Use of Short-cycle Feedback to Influence Caregiver Behavior

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Disclosures

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Introduction

• Great debate regarding the utility of short cycle feedback is useful in improving patient care.

• Focus group at CCF found that “while patients did in fact appreciate attempts at corrective action and service recovery, this did not significantly impact impressions of the care provided to them.”
Objective

• Our group examined whether short cycle patient feedback could be used as a means to improving physician and team performance.
Methods

• Between March 2013 and September 2013, administrators would survey 1/3 of patients daily on our inpatient gastroenterology and hepatology ward asking one question, “Do we meet ALL your expectations?”

• Anything less than “ALL” prompted further questions.

• Forms were then given to on-service physicians and teams for review, with the goal of having teams address issues daily.
Methods

• Between March 2013 and September 2013, administrators would survey 1/3 of patients daily on our inpatient gastroenterology and hepatology ward.

• Administrator Rounds Daily
  — Are we meeting all of your expectations?
  — Is there anything particularly good we should do more of?
  — What can I do for you right now?

• Service Recovery
  — Administrator works with Nursing, Social Worker, Facilities, or does service recovery themselves

• Doctor Rounds Daily 4:00 – 5:00pm
  — Addresses all doctor/plan of care related service issues
Methods

• Daily administrator rounds were then discontinued in September to assess if behavioral changes were sustained.

• No other interventions occurred concomitantly.
At 16:00, go to Nurse Manager office. To the right of the door will be a wall file with a purple folder with that days survey.
Survey and attempt service recovery on the patients with names circled. Make a very brief note in field (or check) if service recovery has been done. If service recovery is not possible (patient gone/sleeping, etc.), leave it blank.
Results:

• HCAHPS – (See Dashboard)
• Doctor Learning-
  – Dr. service recovery (participation) has greatly improved
  – “I can’t believe that my patients were interpreting me that way”
  – Opportunities for resident/fellow learning
• Nurse Learning
  – “We’re doing a lot right”
  – “We know someone will ask, every day”
• A few Process Observations
  – NPO/ Tube-feed Cancellations
  – New Call button systems
  – Blanket Issues
  – Recliners
Results

• Overall improvements in patient experience (67 to 76% in MD communication; 67 to 79% in Nurse Communication).

• Additionally, individual staff physician metrics improved over time.
Overall improvements in patient experience (67 to 76% in MD communication; 67 to 79% in Nurse Communication).
6 months later…
Voice of the Patient Action Committee
Summary

• While short cycle patient feedback may not immediately resolve individual patient perception, it is of great utility in changing of physician and team behaviors which may lead to future gains.

• Further, there should be consideration in using short cycle patient feedback as an operational metric.

• Electronic means of accomplishing short cycle (KP/Innowaiting.com, video recording).
“That which does not get measured cannot be managed.”  W. Edwards Deming
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