The CAHPS Improvement Guide

Practical Strategies for Improving Patient Experience

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Table of Contents

Introduction: The CAHPS Improvement Guide: Practical Strategies for Improving Patient Experience 1

Chapter 1. Why Improve Patient Experience with Healthcare? 2

Chapter 2: Preparing for and Sustaining Improvements in Patient Experience 9

- Topic Brief 2.1: Organizing Teams for Patient Experience Improvement 11
- Topic Brief 2.2: Cultivating Leaders of Patient Experience Improvement 16
- Topic Brief 2.3: Training Staff in Quality Improvement (QI) Concepts and Techniques 20
- Topic Brief 2.4: Improving Service Excellence in Healthcare 22
- Topic Brief 2.5: Recognizing and Rewarding Success in Delivering Better Patient Experiences 25

Chapter 3: Using Established Improvement Models to Improve Patient Experience 28

- Topic Brief 3.1: The Improvement Cycle: Plan-Do-Study-Act 29
- Topic Brief 3.2: Applying the Plan-Do-Study-Act Cycle to Improving Patient Experience 32
- Topic Brief 3.3: Using Measures to Monitor Progress in Improving Patient Experience 40
- Topic Brief 3.4: The Benefits of Starting Small: Focusing on Microsystems When Improving Patient Experience 42

Chapter 4: Determining Where and How to Focus Efforts to Improve Patient Experience 44

- Topic Brief 4.1: Listening to the Voice of the Patient: Sources and Methods 46
- Topic Brief 4.2: How to Analyze CAHPS Survey Results: An Overview of Three Options 51
- Topic Brief 4.3: Using Patient Comments and Narratives to Identify Improvement Opportunities and Potential Solutions 59
- Topic Brief 4.4: Taking a Deeper Dive: Methods for Assessing the Process of Care Delivery 64
- Topic Brief 4.5: Gathering Input from Multiple Stakeholders 70

Appendix: CAHPS Improvement Guide Resource Library A-1

- Infographic: Five Reasons to Gather and Act on Information on Patient Experience A-3
- Recommended Reading: Implementing and Sustaining Innovations in Healthcare Settings A-4
- Quality Improvement Action Plan Worksheet A-6
- Case Study: Online Feedback Reporting in a New York Hospital A-10

Process Mapping: How To Do It A-14
Patient Walkthrough: How To Do It A-16
Process Observation: How To Do It A-18
Tips for Integrating Patient Partners on Improvement Teams A-20

Introduction: The CAHPS Improvement Guide: Practical Strategies for Improving Patient Experience

The CAHPS Improvement Guide is a comprehensive resource for health plans, medical groups, hospitals, and other healthcare organizations seeking to improve patient experience. Use this guide to help your organization:

- Cultivate an environment that encourages and sustains improvements in patient-centered care.
- Learn how to apply improvement models to patient experience.
- Analyze the various sources of patient feedback, including CAHPS survey results, to identify strengths and weaknesses.
- Develop strategies for improving performance.

	Why Improve Patient Experience with Healthcare?
	Preparing for and Sustaining Improvements in Patient Experience
	Using Established Improvement Models to Improve Patient Experience
	Determining Where and How to Focus Your Patient Experience Improvement Efforts
	Resource Library

Chapter 1. Why Improve Patient Experience with Healthcare?

For a few decades now, concerted efforts to measure and improve patient experience have become increasingly common throughout the healthcare system. Yet some people in your organization—whether clinicians, staff, administrators, or board members—may be new to this effort or even question its necessity. This topic brief reviews five reasons you can use to explain your organization's investment in measuring and improving patient experience.



Five Reasons to Gather and Act on Information about Patient Experience

1. A positive patient experience is an important outcome of care.
2. A good patient experience is associated with high-quality clinical care.
3. Measuring and improving patient experience can boost the well-being of clinicians and staff.
4. Payers, purchasers, and other external organizations are paying attention to how well healthcare organizations deliver patient-centered care.
5. Cultivating a positive patient experience supports the business objectives of healthcare organizations.

Visit the Resource Library for an infographic.

Reason #1. A positive patient experience is an important outcome of care.

We are all patients—if not now, then probably at some point in the past and almost certainly some point in the future. When we seek and receive healthcare, we all want a positive, patient-centered experience, however we may define it based on our individual needs, values, and preferences. At a minimum, we want to be able to:

- Get the care we need when we need it
- Feel heard and respected

- Receive clear, pertinent, and timely information about our health and the care we need
- Move through the process of arranging for, receiving, and paying for care with as little friction as possible

Since the 2001 publication of "Crossing the Quality Chasm: A New Health System for the 21st Century,"[1] patient-centered care has become widely recognized as a critical domain of healthcare quality in the U.S. and beyond our borders.[2]

Read Don Berwick's take on the meaning of patient-centered care: Berwick DM. What 'Patient-Centered' Should Mean: Confessions of an Extremist. Health Aff (Millwood). 2009 Jul-Aug;28(4):w555-65. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.28.4.w555

A good patient experience has an inherent value to patients and families and is an important outcome in its own right. In fact, in some settings, patient experience is regarded as the most critical outcome of care.[3] Thus, while there may be external organizations and other goals driving your organization's efforts to assess and improve patient experience, the most compelling reason for action is simply to do a better job of meeting patients' needs.

Improving Patient Experience as a Public Health Goal

Healthy People 2030 is a document updated every 10 years to establish and publicize the public health priorities of the U.S. government. Among the many objectives laid out in this document are several goals related to patient experience with care. For example, one of the health communication goals is to reduce the proportion of adults who report poor communication with their healthcare provider. Learn more about this communication goal.

Reason #2. A good patient experience is associated with high-quality clinical care.

While essential to healthcare quality on its own merits, patient experience is also important because of its positive relationship with clinical processes, health outcomes,

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[1] "Crossing the Quality Chasm" is available at https://nap.nationalacademies.org/catalog/10027/crossing-the-quality-chasm-a-new-health-system-for-the.

[2] Quality of Care. World Health Organization. https://www.who.int/health-topics/quality-of-care#tab=tab_1. Accessed 6/19/24.

[3] Parast L. Leveraging patient experience measures as surrogate outcomes to evaluate health care interventions. *Patient Experience Journal*. 2023, 10(2): 7-9. https://pxjournal.org/cgi/viewcontent.cgi?article=1836&context=journal

and patient safety.[4] Improving patient experience can help to improve these other critical aspects of healthcare quality:

- Several studies have found a relationship between patient experience scores and **process measures for prevention, screening, and disease management**.[5] [6] For example:
  - A study of women's choices for therapy after a lumpectomy for breast cancer found that patient experience was associated with the decision to get radiation therapy rather than hormonal therapy.[7]
- Previous findings that patient-provider communication is associated with **health outcomes**[8] are reinforced by more recent studies:
  - An analysis of patients hospitalized for heart attacks showed that patients with more positive reports about their experiences with care had better health outcomes a year after discharge.[9]
  - In a study of adult hospital patients with acute myocardial infarction, heart failure, and pneumonia, higher scores on the CAHPS Hospital Survey were associated with lower 30-day readmission rates.[10]
- Studies suggest a relationship between patient experience and **patient safety**. For example:
  - One analysis concluded that ratings of patient experience are positively associated with several indicators of hospital patient safety.[11]

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[5] Sequist TD, Von Glahn T, Li A, Rogers WH, Safran DG. Measuring chronic care delivery: patient experiences and clinical performance. *Int J Qual Health Care*. 2012 Jun;24(3):206-13. doi: 10.1093/intqhc/mzs018. Epub 2012 Apr 6. PMID: 22490300.

[6] Sequist TD, Schneider EC, Anastario M, et al. Quality monitoring of physicians: Linking patients' experiences of care to clinical quality and outcomes. *J Gen Intern Med* 2008;23(11):1784–90.

[7] Halpern MT, McNeel TS, Kozono D, Mollica MA. Association of Patient Experience of Care and Radiation Therapy Initiation Among Women With Early-Stage Breast Cancer. *Pract Radiat Oncol*. 2023 Sep-Oct;13(5):434-443. doi: 10.1016/j.prro.2023.04.011. Epub 2023 May 6. PMID: 37150319; PMCID: PMC10524855.

[8] Stewart MA. Effective physician-patient communication and health outcomes: A review. CMAJ 1995;152(9):1423-33.

9 Meterko M, Wright S, Lin H, et al. Mortality among patients with acute myocardial infarction: The influences of patient-centered care and evidence-based medicine. Health Serv Res 2010 Oct;45(5):1188-204.

10 Boulding W, Glickman SW, Manary MP, Schulman KA, Staelin R. Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days. American Journal of Managed Care. 2011;17(1):41–48.

11 Isaac T, Zaslavsky AM, Cleary PD, et al. The relationship between patients' perception of care and measures of hospital quality and safety. Health Serv Res 2010;45:1024–40.

- Another study found a relationship between hospital staff's positive perceptions of patient safety culture with patients' reports of positive experiences with care.[12]

Researchers have also found that positive patient experience is associated with both **lower healthcare utilization** and **greater adherence to clinician recommendations**.

- Patients' experiences with care, particularly communication with providers, correlate with adherence to medical advice and treatment plans.[13] [14] This is especially true among patients with chronic conditions, where a strong commitment from patients to work with their providers is essential for achieving positive results.[15]
- One study found lower utilization of healthcare services, specifically specialist visits, hospitalizations, and laboratory and diagnostic tests, when primary care practices adopted a patient-centered approach to care.[16]

Measures of patient experience also can reveal important system problems, such as delays in returning test results and gaps in communication, that may have broad implications for clinical quality, safety, and efficiency.

 Many articles in the healthcare press document the relationship between patient experience scores and other measures of healthcare quality.

- Review a bibliography for journal articles on the value of assessing patient experience.
- Learn more in this literature review: Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, Edgman-Levitan S, Cleary PD. Examining the role of patient experience surveys in measuring health care quality. Med Care Res Rev. 2014 Oct;71(5):522-54. doi: 10.1177/1077558714541480. Epub 2014 Jul 15. PMID: 25027409; PMCID: PMC4349195.

[12] Sorra J, Khanna K, Dyer N, Mardon R, Famolaro T. Exploring relationships between patient safety culture and patients' assessments of hospital care. *J Nurs Adm*. 2014 Oct;44(10 Suppl):S45-53. doi: 10.1097/NNA.0000000000000118. PMID: 25279513.

[13] Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: A meta-analysis. *Med Care* 2009;47(8):826-834.

[14] Donneyong MM, Bynum M, Kemavor A, Crossnohere NL, Schuster A, Bridges J. Patient satisfaction with the quality of care received is associated with adherence to antidepressant medications. PLoS ONE 2024; 19(1): e0296062. https://doi.org/10.1371/journal.pone.0296062

[15] Beach MC, Keruly J, Moore RD. Is the quality of the patient-provider relationship associated with better adherence and health outcomes for patients with HIV? *J Gen Intern Med* 2006;21(6):661-5.

[16] Bertakis KD, Azari R. Patient-centered care is associated with decreased health care utilization. *J Am Board Fam Med*: JABFM. 2011;24(3):229–239. – PubMed

Reason #3. Measuring and improving patient experience can contribute to the well-being of clinicians and staff.

Analyses support the theory that there is a two-way relationship between patient experience and provider burnout.[17] In particular, burnout is negatively associated with provider-patient communication—an important aspect of patient experience across all care settings.[18] [19] [20]

At the same time, there is growing evidence that efforts to assess and improve patient experience can contribute to greater employee satisfaction, improving retention and reducing burnout and turnover.[21] [22] There are a few reasons for this positive impact:

- Staff benefit from the reporting of patient feedback that is typically part of the improvement process. In one study, clinic staff exposed to positive comments from patients, such as compliments and/or comments that expressed appreciation or empathy, had less self-reported burnout than staff who saw all comments or didn't see comments at all.[23]
- Improving the experience of patients and families requires improving work processes and systems that enable clinicians and staff to provide more effective care and experience greater joy in their work.[24]

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[17] McKee KE, Tull A, Del Carmen MG, Edgman-Levitan S. Correlation of Provider Burnout With Patient Experience. *J Patient Exp*. 2020 Dec;7(6):931-936. doi: 10.1177/2374373520902006. Epub 2020 Jan 30. PMID: 33457523; PMCID: PMC7786687.

[18] Chung S, Dillon EC, Meehan AE, Nordgren R, Frosch DL. The relationship between primary care physician burnout and patient-reported care experiences: A cross-sectional study. *J Gen Intern Med*. 2020;35(8):2357-64. doi:10.1007/s11606-020-05770-w

[19] Willard-Grace R, Knox M, Huang B, Hammer H, Kivlahan C, Grumbach K. Primary care clinician burnout and engagement association with clinical quality and patient experience. *J Am Board Fam Med*. 2021;34(3):542-552. doi:10.3122/jabfm.2021.03.200515

[20] McKee KE, Tull A, Del Carmen MG, Edgman-Levitan S. Correlation of Provider Burnout With Patient Experience. *J Patient Exp*. 2020 Dec;7(6):931-936. doi: 10.1177/2374373520902006. Epub 2020 Jan 30. PMID: 33457523; PMCID: PMC7786687.

[21] Boissy A, Windover AK, Bokar D, et al. Communication Skills Training for Physicians Improves Patient Satisfaction. *J Gen Intern Med*. 2016 Jul;31(7):755-61. doi: 10.1007/s11606-016-3597-2. Epub 2016 Feb 26. PMID: 26921153; PMCID: PMC4907940.

[22] Rave N, Geyer M, Reeder B, et al. Radical systems change: Innovative strategies to improve patient satisfaction. *J Ambul Care Manage* 2003;26(2):159-74.

[23] Nembhard I. Impact of the Intervention on Staff Experience. Presentation at Learning from Patient Narratives Through Innovative Feedback Reporting Methods, CAHPS Webcast, May 2023.

[24] Quigley DD, Slaughter ME, Qureshi N, et al. Associations of Primary Care Provider Burnout with Quality Improvement, Patient Experience Measurement, Clinic Culture, and Job Satisfaction. *J Gen Intern Med*. 2024 Jan 25: 1-8.

Reason #4. Payers, purchasers, and other external organizations are paying attention to how well healthcare organizations deliver patient-centered care.

Many healthcare organizations collect information about different aspects of healthcare quality for their own purposes, but external demands for the information are also a motivation. Your organization may be assessing patient experience in response to reporting requirements or payment incentives of the Centers for Medicare & Medicaid Services (CMS), state agencies, accreditors, and/or private and public payers and purchasers of healthcare. In one prominent example, Blue Cross Blue Shield of Massachusetts includes patient experience measures among the quality measures in its Alternative Quality Contract, a population-based payment model for physician organizations and hospitals. You may also be participating in a state, regional, or local effort to collect and report data on patient experience.

These kinds of requirements and requests have made a difference.[25] A study of trends in hospitals' HCAHPS (CAHPS Hospital Survey) scores found that scores improved thanks to both the initial public reporting effort and the subsequent value-based purchasing program.[26]

CMS uses financial incentives to place a greater emphasis on the need for improvement. Reward and compensation systems have shifted their focus from (1) simply collecting and reporting the data to (2) achieving a comparatively strong performance to (3) demonstrating improvement over time. For example:

- To determine Medicare payments to hospitals, CMS's Hospital Value-Based Purchasing Program creates a score that incorporates both the hospitals' relative patient experience scores and the extent to which the scores have improved.[27]
- The CMS Innovation Center has been testing payment models for physicians, accountable care organizations, and other healthcare providers that reward them for improving patient experience.

Reason #5. Cultivating a positive patient experience supports the business objectives of healthcare organizations.

