Patient Experience, Patient Satisfaction

Executive Concern

"We're focused on top decile HCAHPS results"

What you could say:

“HCAHPS asks about the patient’s experience of being listened to. Chaplains are specifically trained in listening, and can guide other staff in this critical competence. Listening is key to the patient’s experience. We listen to patient needs, to patient satisfactions and dissatisfactions, and to the family’s experience. Correlative studies have found a link between the presence of spiritual care and improved patient experience scores. And now those scores have a direct financial impact.” Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

Some talking points to consider…

- Do you have any patient stories and thank you notes?
- Do you have any HCAHPS correlations & results?
- Do you have any data that shows amount of spiritual care and patient satisfaction improvement studies?
- Can you relate spiritual care competencies to HCAHPS?
- The community in which we all serve is crying for our system to care!
- When people are vulnerable, they not only want the best technology and the most prestigious physicians, they need to feel as if they are important to those at the bedside.
- ‘Caring’ is a non-technical, highly emotional and deeply spiritually motivated word. As we continue to be asked to do more and do it more efficiently, the biggest changes being imposed on bedside staff are not really technical or medical – they are psycho-emotional and spiritual!
- That is the chaplain’s area of expertise! If we can help to inspire (or re-inspire) one nurse, we touch hundreds of patients who in turn improve patient satisfaction scores!
- Part of our role is to help inspire mission-centered, patient-centered care in the caregivers!
- We listen to the deep concerns and questions of meaning, and the unknown
- We help lessen high anxiety levels in emergency rooms especially when there’s long wait time.
- We facilitate patient/family discussions resulting in informed healthcare choices that honor patient values – particularly with ethical or end-of-life choices.
  - Helping patients communicate these choices to family and healthcare teams empowers the patient and limits futile treatment.
- We handle issues related to cultural competence and support cultural competence including Joint Commission compliance.
o Improve discharge planning to reduce readmissions.

CHA Pastoral Care Survey Quote…
“Highly important to the mission of ________. Spiritual care and professional chaplaincy is something that can set us apart among our competitors because it is integral to the patient experience, not an afterthought.” Executive

Other points to consider based on George Handzo’s “The Case for Spiritual Care”
http://www.handzoconsulting.com/spiritual-care/

While causes of readmission are multifaceted, good communication with patient and family is clearly one major variable.

This new emphasis has forced a major increase in a hospital’s attention to patient experience and patient needs. It is now clear that this attention not only results in higher patient satisfaction scores, but also better attention to health outcomes and less use of health care resources, especially at end of life. Specific findings relevant to this business include:

1. Communication with the patient and family is foundational especially in terms of being able to listen to and elicit the patient and family’s values and beliefs – in general and with regard to their health care wishes and goals.
2. Sensitivity to the patient and family’s culture is critical to both a positive patient experience and good communication.
3. Religious and spiritual beliefs and values are often the major influence on patient health care choices.
4. New research suggests that patients who report that their spiritual needs were met near the end of life have higher satisfaction, their families are more satisfied, and the patients are likely to spend less time in an intensive care unit and thus use less health care dollars near the end of their life.
5. Overall, the findings seem to suggest that, when patient and family needs and preferences are elicited and taken into account, patients are more compliant with their treatment plans, more satisfied with their care, and use less health care resources. Thus, it appears that the goals of improvement in patient satisfaction and the reduction in health care costs are not mutually exclusive as often thought but complementary. It appears that better communication with patients and families leads to patients managing their care better so they do not need as much emergency or aggressive care and to patients preferring generally to use less expensive aggressive care at the end of life.

Points of research from recent Health Progress article

“An example of research showing the relationship of addressing R/S needs and satisfaction with care is provided by a team of medical researchers of the University of Chicago-Pritzker School of Medicine, of which Farr Curlin MD is a well-known member, published in 2011 in a respected
medical journal (Journal of General Internal Medicine) the findings of their research that provided evidence that addressing a patient’s spiritual concerns increases their trust in their medical team and their overall satisfaction with care. Part of the strength of this study is its sample, over 3,000 medical patients treated at the University of Chicago who represented a broad racial and ethnic mix, as well as a mix of religious and non-religious people. (Joshua Williams, et al., “Attention to Inpatients’ Religious and Spiritual Concerns: Predictors and Association with Patient Satisfaction,” Journal of General Internal Medicine, 26:11 (2011), 1265-1271).

“…in the Journal of Clinical Oncology, a well-regarded medical journal that was conducted by a medical team at St. Vincent’s Comprehensive Cancer Center in New York City. The study of very diverse patients with cancer examined the relationship between patients’ spiritual needs and perceptions of quality and satisfaction with care. The research showed that most patients (73%) had spiritual needs; a majority (58%) thought it was appropriate for physicians to ask about these needs, and eighteen percent reported that their spiritual needs were not being met. A significant finding, however, was that those eighteen percent gave lower ratings to their quality of care and satisfaction with their care.” (Astrow AB, Wexler A, Texeira, He MK, Sulmasy DP. Is failure to meet spiritual needs associated with cancer patients’ perceptions of quality of care and their satisfaction of care? J Clin Oncol. 2007;25:5753-5757.)

Health Progress, March-April 2013, 94:2, “Studies Show Spiritual Care Linked to Better Health Outcomes,” David A. Lichter, DMin

The patient experience of care survey demonstrates improved scores when pastoral care is involved in a patient’s care.

Balboni T, Balboni M, Paulk ME et al. Support of cancer patients’ spiritual needs and association with medical costs at the end of life. Article first published online: 11 MAY 2011. DOI: 10.1002/cncr.26221, Copyright © 2011 American Cancer Society


Patients want their spiritual and religious beliefs addressed as part of their plan of care, when this does not occur their satisfaction of care declines.