

HSIQ Part 3 Patient Satisfaction Worksheet

Objectives:

EPA 13: Identify system failures and contribute to a culture of safety and improvement

1. Recognize the interdependence of component parts of the healthcare system and potential for unintended consequences.
2. Identify and Participate in Patient Satisfaction Improvement Initiatives.

Student Name: **Peter Louis**

Data Set Review (Service, Location): **Emergency Department, Main Campus**

Define One Patient Satisfaction Area For Improvement:

Based on sample data from patient satisfaction surveys collected over the past fiscal year assessing the main campus emergency department (ED), the patient experience during the arrival period is an area that can be optimized. The mean satisfaction score of patient experience during arrival into the ED for the 2016 FYTD is 79.0 compared to the patient – physician interaction mean satisfaction score of 85.0 of the same survey and period. The consequences of not addressing this area of concern include less patient compliance with medical instructions and worst clinical outcomes, increased professional liability claims, and decreased healthcare facility market strength, and profitability. The goal is to improve the arrival experience mean satisfaction score to 85.0 by July 30, 2017.

Using Evidence- Based Medicine, please describe a possible intervention for this area of opportunity for improvement:

These approaches combined into a single intervention can have a positive effect on the patient arrival experience:

1. Improving the interpersonal skills of staff and providers. Studies have shown that appropriately greeting the patient upon initial interaction sets the tone for the patient's perception of the visit. Emergency rapport or expressive qualities can be incorporated in training of staff and providers.
2. Improving information delivery to patients. Studies have shown that patients who perceived that procedures and tests were clearly explained to them were more satisfied with their ED visit. Types of media that can be used to improve information delivery include pamphlets, and large screens strategically placed in the ED.
3. Managing expectations and waiting time perceptions upon arrival. Learning exactly what patients want and then explaining to them what the ED is able to provide can improve patient satisfaction.

4. Aligning physician and nursing schedules with periods of increased ED activity to optimize productivity.

Evidence- Based Medicine Reference:

Boudreaux, E. D., & O'hea, E. L. (2004). Patient satisfaction in the Emergency Department: A review of the literature and implications for practice. *The Journal of Emergency Medicine*, 26(1), 13-26. doi:10.1016/j.jemermed.2003.04.003

National Quality Measures Clearinghouse | Emergency department satisfaction: Mean section score for "Arrival" questions on Emergency Department Survey. (n.d.). Retrieved June 27, 2016, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=28163>



Mccarthy, M. L., Ding, R., Zeger, S. L., Agada, N. O., Bessman, S. C., Chiang, W., . . . Bessman, E. S. (2011). A Randomized Controlled Trial of the Effect of Service Delivery Information on Patient Satisfaction in an Emergency Department Fast Track. *Academic Emergency Medicine*, 18(7), 674-685. doi:10.1111/j.1553-2712.2011.01119.x

Thompson, D. A., Yarnold, P. R., Williams, D. R., & Adams, S. L. (1996). Effects of Actual Waiting Time, Perceived Waiting Time, Information Delivery, and Expressive Quality on Patient Satisfaction in the Emergency Department. *Annals of Emergency Medicine*, 28(6), 657-665. doi:10.1016/s0196-0644(96)70090-2

Spaite, D. W., Bartholomeaux, F., Guisto, J., Lindberg, E., Hull, B., Eyherabide, A., . . . Conroy, C. (2002). Rapid process redesign in a university-based emergency department: Decreasing waiting time intervals and improving patient satisfaction. *Annals of Emergency Medicine*, 39(2), 168-177. doi:10.1067/mem.2002.121215

Savage, D. W., Woolford, D. G., Weaver, B., & Wood, D. (2015). Developing emergency department physician shift schedules optimized to meet patient demand. *Cjem*, 17(01), 3-12. doi:10.2310/8000.2013.131224

Rubric Name: Individual Patient Satisfaction Assignment Rubric

Outcome/Objective	Work in Progress 1 point	Meets Expectations 3 points	Exceeds Expectations 5 points	Score and Feedback
Define a patient satisfaction area for improvement pertaining to the given patient satisfaction data	Does not define an appropriate patient satisfaction area of improvement for one of the data sets provided. Has minimal insight into the system and impact of patient experience (1 point).	Defines an appropriate patient satisfaction area of improvement for one of the data sets provided. The statement includes at least 2 of the 5 parts of a problem statement (what, where, when, how much and how do I know). Has insight into the system and impact of patient experience. (3 points)	 Defines <u>in detail</u> an appropriate patient satisfaction area of improvement for one of the data sets provided. The statement includes at least <u>4</u> of the 5 parts of a problem statement (what, where, when, how much and how do I know). Demonstrates <u>significant</u> insight into the system and impact of patient experience. (5 points)	5 points
Outcome/Objective	Work in Progress 1 point	Meets Expectations 5 points	Exceeds Expectations 7 points	Score and Feedback
Describe a possible intervention for the defined patient satisfaction area for improvement	Intervention is poorly described or does not at all apply to the problem outlined previously	 Intervention described is a basic plan aligned with the problem or area of improvement previously	Intervention described is detailed and thoughtful and aligned with the problem or area of opportunity described previously by the student. The student makes it obvious how he/she used evidence based medicine as the cornerstone to develop the intervention	5 points

	by the student. Does not appear to use evidence based medicine (1 point)	outlined by the student. It is easily apparent how the patient may have used evidence based medicine to develop this intervention. (5 points)	(7 points)	
Outcome/Objective	Work in Progress 1 point	Meets Expectations 2 points	Exceeds Expectations 3 points	Score and Feedback
Cited evidence based medicine resource	Did not cite any evidence based resource (1 point)	Cited at least one evidence based resource (2 point)	✓ Cited more than one evidence based resource. (3 points)	3 points
Overall Score	Level 1 0 or more	Level 2 5 or more	Level 3 8 or more	Score and Feedback
Overall Score			✓	13 points

Assignment Evaluation

Score
13 / 15

Feedback Date **Sep 22, 2016 2:08 PM**

Dropbox Feedback

Good job with this. I would focus on one of your 4 points and get a little more specific with your intervention. Improving interpersonal skills can be very difficult. Managing wait times and expectations might be a little easier. Perhaps apply your idea of large screen TVs and even social media to do this.