Many organizations conduct surveys and gather patient feedback in other ways because delivering a good patient experience is good for business, too. Higher levels of patient

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[25] Zhou RA, McIntosh N, Rajan R, Courtemanche J, Cutler D. Association between use of clinician performance information and patient experience. *Am J Manag Care*. 2023 Feb 1;29(2):e51-e57. doi: 10.37765/ajmc.2023.89321. PMID: 36811988.

[26] Beckett MK, Quigley DD, Cohea CW, Lehrman WG, Russ C, Giordano LA, Goldstein E, Elliott MN. Trends in HCAHPS Survey Scores, 2008-2019: A Quality Improvement Perspective. *Med Care*. 2024 Jun 1;62(6):416-422. doi: 10.1097/MLR.0000000000002001. Epub 2024 Apr 12. PMID: 38728680.

[27] https://www.cms.gov/medicare/quality/value-based-programs/hospital-purchasing

experience are associated with marketing goals such as increased likelihood of recommendations, higher levels of patient retention,[28] and fewer complaints.[29] The quality of patients' relationships with their providers is a major predictor of patient loyalty. Patient experience is also associated with **medical malpractice risk**.[30] [31] [32] One study found that for each drop in patient-reported scores along a five-step scale of "very good" to "very poor," the likelihood of a provider being named in a malpractice suit increased by 21.7 percent.[33]

[28] Shaller D, Kanouse DE, Schlesinger M. Context-based strategies for engaging consumers with public reports about health care providers. *Med Care* Res Rev. 2014 Oct;71(5 Suppl):17S-37S. doi: 10.1177/1077558713493118. Epub 2013 Jul 1. PMID: 23819945; PMCID: PMC5494710.

[29] Quigley DD, Reynolds K, Dellva S, et al. Examining the business case for patient-centered care: A systematic review. *Journal of Healthcare Management*. 2021 May-Jun, 66(3): 200-224.

[30] Ioan BG, Ciuhodaru T, Velnic AA, Crauciuc D, Hanganu B, Manoilescu IS. The role of doctor-patient communication in preventing malpractice complaints. *International Journal of Communication Research* 2017; *7*(4), 303–307.

[31] Stelfox HT, Gandhi T, Orav EJ, Gustafson ML. The relation of patient satisfaction with complaints against physicians and malpractice lawsuits. *The American Journal of Medicine* 2005;118(10), 1126-1133. https://doi.org/10.1016/j.amjmed.2005.01.060

[32] Schleiter, K. Difficult patient-physician relationships and the risk of medical malpractice litigation. Virtual Mentor. 2009 Mar 1;11(3):242-6. doi: 10.1001/virtualmentor.2009.11.3.hlaw1-0903. PMID: 23194907.

[33] Fullam F, Garman AN, Johnson TJ, et al. The use of patient satisfaction surveys and alternate coding procedures to predict malpractice risk. *Med Care* 2009 May;47(5):1-7.

Chapter 2: Preparing for and Sustaining Improvements in Patient Experience



Improving patient experience—as measured by a CAHPS survey or in another way—is a quality improvement challenge that is somewhat different from improving a clinical or technical process of care. This kind of transformational work requires new approaches and may challenge existing practices in your organization. The topic briefs in this section discuss several behaviors and strategies common among organizations that are committed to and are successful at improving their performance.

	Organizing Teams for Patient Experience Improvement
	Cultivating Leaders of Patient Experience Improvement
	Training Staff in Quality Improvement (QI) Concepts and Techniques
	Improving Service Excellence in Healthcare
	Recognizing and Rewarding Success in Delivering Better Patient Experience
	Resource Library

Once these behaviors and strategies become part of the organization's culture, they often play a large role in supporting and driving successful efforts to improve members' and patients' experiences with healthcare. If any of these are missing, you may want to think about ways to introduce them—for example, by devoting resources to training team members in basic process improvement methods or setting aside time to educate and build support among clinicians and other staff.

Assess your readiness

Before embarking on an initiative to improve patient experience, it is helpful to perform a self-assessment to evaluate whether your organization approaches the improvement process in a manner that is associated with success.

Consider using one of these tools:

- Culture of Improvement Self-Assessment from the Virginia Mason Institute
- Self-Assessment Tool: A National Action Plan to Advance Patient Safety, from the Institute for Healthcare Improvement



Visit the Resource Library to learn about AHRQ's Surveys on Patient Safety Culture®

Topic Brief 2.1: Organizing Teams for Patient Experience Improvement



Organizations that are successful with their quality improvement (QI) work typically develop an improvement team and set up a structure and process for how that team will work together in managing the improvement activities. Some organizations create highly formalized structures; in others, a small, informal group manages the QI effort. Your choices about team membership, roles, and meeting schedule should reflect what will work best for your organization and the people who will be involved.

Building an Implementation Team

The "right" team can play a major role in determining the success of a QI initiative. The key is to carefully select people with the right skill set and mindset for quality improvement. Choose people who:

- Are opinion leaders
- Are respected by their peers
- Have appropriate expertise for the purposes of the intervention

Choosing a Leader

Identify a leader for the team who can serve as the "champion" for the improvement initiative. This person will not only be the key to energizing the team and keeping the work moving forward, but also a visible spokesperson for the initiative within the organization. Useful characteristics of this champion include:

- Being well respected professionally
- Having influence in the organization (formal or informal) that can help garner support for the work and overcome challenges
- Having a passion for improving the experience of care for patients

Related topic brief: Cultivating Leaders of Patient Experience Improvement

Choosing Team Members

Choose people for the team who are enthusiastic about the chance to improve care, even if they lack some of the formal skills or responsibilities. Sometimes QI leaders select staff for a team because of their titles or their clinical or administrative expertise, even though the staff are clearly not convinced that quality improvement is effective or that patients' experiences matter. These teams are rarely successful because they spend most of their time debating whether they should even be involved or they simply do not show up to do the work.

In larger organizations, effective performance improvement teams typically include:

- A senior leader responsible for providing resources, removing barriers, and publicizing the work of the team through the organization
- A physician, advanced practice provider (APP), or nurse leader if the intervention involves any aspect of clinical care
- A team leader, who is usually someone with administrative or clinical responsibility. This person could be a nurse, a practice manager, a pharmacist, or the supervisor of a call center, depending on the focus of the team
- A data analyst to track the performance measures and share them with the team and senior leaders
- Other team members who represent the different disciplines or types of staff who own a "piece of the problem"

Some improvement teams also include a patient or family member who can weigh in on priorities, measures, data interpretations, and the implementation and dissemination of interventions.[34]

Recognize that there is no one correct answer for how a team should be organized. A team may consist of only one or two people, especially in a smaller medical practice where each staff person may have multiple responsibilities. This approach is fine, as long as it is a conscious decision rather than an oversight.

[34] Grob R, Gleason K, McLean P, McGraw S, Solomon M, Joffe S. Patients' roles in governance of learning: Results from a qualitative study of 16 learning healthcare systems. Learn Health Syst. 2021 May 25;6(1):e10269. doi: 10.1002/lrh2.10269. PMID: 35036551; PMCID: PMC8753297.

Learn more about teams

- Edmondson A. Teaming: How organizations learn, innovate, and compete in the knowledge economy. San Francisco: Jossey-Bass; 2012.
- Katzenbach J, Smith D. The wisdom of teams: Creating the high-performance organization. Boston: Harvard Business School Press; 1993.
- Leebov W. Working together for professionals in health care: Communication skills for collaboration and teamwork. CreateSpace Independent Publishing Platform; 2012.
- Rowland P, Lising D, Sinclair L, Baker GR. Team dynamics within quality improvement teams: a scoping review. *Int J Qual Health Care*. 2018 Jul 1;30(6):416-422. doi: 10.1093/intqhc/mzy045. PMID: 29617795.
- Scholtes P. The team handbook: How to use teams to improve quality. Madison, WI: Oriel, Inc.; 1996.

Establishing a Team Process and Structure

The improvement team's job is to initiate the process of improving performance by:

- Assessing issues underlying performance problems
- Setting goals for improvements
- Developing a strategy and action plan for making changes
- Overseeing the implementation of those actions

During the early part of this work, the team members have to learn how to work together as a group. The leaders can reinforce the positive aspect of this (often messy) process by encouraging team members to express their views, listening carefully, and helping them reach consensus on how best to carry out the work.

Read about developing effective teams:

The Agency for Healthcare Research and Quality's TeamSTEPPS: an evidence-based program to optimize the performance of healthcare teams.

Edmondson, Amy C. The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth. Hoboken, NJ: John Wiley & Sons, 2018.

Lencioni P. The Ideal Team Player: How to Recognize and Cultivate the Three Essential Virtues. New York, NY: John Wiley and Sons, Inc.; 2016.

Lencioni P. Overcoming the Five Dysfunctions of a Team: A Field Guide for Leaders, Managers, and Facilitators. San Francico: Jossey-Bass; 2005.

Watch Patrick Lencioni talk about "The Ideal Team Player."

The improvement team will have to make several decisions about managing its work:

- What is the team's role?
- How often will the team meet?
- What method will the team use to make decisions and achieve consensus on improvement strategies and actions?
- Should it create other committees for specific parts of the improvement work?
- How will the team interact with others (i.e., stakeholders) who will be involved in or affected by the changes the team introduces?

Critical task: engaging stakeholders affected by changes

Improvement teams must make the effort to understand the perspectives and concerns of the various people who will be involved in or affected by the improvements being made. Many improvement efforts have failed or been slowed because changes were implemented that were not acceptable to one or more stakeholder groups essential to success. On the other hand, some of the strongest efforts have been those that thoroughly engaged stakeholders and empowered them to contribute to achieving sustainable changes.

Leaders of improvement teams need to answer two questions regarding stakeholder involvement:

1. Who are the important stakeholders for this QI initiative?

Think broadly to identify the groups who may have an interest in the particular improvements you are pursuing. For most initiatives, stakeholders typically include patients, physicians, nurses, and administrative clerks. Depending on the specific services involved, the list of stakeholders may also include pharmacists, health educators, therapists of various types, administrators, attorneys, staff in other departments in the organization, and representatives from external organizations.

2. How should these stakeholders be involved in the improvement process?

Ideally, your improvement team will include representatives of all the stakeholder groups that are important for your initiative. You can engage frontline staff and other stakeholders throughout the implementation process by establishing mechanisms for open communication and regular opportunities to provide feedback on the process and the related tools and practices.

For example, as you begin to develop ideas for changes, ask the people who will be implementing those changes for their suggestions. Then seek their feedback on proposed actions before you begin implementing them.

Read about engaging physicians in improvement work

- Mahbooba Z, Chera B, Evarts L. Engaging Physicians in Quality Improvement in a Hospital Setting: A Scoping Review. *Am J Med Qual*. 2021 Sep-Oct 01;36(5):328-336. doi: 10.1097/01.JMQ.0000735456.03039.2e. PMID: 33901037.
- Kiran T, Rozmovits L, O'Brien P. Factors influencing family physician engagement in practice-based quality improvement: Qualitative study. Can Fam Physician. 2023 May;69(5):e113-e119. doi: 10.46747/cfp.6905e113. PMID: 37173000; PMCID: PMC10177636.

Visit the Resource Library to learn about engaging staff in improvement work:

Montefiore Hudson Valley Collaborative. Implementation Toolkit: What Matters to You? Version 1: May 2020. A resource available from The Beryl Institute's "What Matters To You?" Resources page.

Topic Brief 2.2: Cultivating Leaders of Patient Experience Improvement



Many healthcare organizations are highly resistant to change. Employees may not be encouraged to solve problems on their own or to challenge the status quo. Many are accustomed to following standard operating procedures even when the policies and procedures may seem ineffective and outdated. Given the life-and-death issues confronted every day in most healthcare organizations, this risk-averse behavior is neither surprising nor hard to understand. This culture has grown even more challenging in the wake of the COVID pandemic, during which "command and control" management became paramount.

Because of this pervasive top-down culture, the search for better solutions and creative new approaches to longstanding problems requires strong and consistent encouragement and support. In order to achieve better patient experience, healthcare organizations must cultivate strong leaders throughout their organizations. Ideally, all levels of staff in the organization should become adept at leading change, making changes, and managing change.

What defines a leader?

Leaders are those who can:

- Communicate a compelling vision
- Motivate clinicians and other staff to lower their resistance to change

Sources of Leadership

Leadership for quality improvement (QI) can emanate from multiple parts of an organization: the CEO and senior leadership team, managers and frontline clinicians and staff, and the board. Leaders may obtain their power from the authority of a title, through mastery of knowledge, or through the strength of personality or persuasive abilities.

Senior leadership: Studies suggest that leadership from the top is a key factor in determining whether clinicians and others support and participate in QI efforts.[35] Senior leaders set the tone and establish the policies and organizational structure that can either strengthen or undermine QI efforts. Chief Experience Officers play a critical role in setting the goals, identifying resources for improvement, and supporting improvement activities.

Managers and frontline clinicians and staff: The success of efforts to improve patient experience often depends on the involvement—or at least cooperation—of clinicians, administrative managers, nurses, other clinicians, and practice



[35] Weiner BJ, Shortell SM, Alexander J. Promoting clinical involvement in hospital quality improvement efforts: The effects of top management, board, and physician leadership. *Health Serv Res* 1997;32(4):491-510.

staff.[36] Medical and administrative directors can also encourage cross-functional improvements by selecting interdisciplinary team members and physicians with a special interest in QI.

The board: Finally, strong board leadership can play a crucial role in QI. With the high turnover rates in healthcare senior executives, the board can help sustain a corporate culture focused on quality and provide "constancy of purpose."[37]

Key Tasks for Leaders at Every Level

Those who study effective leadership have identified 10 practices that leaders at all levels can implement to produce and maintain an environment that emphasizes and encourages quality improvement: [38]

1. Link QI goals to the organization's mission and strategic plan (in other words, integrate improvement planning with business planning).
2. Communicate the mission and values of the organization.
3. Adopt and encourage a view of the organization as a system.
4. Use measurement and management's attention to keep the organization focused on the goals of QI efforts.
5. Allocate financial and other resources (e.g., staff) to QI endeavors.
6. Align incentives and performance appraisals to stimulate QI. (Learn more in: Recognizing and Rewarding Success in Delivering Better Patient Experiences.)
7. Design and manage a system for gathering improvement information.
8. Identify and remove barriers, which could be a function of finances, policies, system failures, internal politics, unsuitable attitudes, or legitimate concerns of personnel.
9. Become directly involved in continuous improvement projects, perhaps by managing individual and team improvement activities.
10. Market and advertise the QI work to the board, staff, and community through interpersonal communication, internal websites, social media, and other means.

While some of these activities may be more appropriate for senior leaders, most can be applied throughout the healthcare organization.

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[36] Alexander C, Tschannen D, Argetsinger D, Hakim H, Milner KA. A qualitative study on barriers and facilitators of quality improvement engagement by frontline nurses and leaders. *J Nurs Manag*. 2022 Apr;30(3):694-701. doi: 10.1111/jonm.13537. Epub 2022 Feb 6. PMID: 34969172.

[37] Weiner BJ, Shortell SM, Alexander J. Promoting clinical involvement in hospital quality improvement efforts: The effects of top management, board, and physician leadership. *Health Serv Res* 1997;32(4):491-510.

[38] Langley GJ, Nolan KM, Norman C, et al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco: Jossey-Bass; 1996.

Read about leadership

- Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector; Board on Health Sciences Policy; Board on the Health of Select Populations; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Berwick D, Downey A, Cornett E, editors. A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury. Washington (DC): National Academies Press (US); 2016 Sep 12. 7, Leveraging Leadership and Fostering a Culture of Learning. Available from: https://www.ncbi.nlm.nih.gov/books/NBK390339/
- Berwick DM. A primer on leading the improvement of systems. *Br Med J* 1996;312:619-22.
- Berwick DM, Nolan TW. Physicians as leaders in improving health care. *Ann Intern Med* 1998;128:289-92.
- Lee YSH, Cleary PD, Nembhard IM. Effects of Leader Tactics on the Creativity, Implementation, and Evolution of Ideas to Improve Healthcare Delivery. *J Gen Intern Med*. 2021 Feb;36(2):341-348.
- Leebov W. Essentials for great personal leadership: No nonsense solutions with gratifying results. American Hospital Association. Chicago: Health Forum; 2008.

