

**VETERAN AFFAIRS HOSPITAL PATIENT EXPERIENCE PROGRAMS:  
A COMPARISON**

by

Kolby Todd Parent

BS, University of Central Florida, 2009

Submitted to the Graduate Faculty of

Health Policy and Management

Graduate School of Public Health in partial fulfillment

of the requirements for the degree of

Master of Health Administration

University of Pittsburgh

2015

UNIVERSITY OF PITTSBURGH  
GRADUATE SCHOOL OF PUBLIC HEALTH

This essay is submitted

by

Kolby Todd Parent

on

March 26, 2015

and approved by

Essay Advisor:

First Name Last Name, Degree(s)

Academic Rank

Health Policy & Management

Graduate School of Public Health

University of Pittsburgh

---

Essay Reader:

First Name Last Name, Degree(s)

Academic Rank

Department affiliation(s)

School(s)

University of Pittsburgh

---

Essay Reader:

First Name Last Name, Degree(s)

Academic Rank

Department affiliation(s)

School(s)

University of Pittsburgh

---

Copyright © by Kolby Todd Parent

2015

**VETERAN AFFAIRS HOSPITAL PATIENT EXPERIENCE PROGRAMS: A  
COMPARISON**

Kolby Todd Parent, MHA

University of Pittsburgh, 2015

**ABSTRACT**

To determine impact on patient satisfaction survey results a retrospective review of 3 separate Veteran Affairs Hospitals patient experience programs was conducted. The projects, goals and outcomes of each patient experience program were compared as well as the historical patient satisfaction data. It was found that patient satisfaction results are not impacted in any noticeable way by the work of patient experience programs at these three VA medical centers. The patient experience is relevant to Public Health because with the implementation of value based purchasing, as mandated by the Affordable Care Act, healthcare organization will need to be aware and cognizant of the patient's experience. Organizations will also need to begin to pay closer attention to patient satisfaction surveys, but the relationship between patient experience and patient satisfaction is not clearly understood. From a policy implementation standpoint, healthcare organizations will need to adapt quickly.

## TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>INTRODUCTION.....</b>                                      | <b>1</b>  |
| <b>1.1    OBJECTIVE .....</b>                                 | <b>3</b>  |
| <b>2.0    LITERATURE REVIEW AND EXPECTED RESULTS .....</b>    | <b>4</b>  |
| <b>2.1    LITERATURE REVIEW .....</b>                         | <b>4</b>  |
| <b>2.1.1    If Disney Ran Your Hospital .....</b>             | <b>4</b>  |
| <b>2.1.2    Industry Articles .....</b>                       | <b>5</b>  |
| <b>2.2    EXPECTED RESULTS .....</b>                          | <b>7</b>  |
| <b>2.2.1    Unmeasurable Impact .....</b>                     | <b>8</b>  |
| <b>2.3    DATA .....</b>                                      | <b>9</b>  |
| <b>2.3.1    Survey of Health Experience of Patients .....</b> | <b>9</b>  |
| <b>2.3.2    Private Sector Data Comparison.....</b>           | <b>11</b> |
| <b>3.0    DESIGN, METHODOLOGY AND DATA .....</b>              | <b>15</b> |
| <b>3.1    DESIGN .....</b>                                    | <b>15</b> |
| <b>3.2    METHODOLOGY .....</b>                               | <b>16</b> |
| <b>3.2.1    Retrospective Review .....</b>                    | <b>16</b> |
| <b>3.2.2    Interviews .....</b>                              | <b>17</b> |
| <b>3.2.2.1    VA Pittsburgh Healthcare System.....</b>        | <b>18</b> |
| <b>3.2.2.2    VA West Haven .....</b>                         | <b>18</b> |

|         |   |    |
|---------|---|----|
| 3.2.2.3 | VA Baltimore.....   | 20 |
| 3.2.3   | Confounding Factors.....                                      | 22 |
| 4.0     | FINDINGS / RESULTS.....                                       | 23 |
| 4.1     | FINDINGS.....   | 23 |
| 4.1.1   | VA Pittsburgh Health Care System Findings.....                | 23 |
| 4.1.2   | VA West Haven Findings.....                                   | 24 |
| 4.1.3   | VA Baltimore Findings.....                                    | 26 |
| 5.0     | CONCLUSIONS, RECOMMENDATIONS AND PUBLIC HEALTH RELEVANCE..... | 29 |
| 5.1     | CONCLUSIONS.....  | 29 |
| 5.2     | RECOMMENDATIONS.....  | 30 |
| 5.3     | PUBLIC HEALTH RELEVANCE.....                                  | 32 |
|         | APPENDIX A: SHEP DATA.....                                    | 33 |
|         | APPENDIX B: TEST.....   | 40 |
|         | BIBLIOGRAPHY.....   | 48 |

## LIST OF FIGURES

|  |    |
|--|----|
| Figure 1: Graph of Overall Rating of Hospital .....                    | 11 |
| Figure 2: Cleveland Clinic Inpatient Domains of Care .....             | 12 |
| Figure 3: VAPHS Inpatient Domains of Care .....                        | 13 |
| Figure 4: Cleveland Clinic HCAHPS Overall Assessment .....             | 14 |
| Figure 5: VAPHS Overall Assessment .....                               | 14 |
| Figure 6: Patient experience program organizational structure .....    | 16 |
| Figure 7: VAPHS Overall Hospital Rating.....                           | 24 |
| Figure 8: VA West Haven Overall Hospital Rating .....                  | 25 |
| Figure 9: VA West Haven Quietness of Hospital Environment Rating ..... | 26 |
| Figure 10: VA Baltimore Overall Hospital Rating .....                  | 27 |
| Figure 11: VA Baltimore Willingness to Recommend Hospital Rating.....  | 27 |

## **INTRODUCTION**

The patient's perception of an interaction with any aspect of healthcare will become one of the fundamental aspects of the continuum of care in the near future due to changing legislation and increased patient engagement (Adamy 2012). The perception of patients, including their feeling and emotions, about their healthcare has become generally known as the patient experience. The healthcare interaction can involve many different professionals with extremely varied trainings and knowledge. The patient experience is affected by everyone within a healthcare organization including physicians, nurses, secretaries, housekeepers, and food service employees. Creating the perfect patient experience requires team work and coordination of all employees. Further complication is added because it is likely that considerable variation exists between patients and each patient has a personally held idea of what defines the ideal patient experience.

Evaluation of the patient experience is extremely difficult, but the best measurement tool currently available is patient satisfaction surveys despite severe limitations. However, patients usually lack the knowledge or ability to discover if the care delivered was of high technical quality and therefore their satisfaction responses are determined by things other than high quality technical healthcare, such as their feelings, emotions, or memories of the experience. The aspect of healthcare to which patients can reliably contribute and have input into is the experience overall and how it made them feel. Patients are able to identify if a provider has appropriate

bedside manner, if a nurse responded to their requests within a reasonable amount of time, and if the employee checking them in for an appointment was polite and courteous (Solomon 2014).

Dr. James Merlino, the former Chief Experience Officer at Cleveland Clinic, has stated:

“To patients, the experience is everything, so hospitals should set the expectations for how patients should think about it. If we don't do that, patients will define it based on what they think is important. We're in a service industry where the customer is not always right, so we need to make sure they understand why things are happening. Like if we tell them to get out of bed after surgery and they don't want to, explain that they have to because it impacts quality and outcomes. If I don't have a discussion with them, they will define their experience based on that I did something they didn't like and they'll be unhappy about.” (Punke 2014)

This quote from a leader in patient experience perfectly explains the difficulty of having patients have their own definitions of experience and also why communication is important.

In recent history, health care organizations have begun focusing on patient experience and using patient satisfaction metrics to quantify and improve on it. This new trend is largely due to future reimbursements being tied to patient satisfaction scores (Adamy 2012). Hospitals will begin to be held accountable for the satisfaction of their patients based on the results of the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS. These patient surveys have enabled hospitals to collect data and make concentrated efforts to improve in critical areas. Healthcare organizations have begun to create departments or positions specifically to address the areas of needed improvement. These departments and positions have become known generally as patient experience programs. These programs usually differ between

healthcare organizations because they are typically created to address specific issues within the healthcare organization and therefore the scope and goals will differ depending on needs of the individual healthcare organization.<sup>1</sup>

## **1.1 OBJECTIVE**

The goal of this essay is to determine if patient experience programs have a meaningful impact on patient satisfaction scores at Veteran Affairs Medical Centers (VAMC), specifically at Veteran Affairs Pittsburgh Healthcare System (VAPHS). VAPHS created the Office of Veteran Experience (OVE) in January of 2014 to develop and implement specific projects and policies to improve the overall experience of the veteran that sought care at VAPHS. To achieve effective evaluation of VAPHS OVE, two comparison sites have been selected. VA West Haven in Connecticut and the VA Baltimore, which is part of the Veteran Affairs Maryland Health System, will be used because these experience programs have been established for a longer time period of time than the program at VAPHS and therefore have more, reliable data available.

---

<sup>1</sup> This essay is written for VA employees as an operations activity assessment.

## **2.0 LITERATURE REVIEW AND EXPECTED RESULTS**

### **2.1 LITERATURE REVIEW**

#### **2.1.1 If Disney Ran Your Hospital**

A leading source of information on the subject of the patient experience is derived from the book *If Disney Ran Your Hospital* by Fred Lee. Mr. Lee spent a great amount of time studying and evaluating the Disney business model and translated what he learned into a healthcare setting application. The focus of the text is on the hospital culture as a whole and how it can be improved in various different ways. The section pertaining to patient experience programs dictates that hospitals should not utilize such programs or departments because the job of enriching the patient experience is every employee's job, not the job of a single person or department. This recommendation is in direct contrast to current market trends as evidenced by the growth of named departments in medical centers that are focused solely on improving the patient experience.

The author of this text makes comments about patient satisfaction being "fools gold" because it fails to encapsulate many factors involved in customer service. The author believes hospitals should focus on patient loyalty and how loyalty is created. A patient or customer that is merely satisfied is not what hospitals should strive for according to Mr. Lee. Loyalty is more

important than satisfaction because it is the strongest feeling a patient can have towards a hospital (Lee 2012).

### **2.1.2 Industry Articles**

The implementation of provider and hospital reimbursement being related to patient satisfaction scores, as mandated by the Affordable Care Act, has led to many articles being written attempting to define and quantify patient experience. No single consensus exists as to what constitutes the definition of patient experience, but determination of a definition is important to progress the field. Dr. Merlino agrees that defining the patient experience is important as evidenced by this quote from a 2014 interview: “it is very important to frame the definition around how it integrates in patient care so that people don't view patient experience as just patient satisfaction or a standalone issue.” (Punke 2014)

It is generally accepted in current literature that many different factors impact patient satisfaction and it is usually unique to each patient. Dr. James Merlino and Ananth Raman of the Harvard Business Review published an article in September of 2013 addressing the drivers of the patient experience. The critical message of the publication was that a survey of health industry leaders showed a divergent set of priorities when attempting to improve patient satisfaction. The top six answers given by executives to improve patient experience were: new facilities, private rooms, food on demand, bedside interactive computers, unrestricted visiting hours and additional quiet time for rest. While these are all reasonable goals, this is not a representation of a systematic approach to what patients really wanted, according to the authors (Merlino, Raman 2013).

