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- relevant articles from healthcare industry experts
- case study success stories
- tips and tools for quality improvement
- patient experience and other industry research findings
- articles with ideas to help achieve success in your role

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Manager of Client Relations
snapshot@pressganey.com.au

Are you seeing the whole picture?

Don't Downplay the Patient’s Satisfaction With Experience

By Irwin Press
Article published in Modern Healthcare - March 22, 2014
Although various studies note correlations between clinical quality measures and patient satisfaction, others stress the lack of a consistent, close statistical relationship between them. Such “discrepancies” are detailed in what often appears to be a campaign to cast doubt on the patient’s experience as a relevant indicator of quality care.

This raises an important question: Must there be a one-to-one correlation between the technical delivery and personal experience of care? An even more important question: How should we define “care”? It can be argued that diagnostic procedures, surgeries and therapies constitute treatment, but not care.

**Treatment alone isn't care**

“Care” would be described as the treatment and the interpersonal context in which treatment is delivered. This “context” defines the experience. It includes empathy and behaviours that address the emotional, informational, social, cultural and economic issues that accompany sickness and its treatment.

**Treatment and experience are different aspects of care.**

One is objective, involving highly standardised technical, mechanical or chemical interventions. The other is subjective, composed of behaviours, decisions and interactions of humans with idiosyncratic personalities, stresses, agendas and sensitivities.

Providing treatment and managing the personal experience of care require distinct competencies. Ideally, of course, we would want technical quality and experience quality to be a single entity. Maybe they will, some day.

Until that day, it should not be surprising that a hospital with a great reputation, high core measures and good outcomes might have lower-than-average patient-satisfaction scores. Or that an institution with higher mortality or poor core measures might provide a positive experience for patients.

In either case, care is incomplete and of lower quality.

Such “discrepancies” should in no way cast doubt on the relevance of the patient's experience as both a valid component and indicator of quality care. Rather, any disconnect that we currently have between the two quality indicators reflects a journey still incomplete. Let's focus less on bashing patient-satisfaction measures and more on trying to figure out how to make concern for the patient's experience an integral part of all treatment, so that the quality of one automatically reflects the quality of the other and the process of care.
Recently there has been extensive debate in Australia over the development of health care performance criteria, particularly pertaining to patient perception, assessed via patient surveys. Over the years there have been many surveys designed, with varied methodologies, resulting in mixed outcomes. Patient’s experience of care has become a hot topic but there is conflicting opinion as to what should constitute a core set of survey questions that accurately capture the true patient’s experience of care.

The largest and most in-depth research, resulting in the most robust ‘patient experience’ model is the HCAHPS survey model in the United States. Developed in 2003 and operational in 2005, over 4,100 hospitals now submit patient data against a core set of patient experience questions. Press Ganey Associates provides the data collection services for more than 2,500 of these hospitals and so is in a unique position to evaluate the surveys being utilised and outcomes obtained.

Two Approaches to measuring the Patient Experience

There are basically two main types of patient surveys used by governments, survey companies and a wide variety of businesses and organisations:

- Where the results measure levels of specific activity (how often something happened; yes or no to a process; how you might do something, etc.); and

- Where the results will provide greater awareness and understanding of consumer satisfaction with particular products or services (how happy the patient was, their level of perception/understanding of the policy, product or service; etc.)

Activity surveys simply record the current status or frequency of what is happening – for example: how often pain control was administered or whether patients received certain information, (using scales: Never – Sometimes – Usually – Always). These surveys guide clinical improvement but do not improve perceptions. If a patient received information about a process or policy, it does not mean they understood it, the content was appropriate or they were happy with the way it was communicated or delivered.

Satisfaction items, on the other hand, record consumer or patient perceptions by asking them to rate the service. Here, interactions, communication, staff attitudes and behaviours have the greatest impact. These surveys guide patient loyalty and advocacy to the hospital. They also have the greatest correlation with staff culture, efficiency and financial outcome, AND they are the greatest predictors of patients recommending the facility.

Only high quality, scientifically robust patient surveys can identify both factors: consumer impressions of what occurred (based on what the facility thinks is important), and how well the care and services have been provided with respect to the patient’s expectations, (what the patient views as important).
How Often with How Well

Strategies need to be employed that BOTH improve the consistency of patient experience delivery to be ALWAYS DONE, (Frequency of the Performance), while also enhancing patient satisfaction with the experience to be ALWAYS DONE WELL.

The following graph profiles the desired outcome from true patient experience measurement.

The Dynamics of Frequency of Experience vs Satisfaction with Experience

A perfect example of the different way patients rate a frequency question as opposed to a satisfaction question is provided from a Press Ganey Australian client’s recent integrated survey outcome, assessing over 4,100 surveys from 1st October 2013 – 31st March 2014, discussed below.

**Frequency ‘Experience of Care’ question for nurse courtesy is:**

During this hospital stay – how often did nurses treat you with courtesy and respect?

- Never  
- Sometimes  
- Usually  
- Always

**‘Satisfaction with Experience’ question for courtesy is:**

How would you rate the courtesy and respect of the nurses?

- very poor  
- poor  
- fair  
- good  
- very good

In this example both questions (nurses and doctor courtesy) were included on the PG integrated survey with the following ratings received from the same patients – note the top box score for both types of questions, 11 points different for nursing perceptions and 18 points different for doctor perceptions, yet the questions appear to ask the patient the same issue - OR DO THEY?
The following extracts were taken from the analysis of the patient surveys:

**FREQUENCY OF COURTESY QUESTIONS – HOW OFTEN**

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses treat with courtesy/respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>10</td>
<td>0.2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>55</td>
<td>1.3</td>
</tr>
<tr>
<td>Usually</td>
<td>590</td>
<td>14.1</td>
</tr>
<tr>
<td>Always</td>
<td>3539</td>
<td>84.4</td>
</tr>
<tr>
<td>Total</td>
<td>4194</td>
<td></td>
</tr>
<tr>
<td>Doctors treat with courtesy/respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>20</td>
<td>0.5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>54</td>
<td>1.3</td>
</tr>
<tr>
<td>Usually</td>
<td>431</td>
<td>10.5</td>
</tr>
<tr>
<td>Always</td>
<td>3602</td>
<td>87.7</td>
</tr>
<tr>
<td>Total</td>
<td>4107</td>
<td></td>
</tr>
</tbody>
</table>

**SATISFACTION WITH COURTESY QUESTIONS – HOW WELL**

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,194 Please rate the courtesy of the nurses</td>
<td>0.5%</td>
<td>0.8%</td>
<td>2.8%</td>
<td>22.7%</td>
<td>73.0%</td>
</tr>
<tr>
<td>4,107 Please rate the courtesy of the doctor</td>
<td>0.3%</td>
<td>0.5%</td>
<td>3.6%</td>
<td>26.0%</td>
<td>69.6%</td>
</tr>
</tbody>
</table>

This clearly indicates that the frequency questions measure standard elements of courtesy from a **process** viewpoint, while the satisfaction questions evaluate ALL behavioural (emotive) aspects that accompany the courtesy interaction. The patients clearly made a distinction between the two, particularly doctor interactions. The first rating (the approach being promoted at a national level), would wrongly imply that all is under control with courtesy at the hospital, with little room to improve, yet the real perception of courtesy is substantially lower.