

# Census Based Surveying for Today's Consumer-Driven Industry

Capturing the voice of every patient across the continuum of care provides a competitive advantage in an evolving marketplace.

## Summary

The transformation of the U.S. health care industry into a consumer-centric, value-driven marketplace is challenging hospitals and health care leaders to more swiftly identify and deliver new initiatives that will improve the safety, quality and experience of care being delivered across the continuum of care. Rising to this challenge requires the collection, analysis and transparent reporting of scientifically valid data that accurately reflect all aspects of the patient experience in various care settings (outpatient, inpatient, post-acute, etc.)

As the industry continues to shift from the traditional acute and episodic care model to health management and population-based care, rigorous data collection across ambulatory, inpatient hospital and post-acute settings (including skilled nursing facilities, inpatient rehabilitation facilities, long-term care hospitals, and hospice and in-home care) is a high-priority action item.

Census Based Surveying (CBS) integrates electronic data collection with traditional mail- or phone-based methods to capture the voice of every patient across settings. Through this approach, health care organizations are able to rapidly collect a significantly larger volume of data, resulting in:

- More detailed, and therefore more targeted, insights.
- Reliable sample sizes to achieve greater organizational alignment and accountability.
- Scientifically rigorous data to support internal and external transparency of outcomes.
- Accelerated performance-improvement cycles.

Together, these capabilities allow organizations to take actions that can increase their market share, enhance their ability to meet their patients' needs and reduce suffering, and make true care transformation possible.

## Fueling the Improvement Engine

Consumerism driven by greater patient accountability and increased financial responsibility is transforming today's health care landscape into a highly competitive environment. With the availability of a growing number of online resources to evaluate and choose health care providers, patients are becoming more discerning consumers who expect ready access to information that will help them choose the best provider for their unique needs and preferences. Patient loyalty must be earned and nurtured by consistently demonstrating optimal performance across safety, quality and experience outcomes.

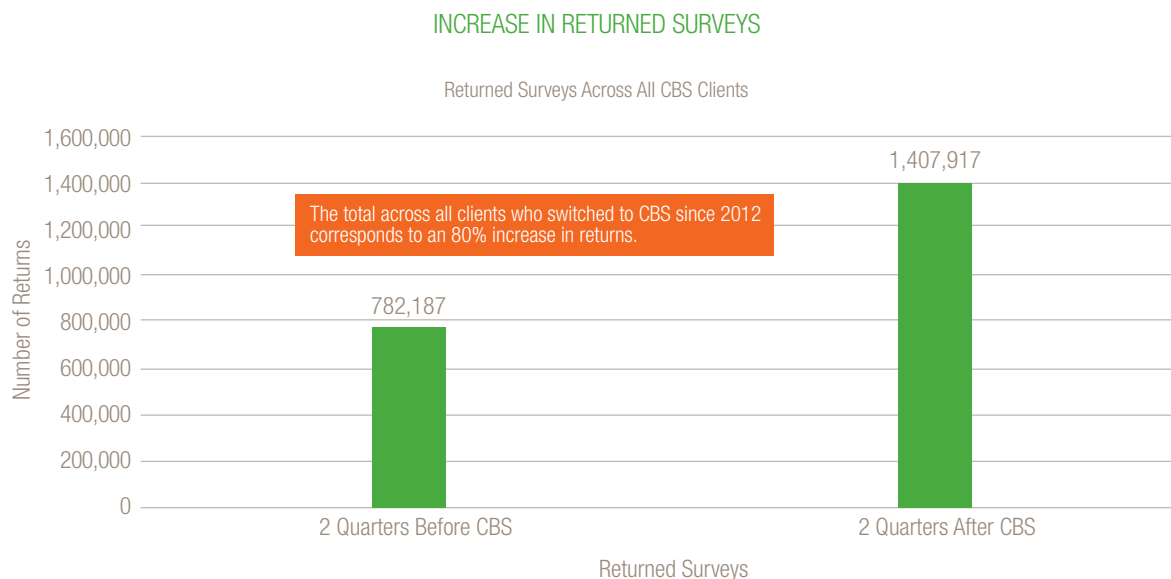
In order to retain existing patients and attract new ones, health care providers are seeking innovative ways to better understand and meet the needs of today's consumer while also fulfilling the cost and quality demands of an evolving industry. To be successful, organizations must be prepared to compete on experiences and outcomes that matter to patients. This requires continuously evaluating both the quality of care they provide and patients' perceptions of that care.

