

CONSUMER SATISFACTION WITH UPMC

THE SENATE OF THE UNIVERSITY OF
PITTSBURGH SPRING PLENARY SESSION



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Patient Satisfaction Survey Initiative

UPMC Patient Satisfaction Measurement

- Press, Ganey Associates, Inc. is the healthcare industry's leading independent vendor of satisfaction measurement. Press, Ganey serves close to 6,000 health care facilities (30% of the total acute care market and 40% of all hospitals with more than 100 beds)
- UPMC utilizes turn key process for 140+ satisfaction surveys including:
 - 11 Hospitals – Inpatient, Ambulatory and Emergency Department
 - 1 Rehabilitation Hospital and 7 Rehab Divisions
 - 96 Physician Practices
 - 2 Family Health Centers
 - 2 Inpatient Obstetrical Surveys
 - 1 Ambulatory Surgery Center
- Verbatim comments are collected as well as the quantitative data.

Areas Measured through the Surveys

- Admissions
- Care Providers (Physicians and Nurses)
- Physical Surroundings
- Tests and Treatments
- Visitors and Family
- Personal Issues
- Discharge
- Overall Assessment

Sample Survey

Communication of Performance Results

Results and comments are collected and distributed on a quarterly basis to:

- Front Line Managers
- Supervisors and Directors
- Hospital Leadership
- Board of Directors
- Physician Division Leadership

Front Line Managers – and UPMC leadership – also have access to real time data and comments via eCompass (Press, Ganey's data analysis tool).

Press Ganey Patient Satisfaction Survey Results March 1, 2004 – August 31, 2004

UPMC University of Pittsburgh

MEDICAL PRACTICE SURVEY

Do not write in the spaces provided for comments. Please use the enclosed envelope to return your completed survey.

1. A person who has had a procedure or service at this practice in the last 12 months (circle one):

2. Date of visit

3. Patient's first name

4. Reason for visit

5. How long you waited to see the provider

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UPMC University of Pittsburgh

MEDICAL PRACTICE SURVEY

Do not write in the spaces provided for comments. Please use the enclosed envelope to return your completed survey.

1. Overall, how satisfied are you with the care you received from this practice? (circle one)

2. How satisfied are you with the care you received from this practice? (circle one)

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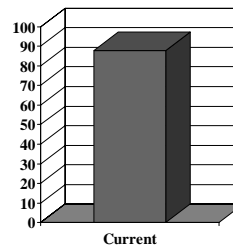
100. How satisfied are you with the care you received from this practice? (circle one)

UPMC Press Ganey Survey for UPMC Physician Services Division (UPP & CMI)

- What do the Press Ganey Surveys tell us?
 - How patients rate us
 - What areas are most important to a patient's overall satisfaction with our services
 - Areas that should be our highest priorities (Priority Index) based on the patient's perspective
- Press Ganey Survey Process
 - Patients utilizing our outpatient physician offices are randomly selected (utilizing the Epic practice management system) and receive a standardized survey via the mail
- Press Ganey Measures
 - Overall site rating e.g. likelihood of recommending practice; overall rating of care received
 - Patient's access to care e.g. ease of scheduling appointment; promptness in returning calls
 - Care provider (CP) and staff interactions e.g. friendliness/courtesy, time CP spent with patient
 - Patient's visits e.g. speed of registration and check-out process; wait before going in exam room, and wait in exam room to see provider
- How do we use the results:
 - Implement improvement plan processes in practices; provide valuable feedback; develop educational programs to influence improvements; utilized in staff performance reviews

UPP Press Ganey Results

- Significance of Score
 - Current period score = 87.8
 - Rank in the top 15% (37th out of 267 participating institutions)
 - Reference group is comprised of both community and academic hospitals
 - Participating major academic medical centers include:
 - Duke University Hospital
 - Georgetown University Hospital
 - Johns Hopkins Hospital
 - Medical College of Wisconsin
 - Robert Wood Johnson Medical Group
 - The University of Texas Health Center

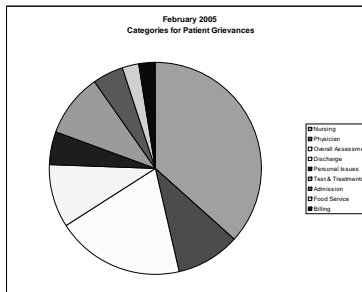


Press Ganey Results – The Feedback Loop

- All written responses are reviewed by both the department or practice and PSD central services
- PSD central services follows-up with each department or practice for process improvements
- Currently all departments and practices receive a paper copy of the actual survey. Effective July 1, 2005 moving to a paperless format.
- Each department and practice has electronic access to survey information. Results are available within 10 days of receipt of the survey.
- Press Ganey Super User Group established - monthly meetings are held to review data and reports
- Semi-Annual Feedback Awards for Positive Improvements include public acknowledgement at PSD Management forum and a framed certificate for display in department or practice

