Data Segmentation Advances Patient Experience Improvement at Saint Joseph Hospital

By Andrea Fitzgerald

An innovative strategy for segmenting patient experience data has helped Colorado-based Saint Joseph Hospital identify underperforming units and deliver targeted improvement efforts.

After just a few months, the hospital has dramatically improved the patient experience scores of its lowest-performing unit and, by extension, its overall scores across key patient experience domains.

Prior to adopting the new approach, Saint Joseph Hospital maintained the same data strategy: Improve the patient experience scores of units with high survey responses (typically, the Women’s Health and Surgery units) in order to achieve the hospital’s overall performance targets. Mary Shepler, vice president and chief nursing officer, had doubts about the wisdom of that strategy. “We kept going back to the same well, and I kept wondering, even though those units get a lot of numbers and feedback, are they the ones that can really help us move the needle?”

This past April she found her answer. At the 2018 AONE Annual Meeting, Inspiring Leaders, Shepler heard about a segmentation strategy being used at Philadelphia’s Pennsylvania Hospital to improve the patient experience. Taking its scores in aggregate, Pennsylvania Hospital removed units from its performance calculation one at a time to understand the influence of each unit’s performance on the overall score. This approach revealed that the General Surgery unit was underperforming in key HCAHPS domains. In fact, this one unit was decreasing the hospital’s scores for Overall Rating and Likelihood to Recommend by 12%, among other measures. Devoting additional resources and support to this unit paid off. Top-box scores, including Overall Rating, Communication with Doctors, and Communication with Nurses, ticked upward.

Feeling inspired, Shepler brought this best practice back to her organization and presented it to other senior leaders. With their support, she and the patient experience team began segmenting their data by units and discovered that when the Medical Cardiology unit was removed, the hospital met its operational target goals in all but one domain.

“That’s the part that surprised me—not the unit, but the impact of one unit. I didn’t know a subset of responses could affect our hospital’s overall score to such a degree,” Shepler said. “And none of the responses were terrible. It was just a bad case of ‘usually’ versus ‘always’ responses.”

That Medical Cardiology was the unit in question was less surprising. “The unit takes a significant number of patients from the emergency department, meaning many of them weren’t expecting to come in. These patients bring a different set of expectations around wait times and other aspects of the care experience, which can be difficult. But I know other care sites can, and are, delivering excellent care to this population. So my question was, how can we?”

Action Planning around Support, Not Punishment

Saint Joseph Hospital is a 400 bed Magnet® designated teaching hospital within the SCL Health system, and the largest private teaching hospital in Denver. Shepler wondered whether its size may have been part of the problem. “We got so focused on the overall score that we forgot that individual units drive the score,” she said. “We kept drilling down on the same units with the same message—‘You need to improve, you need to improve’—which put people, especially those from our high-performing units, on the defensive. The best part of this segmentation strategy is that it allows us to deliver mail to the right house, as I say.”

AT A GLANCE

- To improve its overall scores, Saint Joseph Hospital adopted an innovative data segmentation strategy to identify any underperforming units that needed additional support and action planning.
- After determining that the patient experience scores of the Medical Cardiology unit were hindering the organization’s ability to meet its operational targets, nursing and patient experience leadership worked together to support a turnaround.
- Since the rollout of this strategy in mid-April, the unit’s performance has improved dramatically. Comparing its top-box scores for the first part of the year to the months post-action planning (May–June), Overall Rating rose from 75.7 to 84.6, Nursing Communication from 75.7 to 88.9 and Physician Communication from 75 to 83.6, while scores for Hospital Staff Responsiveness and Environment increased by nearly 10%.
In May, Saint Joseph Hospital set about providing additional support to the Medical Cardiology floor to advance its performance improvement hospital-wide. “We tried to improve the unit’s scores from all angles, but the foundation of every strategy is the same: How do we give this manager and team the resources they need to do their jobs?” Shepler said.

This additional support has come in multiple forms: education and training, leadership accountability, executive visibility, and more. Saint Joseph’s Organizational Development Department holds team-building exercises for the unit in addition to friendly, facility-wide competitions to raise composite scores in different domains. The unit manager is enrolled in a course at the University of Michigan as well as an upcoming class on nursing leadership empowerment. She’s been given a physician partner to support physician communication on her unit, and additional training to communicate with other team members.

These skills are critical, as the manager engages in more frequent and purposeful rounding, checking in with each of her team member’s five patients and then providing direct feedback to those peers in real time, according to Shepler. These conversations are meant to be constructive, revolving around encouragement and improvement rather than criticism. “One such conversation might sound like: ‘Mary, here’s what I noticed. Your patients love you. When talking with them, three out of five say you really kept them informed. Two felt like you weren’t talking to them and their care boards weren’t updated. What’s getting in the way of you communicating with some of your patients?’” she said.

Similar conversations are led by Saint Joseph’s senior leadership team as well as the director of performance improvement, director of quality, and manager of patient experience, who have increased their visibility on the unit through rounding and huddles. “Our biggest concern was making anyone feel like they were in trouble or being picked on. There’s nothing like four or five senior leaders coming up to you and asking, ‘How are things going?’” Shepler said. “That is why we go further than asking about their day, and instead asking things like, ‘What do you need to do your job? What’s your biggest safety issue?’”

Then, the executive team delivers to meet the unit’s needs—whether it be supplying temporal thermometers or putting a security guard at the crosswalk to make employees feel safe coming into work. “Nothing is too big or too small,” Shepler noted. “Leaders need to show that they are as committed to their employees as they are to each other.”

The positivity driving these conversations is at the center of Saint Joseph’s whole data strategy—and is essential to any data strategy, according to Shepler. “Data is meant to be used to make change, not to beat people up. Most of the health care workforce is composed of people who come in every day to do a good job, so you’ve got to look at your improvement efforts as solutions to what gets in the way of allowing those people to perform how they want to,” she posited.

Keeping Up the Momentum

Since the mid-April rollout of these focused improvement efforts, the Medical Cardiology unit’s scores have increased dramatically across key domains. Comparing the average scores of the months pre-action planning (January–April) to the months post-action planning (May–June), the unit’s top-box scores for Overall Rating rose from 75.7 to 84.6, Nursing Communication from 75.7 to 88.9 and Physician Communication from 75 to 83.6. Scores for Hospital Staff Responsiveness and Environment increased by nearly 10%. In addition, the hospital is now meeting its operational target goals in three domains: Overall Rating, Physician Communication and Hospital Environment.

Despite these significant improvements, the unit’s year-to-date scorecard is still red, and the hospital is falling short of its goals in the other key domains of Nursing Communication and Staff Responsiveness. However, Shepler remains positive. “We knew not to expect an overnight fix. Once you’re in the 90th percentile for Overall Rating, like we are, you have to recognize that the way you’ve been working for the past decade or so has worked to get you where you are, but that it won’t get you any higher. Especially in this era, even if you’re in the 90th percentile, you need higher scores to stay there.”

As the scores continue to inch upward, Shepler and her fellow executives are focused on maintaining positive reinforcement and celebrating momentum. “The Medical Cardiology unit, in particular, has worked tremendously hard to budge its numbers upward, and we make sure to celebrate that effort even if the scores aren’t perfect.”

These numbers matter, because they aren’t just numbers, Shepler noted. “This improvement effort is about making the experience of care better for every patient. Data is just where the rubber meets the road.”