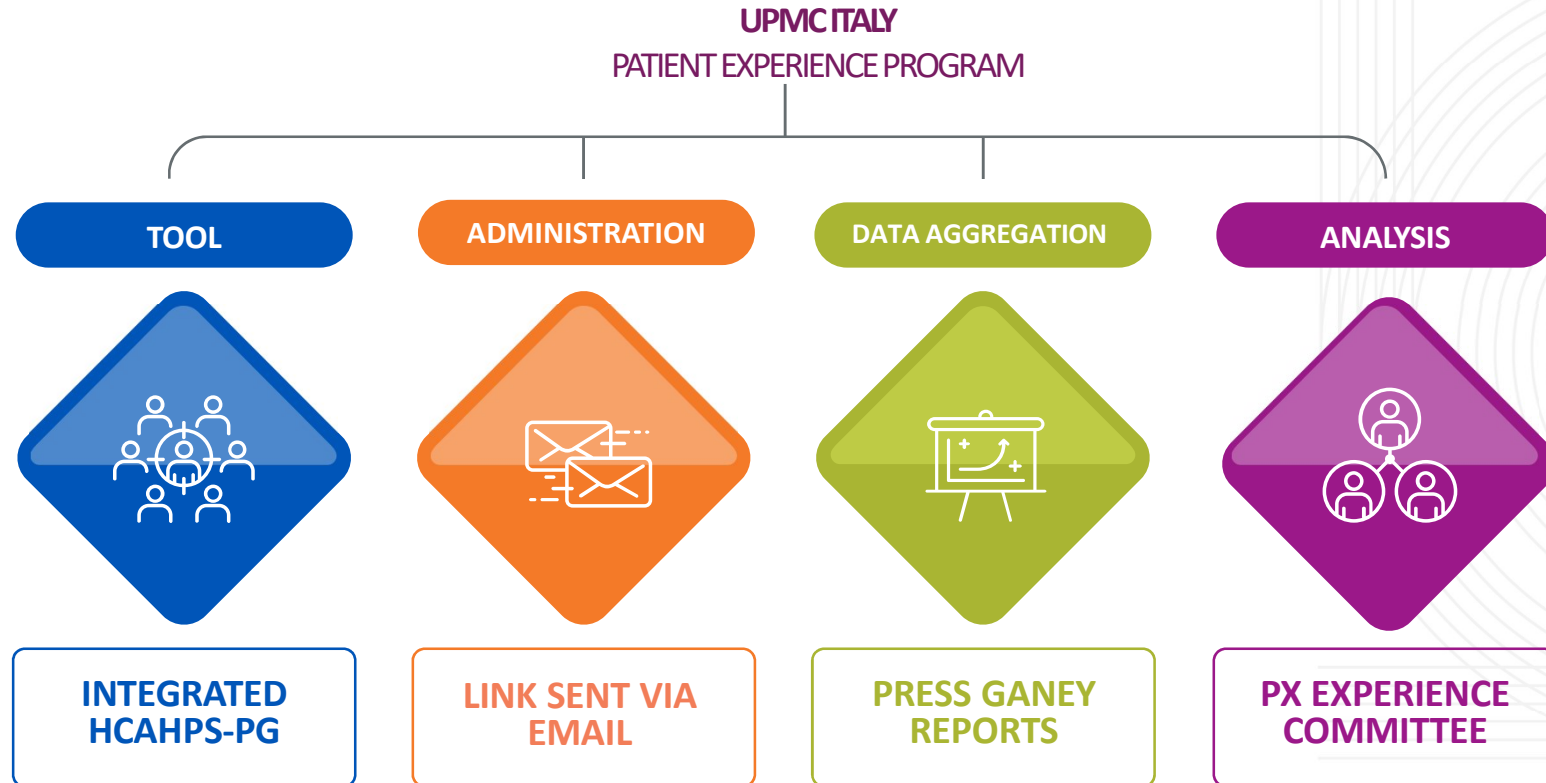
UPMC



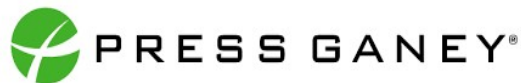
I dati della patient experience vengono valutati tramite **HCAHPS** e considerati **indicatori strategici prioritari** per valutare la performance.