Yet another article from NPR.org states that patients are not as interested in fancy amenities or luxurious services (Rau 2015). The author instead think patients are seeking compassionate caregivers, personally designed care plans, and a stress free environment to heal. This contrast is likely due to the fact that new facilities, private rooms, food on demand, bedside interactive computers, unrestricted visiting hours and additional quiet time for rest are tangible, measureable and clearly demonstrate progress. Compassionate caregivers, personally designed care plans, and a stress free environment to heal are much more abstract and very difficult to define because each patient will have a personalized idea of what that means. This obviously creates significant challenges in standardizing care and improving efficiency.

The subject of the patient's experience in healthcare has become important enough to warrant its own academic journal titled the *Patient Experience Journal*. This journal has published a number of quality articles relating to patient experience and how it can be improved or changed. One of the first articles published by the journal was a thorough evaluation of what exactly defines the patient experience. This specific article evaluated many different academic and industry articles related to the patient experience and found that the definition of the patient experience varies greatly amongst organizations (Wolf, Niederhauser, Marshburn, LaVela 2014). The most interesting passage from the journal article was:

“A 2009 HealthLeaders Media Patient Experience Leadership Survey 3 discovered that when it comes to defining patient experience, there are widely divergent views within the healthcare industry. They found that 35% of respondents agreed that patient experience equals "patient-centered care," 29% agreed it was "an orchestrated set of activities that is meaningfully customized for each patient," and 23% said it involved "providing excellent customer service." The remaining

responses reflected that patient experience meant, "creating a healing environment," being "consistent with what's measured by HCAHPS," or "other" than the options provided in the survey."

This passage perfectly illustrates why the evaluation of the patient experience is a complicated and opaque issue.

## **2.2 EXPECTED RESULTS**

Due to the nuanced and complicated nature of creating the ideal patient experience in addition to the unclear definition of the patient experience, it is not expected that patient experience departments will have a meaningful or immediate impact on overall patient satisfaction scores. Nonetheless, it is expected that these departments will have a meaningful impact in other ways not currently quantified due to their specific goals, such as reduce noise in patient rooms. The methods used to survey patients' possibly results in the patient satisfaction scores not reflecting the work of a patient experience program. For example, the randomized selection of patients may not adequately reflect the targeted efforts of the patient experience program. Additionally, if a patient experience program worked on a single medical unit or area of the hospital for 6 months of a calendar year, the overall, hospital wide patient satisfaction scores may not reflect any improvements made due to the limited nature of the project work, but the broad catchment of the survey.

Additionally, a better way to measure the impact is expected to be needed. To truly discover if patient experience programs have an impact, a method to separate the satisfaction results of the patients impacted would be ideal. The separate surveys responses could then be

compared to the overall satisfaction and any variances between the groups of patients could be observed. For example, if the patient experience program impacts 20 patients out of a possible 500, the satisfaction responses of those 20 patients should be separated and then compared to that of the other 480 to see if there is a significant difference.

### **2.2.1 Unmeasurable Impact**

As mentioned above, patient satisfaction survey results do not illuminate the whole scope of impact that patient experience programs may have. Many times the impact patient experience programs have is small in scale, but critically important. Actions of the experience program can include service recovery for an upset patient or family member, or a simple gesture that transforms an experience from routine to exceptional. This impact is immensely meaningful to that individual, but unlikely to have impact on the overall patient satisfaction scores of the medical center. Therefore the patient survey results are not the end all tool to determine the effectiveness of patient experience programs.

A valuable course of action for health care leaders to evaluate the impact of patient experience programs would be to observe the work done by patient experience staff and the impact created first hand. If administrators rely entirely on data or survey results, then patient experience programs are likely to be a short lived trend in the healthcare industry. Direct observation of patient experience employees by administration will undoubtedly prove the value of retaining these programs.

## 2.3 DATA

### 2.3.1 Survey of Health Experience of Patients

The Veterans Health Administration surveys its patients with a survey tool called the Survey of Health Experience of Patients, or SHEP. SHEP is similar to surveys many non-governmental hospitals use. Surveys are mailed to a random sample of patients that have been recently admitted as inpatients or encountered the facility as an outpatient, specifically primary care. The SHEP is mailed to patients in a defined time period following their encounter or admission and the patient is asked to answer the questions and return the survey via mail. An example of the SHEP received by patients is available for review in Attachment A. The SHEP is utilized by VA nationwide and is considered the standard comparison metric for patient satisfaction among VA medical centers. Therefore, it is an effective metric to compare one VA medical center to another and also serves as a quality historical dataset to evaluate the patient satisfaction scores pre- and post- implementation of a veteran experience program. The SHEP is also compliant with HCAHPS so VAMCs are able to compare themselves to private sector hospitals.

Despite the standardization of SHEP and the macro-data it can provide, patient surveying is a very complicated and controversial practice. There are many factors that influence patient's responses that have nothing to do with the actual healthcare interaction (White 1999). The VA's SHEP leaves much to be desired in terms of depth, transparency, and granularity. The SHEP does not provide useful measurements for individual VAMCs to take action on and is missing some key components like open ended questions (White 1999).

Many of the responses to questions asked in SHEP cannot be impacted by a patient experience program. Communication with physicians or nursing staff is not typically an aspect of the experience that can be directly affected. This is also true for questions about medications or shared decision making. Because of the hierarchical organization of VAMCs, patient experience programs do not have direct authority or mandate power over other service lines. They must rely on political pressure, leadership buy in, and collaboration from other staff. The reliance on non-traditional power within the organization can limit the ability of patient experience programs to affect change.

Regardless of the limitations of the patient experience programs, there are many other areas where an impact can be made and it is reasonable to expect to see positive variance in these specific categories. SHEP questions regarding noise levels, customer service, or cleanliness of the hospital are all categories on the patient satisfaction survey where patient experience programs may be able to affect improvement. A SHEP category titled “Overall Rating of the Hospital” is the most comprehensive question and is a strong determinate of overall quality of hospital as experienced by the patient; results from the three VAMCs and the VA nation average can be seen in Figure 1. The rationale of creating patient experience programs is that the new initiatives, additional trainings, and special projects will have an impact on the patients’ perception of the hospital and therefore the overall rating of the hospital should increase if the patient experience program is successful.

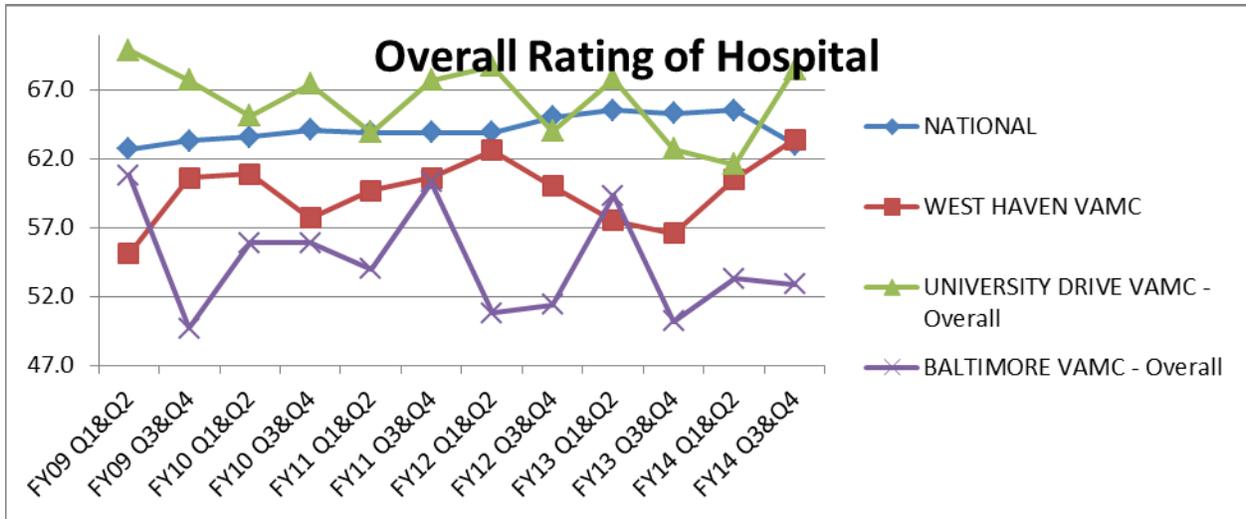


Figure 1: Graph of Overall Rating of Hospital

Appendix 1 shows tables of all three VAMC’s SHEP data from the beginning of FY2009. The data tables also include the national scores which averages the SHEP scores from every VAMC in the country. These data and the graphical interpretations will be the one of the primary methods of determining the impact patient experience programs have on satisfaction.

### 2.3.2 Private Sector Data Comparison

As a secondary comparison to the VAMCs, the patient satisfaction data from a high profile academic medical center with an outstanding reputation was reviewed. Cleveland Clinic has long held a prestigious position in healthcare as a world leader and innovator in care design as well as patient experience. James Merlino, M.D. served as the Chief Experience Officer from

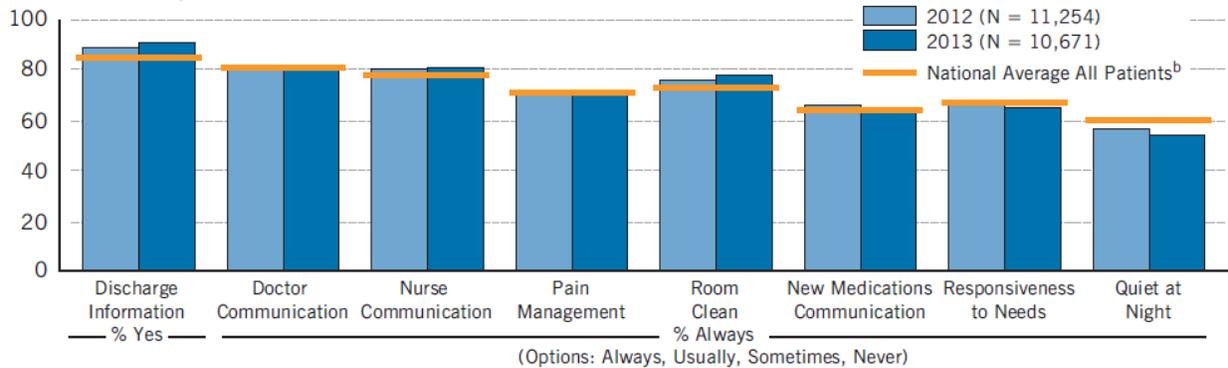
2009 to December of 2014 and was one of the first professionals in healthcare to hold the title (Fellows 2013).

A review of the data from Cleveland Clinic’s 2013 Heart & Vascular Institute Outcomes Report shows that VAPHS compares equally or better in every category, except “Overall Rating of Hospital” and “Willingness to Recommend Hospital” as evidenced in Figure 2 and 3. VAPHS has better patient satisfaction scores in every category, except “Discharge Information”, where the scores are nearly equal.