Topic Brief 2.3: Training Staff in Quality Improvement (QI) Concepts and Techniques



One requirement for successful quality improvement initiatives is a staff that is familiar with the reasoning that underlies these efforts and comfortable using the required tools and techniques. Many resources and educational programs are available to help organizations accomplish this.

This topic brief reviews the kind of investment in training that you might want to make as you lead your healthcare organization down the path described in this guide.

Teaching the Rationale

Start by educating clinical and administrative staff on the central principles of QI and how it can benefit the organization and its members/patients. Training programs should address the "why" of QI as well as the "what" and the "how." It can be especially useful to share information on how others have used this approach to improve patients' experiences with care and what their responses have been. Strategies to improve patient experience and engagement can also have an important effect on clinical outcomes and physician and staff satisfaction.

Related topic brief: Why Improve Patient Experience with Healthcare?

Teaching Concepts and Methods

To participate effectively in patient experience improvement teams, staff members need basic training in specific QI concepts and methods.[39] Teams that have had basic training in QI techniques, group work, and team building are usually able to achieve success much faster than teams that have had no such previous training or experience.

Related topic brief: Learn about these concepts and methods in Using Established Improvement Models to Improve Patient Experience.

[39] Kazana I, Dolansky M. Quality improvement: Online resources to support nursing education and practice. Nurs Forum. 2021 Apr;56(2):341-349. doi: 10.1111/nuf.12533. Epub 2021 Jan 2. PMID: 33386750.

Depending on their role in the team, many staff will also benefit from more advanced training in the effective use of statistical methods, graphic analysis, and multidisciplinary teams.[40] However, sometimes teams focus on the training, rather than improvement in healthcare quality, as the "end goal." For that reason, it is important to set clear aims at the outset for the success of any QI project.

Training for clinicians. Physicians, advanced practice providers (APPs), and nurses may also benefit from training in QI concepts and methods.[41] [42] Few healthcare professionals and managers receive any kind of QI training in their basic education. Doctors are trained to succeed as individuals but not as members of a team, despite the reality that almost everything they aspire to accomplish is dependent on successful relationships with their patients and other staff.

Sources of training on quality improvement

- Virginia Mason Institute
- American Society for Quality
- The Institute for Healthcare Improvement (IHI)
- National Committee for Quality Assurance (NCQA)

Visit the resource library

- Put Quality Improvement into Practice, a video from the Institute for Healthcare Improvement
- Quality Improvement in Healthcare, a video from Dr. Mike Evans, St. Michael's Hospital
- QI Basics – Introduction to Quality Improvement, a video from Stratis Health

[40] Brugman IM, Visser A, Maaskant JM, Geerlings SE, Eskes AM. The Evaluation of an Interprofessional QI Program: A Qualitative Study. *Int J Environ Res Public Health*. 2022 Aug 15;19(16):10087. doi: 10.3390/ijerph191610087. PMID: 36011718; PMCID: PMC9408409.

[41] Prochnow L, DiClemente L, Riley P, Tschannen D. Examining QI Knowledge Among Frontline Nurses and Nurse Leaders. *J Nurs Care Qual*. 2023 Apr-Jun 01;38(2):152-157. doi: 10.1097/NCQ.0000000000000672. Epub 2022 Oct 10. PMID: 36214701.

[42] Alkahtani AS, Abbas AH, Bin Rsheed AM, Alabood AF, Alqahtani AA. Assessing the Impact of a Service Excellence Program on Improving Patient Experience at Primary Health Care Centers. *Cureus*. 2023 Aug 19;15(8):e43749.

Topic Brief 2.4: Improving Service Excellence in Healthcare



The ability of healthcare organizations to deliver high-quality clinical and administrative services depends in part on two factors:

- Their understanding of basic service excellence principles
- Their ability to integrate these principles into clinical settings

This topic brief reviews why excellent service is so critical and suggests some steps for achieving better service in healthcare settings.

Why Worry About Service Excellence?

There are several reasons for healthcare organizations to pay attention to service excellence:

- **Better service translates into better experiences** for patients.
- As in any other service industry, **a satisfied (and loyal) patient creates value over the course of a lifetime**. In the context of healthcare, this value may manifest itself in the form of repeat visits, trusting relationships, and positive word-of-mouth referrals. Word-of-mouth reputation is important because studies continue to find that the most trusted sources of information for people choosing a health plan, medical group, doctor, or hospital are close family, friends, and work colleagues.
- **A dissatisfied patient, on the other hand, generates potential new costs**. Patients who are not happy with their clinician or health plan may not follow clinical advice and can develop worse outcomes.[43] [44] They are also likely to share their negative stories with friends and family members, which raises the risk of a *negative* "grapevine effect." More than 50 percent of people who have a bad experience will not complain openly to their healthcare provider or health plan. Before social media was a factor, research indicated that nearly all (96 percent) were likely to tell at least

[43] Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: A meta-analysis. *Med Care* 2009;47(8):826-834.

[44] Donneyong MM, Bynum M, Kemavor A, Crossnohere NL, Schuster A, Bridges J. Patient satisfaction with the quality of care received is associated with adherence to antidepressant medications. *PLoS ONE* 2024; 19(1): e0296062. https://doi.org/10.1371/journal.pone.0296062

10 other people about their bad experiences.[45] Now someone who had a poor experience can use social media to reach hundreds or thousands of people.

Healthcare organizations also need to focus on service excellence because service quality and employee satisfaction go hand in hand. It is almost impossible to find high employee satisfaction in organizations where patient experience is poor. Organizations that place a premium on service excellence tend to have high employee satisfaction as well. Employees are often frustrated and angry about the same things that bother patients: chaotic work environments, poor systems, and ineffective training. No amount of money, signing bonuses, or other tools currently used to recruit hard-to-find staff will offset the negative impact of these problems on staff. The real cost of high turnover may not be the replacement costs of finding new staff, but the expenses associated with lost organizational knowledge, lower productivity, and poor experiences for patients.

Advice on Delivering Service Excellence

To deliver the best service possible, the most successful healthcare organizations invest in:

- People with an aptitude for service
- Technology that supports frontline staff
- Training practices that incorporate well-designed experiences for patients
- Compensation linked to performance

In particular, high-performing organizations recognize that their staff find value in being able to achieve good results. These organizations equip their staff to meet patients' needs. For health plans, this could mean developing information systems that allow staff to answer patients' questions and settle claims quickly and easily. For provider organizations, it could mean providing the resources and materials that clinicians need to provide high-quality care in a compassionate, safe environment.

> *"Excellence is an art won by training and habituation. We are what we repeatedly do. Excellence, then, is not an act, but a habit."*
>
> —Will Durant, The Story of Philosophy (1926)

Experts on delivering service excellence suggest that healthcare organizations adopt the following set of guiding principles:[46]

- Hire service-savvy people
- Establish high standards for service excellence

[45] American Society for Quality. Basic Facts on Customer Complaint Behavior and the Impact of Service on the Bottom Line. *Competitive Advantage: ASQ Newsletter;* 1999.
[46] Leebov W, Scott G, Olson L. *Achieving Impressive Customer Service: 7 Strategies for Healthcare Managers*. San Francisco: Jossey-Bass; 1998.

- Help staff hear the voice of the customer
- Remove barriers so staff can serve customers
- Reduce anxiety to increase satisfaction
- Help staff cope better in a stressful atmosphere
- Maintain your focus on service



Visit the resource library

- Service Excellence Self Learn Packet, from the Cleveland Clinic



Books on improving service excellence in healthcare

Many customer service programs have been developed for companies outside of healthcare. Although the strategies are similar, Leebov and Scott have adapted this work for healthcare settings in ways that increase its credibility and buy-in, especially from clinical staff. Their books offer practical, step-by-step instructions about how to identify and solve service problems through the healthcare delivery system.

- Leebov W, Afriat S, Presha J. *Service savvy health care: One goal at a time.* Lincoln: Authors Choice Press; 2007.
- Leebov W, Scott G, Olson L. *Achieving impressive customer service: 7 strategies for healthcare managers*. San Francisco: Jossey-Bass; 1998.
- Leebov W, Scott G. Service and quality improvement: *The customer satisfaction strategy for health care*. Chicago: American Hospital Publishing, Inc.; 1994.

Topic Brief 2.5: Recognizing and Rewarding Success in Delivering Better Patient Experiences



The pursuit of better performance benefits greatly from positive incentives, whether at the organizational level or the individual level. Rewards can be financial or non-financial, but what matters is that they are directly linked to either the effort to improve or, ideally, the actual improvement. **External** rewards for healthcare organizations can motivate the leadership and the staff of an organization to focus on quality. **Internal** reward systems pay close attention to the front-line staff, managers, and clinicians who do what is necessary to achieve the external rewards.

External rewards for high-quality care

Over the past decade or so, the idea of rewarding healthcare organizations that exhibit good quality or a commitment to improving their performance has taken off, accelerated by various provisions under the Affordable Care Act. Initially, these rewards came in the form of public recognition. Some purchaser organizations share comparative information on health plan quality—including patient experience scores—to draw attention to high-performing plans, while some health plans and systems do the same with medical groups, physician practices, hospitals, and even individual physicians.

More recently, purchasers and payers have explored ways of offering higher financial payments for good quality. The most prominent example has been the Centers for Medicare & Medicaid Services (CMS), which has implemented several programs to reward health plans, accountable care organizations, hospitals, and physicians both for providing high quality care—including patient experience—and improving that care over time.

Internal Rewards

Internal reward and recognition programs usually include formal programs, day-to-day feedback, and informal recognition programs.

Formal Programs. Examples of internal formal programs include:

- Staff recognition awards that focus on different behaviors and actions, such as implementing quality initiatives, service excellence, clinical competence, teaching, and mentoring

- Years of service awards: 5, 10, and 25 years

Day-to-Day Feedback. Effective managers provide consistent and timely feedback to employees about their performance. Experts confirm that providing praise in a timely manner does have a positive effect on employee motivation and sense of belonging. Some organizations develop formal coaching programs to assist managers in coaching and providing feedback to their employees and peers. Many organizations share patient comments with staff who are mentioned and post general comments in public areas for all staff and patients to see.

Related topic brief: Using Patient Comments and Narratives to Identify Improvement Opportunities and Solutions

Informal Recognition Programs. Many employees go above and beyond their assigned duties to assist patients, other staff, clinicians, and the community. It is important to encourage the recognition of these individuals for their service excellence, teamwork, integrity, or overall positive attitude. Research indicates that informal recognition by managers, such as personal thank you notes and opportunities for colleagues to express appreciation for each other, is a key motivating factor for effective job performance.[47]

"Creating loyalty means giving employees more for their labor than just a paycheck. Both research and personal experience tell us that people work for a sense of accomplishment and the recognition of others."

- Gelinas L, Bohlen C. *Tomorrow's Workforce: A Strategic Approach*. VHA Research Series; 2002.

Orientation

Orientation of new employees is the best place to begin the education about the culture of your organization. It is also an excellent way to highlight how the internal reward and recognition system is linked to the philosophy of care and organizational standards.

Key objectives of orientation:

- Instill a feeling of self-worth.
- Create a sense of belonging.
- Develop an attitude of pride and confidence in oneself and the organization.
- Spark a desire to succeed.
- Enhance the relationship between the employee and the organization.

[47] McElroy J. Managing workplace commitment by putting people first. *Human Resource Management Review* 2001;11(3): 327-335.

- Highlight the importance of **everyone's** role in delivering patient- and family-centered care (sometimes through presentations by patients and families).

> *"Most people can't sleep the night before their first day of a new job. They probably decided two weeks in advance what they'd wear. They can't wait to get started, meet new people, see everything, do great things. After all of the anticipation, their first day is usually a big yawn. They find themselves hidden away in a room somewhere filling out forms. What a mistake! First impressions are lasting."*
>
> - Rosenbluth H. *The Customer Comes Second.* New York, NY: Harper Business; 2002.

Compensation and Benefits

Compensation and benefits can be designed to reinforce the desired behaviors and performance standards of the organization. Compensation levels can be linked to meeting service-oriented performance standards, coaching and mentoring goals for managers, and other indirect reward activities, such as completing performance reviews on time.

Check out some ideas for incentives and benefits.

Rewards That Go Beyond the Individual

Rewards can also be actions and changes that support the entire organization and help transform the culture. Examples include the following:

- Improve your systems to "make it easy to do the right thing" and improve the quality of life for frontline staff
- Make sure people have the aptitude, training, and resources they need to perform their job well
- Give star performers the opportunity to attend conferences of their choice and/or receive tuition reimbursement for courses that advance their expertise
- Tell stories, create legends, and celebrate "heroes" in organizational communications
- Help people get recognition internally and externally through presentations at meetings and conferences, newsletters, and local media
- Encourage patients to compliment staff when appropriate (e.g., with thank you notes or voice messages), and publicly post thank you letters from grateful patients and families
- Be aggressive about the management of poor performers (i.e., staff who do not uphold the values and culture of excellence)
- Show respect for people; start everything on time
- Invite frontline staff to meet routinely with senior management and the board to improve communication and trust in management

Chapter 3: Using Established Improvement Models to Improve Patient Experience



Healthcare delivery systems that are working to improve patient experience can face daunting challenges, reflecting the need to align changes in behavior and practices across multiple levels and areas of an organization. However, the process of planning, testing, and eventually spreading those changes does not have to be overwhelming. Healthcare organizations can take advantage of established principles and approaches to process and quality improvement (QI) that are already familiar to many providers and staff involved in improving aspects of clinical care and health outcomes.

The topic briefs in this section lay out the cyclical process of QI, explain how it can be applied to improving patient experience, and present useful concepts and models to support the process.

	The Improvement Cycle: Plan-Do-Study-Act
	Applying the Plan-Do-Study-Act (PDSA) Cycle to Improving Patient Experience
	Using Measures to Monitor Progress
	The Benefits of Starting Small: Focusing on Microsystems
	Resource Library

Topic Brief 3.1: The Improvement Cycle: Plan-Do-Study-Act



A basic underlying principle of quality improvement (QI) is that it is a continuous activity, not a one-time thing. QI is an iterative process in which you will be making changes, followed by corrections along the way, as you learn from each step of the QI experience and identify actions to enhance your initial strategy of change. As you implement changes, there will be issues to address and challenges to manage; things are never perfect. You can learn from your experiences and then use those lessons to shift strategy and incorporate additional interventions, as needed, so you continue to move incrementally toward your improvement goals.

The fundamental approach that serves as the basis for most process improvement and QI models is known as the PDSA cycle, which stands for Plan-Do-Study-Act (Figure 1). This cycle is a systematic series of steps for gaining valuable experience and knowledge for the continual improvement of a product or process.

Figure 1. Plan-Do-Study-Act (PDSA) Cycle



Adapted from: Crowfoot D, Prasad V. Using the plan–do–study–act (PDSA) cycle to make change in general practice. *InnovAiT*. 2017,10(7):425-430. doi:10.1177/1755738017704472

The cycle has four main parts:

- **Plan.** This step involves creating a team, investigating the problem, identifying an improvement goal, formulating an intervention or theory for change, defining metrics of success, and drafting a plan of action.
- **Do**. This step involves implementing the components of the plan to test the change.
- **Study**. This step involves reviewing and monitoring the selected metrics, assessing how well the plan works, and identifying problems and potential solutions. Short-cycle, small-scale tests, coupled with analysis of test results, are helpful because they enable teams to learn from these tests before they implement actions more broadly.[48, 49, 50]
- **Act**. This step at the end of the cycle involves integrating the lessons learned throughout the entire process to adjust the goal, change the methods, or even reformulate an intervention or improvement initiative altogether. It is a synthesis phase in which your team identifies adaptations and next steps.