Overview



Survey



The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an AHRQ program that began in 1995, with the purpose to advance scientific understanding of patient experience.

Since 2008 the survey is mandatory by the Center for Medicare & Medicaid (CMS) and data are publicly reported.

Press Ganey collects data from +2500 US Hospitals.



Survey: 38 questions

1. Communication with nurses (composite)
2. Communication with doctors (composite)
3. Communication about medicines (composite)
4. Responsiveness of hospital staff (composite)
5. Discharge information (composite)
6. Hospital environment (single-item)
7. Pain Management (single-item)
8. Personal issues (composite)
9. Care transitions (composite)
10. Meals (composite)
11. Admissions (composite)
12. Global ratings (2 single-items)

Durante la degenza in questo ospedale i medici hanno spiegato le procedure in modo chiaro?

Alla sua richiesta di aiuto per andare in bagno o per usare la padella, è stato assistito prontamente?

Durante la degenza, l'ambiente circostante alla sua camera era tranquillo durante la notte?

Sono consapevole dello scopo della terapia farmacologica che mi è stata prescritta e che dovrò seguire una volta dimesso?

Utilizzi un numero dal 0 a 10 per dare un giudizio su questo ospedale, considerando 0 come voto per definirlo scarso e 10 per definirlo eccellente.

Assessment scale and methodology




SCALE

CAHPS surveys ask questions intended to rate the FREQUENCY by which various parts of the patient experience occurred, using a 4-point rating scale from Never to Always. With the CAHPS-PG integrated survey, some areas are evaluated with a 5-point Likert scale from Very Poor to Very Good.



TOP BOX

Most favorable response that can be selected on the survey response scale. Scores are reported as a percentage of top box responses out of the total number of responses.

The background features a blurred image of hands holding a star-shaped object. The image is overlaid with a semi-transparent purple and blue gradient. There are decorative elements including concentric circles and horizontal lines in the corners, and a row of five stars across the middle.

Patient Experience dashboards and results

Platform for dynamic dashboards: PGFusion

The screenshot displays the PGFusion dashboard interface. At the top left, there is a hamburger menu icon followed by the 'PressGaney' logo and the text 'Patient Experience'. On the top right, there are icons for 'Resources' and a user profile labeled 'Hello, Barbara' with a dropdown arrow. Below the navigation bar, a dark blue header contains a dropdown menu currently showing 'ISMETT Istituto di Ricovero e Cura ...' and a heart icon with the number '0'. A search dropdown menu is open below this header, featuring a search input field and a list of search results: 'ISMETT Istituto di Ricovero e Cura a Carrattere Scientifico (38254)', 'UPMC Hillman Cancer Center San Pietro FBF (42252)', 'UPMC Hillman Cancer Center Villa Maria (42253)', and 'UPMC Salvator Mundi (35769)'. The main content area has a white background with a large heading 'See the stories in your data' and a sub-heading 'Welcome to PGFusion. Here you have access to dynamic dashboards and a suite of powerful analytics tools, giving you a clear read on what's working for your patients—and what's not.' Below this, a section titled 'Key Dashboards' includes the instruction 'Select one of the key dashboards below to begin viewing insights and tracking patient experience performance.' Three green dashboard cards are presented: 'Facility Scorecard' (with a building icon) for viewing performance at the facility level; 'Breakout Scorecard' (with a pie chart icon) for viewing performance for a specific unit, specialty, or provider; and 'Comments' (with a speech bubble icon) for viewing and searching for comments at the facility level for a single service line. At the bottom of the dashboard, a footer contains the copyright notice '© 2022 Press Ganey Associates LLC | Telephone : 844.459.0468', a 'Privacy Policy' link, and a 'Terms of Service' link. A small 'PressGaney' logo is visible in the bottom right corner of the dashboard area.



