

PULSE REPORT

2009

Hospital

Patient Perspectives on
American Health Care

PRESS  GANEY[®]

Executive Summary

With the nation on the cusp of major reforms of the health insurance industry and the health care delivery system, ongoing trends toward greater transparency of quality of care and patient satisfaction are likely to accelerate. Value-based purchasing, under which federal health programs will reimburse providers based on scores achieved on those outcomes measures, is nearly certain to be part of a final reform law, but even absent reform, the Obama administration is advancing regulations to implement a similar payment change. Meanwhile, private insurers are continuing to adopt quality metrics, including patient satisfaction, as measures of performance and value, and are advancing pay-for-performance programs of their own. As all payers move toward reimbursement based on quality, organizations that do not move quickly to improve their performance will find themselves at a major competitive disadvantage.

Meanwhile, consumers—who are paying an ever greater share of the costs of care—are just beginning to shop for value, pushed in part by some insurers' use of tiers of providers based on their ability to deliver cost-effective care. Anecdotal evidence also suggests that more savvy patients are turning to Hospital Compare, the federal government's public database of quality and patient satisfaction, when they need to choose a hospital for care.

These trends put an ever-higher premium on listening to the voices of patients, and then acting on their concerns. Hospitals that are succeeding in improving the patient experience of care across their organizations are winning on several dimensions. There is a direct correlation between highly satisfied caregivers and satisfied patients (see chart, page 13). That in turn leads to easier recruitment and retention of qualified doctors, nurses, and technicians.

Perhaps of most interest to health care providers, Press Ganey research has found that those organizations with high satisfaction ratings are the most successful financially. As the charts in this report show, satisfied patients are more likely to recommend the facility to family and friends, thus increasing market share. An enhanced community reputation also leads to greater patient volumes. Better staff buy-in to improvement efforts leads to a more positive atmosphere for patients and better care. And independent scholarly research continues to provide evidence that more satisfied patients are less likely to file malpractice lawsuits.

This year's *Hospital Pulse Report*, which represents the experiences of nearly 3 million patients treated at more than 2,000 hospitals nationwide in 2008, finds that a six-year trend toward higher patient satisfaction with inpatient hospitals continued last year, achieving a record level as of October. This suggests that hospitals have responded to payer and patient demands. Of note is that 2008 marked the beginning of public reporting of data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (see page 14). As of October, seven months after the start of public reporting, inpatient satisfaction scores had climbed more significantly than at any other point in the 24 years that Press Ganey has been tracking that data.

As always, there is considerable room for improvement. All five of the top priorities for improvement (see page 3) this year have to do with communication. Number one on Press Ganey's National Inpatient Priority Index is responses to the specific concerns and complaints of patients—the third straight year that item has topped the list.

These research findings are part of a series of Press Ganey Pulse Reports and Check-Up Reports being released throughout 2009. These reports will examine the status of health care quality across different care settings and from different perspectives. These findings and observations highlight the progress being made in the face of today's challenging health care landscape, call for some needed change, and explore the path to improving the quality of American health care.

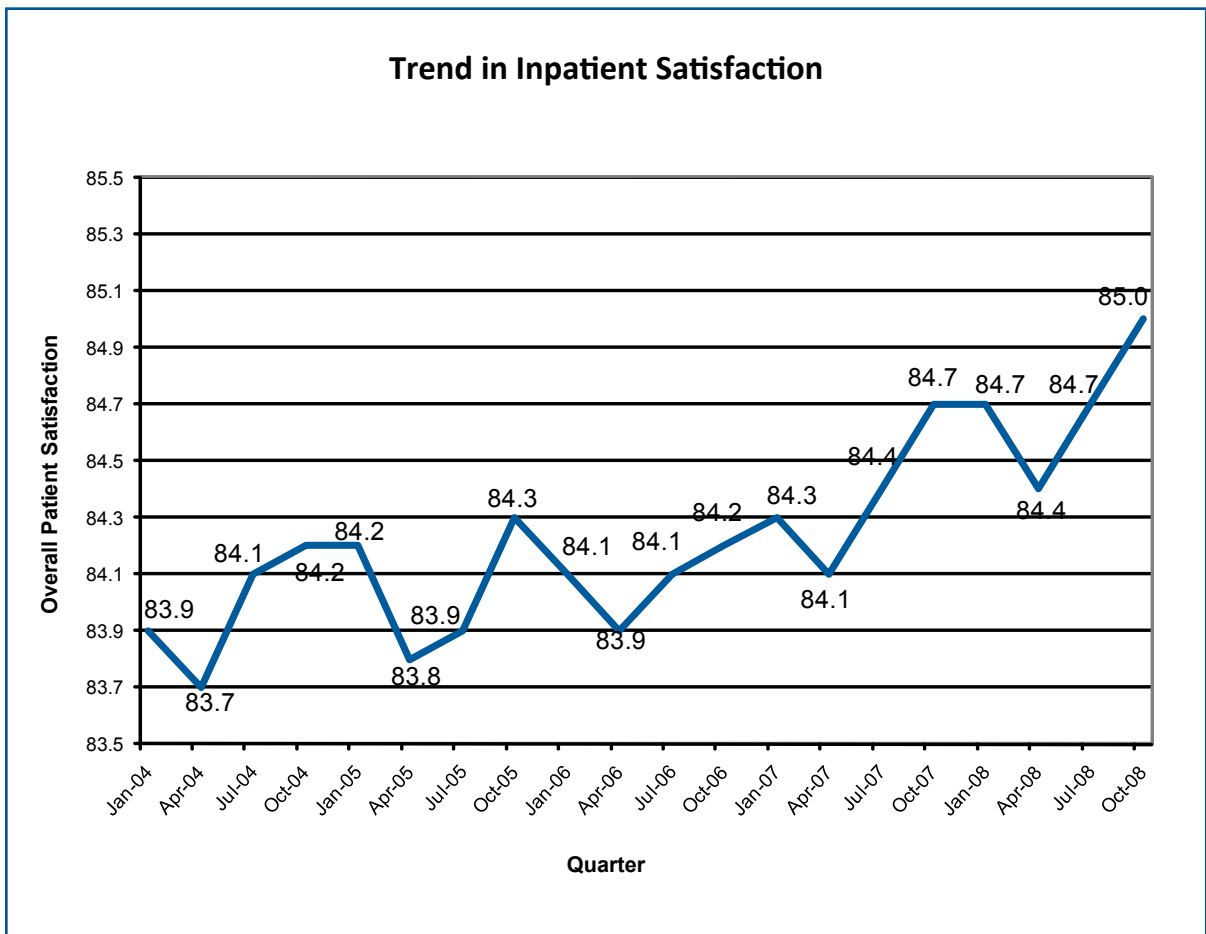
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The Status of *Inpatient Satisfaction*

Patients report that care is between “good” and “very good” in the United States. Even with normal seasonal variations, ratings continue to improve year over year. Despite the economic downturn at the end of 2008, patient satisfaction hit an all-time high. This is a tribute to the continuing dedication of health care providers across the nation.

