**Patient Experience** Measurement as a Driver for Improvement: **Creating Feedback Loops Gary F. Teare CEO HQC** 

Health Innovation Forum, MUHC-ISAI October 30, 2015



## **Our Mission**

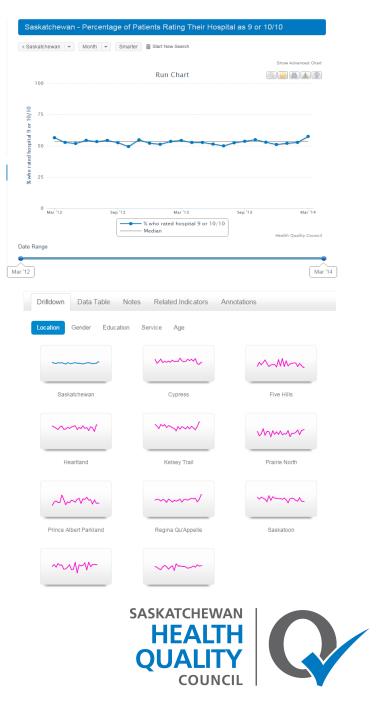
# To ACCELERATE improvement in the quality of health care in Saskatchewan

- Capability building
- Measurement/Reporting
- Research



## Patient Experience Measurement in Saskatchewan

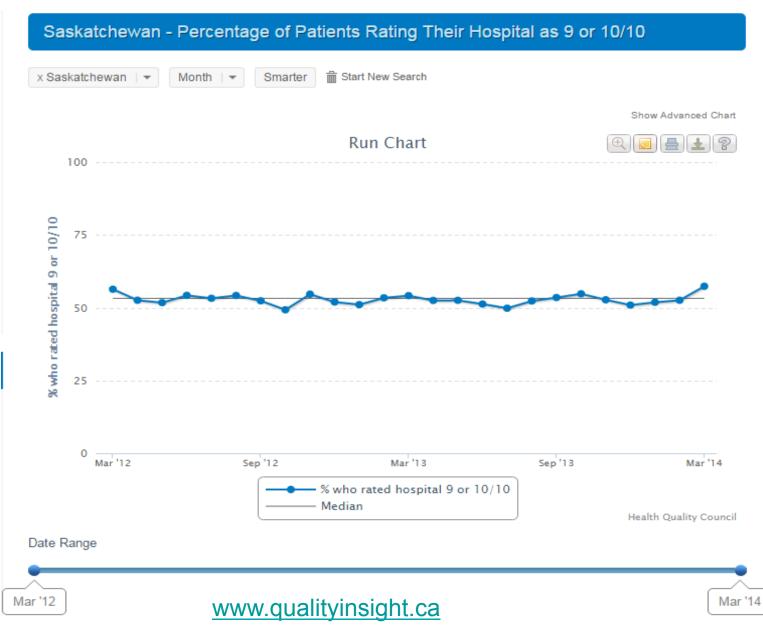
- HCAHPS-based mail survey
- Region-level, crosssectional survey 2005
- Continuous surveying, monthly reporting, 2007-2014
- Hospital-level
- Online reporting, 2011+



**QUALITY INSIGHT** Measuring. Learning. Improving.



Login



## Lessons learned...

- Timely, local data needed
  - Timely = daily or weekly
  - Local = unit/clinic/team level

....but practicalities of timely, local data collection, analysis, reporting are a real challenge!



## Patient Experience Survey Toolkits **Hospital Units and Primary Care**

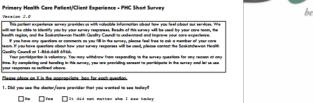


better health · better care · better value · better teams

### **Unit-level Acute Care** Patient Experience Survey: **Getting Started**



#### Version 2.0



really

2. Considering only your preferences, was today your first choice of day to see your doctor/care provider? No, I wanted a different day Yes, today was my day of choice

No, I was not offered a choice The day did not matter to me 3. Using any number from 0 to 10, where 0 is the worst clinic/program possible and 10 is the best ible, what number would you use to rate this clinic/s

Help us get Better at what we do.

#### Unit-level Acute Care Patient Experience Survey

This patient experience survey provides us with valuable information about how you feel about our services. We will not be able to identify you by your survey responses. Realts of this survey will be used by your care team, the health region, and the Saskatchewon Health Quality Council to nderstand and improve your care experience

If you have any questions or comments as you fill in the survey, please feel free to ask a me of your core team. If you have questions about how your survey responses will be used, pleas contact the Saskardwarm. Heatin Quelity Council at 1-866-668 6966. Your participation is voluntary. You may withdraw from responding to the survey question eases at any time. By completing and handing in this survey, you are providing consent to sarticipate in the survey and let us use your responses as outlined above.

