

## Patient Perception of Physician Performance

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Perception is everything, well not quite, but it is actually 30% of the calculation towards earning back the 1% Medicare takeaway. That is right, beginning this year Medicare is taking away 1% and putting the money in a pot, and hospitals have the opportunity to earn back up to 150% based on Quality Indicators and Patient Satisfaction scores. The bell curve is getting mighty tight. A score of 96% can put a hospital below the 75th percentile.

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patient's percep-

tive of hospital care. Hospitals have collected information on patient satisfaction for their own internal use for years, but until HCAHPS there was no national standard for collecting and publicly reporting information about the patients' experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally.

The HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The survey contains 18 core questions about critical aspects of their hospital experiences; these are then rolled into ten measures. The hospital is only given credit for "always" on a scale of 1-4, or for 9 & 10 on a scale of 0-10.

- Nurses always communicated well
- Doctors always communicated well
- Pain was always well controlled
- Staff always explained about medicines before giving them.
- Their room and bathroom was always clean
- The area around their room was

always clean

- They were given information about what to do during their recovery at home.
- Overall rating of 9-10
- They would definitely recommend this hospital

The HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes HCAHPS results for participating hospitals on the Hospital Compare website ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on.

Efforts that our facility is employing to address opportunities for improvement is conducting a parallel patient satisfaction survey over a wider patient population and trending those results on a monthly basis. Action plans are developed for those areas with opportunities for improvement. Areas that are meeting established goals are rewarded by being able to display a banner in their department indicating that their department has a high level of patient satisfaction.

The area of focus that pertains to

physicians revolves around communication. There are volumes written on the importance of effective, empathic physician-patient communication. How patients perceive their connection with their physician significantly influences their sense of satisfaction and level of concern about health.

One of the statements from our parallel survey, that we have opportunity to improve on, asks patients: "My doctor(s) answered my questions about my health." Physicians should be aware that patients typically have questions beyond the immediate episode of care, such as other related/unrelated health questions, or the impact of their current condition on their future quality of life. Partnering with nursing and other clinical staff to assure that questions regarding health are being answered is an important part of good patient education. Taking time out to ask the patient, "Are there any other questions about your health/condition that I can answer for you today?" is a good starting point. Familiarize yourself with educational resources available at the hospital as well. Coordinate with the nurse/patient to be sure questions are answered. Nurses will often encourage patients to formulate questions to ask you on your next visit. This is a great opportunity to demonstrate teamwork with hospital staff by carefully assuring that the patient's questions are being answered with whatever resources are available.

Another statement on our parallel survey offers an opportunity for improvement: "I was given the chance by my doctor(s) to provide input to decisions about my healthcare." When possible, offer the patient viable options (when they exist) to

gain their input. Effort spent gaining patient input into decisions serves to improve the likelihood that patients will feel included and engaged in their care process. This, in turn, should make them more likely to carry out the instructions or directions you provide. Some patients will simply want you to do what is right; "You are the doctor, you decide," yet others will ask what options are available, want detailed information about the advantages/disadvantages, and then ask what you think is best. While informed consent is required for major decisions in healthcare (such as surgical procedures), a patient's input into decisions and the care process (whenever possible) serves to encourage patients to actively engage in their wellness.

A third statement from our parallel survey, identified as an opportunity for improvement, is: "My doctor(s) explained my illness or treatment in a way I could understand." Not only do we face literacy and comprehension issues, but a greater concern is that of medical illiteracy/comprehension in healthcare. Well-educated patients report a lack of understanding of key events in medical care, from the instructions for a simple appointment to the discharge instructions and prescriptions. Studies report that upwards of 40 percent of discharge instructions/prescriptions are not followed as prescribed. Using terms that the patient can understand, and checking frequently for understanding, are keys to success.

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*Every hospital has a Medical Staff Services Department, but little is known about the function of these departments outside of the industry. The Medical Staff Services Department serves three main functions in the hospital. First, it is the guardian, standing at the gate making sure that all physicians that enter through the gate are competent and qualified to perform privileges granted at the hospital. The Department does this by verifying at primary source, the education, competency and licensure of all physicians applying for privileges at the hospital, which is referred to as credentialing. The second function that the Medical Staff Office is to facilitate the self governance of the Organized Medical Staff (physicians). The Organized Medical Staff is tasked by the Centers for Medicare and Medicaid Services to oversee the quality of care throughout the hospital. The Organized Medical Staff does this by credentialing its members, and by organizing itself into various departments and committees that interact with clinical services throughout the hospital to oversee the quality of care at the hospital. The third function of the Medical Staff Services Department is to assist the Organized Medical Staff with compliance with the endless requirements of regulatory agencies, such as the Centers for Medicare and Medicaid Services (CMS), the Joint Commission, and in the California Code of Regulations, otherwise known as Title 22.*