The following graph examines how hospitals are performing from the patient’s perspective over the past five years. Overall, patient satisfaction in America’s inpatient hospitals has steadily increased since 2003, with some fluctuations due to seasonal occurrences.



Priorities for Improvement

Frontline staff members continue to have the greatest impact on the patient's overall experience of care. In particular, how employees communicate with patients underscores all of the five priorities in Press Ganey's National Inpatient Priority Index. The index combines information about hospitals' performance and the relative importance of each item. Survey items are correlated to the patient satisfaction survey question, "Likelihood of your recommending this hospital to others."

The number one priority for inpatient health care providers is "Response to concerns and complaints made during your stay"—service recovery can make a big difference for patients. A key differentiator of "good" versus "very good" care is what happens when something goes wrong or the patient's needs are not being met.

The second through fifth priorities provide insight into what patients say hospitals should improve—addressing emotional needs, including fears and concerns, and involving patients and their families in discussions and decisions so that they can be an active part of their own care.

Nurses play a critical role in communication—patients expect them to stay in touch and keep the patient informed about what is happening and what to expect, and to respond promptly to patients' immediate needs.

National Inpatient Priority Index

Survey Items are correlated to patient ratings of "Likelihood of your Recommending this Hospital to others"
Represents the experiences of 2,985,690 patients treated at 2,021 hospitals nationwide between January 1 and December 31, 2008

Survey Item	Priority Rank
Response to concerns and complaints made during your stay	1
Degree to which hospital staff addressed your emotional needs	2
Staff effort to include you in decisions about your treatment	3
How well the nurses kept you informed	4
Promptness in responding to the call button	5

Metro Areas with the *Highest Inpatient Satisfaction*

While there are some universal trends in American health care, there is also notable variation in the quality of care perceived by patients at individual hospitals and among states and regions. This variation is often a combination of hospital factors—such as location and size—and patient factors, including age and demographics. The metropolitan areas listed below represent the regions of the country with the highest patient satisfaction. These areas are setting a new standard for excellence and increasing the competition within their regions.

Of the ten metropolitan areas with the highest patient satisfaction, half were also on this list last year. Sustained success from Oklahoma City, Toledo, Indianapolis, Miami, and Columbia show that patients continue to be impressed by the care provided by hospitals in these cities. Five additional metro areas rose to the top this year, reminding hospital administrators that the health care environment continues to be incredibly competitive.

Top Ten Metropolitan Areas

Represents the experiences of 2,985,690 patients treated at 2,021 hospitals nationwide between January 1 and December 31, 2008

Metropolitan Area	Mean	Rank
Baton Rouge, LA	93.5	1
Columbus, OH	92.5	2
Oklahoma City, OK	90.3	3
Cleveland, OH	90.2	4
Toledo, OH	89.3	5
Indianapolis, IN	89.0	6
Miami, FL	87.9	7
Buffalo, NY	87.9	7
Cedar Falls, IA	87.9	7
Columbia, SC	87.9	7

States with the *Highest Inpatient Satisfaction*

According to patients, hospitals in the following states set the standard for the best experience of care. These top states represent most regions of the country and both large and small states.

Top Ten States

Represents the experiences of 2,985,690 patients treated at 2,021 hospitals nationwide between January 1 and December 31, 2008

State	Mean	Rank
Maine	87.3	1
South Carolina	86.9	2
New Hampshire	86.6	3
Wisconsin	86.6	3
Montana	86.2	5
Iowa	86.2	5
Oklahoma	86.2	5
Vermont	86.0	8
Indiana	85.9	9
Mississippi	85.9	9

Inpatient Satisfaction by Specialty

Both the type of care being delivered and the condition of the average patient vary dramatically from one specialty area to another. By understanding national trends, care providers can better anticipate the unique needs of subsets of their patient populations. Specialties consistently rated above the national average include obstetrics/gynecology, intensive care, and cardiology—some of the settings where care is most intensive and patients are the most anxious and/or vulnerable. It is especially critical for hospitals to benchmark specialties against one another to ensure each department remains competitive.

Patients expect certain things from different experiences. For example, expectations of care are different for a patient with an uncomplicated delivery of a healthy child than those patients in the midst of a crisis bringing them to intensive care. Setting service standards that apply to all employees and care providers across a variety of settings and experiences will create a brand that patients trust from elective or planned-life changes to intensive emergency care.

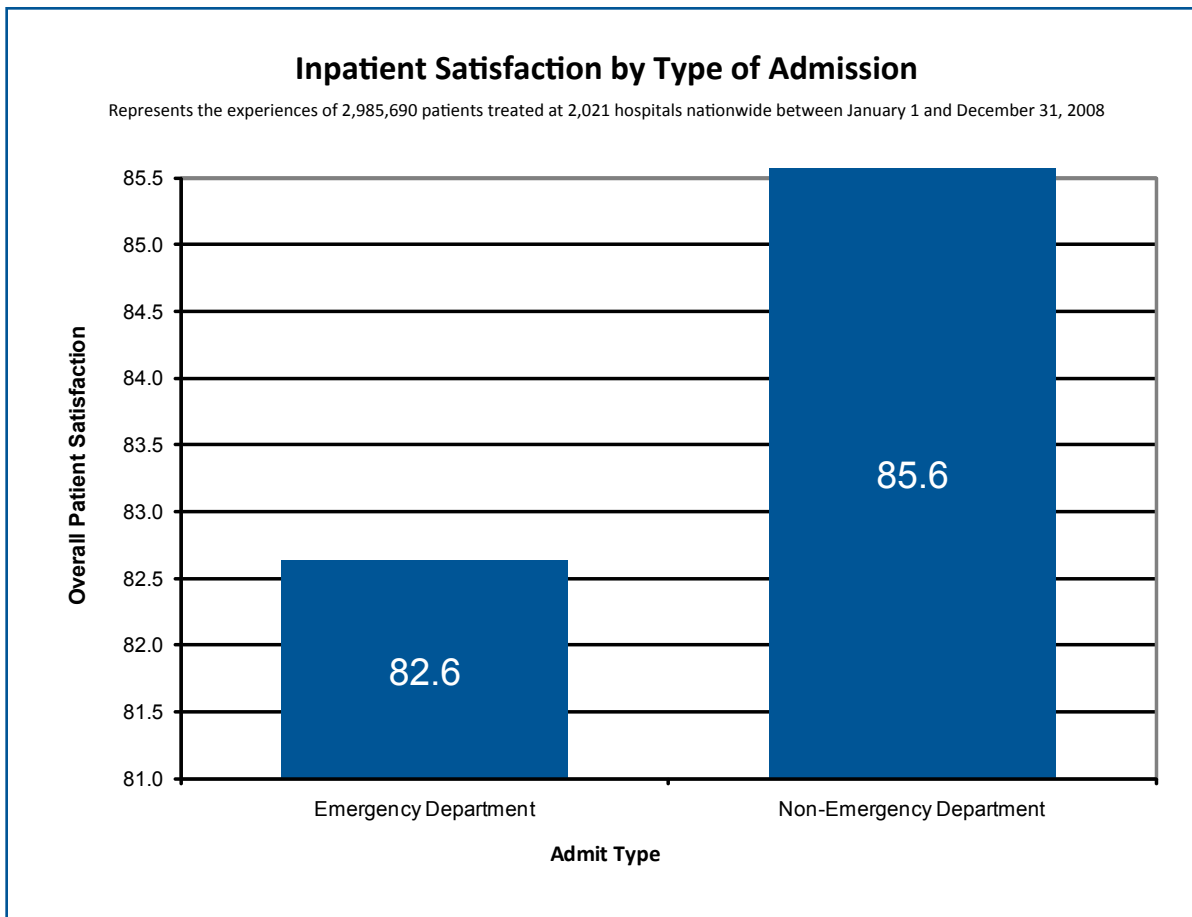
Top Ten Specialties by Overall Patient Satisfaction