UPMC Grievance Process

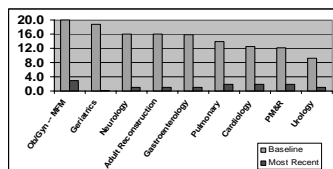
- Policy approach conforms to the requirements of CMS interpretative guidelines dealing with hospitals duties with respect to patients' rights and patients' grievance.
- Most patient/family complaints/grievances are resolved "on the spot" with treatment personnel and or with the later assistance of patient relations representatives.
- Patients can appeal to the QIO (Quality Insights Organization of Pennsylvania) Medicare Quality representative
- All patient complaints are transmitted daily to senior management. Those of most significance are brought to the hospital's Risk Management Review meeting on a weekly or biweekly basis. Interventions are made to prevent recurrence.
- Quarterly results—UPMC/PUH/Shadyside. 70 Grievances among 14,000 admissions.
- Complaint investigations by the Department of Health have found the hospital to be in compliance with these regulations



UPMC is Recognized as a World Class Provider of Services in Many Areas For Example:

- Transplantation
- Gamma Knife and Cyber Knife--Neurosurgery
- Oncology
- Lupus Center
- Psychiatric Disorders
- Head & Neck Surgery
- Trauma
- Cardiovascular

Improved Patient Access – Reduced Days Wait for Appointments



- "Open Access" clinics
- Single call scheduling
- Call triage (e.g., other sites, more appropriate provider)
- Pooled to "MD Provider or an Associate"
- More accurate and accessible templates

PATIENT AMBASSADOR CERTIFICATION PROGRAM



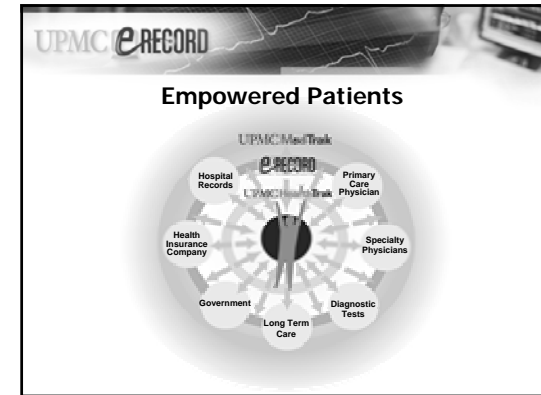
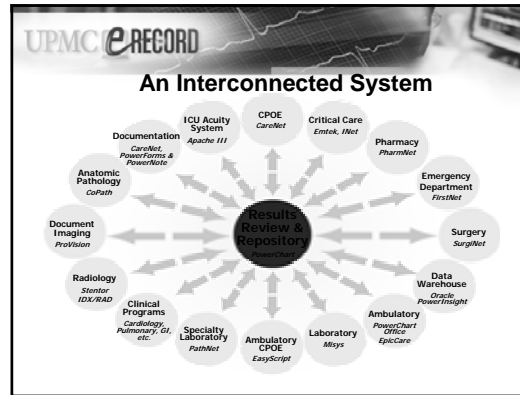
Physician Services Division

Patient Ambassador Certification (PAC) Program

1. Goal of the Program
 - Provide world-class customer service and immediate access to care
2. Target Audience
 - Staff members who schedule appointments, check-in or check-out patients
 - Staff members who supervise scheduling and front-desk operations
3. Patient Ambassador Certification designed to:
 - Communicate world-class customer service expectations to Physician Services Division management and staff
 - Train management and staff on behavioral competencies necessary to provide the expected level of customer service
 - Implement performance assessment methods that will hold management accountable for staff performance
 - Develop a centralized new hire selection/orientation/training process that will provide departments with a competent service oriented pool of applicants
4. Candidates for the Program
 - Applicants for the program are carefully screened and selected with an emphasis on customer service experience and skills
 - Candidates receive fourteen (14) days of training on customer service and the EPIC system prior to becoming eligible for graduation
 - All candidates individually assessed by the Human Resources and EPIC training staff
 - Beginning October 1, 2004, all scheduling and front desk staff must be hired through the PAC Program

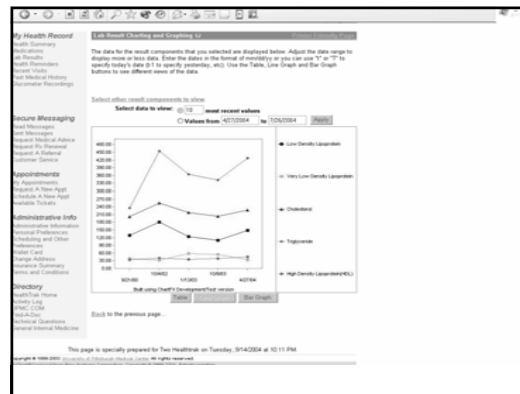
Patient Ambassador Certification (PAC) Program (Con't)

