A photograph of the MD Anderson Cancer Center building, a large, modern, multi-story structure with a glass facade and a prominent entrance. The building is set against a clear blue sky with a few wispy clouds. The foreground shows some greenery and a paved area.

Patient Experience Success: A Top 10 List to Ponder

Elizabeth Comcowich Garcia, RN, MPA, NEA-BC, CMQ, CPXP

elizgarcia@mdanderson.org @BethGarciaMDA

26th ACE Annual Meeting | New Orleans, LA, January 22-24, 2020

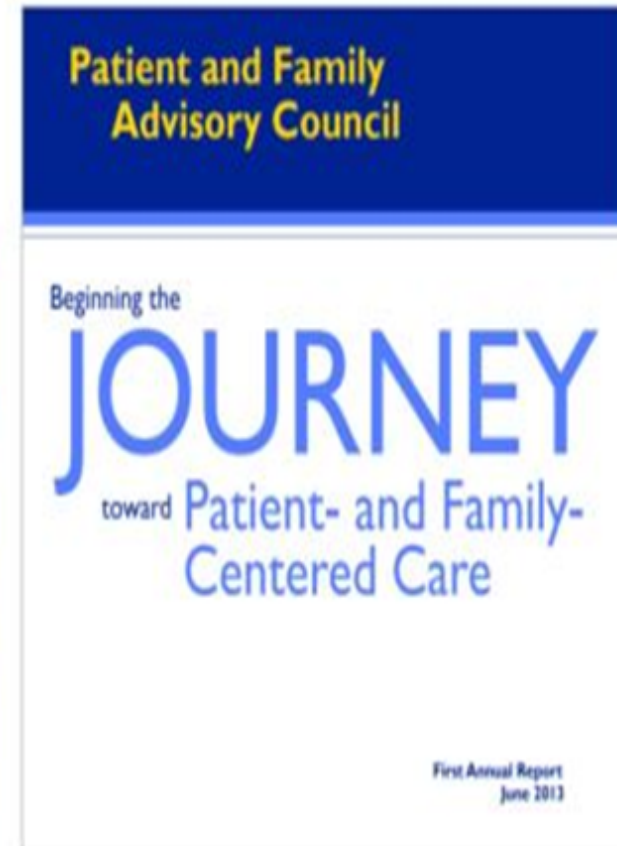
THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**
Making Cancer History[®]

1. Recognition that patient experience success requires cultural transformation



“Strategy versus culture which one wins?
Culture wins every time.”

Support from Press-Ganey, The Beryl Institute & The Institute for Patient and Family-Centered Care



