Sustaining an environment of service excellence: Evaluating the effectiveness of a patient-centered culture change initiative: How do we know if we are there yet?

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Presentation Objective

- Demonstrate the process for carrying out an evaluation of a patient centered culture initiative in a hospital setting.
Reasons to Conduct an Evaluation

1. To find out “what works” and “what doesn’t work.”

2. To showcase the effectiveness of a program to the program leadership, community and funders.

3. To improve staff’s (caregiver’s) frontline practice with participants (such as patients).

4. To increase a program’s capacity to plan for the future.

5. To build knowledge for the program field.
Evaluation Standards

• **Utility standards** ensure that an evaluation will serve the information needs of intended users.

• **Feasibility standards** ensure that an evaluation will be realistic, diplomatic and frugal.

• **Propriety standards** ensure that an evaluation will be conducted legally, ethically and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.

• **Accuracy standards** ensure that an evaluation will reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated.

Steps in Program Evaluation

1. Engage stakeholders
   - Manage the Evaluation
     - Human Subjects Protection
     - Timeline
     - Roles & Responsibilities
     - Budget

2. Focus
   - Describe program – logic model
   - Define purpose
   - Determine use/users
   - Determine key questions
   - Select indicators
   - Determine design

3. Collect data
   - Identify sources
   - Select method(s)
   - Pilot test
   - Set schedule
   - Determine sample

4. Analyze & interpret
   - Process data
   - Analyze data
   - Interpret data
   - What did you learn/limitations?

5. Use
   - Share findings and lessons learned
   - Use in decision making
   - Determine next steps
Cleveland Clinic Communicate with H.E.A.R.T\textsuperscript{SM} (CWH) Program Logic Model

**Inputs**
- Staff – Trainers
- Staff – Employees
- Time
- Financial Resources

**Activities/Processes**
- Ongoing Training/Workshops
- Evaluations

**Outputs - Immediate**
- Numbers of trainings given
- Number of completed evaluations
- Number of trained caregivers
- Demonstration of: 
  - START Behaviors
  - HEART Behaviors
  - Expected Service Behaviors

**Outcomes - Intermediate**

- **Hospital Level**
  - Decrease in number of patient complaints
  - Decrease in malpractice claims
  - Increase in the number of references (recommendations)
  - Increase in number of returning patients
  - Increase in number of patients

- **Employee Level**
  - Improved communication/relationship skills of caregivers
  - Increased pride by employees
  - Respected caregivers

- **Patient Level**
  - Happy patients
  - Satisfied patients

**Impacts - Long Term**

- **Hospital Level**
  - Increased clinical excellence
  - Higher rating for Cleveland Clinic by HCAHPS
  - Increased revenue

- **Employee Level**
  - Improved communication/relationship skills of caregivers
  - Increased pride by employees
  - Respected caregivers

- **Patient Level**
  - Improved healthcare outcomes
Evaluation Questions: Background

• What is the basic demographic information of each participating Cleveland Clinic employee, including employment category and length of employment?
• What are the initial (baseline) behaviors and dispositions of new-hire, incoming participants relevant to Communicate with H.E.A.R.T\textsuperscript{SM} service behaviors?
Evaluation Questions: Program Factors

- How satisfied are Cleveland Clinic employees with each workshop?
- What are the perceived best practices within each workshop initiative?
- What are perceived challenges within each workshop initiative?
Evaluation Questions: Outcome Factors

- What are the changes in Cleveland Clinic employee participant dispositions relevant to the Communicate with H.E.A.R.T. \( ^{SM} \) service behaviors?
- What are the changes in Cleveland Clinic employee participant behaviors, especially the frequency of Communicate with H.E.A.R.T. \( ^{SM} \) service behaviors?
- What is the impact of employee participation in Communicate with H.E.A.R.T. \( ^{SM} \) on consumers (patients) in terms of satisfaction, complaints, and perceptions of employee service behaviors?
The validity of results can be strengthened by using more than one method to study the same phenomenon. This approach - called triangulation - is the main advantage of the mixed methods approach.
Data

