TOURANGEAU OUTCOMES RESEARCH

APPLIED HEALTH RESEARCH QUESTIONS (AHRQ)

The Impact of Home Care Nurse Staffing, Work Environment & Collaboration on Patient Outcomes

APPLIED HEALTH RESEARCH QUESTION (AHRQ):

- *What patient reported experience measures (PREMs) exist for home based nursing care?*
- *How are PREMs implemented?*
- *How do PREMs fit with other organizational performance measures?*

Findings:

- ✓ Over the previous decade there has been increased interest in understanding and evaluating the patient experience as an important dimension of quality health care services (Breckenridge et al., 2015).
- ✓ PREMs capture critical information regarding the patient experience and facilitate quality improvement initiatives, monitoring of health care performance, improvement of resource utilization, enhancement of patient safety, and benchmarking of organizational performance (Beattie et al., 2015; Coulter et al., 2009; LaVela & Gallan, 2014; Doyle, Lennox, & Bell, 2013).
- ✓ Patient experience measures are not synonymous with patient satisfaction (Coulter et al., 2009; Jenkinson et al., 2002).
- ✓ PREMs allow health care providers to understand the patient experience, facilitating a consultation process that is mutually beneficial leading to enhanced clinical care and outcomes (Breckenridge et al., 2015).
- ✓ Ensuring that organizations are measuring priority areas most important to patients is essential to developing a successful strategy aimed at improving the patient experience (Coulter et al., 2009).
- ✓ Organizations are encouraged to choose an evaluation method that aligns with the purpose of data collection (e.g. quantitative, qualitative, or mixed methods).
- ✓ Triangulating data (i.e., qualitative and quantitative PREMs data) allows researchers, clinicians and organizations to see if and where findings overlap, thus strengthening knowledge and understanding of the patient experience (LaVela & Gallan, 2014).

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Important Terms and Definitions:

Patient Experience: The sum of all interactions in a patient's health care journey, including concepts that are practically, clinically, and managerially important to measure (e.g. access and waiting times) (Coulter, Fitzpatrick, & Cornwell, 2009; LaVela & Gallan, 2014).

Patient Satisfaction: Broad and often ill-defined, patient satisfaction is a subjective multi-dimensional construct rating the discrepancy between the patient's expectations and their experience of health care (e.g. treatment regimen) (Beattie et al., 2015; Coulter et al., 2009).

Patient Engagement/Activation: "The degree to which patients are motivated and have the relevant knowledge, skills, and confidence to make optimal health care decisions" (Cella et al., 2015, p.12).

What are Patient Reported Experience Measures (PREMs)?

Regardless of the technological and pharmaceutical advances made in the delivery of health care, "the patient's experience of illness and medical care is at the heart of one of the most fundamental purposes of clinical medicine, namely to relieve human suffering" (Jenkinson, Coulter, & Bruster, 2002, p. 353). Over the last decade there has been an increased interest in understanding and evaluating the patient experience as an important dimension of quality health care services (Breckenridge et al., 2015). Internationally, agencies including the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD) have highlighted the importance of obtaining the patient's perspective as an essential component to evaluating health system performance (Coulter & Cleary, 2001).

PREMs capture critical information regarding the patient experience and facilitate quality improvement initiatives aimed at improving clinical effectiveness and patient outcomes. In addition, use of PREMs supports the management and monitoring of health care system performance, improves utilization of resources, enhances patient safety, and aids in benchmarking organizational performance (Beattie et al., 2015; Coulter et al., 2009; LaVela & Gallan, 2014; Doyle, Lennox, & Bell, 2013). However, the majority of existing literature focuses on evaluation of the patient experience in relation to inpatient hospital care (Coulter et al., 2009). Areas of the patient experience examined in existing research include, but are not limited to:

- Choice of provider
- Access and wait times
- Staff knowledge and experience

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- Coordination and integration
- Confidence and trust in health professionals
- Information, communication and education
- Pain relief
- Privacy when being treated or examined
- Involvement in treatment decisions
- Medication information
- Availability of staff
- Hygiene, cleanliness and hand-washing
- Food and the physical environment
- Access to records and medical communication
- Being treated with dignity and respect
- Compassion, empathy and responsiveness to needs, values and expressed preferences

Patient Satisfaction and Patient Experience: "What Happened" versus "How Satisfied Were You"

Evaluation of the patient experience should not be confused with patient satisfaction. Patient satisfaction measures have existed for many years; however, the value of these measures has been questioned (Coulter et al., 2009). Satisfaction surveys have been criticized as being short-sighted (LaVela & Gallan, 2014) and as having a tendency to elicit vey positive ratings due to gratitude bias and other factors (Beattie et al., 2015; Garratt et al., 2005; Jenkinson et al., 2002). They have been identified as being misleading as patients are unable to comment on the actual details of their care, resulting in a lack of sensitivity and ceiling effects (Coulter et al., 2009; Jenkinson et al., 2002). For example, knowing that 35% of patients rated their care as "fair" does not provide clinicians or management a clear picture of areas in need of improvement. In contrast, PREMs are regarded as "more specific, actionable, understandable, and objective than general ratings alone" (Cella et al., 2015, p.13). PREMs elicit data that is factual, thus easing interpretability and providing structure to develop quality improvement initiatives (Coulter & Cleary, 2001).

