Patient – Family Experience
Selected Evidence

Institute for Healthcare Improvement
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Selected Evidence

- Across countries, engaged patients reported fewer medical errors, higher care ratings, and more positive views of the health system as a whole

- In a review of 55 published studies representing a wide range of health care settings and study designs, the authors found consistent evidence of a positive association between patient experiences and clinical and safety outcomes, providing support for the inclusion of patient experience as a central component of health care quality.
A qualitative study sought to provide insight into patients’ and care providers’ views and experiences related to the hospital discharge process, using data from interviews and a questionnaire survey of care providers, patients, and family members from a hospital and surrounding community in the Netherlands. On the basis of their analysis, the authors identify deficiencies in communication and coordination of care as primary barriers to safe and effective discharge transitions, suggesting that efforts to improve the safety and quality of the discharge process should focus on these concerns.

Systemic literature reviews illustrate the link among experience, clinical quality, and overall efficiency of care. For example, in a national study of hospitals by Isaac et al. (2010), examining the relationship between patient experiences and other measures of hospital quality and safety, researchers found consistent relationships between patient experiences and technical quality as measured by the measures used in the Hospital Quality Alliance (HQA) program, and complication rates as measured by the AHRQ Surgical Patient Safety Indicators.

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“... both theory and the available evidence suggest that such measures are robust, distinctive indicators of health care quality. Therefore, debate should center not on whether patients can provide meaningful quality measures but on how to improve patient experiences by focusing on activities (such as care coordination and patient engagement) found to be associated with both satisfaction and outcomes, evaluate the effects of new care-delivery models on patients’ experiences and outcomes, develop robust measurement approaches that provide timely and actionable information to facilitate organizational change, and improve data-collection methods and procedures to provide fair and accurate assessments of individual providers.” p. 20

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• Engaged patients have fewer adverse events – most hospitalized patients participated in some aspects of their care. Participation was strongly associated with favorable judgments about hospital quality and reduced the risk of experiencing an adverse event.


• Notable factors that may affect satisfaction of patients include ability to have all of their questions answered, incomplete discussion of medication side effects, and failure of physicians to listen and form personal connections with them.

  - Blanden AR, Rohr RE. Cognitive interview techniques reveal specific behaviors and issues that could affect patient satisfaction relative to hospitalists. *Journal of Hospital Medicine*. 2009; E1-6 (9).
  
The potential for engaging patients in patient safety is considerable but further research is needed to examine the influences on patient involvement, the limits and the possible dangers. Patients can act as safety buffers during their care but the responsibility for their safety must remain with the healthcare professional.

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- Likes & Quality: A study that found that Facebook “likes” were indeed an indicator of hospital quality and patient satisfaction. Researchers compared the 30-day mortality rates and hospital patron recommendations to the number of “likes” on the hospitals’ Facebook pages from 40 hospitals near New York, NY. They found that Facebook “likes” were positively associated with patient recommendations and that a one percentage point decrease in the 30-day mortality rate corresponded with almost 93 more Facebook “likes.”

  Timian A. Facebook 'Likes' a good indicator of quality hospital care. American Journal of Medical Quality. Feb 2013
First do no harm. Researchers find, “...you can improve care while reducing costs by making sure that everything you do is centered on what the patients want... specific goals are... tailor a treatment plan to ensure we provide the specific care he/she wants.”

Bergman J. *JAMA Surgery*. March 20, 2013
“To gain deeper insights into what experiences patients were using when responding to the overall satisfaction questions, we found that hospitals that score high on questions such as ‘skill of nurses (physician),’ ‘how well the nurses (physician) kept you informed,’ ‘amount of attention paid to your special or personal needs,’ ‘how well your pain was controlled,’ ‘the degree to which the hospital staff addressed your emotional needs,’ ‘physician’s concern for your questions and worries,’ ‘time physician spent with you,’ and ‘staff efforts to include you in decisions about your treatment’ also tended to score high on patient overall satisfaction. In contrast, there was no association with scoring high on questions concerned with the room, meals, tests (e.g. ‘time spent waiting’), discharge (e.g., ‘speed of discharge process’) and the patient overall satisfaction score. Moreover, patient satisfaction with nursing care was the most important determinant of patient overall satisfaction, thus highlighting an important area for further quality improvement efforts and underscoring the role of the entire health care team in the in-hospital treatment of patients with AMI.” p. 193.

Selected Evidence

- Patient Experience correlated with other key outcomes: Health outcomes – patient adherence, process of care measures, clinical outcomes; Business outcomes – patient loyalty, malpractice risk reduction, employee engagement, financial performance
Simply sitting instead of standing at a patient’s bedside can have a significant impact on patient satisfaction, patient compliance, and provider–patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes. Practice implications: Any healthcare provider may have a positive effect on doctor–patient interaction by sitting as opposed to standing during a hospital follow-up visit.

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- Financial benefits: Reduced length of stay, lower cost per case, decreased adverse events, higher employee retention rates, reduced operating costs, decreased malpractice claims, increased market share
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- We found positive associations of Family Centered Care with improvements in efficient use of services, health status, satisfaction, access to care, communication, systems of care, family functioning, and family impact/cost.

Research suggests that patients can contribute significantly to health-care improvements, in particular through their assessment of non-clinical aspects of care, their assessment of the care environment and their observations and experience with the care process.


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Patient and Family Centered Care: Academic Centers Six Core Elements of Sustainable Change:

- Visionary leadership: Each organization is characterized by strong, visionary leadership committed to achieving the goals of patient and family-centered care.
- Dedicated champion: A dynamic, dedicated champion must be responsible for driving necessary changes at the operational level.
- Partnerships with patient and families: Central to the change strategy is developing active collaboration with patients and families on multiple levels, including policy and planning, patient care, and medical education.
- Focus on the workforce: Principles of patient and family-centered care must be incorporated into human resource policies that determine the way staff are recruited, trained, and rewarded.
- Effective communication: Clear communication at every level, from board to management to front line workers to patients and families, is required to spread and reinforce patient and family-centered values and procedures.
- Performance measurement and monitoring: Continuous measurement and monitoring are needed to assess progress and identify new opportunities for improving performance.

Shaller D, Darby C. High performing patient and family centered academic medical centers. 2009 Picker Institute.
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Rand-based Cost Containment Strategies

- Adopt comprehensive payment reform
- Adopt and use health information technology
- Implement evidence-based coverage informed by comparative effectiveness information
- Develop health resource planning
- Support system redesign
- Implement health plan design innovation to promote use of high-value care
- Enact malpractice reform and peer review protections
- Implement administrative simplification
- **Engage consumers**
- Encourage healthy behaviors
- Further promote transparency