**HCAHPS Domains of Care**

2012 – 2013

Percent Best Response<sup>a</sup>

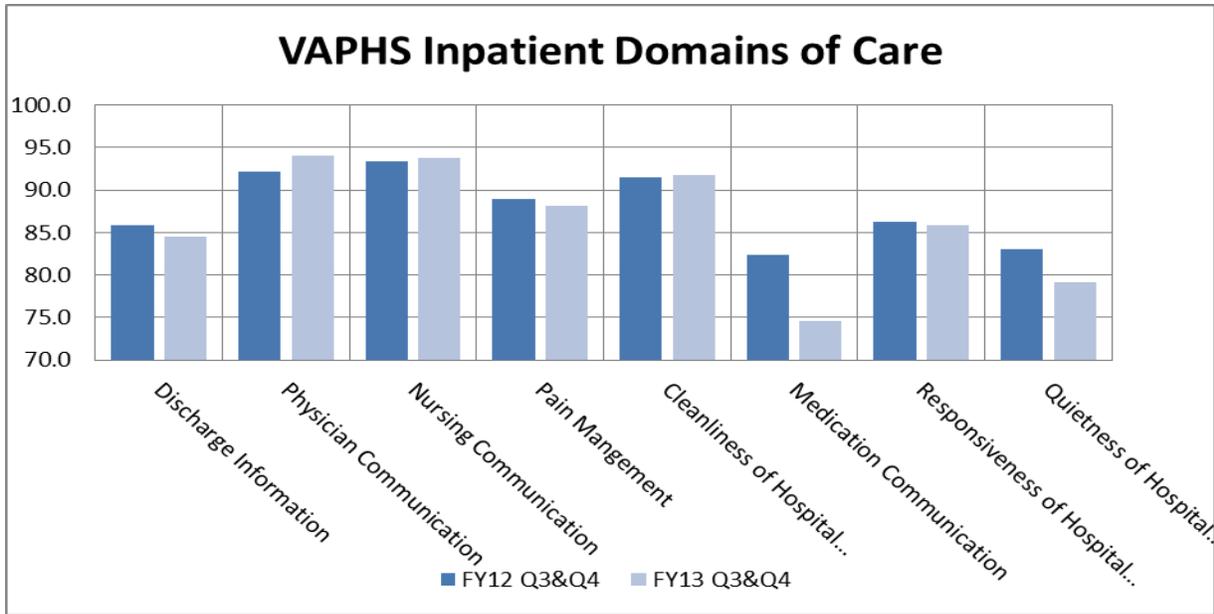


<sup>a</sup>Except for “Room Clean” and “Quiet at Night,” each bar represents a composite score based on responses to multiple survey questions.

Source: Press Ganey, a national hospital survey vendor

<sup>b</sup>Based on national survey results of discharged patients, April 2012 – March 2013, from 3938 US hospitals. [medicare.gov/hospitalcompare](http://medicare.gov/hospitalcompare)

**Figure 2: Cleveland Clinic Inpatient Domains of Care**



**Figure 3: VAPHS Inpatient Domains of Care**

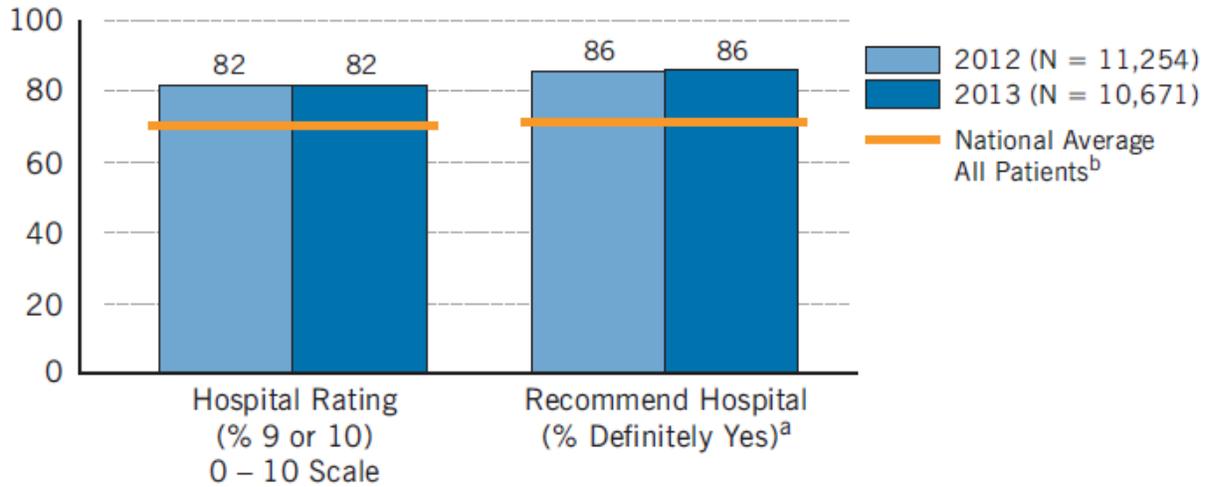
The main difference in the data of Cleveland Clinic and VAPHS is the final two categories of “Overall Rating of Hospital” and “Willingness to Recommend Hospital” as can be seen in Figure 4 and Figure 5. Cleveland Clinic measures significantly higher in these two areas, despite the lower scores in every other area. The implication derived from this contrast between the domains of care and the overall assessment is that the final two ratings are impacted by factors outside of the measured domains of care.

## Inpatient Survey — Cleveland Clinic

### HCAHPS Overall Assessment

2012 – 2013

#### Percent Best Response



<sup>a</sup>Response options: Definitely Yes, Probably Yes, Probably No, Definitely No

Source: Press Ganey, a national hospital survey vendor

Figure 4: Cleveland Clinic HCAHPS Overall Assessment

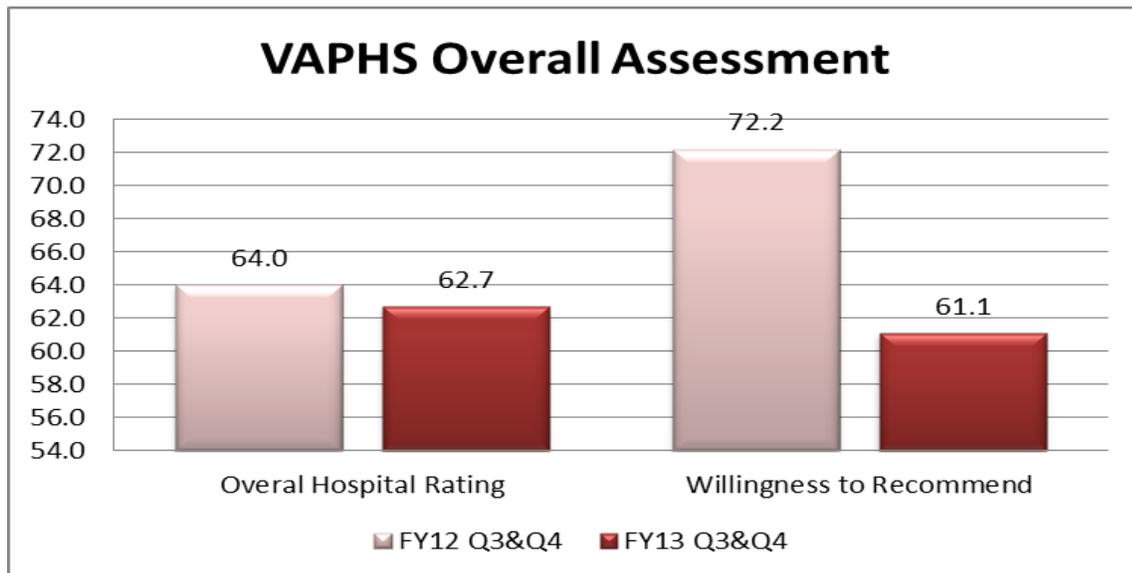


Figure 5: VAPHS Overall Assessment

### **3.0 DESIGN, METHODOLOGY AND DATA**

#### **3.1 DESIGN**

Comparing the effectiveness of patient experience programs in Veteran's Health Administration (VHA) is not a straightforward process despite the standardization of a patient satisfaction measurement tool. As previously mentioned, many patient experience programs differ from hospital to hospital, usually depending on what the needs of that individual hospital are and what the leadership of the hospital feels are key factors to affect. VA Baltimore, VA West Haven and VA Pittsburgh Healthcare System (VAPHS) are all comparable VA hospitals in terms of size, patient demographics, and they share the same general geographical area of the Northeastern United States. All three of these VA medical centers (VAMC) also have established patient experience programs; however the longevity of these programs differs. The targeted areas and various projects also differ greatly among the three VAMCs. Another critical difference is in the size and training of the patient experience staff as seen in Figure 6. VA Baltimore and VA West Haven patient experience programs were selected as comparators because of their similarities to VAPHS and because the patient experience programs have been established for a longer period of time and therefore the data will better reflect if a long term impact has been made.

|               | Date of implementation | Number of FTE | Professional Training of staff | Current Area of Focus       |
|---------------|------------------------|---------------|--------------------------------|-----------------------------|
| VA West Haven | Early 2012             | 1             | Registered Nurse               | Noise level in rooms        |
| VA Baltimore  | 2007                   | 20+           | Various                        | Patient satisfaction scores |
| VAPHS         | January 2014           | 4             | None                           | Customer Service            |

**Figure 6: Patient experience program organizational structure**

## 3.2 METHODOLOGY

### 3.2.1 Retrospective Review

A retrospective review of patient satisfaction survey data will be used to compare and contrast the effectiveness of the three patient experience programs, identify best practices, and attempt to empirically prove the value of patient experience programs. The date of implementation of the patient experience program will be noted and the level of impact on patient satisfaction data will be evaluated. Patient satisfaction data will be compared pre and post implementation of that patient experience program. The data will also be compared between VAMCs. The comparison between VAMCs will seek to demonstrate methods to increase the effectiveness of a patient experience program.

Evaluating the effectiveness of patient experience programs is often difficult due to the abstract nature and wide scope of the goals. The best available tool to quantifiably measure the experience of the patient is patient satisfaction surveys. While patient satisfaction surveys have many shortcomings, they are a relatively standardized tool that allows for comparison of facilities. A patient experience program success should not be purely judged on satisfaction

scores, but it is an important factor. It is logical to assume that patient satisfaction scores should increase after the creation or implementation of an experience program since improvement of these scores is normally a specified goal of the program. Success of the program can be determined by historically evaluating patient satisfaction scores of a facility, and then comparing the historical data to more recent data after the implementation of an experience program.

### **3.2.2 Interviews**

A better understanding of the three patient experience programs was needed to assist with interpretation of the patient satisfaction data as well as to study the overall effectiveness of the programs. Interviewing the coordinators of the patient experience programs at VA West Haven and VA Baltimore proved to be immensely helpful in evaluating their impact. Patient experience departments and employees vary widely in their training, scope and goals. In some hospitals, patient experience programs may be focused on improving the experience with nurses or physicians by improving their customer service skills or ensuring care is coordinated across the continuum of care. In other hospitals, they may be focused in non-clinical areas such as the registration and housekeeping staff. Another version of a patient experience department might be focused on the physical space of the hospital, ensuring patients are able to easily navigate the hallways, and that parking is accessible. Most patient experience departments will incorporate all of these areas into long term goals with prioritization determined by what is in the best interest of the of the individual medical center.

### **3.2.2.1 VA Pittsburgh Healthcare System**

VAPHS created the Office of the Veteran Experience (OVE) in January of 2014 with the hiring of a Veteran Experience Coordinator. The goals are to improve patient satisfaction and create an environment of care that is more veteran-centric. A program such as this is not completely novel to the Veterans Hospital Administration, but this was the first of its kind at VAPHS. Multiple programs exist at other facilities around the country as well as the VA Central Office (VACO) in Washington DC, which coordinates nationwide experience initiatives and trainings.