5. Program Core Competencies
 - Utilize approved telephone greeting
 - Maintain eye contact and remain attentive to the patient/family member in person or on the telephone
 - Maintain an appropriate nonverbal message and speak in a welcoming and caring tone
 - Speak about colleagues and services that are available to our patients in a positive manner. Explain to our patients what can be done instead of what cannot be done



Statistics

- >1,299,508 Unique Patient Records Created
- >4,000,000 Unique Patient Identifications Created
- 212,728 Records Pass Through the EMPI on Average Daily
Average >5,000 Active Users Per Month
- > 25% Active Users Are Physicians
- > 2,500,000 Total Logins – 57 Physician Practice Locations Live
- > 500 Active Outpatient Physician Users Per Month
- > 19,080,248 Computerized Provider Order Actions
- > 100,000 Structured Notes Annually



UPMC HealthTrak Pilot Survey Results

- Web-based survey generated 42% response rate
- 76% of respondents Satisfied or Very Satisfied
- 92% of respondents will continue use
- Patient use (self-reported)
 - medication review
 - problem list
 - allergies
 - test results
- Open-ended responses
 - likes: access, ease of use, convenience
 - suggestions for improvement: faster response time to messages, faster access to test results, include more results

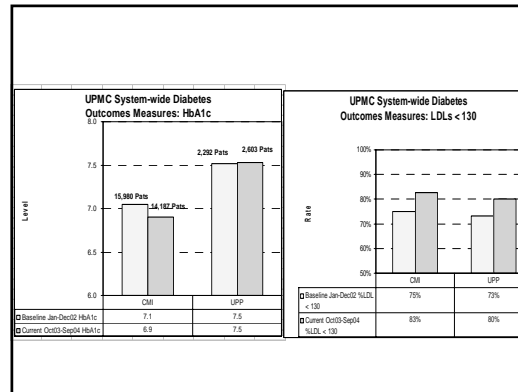
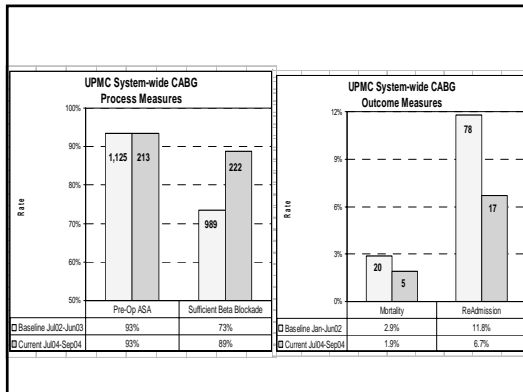
UPMC Quality Outcomes Examples

Bar-code scanning – UPMC Presbyterian

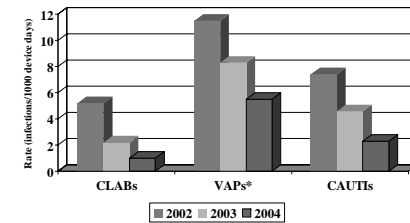
- Analysis of intercepted errors (Andrea Schmid, MSN, RN);
 - January 2005 – 179 warnings for wrong dose, patient, and order discontinued
 - After validation and review, MedPoint™ intercepted 107 administration errors
 - BCMA prevented at least 1 wrong patient error every day
- Reduction in medication administration errors

Systemwide Clinical Quality Initiatives – Heart Failure Fiscal Year 2005 YTD

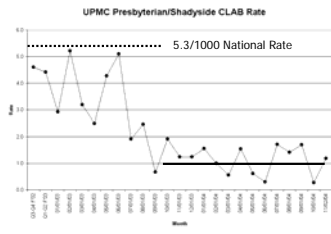
	Baseline FY04	Percent Change from Baseline	FYTD/05 Actual thru 10/31/04	Year-End FY05 Target
Heart Failure				
Outcomes Measures				
Mortality- Atlas Actual	3.8%	-21.1%	3.0%	
Mortality- Atlas Expected	4.1%	-2.4%	4.0%	
Mortality- Atlas A.E. Ratio	0.91	-17.6%	0.75	<=1.0
Re-admission- Atlas Actual	23.4%	-10.7%	20.9%	
Re-admission- Atlas Expected	21.7%	-1.8%	21.3%	
Re-admission-Atlas A.E. Ratio	1.08	-8.3%	0.98	<=1.0
LOS- Atlas Actual	5.55	-0.9%	5.50	
LOS- Atlas Expected	5.65	-1.2%	5.58	
LOS-Atlas A.E. Ratio	0.98	0.0%	0.98	<=1.0
Process Measures				
LVF assess	93%	1.1%	94%	92%
ACE for LVF	74%	1.5%	75%	92%
Discharge instructions	76%	1.1%	77%	92%
Smoking cessation counseling	74%	10.5%	82%	92%



Breakdown of ICU Device Related Infections Types by Years



Central Line Infection Rate



Current = 1.0.
 Attributable mortality 18%
 178 less CL Infections/year
 32 lives saved per year

Ventilator Associated Pneumonia