2. Leadership

Support, structure, change enablement



Dr. Peter Pisters,
President



Dr. Stephen Hahn,
Chief Medical
Executive



Rosanna Morris,
Chief Operating
Officer



Dr. Welela Tereffe,
Chief Medical
Officer



Dr. Carol Porter,
Chief Nursing
Officer

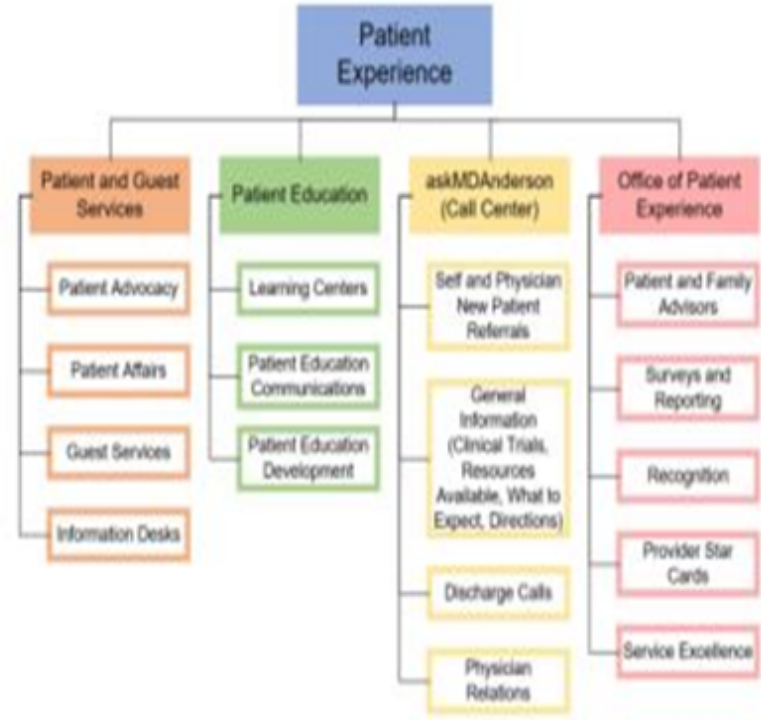
Dyad Leadership including practicing MD



Randal Weber, MD



Elizabeth Garcia, RN



Patient Experience participation and leadership on key committees

QAPI Sub-Committees Governance and Leadership

The MD Anderson (MDA) QAPI Sub-committees obtain Direction from and Report to the MDA QAPI Council. The QAPI Council reports to the Governing Body in accordance with the reporting schedule in the QAPI Program and integrates feedback from the Governing Body into its direction of the Sub-committees.

The sub-committees represent the Institutional Pillars for improvement. The FY19 sub-committee's leadership and key division/department reporting flow is outlined below:



Within patient experience, inclusion of key operational areas that most influence patient experience

Passionate operations leadership

Provider Leaders

Dr. Michael Frumovitz
Professor, Gyn Oncology

Dr. Carol Lewis
Associate Professor,
Head & Neck Surgery

Lisa Triche, APRN
Pediatrics

Elizabeth Sutherland, PA
Surgical Oncology,
Port Clinic

Administrative Leaders

Patient Experience Administration
Kathy Denton, PhD

Patient Services/Advocacy
Chris Hernandez

askMDAnderson Call Center*
Janice Finder

Patient Education
Sarah Christensen

**recently expanded with nurses providing discharge and after hours clinical support*

Leadership support is multi-dimensional



Making cultural transformation a priority



Being present and available

Public action and communication to demonstrate support



Peter WT Pisters @ppisters · Nov 23

Thanksgiving today spent on @MDAndersonNews Service Excellence Prerequisite Training. I am so excited to join an organization that is so patient-centered! As @sgswisher said "The patient is our ultimate stakeholder".

Service Excellence

for our patients, caregivers, colleagues and each other

The environment we create for ourselves directly affects the experience we provide.