VAPHS OVE has created a Veteran Advisory Board (VAB) as part of the new initiatives. The VAB is a group of 12 veterans that provides advice to VAPHS leadership on any issues they wish. The group of 12 also includes 3 VAPHS staff members, veterans representing every era of combat, and as many demographics as possible. The VAB is expected to have major input on future decisions made at VAPHS with the goal of improving patient satisfaction survey results and increasing veteran engagement at the VAMC. (Rowley 2014)

### **3.2.2.2 VA West Haven**

VA West Haven Medical Center is considered an Ambulatory Care Center offering a wide range of services, although medical services provided are not entirely comprehensive. The patient experience program at this location was created in 2012. When the department was created, its main focus of the goals was to increase patient satisfaction scores because VA West Haven had the lowest satisfaction scores in their Veteran Integrated Service Network (VISN). It started using Planetree theories under a nationwide contract VA had with Planetree Inc. Unfortunately, the results at VA West Haven were negligible and little tangible change was seen in the SHEP responses. In the view of the West Haven Patient experience leadership this may be

due to the differentiated nature of the federal government environment and some of the Planetree teachings not being applicable to the VA culture.

Since the creation of the department, goals have changed in response to SHEP results and areas in need of attention. As of October of 2014, the noise level in patient rooms has been the main focus of resources. The staff of the patient experience department has tested various solutions including distributing “quiet kits” with ear plugs, headphones, and sleeping masks, discussing solutions within staff committees, and seeking/evaluating direct patient feedback regarding noise in their rooms. None of these efforts showed any positive results in patient satisfaction surveying. The efforts of VA West Haven were recognized by a Field Implementation Team from VACO Office of Patient-Centered Care and Cultural Transformation. This recognition was followed with a \$2,500 grant from VACO to further pilot solutions to reduce noise in patient rooms. This additional money was used to improve the equipment moving through patient areas such as replacing squeaky wheels on carts, and adding noise dampening material on hallway walls. The direct patient feedback received indicated that linen carts, waste bins, and medical carts were a major source of noise. Since the resolution of equipment noise, the most prevalent complaint regarding noise has become staff voices at night.

A major obstacle VA West Haven is facing in reducing noise in patient rooms is the physical layout of their hospital. A prime example of this is the fact that up until September of 2014, the hospital was still utilizing a ward of 8 beds. Also, on the medical-surgical units, many rooms are semi-private and the bathrooms are shared. Until the structure is changed or improved, VA West Haven may continue to struggle with the noise in the hospital room SHEP category due to the proximity of the patients to one another; the industry wide transition to private hospital rooms may be fundamental to resolving noise issues at the VA West Haven (Haupt 2014).

### **3.2.2.3 VA Baltimore**

VA Baltimore created one of the first patient experience programs in the VA Healthcare system. It has existed in its current form for approximately 8 years and is considered a model program for other VAMCs. The Baltimore patient experience program existed prior to the most recent 8 years, however the department was drastically reorganized to change its goals and work structure. The positive reputation of the patient experience program within the VHA has remained despite VA Baltimore's patient satisfaction scores measuring below the national average. Historically to the first quarter of the 2011 fiscal years (FY11 Q1) the patient satisfaction scores for VA Baltimore has consistently been below the national average in almost every category and significantly below the scores of the other two VAMCs used in this study as comparators. The staff at VA Baltimore believes the patient satisfaction scores suffered greatly from the ongoing access scandals and negative publicity associated with the VA Health Care system. The trends are slightly apparent in FY2013 where many of VA Baltimore's scores began a downward slope.

Following the reorganization of the department in 2007, the charters of the patient experience program were redeveloped to include the goals of building a consumer relations department, increasing utilization of the Patient Advocate Tracking System (PATS), improving support of the VAMC's patient advocates and implementing other strategies to improve patient satisfaction. The medical center currently has three patient advocate positions at a GS-11 pay grade. In 2009, the patient experience program began using the Planetree model to improve patient centered care with the measureable goal of improving patient satisfaction scores. The department was highly focused on patient centered care when the Planetree model was in place and various trainings and staff education programs were implemented. The results from

Planetree were similar to that of VA West Haven and the department elected to move in different direction.

The inpatient scores at VA Baltimore reflect the largest opportunity for improvement. In 2013 the Baltimore VAMC changed goals once again and abandoned the Planetree model due to a lack of noticeable improvement in satisfaction scores as well as the financial constraints of retaining consultants. The department also changed titles to the Office for Patient Centered Care (PCC) with a new philosophy that if the medical center can improve patient centered care via very specific methods, the patient satisfaction scores will improve. Since the 2013 transition, the medical center has particularly struggled with three categories: Pain Management, Discharge Planning, and the Responsiveness of Staff have been identified as patient satisfiers to be improved. To accomplish this, focus teams created action plans to improve scores. Minor improvements have been made; however, the scores have not yet recovered to levels equal to those prior to the May 2014 scandals related to access at VAMCs.

The largest accomplishment of the PCC has been the full implementation and high utilization of the GetWell Network. The GetWell Network is a new patient interface tool that allows patients to access movies, games, health education, and the internet via the in room television. VA Baltimore has also been using a feature of the GetWell Network to solicit instant patient feedback and attempt to make improvements in real time. VA Baltimore's PCC also recently focused on redesigning physical patient areas to improve convenience, increase the customer service skills of front line staff. The PCC also examined issues identified by staff as well as suggestions regarding what can be improved to make their occupation easier (Hoffman 2014).

### **3.2.3 Confounding Factors**

As of mid-2014, the entire Veterans Health Administration was embroiled in many scandals related to healthcare access wait times and the rescheduling of patients. In November of 2012, VAPHS was involved in a controversy related to hospital acquired legionella infections that garnered national headlines. These high profile controversies have negatively impacted VA patient satisfaction scores on a national level. The access related controversies caused many sudden changes within the VA and many resources were diverted to correct the problems. Since an increased focus was placed on access, the VA Baltimore PCC redirected many resources to improving access and ensuring patients are able to see their physicians in a timely manner.

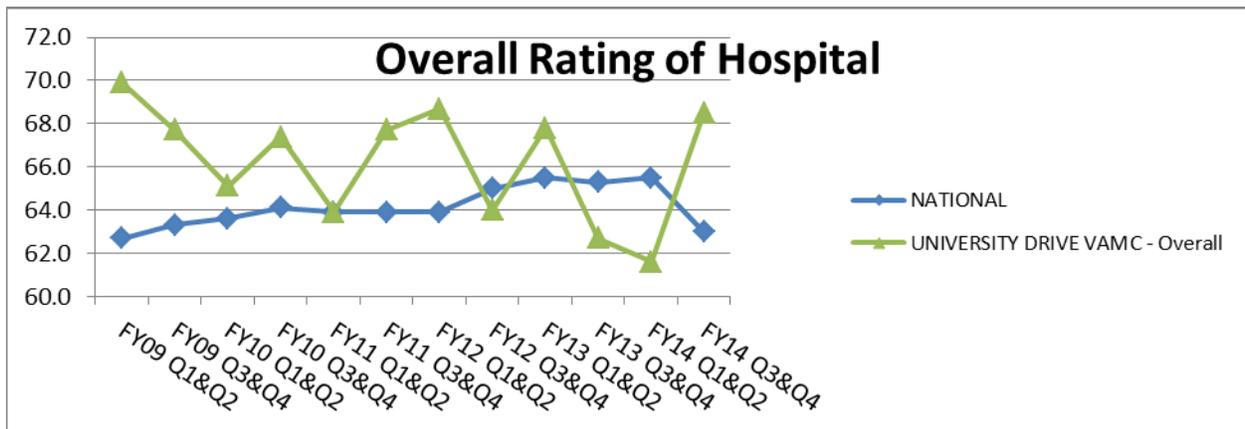
As supported by the comparison of the satisfaction data between VAPHS and Cleveland Clinic, it is clear something more than just the interaction with healthcare impacts the overall and willingness to recommend rating. It appears as though the many domains of care do not directly carry over into the final two categories. Some other factors such as scandals, reputation, prestige, or society's feelings about a hospital or healthcare organization may have an influence on patient satisfaction results.

## **4.0 FINDINGS / RESULTS**

### **4.1 FINDINGS**

#### **4.1.1 VA Pittsburgh Health Care System Findings**

Based on the review of VAPHS patient satisfaction data, the patient experience program has not yet had any measureable impact positively or negatively. Since the implementation of the program in January of 2014, there has been minimal change in any category of patient satisfaction. The variations that have occurred in the short timeframe since creation of the program are not significant from the normal deviations of the data over the last five years as can be seen in Figure 7. VAPHS saw a sharp increase at the end of FY14 after recording a five year low in the first half of FY14, but more time is needed to determine if the upward slope will continue. VAPHS is the only VAMC of the three evaluated that has consistently scored above the national average in the overall rating.



**Figure 7: VAPHS Overall Hospital Rating**

Additionally, as a final controlling factor, VAPHS patient satisfaction scores were compared to Cleveland Clinics. The interesting finding from that comparison was the comparable scores in every single category except “Overall Rating of Hospital” and “Willingness to Recommend Hospital”. It may be that case that reputation, public perception, and facility prestige has a large impact on the overall assessment of the hospital by patients, but less of an impact on the domains of care.

#### **4.1.2 VA West Haven Findings**

Similar to VAPHS, VA West Haven has not seen a major impact on their patient satisfaction scores since the implementation of the patient experience program. Only recently has VA West Haven seen the overall hospital rating being to improve as shown in Figure 8. Interesting, the overall rating of the hospital declined for three consecutive report periods immediately following the creation of the patient experience program. Only in the most recent reporting period that

consisted of FY Q3 & Q4 did VA West Haven see the overall rating of the hospital climb to that of the national average.

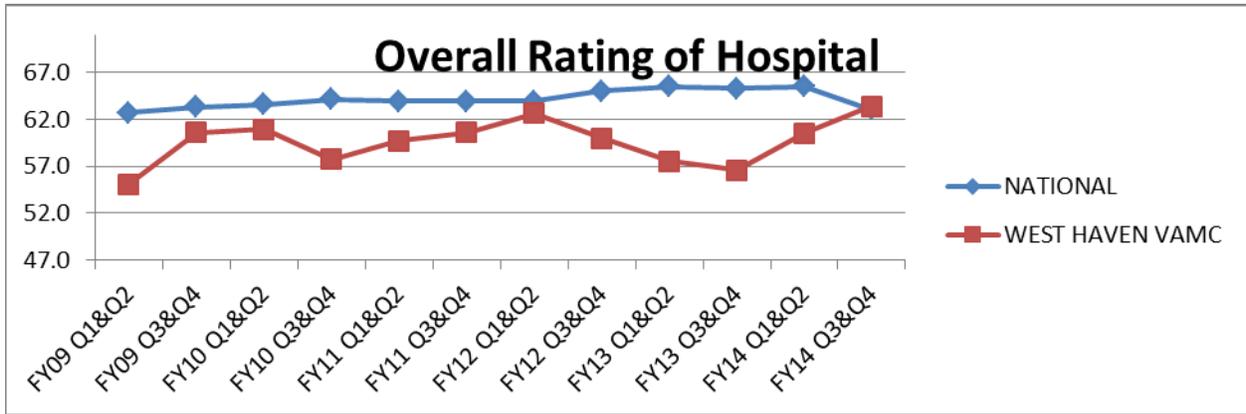
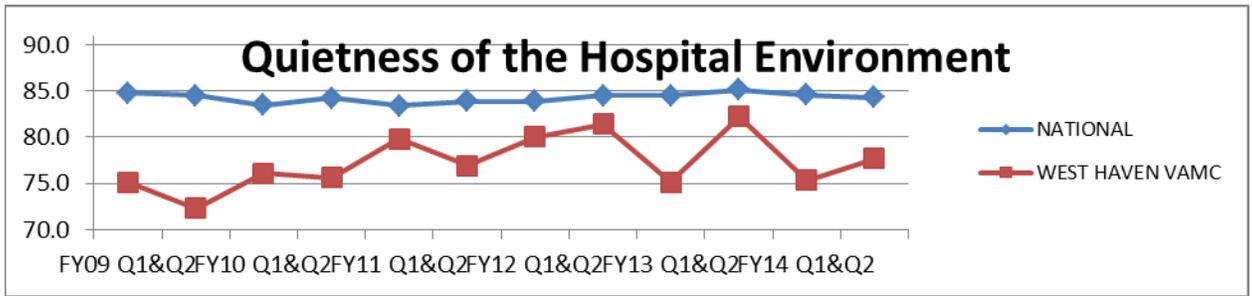