PGFusion: reports available

PressGaney | Patient Experience

Resources | Hello, Barbara

UPMC Salvator Mundi (35769) 0

Facility Scorecard

Facility Scorecard UPMC Salvator Mundi | All Service Lines

Applied Filters

All Service Lines

All Service Lines

Inpatient

Medical Practice

Outpatient Services

10th Percentile 75th - 89th Percentile

75th - 74th Percentile >= 90th Percentile

High Point Low Point

Q2 2021 Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022

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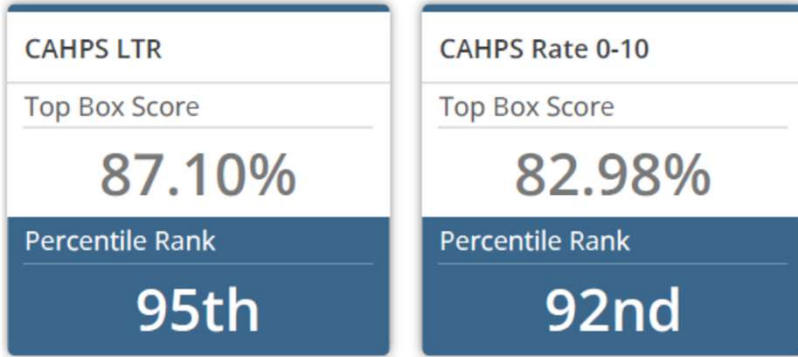


KEY PERFORMANCE INDICATORS

Overall patient experience measures



UPMC-Salvator Mundi -Roma
 Discharge Date | 01 Jul 2022 - 30 Sep 2022



A **percentile rank** is used to compare your performance relative to others. It indicates what percentage of scores in the peer group fall below (and thus above) your score. Our peer group contains approx. 2500 centers

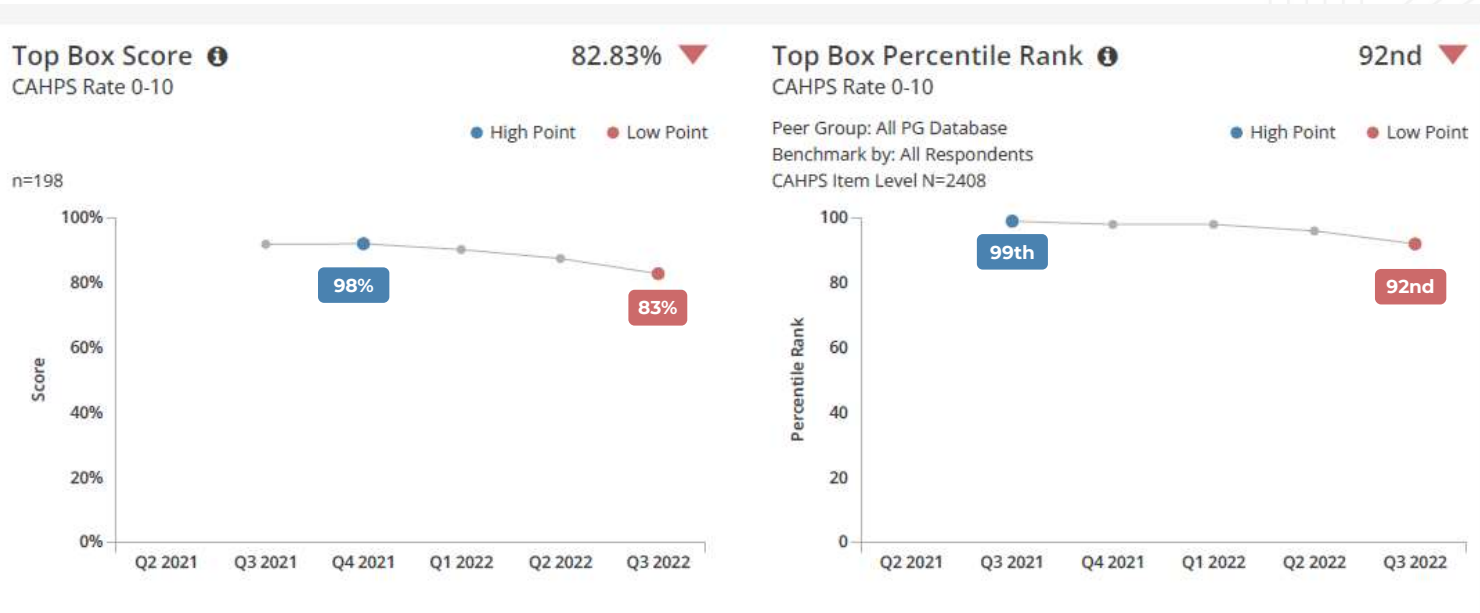
Comm w/ Doctors CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?	Top Box Score <h1>91.49%</h1>	Percentile Rank <h1>99th</h1>
Comm w/ Nurses CAHPS: During this hospital stay, how often did nurses listen carefully to you?	Top Box Score <h1>93.62%</h1>	Percentile Rank <h1>99th</h1>

