

**Massachusetts
Health Quality
Partnership**

**MASSACHUSETTS ACUTE CARE HOSPITAL
STATEWIDE PATIENT SURVEY PROJECT**

1998 Report

**In Memory of H. Richard Nesson, M.D.
1932 – 1998**

The Massachusetts Health Quality Partnership was born out of Dr. Nesson's vision for a partnership organization to foster quality improvement in health care in Massachusetts.
We dedicate this report to his memory.

Table of Contents

Massachusetts Health Quality Partnership Statewide Patient Survey Project November, 1998

	<i>Page</i>
Overview	1
♦ Project Background	2
♦ The Partnership	3
How to Read the Charts	5
Patient Survey Results	7
♦ Massachusetts Results in Context	7
♦ Medical Patients	9
♦ Surgery Patients	25
♦ Maternity Patients	41
Technical Appendix/Data Definitions	57
♦ Performance Scores	57
MHQP Average	58
US Average (Picker Clients)	58
♦ Adjusting for Variations in Patient Mix	58
♦ Confidence Intervals	61
Performance Categories (Above/Below Average)	61
Implications for Ranking	61
♦ Results in Tabular Form	63
♦ Cautions on Use of the Data	70
Summary of Survey Methodology	73
Letters of Comment	75
♦ Hospital Letters	77
♦ Partnership Letters	179

Overview

The real business of health care is about preventing ill health, caring for people who are sick, and meeting the needs of people who must live their lives with disabilities or chronic disease. The public knows this – and needs to be able to trust that health systems, institutions, and caregivers are acting in the best interest of their patients. Doctors, nurses, and other health care professionals also know this and need to trust that the system will support and nurture the humanitarian instincts that brought them into the profession.

The Massachusetts Health Quality Partnership (MHQP) represents a coalition of health care providers, payers, and purchasers who recognize that every individual or institution that is a part of the system is and must be *publicly accountable* for meeting patients' needs and improving the quality of care.

Over the past two years, 51 hospitals and health systems in Massachusetts have come together voluntarily in support of the Partnership's effort to assess patients' perceptions and experiences with care across the Commonwealth. These hospitals have taken a critical look at their own performance through the eyes of their patients, confronted their own strengths and weaknesses, and looked for ways to improve, learning from each other's experiences.

This report to the public reflects work in progress. It presents a "snapshot" of patients' experiences with care at Massachusetts hospitals and health systems in 1998, based on a survey of nearly 13,000 medical, surgical, and maternity patients discharged from the 51 participating hospitals and health systems.

This report is notable in several ways:

- This is the first time in the country that hospitals from across an entire state voluntarily participated in a survey project using a consistent methodology and agreed to make the results available to the public;
- Patients in Massachusetts reported consistently better hospital experiences, when compared to patients surveyed in other parts of the country;
- The findings in Massachusetts were strongest relative to the rest of the country in emotional support and, like hospitals in the rest of the country, weakest in continuity and transition;
- Patients' responses to this survey along with other quality measurement and improvement projects are driving an impressive array of performance improvement efforts across the state.

The data presented in the following pages should not be read as a comparative judgment about the quality of care in Massachusetts hospitals. Quality, after all, has many dimensions that are not captured in these measures. This information is presented, rather, in the interest of beginning an open dialogue about important aspects of the health care experience from the patient's perspective. It also helps attain the ultimate goal of MHQP's Statewide Patient Survey Project — to improve the quality of hospital care available to all Massachusetts citizens.

◆ Project Background ◆

MHQP's Statewide Patient Survey Project provides comparative measures of inpatient care experiences at 51 Massachusetts hospitals and health systems (representing 58 different hospitals). Together, these institutions account for over 80% of the state's adult medical and surgical discharges and 90% of all maternity patients.

Beyond Satisfaction: MHQP contracted with The Picker Institute – a nationally recognized non-profit organization that uses research-based strategies to assess and improve quality of care from the patient's perspective – to conduct the statewide survey.