Start With Three Key Questions

The Institute for Healthcare Improvement's (IHI) Model for Improvement recommends using three fundamental questions to guide the PDSA process:



Learn more about IHI's Model for Improvement.

[48] Berwick DM. Developing and testing changes in the delivery of care. Ann Intern Med 1998;128(8):651-6.
[49] Iles V, Sutherland K. Organizational change: a review for health care managers, professionals and researchers. London: NCCSDO; 2001.
[50] Hempel S, Bolshakova M, Turner, BJ, et al. Evidence-based quality improvement: a scoping review of the literature. J Gen Intern Med. 2022,37:4257–4267. https://doi.org/10.1007/s11606-022-07602-5

The PDSA cycle is led by a small team but involves all staff in assessing problems and suggesting and testing potential solutions. Insights and input from other stakeholders, such as patients and families, contribute to better understanding of the problem and identifying solutions as well. This bottom-up approach increases the likelihood that staff will embrace the changes, a key requirement for successful QI.[51, 52]

Related topic brief: Applying the PDSA Cycle to Improving Patient Experience.

Visit the Resource Library to review key articles on implementing and sustaining innovations in healthcare settings.

[51] Greenhalgh T, Robert G, Bate P, et al. How to spread good ideas: a systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organization. London: NCCSDO; 2004.

[52] Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q. 2004;82(4):581-629. doi: 10.1111/j.0887-378X.2004.00325.x. PMID: 15595944; PMCID: PMC2690184.

Topic Brief 3.2: Applying the Plan-Do-Study-Act Cycle to Improving Patient Experience



How can you use the Plan-Do-Study-Act (PDSA) cycle (See Figure 1) to improve patient experience?

Plan – Decide on your goals, strategies, and actions
Do – Move forward in implementing your plans
Study – Test and monitor your progress
Act – Expand the improvements to more areas within your healthcare system

This topic brief reviews what you and/or your team can do at each step of the cycle.[53] Keep in mind that you may repeat this PDSA cycle several times, implementing one or more interventions on a small scale first and then expanding to broader actions based on lessons from the earlier cycles.

Plan: Develop Goals and an Action Plan

There are four key steps in the planning stage of a PDSA cycle:

1. Establish improvement goals
2. Identify possible strategies
3. Choose specific interventions to implement
4. Prepare a written action plan

1. Establish Goals for Improving Patient Experience

The team's first task is to establish one or more aims or goals for the improvement work. By setting clear, measurable goals, you will be better able to communicate your objectives to all of the sectors in your organization that you might need to support or help implement the intervention.

Each goal should reflect a specific aspect of patient experience that the team is targeting and be both measurable and feasible.[54] As a tool for measuring patient experience, the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys offer a validated way to assess the impact of changes. However, since there is typically a lag

[53] This topic brief uses "you" to refer to the reader as an individual and/or the reader's team.
[54] Katakam L, Suresh GK. Identifying a quality improvement project. J Perinatol. 2017 Oct;37(10):1161-65. doi: 10.1038/jp.2017.95. Epub 2017 Aug 24. PMID: 28837135.

between the implementation of changes, the impact on people's experiences, and the assessment of that impact with a CAHPS survey, your team needs to define both ultimate goals as well as incremental objectives that can be used to gauge short-term progress.

- Start by defining your ultimate goals. For example, goals for the CAHPS Clinician & Group Survey could include—
  - An X percentage-point increase in the score for the "Getting Timely Appointments, Care, and Information" composite measure (scaled 0–100)
  - An X percentage-point increase in the overall rating of the provider (scaled 0–100)
  - Equaling or surpassing the mean score for the “Provider Communication” composite measure for other primary care clinics in your health system, state, or region



Related topic brief: Read about comparing scores with benchmarks in How To Analyze CAHPS Survey Results: An Overview of Three Options.

- Then ask, "What is the gap between our current state and our goals?"
  - This is the assessment of your current scores (i.e., where your performance is currently) to your goal scores (i.e., what you would like your performance to be)
- Make a list of those gaps or desired improvements in performance on specific metrics and use them to make SMART (specific, measurable, achievable, realistic, and timebound) incremental objectives. For example—
  - Reduce the number of days it takes to get an appointment for nonurgent and urgent visits by Y percent each quarter, which would reduce the measured access issues for nonurgent and urgent visits
  - Reduce the monthly number of complaints for individual medical groups or a health plan



Learn more: Determining Where and How To Focus Efforts To Improve Patient Experience

2. Identify Possible Strategies

With objectives in place, the next task is to identify possible strategies or interventions and select one that seems promising. There are many sources for new ideas or different ways of doing things both within and outside of the healthcare industry. New ideas and innovative solutions can be found—

- At conferences or workshops

- In academic literature and other publications (Review examples of academic literature focused on patient experience improvement interventions)
- Through patients and their families—whether through patient narratives, direct interviews, and focus groups, as partners on quality improvement teams, or as members of Patient and Family Advisory Councils

> *"Ideas for change can come from a variety of sources: critical thinking about the current system, creative thinking, observing the process, a hunch, an idea from the scientific literature, or an insight gained from a completely different situation. A change concept is a general idea with proven merit and sound scientific or logical foundation that can stimulate specific ideas for changes that lead to improvement."*
>
> — Plsek P. Innovative thinking for the improvement of medical systems. Ann Intern Med 1999;131:438-44.

3. Choose Specific Interventions To Implement

To decide which new ideas or benchmark practices to implement, consider several factors:

- **Fit with the problem.** The best intervention will be one that suits the specific problem you need to address (or can be tailored as needed). To ensure a good fit, seek input from both affected staff as well as patients or health plan members. If you ignore either source of information in your planning, you may choose an intervention that will not fix the actual problem.
- **Technical merit.** The ideas most likely to be adopted provide significant advantages over existing practices for both patients and providers—whether in the form of increased efficiency, higher patient and employee satisfaction, or improved outcomes. All improvement efforts ultimately must answer the question, "What's in it for me?"
- **Compatibility with the organization and local culture.** Serving Cuban coffee in the waiting rooms of Miami-based clinics may be very patient friendly, but is not likely to be viewed with the same enthusiasm by patients in Arizona or Massachusetts.

Depending on the nature of the intervention, you may want to break it down into a set of related but discrete changes. Your intervention may include a training element, efforts to inform and motivate key stakeholders, development of workflows or protocols to implement, and dissemination of information regarding the new and old processes. For example, if the team decides to implement a new specialist referral process, you could begin by making changes to the procedures used to communicate with the specialist's office (either within the system's electronic health record (EHR) or with an outside specialist referral). The communication process with the health plan might then be the target of a separate change.

4. Prepare a Written Action Plan

Although there is no one "correct" way to write an action plan for your organization or facility, it is important to have some form of written document that states your goals, lists your overall strategies to achieve those goals, and then delineates the specific actions you will take to implement the interventions you have selected.

How do you begin?

 **Visit the Resource Library** for an action plan template (Word, 43.1 KB; PDF, 263 KB) you can adapt to your improvement project.

Related resource: A PDSA worksheet from the Virginia Mason Institute.

One way to organize the action plan is to review the following key questions and briefly document your answers:

1. What area(s) do you want to focus on for improvement?
2. What are the goals?
3. What initiative(s) and specific actions will you implement?
4. Who will be affected and how?
5. Who will lead/champion the initiative and manage the project?
6. What resources will be needed?
7. What are possible facilitators to change? How can we incorporate those?
8. What are possible barriers and how can they be overcome? Read more about barriers below.
9. How will you measure progress and success? It is important to specify the measures you will use to monitor progress in achieving the desired changes to organizational processes and CAHPS scores.

 **Related topic brief**: Read about Using Measures To Monitor Progress.

10. What is the timeline? Record your planned start and end dates for each action. It can help to use a Gantt chart format to verify that the timing of sets of actions makes sense and is feasible to complete with the staff you have available.
11. How will you share your action plan?
12. To the extent that the improvement initiative was successful, what will it take to sustain the improvements over time?
13. Does the improvement initiative need to be spread across other areas of healthcare (such as other clinics, other hospital departments or hospital units, or other facilities)?

Identify and Address Barriers to Change

Barriers to improvement come in many guises. As part of the planning process, an improvement team will need to take a hard look at the psychological, physical, and procedural barriers it has to address in order to accomplish its aim.

Psychological barriers such as fear of change, fear of failure, grief over loss of familiar processes, or fear of loss of control or power can be significant impediments to overcome. An improvement process often requires significant changes in people's attitudes and behaviors; you may be asking staff to give up their old standards and practices and adopt new ones. While many staff will "get it" early and pitch in enthusiastically, you can expect pushback from some staff as you introduce new processes and habits.

Other common barriers include the following:

- Lack of basic management expertise.
- Lack of training in customer service, quality improvement methods, or clinical areas such as doctor-patient communication.
- Inadequate staffing levels.
- Poor information technology systems.
- Outdated or misguided organizational policies. For example, many organizations are so concerned about violating HIPAA regulations that they do not want to give information to a patient about their own care for fear of violating patient confidentiality.

Despite the serious nature of some of these barriers, few are large enough to bring a project to a halt. Typically, they are cited as excuses for two of the fundamental barriers to change: fear of new ways of doing things and fear of failure. It is important to remember that introducing and reinforcing changes in behavior that "stick" in the form of sustainable practices will take some work and time to succeed. Over time, as less enthusiastic staff see positive progress, they too will become more engaged and supportive.

Cultivate Facilitators of Change

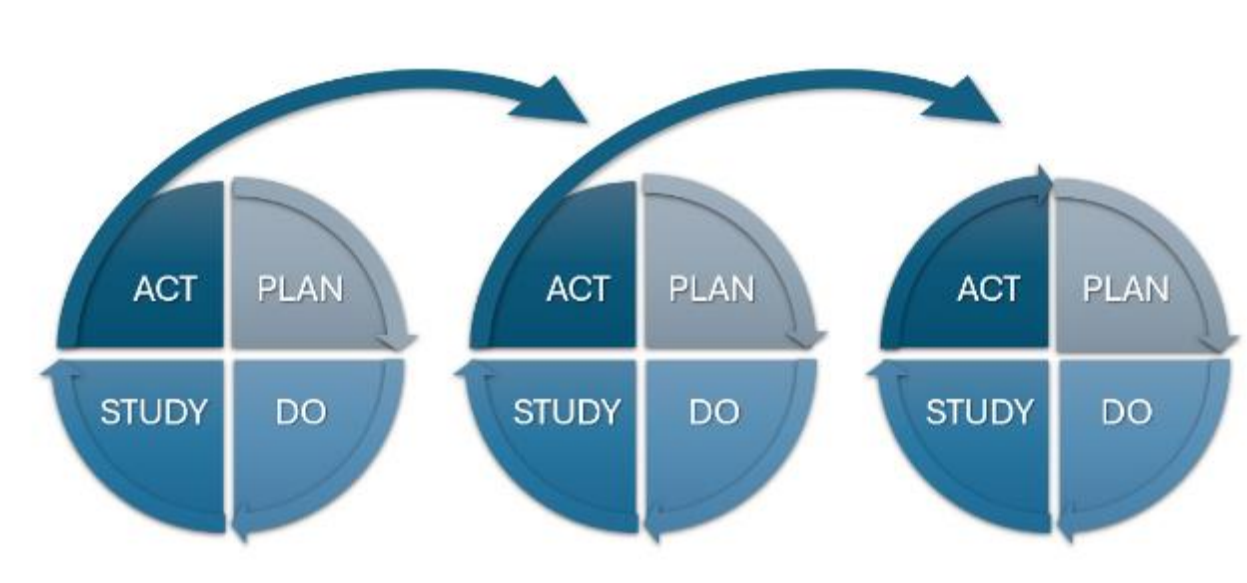
As part of the action plan, the team also needs to identify factors that could facilitate their work. Facilitators can include financial or nonfinancial incentives, such as gain sharing for staff if a specific target is met or better quality of life for the staff when a problem is fixed. Other facilitators include picking an aim that is part of the organization's strategic plan or one that will improve other goals the staff care about, such as clinical outcomes.

Sometimes, an important facilitator of change is the ability of that change to help achieve secondary goals. For example, improvements in doctor-patient communication may decrease medication errors, or the development of shared care plans may reduce no-shows for appointments or procedures.

Do: Implement and Refine Actions on a Small Scale

Once you have selected interventions, the next stage of the cycle is to develop, test, and refine specific changes. It helps to think of this stage as a number of "mini-cycles" within the larger improvement cycle, in the sense that the microsystem or team is likely to go through multiple iterations of testing and refining before the specific changes add up to a real intervention. A microsystem is a self-contained subsystem located within a larger system; it generally constitutes the smallest unit of analysis in systems theory.

Mini-Cycles of Improvement



Small-scale tests of the interventions you wish to implement help refine improvements by incorporating targeted modifications over time. The targeted modifications may be implementing a change within a given unit or set of units, or one work process within a clinic that is broadened to more clinics (same work process), or a change with a selected group of staff. Which change depends on the chosen area of improvement, but the principle of starting small, testing the change, and repeating after modifying the change remains the same. Conducting these tests of change within a microsystem can be very powerful in the following ways:

- They allow for incremental modifications of interventions to fix problems, which helps the larger implementation run smoothly
- Failures are low risk because you have not tried to change the entire culture
- You create enthusiasm and positive "word of mouth" for early successes
- It is easier to accumulate evidence for implementation when people are engaged in making something work rather than focused on the "failure analysis"

Most improvement strategies require some adaptation to the culture of the organization. Frontline staff will frequently resist new ideas if they are not allowed to modify the strategies and test their own ideas. Room for this modification can be built into the small-scale repeated tests over time. Also, patient-centered improvement strategies have to consider the needs of patients and their families as well as the staff. Building in ways to collect feedback from patients and families and building their ideas and feedback for improvement into the process of the repeated tests over time is recommended. This accommodation allows for codesign of the change among staff, patients, and families.

 Visit the Resource Library to review key articles on implementing and sustaining innovations in healthcare settings.

Study: Monitor Progress

This stage, which is interwoven with the "Do" stage," involves evaluating the intervention to improve patient experience against the improvement goals using the measures established for tracking progress. Here are some questions to ask:

- Is the intervention reducing the time required to see a specialist?
- Are health plan members reporting better experiences with regards to getting care quickly?

In this phase, it is important to gain feedback from staff, patients, and families concerning what is working or not working so that the strategies can be modified and changed for the next cycle of testing.

Act: Expand Implementation To Achieve Systemwide and Sustainable

Building off of the development, testing, and refinement of specific changes, the final stage of the PDSA cycle involves adopting a successful intervention to improve patient experience more broadly across and within the organization. There are no set rules about how long this part of the cycle takes, nor about how many implementation phases or steps are needed for systemwide implementation.

It is equally important to focus on sustaining the improvements made during the PDSA cycles. Ongoing measurement, whether monthly or quarterly, is critical to—

- ensuring that the organization continues to make progress toward achieving and sustaining improvement aims
- identifying barriers to dissemination and issues in need of further analysis

One key element of the "Act" step that is often neglected is the communication of successes throughout the organization—to organizational leaders as well as clinical and

administrative staff. By discussing successful projects, the team helps reinforce the culture of quality improvement, build credibility for the intervention, reward those involved, and foster the spread of effective innovations.

