

Impact of the Intervention on Staff Experience

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Data Collection: Staff Survey



- NewYork-Presbyterian

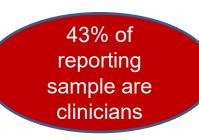
We want To Hear From You!

Staff Experiences with Patient Feedback Survey

We need to hear from you to achieve our goal of "We Put Patients First." We need your input on what it's like to work with patients in the Ambulatory Care Network (ACN), and how feedback from patients affects you, your colleagues, and your practices. To get your input, we are asking you to complete a confidential survey, which will be analyzed by a research team from Yale, Columbia, and other universities. Please take a moment to complete the survey using the QR code or survey link. Thank you!



- 333 surveys returned
 - Physician or Physician Assistant (N=59)
 - Supervisor/Administrator (N=37)
 - Medical Assistant (N=36)
 - ► Staff (e.g., Receptionist) (N=31)
 - Patient Financial Advisor (N=31)
 - Nurse (N=29)
 - Other Provider (Social Worker, Nutritionist, etc.) (N=16)
 - Other role/Not disclosed: (N=7)
- 81% response rate



The Value of the Staff Survey Data

Answers four key questions:

- 1. What do staff learn from patient narratives?
- 2. Are behavior changes linked with seeing patient narratives?
- 3. Are there significant differences between intervention and control sites in what is learned and behavior changes?
- 4. Is there an association between staff seeing patient narratives and feeling more or less understood and burned out?

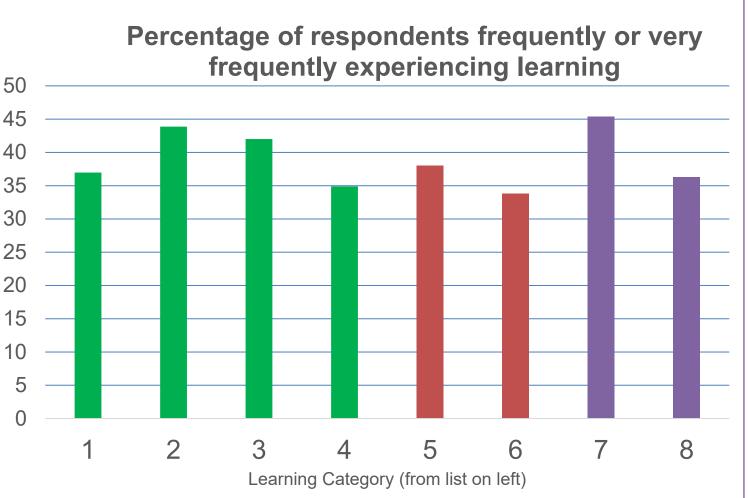




Finding 1: Respondents had *multiple* learnings from patient narratives that facilitate improvement

In the last six months, how often have written comments from patients about their care been useful for identifying:

- 1. Best practices used by clinicians and staff
- 2. Aspects of the practice's dayto-day operations that work well
- 3. Patients' hopes for how care could be better
- 4. Creative ideas for improving patient care
- 5. Problems with the practice's day-to-day operations
- 6. Problems that occurred between patients and clinicians or staff
- 7. Exceptional people
- 8. Exceptional ways to do things