Represents the experiences of 2,985,690 patients treated at 2,021 hospitals nationwide between January 1 and December 31, 2008

Specialty	Mean	Rank
Obstetrics/Gynecology	86.7	1
Intensive Care Unit	85.6	2
Cardiology/Coronary	85.5	3
Pediatrics	85.0	4
Orthopedics	85.0	4
Rehabilitation	84.8	6
Urology/Renal	84.8	6
Oncology	84.2	8
Neurology	83.3	9
Pulmonary/Respiratory	82.6	10

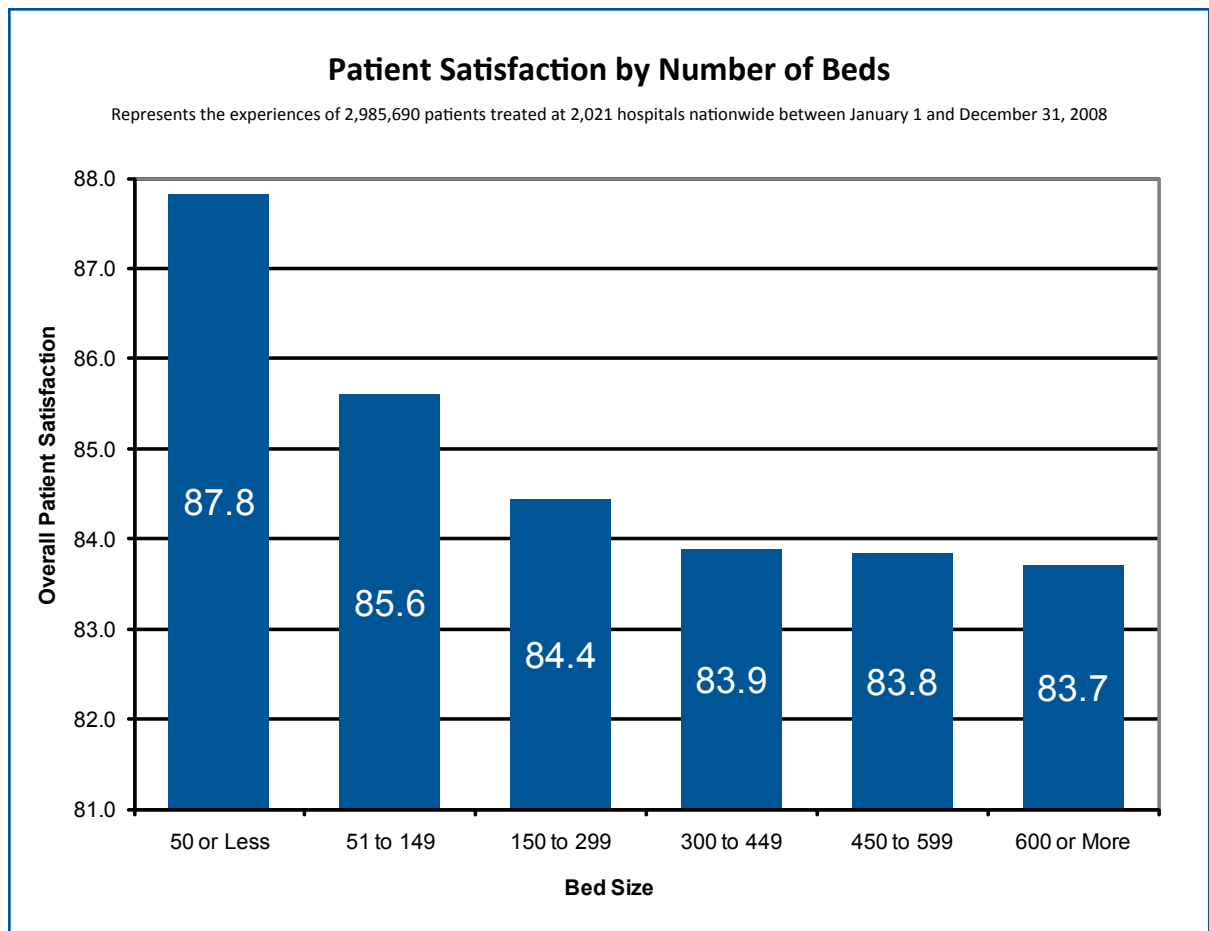
Inpatient Satisfaction *by Type of Admission*

The emergency department has become the hospital's front door. Not only are more people using EDs, but more than half of all hospital inpatients are admitted through the ED. Patients who are hospitalized by direct admission are more satisfied with their care. This may be due, in part, to the unexpected nature and gravity of a situation requiring a trip to the ED followed by a hospital stay. Long waits for admission and uncertainty about recovery can add to patients' anxiety. Patients who have more time to plan for an admission are more likely to educate themselves on their condition, know what to expect during and after their stay, and even have the choice of which hospital to use. Similarly, health care providers have more time to prepare non-emergency patients, and are likely more familiar with the patient and his or her medical history than would be the case in an emergency.