SAFETY



COURTESY



ACCOUNTABILITY



EFFICIENCY



INNOVATION

3. Actively partnering with patients and caregivers

Patient and Family Advisory Council FY2019

80 

Patient and Family
Advisors

6 

Employee
Members

20 

Institutional
Representatives

25 

Committees with
Advisors

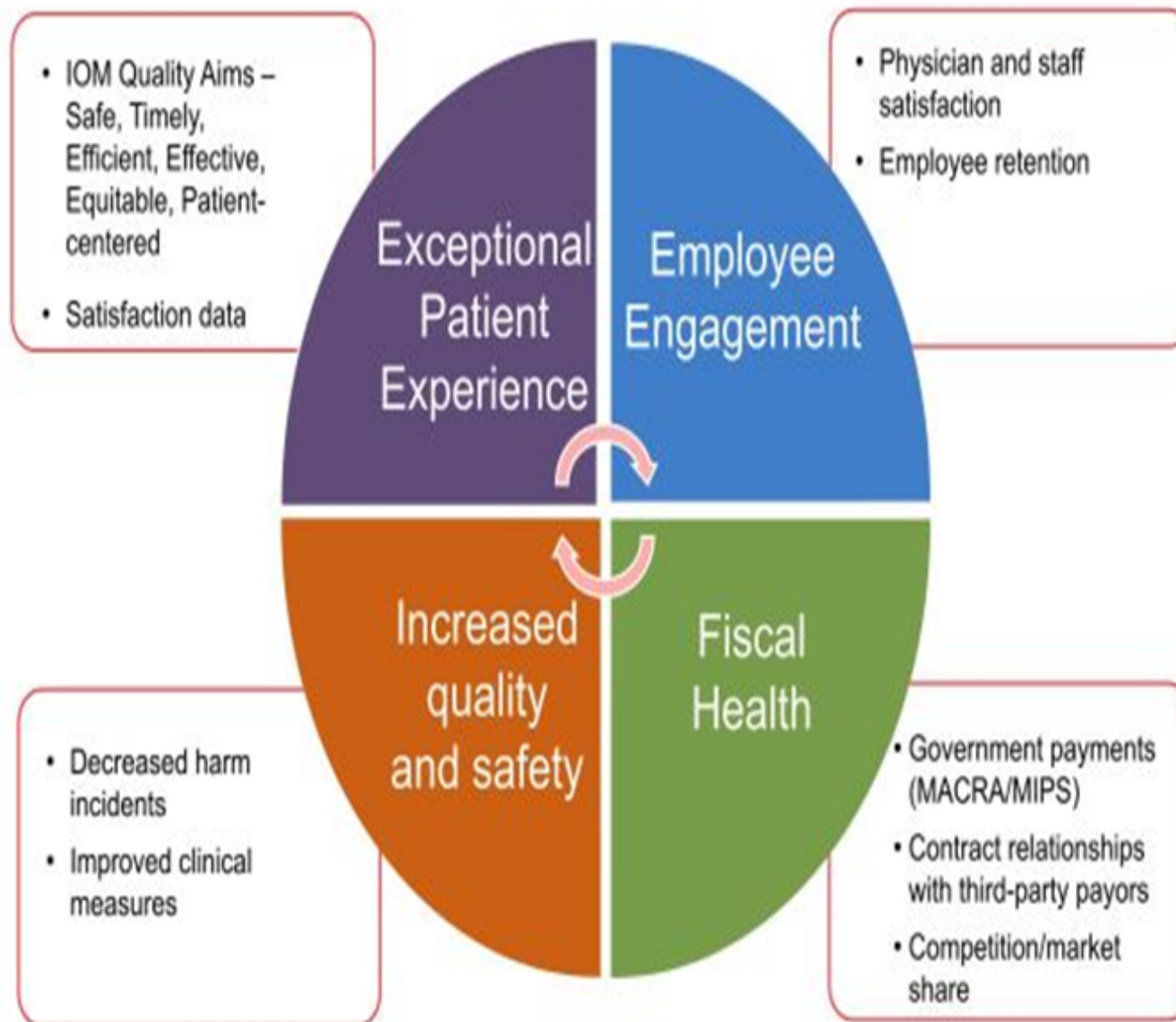
30 

Projects with
Advisors

1500+ 

Hours of
Service

4. Connect patient experience to safety, quality, provider, staff experience & fiscal health



Mindfully connect every employees to the patient experience




The environment we create for ourselves directly affects the experience we provide.



5. Robust, accurate data, transparent to all stakeholders

Evidence shows transparency drives improvement

Success Story




HOW ONE HOSPITAL EMBRACED PATIENT SATISFACTION TRANSPARENCY



EXECUTIVE SUMMARY

As consumers pay more for their healthcare they are demanding more transparency. In a telling example, it's estimated that over 84 percent of patients use online provider reviews to help make care decisions. With increased transparency, hospitals need to develop strategies to address patient satisfaction while finding a way to participate for more fully in the patient satisfaction dialogue and social media communications, including the rating process.

One large hospital has done just that by increasing transparency in the patient review process. A key component is consultation education.