Figure 8: VA West Haven Overall Hospital Rating

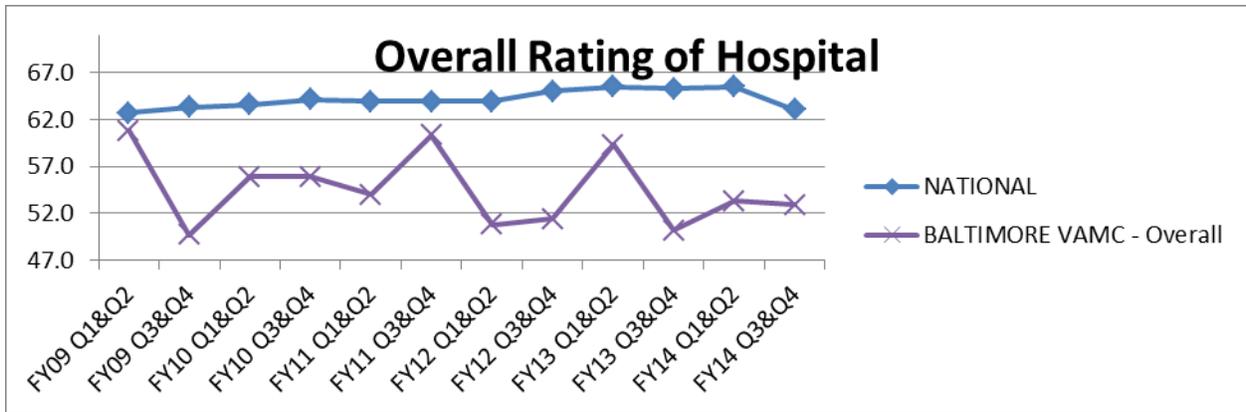
Despite the efforts into very specific areas, such as the noise level of the patient rooms, little overall impact has been seen in survey results. Figure 9 shows that in the most recent survey data release VA West Haven’s score of “Quietness of the Hospital Environment” is barely two points above its score from FY2009 and remains below the national average. A minor bit of variation has occurred in that timeframe, with a fair amount of score improvement, but the sustainability has yet to be seen in this one category.



**Figure 9: VA West Haven Quietness of Hospital Environment Rating**

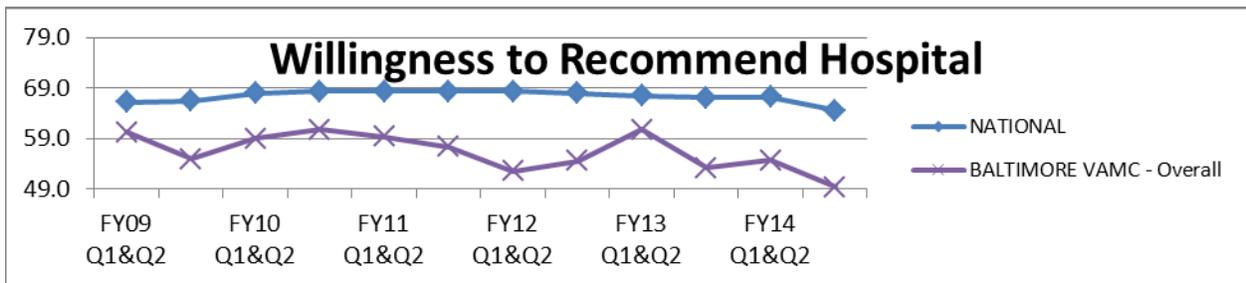
### 4.1.3 VA Baltimore Findings

A review of VA Baltimore’s patient satisfaction scores via SHEP indicates that improvement in many areas of the hospital may be needed. As mentioned before, using “Overall Rating of the Hospital” as the main indicator of patient satisfaction at a hospital, VA Baltimore seems to be lagging behind the national average (Figure 10), as well as the other two comparator VA hospitals. Since the beginning of FY 12, VA Baltimore has been seeing a slight downward trend of this one SHEP question, with a spike at the beginning of FY13. The final score of Q3 & Q4 of FY14 is approximately 10 points below the national average.



**Figure 10: VA Baltimore Overall Hospital Rating**

What may be more concerning for VA Baltimore is the “Willingness to Recommend Hospital” category. As of Q3 & Q4 of FY14, VA Baltimore had its lowest rating in this category. Not only is this a five year low, but since FY10, there was been a negative trend that VA Baltimore may want to investigate further.



**Figure 11: VA Baltimore Willingness to Recommend Hospital Rating**

VA Baltimore might have the most interesting findings of three VAMCs reviewed. In almost every patient satisfaction category, VA Baltimore rates lower than the two comparison sites and the national average. The reasons for these chronically low scores are beyond the scope of this essay, but it does not appear that the patient experience program at this site had been able to make a significant impact on patient satisfaction. The satisfaction of patients at VA Baltimore

has remained largely unchanged or, in some categories, worsened despite the efforts and projects of the patient experience program.

## **5.0 CONCLUSIONS, RECOMMENDATIONS AND PUBLIC HEALTH RELEVANCE**

### **5.1 CONCLUSIONS**

Based on the data analyzed, it has become clear that patient experience programs do not appear to have a meaningful impact on overall patient satisfaction scores at the three VA medical centers evaluated in this essay. Patient experience programs have not shown an impact can be made in specific areas, as evidenced by VA West Haven's "Quietness of Hospital Environment" rating. These conclusions is are most apparent at VA Baltimore where patient satisfaction scores in almost every category have failed to reflect any significant upward increase in the two years since the re-creation of the department. It would be inappropriate to conclude that patient experience programs are completely ineffective simply because of the minimal or nonexistent impact on patient satisfaction data.

Patient satisfaction surveying is an imperfect measurement tool and its shortcomings have been widely criticized. The imperfection of patient surveying is best demonstrated by the rating differences between VAPHS and Cleveland Clinic domains of care and overall ratings. Patient experience programs offer many intangible benefits and advantages to a medical center justifying significantly more resource investment. As mentioned previously, many things occur outside the control of any single department or medical center that affects patient satisfaction

scores. The recent scandals at various VAMCs are outside the control of any other VAMC, but the impact on the patient satisfaction scores may be widespread. Also, current literature suggests patient satisfaction is rarely tied to patient experience (Solomon 2013). This separation is partly due to the imperfect surveying system, or the emotional and philosophical aspects of the patient's experience.

The ultimate conclusion garnered from this retrospective review is that it appears patient satisfaction is associated with aspects of the patient's healthcare experience unaffected by patient experience programs. It could also be concluded that patient experience programs are not currently focusing their efforts or designing strategies in the most effective areas. Based on the interviews of the staff at the three patient experience programs, none have dedicated many resources in working with physicians and other staff to engage them into improving the patient experience. Without the assistance of the staff affecting the patient satisfaction the most, it is unlikely the patient satisfaction scores will see a noticeable positive impact. If patient experience programs were to change their paradigm of focus to areas more directly linked to patient satisfaction, perhaps more quantifiable results would follow.

## **5.2 RECOMMENDATIONS**

Due to the lack of impact on patient satisfaction and the conclusion that the survey scores are related to something other than the patient experience programs, it is the recommendation of this essay that patient experience programs expand or change their scope. This expanded or changed scope should include acting as an educator to the VAMC because more buy-in is needed from other staff outside the patient experience departments. All staff, from physicians to clerks

should be focused on improving the patient experience and patient experience programs could distribute the skills and knowledge needed to accomplish this to staff. Also, executive staff should incorporate enhancing the patient experience into strategic goals for the medical center indefinitely to validate the efforts of the patient experience program.

Additionally, incorporating the patient perspective or input into key decision making bodies will be a major key to improving patient satisfaction via groups such as the VAB at VAPHS. This can be accomplished via patient experience programs because these programs can provide a formalized mechanism to ensure that patients' wants are being heard and seriously considered. Working directly with the front line clinical staff to create a more compassionate and caring environment would almost certainly improve patient satisfaction survey results as well.

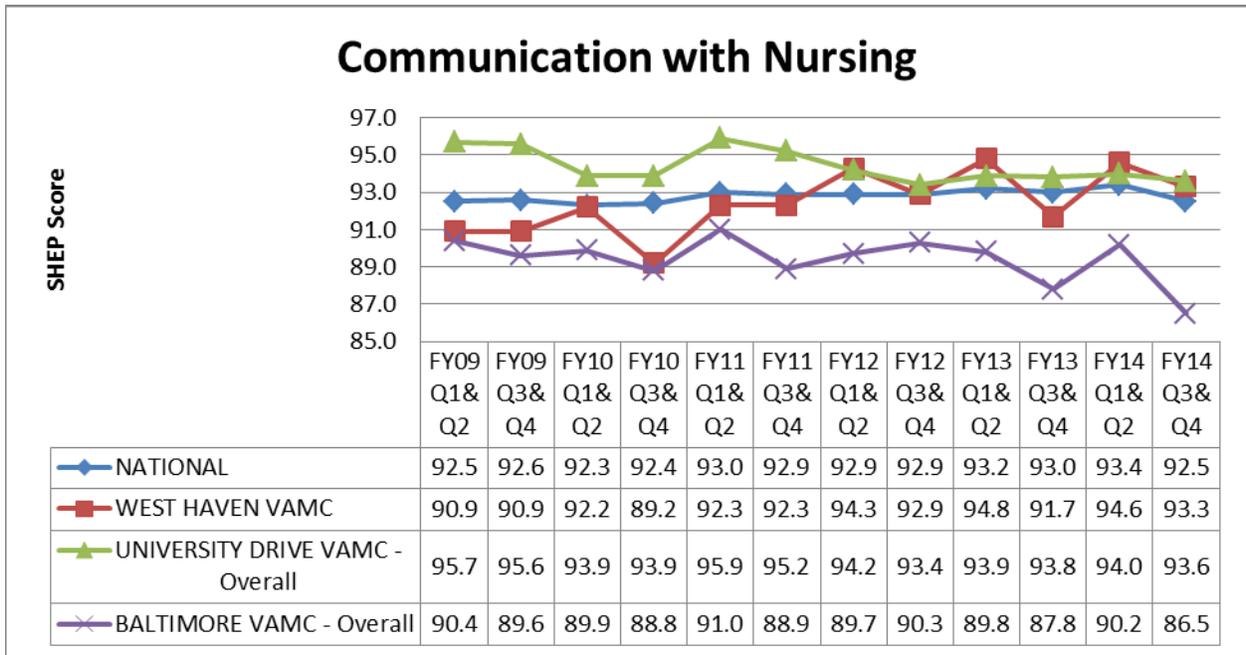
The main recommendation drawn from this review is that the measurement tools for patient experience programs needs to be something other than patient satisfaction surveys. As mentioned, often the impact of the patient experience program is not widespread enough to change the overall results of the patient satisfaction surveys. If a method to separate the patients impacted from the overall responses was in place, a more noticeable trend in the survey responses may be noticed.