Inpatient Satisfaction *by Number of Beds*

A continual challenge for large health care providers is to personalize the inpatient experience. The graph below illustrates that as hospital size increases, overall patient satisfaction decreases. At larger facilities, a degree of intimacy may be lost for patients. These institutions are more challenging to navigate and understand and may have more situations in which individual patients feel lost in the shuffle. Organization-wide service standards can help bring large organizations back to a more human scale and feel for patients.

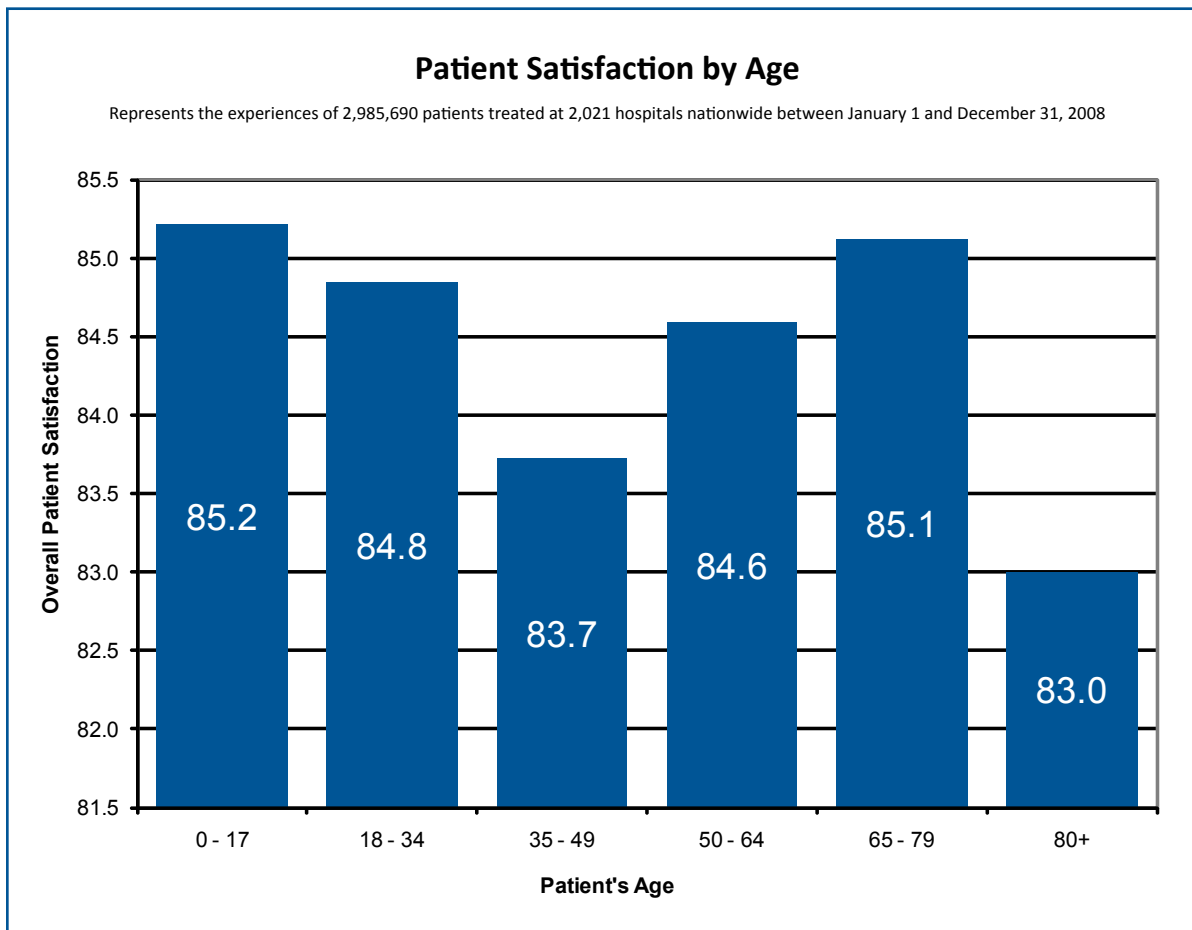


Differences in *Patient Satisfaction by Age*

Each patient brings to an inpatient stay his or her own expectations, beliefs, and biases. Care providers that have an understanding of some general trends in patient expectations can better anticipate the needs of different patients based on different characteristics, including age. Patients and care providers from different age groups may have trouble relating to each other. Care providers must be sensitive to and aware of these differences to overcome barriers.

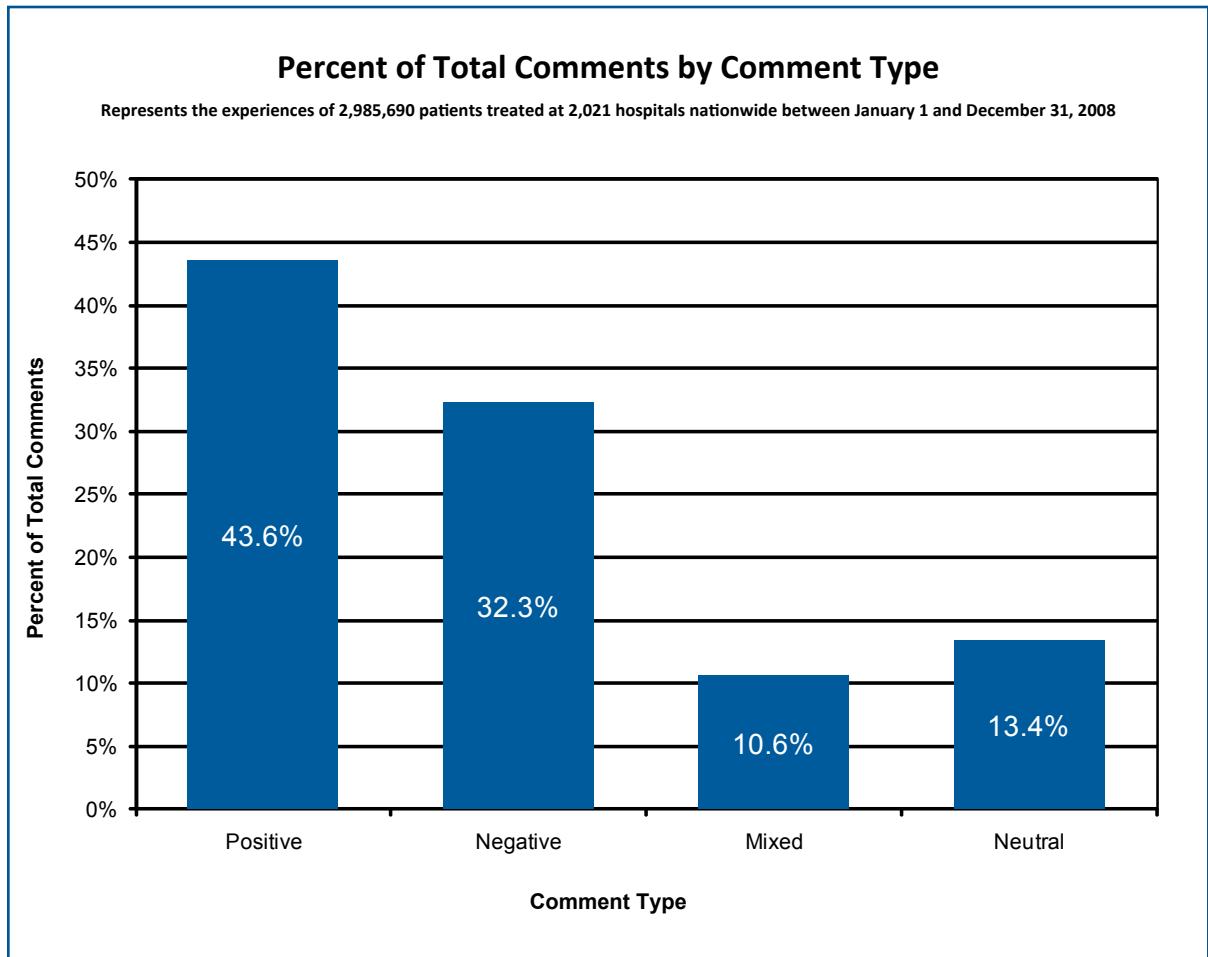
Staff members should be educated on these differences in the same way that they are educated about cultural diversity. Identifying biases creates awareness and will help break down barriers.