- Percentile Rank 1 - 49
- Percentile Rank 50 - 74
- Percentile Rank 75 - 89
- Percentile Rank 90 - 99



FACILITY SCORECARD

Overall patient experience measures



Time Period	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
n		148	277	195	192	198
Top Box Score	N/A	91.89%	92.06%	90.26%	87.50%	82.83%
Percentile Rank	N/A	99	98	98	96	92



SECTION PERFORMANCE

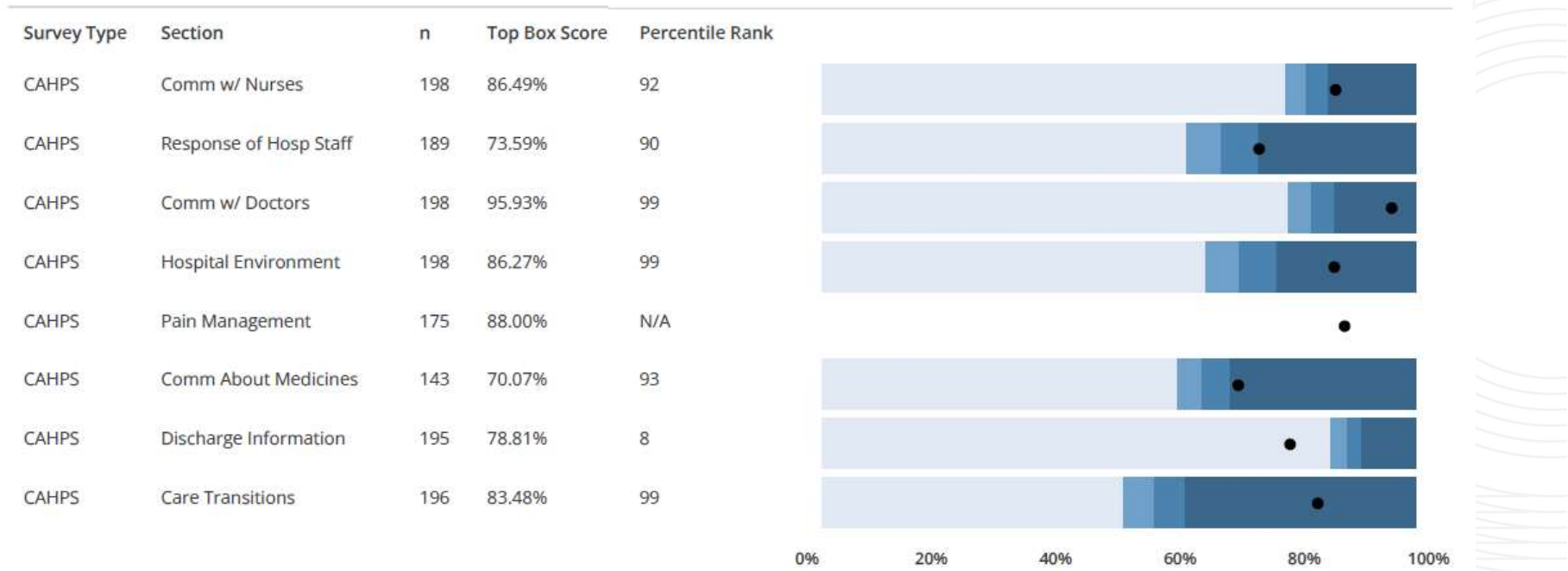
Hospital level – Q1 2022 vs. 2021



● Top Box Score

■ < 50th Percentile ■ 75th - 89th Percentile

■ 50th - 74th Percentile ■ >= 90th Percentile



PATIENT NEEDS REPORT

Hospital level

COMPASSIONATE CONNECTED CARE		PERCENTILE THRESHOLD					
All		50				■ Above Threshold ■ Below Threshold	
Caring Behaviors	Personalize	CAHPS	Nurses listen carefully to you	738	87.26%	95	
		CAHPS	Doctors listen carefully to you	739	94.18%	99	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	735	90.61%	86	
		CAHPS	Doctors treat with courtesy/respect	736	96.20%	98	
	Inform	CAHPS	Nurses expl in way you understand	739	86.06%	96	
		CAHPS	Doctors expl in way you understand	738	93.09%	99	
		CAHPS	Tell you what new medicine was for	546	80.04%	85	
		CAHPS	Staff describe medicine side effect	530	58.68%	93	