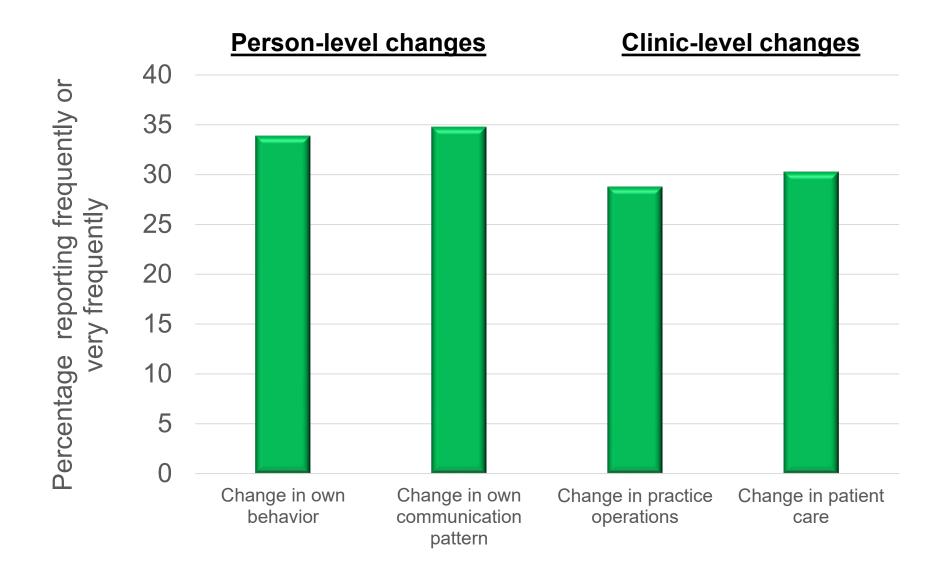
Finding 1: Respondents had *multiple* learnings from patient narratives that facilitate improvement

In the last six months, how often have written comments from patients about their care been useful for identifying: [eight options listed]



Number of learnings from patient narratives

Finding 2: Reported behavior changes in response to seeing patient narratives



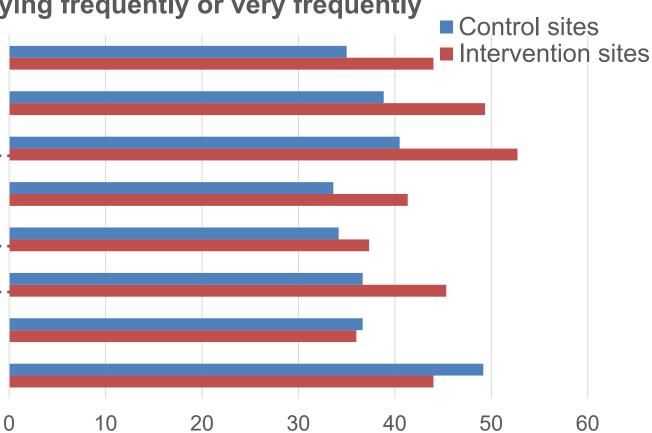
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Finding 3: Intervention sites had significantly higher learning than control sites

In the last six months, how often have written comments from patients about their care been useful for identifying:

Percentage of respondents saying frequently or very frequently

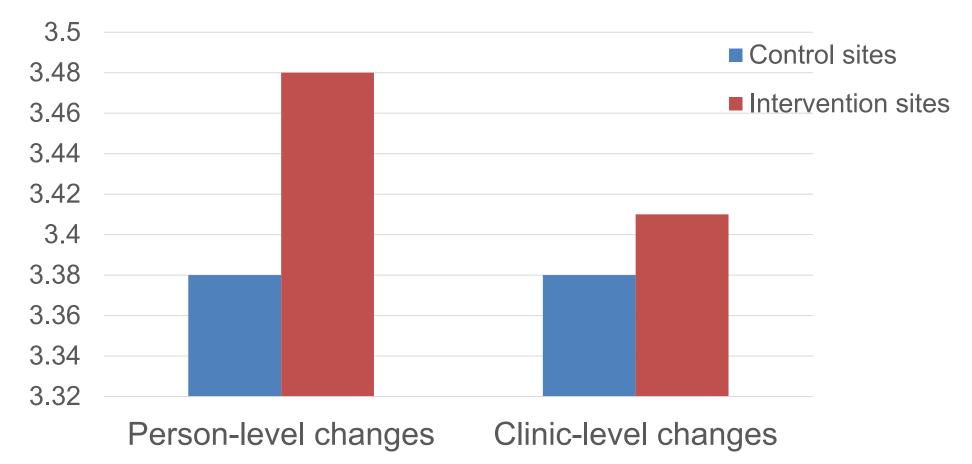
best practices used by clinicians and staff patients' hopes for how care could be better aspects of the practice's day-to-day... creative ideas for improving patient care problems that occurred between patients and... problems with the practice's day-to-day... exceptional ways to do things exceptional people



