## Improving the Hospital Patient Experience

The following summaries of recent peer-reviewed articles describe the benefits of improving the patient experience and reducing suffering in hospital settings. Citations are linked to articles when available.

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| Stein, S. M., Day, M., Karia, R., Hutzler, L., & Bosco, J. A., III (in press). | To study the correlation between patient perceptions of care measured by HCAHPS and accepted quality of care indicators. | - Patient experience is correlated with the quality of care provided.  
- There is an inverse relationship between patient experience and complication rates. This negative correlation suggests that reducing complications can lead to better hospital experiences.  
- Optimizing quality of care while measuring patients’ experience is an essential component of increasing health care value. |
| Tsai, T. C., Orav, E. J., & Jha, A. K. (2015). | To examine if hospitals with high patient satisfaction have lower levels of performance on accepted measures of the quality and efficiency of surgical care. | - Hospitals with high patient satisfaction provide more efficient care and are associated with higher surgical quality.  
- Hospitals with high patient satisfaction have shorter lengths of stay, higher surgical process quality, lower surgical readmission rates, and lower surgical mortality rates.  
- There need not be a trade-off between good quality of care for surgical patients and ensuring a positive patient experience. |
- Patient experience measures based on rigorously developed and implemented patient surveys can:  
  - Overcome concerns regarding the relevance, fairness, and unintended consequences of surveys  
  - Facilitate providers’ efforts to improve patients’ experiences of care  
  - Complement other quality measures designed to inform patients’ decisions |
| Anhang Price, R., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., ... Cleary, P. D. (2014). | To review the literature on the association between patient experiences and other measures of health care quality. | - Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization.  
- Patient experience surveys directly evaluate the degree to which care is patient-centered, and thus capture an intrinsically important dimension of quality.  
- Patient experience measures are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs. |
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- Patient perspectives of care do not correlate with the incidence of morbidity and mortality after major surgery.  
- HCAHPS scores typically are reported at the institutional level whereas complications and death rates are limited to patients undergoing major surgery. The lack of relationship also may reflect different dimensions of care, with morbidity and mortality measuring traditional dimensions of safety and HCAHPS capturing patient-centeredness, timeliness, and efficiency. |
| Banki, F., Ochoa, K., Carrillo, M. E., Leake, S. S., Estrera, A. L., Khalil, K., & Safi, H. J. (2013). *A surgical team with focus on staff education in a community hospital improves outcomes, costs and patient satisfaction*. American Journal of Surgery, 206(6), 1007-1014. | To assess improvements in outcomes, costs, and patient satisfaction after assembling a surgical team focused on staff education. | - There were significant reductions in operating time, length of stay, operating-room-related costs, and hospital-room-related costs after the team was assembled.  
- Survey results showed significant improvements in patient experiences with communication with nurses, communication about medications, pain management, discharge instructions, and overall rating.  
- Surgeon-patient interactions are only part of a patient’s overall experience during hospitalization. Assembling a surgical team with a focus on staff education has a significant impact on outcomes, costs, and patient satisfaction. |
| Cosgrove, D. M., Fisher, M., Gabow, P., Gottlieb, G., Halvorson, G. C., James, B. C., ... Toussaint, J. S. (2013). *Ten strategies to lower costs, improve quality, and engage patients: The view from leading health system CEOs*. Health Affairs, 32(2), 321-327. | To review key strategies for reducing costs and waste while improving outcomes. | - Patient-centeredness—the idea that care should be designed around patients’ needs, preferences, circumstances, and well-being—is a central tenet of health care delivery.  
- Patient-centered care is quickly becoming a business imperative, with payments tied to performance on measures of patient satisfaction and engagement.  
- Patient-centered communication is associated with faster recovery, improved clinical outcomes, a better care experience, and fewer diagnostic tests and referrals. |
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- Clinicians should resist sidelining patient experience as too subjective, divorced from the “real” clinical work of measuring safety and effectiveness. |
- Studies show that patient-experience measures and the volume of services ordered are not correlated. In fact, increased patient engagement leads to lower resource use and greater patient satisfaction.  
- The debate should center not on whether patients can provide meaningful quality measures but on how to improve patient experiences. |
- Providing patient-centered care does not require longer consultation or appointment times, but requires a qualitatively different interaction.  
