

IMPROVING ESRD FACILITY PATIENT EXPERIENCE SCORES Pamela Lawson, BSN, RN, LSSGB, Howard University Hospital / American Renal Associates | Michael Tanner, MS, MBA, FACHE / McMillan Pazdan Smith Architecture

BACKGROUND / OBJECTIVE

Rising labor and supply costs, aging infrastructure, increasing competition for highmargin patients, and increasing patient expectations are creating negative margin pressures and compel healthcare providers to improve efficiencies and quality of care. ESRD (dialysis) providers can use tools, such as ICH CAHPS patient experience surveys to help inform continuous improvement strategies. Results from these surveys: 1). Provide important patient experience feedback directly to the provider; 2). Impact provider revenues; and **3**). Are publicly available and can inform a patients' provider choices.

ESRD facilities have numerous years of standardized patient experience scores to help drive improvement initiatives. These often include improved staff and nephrologist communication, staff responsiveness, and care environment improvements. Past work has shown high-scoring dialysis centers to have strong teamwork, professionalism, and communication processes¹. The physical environment, including parking and amenities, also drives patient experience scores^{2,3}. Our objective was to improve our patient experience scores as measured by ICH CAHPS.

ICH CAHPS SURVEY MEASURES

Quality of the dialysis center care and operations

Providing information to patients

Nephrologist communication and caring

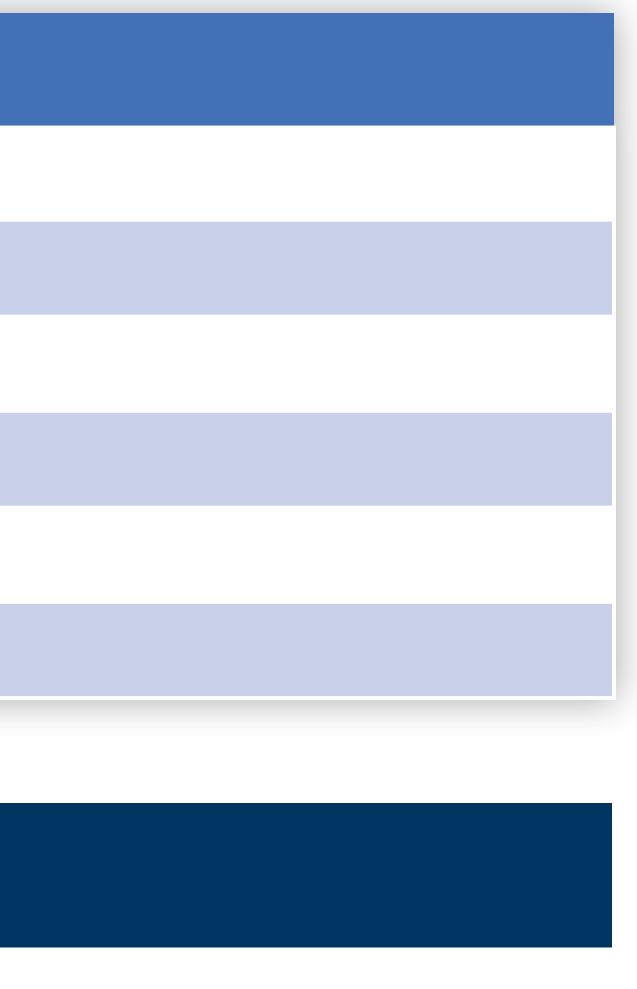
Rating of the dialysis center staff

Rating of the nephrologist

Rating of the facility

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- 2. Grifka, A., Dorris, J., Marshall-Aiyelawo, K., Gliner, M., & Frazier, C. (2022). Patient Experience and Hospital Environment Measures at Military Treatment Facilities. Journal of Healthcare Management, 67(1), 38–53. https://doi.org/10.1097/JHM-D-20-00316
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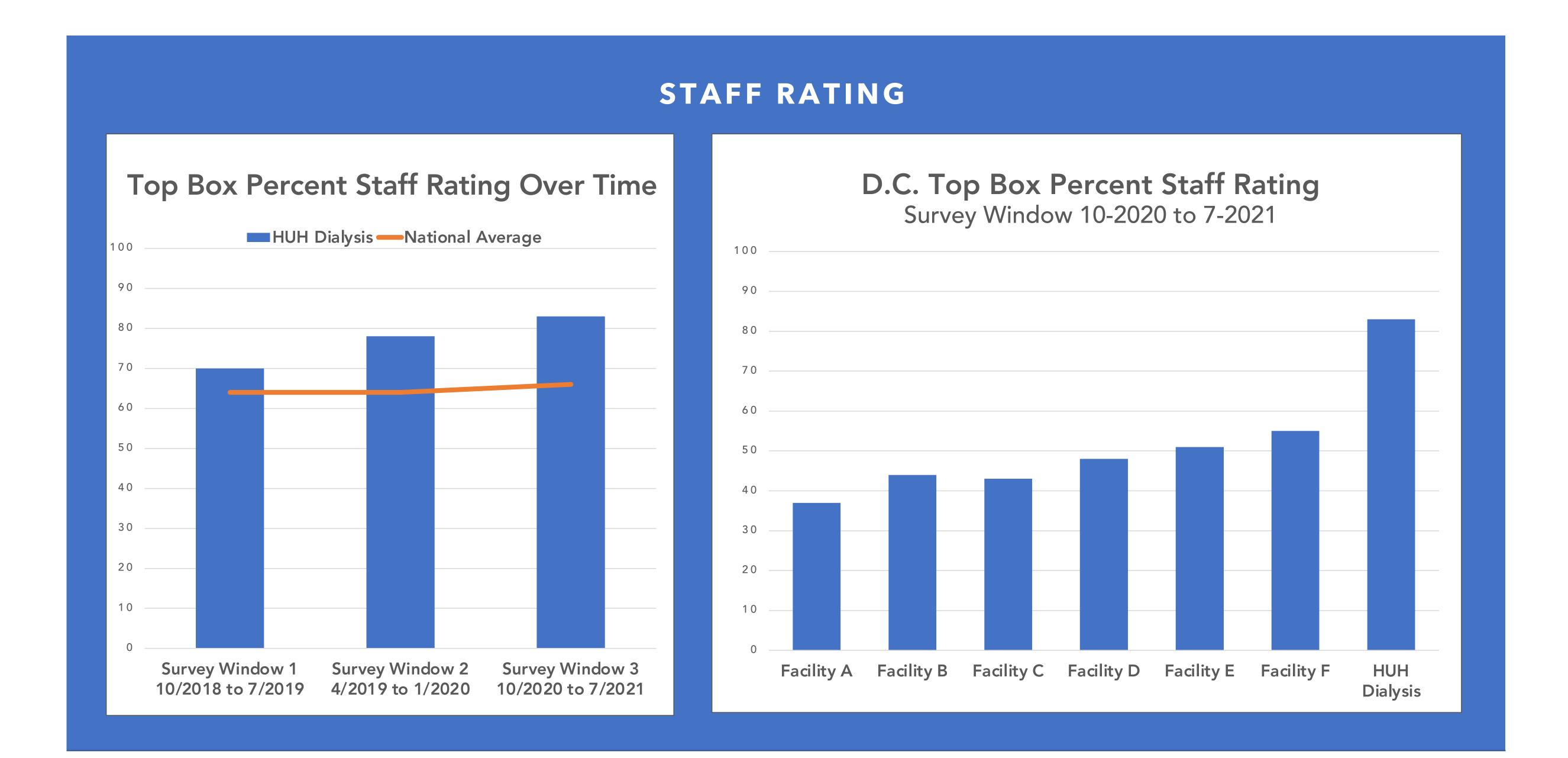


PLANNING / RESEARCH METHODS

We reviewed ESRD facility CAHPS scores using data available from CMS and identified opportunities to improve including:

- and campus cleanliness.
- We managed patients' expectations by communicating survey results as well as expectations to improve.
- We implemented intentional patient rounding for physicians, staff, and leadership.

We compared our scores over time and against: 1). Local market (District of Columbia); 2). All in-chain facilities (this facility is managed by American Renal Associates); **3).** All facilities nationwide.