The introduction of Census Based Surveying in 2012 has significantly expanded data collection to identify targeted improvement opportunities, foster physician alignment, shorten the improvement cycle and deliver relevant, statistically valid performance information directly to consumers.

Since its introduction, Census Based Surveying has delivered on the promise of generating significantly more robust datasets, with most adopters more than doubling their sample sizes on average and some reporting sample sizes up to six times larger than those they had been collecting prior to implementation.

In the medical practice space, an analysis of the total number of returned surveys per client and across all Census Based Surveying adopters who had at least six months of data before and after the transition to this multi-mode approach showed an 80% increase in returns from the two performance quarters prior to implementation to the two quarters after implementation (Figure 1).

**Figure 1**



Based on 222 MD clients in the All PG Database who began using e-survey between 1/1/2012 and 12/31/2014 and have at least 6 months of data before and after the switch to CBS

## ■ TRANSFORMING PHYSICIAN ATTITUDES AT BAYLOR

“One of the best decisions we made was turning on the eSurvey tool,” Karla Heath, executive director of clinical operations at Texas-based Baylor College of Medicine, said of the organization’s implementation of Census Based Surveying in 2014.

To optimize the return on investment, Baylor established best practices for collecting email information, educating patients about the survey, communicating survey results to staff and drilling down deeply into the results to identify issues and develop action plans to address them.

For example, managers remind registration and call-center staff that obtaining and validating email addresses is as important as acquiring accurate phone numbers and home addresses, Heath explained. At the end of every visit, the physician assistant or nurse asks patients if there is anything that might have improved their experience and advises them that they may receive an email survey in which they can evaluate their visit. The staff emphasize that the doctor reads each survey and values patients’ comments.

Physicians receive their results and comments every month, and staff meet with physician groups on a monthly basis to discuss feedback. During these meetings, patient comments—both positive and negative—are read aloud without identifying the physician to whom the feedback is addressed, prompting discussions about issues that need to be addressed and reminding physicians that patients will rate them on every encounter.

The use of electronic surveys spawned “an enormous culture change,” said Heath. “Physicians are now inviting me to come talk to them, even shadow them to see how they can improve.” With the patient’s permission, she observes the visit and writes a report on what went well and what didn’t to share with the physician.

To date, these practices have yielded impressive results:

- The average number of returned surveys has grown from 1,000 to 6,000 per quarter.
- The organization has seen its highest overall mean survey scores since 2011.
- Significant improvements in patients’ overall experiences of care have been observed across the system.

“Additionally,” said Heath, “we have physician buy-in and we’re seeing improvement because of that buy-in.”

Among medical practices with a sufficient percentage of patient email addresses<sup>1</sup>, implementation of Census Based Surveying resulted in, on average, a 109% increase in sample size and a 370% increase in the number of providers with at least 100 returned surveys annually

This significant increase in feedback over a shorter period of time than could be achieved with only phone- or mail-based methods means that larger volumes of information are available faster, allowing the voice of every patient to be heard more quickly and improvement efforts to be more timely. Additional benefits of the higher, quicker yield include:

- More immediate follow up post-visit or post-discharge. Patients who receive a survey via email within 48 hours of their visit are more likely to recall more details of their experience.
- Increased physician buy-in. Doctors are trained to make medical decisions based on large studies with high statistical power. Resistance to accepting survey data from smaller samples has been especially strong among providers with a large number of patients but data from relatively few survey responses. When they have robust data they can trust, physicians’ time can be spent on improvement activities rather than on challenging the data.

<sup>1</sup> Clients with valid emails for 50% or more of their patients.

- Shorter improvement cycles. With greater volumes of data received faster, the information needed to understand a situation is available sooner and the ability to react to fresher, more relevant data is enabled. Organizations can begin targeted improvement programs earlier and assess the impact of these efforts in a shorter timeframe as well.

The increased sample size also offers important qualitative advantages. In particular, the availability of more survey responses enables deeper drill-down and segmentation, allowing organizations to look more specifically at service lines and unit-level results.