Irrespective of the approach, measurement tool, modality or practice setting, patients and clinicians are encouraged to engage in informed decision making in order to enhance the provision, accessibility, and quality of health care services. The more care providers learn about patient experiences, the better able they are to engage in a consultation process that is mutually beneficial leading to enhanced clinical care and outcomes (Figure 1) (Breckenridge et al., 2015).

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PREMs Implementation: Canada and Abroad

The use of PREMs in mandated in a number of European countries. For example, in England, the National Health Service (NHS) is required to survey their patients annually (Jenkinson et al., 2002). While in Norway, the Patient Experience Questionnaire (PEQ) has been shown to be both a valid and reliable tool to evaluate patients' experiences (Danielsen et al., 2007). In Canada, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) project is an initiative aimed at supporting and promoting the assessment of patients' experiences with health care services (Cella et al., 2015). In addition, the Canadian Institute for Health Information (CIHI) has become the leading agency developing standardized measurement tools such as the Canadian Patient Experience Survey – Inpatient Care (CPES-IC) to evaluate the patient experience following hospital discharge (CIHI, 2015).

What PREMs Exist for Home-Based Nursing Care and how are they Implemented?

<u>PREMs Selection: A Starting Point</u>

Patient experiences are measured for a variety of reasons including a) describing health care from the patient's perspective, b) measuring processes of care, and c) evaluating care outcomes (Pettersen et al., 2004). LaVela and Gallan (2014) suggest that a starting point for measuring patients' experience would include developing a:

A) Standardized definition of patient experience
B) Set of standards (established)
C) Set of measurable indicators (e.g. wait times)
D) Boundaries for what patient experience is not

After this has been accomplished, identifying the method to measure patient experience can be undertaken (e.g. quantitative, qualitative, or mixed methods). In order to select the best approach, organizations are encouraged to choose a method that aligns with the purpose/issue of data collection (Coulter et al., 2009). Coulter et al. (2009) suggest answering some of the following questions prior to selecting an approach:

A) What is the specific purpose of measurement?
B) Do you want to generate quick results and benchmark against comparators?
C) Which is more important, breadth or depth?
D) What is the budget allocated for this work?
E) What do you intend to do with the results?
F) *What standards/indicators have been agreed upon for achieving high quality patient care? What topics/clinical areas are prioritized for measurement?
G) How will participants (e.g. patients) be identified and recruited?

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*Ensuring that organizations are measuring priorities that are most important to patients is essential to developing a successful strategy to improving the patient experience (Coulter et al., 2009).

Quantitative Methods

The most common form of patient experience measurement is structured questionnaires (Coulter et al., 2009; LaVela & Gallan, 2014). This method of data collection produces numerical data that can be statistically analyzed to produce trends, patterns, and/or associations (LaVela & Gallan, 2014). Health care provider organizations are encouraged to collect Patient Reported Outcome Measures (PROMs) alongside PREMs in order to understand the bigger picture of patient perceptions and other factors that may influence the experience (LaVela & Gallan, 2014). For more information about PROMs please refer to Tourangeau et al., (2016) available at http://tourangeauresearch.com/wp-content/uploads/Tourangeau-Research-AHRQ-PROMs.pdf

To date, there is a paucity of quantitative PREMs that exist exclusively for the home-care context, however more generalized PREMs may be adaptable. For example, the Intermediate Care Home-Based PREM (IC-PREM) was adapted from the Picker Adult Inpatient Survey by researchers in the United Kingdom. The 15-question IC home-based PREM was developed and determined to be relevant for use in home-care settings (Teale & Young, 2015). The survey is available here: http://ageing.oxfordjournals.org/content/44/4/667/suppl/DC1. Home care service managers distributed 250 questionnaires in prepaid envelopes to users at time of discharge from home care service. Unfortunately, the results of the study were limited by missing data and a low response rate of 13% (Teale & Young, 2015). However, the following dimensions of the patient experience were determined to be important in the home-based care environment:

- ✓ Staff have sufficient information
- ✓ Aware of goals
- ✓ Involvement in goal setting
- ✓ Aware of how to contact staff
- ✓ Questions answered
- ✓ Confidence in staff
- ✓ Involved in decision to discharge
- ✓ Given enough notice about discharge
- ✓ Information provided for family
- ✓ Requirement for additional equipment discussed
- ✓ Discussion regarding further services after discharge
- ✓ Treated with dignity