Transformational Solutions | Advisory Services

Transparency as a Catalyst for Transformation

Highlights from the 2016 Transparency & Innovation Summit

By Dana Reburn

AT A GLANCE

- Executives from leading health care systems nationwide gathered at Press Ganey's 2016 Transparency & Innovation Summit to share insights and new strategies for using transparency to transform health care.
- In addition to online reviews of physician performance, transparency requires organizational alignment, physician engagement, robust data and a plan for improvement.
- Supplementing online review pages with additional content, such as physician videos, helps meet consumer demand for tools that enable users to make informed choices.

CLEVELAND CLINIC AND UNIVERSITY OF UTAH EMBRACE TRANSPARENCY TO DRIVE CHANGE

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

PPS-Exempt Cancer Hospital Quality Reporting Program

Data details

PPS-Exempt Cancer Hospital Quality Reporting Program

The Social Security Amendments of 1983 exempted classified cancer hospitals from the Medicare Inpatient Prospective Payment System (PPS). These PPS-exempt cancer hospitals were also exempted from reporting on hospital inpatient quality measures. In 2010, the Affordable Care Act required the Centers for Medicare & Medicaid Services (CMS) to establish a specialized quality reporting program for the PPS-exempt cancer hospitals. The resulting PPS-Exempt Cancer Hospital Quality Reporting (PC-HQR) Program measures allow consumers to compare the quality of care given at the 11 PPS-exempt cancer hospitals currently participating in the program.

The measures publicly reported under the PC-HQR Program fall into these categories:

- Safety and healthcare-associated infections
- Cancer-specific treatment
- Oncology care
- Clinical effectiveness

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey results are also publicly reported.

Data and information displayed in public spaces



Moving towards externally available star ratings for providers

MD Anderson Cancer Center

July 2018

MONTHLY STARCARD

Star Ratings and Patient Comments for Michael Fromholz

LAST MONTH

4.84 out of 5 stars based on 5 new ratings last month

ROLLING 12-MONTH RATING

4.93 out of 5 stars based on 161 total ratings

SCHEDULED COMMENTS


17 new patient comments scheduled for publishing

5 Stars
 very good experience
 Sep 4, 2018

5 Stars
 I was not in pain, but he would've taken care of it had I been. I've been coming to him since 2013 and have always been treated with care, his staff, and my care.
 Oct 4, 2018

QUESTION RATINGS

	Rolling 12 Month Rating	Last Month
Expectations Easy to Understand	4.93	4.80
Learned Something New From You	4.94	5.00
Clear Easy to Understand Instructions	4.95	4.80
Knew Your Medical History	4.95	4.80
Wanted Respect for You	4.95	5.00
Spent Enough Time With You	4.95	5.00
Provider Rating	4.95	4.80
Recommend Office	4.95	5.00



[View Best Practice Video](#)

- Top and related guides can be found on the [Patient Experience Data](#).
- **Questioned?** Contact the Transparency Governance Council at transparency@mdanderson.org
- **Want to exclude a comment?** Submit a formal request by the last business day of the current month, and you will receive a response to your appeal within 7 days of the next Transparency Governance Council meeting. The Council will evaluate your appeal based on approved [Comment Publishing Guidelines](#). To request an appeal [Click here](#).
- **Please Note:** Providers with less than 10 total ratings will receive a star rating, however will not be published externally.

Powered by [MD Connect](#)

Transparency is for all stakeholders—providers, staff, patients & caregivers

Mdanderson.org

From Our Clinics

92%

Of our patients who responded rated their provider as a 9 or 10 on a 10-point scale

95%

Of the patients who responded would "definitely" recommend their provider's office to their family and friends

Survey results are from patients who had appointments in our outpatient clinics.

Question 1: Using any number from 0 - 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

Question 2: Would you recommend this provider's office to your family and friends?

Data reflects survey responses received from September 2017 through August 2018. This data was last updated September 2018.