	Choice	CAHPS	Hosp staff took pref into account	676	68.64%	99	
	Empathy	CAHPS	Staff do everything help with pain	638	89.50%	N/A	
	Responsiveness	CAHPS	Call button help soon as wanted it	686	77.84%	94	
		CAHPS	Help toileting soon as you wanted	444	75.23%	92	

PATIENT NEEDS REPORT

Hospital level

COMPASSIONATE CONNECTED CARE

PERCENTILE THRESHOLD

All

50

■ Above Threshold ■ Below Threshold

Compassionate Connected Care	Patient Need	Survey Type	Survey Items	n	Top Box Score	Percentile Rank	
Clinical	Discharge Prep	CAHPS	Staff talk about help when you left	711	79.75%	24	
		CAHPS	Info re symptoms/prob to look for	711	81.01%	11	
		CAHPS	Good understanding managing health	724	90.88%	99	
		CAHPS	Understood purpose of taking meds	670	95.37%	99	
Operational	Environment	CAHPS	Cleanliness of hospital environment	735	90.75%	99	
		CAHPS	Quietness of hospital environment	738	76.56%	93	
Global	Global	CAHPS	Rate hospital 0-10	739	87.28%	96	
		CAHPS	Recommend the hospital	738	94.85%	99	

Le è stato spiegato come e a chi rivolgersi per eventuale assistenza fuori dall'ospedale?

E' stato informato circa i possibili sintomi che potrà accusare una volta dimesso dall'ospedale?

BREAKOUT SCORECARD

Hospital Unit level

Specialty Performance ?