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Similarly, in the United States (US) the Consumer Assessment of Health Care Providers and Systems (CAHPS) has been adapted for many patient domains including home health (Beattie et al., 2015; LaVela & Gallan, 2014). The Home Health Consumer Assessment of Health Care Providers and Systems (HHCAHPS) is a 34-question survey available in five languages that can be administered by mail, telephone interview or proxy telephone interview. The full-survey is available here: https://homehealthcahps.org/SurveyandProtocols/SurveyMaterials.aspx - catid2

A final PREM that has the potential for adaptation to home care is the Patient Experience Questionnaire (PEQ), a hospital inpatient survey developed in Norway that has demonstrated good reliability and validity in recent studies (Pettersen et al., 2004). This 35-question survey covers 10-dimensions including nursing services, doctor services, hospital and equipment, organization, contact with next of kin, information on future complaints, general satisfaction, communication, information on medication, and information on examinations (Beattie et al., 2015).

Qualitative Methods

Qualitative approaches allow evaluators to engage in methods that move beyond structured questionnaires towards open-ended questions that allow patients to detail their experiences in their own words (LaVela & Gallan, 2014). Techniques include in-depth face to face interviews, focus groups, comment cards, patient diaries, mystery shopping and observation, and customer journey mapping (Coulter et al., 2009). Additionally, a technique known as photovoice can be used. To employ photovoice methods patients are provided with a camera and invited to take photos to visually interpret a particular experience (LaVela & Gallan, 2014). This experience is guided by questions and prompts. Once photos are taken in-depth interviews are carried out to further understand the meaning of the photographs (LaVela & Gallan, 2014). According to LaVela and Gallan (2014), qualitative approaches often result in rich in-depth data, encourage a sense of partnership between patients and evaluators, and provide patients with a valuable voice to help improve the patient experience.

Mixed-Methods

Several researchers suggest combining methods to triangulate data to gain a broader perspective of the patient's experience (LaVela & Gallan, 2014). Triangulating data allows researchers, clinicians and organizations to see if and where findings overlap, thus strengthening our knowledge and understanding patient experiences (LaVela & Gallan, 2014).

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Utilization of PREMs Data

Despite considerable experience in gathering patient feedback, there is a dearth of evidence in the literature to suggest how best to utilize the data to stimulate quality improvement initiatives and well-documented interventions for improving care quality (Coulter et al., 2009; Haugum et al., 2014). “Ideally what is needed is a coordinated strategy for improving patients’ experience, with regular monitoring, clear reporting arrangements at all levels of the organization, and an action planning process that closes the loop by reporting back up the line on changes and improvements” (Coulter et al., 2009, p. 5). A common approach is to implement initiatives related dimensions of the patient experience with the poorest scores (Haugum et al., 2014).

In addition to using PREMs data to evaluate quality of health care from the presepective of the patient, PREMs data can be used by clinicians as a means of incorporating information about the patients experience into shared clinical decision-making (Breckenridge et al., 2015).

How do PREMs Fit with other Organizational Performance Measures?

Similar to Patient Reported Outcome Measures, PREMs expand the criteria for how organizations evaluate care by including evaluation of the health care experience from the patient’s perspectives. PREMs capture the processes of health care from the patient’s point of view and can be used in conjunction with other performance measures to monitor the quality of service delivery (CIHI, 2014). Specifically, PREMs can support accurate interpretation of patient satisfaction data, as PREMs have the potential to highlight specific areas for improvement. Use of PREMs in addition to patient satisfaction surveys can help organizations to target quality improvement interventions towards care processes (e.g., communication, wait-times, etc.) in greatest need of improvement.

Conclusion

Patient reported experience measures (PREMs) are becoming an essential component of health care system performance evaluation. Experience measures reveal critical information needed to engage in quality improvement initiatives aimed at improving clinical outcomes, enhancing patient safety, and benchmarking organizational performance (Beattie et al., 2015; Coulter et al., 2009; LaVela & Gallan, 2014; Doyle, Lennox, & Bell, 2013). To proceed with implementing PREMs, evaluators are encouraged to engage in sequential phases that ensure the chosen methodology aligns with the purpose of data collection. LaVela and Gallan (2014) recommend triangulating data, which allows researchers and organizations to see areas most in need of improvement from the patients’ point of view.

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Appendix A

Search Strategy

To identify relevant literature pertaining to the research question, CINAHL and MEDLINE databases were utilized. Search terms included *patient reported experience measures,* OR *patient reported experience,* OR *patient experiences* AND *metrics,* OR *evaluation,* OR *measurement,* OR *instruments*. The search was limited to English language and articles published from 2000 onwards. Articles were included if; a) health care outcomes was examined in relation to PREMs utilization, b) they examined PREMs utilization, implementation or evaluation, c) reflected the needs of home care organizations and/or population. Titles were reviewed according to relevancy and excluded based on the criteria listed above. Subsequent grey literature was searched including the Canadian Institute for Health Information (CIHI) and the King's Fund. Reference lists of the selected articles were hand-searched and included for full review. A total of 14 articles were synthesized for this report.

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