Elderly (over age 80) and young middle-aged (age 35-49) patients are among the least satisfied with their experience of care. This may be due to the conditions causing the hospitalization, to other life circumstances, or to other factors. Regardless, it is important for care providers to know that they may have to work harder to meet these patients' needs. Interestingly, patients aged 35 to 49 are likely to be the parents of many of the newborn to 17-year-olds and children of many of the 65- to 79-year-olds, the two groups that are most satisfied with their experiences of care.



The Value of *Patient Comments*

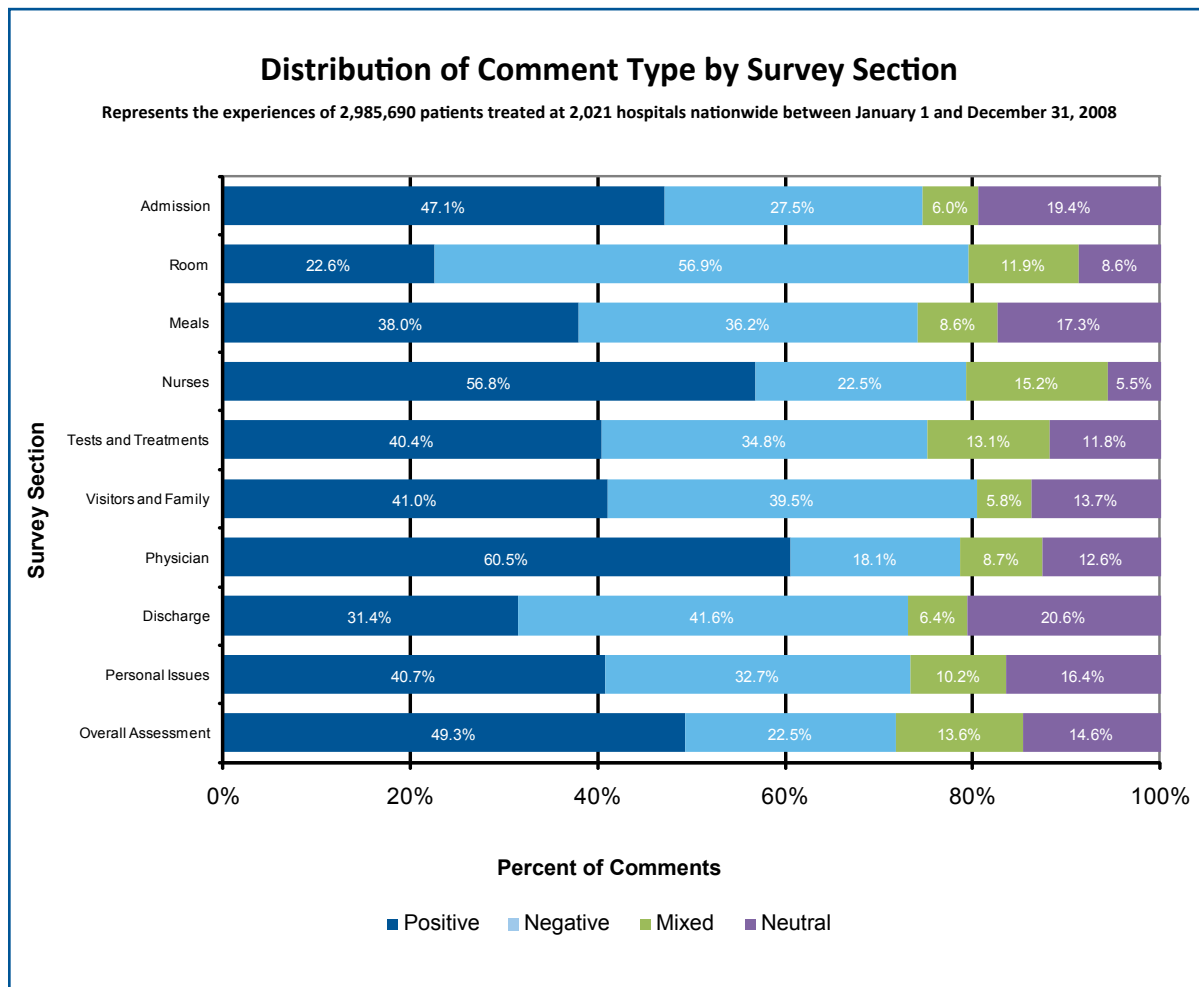
Adding depth to data, patient comments—both negative and positive—can be enlightening, pointing to aspects of care that may have otherwise been overlooked. Patients have primarily positive comments about their nurses and doctors, but predominantly negative things to say about their hospital rooms and the discharge process. Health care providers are certainly the backbone of a patient’s hospitalization and fully deserve the praise they receive from patients. However, hospitals that go out of their way to provide a patient with a clean and functional room and a quick, efficient discharge will reap competitive benefits.