From Our Hospital

88%

Of the patients who responded rated MD Anderson as a 9 or 10 on a 10-point scale

92%

Of the patients who responded would "definitely" recommend MD Anderson to your family and friends

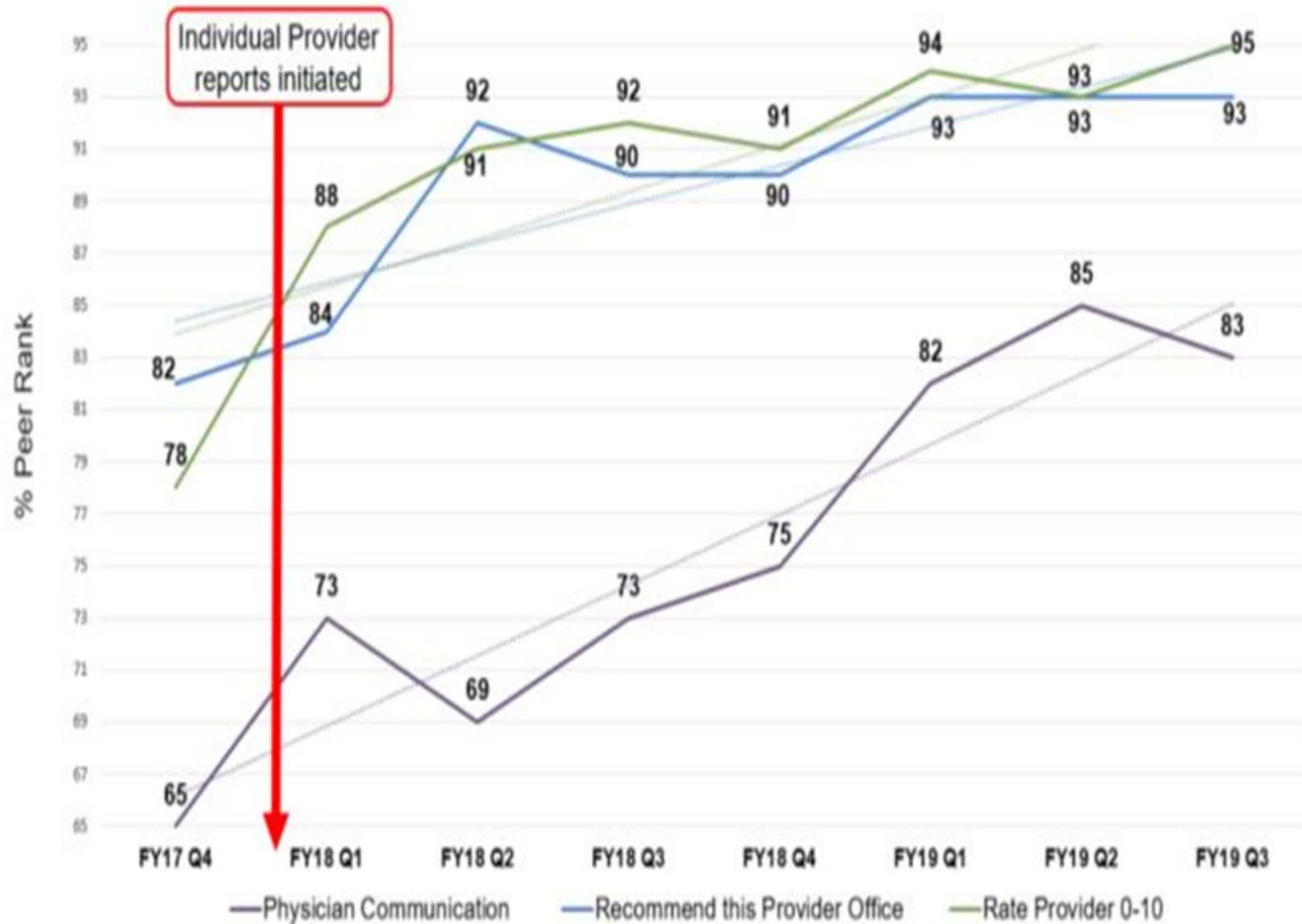
Survey results are from patients who stayed in our hospital.

Question 1: Using any number from 0 - 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

Question 2: Would you recommend this hospital to your friends and family?