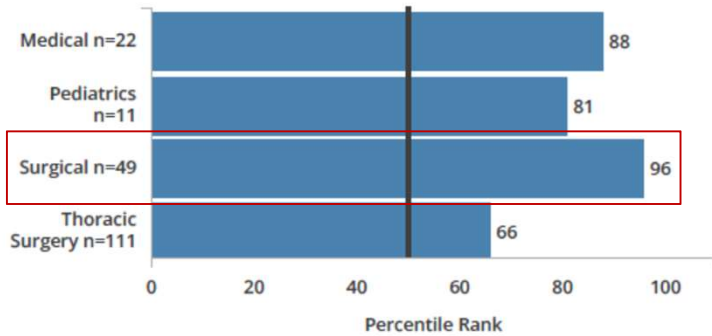
CAHPS Rate 0-10

SET GOAL

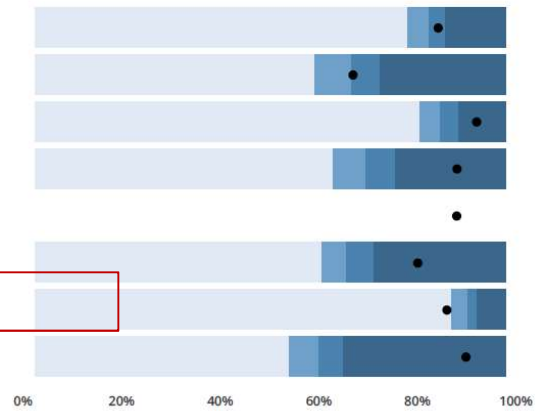
SEARCH

SORT BY

■ Above Goal ■ Below Goal



Section	n	Top Box Score	Percentile Rank
Comm w/ Nurses	49	85.66%	85
Response of Hosp Staff	49	67.54%	75
Comm w/ Doctors	49	93.82%	97
Hospital Environment	49	89.65%	99
Pain Management	48	89.58%	N/A
Comm About Medicines	36	81.30%	99
Discharge Information	48	87.50%	43
Care Transitions	48	91.55%	99



BREAKOUT SCORECARD

Hospital Unit level

Specialty Performance ⓘ

CAHPS Rate 0-10

SET GOAL

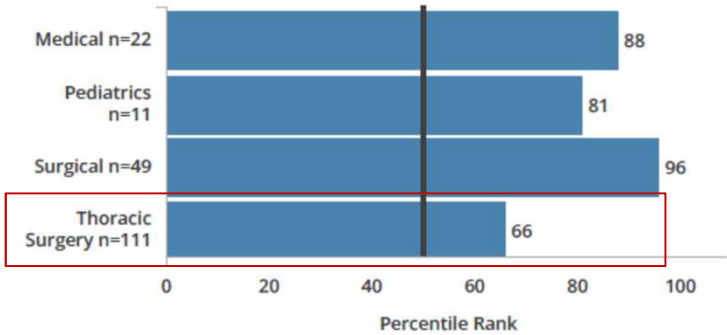
50

SEARCH

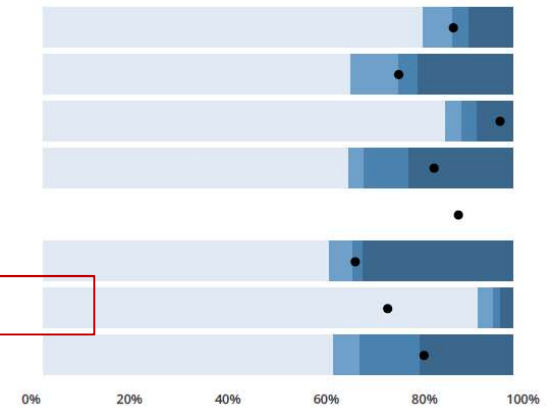
SORT BY

Default (A-Z)

■ Above Goal ■ Below Goal



Section	n	Top Box Score	Percentile Rank
Comm w/ Nurses	111	87.34%	75
Response of Hosp Staff	104	75.70%	73
Comm w/ Doctors	111	97.28%	96
Hospital Environment	111	83.23%	99
Pain Management	95	88.42%	N/A
Comm About Medicines	78	66.44%	78
Discharge Information	109	73.35%	1
Care Transitions	110	81.09%	94