- Existing data
  - Regulatory inspection (accreditation agencies)
  - Surveys of consumers’ experiences (HCAHPS)
  - Third-party assessments (Press Ganey)
  - Internal assessments (quality assurance)
  - Ombudsman (satisfaction data)
Monitoring

• Information collected for monitoring must be:
  • Useful and relevant
  • Accurate
  • Regular
  • Acted upon
  • Shared
  • Timely

• Supervisory checklists
  • Select a care experience, (Adherence to protocols, culturally sensitivity, caregiver communication, hospital environment (cleanliness))
  • Review “current care” performance.
  • Real-time feedback and intervention.
Indicators (Metrics)

- Measure of change in a situation, or the progress in/results of an activity, project, or program.

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-bound
Outcome Measures

Examples of Outcomes

- Knowledge
- Performance
- Attitude Changes
- Behavioral Changes
- Social-Emotional
<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>Access</td>
<td>assesses the patient's ability to obtain timely and appropriate health care</td>
<td>same day appointments, wait time</td>
</tr>
<tr>
<td>Outcome</td>
<td>patient's health status after receiving health care services.</td>
<td># of patients who survive x years after x surgery</td>
</tr>
<tr>
<td>Patient</td>
<td>aggregates reports of patients about their observations of and participation in health care</td>
<td>patient satisfaction with x</td>
</tr>
<tr>
<td>Process</td>
<td>assesses the actual health care service provided to, or on behalf of, a patient</td>
<td>nurse to patient ratio, number of beds</td>
</tr>
<tr>
<td>Structure</td>
<td>describes a feature of a health care organization or clinician relevant to its capacity to provide health care</td>
<td># of private (single person) rooms</td>
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<tr>
<td></td>
<td></td>
<td>Gender sensitivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child friendly waiting room</td>
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360 multi-rater feedback instrument

Supervisors → Self/Employee → Colleagues → Patients/Visitors
Cleveland Clinic Communicate with H.E.A.R.T.: Employee Self-Rating

Please complete each of the following items honestly by providing an indication of how you anticipate
a) patients, b) colleagues, and c) visitors will rate you in your role as a Cleveland Clinic caregiver.

Rate yourself using the following scale:
1 – Never or Almost Never
2 – Rarely
3 – Sometimes
4 – Frequently
5 – Always or Almost Always

<table>
<thead>
<tr>
<th></th>
<th>Patients would say that...</th>
<th>Colleagues would say that...</th>
<th>Visitors would say that...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) …I am knowledgeable about patient care.</td>
<td></td>
<td></td>
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<tr>
<td>2) …I acknowledge visitors and welcome them.</td>
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<td></td>
<td></td>
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<tr>
<td>3) …I take patients’/visitors’ complaints personally.</td>
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<tr>
<td>4) …I introduce myself when I first meet a patient.</td>
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<td></td>
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<tr>
<td>5) …I am attentive.</td>
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Other

- Control group selection
- Institutional Review Board (IRB)
Contact information

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<table>
<thead>
<tr>
<th>S.T.A.R.T with HEART Behavior</th>
<th>Question Source</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smile and greet warmly.</td>
<td>HCAHPS</td>
<td>During this hospital stay, how often did nurses treat you with courtesy and respect?; repeat with doctors</td>
</tr>
<tr>
<td>Tell your name, role, and what you expect.</td>
<td>SEGUE</td>
<td>Establish reason for visit Outline agenda for a visit (e.g. anything else?)</td>
</tr>
<tr>
<td>Active listening and assist.</td>
<td>HCAHPS</td>
<td>During this hospital stay, how often did nurses listen carefully to you?; repeat with doctors</td>
</tr>
<tr>
<td>Rapport/relationship building.</td>
<td>HCAHPS</td>
<td>Time physician spent with you.</td>
</tr>
<tr>
<td>Thank the person.</td>
<td>-</td>
<td>-</td>
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</tbody>
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