Through focus groups, patient interviews, and national surveys, the Picker Institute has spent much of the last decade exploring the experiences of patients who have been treated in a variety of clinical settings, and who represent a broad range of ages, ethnicities, geographic locations, and medical conditions. Based on this work, the Institute has identified seven "dimensions" of care that are especially critical, from the point of view of hospital patients:

- *Respect for patients' preferences and expressed needs;*
- *Coordination of care and integration of services;*
- *Information and education;*
- *Physical comfort and pain relief;*
- *Emotional support and alleviation of fears and anxieties;*
- *Involvement of family and friends; and*
- *Transition out of the hospital and continuity of care.*

Using this framework, Picker staff has developed survey instruments designed to elicit specific feedback from patients about aspects of care they deem important, in lieu of the satisfaction ratings often used on patient surveys. Since 1988, Picker survey instruments have been field tested extensively.

Survey Methodology: The MHQP Statewide Patient Survey Project entailed mailing questionnaires to 600 medical, surgical, and maternity patients recently discharged from each of the 51 participating hospitals and health systems. The Picker Institute handled all aspects of survey administration, surveying all patients at the same time and in the same way in order to ensure that results would be comparable from one institution to another. Complete details on the survey process are provided in the *Summary of Survey Methodology* section (p. 73) of this report.

Focus on Improvement: The Statewide Patient Survey Project began at the end of 1996 with a preliminary survey of patients from many of the participating hospitals. This allowed those institutions to identify opportunities for improvement early in the process. The response to this challenge was overwhelming, as the *Letters of Comment* at the end of this report attest. The Partnership also sponsored a number of networking sessions to help hospitals with their improvement efforts. Discussions focused on ways to stimulate change within institutional settings, on "rapid-cycle improvement" techniques, and on strategies addressing specific dimensions of care (in particular, *emotional support* and *continuity and transition*). These sessions were led by hospitals that performed well on the survey and others that led quality improvement efforts at peer institutions.

◆ The Partnership ◆

The Massachusetts Health Quality Partnership was established in 1995 by a coalition of health, business, and government leaders in Massachusetts. The Partnership's mission is to develop health care performance measurement initiatives to meet public accountability needs, focusing on measurements that result in improvement. MHQP stresses measurement using state-of-the-art tools that have a record of helping improve patient care and that meet the highest research standards.

The Partnership decided to focus its initial measurement project on inpatient hospital care. Massachusetts acute care admissions exceed 700,000 annually. A significant level of health care activity occurs in hospital inpatient units and additional publicly-available quality information is an important contribution in this area.

A patient survey was selected as the means of collecting data because the Partnership believed that patients' perspectives need to play a key role in guiding quality of care measurement and improvement activities.

The Partnership is actively involved in a number of other performance measurement and quality improvement initiatives, including a program to help coordinate and reduce duplication among the health care quality programs in the state. An MHQP-sponsored workgroup developed a common reporting framework for hospitals to share quality of care information with health plans, significantly reducing reporting burdens.

MHQP Sponsors

A balanced group of health industry participants in Massachusetts have committed financing and expertise in support of this project:

- ◆ Blue Cross/Blue Shield of MA
- ◆ Fallon Community Health Plan
- ◆ Harvard Pilgrim Health Care
- ◆ Tufts Health Plan
- ◆ MA Business Roundtable
- ◆ MA Hospital Association
- ◆ MA Medical Society

Various state government agencies were also involved in planning activities.

What's being measured?

Performance scores: This report profiles hospitals' performance for three different types of patients: medical, surgical, and maternity patients. For each service, scores are presented for seven dimensions of care. Each dimension represents a critical component of quality of care, as defined by patients. The scores for these dimensions are each based on multiple questions about the topic. The performance scores represent **only the percent of patients who gave the best possible response** to the questions within that dimension. A box on the top left side of each chart reviews the survey questions in that dimension.

