



## **Influence the Customer Experience:** Improve HCAHPS Scores through Safe Patient Handling & Mobility Programs

Across the full spectrum of healthcare environments



## Customer Experience and SPHM Programs' Impact on Patient and Caregiver: Analysis, Scorecards and Managing for Success

### INTRODUCTION

There is considerable interest among the healthcare community to understand and improve the relationship between caregiver and patient and to validate the importance of each individual patient and family member's healthcare encounter. Patients and families are customers, and their satisfaction with care, services and overall experience is an essential metric used by healthcare organizations to drive decisions, investments, reimbursement, ranking and overall business success. Value-based care is the ultimate goal, and it is achieved by improving outcomes and lowering cost. Fundamental to value-based care is the way each and every patient and caregiver experiences the care they receive and deliver.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) system, used nationally by The Centers for Medicare and Medicaid Services (CMS), defines exceptional care as that which is **patient-centered, safe, effective, timely, efficient** and **equitable**.

Goals within Safe Patient Handling and Mobility (SPHM) programs mirror the core qualities of HCAHPS, especially patient-centered, safe, effective, timely and efficient. How many hospital SPHM programs are linking their efforts to affect the patient experience in a manner that will impact HCAHPS scores? Measuring and tracking patient satisfaction is far from a new mission for hospitals. Press Ganey, a patient satisfaction survey and metric company, has been doing it for more than three decades. Other companies performing patient satisfaction surveying include but are not limited to CareSense, PatientTrak, InfoSurv and NBRI.

Improving the caregiver experience through SPHM programs is as important as enhancing the patient experience. SPHM programs by nature are a relationship-centered strategy for improving the experience of both patient and caregivers. Assisting patients through their recovery journey with SPHM programs impacts not only safety and ease of progressive mobility, but greater focus on the task at hand and the opportunity to strengthen the caregiver-patient relationship.

SPHM experts gathered at a thought leadership meeting in late 2017 to engage in dialogue on measuring the Patient Experience and considering SPHM programs within that context. This paper reflects their insights and provides suggestions for making a strong, positive impression on the customer (patient/family) experience through SPHM program efforts.

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### CASE STUDY CONSIDERATION

Setting the scene: having just listened to a thorough and stimulating presentation on customer (aka patient/family) experience and scorecards, you have come to the conclusion that your organization is missing the opportunity to significantly impact the value of both patient and caregiver experience. Specifically, your organization is not measuring patient satisfaction and caregiver satisfaction metrics as related to your Safe Patient Handling & Mobility (SPHM) program.

The SPHM program has been in place for 10 years, and it appears it has:

- Positively impacted the patient experience
- Reduced injuries from falls due to transfers for both for patients and caregivers
- Supported staff retention
- Been used to attract and recruit new staff
- Reduced workers' compensation costs and time away from work due to injuries

The potential opportunity: you feel the hospital needs to track the impact of the SPHM program on both the patient and caregiver as customer experience metrics. In particular, you want to know how these metrics align with business strategies, the local competitive metrics, customer satisfaction scores and the organization's desire to distinguish its commitment toward meeting certain performance standards with accreditation and certifications from quality measuring organizations, such as the Joint Commission and American Nurses Credentialing Center (ANCC).

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### COMMUNICATION OPPORTUNITIES

Consider these opportunities posed by our SPHM Program experts:

#### FOR THE PATIENT & FAMILY

Patients may view use of SPHM equipment as discouraging, so help realign their perspective to the vast benefits of frequent progressive mobility, normalization of being out of bed, endurance building and true realization of recovery potential toward independence.

Whenever possible, explain the use and safety of the lift mechanism to the patient and family. Include a bit of the hospital program backstory to reduce resistance/refusals and avoid misperceptions. Engage family in understanding the SPHM program, particularly when the patient is unable to understand, as family reassurance can be vital to the patient.

Use specific words in your descriptions (e.g. pain, comfort, safety, secure) that are linked to survey language in order to accurately capture certain metrics.

Ask patients about the use of the SPHM technology and their impressions, ratings and suggestions. Don't shy away from asking whether they feel apprehensive or nervous, as these questions provide the opportunity to reinforce the comforting safety message that this is a regular activity with lots of experience. After equipment use, ask, for instance, whether they felt more confident or less fearful of falling.

#### FOR THE CAREGIVER

Caregivers may view equipment as cumbersome or time consuming, so help realign their perspective with messages about the invaluable safety, efficiency and effectiveness of SPHM equipment.

Ask caregivers about their experience with the SPHM technology and program, including the impact on their ability to assist patients with progressive mobility, how they feel physically, how present they are able to be with the patient, the impact on their relationship with the patients, and the impact of integrating equipment into work habits and its overall effect on their work routine. Key reflective questions spur deeper consideration of the technology impact for busy caregivers.

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### **HCAHPS CONTENT AREAS WITH SPHM INFLUENCE**

There are 32 items in the HCAHPS survey, 25 of which ask the patient to rate their satisfaction with care or the overall rating of the hospital; 7 items are demographic questions for the respondent.

Of the 25 patient satisfaction questions, 11 relate directly to a SPHM program.