For example, a “poor” rating on the survey item, “concern the care provider showed to your questions or worries” within the radiology department might be tracked to overscheduling in the mammography area, where ultrasound technicians might be more concerned with getting a clear breast image as quickly as possible than with alleviating the patient’s anxiety or discomfort during the procedure. The ability to achieve this kind of detail at the sub-group level is a function of a robust dataset that maintains statistical significance even at the drill-down level. It also contributes to a more efficient improvement cycle. In this example, pinpointing the mammography process as the source of lower ratings precludes the need to re-evaluate processes in the entire radiology department and allows improvement measures to be targeted to the area in need. Improvement strategies might include educating technicians to be sensitive to patients’ fears and concerns and adding hours to the service to increase the time allotted for each appointment.

The insight gained through looking deeper into the data is further enhanced by more voluminous patient comments, which can help pinpoint concerns that might otherwise not be obvious. For instance, after Baylor College of Medicine in Texas implemented Census Based Surveying, the health system changed its plans to replace aging television monitors in waiting rooms. Reviewing the large number of patient comments revealed that room temperature—not the televisions or other amenities—was the source of the low ratings, which staff addressed by adjusting the thermostat and, in some cases, offering patients blankets.

The ability to align ratings and comments in this way also helps organizations accurately identify performance gaps and opportunities for improvement across service lines by understanding situations in which patients’ perceptions of their experiences with one provider or one service line are influenced by their experiences elsewhere in the system. For example, a patient required to wait an hour to have blood drawn at an outpatient lab might downgrade what otherwise would be a positive rating of his or her physician. Similarly, patients’ experiences of care in the emergency department can negatively influence how they rate their subsequent inpatient experiences<sup>2</sup>. Identifying these connections allows an organization to focus on solving the right problem.

### The Improvement Fast Track

An organization can gain a competitive advantage by reducing the time it takes to identify areas in need of improvement and developing, implementing, and evaluating strategies to address them. New analyses confirm that Census Based Surveying facilitates this type of rapid-cycle improvement by substantially increasing the improvement trajectory.

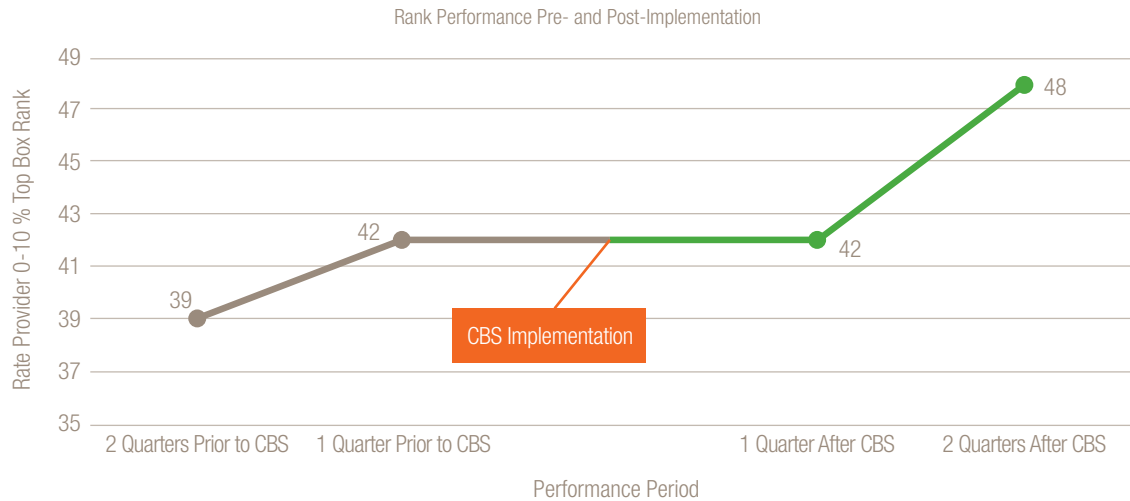
An analysis of the mean percentile rank of clients achieving a top box score for the Provider Rating survey item in the All Press Ganey Clinician and Group CAHPS database<sup>3</sup>, shows a significant increase from a rank of 39 pre-implementation to a rank of 48 post-implementation (Figure 2). The corresponding mean percentage of top box scores for this item increased from 83.4% to 84.1% (Figure 3).