How leaders can communicate about success within an organization

- Use media and interpersonal communication to promote the work of specific improvement teams
- Highlight successful innovations in regular staff touchpoints, such as newsletters and other regular communications and in staff and board meetings
- Reinforce the importance of the project by sitting in on improvement team meetings or visiting the practice site or unit involved in the project

A related practice is the communication of change beyond the walls of the organization to members or patients. By telling people about innovative practices, you can raise the standard of expectations—whether through regular external meetings, conferences, newsletters, emails, office computer screensavers in exam rooms or hospital waiting rooms, member websites, or handouts in the office. Be creative about ways to get the word out about the improvements. Remember also to share the information with the staff and the patients and family members who provided feedback in the process; they also may have ideas about sharing the results.

Topic Brief 3.3: Using Measures to Monitor Progress in Improving Patient Experience



When a team establishes its goal, it typically specifies one or more performance metrics to assess whether a change leads to improvements in patient experience. These measures should be clearly linked to both the larger goal and the intervention itself. For example, if the goal is to speed specialist referrals, you could measure the time it takes to get a response from the specialist's office or an approval from the health plan.

Selecting Measures

Choose measures that allow you to track each of the three steps in the improvement process of Do, Study, and Act. Measures should be able to:

- Test the acceptance of and/or adherence to new or revised practices
- Examine how and how much the new practices are affecting the delivery of patient-centered care
- Assess how much patient experience of care is improving
- Detect possible unintended consequences

Seek a feasible number of measures that address the most important aspects of the improvements you are trying to achieve. Too many measures could create a burden on the staff, leading to loss of attention due to information overload; too few measures may omit tracking of important aspects of the changes you are making.

Communicate with the full array of stakeholders and staff about why the measures are being collected and how these data will help improve their quality of work life and patient experience.

Displaying Data

It is important to visualize and monitor performance on the selected measures.

- Control or run charts are helpful tools for regularly assessing the impact of process improvement and redesign efforts. Data can be reported monthly, weekly, or even daily. A run chart can show the various data collection points plotted over time in one visual for a specific survey question. By tracking the responses to a given

question at regular and frequent time intervals, managers can discern how process improvement interventions relate to changes in survey results. If an intervention appears to have positive results, it can be continued and sustained; if not, it can be modified or discontinued.

- Dashboard reports present important data in summary form to make it easier to identify gaps in performance and trend performance against goals. Dashboards can be a useful method for sharing consistent information across multiple levels of an organization. For example, the Massachusetts General Physicians Organization (MGPO) prepares quarterly leadership dashboards with benchmarks and targets, where relevant, at a summary level across clinical services, at the clinical service level, and at the practice level.[55]



Learn more about using measures:

- Institute for Healthcare Improvement. Model for Improvement: Establishing Measures.
- Carey RG, Lloyd RC. Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications. New York: American Society for Quality; 1995.
- Jazieh AR. Quality Measures: Types, Selection, and Application in Health Care Quality Improvement Projects. *Glob J Qual Saf Healthc*. 2020 Nov 30;3(4):144-146. doi: 10.36401/JQSH-20-X6. PMID: 37260572; PMCID: PMC10229016.
- Pavol Gejdoš. Continuous Quality Improvement by Statistical Process Control. *Procedia Economics and Finance*. 2015; 34: 565-572. https://doi.org/10.1016/S2212-5671(15)01669-X.
- Thor J, Lundberg J, Ask J, Olsson J, Carli C, Härenstam KP, Brommels M. Application of statistical process control in healthcare improvement: systematic review. *Qual Saf Health Care*. 2007 Oct;16(5):387-99. doi: 10.1136/qshc.2006.022194. PMID: 17913782; PMCID: PMC2464970.
- Wheeler D. Understanding Variation: Keys to Managing Chaos. Knoxville, TN: Statistical Process Controls, Inc.; 1993.



Related topic brief: Learn more about analyzing and displaying patient experience scores in How to Analyze CAHPS Survey Results: An Overview of Three Options.

[55] Agency for Healthcare Research and Quality. How Two Provider Groups Are Using the CAHPS® Clinician & Group Survey for Quality Improvement. CAHPS Issue Brief. Available at: https://ahrq.gov/cahps/quality-improvement/reports-and-case-studies/cgcahps-webcast-brief-2014.pdf. Accessed on March 24, 2025.

Topic Brief 3.4: The Benefits of Starting Small: Focusing on Microsystems When Improving Patient Experience

One useful way for health plans and medical groups to approach the process of improvement is to think of the organization as a system, or more specifically, as a collection of interrelated "microsystems."

What are microsystems? The term "microsystems" refers to the multiple small units of caregivers, administrators, and other staff who produce the "products" of healthcare—i.e., those who deliver care and services on a daily basis.

The concept of microsystems in healthcare organizations stems from research findings indicating that the most successful large service corporations maintain a strong focus on small, functional units that carry out the core activities involving interaction with customers.[56] In the context of healthcare, a microsystem could be:[57]



- A core team of health professionals, such as primary care providers
- Staff who work together on a regular basis to provide care to distinct subpopulations of patients, such as a care team accountable for coordinating patients' services
- A work area or department with the same clinical and business aims, linked processes, shared information environment, and shared performance outcomes, such as lab technicians or call center staff
- A specific clinic or unit of care providers

The goal of the microsystem approach is to foster an emphasis on small, replicable—and thus scalable—functional service systems that enable staff to provide efficient, excellent clinical and patient-centered care to patients. To develop and refine such systems, healthcare organizations start by defining the smallest measurable cluster of activities.

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[56] Quinn J, Baruch J, Zien K. *Innovative Explosion: Using Intellect and Software to Revolutionize Growth Strategies*. New York: Free Press; 1997.

[57] Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. *Health Aff (Millwood)* 2002;21(3): 80-90.

Once the microsystems have been identified, a practice or plan can select the best teams and/or microsystem sites to test and implement new ideas for improving work processes and evaluating improvement.[58] If a quality improvement intervention is successful for a microsystem, it can then be scaled to other microsystems or the broader organization. However, for successful scalability, organizations should adopt a framework for wider implementation that will work within their structure and culture.

The benefit of the microsystem approach is to start small, test the change, and learn from the implementation of the intervention in a small setting. This saves time and money and embeds learning into the process of improvement. At each cycle of the Plan-Do-Study-Act (PDSA) process, as strategies and interventions are moved from one microsystem to additional microsystems, implementation teams learn and can improve the set of strategies (i.e., the intervention) and the process of implementation. This is the essence and foundation of continuous learning.

Learn More About Microsystems

- Abrahamson V, Jaswal S, Wilson PM. An evaluation of the clinical microsystems approach in general practice quality improvement. *Prim Health Care Res Dev*; 2020 Jun 23;21:e21. doi: 10.1017/S1463423620000158. PMID: 32638688; PMCID: PMC7327435.
- Barr E, Brannan GD. Quality Improvement Methods (LEAN, PDSA, SIX SIGMA) [Updated 2024 Jan 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK599556/
- Coury J, Schneider JL, Rivelli JS, Petrik AF, Seibel E, D'Agostini B, Taplin SH, Green BB, Coronado GD. Applying the Plan-Do-Study-Act (PDSA) approach to a large pragmatic study involving safety net clinics. *BMC Health Serv Res*. 2017 Jun 19;17(1):411. doi: 10.1186/s12913-017-2364-3.
- The Microsystem Academy: Knowledge Center/Publications: https://clinicalmicrosystem.org/knowledge-center/publications; specifically, Chapter 11, "Intro to MS thinking" is helpful in understanding and identifying microsystems in your healthcare organization. Chapter 13 discusses assessing your microsystem.

[58] Pronovost P, Weast B, et al. Implementing and validating a comprehensive unit-based safety program. *J Patient Saf;* 2005 Mar;1(1):33-40.

Chapter 4: Determining Where and How to Focus Efforts to Improve Patient Experience



To identify opportunities to improve patient experience and determine where to direct your resources, you can start by reviewing various forms of patient feedback, both quantitative and qualitative. You can then use a variety of methods to confirm and gather further insights into specific problems, identify possible solutions, and monitor progress. Because some qualitative methods are easier and less expensive to implement than surveys, they can be used more frequently to provide ongoing feedback valuable to clinicians, administrators, and staff.

The topic briefs in this section cover various ways to figure out which aspects of patient experience could and should be improved.

	Listening to the Voice of the Patient: Sources and Methods
	How to Analyze CAHPS Survey Results: An Overview of Three Options
	Using Patient Comments and Narratives to Identify Improvement Opportunities and Potential Solutions
	Taking a Deeper Dive: Methods for Assessing the Process of Care Delivery
	Gathering Input from Multiple Stakeholders

	Resource Library

Once you have identified the aspects of patient experience for which you want to develop improvement activities, you will have to decide where exactly to focus your resources. Considerations include how widespread the problem is, how different your score is from others (i.e., the size of the opportunity to improve), the nature of current improvement activities, and the importance of the issue based on other forms of patient feedback.

Topic Brief 4.1: Listening to the Voice of the Patient: Sources and Methods

Gathering and analyzing patient feedback and insights about healthcare experiences are essential steps for determining where and how to focus your improvement efforts. This topic brief provides an overview of several different sources and methods for listening to the voice of the patient in three overlapping and complementary categories: quantitative measures, qualitative feedback, and patient partnerships.



Three Approaches to Listening to the Voice of Patients



Quantitative Measures: Patient Surveys

The most commonly used quantitative method for gathering patient feedback is a questionnaire consisting of a series of structured, closed-ended questions with a defined set of response options or scales. Surveys can range from a very short set of general questions to lengthy sets of questions covering specific aspects of the experience.

When surveys are administered to a representative sample in a standardized way, the responses can be turned into scores that healthcare organizations can use to assess and monitor performance over time, recognize performance strengths, and identify opportunities for improvement. The scores are also useful for other purposes, including public reporting, value-based purchasing, accreditation, and certification.

There are three types of patient experience surveys:

- **Public domain surveys**: In the United States, the most widely used standardized surveys in the public domain are AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. CAHPS surveys that address patient experience in multiple healthcare settings are freely available for use. They are considered to be the gold standard to assess patient experience because of their rigorous scientific development and testing.



Related topic brief: How to Analyze CAHPS Survey Results

- **Proprietary surveys:** Survey vendors offer a variety of proprietary surveys that their clients can use instead of—or in addition to—CAHPS surveys. While many of these surveys include questions derived from CAHPS surveys, some also include questions that focus on patient satisfaction rather than patient reports about their experiences. Learn more about the distinction between patient experience and patient satisfaction.
- **Home-grown custom surveys:** Many organizations develop their own surveys to explore experiences and insights related to certain topics or patient subgroups in more depth. Unlike data from standardized surveys, however, the data from these custom surveys cannot be compared to results from users of other surveys.

Qualitative Feedback

Information gleaned from qualitative patient feedback can be used along with quantitative survey results to gain further insights into the factors underlying survey scores. This information can also suggest possible strategies for improvement.

Methods for gathering qualitative information from patients about their experiences include the following:

- Patient comments/narratives
- Online rating sites/social media
- Complaints and grievances
- Focus groups
- Semi-structured interviews
- Patient shadowing
- Walkthroughs
- Patient and family partnerships



Learn more from an AHRQ webcast – Listening to the Voice of the Patient: Using Multiple Feedback Methods to Complement CAHPS Survey Data (May 2024).

Patient Comments/Narratives

Many healthcare organizations obtain feedback from patients in their own words. Some add one or more open-ended questions to their surveys. Others rely on comment cards that can be completed by patients on paper or online at the conclusion of a healthcare visit. The questions on these surveys and cards typically ask respondents to say what they liked best or least about their experience and to share any suggestions for improvement.

Another approach is to supplement a standardized survey with a structured series of open-ended questions that prompt survey respondents to tell a clear and detailed story (i.e., a narrative) about their healthcare experiences. Researchers associated with the CAHPS program have developed and tested sets of open-ended questions that are as scientifically grounded and rigorous as the closed-ended questions in CAHPS surveys. Learn more about CAHPS Patient Narrative Item Sets.

When analyzed for themes and insights, comments and narratives can reveal important information about patient experience and opportunities for corrective actions.

Related topic brief: Using Patient Comments and Narratives to Identify Improvement Opportunities and Potential Solutions

Online Rating Sites and Social Media

The last decade has seen a growing number of patient comments volunteered through online provider rating sites such as Angi, Yelp, and Healthgrades. The use and influence of such sites have greatly expanded because of search engines such as Google and social media platforms such as Facebook, X (formerly Twitter), and Instagram. While comments volunteered through rating sites and social media can be helpful, it is important to differentiate them from the comments and narratives collected through patient surveys. Comments volunteered on public websites are not based on representative samples, often add up to a very small number of comments for any given healthcare provider, and may not reflect the experiences of actual patients. They are also often much briefer and less detailed than responses to narrative item sets designed to encourage respondents to convey a more complete account of their experiences.

Complaints and Grievances

Most healthcare organizations have formalized systems for soliciting reports from patients about their problematic experiences through complaint and grievance mechanisms. Such systems are mandatory for hospitals participating in Medicare; they also play an important role in accreditation programs. Unlike systematically collected comments and narratives, complaints and grievances provide very specific information about what may be isolated events, but they can still point to underlying system issues that organizations need to address.

Focus Groups

A focus group is a moderator-led discussion among multiple patients and/or staff that is designed to collect more precise information about a specific problem and new ideas for improvement strategies. This approach allows for in-depth exploration of patient experience issues in a group setting and can provide useful ideas for improvement.

Semi-Structured Interviews

One-on-one interviews are a way to collect a great deal of rich, detailed information on the experience of an individual. Compared to focus groups, interviews often provide greater depth and more flexibility in terms of the order in which topics are discussed. Interviews are also useful when you want to collect information that is not influenced by the opinions of others in a group discussion.

Patient Shadowing

Shadowing is a low-cost method for healthcare organizations to view firsthand how patients and families experience each step of the care process. Shadowing starts at the very beginning of the experience, such as in the parking lot of an ambulatory clinic, and follows the patient and/or family member through every "touch point" encountered, from entry to the facility to the end of the visit. Shadowers document the experience, take notes, and engage patients and families in a dialogue about their impressions of and ideas for improving the experience. Be sure to keep all patient information strictly confidential. You may need to sign a Health Insurance Portability and Accountability Act (HIPAA) compliance agreement confirming that you will not disclose any details that could identify a patient. While ethical approval is generally not required for service improvement work, check with your local research ethics committee to ensure any shadowing activities comply with local protocols.

 **Learn more** about patient shadowing.

Walkthroughs

In a walkthrough, clinicians and staff play the roles of patients and family members to recreate as closely as possible their emotional and physical experiences. Walkthroughs are an easy way for members of a healthcare organization to gain insight into the patient's perspective and identify system, flow, and attitude problems. They often bring to light rules and procedures that may have outlived their usefulness.

 **In the Resource Library:** Learn how to do a walkthrough.

Patient and Family Partnerships

Another way to obtain feedback as well as improvement ideas from patients is to engage patients directly in the evaluation and design of the healthcare experience. Methods for partnering with patients and families include:

- **Patient and Family Advisory Councils (PFACs):** A PFAC is one of the most effective strategies for involving families and patients in the design of care facilities and processes and ensuring that those on the receiving end of healthcare have a voice in the organization's decision-making process. A patient and family advisory council can help overcome healthcare professionals' tendencies to approach the design process from their own perspective, rather than those of patients or families.

 **Learn more** about PFACs.

- **Patient Partners on Improvement Teams**: Healthcare organizations can take the strategy of engaging patients in the process of care design and improvement one step further by embedding patients as active partners working together with clinicians and staff on quality improvement teams. This approach, referred to as Patient Partners, recognizes that true patient-centered transformation of care cannot be achieved without enlisting the active involvement of patients in the redesign process. Including patient partners as members of practice improvement teams brings the patient voice and perspective directly into the hard and sometimes messy work of process redesign. It can be an enlightening and rewarding experience for patients, clinicians, and staff alike.