Data reflects survey responses received from September 2017 through August 2018. This data was last updated September 2018.

Transparency improved communication scores



6. Data available in readable, actionable formats

Inpatient HCAHPS Top Box & Peer Rank Report

Domain (# of Questions)	Top Box			Peer Rank		
	FY19 Q1 N = 641	FY19 Q2 N = 692	FY19 Q3 N = 789	FY19 Q1 N = 641	FY19 Q2 N = 692	FY19 Q3 N = 789
Care Transitions (3)	67	66	70	95	94	98
Comm About Medicines (2)	69	70	69	77	83	80
Comm w/ Doctors (3)	86	87	88	83	86	91
Comm w/ Nurses (3)	83	83	85	71	72	84
Comm About Pain	76	76	79	91	91	96
Discharge Information (2)	92	92	92	85	85	90
Hospital Environment (2)	70	70	73	65	68	78
Rate Hospital (1)	89	87	90	97	95	97
Recommend Hospital (1)	93	91	94	98	97	99
Response of Hosp Staff (2)	74	73	72	80	74	71

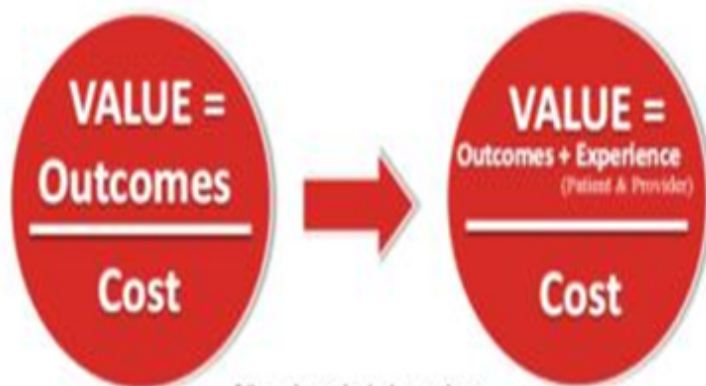
Legend	0-49	50-74	75-100

Note: Data reported by survey received date; Adjusted data; Ranks based on > 2,000 Hospitals

7. Set clear vision and goals across the institution

Defining Value – Outcomes + Experience

Patient care isn't truly great,
unless the patient thinks it is!



**Experience includes patient,
caregiver, provider and employee*

Redefining value equation to include
experience 2016

Patient Experience Goal

Develop and sustain a **high reliability, patient-centered, value-driven culture** in an integrated setting that engages patients, caregivers, colleagues and each other to deliver safe, courteous, accountable, efficient and innovative care.

Defining the goal

Institutional recognition goals—local improvement goals

Patient Experience Recognition Stretch Goals

- Reach 75th percentile peer rank patient experience all facilities by close of FY19
- Reach 80th percentile peer rank patient experience all facilities by close of FY20
- Reach 90th percentile peer rank patient experience all facilities by close of FY21

As measured by patient experience surveys:

- HCAHPS (Inpatient)
- CGCAHPS (Ambulatory)
- EDCAHPS (Emergency Department)
- OASCAHPS (Ambulatory Surgery)