<sup>2</sup> “Increasing Value in the Emergency Department: Using Data to Drive Improvement.” Page 12. Press Ganey Associates. 2015

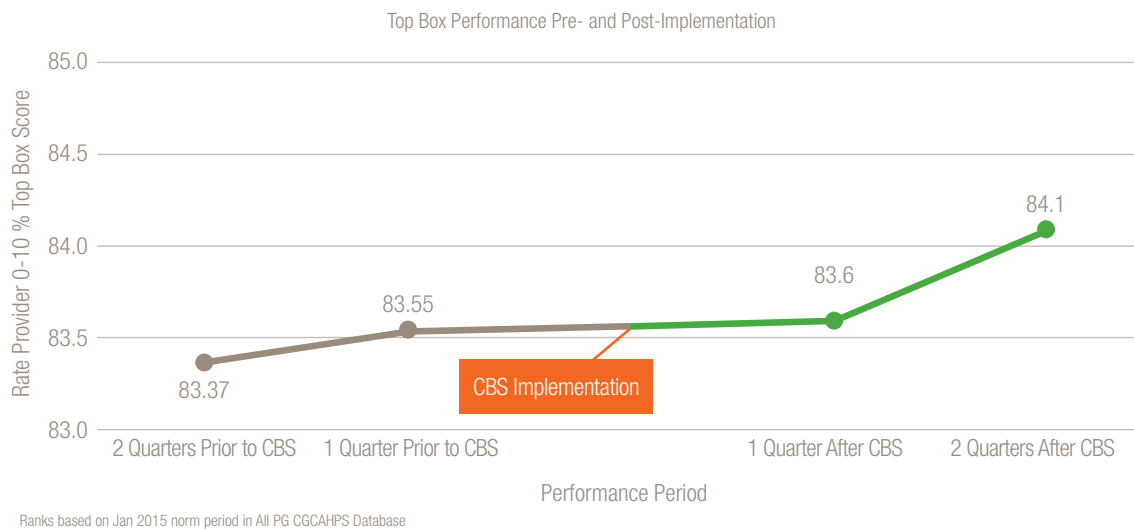
<sup>3</sup> Data from on the January 2015 norm period.

**Figure 2**

## CENSUS BASED SURVEYING IS ACCELERATING IMPROVEMENT IN PERCENTILE RANK

**Figure 3**

## CENSUS BASED SURVEYING IS ACCELERATING IMPROVEMENT IN TOP BOX SCORE



The ability to accelerate improvement efforts makes Census Based Surveying a powerful tool that ensures organizations across the continuum are able to achieve measurable and meaningful results as quickly as possible. Doing so requires drilling deep into the amassed data to pinpoint the greatest opportunities for improvement and acting on that information. It also requires provider engagement, accountability and a culture that supports open and honest communication about performance and improvement goals. This environment can best be achieved through a transparency solution driven by scientifically robust data capture and reporting.

## ■ PIEDMONT HEALTHCARE: TAKING PERFORMANCE TO THE NEXT LEVEL

For Atlanta-based Piedmont Healthcare, the implementation of Census Based Surveying played a pivotal role in the system's ability to rebound from a significant drop in patient experience scores—from the 93rd to the 78th percentile—that was observed during the transition to a new electronic medical system.

Planning for Census Based Surveying began six months prior to its 2013 launch, during which time each practice manager held training for physicians and front desk staff about the importance of obtaining accurate email addresses and identifying invalid email addresses in order to optimally benefit from the enhanced survey collection capability.

The effort also prompted a notable culture change, from one built around the one coach/one owner improvement paradigm to a culture in which everyone owns the data and improvement, and holds each other accountable for consistent behaviors toward every patient, every time, according to Mary Hinely, director of patient experience, Piedmont Physicians.

The planning and preparation paid off, with overall survey responses increasing from 16,624 in FY2011 to 60,833 in FY2013 at Piedmont Medical Care Corporation and Piedmont Heart Institute. By the end of 2015, the number approached 90,000.

The significant increase in survey responses helped drive targeted improvements, Hinely explained. For example, deeper insights based on patient feedback data identified opportunities to expand access, including the addition of early morning, evening and Saturday hours, and additional data segmentation by age identified needs such as offering free Wi-Fi and using the patient portal more as a touch point.