 **Related topic brief:** Learn more about focus groups, semi-structured interviews, patient shadowing and patient and family partnerships in Gathering Input from Multiple Stakeholders.

Topic Brief 4.2: How to Analyze CAHPS Survey Results: An Overview of Three Options



Once you have results from a CAHPS or other patient experience survey in hand, you can begin to make sense of the scores. A few different analyses can be done to provide the information you need to identify specific problem areas, formulate an improvement plan, and select appropriate strategies.

- Analysis 1: Compare scores across survey measures
- Analysis 2: Compare all scores to benchmarks
- Analysis 3: Compare current scores to past performance

Each kind of analysis provides a different perspective on performance. For instance, a health plan's score for the "Getting Care Quickly" composite measure may be higher than its other scores and may have increased in the past few years but be below average when compared to the scores of similar health plans. Or a hospital's score for the "Nurse Communication" composite measure may be in the 90th percentile for similar hospitals but also falling over the past few years. In some cases, you may be able to obtain sufficient information from using just one or two comparison methods, but it can be helpful to assess scores in multiple ways to get a clearer picture.

Understanding Scores for CAHPS Survey Results

Once the responses to a CAHPS survey have been coded and cleaned, data analysts can convert them into scores. Scores can take several forms:

- **Proportional scores**: The percentage of respondents in the response categories for a CAHPS composite measure or question. In some displays of proportional scores, the bottom two response categories ("never" and "sometimes") are combined.
- **Top box scores**: The proportional score for the best possible response option ("always" or "yes, definitely").
- **Mean scores**: The mean value across the mean scores for each item included in a composite measure.[59] Because the items in CAHPS surveys sometimes use different response scales, mean scores are often normalized, i.e., they are transformed to the same scale (typically 0 to 100) to allow comparisons across items and composite measures.[60]

Whatever form they take, scores provide useful information about a healthcare organization's performance.

In the Resource Library:

- Preparing Data from CAHPS Surveys for Analysis (PDF, 369 KB).
- *Aggregating and Analyzing CAHPS Clinician & Group Survey Results: A Decision Guide*.

[59] To calculate a mean score, the first step is to convert the response scales to numerical values; for example, the 4-point response scale of "always," "usually," "sometimes," and "never" is translated into the values of 4, 3, 2, and 1, respectively. The mean value is then calculated across the four numerical values for each question. The mean score for a composite measure is computed by taking the average across the mean scores for the items that are included in the composite measure.

[60] To transform the scores, the first step is to transform the response values at the respondent level from 0-100 using the following formula: **Normalized Score** = 100 (respondent's selected response value – minimum response value on scale) / (maximum response value – minimum response value). Learn more about this process in Preparing Data from CAHPS Surveys for Analysis (PDF, 369 KB).

Adjusting for Case Mix

One important step in the process of turning CAHPS survey data into meaningful information is accounting for external factors that may affect scores but are beyond the control of the healthcare organization. The general rule for CAHPS surveys is to perform case-mix adjustment based on the following respondent characteristics:

(1) self-reported general health status

(2) self-reported mental health status

(3) education

(4) age

These four characteristics have known effects on CAHPS scores. For example, older respondents tend to select higher scores than younger respondents, and those with more education tend to select lower scores than those with less education. Without adjusting for these factors, differences in measure results could be due to differences in the mix of survey respondents rather than to real differences in the performance of the healthcare organization on the CAHPS measures.

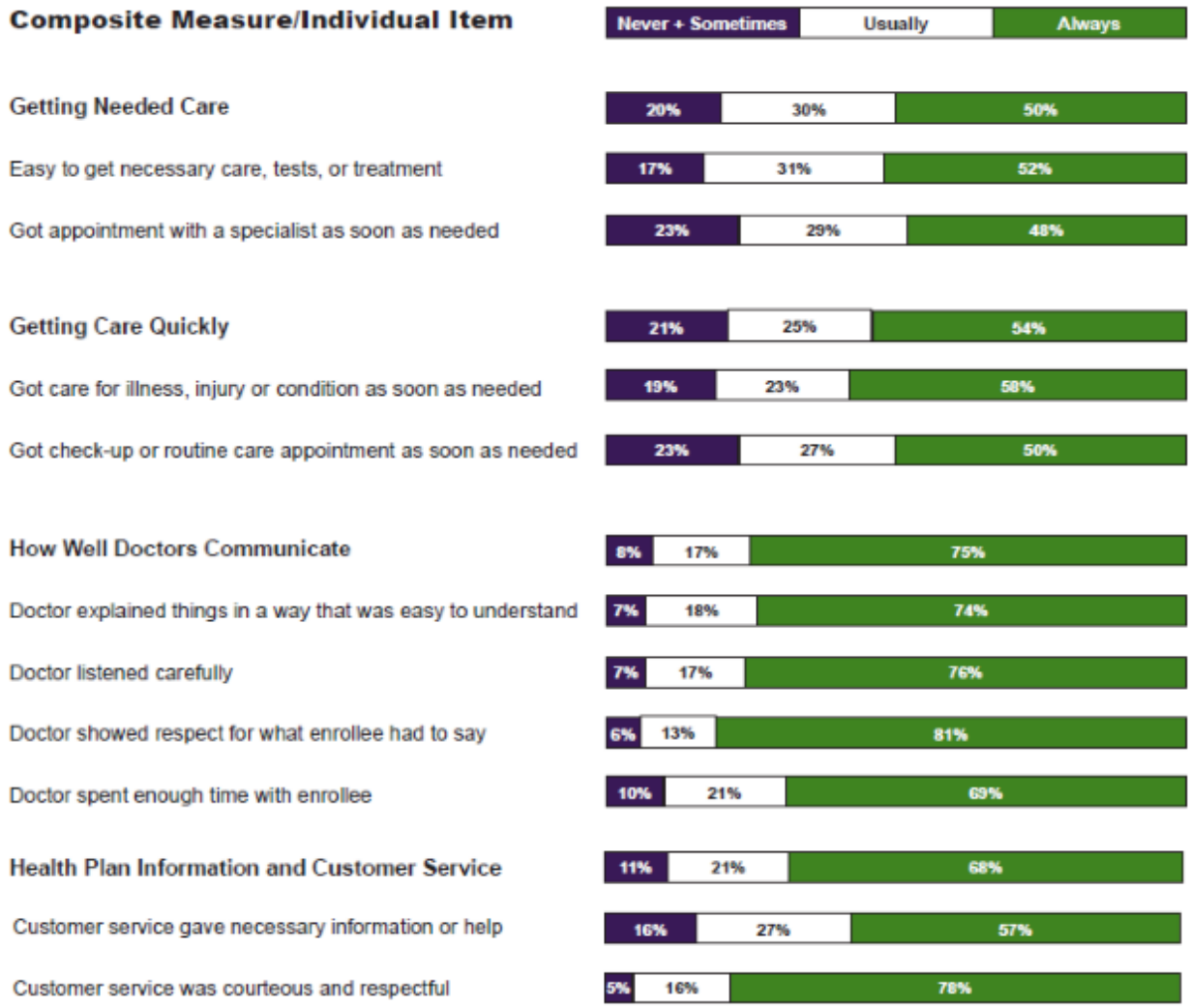
The CAHPS Analysis Program, often referred to as the CAHPS Macro, is a free tool available from AHRQ that uses SAS to generate case-mix adjusted scores.

Analysis 1. Compare Scores Across Survey Measures

The first and simplest approach is to look at your scores across survey measures. For which measures are scores relatively high? For which are they relatively low? While the information you can glean from this basic assessment is limited, it can provide a starting point for further analysis.

Example: Comparing Scores for CAHPS Health Plan Survey Measures

The bar chart below illustrates how a simple comparison of scores across survey measures can reveal differences in performance. In this case, scores for measures of access to care are lower than scores for measures of doctor communication and health plan customer service.



Analysis 2. Compare Your Scores to Benchmarks

A more useful analysis is to compare your performance to others. To do that, you need to identify benchmarks or comparative data that are appropriate and relevant for your organization. A benchmark could be a regional or national average, the average score for the same type of organization, or a "stretch goal," such as the score achieved by top performers. Your benchmark choices should be guided by your business strategy and improvement goals.

Major sources of comparative benchmarks include:

- CAHPS Databases (CAHPS Health Plan Survey for Medicaid and CHIP, CAHPS Child Hospital Survey, and CAHPS Home and Community-Based Services Survey)
- National Committee for Quality Assurance's (NCQA) Quality Compass (CAHPS Health Plan Survey)

- Centers for Medicare & Medicaid Services: for example, benchmarks are available for the CAHPS Hospital Survey (HCAHPS) in Summary Analyses in HCAHPS On-Line
- Your survey vendor: many vendors offer access to comparison norms for their clients
- The healthcare organization (e.g., medical group, accountable care organization, regional collaborative) that fielded the survey

What Are the CAHPS Databases?

The CAHPS databases are data repositories provided by AHRQ that enable survey users to compare their own results to relevant benchmarks such as overall and regional averages. This information is voluntary, free, and open to all users of the CAHPS surveys that are included in the CAHPS databases. The results are reported in Chartbooks as well as AHRQ's CAHPS Data Tools, which are online reports that present summary-level, nonidentified comparative data, including percentiles, top box scores, and full frequency distributions, for composite measures, ratings, and individual items. Survey users that submit data to the CAHPS databases also have access to a Private Feedback Report in Excel that compares their own results to database averages for each measure and question.

When comparing your results to a benchmark, keep in mind that the benchmark provides only a relative comparison. Even though your results may be better than the average score, for example, you may believe there is room for improvement in a particular area in an absolute sense. In fact, for some CAHPS surveys, there are aspects of patient experience that even the highest scoring sites could improve on.

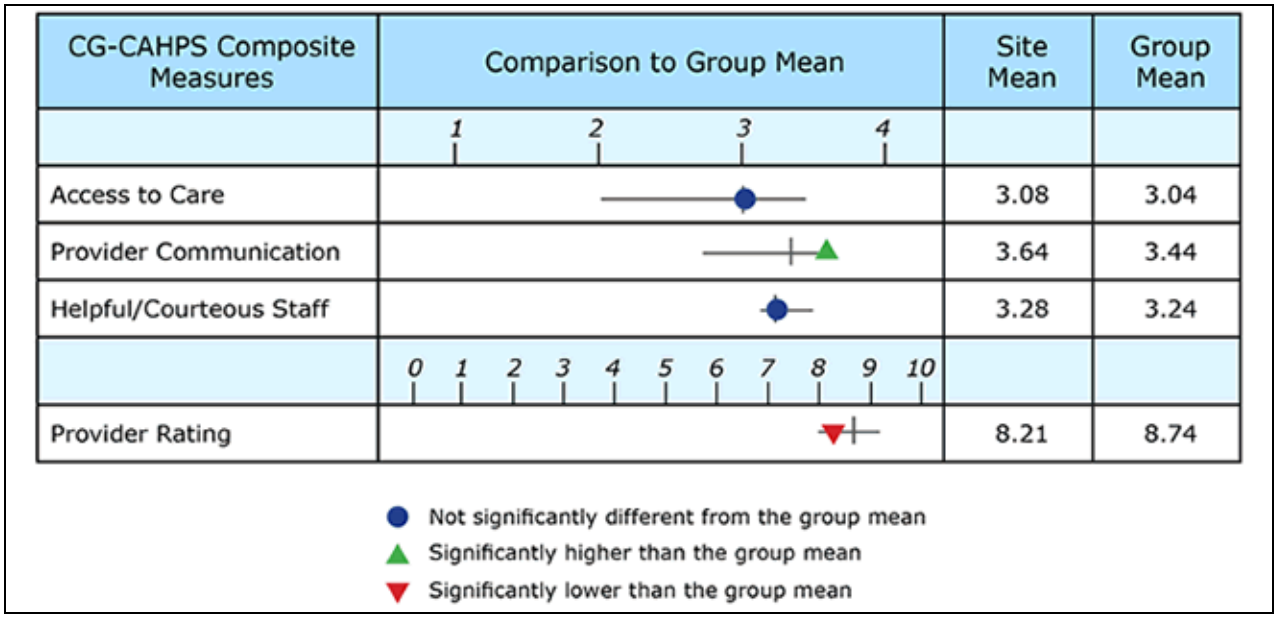
There are many ways to analyze your CAHPS results in comparison to benchmarks or other reference points. The selection of methods for data scoring and presentation will depend on both the benchmarks you choose to use and the level of detail needed by your audience. Following are two examples of different approaches for comparing CAHPS survey results to benchmarks. These examples draw on survey results from the CAHPS Clinician & Group (CG-CAHPS) Survey and the CAHPS Health Plan Survey but apply equally well to other CAHPS surveys.

Example 1. Comparing Mean Scores

One approach is to compare an organization's mean scores for the CAHPS composite and rating measures with the average mean score for comparable entities. For example, CG-CAHPS mean scores for an individual practice site can be compared to the average scores for the overall medical group, as illustrated in Figure 1. With this figure, a practice site can see that its mean score for the Provider Communication composite measure (3.64) is significantly higher than the mean for the overall medical group (3.44), yet its mean score for the Provider Rating (8.21) is significantly lower than the mean for the overall medical

group (8.74). The individual practice site is not significantly different from the overall medical group on the other two composite measures. The horizontal lines for each composite measure in the "Comparison to the Group Mean" column show the minimum site score and the maximum site score within that group.

Figure 3. Comparison of Mean Scores for a Practice Site and a Medical Group



Example 2. Comparing Scores to Benchmarks

Another option is to compare your scores to one or more benchmarks, such as the score achieved or exceeded by the top 10 percent of all providers or providers who meet certain criteria (e.g., based on provider type or geographic region). One way to identify useful benchmarks is to look at percentile scores, which can be calculated with mean scores, normalized mean scores, or top box scores (i.e., the percentage of responses in the best possible category for a survey question or composite measure). Survey vendors and other organizations that administer CAHPS surveys for multiple healthcare providers can generate percentile scores.

What Are Percentile Scores?

Percentiles provide useful information about the distribution of scores across all healthcare organizations (e.g., practice sites or health plans) included in a benchmark. To calculate percentile scores, the scores for all participating organizations are ranked in order from low to high. The percentile (e.g., 90th percentile, 25th percentile) indicates the percentage of organizations that scored at or below a particular survey score. For example, the score shown for the 75th percentile is the score where 75 percent of the sites or plans scored the same or lower and 25 percent scored higher. To compare your scores, look for the highest percentile where your score exceeds the percentile score.

For health plans, another useful source of benchmarks is AHRQ's CAHPS Data Tools, which use data submitted to the CAHPS Health Plan Survey Database to generate a table of percentiles using top box scores. Figure 2 provides an illustration of this table. With this information, an individual health plan can compare its own survey scores to the distribution of percentile scores to assess areas of strength and weakness for each of the survey's composite and rating measures. For example, using the table below, a health plan with a top box score of 56 percent for the "Getting Needed Care" composite measure can determine that its score is above the 75th percentile, i.e., its performance on that measure is better than 75 percent of the health plans that submitted data to the CAHPS databases. If the score is in the bottom quartile (in this example, 46 percent or lower), the health plan might decide that this is an area in need of improvement.

Figure 4. CAHPS Health Plan Survey Percentile Scores for Adult Medicaid Respondents (2023)

This table shows the national distribution of top box scores for selected percentiles for the adult Medicaid population represented in the 2023 CAHPS Health Plan Survey Database.