BREAKOUT SCORECARD

Hospital Unit level

Greatest Increases ⓘ

▲ Positive ▼ Negative

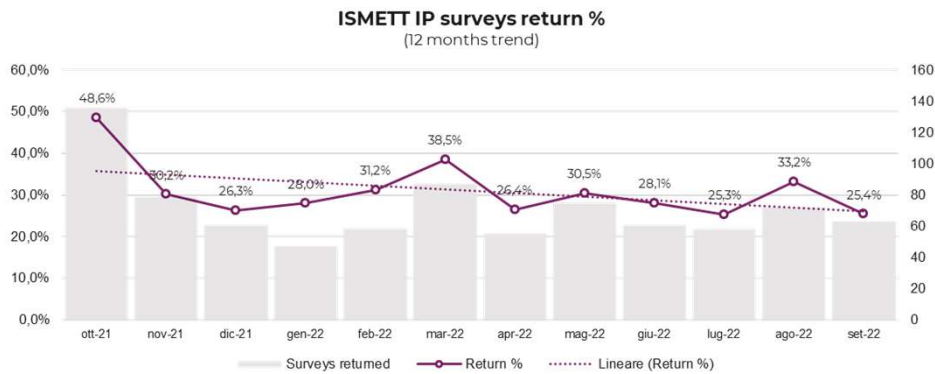
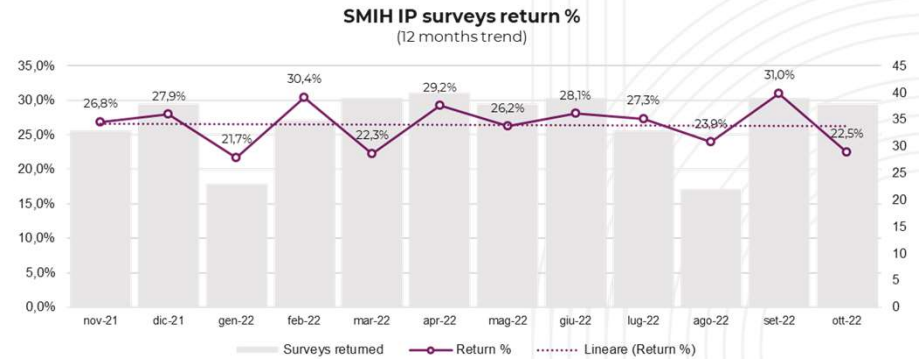
Survey Type	Question	Current n (Q3 2022)	Current Top Box Score (Q3 2022)	Previous n (Q2 2022)	Previous Top Box Score (Q2 2022)	Change	
PG	How well you slept†	111	55.86%	94	51.06%	4.79%	▲
CAHPS	Tell you what new medicine was for	78	78.21%	75	74.67%	3.54%	▲
PG	Respect culture/race/religious need†	38	100.00%	30	96.67%	3.33%	▲
CAHPS	Good understanding managing health	109	89.91%	90	86.67%	3.24%	▲
CAHPS	Call button help soon as wanted it	102	78.43%	86	75.58%	2.85%	▲

Greatest Decreases ⓘ

Survey Type	Question	Current n (Q3 2022)	Current Top Box Score (Q3 2022)	Previous n (Q2 2022)	Previous Top Box Score (Q2 2022)	Change	
PG	Process/ease of ordering meal†	108	50.93%	90	67.78%	-16.85%	▼
CAHPS	Hosp staff took pref into account	101	58.42%	86	74.42%	-16.00%	▼
PG	Staff precautions min risk falling†	107	71.96%	94	87.23%	-15.27%	▼
PG	Staff wash their hands before exam†	110	81.82%	94	95.74%	-13.93%	▼
CAHPS	Help toileting soon as you wanted	74	72.97%	68	86.76%	-13.79%	▼

INPATIENT SURVEY RETURN RATE – LAST 12 MONTHS

▶ **UPMC - SMIH**
 2004 Inpatients
 531 surveys returned
Return rate: 26,4%



▶ **UPMC-ISMETT**
 3208 Inpatients
 1001 surveys returned
Return rate: 31,2%



The image features a silhouette of a person's head in profile, facing left, with their hand resting on their chin in a thinking pose. The silhouette is filled with various digital and technological icons, including a globe, a Wi-Fi symbol, a play button, a smartphone, a circuit board, and a bar chart. The background is a gradient of purple and blue, with faint, concentric circular lines and vertical lines on the left and right sides. The overall aesthetic is modern and tech-oriented.