- During this hospital stay, were you treated with courtesy and respect?
   Always
   Usually
   Sometimes
   Ne
- 2. During this hospital stay, was information about your health and care explained in ways you understand? Always . Usually Sometimes Never
- 3. When you were given medicine, were you told what the medicine was for?
  Always
  Usually
  Sometimes
  Never
  Not Not applicable
- 4. Were you involved in your care and care decisions to the degree you wished to participated
  Always Usually Sometimes Never
- Was your family/support person invited to participate in your care and care decisions t the degree you wanted them involved? Always Usually Osmetimes Never Not applicable
- 6. During this hospital stay, did doctors, nurses, and other hospital staff do everything they could to help you with your pain?
  Always
  Usually
  Sometimes
  Never
  Not applicable
- 7. During this hospital stay, were your room and bathroom kept clear
  Always
  Usually
  Sometimes
- During this hospital stay, were you satisfied with the food (for example, healthy, tasty, right temperature, and variety)?
   Always Usually Sometimes Never Not applicable

February 2015 **Survey Toolkit** 



We want to continuously improve the care we provide to you.

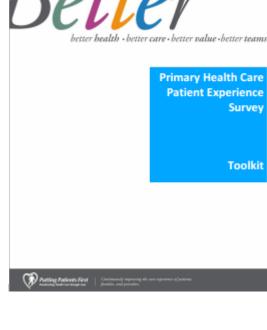
#### How can you help?

Pell as anhat you If you are given a short survey about today's visit, please take a few minutes to fill it in.

#### How will the survey results be used?

In our clinic/centre, the results will tell us:

- where we are doing well and where we can improve.
- if YOU think the changes we are trying are making things better.
- In our province:
  - combined survey results from clinics/health centres across the province will tell us all if we are making progress toward targets our health system has set for improving care for patients like you.



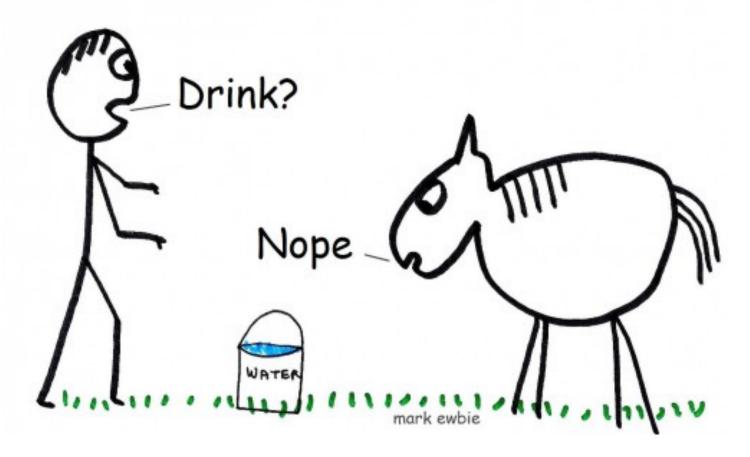


Tools to tackle the challenges of local, timely patient experience surveying

- Standardized, brief survey tools
- Survey toolkits A-Z "how to" guides
- Online and paper data collection options
- Assistance with data entry/analysis/reporting
  - Teleform and HQC analysts for paper-based
  - Survey Monkey analytics for online
- Online reporting of results (<u>www.qualityinsight.ca</u>)



You can lead a horse to water...



Hot tip: he has to be THIRSTY



# Better better health . better care . better value . better teams

### For Patients' Sake

Patient First Review Commissioner's Report to the Saskatchewan Minister of Health



Patient First

Tony Dagnone, CM, FCCHSE Commissioner, Patient First Review

October 2009



In 2012, the province embarked on a journey to **dramatically increase capability** in health care to make patient

and family centred SASKATCHEWAN Improvements



# Building capability for rapid improvement in health care

- Advanced, practical training of nearly 300 senior leaders and physicians in concepts and tools of lean for health care improvement
- Use of "Strategy Deployment" (hoshin kanri) to plan and deploy for improvement across entire health system, on shared provincial goals
- Module-based "just-in-time" training of local unit managers on key elements of managing for improvement (LILT program)



## Leaders in Lean Training (LILT) Traditional and 'flipped classroom" approaches Target audience: direct care managers/leaders

- Online modules:
- Daily Visual Management (Visual Workplace)
- 5S and Kanban Ready (Supplies management)
- Value Stream Mapping I and II
- Kaizen Event Process and Sustaining Improvement
- Standard Work and PDCA
- Visual Control and Management