8. Set specific expectations for communication and behavior

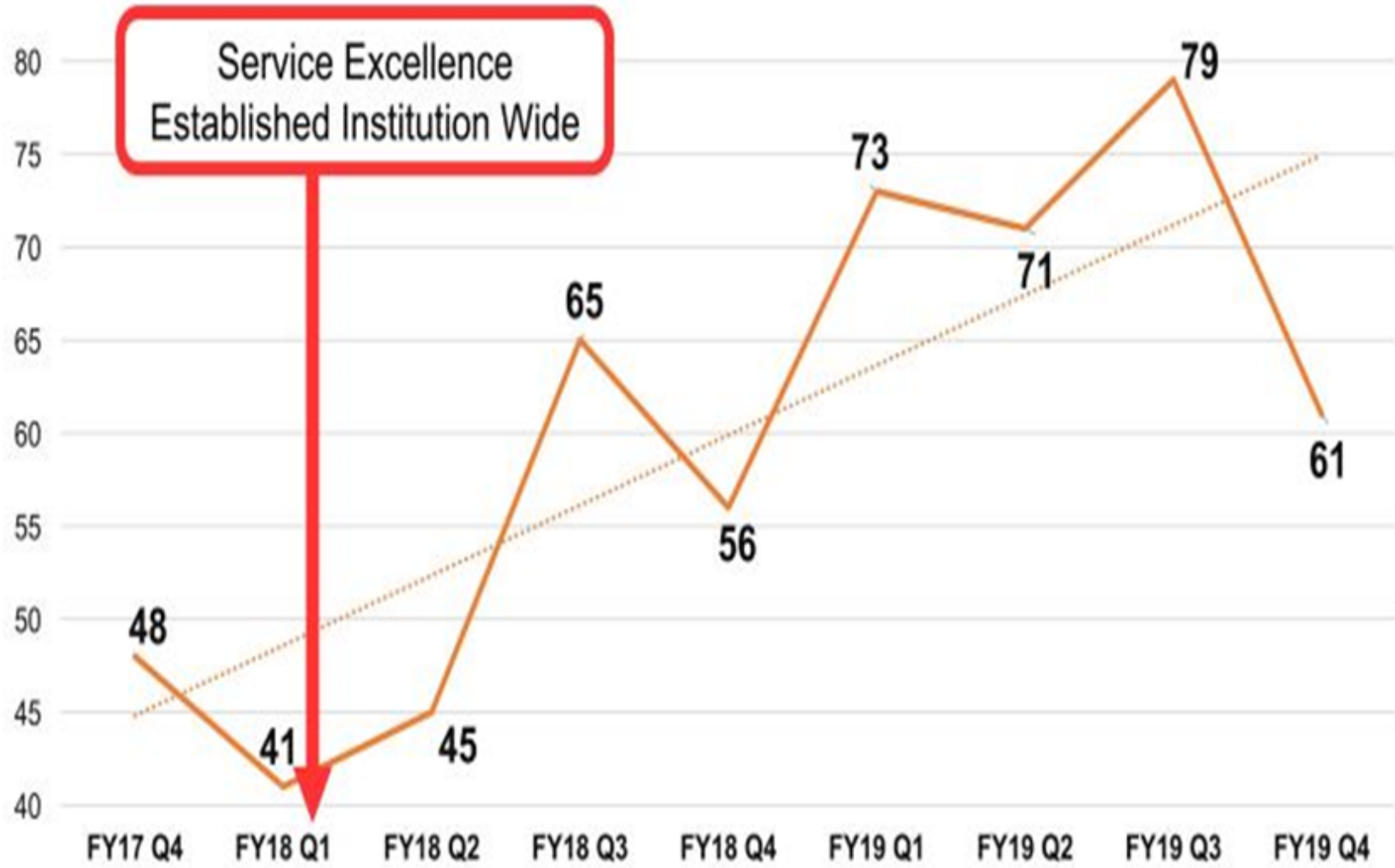
Service Excellence program for all providers and employees

Service Excellence Standards

- 1** 
SAFETY
Provide an environment of well-being for patients, their caregivers and our other stakeholders.
- 2** 
COURTESY
Create a positive, compassionate, individual experience through communication and teamwork by addressing the needs, wants, stereotypes and emotions of each person.
- 3** 
ACCOUNTABILITY
Apply expertise and commit to the highest level of service and accept responsibility for the result.
- 4** 
EFFICIENCY
Deliver seamless operation of systems and processes, in a timely manner.
- 5** 
INNOVATION
Advance knowledge and patient care in a solution-oriented environment that is conducive to learning and encourages acceptance of new research, techniques and technologies.