The Value of Patient Comments *(continued)*

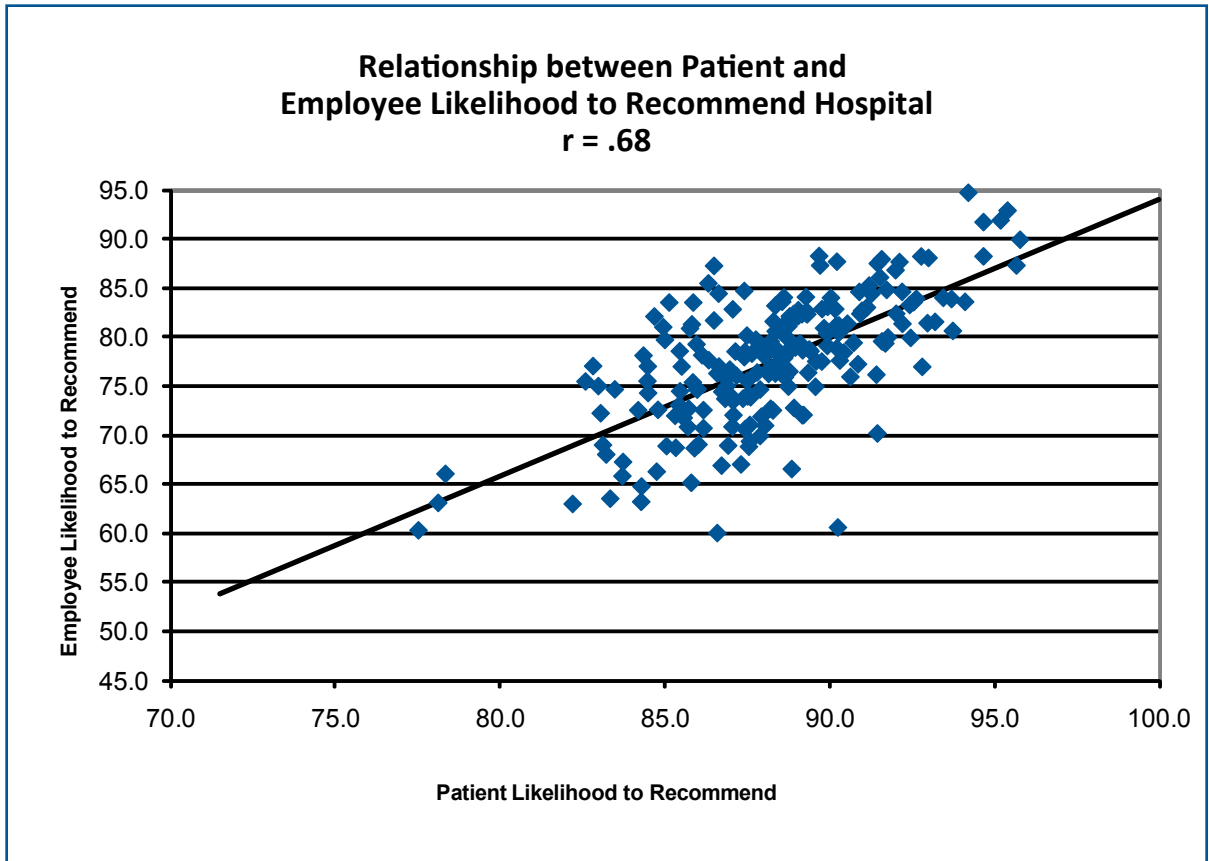
An old quality improvement adage states that a complaint is a gift. Although there are several topics that may draw more negative than positive comments from patients, on the whole, patients have more positive than negative things to say about their hospital stay. The bias toward positive comments makes it more important for hospital personnel to pay attention to the negative ones.

As patients develop personal relationships with their care providers, they wish to acknowledge those who made their experience positive, thus nurse and physician ratings are usually higher. On the other hand, items of a less personal nature, such as the quality of the room or the discharge process, go unnoticed unless something negative occurs.