Finding 3: Intervention sites had significantly more behavior change than control sites



Mean frequency (response scale:1 = never to 5 = very frequently)



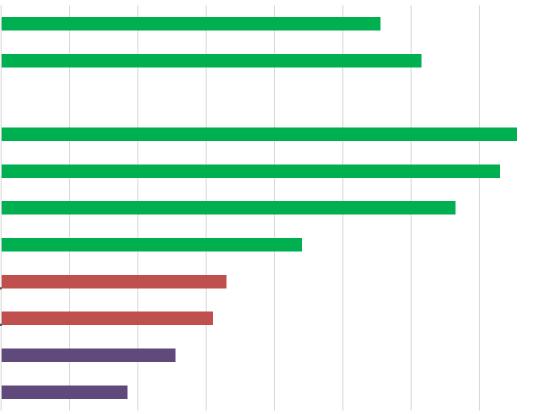
Finding 3: Magnitude of intervention effect varies by type of learning (positive, negative, exceptional)



Coefficient of Effects from Statistical Analysis

Individual behavior change Practice behavior change

Best practices used by clinicians and staff Aspects of day-to-day operations that work well Patients' hopes for how care could be better Creative ideas for improving patient care Problems with the practice's day-to-day... Problems that occurred between patients and... Exceptional people Exceptional ways to do things



0 0.2 0.4 0.6 0.8 1 1.2 1.4 1.6

*All magnitudes of difference are significant between intervention and control groups, except for narratives helping to identify exceptional ways to do things. Statistical models are adjusted for professional role, tenure, frequency of comment exposure, mix of positive and negative comments seen, and campus affiliation.

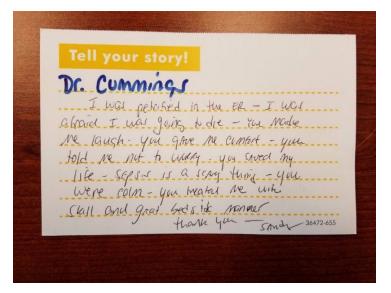
Less than one year, 1-2 years, 3-5 years, More than 5 years

Four additional interesting results

Learning effects are greater for those with:

- More narrative exposure
- Less years of experience*
- Non-clinical roles
- More exposure to positive narratives

* Measured by response to: How long have you worked at this practice?





Finding 4: Reinforcing feedback in patient narratives is associated with staff well-being