In addition to the different survey methods, it would be worthwhile for VA to research the true drivers of patient satisfaction on a national level. As seen in the comparison between Cleveland Clinic and VAPHS, the domains of care may not be the primary drivers of the "Overall Rating" and "Willingness to Recommend" ratings. If VHA hopes to improve patient satisfaction scores, much deeper analysis of what actually causes patients to rate hospitals as they do would be beneficial.

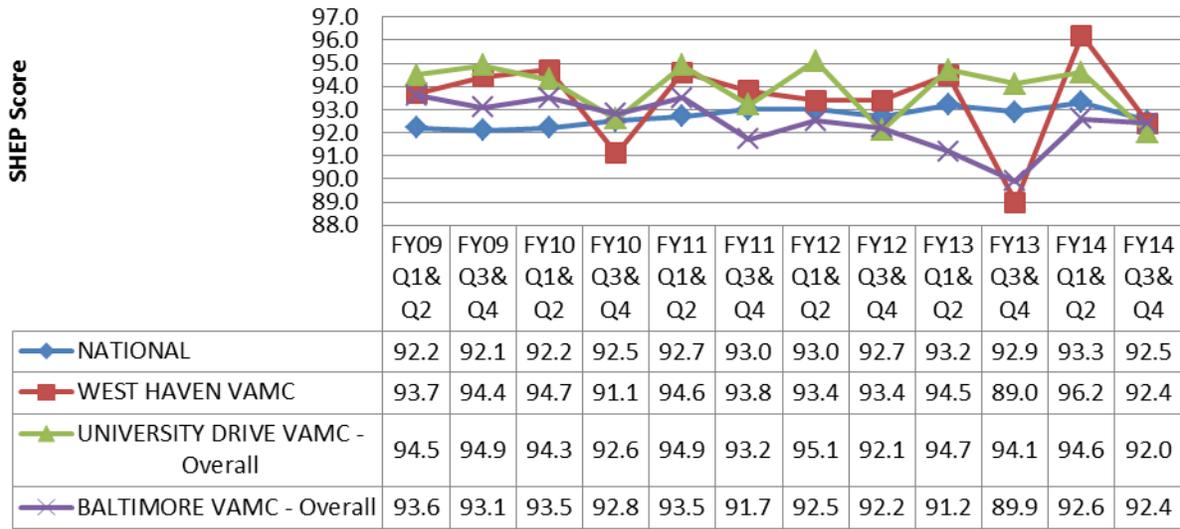
### **5.3 PUBLIC HEALTH RELEVANCE**

The patient experience is relevant to Public Health because, with the implementation of value based purchasing as mandated by the Affordable Care Act, healthcare organizations will need to be aware and cognizant of the patient's experience. Organizations will also need to begin to pay closer attention to patient satisfaction surveys, but the relationship between patient experience and patient satisfaction is not clearly understood. From a policy implementation standpoint, healthcare organizations will need to adapt quickly.