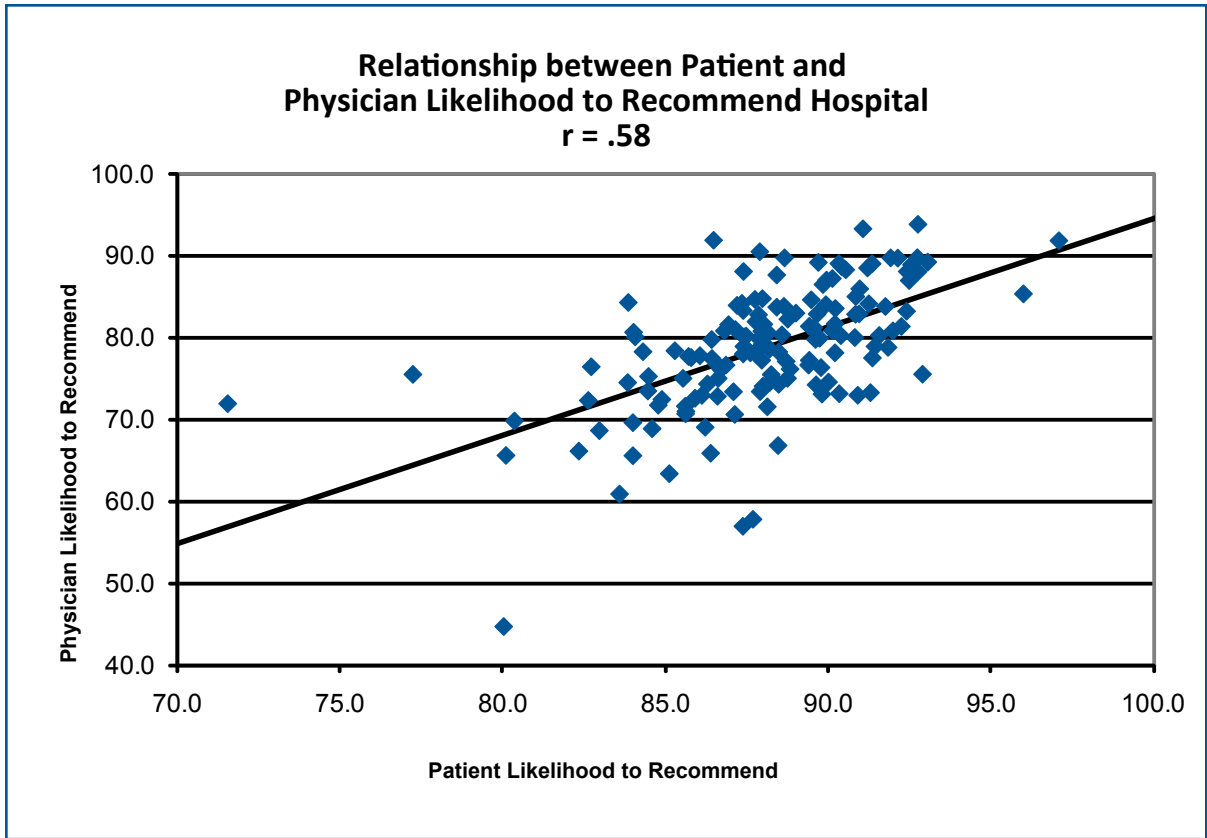


Providers, Patients *on the Same Page*

Several years ago, Press Ganey first identified a strong relationship among patient, employee, and physician perceptions of a hospital. This relationship has held throughout the years, as the following charts indicate. Analyses have demonstrated that one can predict reasonably well whether a patient would recommend a facility for care based on whether employees would recommend the facility as a place to work, or physicians would recommend it as a place to practice. This is a particularly important relationship at the “extremes”—those facilities for which all three constituents are very likely, or very unlikely, to recommend.



Providers, Patients
on the Same Page (continued)



Predicting *HCAHPS Performance*

Since March 2008, the Centers for Medicare and Medicaid Services has been publicly reporting data from the Hospital Consumer Assessment of Healthcare Providers and Systems survey. HCAHPS is designed to measure patient perceptions of care so that consumers can make informed decisions when choosing a hospital. Use of HCAHPS is required by CMS for general acute care hospitals to maintain eligibility for full reimbursement updates.

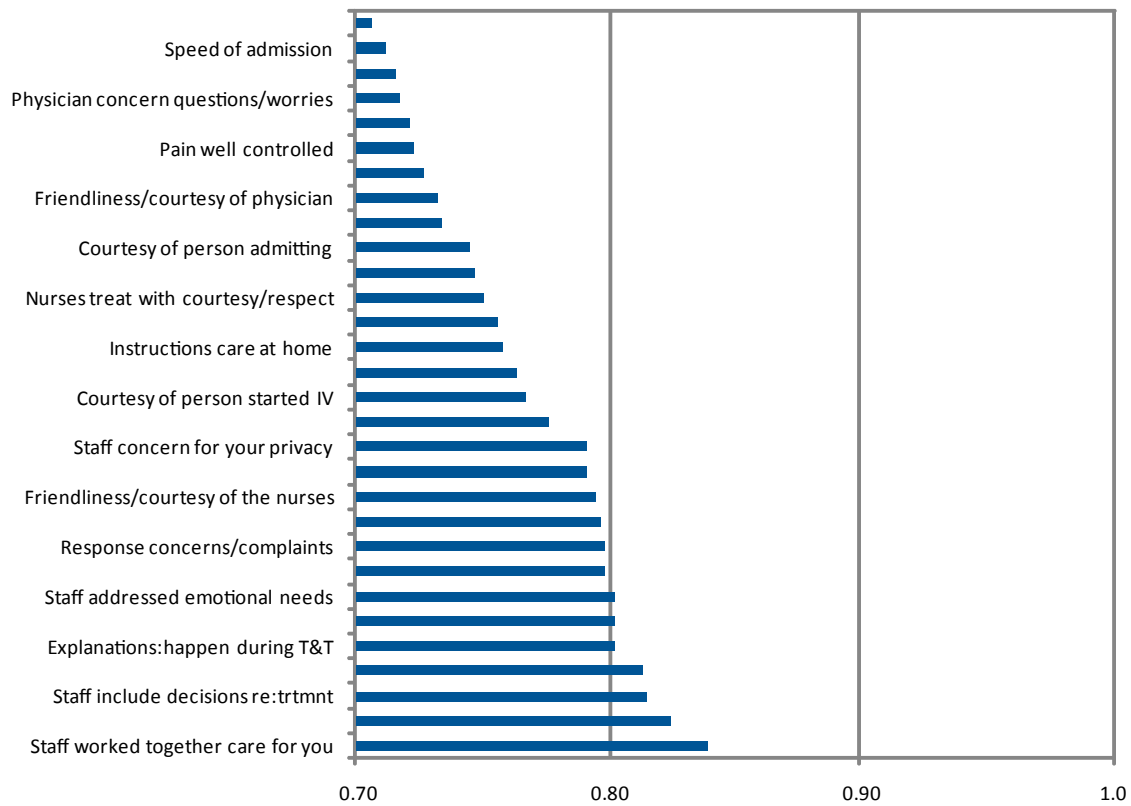
"HCAHPS has been a defining moment for hospitals," says Deirdre Mylod, PhD, vice president of hospital services at Press Ganey. "CMS had said it knew HCAHPS wouldn't by itself improve quality of care, but it had hoped it would be a catalyst for improvement. And by and large, that has been borne out. Consumers may not be using the data to make health care decision yet, but it does seem that providers' attention and resources, and the level at which they are addressing patient-centered care, has really changed."

In October 2008 alone, Press Ganey found a 1.53 percent jump in the overall rating of a hospital and a 1.96 percent increase in the likelihood to recommend a hospital to family and friends, both unprecedented increases in the more than two decades that such data has been collected. Typically, satisfaction follows seasonal ups and downs, with a modest upward trend being found in the past decade.

The following items are the aspects of care most highly correlated with the HCAHPS question: "Would you recommend this hospital to family and friends?" Of the most highly correlated items, the first fifteen come from the Press Ganey instrument. While HCAHPS was designed to measure how often behaviors take place in the inpatient setting, it is clearly critical for hospitals to assess how well these behaviors are meeting patients' needs. As quality improvement initiatives are implemented to ensure positive performance on HCAHPS, the Press Ganey survey questions can shed additional light on how to improve.

Predicting
HCAHPS Performance (continued)

**Press Ganey and HCAHPS Mean Score Correlation to
HCAHPS "Would You Recommend This Hospital"**



A Case Study of *Inpatient Satisfaction Success*

Oakwood Southshore Medical Center Trenton, Michigan

In December 2007, the leaders of Oakwood Southshore Medical Center (OSMC) decided to re-examine their hospital's relationship with its patients. For eight years it had been tracking its satisfaction scores, but despite several initiatives designed to educate and engage employees on how to relate to customers, it remained one of the lower-ranking facilities in its peer group.

OSMC's leadership joined with others from across parent Oakwood Healthcare System—an integrated network of four acute-care hospitals, physician practices, and other sites—in a Service Excellence Conference designed to align the system's efforts on patient satisfaction and employee and physician engagement. The goal set at that meeting was to achieve the 75th percentile in patient satisfaction by the fourth quarter of 2008 and the 90th by the fourth quarter of 2009.