Two Forms of Reinforcing Feedback

1. Positivity in Narratives: compliments care received

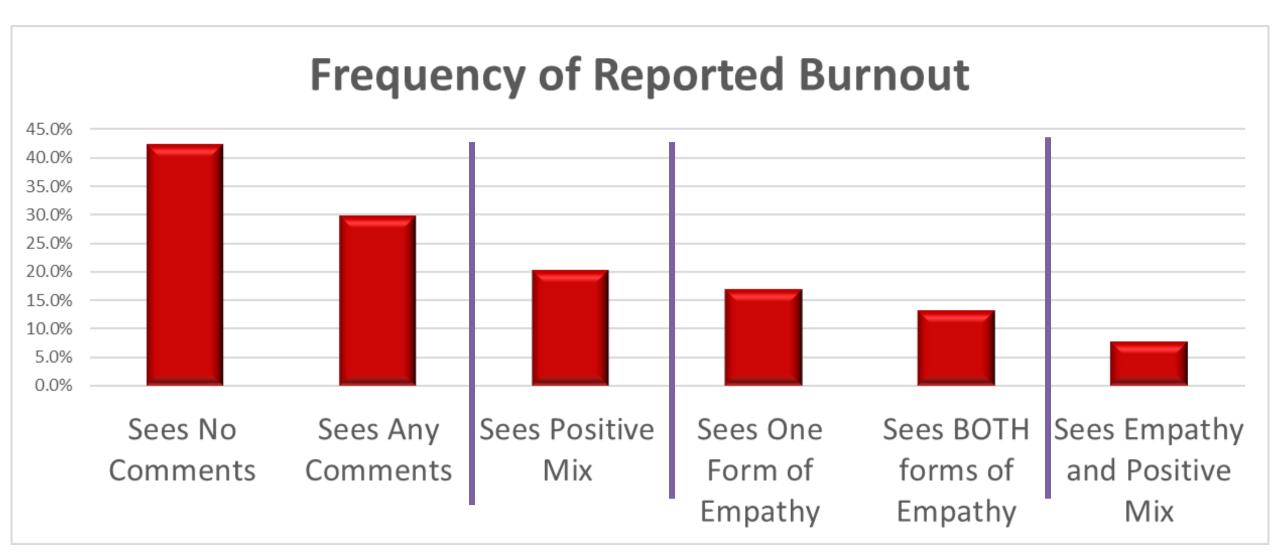
- Modal narrative roughly 60% positive (our coding)
- Respondents reporting >70% positive narratives: 37.6%
- 2. Empathy in Narratives: Conveys 1) understand challenges and/or 2) appreciate effort
 - One form of empathy seen frequently in narratives:
 - Both forms of empathy seen frequently in narratives:

<u>11.5%</u>

42.4 %

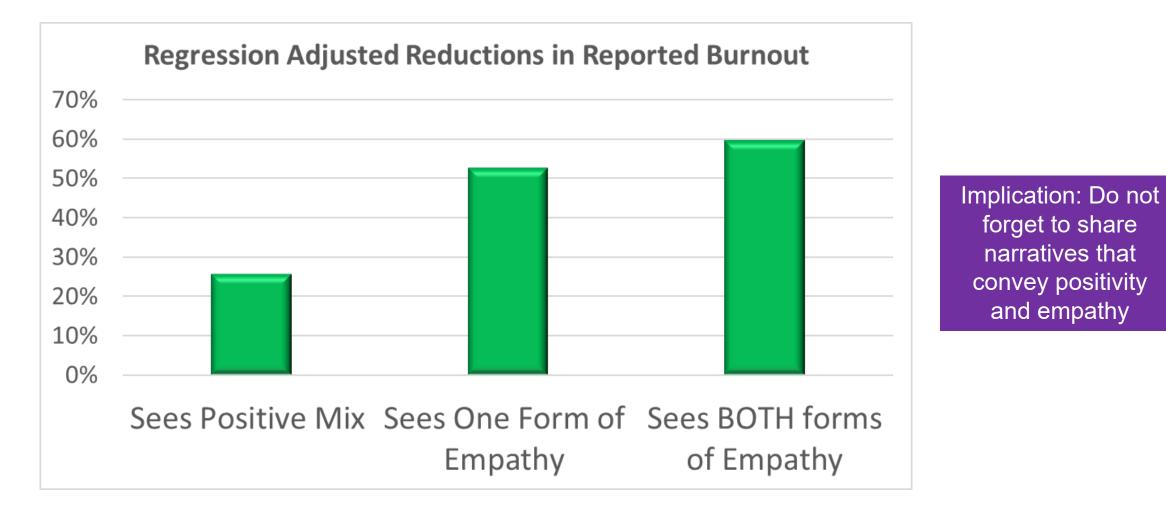
30.9%

Reinforcing Feedback and Reported Staff Burnout



Correlation between Reinforcing Feedback and Reported Staff Burnout: Regression Adjusted





Analysis adjusts for tenure at practice, role in practice, intervention vs. control site, and geographic location.