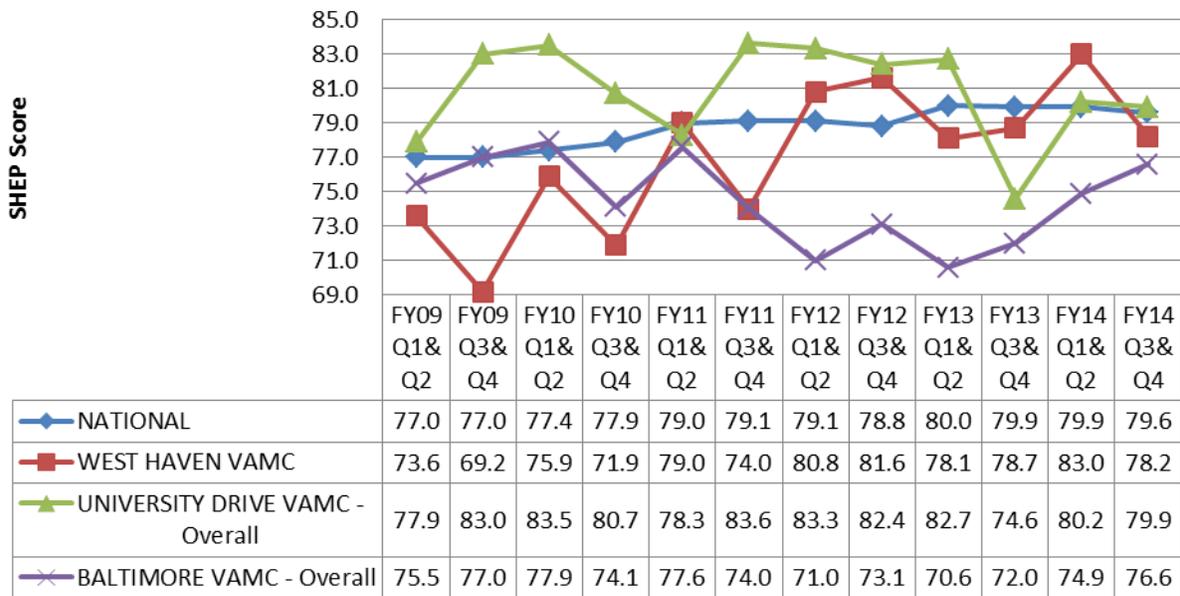
**APPENDIX A: SHEP DATA**



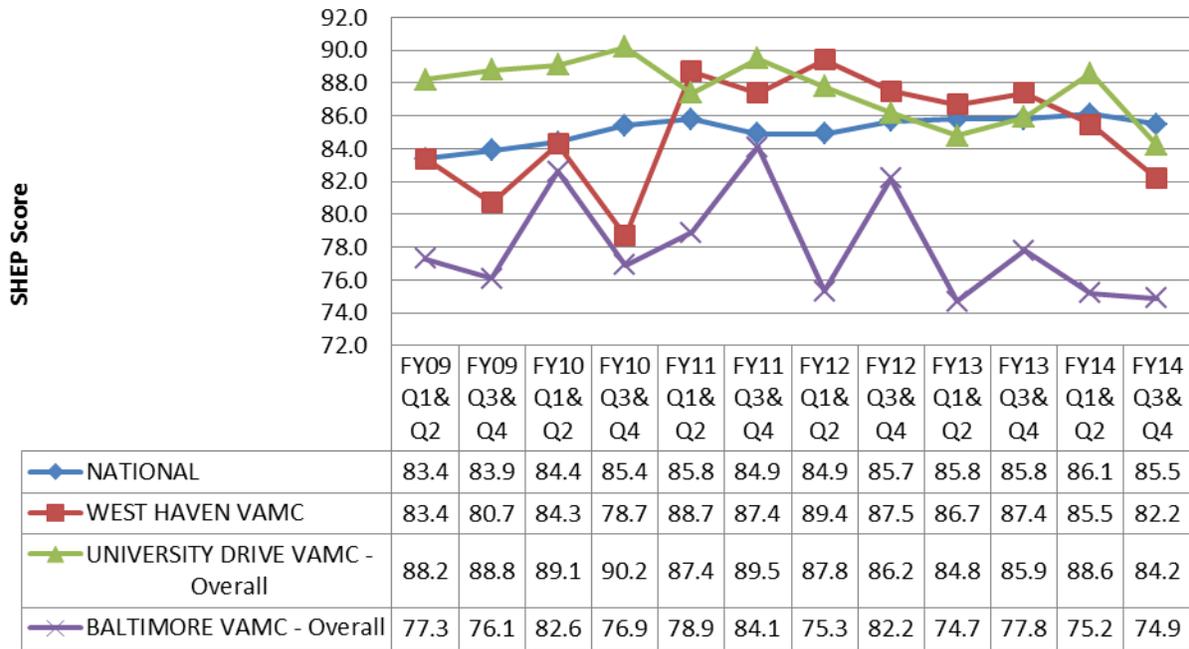
## Communication with Physicians



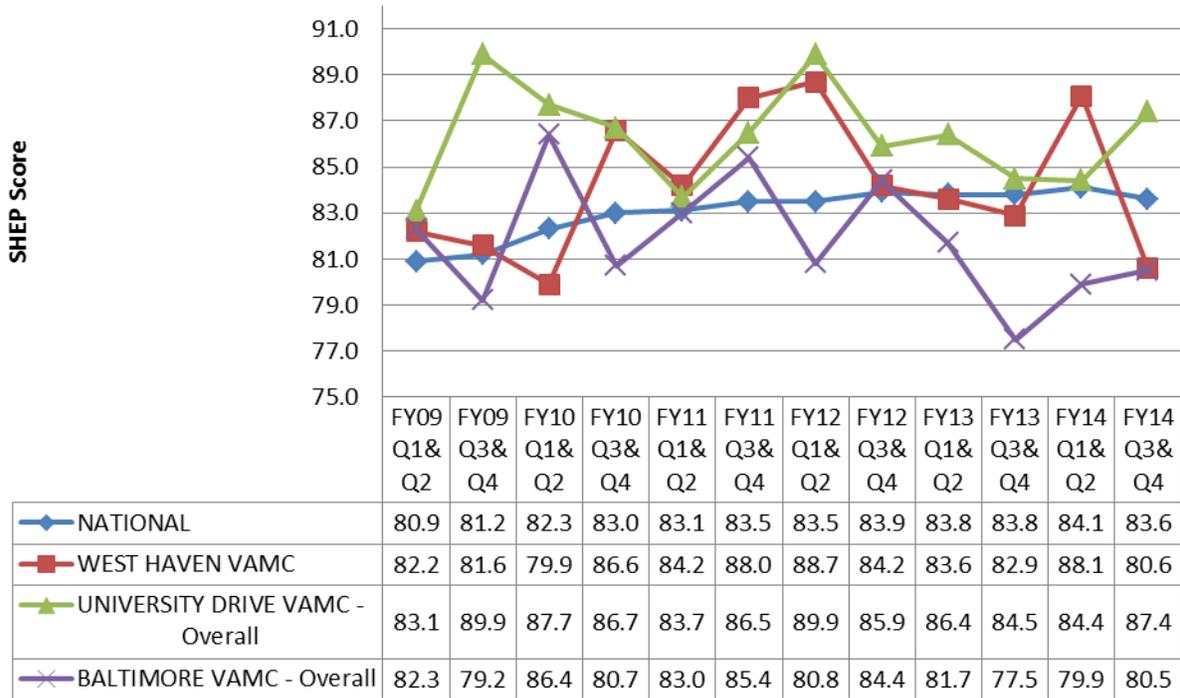
## Communication about Medication



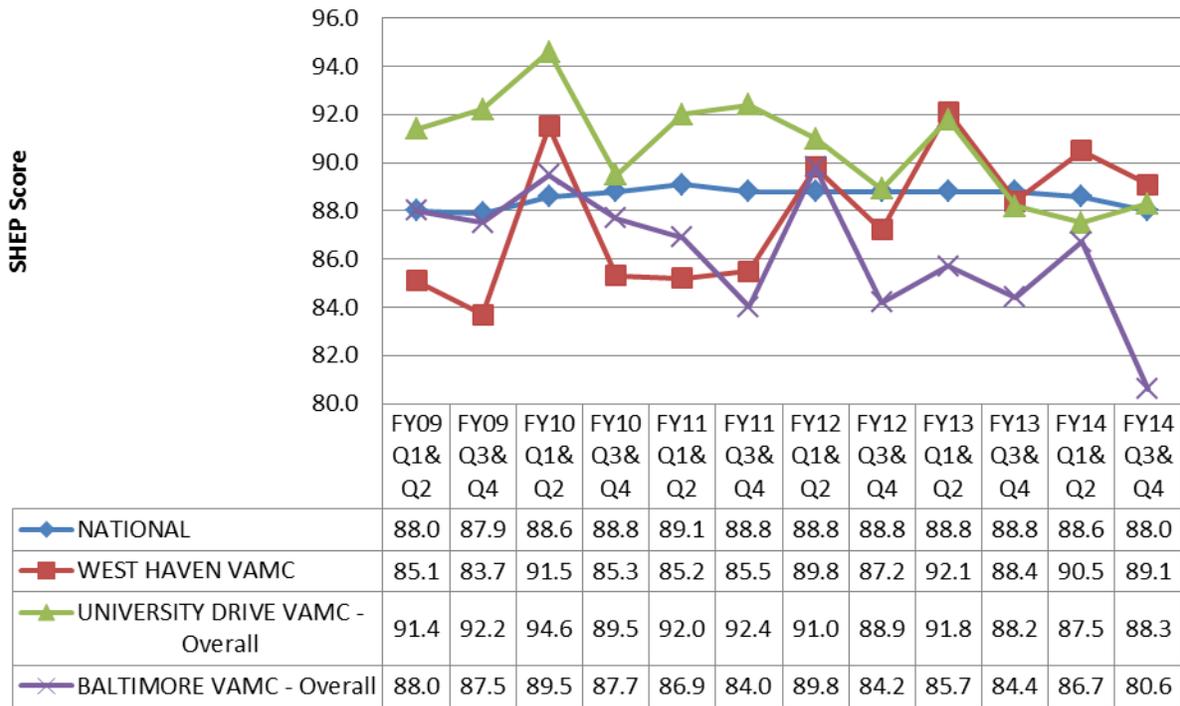
## Responsiveness of Hospital Staff



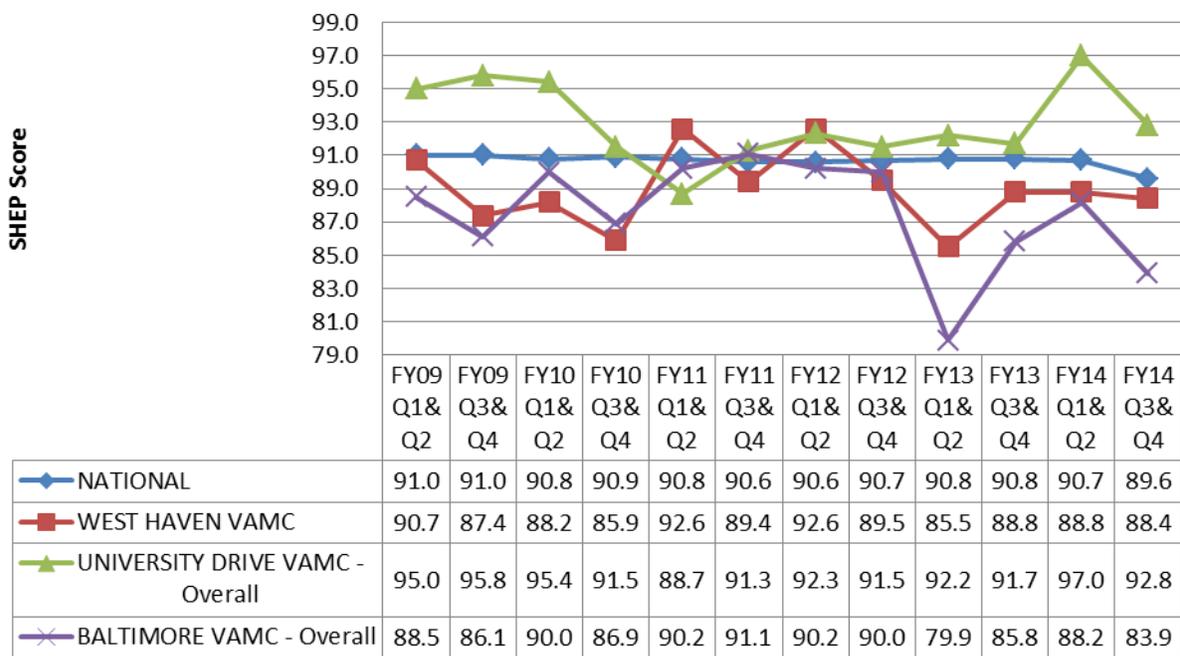
## Discharge Information



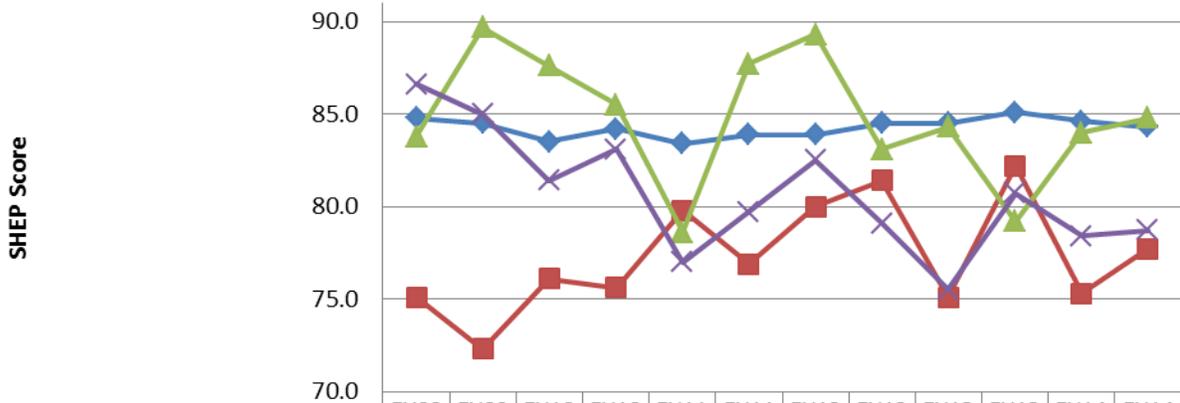
## Pain Management



## Cleanliness of the Hospital Environment

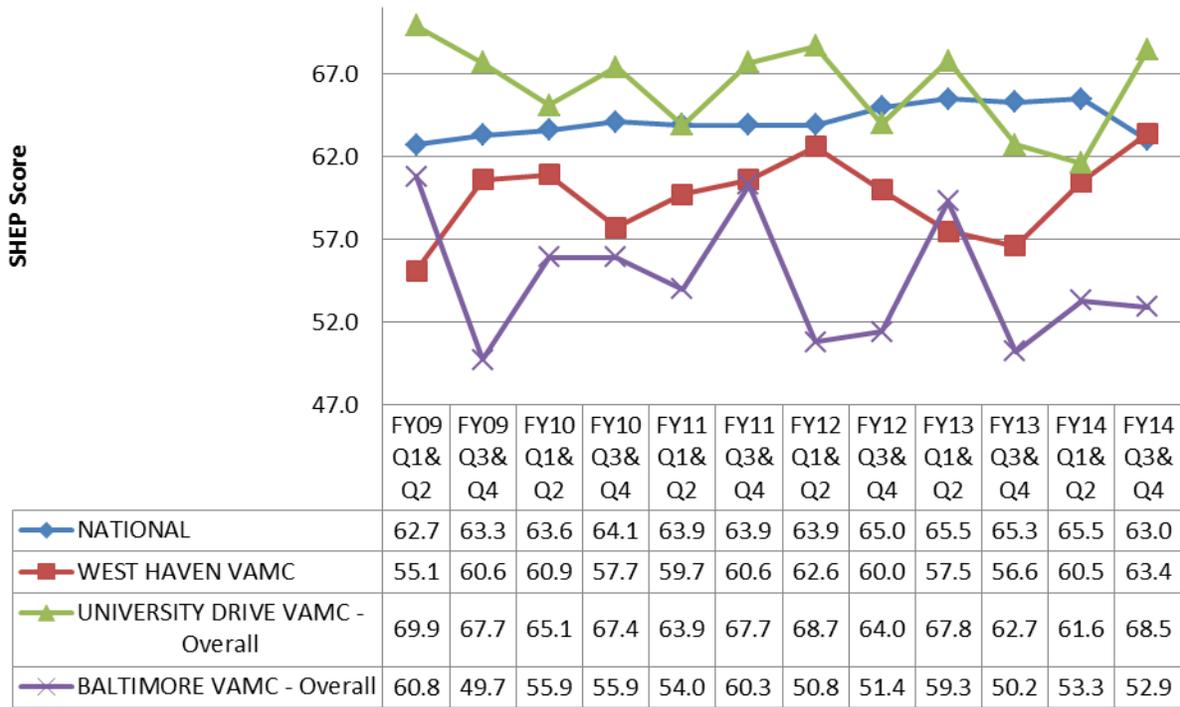


## Quietness of the Hospital Environment

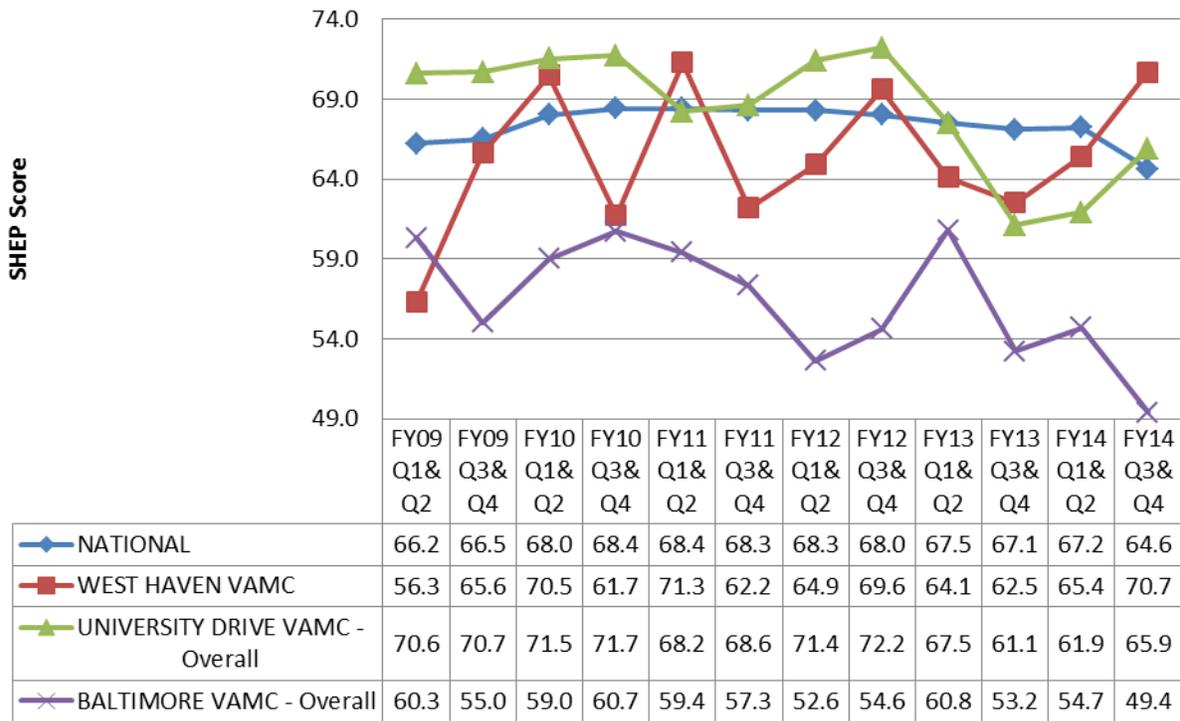


|                                   | FY09<br>Q1&<br>Q2 | FY09<br>Q3&<br>Q4 | FY10<br>Q1&<br>Q2 | FY10<br>Q3&<br>Q4 | FY11<br>Q1&<br>Q2 | FY11<br>Q3&<br>Q4 | FY12<br>Q1&<br>Q2 | FY12<br>Q3&<br>Q4 | FY13<br>Q1&<br>Q2 | FY13<br>Q3&<br>Q4 | FY14<br>Q1&<br>Q2 | FY14<br>Q3&<br>Q4 |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| ◆ NATIONAL                        | 84.8              | 84.5              | 83.5              | 84.2              | 83.4              | 83.9              | 83.9              | 84.5              | 84.5              | 85.1              | 84.6              | 84.3              |
| ■ WEST HAVEN VAMC                 | 75.1              | 72.3              | 76.1              | 75.6              | 79.8              | 76.9              | 80.0              | 81.4              | 75.1              | 82.2              | 75.3              | 77.7              |
| ▲ UNIVERSITY DRIVE VAMC - Overall | 83.8              | 89.7              | 87.6              | 85.5              | 78.6              | 87.7              | 89.3              | 83.1              | 84.3              | 79.2              | 84.0              | 84.8              |
| ✕ BALTIMORE VAMC - Overall        | 86.6              | 85.0              | 81.4              | 83.1              | 77.0              | 79.7              | 82.5              | 79.1              | 75.5              | 80.7              | 78.4              | 78.7              |