- A. How often did nurses treat you with courtesy and respect?**
- B. How often did your doctors treat you with courtesy and respect?**

Let's be realistic, a lot of SPHM technology can be a bit odd and off-putting to the average lay person, especially an ill or nervous patient. Too often, as healthcare professionals, the unusual becomes commonplace, and we forget to view the experience through the patient and family's eyes. Taking time to explain the why, where and how of using SPHM technology in their care will go a long way and will resonate as courteous and respectful to patients and families

- C. How often did nurses listen carefully to you?**
- D. How often did doctors listen carefully to you?**

Listening is a core behavior to customer service, and it involves more than auditory listening. Pay attention to facial expression, eyes and eye contact, body language, breathing and other other ways to convey meaning. Sometimes even what is said by the patient has deeper meaning. For example, a patient who refuses to comply with the need to use the lifting equipment by saying, "you're not putting me in that thing" could really be signaling apprehension and/or concern about a past bad experience with a lift. The opportunity to talk about the current experience, equipment, staff and situation may decrease the patient's fears enough to earn their consent.

- E. How often did nurses explain things in a way you could understand?**
- F. How often did doctors explain things in a way you could understand?**

Similar to items A. and B. above, there are many ways to make yourself better understood and to determine whether the patient and family understands. One way is to ask them to repeat back to you (in their own words) what you had shared with them about the use of the SPHM technology. Was it as straightforward as a transfer from bed to commode using the lift and sling because legs are too weak to do it safely? Or, is it use of the SPHM technology for mobility progression leading to independent ambulation to allow discharge to home? Whether the patient requires one time or many to explain care and equipment use, the time is well spent to assure the patient and reinforce the patient's comprehension of the care they are receiving and how it fits into their goals.

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### TIMING OPPORTUNITIES

When do you track the patient experience? At the beginning, middle, and end?

How do you give them the survey? Electronic, paper or collect impressions verbally?

Keep in mind that patients do get surveyed a lot, and sometimes they are confused or overwhelmed with the volume of information and requests. Older, younger or under stress family members are often left with the responsibility.

They can be a lot of sticky points, from when they get in the door, to their bed, to their test/procedures and to their discharge.

You can try to control as much as possible, but issues inevitably arise.

There has to be a (or several) point person(s) who 'own' the responsibility of keeping eye on the metrics and reviewing reports in real time; a multi month or multi quarter look back isn't frequent enough and does a disservice to the patients, the staff and the program overall.

### "WHAT" OPPORTUNITIES

Stay aware that copious volumes of measurement are often collected, and some tracked metrics are unused or useless; focus keenly on what is essential and meaningful for program administration, operations, and improvement.

Do we link efforts with other key outcome and quality data tracking, such as NDNQI ?

Do we link with monitoring of HACs ?

Does data collection get refreshed? For instance, when an outcome has been achieved, is it still monitored? Should it be? Yes? No? Yes, but not in the same way?

Consider elements of data in the EMR that are useful to leverage for reporting context; too much data in EMR is underutilized.

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- G. After you pressed the call button, how often did you get help as soon as you wanted it?**
- H. Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?**
- I. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**

A patient's use of the call button for toileting assistance is a very common request, so it is included in items h. and i. Mobility-impaired patients require assistance to toilet. Nurses and care team members constantly reiterate the need for patients to "call before you fall" and "do not get up alone" to reinforce the expectation that patients call for assistance. Patients don't always have the luxury of advance notice and/or the ability to wait for help. A caregiver using SPHM technology can reduce the number of persons previously required to manually accomplish the same task, and the caregiver can complete it in a more efficient manner as well. This alone can greatly influence the patient experience. We're not aware of any investigations into this, but it is an interesting idea for future exploration.

- J. During this hospital stay, how often did staff talk with you about how much pain you had?**

Measuring and aiming to reduce patient pain is a crucial care element which can be interwoven throughout the majority of patient interactions and absolutely should be discussed with the patient when providing mobility assistance. Such mobility assistance is not confined to transfers and ambulation; repositioning, turning, and treatment related interventions are also care opportunities which can involve use of SPHM technology. Dialogue with the patient which addresses their pain and discomfort and explaining that the assistance strategy using SPHM technology will often better control sudden pain along with reducing incidences of discomfort associated manual pressure points. Such interaction deepens the rapport between patient and caregiver, manifests empathy, and directly addresses this HCAHP patient query.

- K. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health**

When hospitalized, a patient's mobility and functional skills—to move in bed, sit, stand, walk, brush teeth and perform other basic hygiene skills—are established. Identified deficits in these needed skills have care interventions incorporated into the patient's plan of care. Some patients will require the use of SPHM technology to work on these skills in a safe manner. The opportunity for the patient to practice and work on these skills with the equipment can provide insight for the patient into their mobility deficit and help them to understand when and how they will need assistance at home or whether another level of care is instead indicated.

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### CONCLUSION

Healthcare professionals who have SPHM programs can leverage some of the ideas shared here and connect them to their own organization's ongoing efforts to improve patient and family experiences, patient and family satisfaction, HCAHPS scores and other vital consumer experience metrics.

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### RESOURCES

Miliard, M. Beyond HCAHPS: CXOs are looking for technology to offer better patient experience as a competitive differentiator <https://www.healthcareitnews.com/news/what-hospitals-need-improve-patient-experience-real-time-point-care-data>, June 22, 2018

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