All material © The University of Texas MD Anderson Cancer Center 2017

Courtesy patient experience trend



Staff treat with courtesy and respect

9. Involve all stakeholders and socialize new programs utilizing data

Provider Star Card Roadshows

Department Faculty – Scheduled

1. Genitourinary Medical Oncology
2. Melanoma
3. Urology

Other






1. Division Head Meeting
2. Senate Faculty
3. Surgical Oncology APPs

Department Faculty – Completed

- | | |
|--|---|
| 1. Breast Medical Oncology | 17. Leukemia |
| 2. Breast Surgical Oncology | 18. Lymphoma/Myeloma |
| 3. Cardiology | 19. Neuro-Oncology |
| 4. Clinical Cancer Prevention | 20. Neurosurgery |
| 5. Dermatology | 21. Orthopaedic Oncology |
| 6. Division Heads and Administrators | 22. Pain Medicine |
| 7. Emergency Medicine | 23. Pediatrics – Patient Care |
| 8. Endocrine Neoplasia and HD | 24. Plastic Surgery |
| 9. Gastroenterology, Hepatology, Nutrition | 25. Pulmonary Medicine |
| 10. General Internal Medicine | 26. Psychiatry |
| 11. General Oncology | 27. Radiation Oncology |
| 12. GI Medical Oncology | 28. Sarcoma Medical Oncology |
| 13. Gynecologic Oncology | 29. Stem Cell Transplant (SCT) |
| 14. Head & Neck Surgery | 30. Surgical Oncology |
| 15. Infectious Disease | 31. Thoracic & Cardiovascular Surgery |
| 16. Investigational Cancer Therapeutics | 32. Thoracic/Head & Neck Medical Oncology |

Data should be as 'personal' as possible

Provider Star Card Rating vs. Current Online Ratings

	 Star Rating				
<i>n</i> ¹	510	379	272	263	128
Score (mean)	4.86	4.23	4.2	4.3	4.58
Number Surveys (median)	49.5	7	7	4	2
Faculty w/ score < 4	0%	19%	16%	14%	4%
Faculty ²					
MDACC Score Higher		70%	69%	47%	22%
MDACC Score Lower		12%	13%	20%	39%
MDACC Score Same ³		17%	18%	32%	38%

¹ Only faculty with ≥ 30 PG surveys included

² Denominator is total faculty with a score on website

³ +/- 0.1

10. Celebrate success and improvement frequently

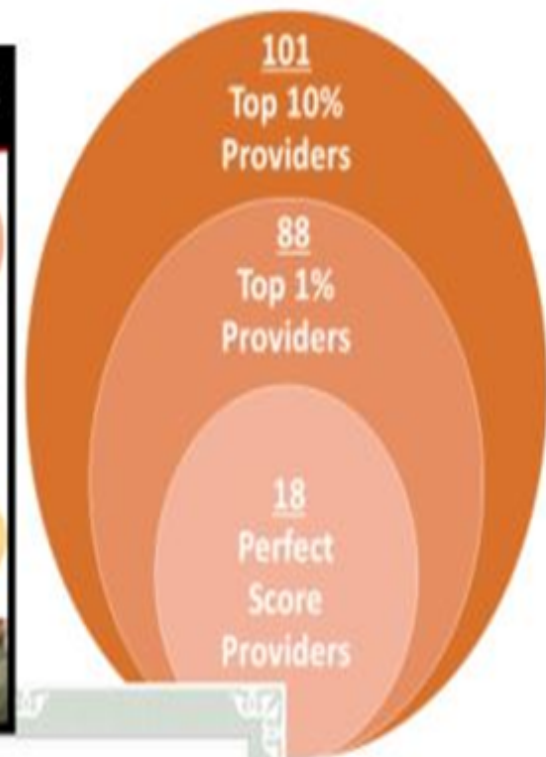
Annual Recognition Event

Quarterly recognition celebrated locally including after business hours

Guest Speaker
Jason Wolf, Ph.D., CPXP
President & CEO
The Beryl Institute



Save the Date
Monday, October 26, 2020
4:30-6pm | Hickey Auditorium





Questions/Discussion