Adjustments for patient characteristics: The adjustment process is designed to make hospital results more directly comparable by correcting for variations in patient characteristics outside the hospital's control. The Picker Institute developed the methodology to make these adjustments, finding four factors (health status, age, gender, and education) to be statistically significant in explaining survey responses. To help make the data comparable, this report presents each hospital's survey scores as if they had treated patients with the same mix of these four patient characteristics.

The measurement units: Each hospital's score is denoted on the chart by a black circle. Use the scale at the top of the chart to determine the value of a hospital's score. A score of 80% indicates that, on average, 80% of the hospital's patients for this service (e.g. medical patients) gave the best possible response to the specific set of questions in the dimension.

Confidence intervals: Each hospital's performance score is bounded by a 95% confidence interval, denoted by the gray bars surrounding each hospital score. Because the survey reflects responses from just a sample of each hospital's patients, it is more valid to view hospital scores as falling within the range defined by the 95% confidence interval, rather than as a single point estimate.

Implications of overlapping confidence intervals

The confidence intervals convey important information, and are particularly important to consider when comparing one hospital's results to the others and to the MHQP and US averages.

When the boundaries of a hospital's confidence interval overlap the MHQP or US average, you cannot say with great certainty that a survey of all of the hospital's patients would produce a score that was above/below those averages (i.e. the differences are not statistically significant).

Similarly, when confidence intervals between hospitals overlap, differences between their scores are not statistically significant. Therefore, they are in a statistical "dead heat" and it would not be appropriate to rank one above or below the other.

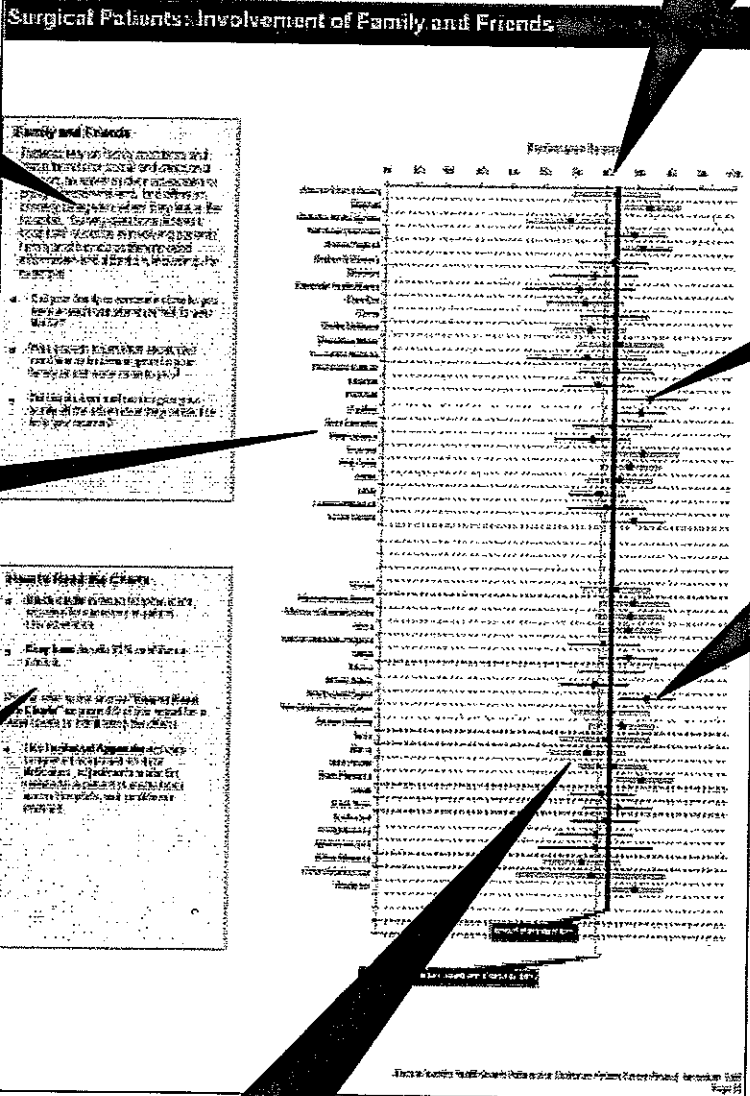
The **Technical Appendix** includes complete background on data definitions, adjustments made for variations in patient characteristics across hospitals, and confidence intervals.