2023 Adult Medicaid Percentiles								
	Top Box Percentiles							
Composite Measure/Rating	Database Average	Lowest Score	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Highest Score
Composite Measure								
Getting Needed Care	50%	34%	41%	46%	52%	55%	59%	64%
Getting Care Quickly	54%	35%	45%	49%	55%	60%	63%	67%
How Well Doctors Communicate	75%	53%	68%	72%	76%	79%	81%	88%
Health Plan Information and Customer Service	68%	48%	58%	64%	69%	72%	76%	83%
Ratings								
Rating of personal doctor	67%	49%	61%	64%	68%	72%	74%	77%
Rating of specialist	66%	49%	59%	63%	66%	70%	74%	83%
Rating of health care	54%	38%	46%	50%	55%	58%	62%	68%
Rating of health plan	60%	44%	51%	56%	61%	65%	69%	81%

Source: CAHPS Health Plan Survey 2023 Medicaid and CHIP Chartbook

Analysis 3. Compare Your Current CAHPS Scores to Past Performance

If you have collected CAHPS survey results more than once, another useful way to identify opportunities for improvement is to look at past performance. Comparing your current scores to previous scores can be valuable for:

- Detecting areas where your performance is improving, declining, or holding steady
- Increasing your confidence that the scores reveal a true picture of performance and are not just a snapshot of performance at a single point in time

Figure 3 presents a simple example of CAHPS survey data over time. In Figure 3, hospital scores for two consecutive years are compared to each other and to the current year's CAHPS database average for several CAHPS Child Hospital Survey measures reported in a sample private feedback report from the Child Hospital Survey Database.

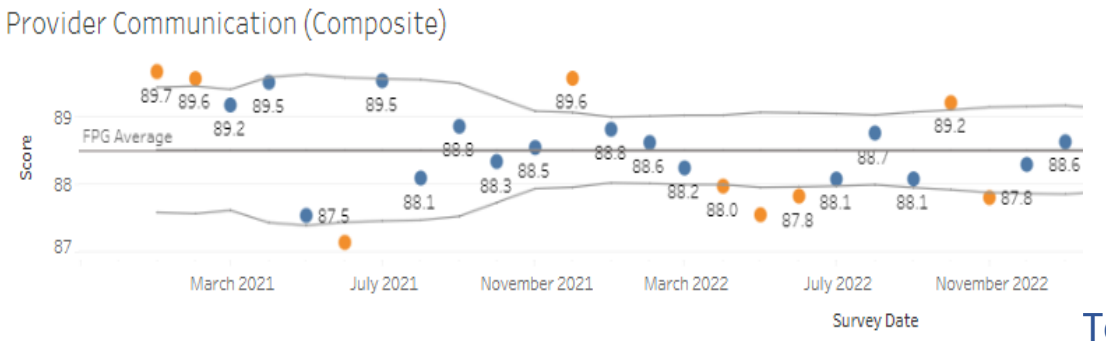
Figure 5. Example of a Table Showing Consecutive Years of Top Box Scores for the CAHPS Child Hospital Survey (Child HCAHPS), 2022-2023

Child HCAHPS Composite Measures/Items by Topic Area	Measure Type	Top Box Scores		
Topic: Communication with Parent		2023 Child HCAHPS Survey Database Average	[Hospital Name] 2023	[Hospital Name] 2022
Communication Between You and Your Child's Nurses	Composite Measure	86%	85%	84%
Communication Between You and Your Child's Doctors	Composite Measure	79%	80%	78%
Communication About Your Child's Medicines	Composite Measure	81%	78%	78%
Keeping You Informed About Your Child's Care	Composite Measure	79%	83%	84%
Preparing You and Your Child to Leave the Hospital	Composite Measure	85%	89%	87%
Privacy When Talking With Doctors, Nurses, and Other Providers	Single-Item Measure	89%	92%	90%
Keeping You Informed About Your Child's Care in the ER	Single-Item Measure	84%	86%	85%

Source: Sample Private Feedback Report, Child HCAHPS Survey Database

A more sophisticated approach is to plot survey scores in a line chart to expose trends that are not as easily detected in numeric tables. One option is to compare an individual healthcare organization's performance to existing trend data. For example, a Medicaid health plan can use a CAHPS Health Plan Survey Chartbook to compare its scores over a ten-year period to overall trends in aggregated top box scores. This comparison can reveal whether your plan's scores for a specific measure improved over a period when overall scores for that measure declined or vice versa.

Another option that requires more analytical resources is to create control charts. This excerpt from a control chart developed for a practice group at UCLA Health shows monthly performance on a specific composite measure over a two-year period. The control chart shows average performance and highlights when performance on the measure exceeds the upper limit (denoted by the blue color) or falls below the lower limit (denoted by the orange color).



Topic

Brief 4.3: Using Patient Comments and Narratives to Identify Improvement Opportunities and Potential Solutions

Qualitative feedback expressed by patients in their own words provides important information to healthcare organizations. This kind of feedback can:



- Offer insight into the data collected through closed-ended survey questions
- Provide additional information about aspects of patient experience not addressed in closed-ended questions
- Suggest creative ways to address the issues that patients encounter

This topic brief focuses on qualitative feedback collected from patients through standardized surveys. This feedback may take one of two forms:

- **Comments** in response to one or two general questions about the experience of care
- **Narratives** in response to a structured series of questions that prompt a more balanced and complete account of the experience. A research team associated with the CAHPS program has developed and tested item sets that supplement CAHPS surveys. Read about the CAHPS Patient Narratives Item Sets.

While patients also share their perspectives and report on their experiences in other forums—such as comment cards distributed at the end of a visit, complaint forms, and social media websites—this topic brief focuses on feedback gathered systematically from a representative sample of the patient population.

The Case for Using Patient Comments and Narratives

The primary benefit of patient comments and narratives is that they provide useful information about patients' experiences in a way that is easy for staff, clinicians, and administrators to understand and respond to.

The following examples show how patient narratives can motivate staff to undertake specific improvement projects aimed at both process and relational changes. The examples are drawn from interviews with middle managers working in eight outpatient clinics in a large urban system.[61] Each example indicates how managers described the way they identified needed changes and potential solutions.

Examples of Process Changes Motivated by Narratives

- **Improving the accessibility of virtual visits:** "Now the big hurdle was IT literacy..and that's how we came up with different digital tool solutions, so instead of having them [patients] log into Zoom, we would just send them a link and then open up the video..But that was only because of patient feedback."
- **Addressing long wait times through improved signage:** "One comment we got was that a patient...registered on his tablet but he didn't come to the front to get a band, so he sat for about 20, 30 minutes... we should have signage that says when you check in on the tablet, come to the front and get a wrist band. So those comments definitely help with things, to make things better for the patient and us."

Examples of Relational Changes Motivated by Narratives

- **Improving interactions with staff:** "[The narrative] said 'the staff did not acknowledge me'...And one of the things I've talked with staff about is even if you're busy doing something, just holding up your head and saying... 'give me a minute'..."
- **Improving the timely delivery of test results**: "One particular area that we noticed we were getting comments on was lab results... I believe a lot of the practices and providers [believed] 'no news is good news,' but for a patient, silence may be terrifying. So just closing that loop and knowing that based on the comments this is what our patients are looking for – they just want to hear someone say yes, your results are normal, everything is okay..."

[61] Grob R, Lee YSH, Shaller D, et al. Nothing is more powerful than words: How patient experience narratives enable improvement. *Quality Management in Health Care* 2024; 33(3):149-159.

Interviews with middle managers also identified specific reasons why they value patient narratives, including:

- Enable better patient experience assessment (e.g., by explaining why survey scores are high or low and highlighting specific and detailed aspects of care rather than a summary assessment)
- Deepen understanding of and relationships with patients (e.g., by identifying how patients may feel stigmatized by specific clinic practices and structures)
- Deepen operational knowledge (e.g., by providing a view of patients' experiences in the clinic over time)
- Facilitate agenda planning and execution (e.g., by providing validating evidence when advocating with upper management for resources needed to support improvements)



Learn more about how middle managers value narratives and can use them as a tool for supporting improvement: Grob R, Lee YSH, Shaller D, Warne E, Matta S, Schlesinger M, Nembhard IM. "Nothing Is More Powerful than Words:" How Patient Experience Narratives Enable Improvement. *Qual Manag Health Care*. 2024 Jul-Sep 01;33(3):149-159.

In addition to identifying opportunities to improve and suggested solutions, the analysis, interpretation, and use of patient comments and narratives can help in several other ways:

- **Identifying creative approaches.** AHRQ-funded studies have highlighted the utility of patient narratives to reveal creative and actionable ideas for patient experience improvement, particularly when open-ended questions include an explicit invitation to patients to share their creative ideas and mention the potential system impact.[62]
- **Promoting staff learning and motivation.** Research suggests that narratives can motivate positive changes in practice norms by boosting confidence and inspiring staff to adopt behaviors that are more patient-centered, which can improve patient experience.[63]
- **Reducing burnout.** Emerging research indicates that staff who are exposed to a higher proportion of positive patient comments appear to experience less burnout than those with lower proportions of positive comments. Burnout is even less pronounced when staff are able to view both positive and empathic comments.[64]

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[62] Lee YSH, Grob R, Nembhard I, Shaller D, Schlesinger. Leveraging Patients' Creative Ideas for Innovation in Health Care. *Milbank Quarterly*. Dec 2024; 102: 233-269. https://doi.org/10.1111/1468-0009.12682

[63] Nembhard IM. Patient Narratives as a Catalyst for Reducing Staff Burnout in Ambulatory Care. Presentation at the CAHPS 2023 Research Meeting—Patient Experience, Patient Safety, and Provider Well-Being: Association and Paths for Quality Improvement. October 19, 2023. Meeting summary (PDF, 549 KB).

[64] Ibid.

- **Improving survey scores.** In practices that frequently share patients' narratives with their staff to inform their quality improvement efforts, the narratives are also linked to higher patient experience survey scores, conditional on staff confidence in their own knowledge.[65]

Analyzing Patient Comments and Narratives

Healthcare providers, staff, and administrators can learn a great deal from reading patient comments and narratives verbatim. However, the collection of large volumes of narrative responses may require systematic analysis to more efficiently extract the essential insights they offer. Two types of analysis can be conducted:

- **Qualitative analysis methods using trained human coders**. With this method, analysts code the narratives to identify specific aspects of patient experience, the emotional valence (i.e., whether the comment is positive, negative, or neutral), and the actionability (i.e., whether the comment is specific enough to tell a healthcare organization what would need to be done).[66]
- **Natural language processing (NLP) methods** using computerized, automated algorithms. NLP methods are a way to extract much of the same content as qualitative methods (including themes, valence, and actionability) in a more efficient manner.[67]

These two methods can also be used together, for example, by checking NLP coding against a subset of human-coded data. NLP analysis can also be used to screen for specific topics that can be identified for further analysis using human coding methods.

Reporting Patient Comments and Narratives to Support Improvement

Patient experience teams can use a range of methods to report the information obtained from patient narratives and comments to staff and clinicians on the front lines of care, as well as to administrators and senior leaders. One method is to simply share the verbatim comments in their entirety in documents, such as spreadsheets that list the comments by date and site of care.

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[65] Nembhard IM, Matta S, Shaller D, Lee YSH, Grob R, Schlesinger M. Learning from patients: The impact of using patients' narratives on patient experience scores. Health Care Manage Rev. 2024 Jan-Mar 01;49(1):2-13. doi: 10.1097/HMR.0000000000000386. PMID: 38019459; PMCID: PMC10873528.

[66] Learn about qualitative methods for analyzing patient narratives: Grob R, Schlesinger M, Barre LR, et al. What words convey: The potential for patient narratives to inform quality improvement. *Milbank Quarterly*. 2019 Mar, 97(1): 176-227. https://pubmed.ncbi.nlm.nih.gov/30883954

[67] Read about AHRQ-funded research to assess the strengths and weaknesses of NLP for this purpose: Using Natural Language Processing to Code Patient Experience Narratives Capabilities and Challenges.

A more sophisticated method is to produce electronic reports or "dashboards" that organize the information from comments into specific themes that can be reported along with survey scores.

 **In the Resource Library:** Read about online feedback reporting in a New York hospital.

Topic Brief 4.4: Taking a Deeper Dive: Methods for Assessing the Process of Care Delivery



If it is not clear why you are doing well on some CAHPS survey measures and not so well on others, you may need more detailed information to help you identify actions that can improve patient experience in distinct areas. To get that information, you need to go beyond the survey results to do some additional analyses targeted at one or more specific topics addressed by the survey items or composites. The purpose of these analyses is to drill down to find the underlying performance problems that are actionable, i.e., that you can change through quality improvement activities.

This topic brief uses a hypothetical example to explore the following tools and techniques:

- Process observation
- Walkthroughs
- Process or journey mapping
- Root cause analysis
- Small-scale surveys

Hypothetical Example of a Patient Experience Performance Issue

Consider a clinical practice whose score for the Access composite "Getting timely appointments, care, and information" is lower than average. An initial analysis of this practice's survey scores may find that a key driver of the composite score was a low score on this survey question: "*When you made an appointment for a check-up or routine care, how often did you get an appointment as soon as you needed?*"

Why might patients be having trouble getting a timely appointment for check-ups or routine care? Various operational issues in the practice could contribute to this problem:

- The physicians may not have sufficient hours available to handle all the patients served by the practice.
- Problems in scheduling appointments may have a seasonal pattern related to when physicians take vacations or are otherwise not available.
- Routine appointments may be bumped frequently by last-minute emergency visits.
- Limitations of office hours may make it difficult to find visit times that are convenient for patients.
- The staff working on the appointment calendar may not be interacting well with patients to identify their needs and priorities.

Process Observation

Process observation is a way of confirming exactly what is happening during any particular process. It allows you to gather useful information about almost any process, activity, or human behavior so that you can uncover issues that are compromising the effectiveness of the process. Observation is also critical to developing and refining a process map, described below.

When is observation most useful? Observation is useful when:

- You want direct information on a process
- You are trying to understand an ongoing process
- Physical evidence, products, or outcomes of a process can be seen readily
- Written or other data collection procedures seem inappropriate



In the Resource Library: Learn how to do process observation.

Walkthroughs

A walkthrough, which is a type of observation method, recreates for clinicians and staff the emotional and physical experiences of being a patient or family member. By directly experiencing what the patient or family member experiences, members of your organization can better understand their perspectives and quickly identify system, flow,

and attitude problems. Walkthroughs often bring to light rules and procedures that may have outlived their usefulness.

In the Resource Library: Learn how to conduct a walkthrough.

Walkthrough Versus Patient Shadowing

A walkthrough is similar to patient shadowing, but it is not the same thing. A walkthrough is conducted by staff without a patient present, whereas patient shadowing involves a staff member accompanying a patient through the visit and taking notes on the patient's experience. Since shadowing does not require taking an appointment slot away from a real patient, it can be useful in settings where appointment times are limited.

Related topic brief: Read about patient shadowing in Gathering Input from Stakeholders.