"What I found most surprising was the large number of returns month after month," Hinely said. "By capturing thousands more patient voices, we gained insights that prompted changes in regard to access and a shift toward being truly patient-centric, demonstrated in a continued increase in performance results."

## Driving Transparency

The industry shift from a volume- to a value-based model of care delivery as well as the emergence of consumerism in health care requires an unwavering commitment to internal and external transparency.

The speed and sophistication with which organizations are able to get meaningful, actionable data into the hands of care providers and consumers will influence their competitive position.

Internally reporting statistically valid patient experience results at the organizational, unit and provider level promotes accountability, and builds alignment and engagement among internal stakeholders.

And, as noted, the significant increase in data delivered through Census Based Surveying eliminates the "sample size" debate and focuses the conversation with physicians on improvement efforts.

Being able to get robust performance information to physicians consistently helps them understand and feel better about the changes in the organization. It also taps into their desire to provide optimal care to their patients. As long as they trust the data, physicians will want to get better and they'll collaborate on improvement goals and strategies.

Further, publicly reporting patient experience data and unedited comments via hospital and health systems' own websites allows organizations to take ownership of the conversation. It reduces the likelihood that patients will make care choices based on information from third-party consumer rating sites that may be derived from too small sample sizes or reviews from people who are not actual patients, and it drives performance improvement.

The key to keeping the transparency engine running smoothly is ensuring a continuous stream of timely, relevant and robust content.

## ■ GIVING EVERY PATIENT A VOICE AT NEMOURS

Delaware-based Nemours Children's Health System uses Census Based Surveying across the continuum of care. "Our policy is to give every patient a voice, so we went to email to do that," according to James Burrows, director of service excellence. "We can get a pretty good idea of what's going on in a few days."

Nemours' best practices include using email addresses for a variety of patient communications. The organization achieves a 60-70% email collection rate by making it a performance incentive for all administrative staff who engage with patients. They are instructed to ask for email addresses at registration or when scheduling appointments to ensure they are correct.

Most service lines use Census Based Surveying data to identify issues on a monthly basis, but some evaluate it from week to week, Burrows said, noting that data for outpatient ancillary services such as radiology are further broken down within the service. For example, within radiology, results are broken down to modalities within radiology, such as CT or MRI, and even to the procedure-room level.

Nemours also looks at the demographics—gender, ethnicity and language—of people returning surveys. "This level of detail isn't possible with paper survey alone," said Burrows.

Nemours is also using Census Based Surveying to expand transparency. Currently, all ratings are posted internally, with the intention of making them publicly available. "We are heading down the path to external transparency," Burrows said.

## Best Practices for a Smooth Implementation

Adopting Census Based Surveying is an incremental process—implementing certain service lines first, and then expanding across the continuum. Organizations typically first adopt Census Based Surveying in high-volume areas such as physician practices, and then add outpatient services and emergency departments. Inpatient services are typically last to adopt due to the length of stay and discharge dates, which are not as immediate as other service lines.

The successful implementation of Census Based Surveying at every level requires organizations to have an electronic medical record (EMR) registration system or practice management system that supports email collection. For optimal return on investment, organizations should have valid email addresses for at least 20-30% of their patients, and they should be prepared for collecting 100% of them. Collecting email addresses at different points of care can best be achieved by:

- Establishing performance management goals to obtain and/or verify email addresses across contact points, including registration, appointments and interaction with the organization's online portal.
- Vetting the organization's internal stakeholders to ensure training on data security and HIPAA compliance.
- Educating patients about information security and alleviating concerns about vulnerability to spam.
- Tying the collection of email addresses to the goal of improving patient care.

## Conclusion

Census Based Surveying leverages electronic communications to collect significantly more patient data across care settings, yielding the scientifically valid samples needed to drive advanced analytics and meaningful insights at the system, facility, service, unit and physician level. The robust samples allow organizations to identify targeted performance improvement opportunities, accelerate improvement trajectories, and support internal and external transparency of performance outcomes. The deep datasets also offer unique insight into the coordination and management of care, as well as the quality and experience of care transitions across ambulatory, inpatient hospital and post-acute settings. This information can help providers pinpoint areas along the care continuum where fragmentation or the absence of effective or consistent processes may negatively influence the overall experience of care.

These capabilities enhance organizations' ability to meet patients' needs, reduce suffering and grow market share in an increasingly competitive industry.

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