

Patient Satisfaction: Improving HCAHPS scores in the Johns Hopkins Hospital Department of Medicine.

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1 Background

Patient satisfaction is an important aspect of patient care and is progressively being utilized as a marker for the quality of unit operations, including nursing care. As health care reform continues, patient satisfaction scores are becoming a point of contingency for reimbursement for services.

Achieving consistent, high satisfaction scores and providing quality nursing care continue to be a challenge at The Johns Hopkins Hospital. In an effort to improve scores, this project was created to analyze HCAHPS data and suggest inexpensive, easy to implement solutions to nurse managers on 8 units in the Department of Medicine.



2 Objectives

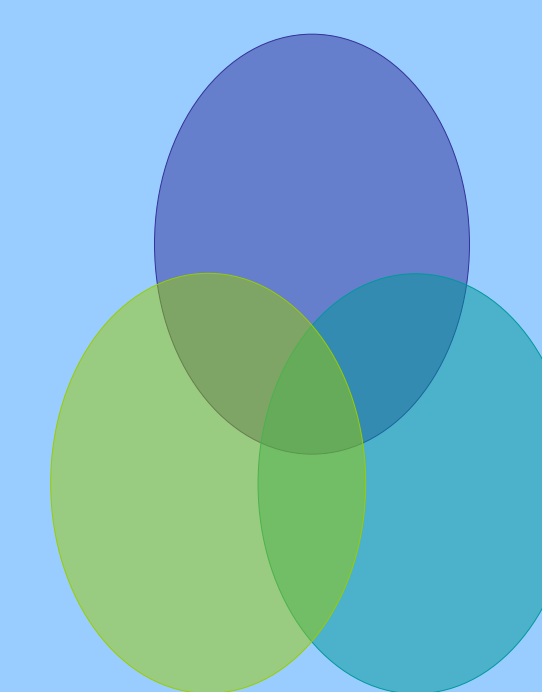
- Identify HCAHPS scores using Press Ganey
- Choose three focus areas: two areas of excellence, one area for improvement
- Choose relevant solutions from Press Ganey Solutions portal
- Meet with nurse managers to discuss unit culture, barriers to patient satisfaction and nursing challenges.
- Present practical and relevant solutions for each unit's three areas of focus



3 Results

The HCAHPS Domain consists of 10 areas rated by patients following discharge:

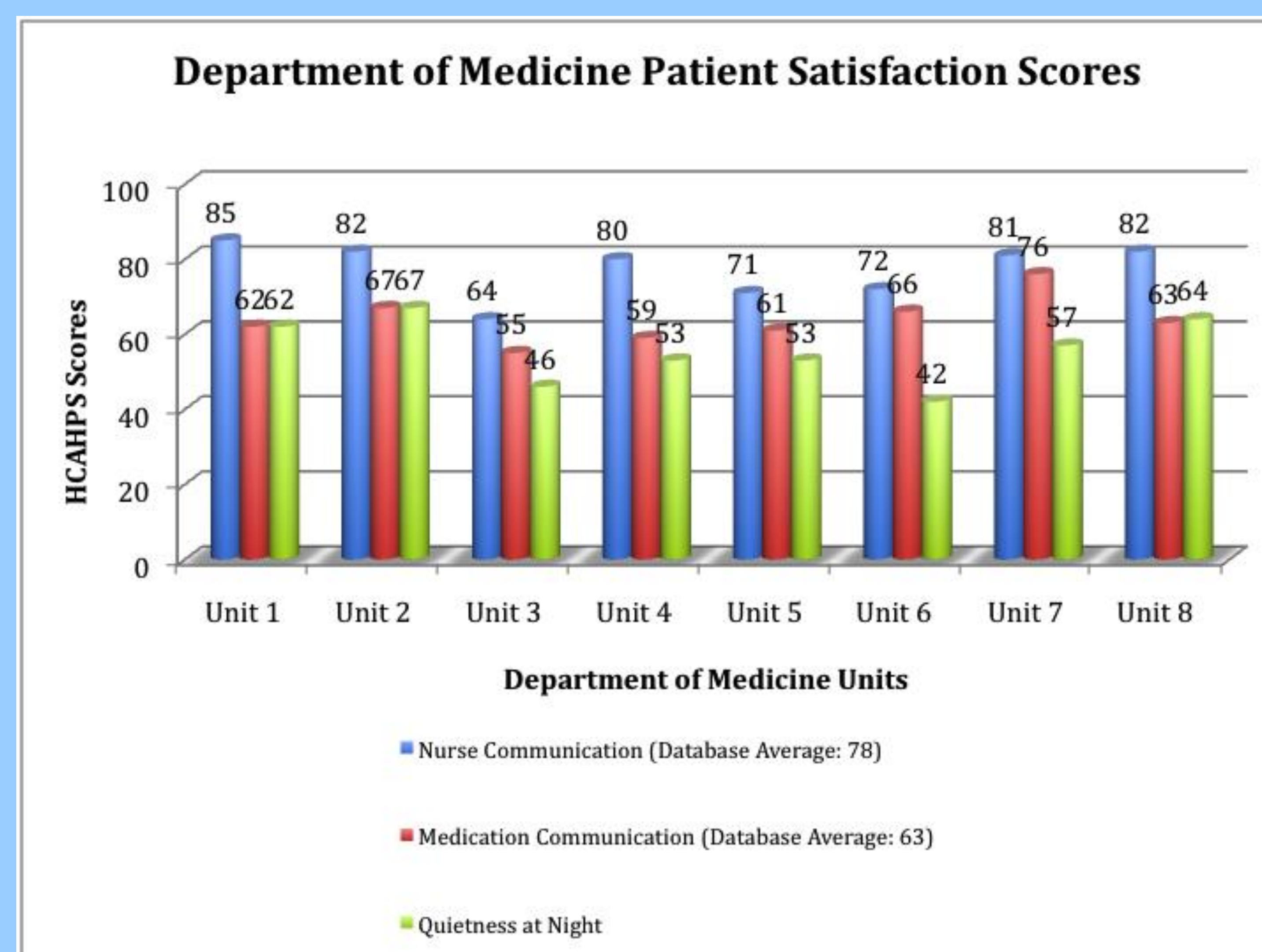
- Nurse Communication
- Doctor Communication
- Staff Responsiveness
- Pain Management
- Medical Communication
- Room Cleanliness
- Quietness at Night
- Discharge Information
- Overall Rating of Hospital
- Likelihood to Recommend



Of these ten areas, Pain Management (1/10), Nurse Communication (7/10), Quietness at Night (3/10), Discharge Information (2/10) and Medication Communication (3/10) were the highest scoring for the units as a collective.

Room Cleanliness (3/10), Staff Responsiveness (4/10) and Quietness at Night (1/10) were common areas for improvement.

In speaking with nurse managers a common concern from those in the original building is that their satisfaction scores are lower due to the quality of the environment, shared patients rooms and compact units. Although there may be some validity to these concerns, there are enough units in the original building who are scoring well in certain areas which indicates that other factors significantly contribute to poor scores.



4 Conclusions

- Regardless of location in the Bloomberg building versus the historic building, units have difficulty keeping patient rooms clean, maintaining a quiet environment and responding quickly to patient concerns.
- Units in both the historic building and new Bloomberg building perform well in nurse communication.
- The majority of Press Ganey solutions are fairly easy to implement, inexpensive if there is a cost associated and many units are using these methods, albeit inconsistently.
- Some units are performing well across the board and currently use these solutions tailored to their unit. This lends support to the effectiveness of implementing these improvement strategies.

5 Suggestions for Improvement

In order to improve scores units will need to:

- Continue implementing solutions and tracking patient satisfaction data to identify effectiveness and a plan of action.
- Mold unit culture to value and invest in patient satisfaction scores.
- Standardize implementation and routinely evaluate process outcomes.

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