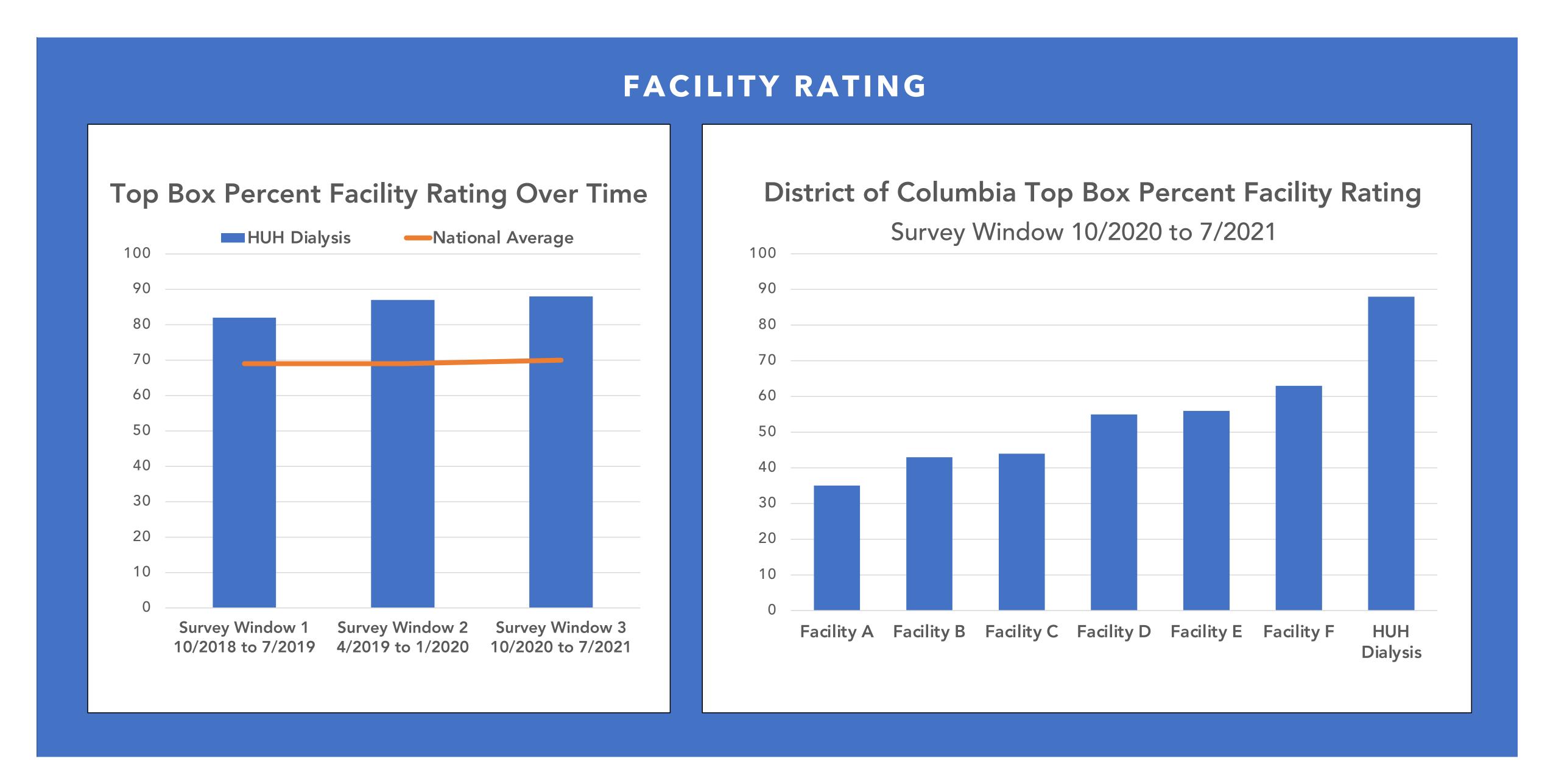


• We identified facility improvement opportunities, as care environment experience is a recognized driver of patient satisfaction. We implemented free and reserved parking for dialysis patients. We redesigned facility entries and improved facility

RESULTS

Our staff CAHPS scores in the initial survey measurement window started relatively high, but they improved over time. The staff rating is in the 95th percentile among all ESRD facilities nationwide. The staff rating is also the highest in the District of Columbia market and is in the **92nd percentile** among the other in-chain facilities nationwide.

Our facility scores in the initial survey measurement window also started relatively high and improved over time. The facility rating is in the 95th percentile among all ESRD facilities nationwide. The facility rating is also the highest in the District of Columbia market and is in the **90th percentile** among the other in-chain facilities nationwide.



CONCLUSION

These results suggest ESRD patient experience survey scores may be positively impacted by intentional improvements in the care environment, enhanced patient communication, and physician / staff / leader access.