- The delivery of relatively minimal interventions can increase appropriate service use and minimize costly overuse of treatments. |
| National Quality Forum. (2013). *Patient reported outcomes (PROs) in performance measurement.* Washington, D.C.: Author.                              | To facilitate the groundwork for developing, testing, endorsing, and implementing patient-reported outcome performance measures.                                                            | - Experience with care is considered one type of patient-reported outcome.  
- A patient’s experience of care is his or her report of the quality of care received and should be treated equally to other health outcome performance measures.  
- Measuring health outcomes to identify variability in performance is a key driver to identifying strategies for improvement. |
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| Saman, D. M., Kavanagh, K. T., Johnson, B., & Lutfiyya, M. N. (2013). | To determine whether patient experiences are associated with increased risk for central line-associated bloodstream infections (CLABSIs) in intensive care units (ICUs). | ▪ Inpatients' hospital experiences are associated with an increased risk of ICU-reported CLABSIs.  
▪ Hospitals with lower staff responsiveness are particularly at risk for CLABSIs.  
▪ Patient surveys may be a useful surrogate for predicting the incidence of hospital acquired conditions, including CLABSIs.  
▪ Hospital leaders should regard poor patient survey scores as a possible symptom of safety problems at multiple levels in their delivery system and not just focus on improving isolated metrics. |
| Wolosin, R., Ayala, L., & Fulton, B. R. (2012). | To investigate how the patient experience predicts HCAHPS global rating scores. | ▪ Each one-point increase in the nursing domain score increased the odds of achieving an HCAHPS top-box score by 4.9%.  
▪ Hospital administrators wishing to maximize Medicare reimbursement will realize the greatest impact by improving patient satisfaction with nursing care. |
| Boulding, W., Glickman, S. W., Manary, M. P., Schulman, K. A., & Staelin, R. (2011). | To determine whether hospitals where patients report higher overall satisfaction are more likely to have lower 30-day readmission rates after adjusting for hospital clinical performance. | ▪ Although the key drivers of hospital readmission are complex, patients’ perspectives of inpatient care and discharge planning provide valuable insights into hospital performance with respect to quality.  
▪ High patient satisfaction with inpatient care and discharge planning are associated with lower 30-day risk-standardized hospital readmission rates after adjusting for clinical quality.  
▪ Measuring the patient experience plays a vital role in the evaluation and management of hospital performance. |
▪ Patient satisfaction has business implications for health care providers and may be useful as a management tool for private and public purchasers. |
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| Glickman, S. W., Boulding, W., Manary, M., Staelin, R., Roe, M. T., Wolosin, R. J., ... Schulman, K. A. (2010). Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. *Circulation: Cardiovascular Quality and Outcomes*, 3(2), 188-195. | To determine whether patient satisfaction is associated with adherence to practice guidelines and outcomes for acute myocardial infarction and to identify the key drivers of patient satisfaction. | - Higher patient satisfaction is associated with lower inpatient mortality rates for acute myocardial infarction, even after controlling for hospital adherence to evidence-based practice guidelines, suggesting that patients are good discriminators of the type of care they receive.  
- Patients can differentiate between the technical (e.g., quality of nurses and physicians) and non-technical aspects (e.g., room decor, quality of food) of medical care.  
- Patients’ satisfaction with their care provides valuable incremental information on the quality of acute myocardial infarction care beyond clinical performance measures. |
- Better patient experiences are associated with lower decubitus ulcer rates and other complications, including hospital acquired infections. |
- As patients’ minimum response drops by one category (e.g., from "very good" to "good," from "good" to "fair"), the risk of implication increases by 21.7%.  
- Survey measures provide a useful metric for identifying and prioritizing malpractice risks. However, hospitals need to exceed minimum HCAHPS samples sizes to provide an adequate number of surveys per physician for sufficient feedback. |
- There is a 19% higher risk of non-adherence among patients whose physician communicates poorly than among patients whose physician communicates well.  
- Training physicians in communication skills results in substantial and significant improvements in patient adherence. |
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▪ Reduced employee turnover  
▪ Enhanced reputation in the community  
▪ Increased patient loyalty  
▪ Reduced malpractice claims  
▪ Greater efficiency |
▪ Patients who received care in hospitals with a high ratio of nurses to patient-days reported better experiences than those who received care in hospitals with a lower ratio.  
▪ Care was consistently better in the hospitals that received high ratings across all conditions independently of other covariates measured. There is no need for tradeoffs between these two areas of performance. |

For additional references, please see the [AHA Patient-Centeredness Bibliography](#).