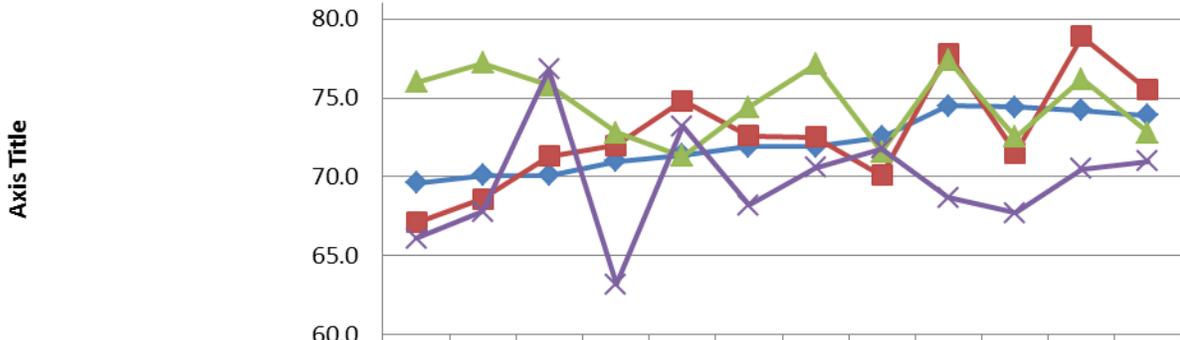
## Overall Rating of Hospital



## Willingness to Recommend Hospital



## Shared Decision Making



|                                   | FY09<br>Q1&<br>Q2 | FY09<br>Q3&<br>Q4 | FY10<br>Q1&<br>Q2 | FY10<br>Q3&<br>Q4 | FY11<br>Q1&<br>Q2 | FY11<br>Q3&<br>Q4 | FY12<br>Q1&<br>Q2 | FY12<br>Q3&<br>Q4 | FY13<br>Q1&<br>Q2 | FY13<br>Q3&<br>Q4 | FY14<br>Q1&<br>Q2 | FY14<br>Q3&<br>Q4 |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| ◆ NATIONAL                        | 69.6              | 70.1              | 70.1              | 71.0              | 71.4              | 71.9              | 71.9              | 72.5              | 74.5              | 74.4              | 74.2              | 73.9              |
| ■ WEST HAVEN VAMC                 | 67.1              | 68.6              | 71.3              | 72.0              | 74.8              | 72.6              | 72.5              | 70.1              | 77.8              | 71.5              | 78.9              | 75.5              |
| ▲ UNIVERSITY DRIVE VAMC - Overall | 76.0              | 77.2              | 75.8              | 72.8              | 71.3              | 74.4              | 77.1              | 71.6              | 77.4              | 72.5              | 76.2              | 72.8              |
| ✕ BALTIMORE VAMC - Overall        | 66.1              | 67.8              | 76.8              | 63.2              | 73.2              | 68.2              | 70.6              | 71.8              | 68.7              | 67.7              | 70.5              | 71.0              |

## **APPENDIX B: TEST**

Copy of Blank SHEP Survey (attached)



OMB Number 2900-0712  
Est. Burden: 15 minutes  
VA Form 10-1465-2

## SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

### RECENTLY DISCHARGED INPATIENT 2015

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the healthcare you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

### \*\*\* ABOUT YOUR RECENT HOSPITAL STAY \*\*\*

We realize that you may receive care at more than one VA location. However, it is important that you answer the questions in this survey based on your VA hospital stay described below:

Version: 62E – 0415

Facility: <<FACILITY NAME>>  
Date of discharge: <<DATE OF DISCHARGE>>  
<<BARCODE>>

<<Sort Position(1)>>

IPS\_SHEP\_EXT\_SVY\_JP\_SHORT\_ENG 04.15.<<mailing\_list\_id(1)>>

### SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes  
 No → If No, Go to Question 1

You may notice a number on the cover letter of this survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #2900-0712

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

#### YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always
2. During this hospital stay, how often did nurses listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never
- Sometimes
- Usually
- Always
- I never pressed the call button

#### YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

6. During this hospital stay, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

#### THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

9. During this hospital stay, how often was the area around your room quiet at night?

- Never
- Sometimes
- Usually
- Always

#### YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → If No, Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- I was not given any medication when I left the hospital

Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics.

#### FURTHER QUESTIONS ABOUT YOUR EXPERIENCE

---

26. During this hospital stay, how often was personal information about you treated in a confidential manner?

- Never
- Sometimes
- Usually
- Always

27. During this hospital stay, how often did nurses show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

28. During this hospital stay, how often did you feel nurses really cared about you as a person?

- Never
- Sometimes
- Usually
- Always

29. During this hospital stay, how often did doctors show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

30. During this hospital stay, how often did you feel doctors really cared about you as a person?

- Never
- Sometimes
- Usually
- Always

31. During this hospital stay, were providers willing to talk to your family or friends about your health or treatment?

- Yes
- No

32. During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

33. If you could have free care outside the VA, would you choose to be hospitalized here again?
- Definitely would not
  - Probably would not
  - Probably would
  - Definitely would
34. During this hospital stay, how often did health care providers seem informed and up-to-date about the care you got from other providers at the hospital?
- Never
  - Sometimes
  - Usually
  - Always
35. Were there times when you were confused because different providers told you different things?
- Yes, always
  - Yes, sometimes
  - No
36. Did you know who to ask when you had questions about your health care?
- Yes, always
  - Yes, sometimes
  - No
37. During this hospital stay, when there was more than one choice for your treatment or health care, did providers ask which choice you thought was best for you?
- Yes
  - No
38. During this hospital stay, did providers talk with you about the pros and cons of each choice for your treatment or health care?
- Yes
  - No

#### ABOUT COMMUNICATING WITH VA

39. Did you have a complaint about how you were treated (medically or personally) during your last hospitalization?
- Yes
  - No → If No, Go to Question 45
40. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?
- Treatment team → Go to Question 42
  - Patient advocate → Go to Question 42
  - Other VA staff → Go to Question 42
  - Did not report the complaint to a VA employee
41. If you did not report this complaint, what was the most important reason you did not report it? (Please mark only one.)
- I didn't know where to complain
  - I was afraid of what would happen if I did complain
  - I thought complaining wouldn't do any good
  - I wasn't sure I had the right to complain
  - Other
42. If you had a complaint, how easy was it for you to find someone to hear your complaint?
- Very easy
  - Easy
  - Difficult
  - Very difficult
  - Not applicable

43. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Not applicable

44. How long did it take for the VA hospital to resolve your complaint?

- Same day
- 2-7 days
- 8-14 days
- 15-21 days
- More than 21 days
- Complaint is not resolved
- Not applicable

#### ABOUT YOU

There are only a few remaining items left.

45. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- Yes
- No

46. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

47. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

48. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

49. Are you of Spanish, Hispanic or Latino origin or descent?

- No, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

50. What is your race? Please choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

51. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- Some other language (please print):  
\_\_\_\_\_

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
  - a. VA Benefits: 1-800-827-1000
  - b. Health Care Benefits: 1-877-222-8387
  - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of veterans' benefits is available on our home page at [http:// www.va.gov](http://www.va.gov)
3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

If you have a specific question about this HCAHPS survey, call 1-866-594-5444.

If you have a specific question about something other than this HCAHPS survey, please refer to the contact options above.

**Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:**

**Department of Veterans Affairs**

**c/o Ipsos  
P.O. Box 806046  
Chicago, IL 60680**

*Questions 1-22 and 45-51 are part of the Hospital CAHPS survey and are works of the U.S. Government. These questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of The Care Transitions Program® ([www.caretransitions.org](http://www.caretransitions.org)).*

## BIBLIOGRAPHY

- Adamy, Janet. "U.S. Ties Hospital Payments to Making Patients Happy." *The Wall Street Journal*, October 24, 2012. Accessed February 24, 2015.  
<http://www.wsj.com/articles/SB10000872396390443890304578010264156073132>.
- Fellows, Jacqueline. "HL20: James Merlino, MD—A Passion for Patient Experience." *HealthLeaders*, December 13, 2013.
- Lee, Fred. *If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently ; [cultural Insights from a Hospital Executive Who Became a Disney Cast Member*. Repr. ed. Bozeman, MT: Second River Healthcare Press, 2012.
- Haupt, Bonnie. "VA West Haven Patient Experience Program." Telephone interview by author. September 20, 2014.
- Hoffman, Ronald. "VA Baltimore Patient Experience Program." Telephone interview by author. September 13, 2014.
- Punke, Heather. "Patient Experience Affects Us All: Q&A with Cleveland Clinic CXO Dr. James Merlino." *Beckers Hospital Review*, 2014. Accessed March 19, 2015.  
<http://www.beckershospitalreview.com/quality/patient-experience-affects-us-all-q-a-with-cleveland-clinic-cxo-dr-james-merlino.html>.
- Raman, Ananth. "Health Care's Service Fanatics." *Harvard Business Review*, May 1, 2013.
- Rau, Jordan. "Fancy Hospital Flourishes Often Fail To Impress Patients." NPR.org. February 24, 2015. Accessed February 26, 2015.
- Rowley, Matthew. "VA Pittsburgh Healthcare System Patient Experience Program." Interview by author. September 9, 2014.
- Merlino, James, and Ananth Raman. "Understanding the Drivers of the Patient Experience." *Harvard Business Review*, September 17, 2013.
- Solomon, Micah. "9 Patient Experience And Satisfaction Secrets For Hospitals And Healthcare." *Forbes*, September 8, 2014.

Solomon, Micah. "Improving The Hospital Patient Customer Experience (It's About More Than HCAHPS Scores)." *Forbes*, December 20, 2013.

White, Brandi. "Measuring Patient Satisfaction: How to Do It and Why to Bother." AAFP.org. January 6, 1999. Accessed March 23, 2015.  
<http://www.aafp.org/fpm/1999/0100/p40.html>.

Wolf, Jason A. PhD; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sherri L. PhD, MPH, MBA (2014) "Defining Patient Experience," *Patient Experience Journal*: Vol. 1: Iss. 1, Article 3.  
Available at: <http://pxjournal.org/journal/vol1/iss1/3>