## LILT Module: Daily Visual Management

### By the end of this module, you will be able to:

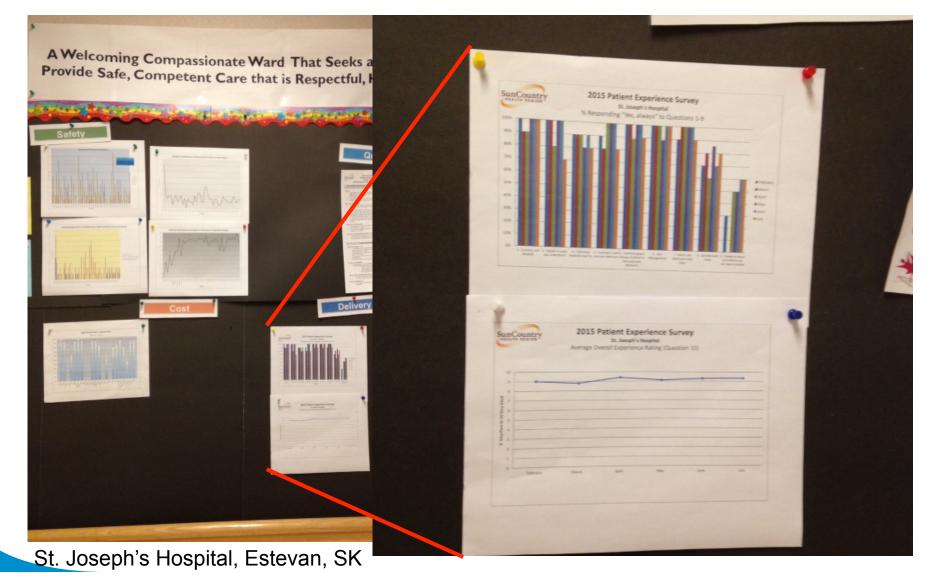
- Demonstrate that the **visibility wall and staff huddles** are a regular and meaningful part of your area's daily management routine.
- Select appropriate measures and targets for your DVM wall.
- Facilitate data collection on the gemba.
- Identify meaningful ways to display data.
- Analyze data and identify opportunities for improvement.
- Engage staff in wall huddles, including safety huddles, with a focus on problem-solving and coaching.
- Develop and implement standard work for DVM.

### As result of completing this module, you will have:

- A DVM board in your area.
- Identified measures specific to your area with a process for data collection.
- Identified measures that align with overall corporate objectives and measures.
- Successfully implemented daily huddles and safety huddles.
- If not already in place, standard work developed for: Updating the DVM board Board huddles Tracking and testing improvement ideas

SASKATCHEWAN HEALTH QUALITY COUNCIL

# Use of patient survey data in hospital unit daily/weekly huddles



# Use of patient survey data in hospital unit daily/weekly huddles



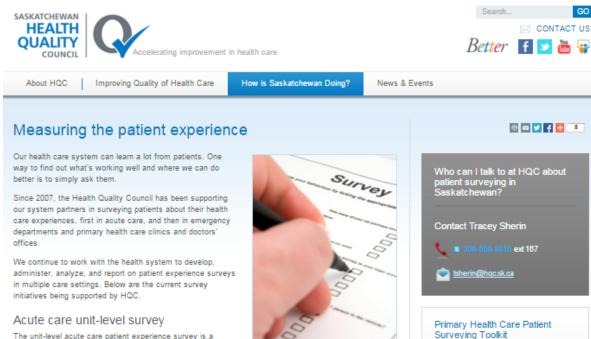


## Variety of patient feedback tools

- The short, standardized survey not the only method hospital units are using
  - Daily 'stick tallies' or other simple visual methods
  - Leader rounding patient conversations
- Some regions have internal capacity for analysis/reporting or using online survey tool with analytics



## http://hqc.sk.ca/saskatchewan/patientsurveying/



The unit-level acute care patient experience survey is a standardized questionnaire that captures the experience of care from the point of view of the patient. The Saskatchewan Health Quality Council (HQC) has collaborated with representatives of health organizations across the province in

a Patient Experience Survey (PES) Advisory Group to inform the development and pilot testing of this survey.

The survey has been designed for individual acute care units to implement on their own as part of their efforts to improve patient experience; because it is standardized, it can also be used by entire facilities or health regions as part of a coordinated strategy. Units that participate in the survey can submit their completed surveys once per month to the Health Quality Council, who will analyze the results and produce graphs and tables that the unit can use for improvement.Interested in having your acute care unit participate in the survey?

 Read the <u>Survey Toolkit</u>. You can download the following resources which you will see in the toolkit appendices:

- · Worksheet to assist you in planning the collection of surveys on your acute care unit.
- · Form to help you track daily for each month the number of completed surveys you have.
- Poster for your unit that helps explain to patients and families the purpose of the survey.
- <u>Cards</u> that serve as a reminder of survey response options. This is helpful if a Patient and Family

SASKATCHEWAN HEALTH QUALITY COUNCIL

Learn more about using patient feedback

Download Toolkit

to improve your practice and increase

patient and staff satisfaction ratings.

Updated August 2014