A Team Approach

At OSMC, as at other system hospitals, a comprehensive team infrastructure and a service excellence plan were put into place. Five multidisciplinary teams were created, each made up of managers and employees, and each with the goal of service excellence. A steering committee was created, composed of the chairs of individual teams. Each team was armed with various service excellence tools and proven techniques to help educate staff and provide a framework for the improvement campaign.

The Patient and Customer Engagement team focused on creating scripting—standard phrases that had been proven to provide effective responses to patient requests. Staff would then be educated on how to use those responses in everyday communication with patients.

The Employee and Physician Engagement team championed the use of thank-you notes to be signed by all leaders and mailed to employees, volunteers, and physicians who were named in a positive Press Ganey customer comment report.

The Measurement team concentrated on teaching leaders how to use Press Ganey data, including the eCompass database, to drill down into departmental issues that might be affecting scores and to help correct behaviors that led to customer dissatisfaction.

The Culture and Communications team rallied around service excellence events, created Oakwood behavioral standards and a pledge to be signed by every staff member, and placed information-rich communication boards in every department and unit.

The Leadership team worked on creating a culture of accountability, while specifically allowing zero tolerance for rudeness from staff.

All teams enforced the system's core values—compassion, respect, excellence, diversity, and ownership—while promoting the new Oakwood credo, "Patients Come First."

A Weekly Improvement Calendar

Leaders attend a mandatory “line-up” meeting every Monday where they review prior week patient satisfaction means, ranks, and comments; conduct deep dives into the rankings data; and use Press Ganey Solutions Starters to create action plans based on their Press Ganey priorities.

Additional accountability and best practice sharing occurs in quarterly OSMC site reviews, where departmental representatives convey their progress and ninety-day action plans. The team also uses huddles, “Tally-Up Tuesdays,” and “No Negativity Wednesdays” to discuss results and strategies.

OSMC developed breakthrough initiatives linked to two specific dimensions of patient care that would have the greatest impact on the overall site scores—physicians and personal issues.

Physician engagement efforts began with a focus on improving physician satisfaction through the creation of three sub-teams focused on issues related to nursing care follow-up, operating room efficiency, and emergency department communication and patient care delivery.

Beginning in the third quarter of 2008 and ongoing, the physician liaison created Physician Profiles, highlighting individual physician and overall medical staff mean scores, ranks, and frequency distributions.

While developing action plans, leaders realized the correlation between the personal issues dimension of care ranking and the overall site ranking. They increasingly began focusing their efforts on patients’ and families’ emotional needs.

The Bottom Line

The OSMC team achieved an outstanding 96th percentile ranking in patient/customer satisfaction scores for inpatient care in the fourth quarter of 2008.

Its Press Ganey Personal Issues ranking increased a whopping 61 percentage points, from the 36th percentile rank in the fourth quarter of 2007 to the 97th percentile rank in the fourth quarter of 2008.

Patient-focused excellence is a strategic concept that OSMC has embraced whole-heartedly, as it concentrates on obtaining and retaining the loyalty of its patients.

Press Ganey's Inpatient Survey gives recently hospitalized patients the opportunity to provide feedback about their hospital stay. The survey is used by acute care hospitals across the United States to improve the quality of the service and care they deliver. Highly valid and reliable, Press Ganey's survey consists of thirty-eight standard questions organized into ten sections: Admission, Room, Meals, Nurses, Tests and Treatments, Visitors and Family, Physician, Discharge, Personal Issues, and Overall Assessment.

How Surveys are Distributed

Patients are surveyed soon after their discharge from the hospital, while their hospital experiences are still fresh in their mind. Upon receipt by Press Ganey, completed surveys are processed and added to a national database. Press Ganey complies with the Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for the security and privacy of health data.

Definition and Calculation of Mean Score

Once surveys are returned to Press Ganey, surveys are processed and added to the client hospital's electronic data storage area. Processing of surveys takes place immediately so that clients can have up-to-the-minute information about their service quality. Responses to survey questions are converted to a series of 100-point maximum scales so that clients can compare different aspects of their performance on a common yardstick. First, for each person who took the survey, responses to the survey questions are transformed from a 5-point scale to the 100-point scale. Items rated "Very Good" are awarded 100 points; those rated "Good," 75 points; items rated "Fair," 50 points; "Poor," 25 points; and any items rated "Very Poor" are awarded zero points. Next, each respondent's individual item scores within a survey section (see above) are averaged to become scores for each section. Finally, section scores are averaged to become that respondent's overall satisfaction score. The average of all respondents' overall satisfaction scores is called the client's Overall Mean Score and is stored electronically and made available to the client.

Definition of Correlations

A correlation reveals how much a change in one variable (e.g., an item score) is associated with a concurrent, systematic change in another variable (e.g., overall satisfaction). A correlation represents the strength and direction of the relationship between two variables numerically, expressed using a correlation coefficient (called r) that can range from -1.0 to $+1.0$. The greater the distance from 0, the stronger the relationship is between the two correlated items. A positive correlation coefficient indicates that as the value of one variable increases, the value of the other variable also increases. A negative correlation coefficient indicates that as the value of one variable increases the value of the other variable decreases. It is important to recognize that when two variables are correlated it means that they are related to each other, but it does not necessarily mean that one variable causes the other.

Priority Index Calculation

The Priority Index is an ordered list of survey items that shows the areas needing the most improvement. In the Priority Index, survey items are arranged from the "first item to work on" to the "last item to work on." The Priority Index reflects service issues that clients are performing relatively poorly on that are important to their patients. It is calculated by looking at two aspects of each survey item's data: its average score and how well it mirrors the respondent's overall satisfaction score, as determined above. Survey items that have low average scores, indicating that the facility's quality for that aspect of its care is lacking relative to other care aspects, and faithfully mirror the respondent's overall satisfaction score, will have high Priority Index scores.

About Press Ganey

For more than 20 years, Press Ganey has been committed to providing insight that allows health care organizations to improve the quality of care they provide. The company offers the largest comparative customer feedback databases, actionable data, solution resources, and unparalleled consulting and customer service. Press Ganey currently partners with more than 10,000 health care facilities—including more than 40% of US inpatient hospitals—to measure and improve the quality of their care. With over 11 million surveys processed annually, Press Ganey has the most extensive data and resources for improving patient satisfaction, employee engagement, physician engagement, and patient safety.

All data and findings represent surveys returned by patients, physicians, and employees to Press Ganey clients.

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