HOW TO IMPROVE

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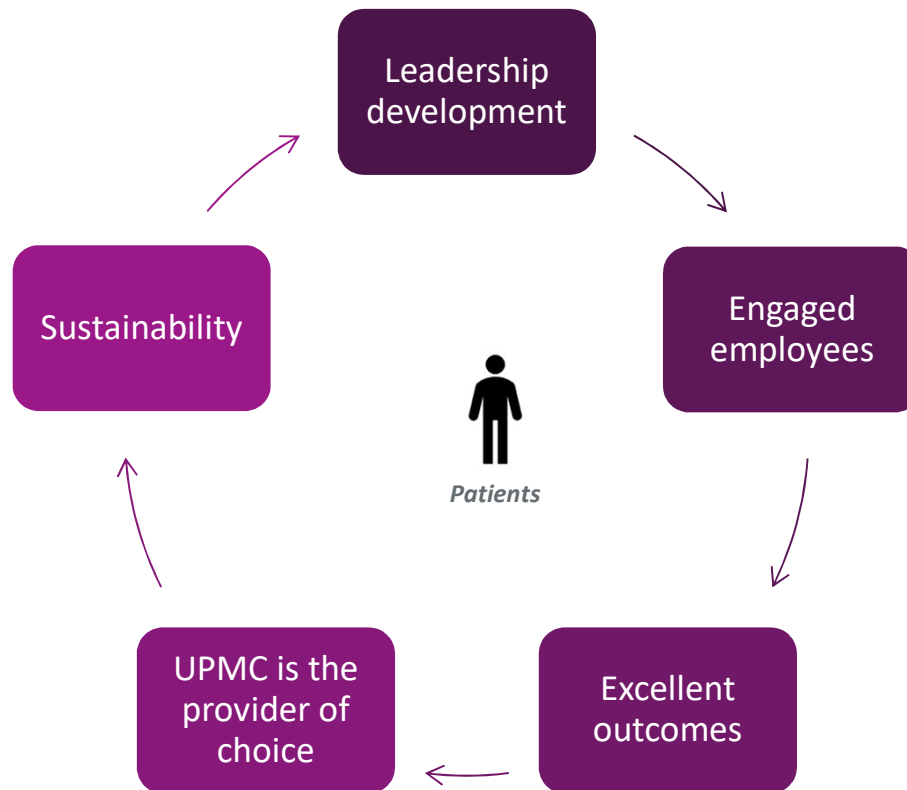
Patient Experience: A definition

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

The Beryl Institute



Creating a High-Performing Culture



- Leadership
- Culture
- Organizational Process



The True North

The Model of Operational Excellence (Shingo Model) uses the concept of True North to define the Few Vital Statistics (6-10) that need to drive organizations



CY22 Goals: Improve the UPMC Patient Experience

UPMC Key Strategy



UPMC Italy Aligned Strategy

1. Implement HCAHPS surveys for each specific patient populations. Ensure a response rate >30%. Ensure results are analysed.
2. Institute a Patient and Family Advisory Council (PFAC)
3. Launch Patient Engagement and Education Campaigns

Patient and Family Advisory Council (PFAC)



Join Our Patient and Family Advisory Council (PFAC)

Want to help us improve the patient experience at UPMC?

At UPMC, we want patients and their families to be at the center of everything we do. We have created a Patient and Family Advisory Council (PFAC) to represent the voice of our patients and their family members.

We are using your feedback to work with our doctors, nurses, and administrators to help improve the patient experience.

How to Join Our PFAC

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The **PFAC** is a group of patients and family members who have received care or treatment at UPMC (for him/herself or a family member).

They represent the **voice of patients** and their feedback are collected to improve the patient experience.

It leads to **increased understanding** and cooperation between patients, family and staff.

THIRD ANNUAL QUALITY INTERNATIONAL SYMPOSIUM

*Improving Patient Experience:
Challenges and Approaches*

FRIDAY, JANUARY 27, 2023

8:30 A.M. - 4:30 P.M. (CET)

Sala Mattarella at Palazzo dei Normanni
Palermo

SAVE THE DATE

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THANK YOU