How to Read the Charts

Header identifies service and dimension of care

The Performance Score is the percent of patients who gave the best possible response to the survey questions

Description of survey questions in this dimension



Hospital names are listed alphabetically

Black circle denotes hospital score; gray bar on either side denotes 95% confidence band

Above-average scores appear to the right of the thick vertical MHQP line. Scores whose confidence band does not cross the MHQP mean have a statistically significant difference from the MHQP mean.

Patient Survey Results

MHQP's 1998 Statewide Patient Survey Project obtained responses from 12,680 patients treated at 51 different hospitals and health systems across Massachusetts. The survey responses offer a snapshot of hospital patient experiences and concerns during their hospital stays, offering key insights into the experience of patient care across different dimensions.

◆ Massachusetts Results in Context ◆

The Massachusetts tradition of providing outstanding patient care is reflected in the results of the 1998 patient survey. When compared with results from identical surveys conducted for hospitals throughout the country, Massachusetts hospitals consistently reported more favorable results. In fact, for all 21 areas measured in this study, the Massachusetts results were better than Picker's US client averages.

MHQP Statewide Patient Survey Project Massachusetts Results Compared to US

	Medical Patients		Surgical Patients		Maternity Patients	
	MHQP	US	MHQP	US	MHQP	US
Patient Preferences	78	77	82	80	80	79
Coordination of Care	72	71	83	80	80	78
Information & Education	71	70	79	76	82	80
Physical Comfort	89	88	87*	87	88	87
Emotional Support	74	71	78	76	81	76
Involve Family & Friends	77	75	82	80	75	73
Continuity & Transition	66	65	74	72	67	64

November, 1998

*The physical comfort score for Massachusetts patients was 87.1, above the 86.9 US score.

The surveys uncover important insights about patients' experiences in Massachusetts. Patients in hospitals here have many positive experiences; they also identify some areas of concern that need to be addressed.

Positive patient feedback:

Physical comfort: Few hospital patients failed to get needed pain medication or experienced overly long waits to have their call buttons answered. This was true for all three services, with scores averaging in the 87-89% range. However, the survey did indicate a range in how quickly care providers responded to patient requests, and also indicated patient desires for more say in choosing among pain medication options.

Core surgical indicators: Surgery patients responded quite favorably to questions about coordination of their care, respect for personal preferences, and involvement of their family and friends. Most surgeries are planned in advance and surgeries generally follow well-established medical processes; this is believed to lead to more positive patient experiences in these dimensions.

Core maternity indicators: Massachusetts maternity patients had, on average, scores of 80% or better for questions about information and education, emotional support, and coordination of care.

Areas of concern:

Continuity and transition: The questions that elicited the least favorable responses in nearly every hospital were those that queried patients about how well-prepared they were to go home. Medical patients and maternity patients both reported significant concerns in this area, and the results for surgery patients were similar.

Core medical indicators: Medical patients report more problems than surgical or maternity patients. Responses about the quality of information and education received, the coordination of care, and emotional support provide great opportunity for focused improvement activity.

Ongoing improvement opportunities:

Hospitals in Massachusetts are actively working on improvement, and for each of the seven dimensions of care there are hospitals implementing programs to advance patient care. The patient survey results have presented one context for addressing improvement opportunities. MHQP's Statewide Survey Project created a forum for hospitals to explore those opportunities jointly, by networking and sharing individual accomplishments. Hospitals will also be doing follow-up surveys to monitor how successful their improvement efforts have been.