Process and Journey Mapping

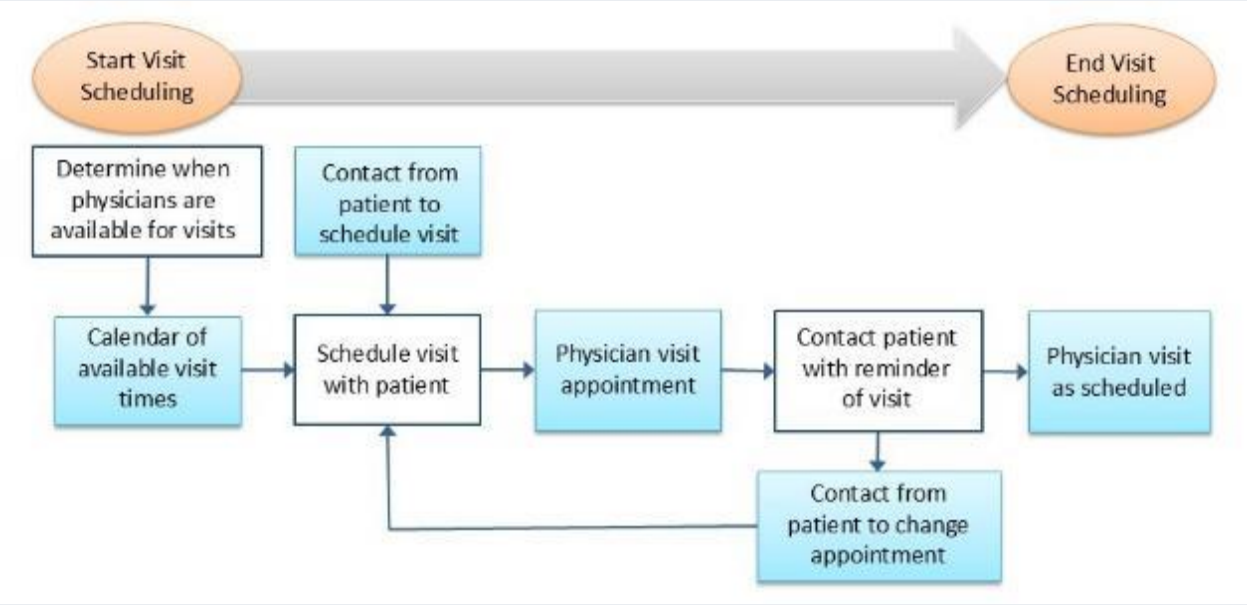
To figure out how to improve a process, it helps to map or draw it. Mapping can address two aspects of process improvement:

- Developing an initial understanding of how things are done currently. It is critical to start by depicting the process the way it really works, not the way you think it should work.
- Examining and testing alternative changes to improve the process.

A **process map** is a picture or flow chart showing the steps involved in transforming the inputs into the outputs of the process. For example, a physician's practice could list each step involved in scheduling appointments for routine care. The chart below shows a simple process map for an appointment process in a medical practice. It includes:

- The process steps (often described using nouns [blue boxes])
- The activities between the steps (often described using verbs [white boxes])
- For each activity, the inputs and outputs involved (arrows)

Process map of a physician visit appointment



Common Weaknesses of Process Maps

Take steps to avoid and correct for these common pitfalls that can interfere with your interpretation and full understanding of the process:

- Those working on the map may have drawn it for the process as they envision it, not as it really is
- People may be reluctant to depict the obviously illogical parts of the process for fear they will be asked to explain why things have been working that way
- Rework loops are either not seen or not documented because people assume rework is small and inevitable
- The people drawing the map may not really know how the process actually works in reality

Learn more about process mapping: Process Mapping in Healthcare: Guide to Efficient and Quality care. Updated November 6, 2024. https://creately.com/guides/process-mapping-in-healthcare/ Accessed May 2025.

In the Resource Library: Process mapping**:** How to do it.

A journey map is a more comprehensive version of a process map that offers a visual display of all the experiences patients have before, during, and after their visit.[68] For example, the **Veterans Health Administration (VHA) developed a journey map** that lists what patients do before their visit, upon arriving to the facility, during the appointment, when departing from the facility, and after the visit. The VHA uses this journey map to identify and monitor what is going well at each step of the process ("bright spots") as well as areas in need of improvement ("pain points").

Learn more about journey mapping: Davies EL, Bulto LN, Walsh A, Pollock D, Langton VM, Laing RE, Graham A, Arnold-Chamney M, Kelly J. Reporting and conducting patient journey mapping research in healthcare: A scoping review. *J Adv Nurs*. 2023 Jan;79(1):83-100. doi: 10.1111/jan.15479. Epub 2022 Nov 3. PMID: 36330555; PMCID: PMC10099758.

Root Cause Analysis

Root cause analysis is a method for identifying the root causes of a problem and determining the relationship among different root causes. Repeatedly asking the question "why" peels away the layers of issues to uncover the fundamental source of a problem. This tool, which does not involve a statistical hypothesis or analysis, is most useful when problems involve human factors or interactions.

Example of a Root Cause Analysis	
Step	**Example**
Step 1: Write down the specific problem. Articulating the issue in writing helps you formalize the problem and describe it completely. It also helps everyone on the improvement team focus on the same problem.	The problem: A medical practice has received low CAHPS scores on getting an appointment scheduled as soon as patients would like. It also is receiving a large number of complaints from patients on this issue.
Step 2: Ask why the problem happens and write down the answer below the problem.	Why? There are not enough appointment times available on the calendar for scheduling all the patients who call in a timely manner.

[68] Lemma N Bulto, Ellen Davies, Janet Kelly, Jeroen M Hendriks, Patient journey mapping: emerging methods for understanding and improving patient experiences of health systems and services, *European Journal of Cardiovascular Nursing*, Volume 23, Issue 4, May 2024, Pages 429–433, https://doi.org/10.1093/eurjcn/zvae012

Step 3: If the answer you just provided does not identify the root cause of the problem that you wrote down in step 1, **ask why again** and write that answer down.	Why? The practice has office hours only four days a week and is not open on Saturdays.
Step 4: Loop back to step 3 until the team is in agreement that the problem's root cause is identified.	Why? The physicians in the practice are not willing to work on Saturdays, and many of them are not always available to see patients all of the weekday hours.

Small-Scale Surveys

A small-scale survey can be used to drill down on the experience behind CAHPS scores or to ask staff about barriers they encounter when trying to schedule patients. You can conduct a small-scale survey with a convenience sample of as few as 10 individuals and usually no more than 100.

Examples of a convenience sample include:

- All patients who visit a specific clinic on a given day
- All patients who report a problem scheduling appointments
- Staff who participated in a specific training exercise

These kinds of surveys are useful because they provide information you can act on and help you to understand what kinds of experiences may be driving your CAHPS scores. However, it is important to recognize that the results of small-scale surveys are not generalizable to your patient population, because they are not based on a scientific sample. That is, they reflect only the experience of the small number of patients you surveyed, who are not representative of your total patient population.

Topic Brief 4.5: Gathering Input from Multiple Stakeholders



Your analysis of performance issues can benefit from good information on the views, experiences, needs, and motivations of the various stakeholders who are involved in or affected by the processes you're addressing. To help identify and examine the causes of your performance problem, consider contacting the relevant stakeholders to find out what they know, how they feel about issues, and their ideas for improvement. Different stakeholders have unique perspectives you need to consider all together to understand the full dynamics involved in delivering and receiving healthcare and how those dynamics influence patients' experiences with care.

Overview of the Process of Gathering Stakeholder Input

Imagine that an initial analysis of a medical practice with poor performance on the CAHPS access composite found that a key driver of the composite score was a low score on this question: "When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?" What can you learn from stakeholders about the problems with timely appointments for care and how to fix those problems?

Step 1: Identify the relevant stakeholders. Working as a team, identify the groups that are key stakeholders for the CAHPS performance issue you're addressing. Stakeholders can include patients and their family members, physicians, nurses, other clinical personnel, clerical staff, managers of the healthcare organization, and staff of other involved organizations. You should include groups who are involved in the process (such as nurses) as well as others who are affected by it (such as patients), since both would be affected by any changes you make during quality improvement work. For example, for a problem related to the appointment process, stakeholders may include:

- Physicians in the practice
- Patients who get appointments for care
- Office staff who handle the appointment process
- Nursing staff who initiate the office visit with patients
- The office manager who supervises the practice operation

People on the front line of care typically have the best understanding of what works well and what doesn't because they live with it every day. However, front-line caregivers sometimes become so accustomed to working in a "broken" system that they accept some problems as inevitable ("just the way it is") when the problems can—and should—be fixed.

Step 2: Document questions for stakeholders. Develop a list of the topics you want to discuss with the stakeholder groups to learn:

- How the process works
- What they think is wrong with it
- How they think it needs to be improved

Step 3: Gather feedback. Use qualitative data collection methods to gather information from people in each of your stakeholder groups. (Read about these methods below.) The exact methods you choose to use will depend on which types of stakeholders you will be talking with and whether you want to have group discussions or talk to people individually.

Step 4: Summarize your findings. With feedback from all your stakeholder groups on each of the topics, you can compare responses to find similarities and differences in views and concerns across the groups.

Step 5: Use the findings. Use the information from the stakeholders to refine your process map and your list of possible issues affecting performance. You can also use this information to help guide strategies and actions for improving performance on the CAHPS measures.

Techniques for Gathering Feedback from Stakeholders

Techniques you can use to gather information from stakeholders on their experiences and views of performance problems include:

- Focus groups
- Semi-structured interviews
- Patient shadowing
- Patient and family advisory councils
- Patient partners on improvement teams

Focus Groups

A focus group is a moderator-led discussion among staff and/or patients that is designed to collect more precise information about a specific problem and new ideas for improvement strategies. This approach allows for in-depth exploration of the drivers of dissatisfaction and can provide excellent ideas for reengineering services.

In addition, videotapes of focus groups can be very effective at changing the attitudes and beliefs of staff members because the participants' stories often bring to life the emotional impact of excellent service as well as service failures.

When conducting a focus group, the moderator uses a written topic guide to ensure that the group addresses all key topics in the discussion; another person usually serves as a note taker. The moderator typically uses various techniques during the discussion so that everyone in the group has a chance to speak and discussion among group members takes place. Examples of these techniques include going around the table to ask each person to give their views on a topic being discussed and specifically asking people who have not said much for their opinions.

Guides to Conducting Focus Groups

- Krueger RA, Casey MA. *Focus groups: a practical guide for applied research*. Thousand Oaks: Sage Publications; 2000.
- Bader GE, Rossi CA. *Focus groups: a step-by-step guide*. 3rd ed. San Diego: The Bader Group; 2001.

Semi-Structured Interviews

In contrast to focus groups, interviews allow you to collect a great deal of rich, detailed information on the experience of an individual. They also offer greater flexibility in terms of the order in which topics are discussed. Interviews are also useful when you want to:

- Collect information that is not influenced by the opinions of others in a group discussion.
- Collect information from staff that is not influenced by the presence of supervisors or managers.

Semi-structured interviews are conducted one-on-one or in groups of no more than three people. The interviewer typically uses a topic guide and is accompanied by a note taker.



Learn more about semi-structured interviews: Lindloff TR, Taylor BC. *Qualitative communication research methods*. 2nd ed. Thousand Oaks: Sage Publications; 2002.

Patient Shadowing

Patient shadowing is a low-cost method for healthcare organizations to observe firsthand how patients and families experience each step of the care process. Shadowing can be performed by individuals with only minimal training—including volunteers, summer interns, college students, and patient advocates—and is best conducted by those unfamiliar with the care experience in order to bring a fresh and unbiased perspective to the process being observed.

Shadowing starts at the very beginning of the care experience, such as in the parking lot of an ambulatory clinic, and follows the patient and/or family member through every "touch point" encountered, from entry to the practice to the end of the visit. Shadowers document the care experience in a field journal, take notes, and are encouraged to engage patients

and families in a dialogue about their impressions of and ideas for improving the care experience.



Learn more about patient shadowing:

- The Point of Care Foundation's Patient and Family-Centred Care toolkit**.**
- **Goodrich J, Ridge D, Cartwright T.** A qualitative study exploring patient shadowing as a method to improve patient-centred care: 10 principles for a new gold standard. *International Journal of Quality in Health Care*. 2022 Apr 16;34(2).
- **Gallan AS, Perlow B, Shah R, Gravdal J.** The impact of patient shadowing on service design**.** ***Patient Experience Journal*****.** 2021; 8(1):88-98.

Patient Shadowing Versus Walkthough

Patient shadowing is similar to a walkthrough, but they are not the same thing. In a walkthrough, a clinician or staff member plays the role of a patient. Patient shadowing involves following an actual patient through the process. Since shadowing does not require taking an appointment slot away from a real patient, it can be useful in settings where appointment times are limited.



Related topic brief: Read about walkthroughs in Taking a Deeper Dive: Methods for Assessing the Process of Care Delivery.

Patient and Family Advisory Councils

You can obtain feedback as well as improvement ideas from patients and families through strategies that engage their participation on an ongoing basis. A patient and family advisory council is one of the most effective strategies for involving families and patients in the design of care and ensuring that those on the receiving end of healthcare have a voice in the organization's decision-making process.

A patient and family advisory council can help overcome a common problem that most organizations face when they begin to develop patient-and family-centered processes: They do not have the direct experience of illness or the healthcare system. Consequently, healthcare professionals often approach the design process from their own perspective, not the patients' or families'. Improvement committees with the best of intentions may disagree about who understands the needs of the family and patient best. But family members and patients rarely understand professional turf boundaries. Their suggestions are usually inexpensive, straightforward, and easy to implement because they are not bound by the usual rules and sensitivities.

Patient and family advisory council responsibilities may include input into or involvement in:

- Program development, implementation, and evaluation
- Planning for major renovation or the design of a new building or services
- Staff selection and training
- Marketing the plan's or practice's services
- Participation in staff orientation and in-service training programs
- Design of new materials or tools that support the clinician-patient relationship

While councils can play many roles, they do not function as boards, nor do they have fiduciary responsibility for the organization.

Tips on Starting a Patient and Family Advisory Council

- **Recruitment:** Many organizations start with members or patients who are recommended by staff. Look for people who can listen and respect different opinions, support the institution's mission, speak comfortably in groups and in front of healthcare professionals, and provide constructive input. Staff members will frequently describe good council members as people who know how to provide "constructive critiques."
- **Size:** Depending on the size of the organization, most councils have between 12 and 30 patient or family members and three or four members from the staff of the organization.
- **Time commitment:** You can ask council members to commit to one 2- to 3-hour meeting a month, usually over dinner, and participation on one committee. Most councils start off with one-year terms for all members to allow for graceful departures in case a member is not well suited for the council.

Learn more about Patient and Family Advisory Councils from the Institute for Patient- and Family-Centered Care:

- Patient and Family Advisory Councils
- Effective Patient and Family Advisory Councils
- *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings.* Bethesda, MD: Institute for Patient- and Family-Centered Care. 2016. Available at http://www.ipfcc.org/resources/GettingStarted-AmbulatoryCare.pdf.

In the Resource Library: Guide for Developing a Community-Based Patient Safety Advisory Council.

Patient Partners on Improvement Teams

You can take the strategy of engaging patients in the process of care design and improvement one step further by embedding patients as active partners working together with clinicians and staff on quality improvement teams. This approach, referred to as "patient partners," recognizes that true patient-centered transformation of care cannot be achieved without enlisting the active involvement of patients in the redesign process. Including patient partners as members of practice improvement teams brings the patient's voice and perspective directly into the hard and sometimes messy work of process redesign. It can also be an enlightening and rewarding experience for patients, clinicians, and staff alike.

 **In the Resource Library: Tips on incorporating patient partners into improvement teams.**

Appendix

CAHPS Improvement Guide Resource Library

Appendix: CAHPS Improvement Guide Resource Library



This library offers quick access to worksheets, recommended reading, expert guidance and tips, and other resources referenced in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Improvement Guide.

Why Improve Patient Experience with Healthcare?

- Infographic: Five Reasons To Gather and Act on Information on Patient Experience

Preparing for and Sustaining Improvements in Patient Experience

- Culture of Improvement Self-Assessment from the Virginia Mason Institute
- Self-Assessment Tool: A National Action Pan To Advance Patient Safety from the Institute for Healthcare Improvement
- AHRQ's Surveys on Patient Safety Culture®
- Implementation Toolkit: What Matters to You? from the Montefiore Hudson Valley Collaborative (version 1: May 2020, a resource available from The Beryl Institute's "What Matters To You?" Resources page)
- Put Quality Improvement Into Practice, a video from the Institute for Healthcare Improvement
- Quality Improvement in Healthcare, a video from Dr. Mike Evans, St. Michael's Hospital
- QI Basics—Introduction to Quality Improvement, a video from Stratis Health
- Service Excellence Self Learn Packet from the Cleveland Clinic

Using Established Improvement Models to Improve Patient Experience

- Recommended Reading: Implementing and Sustaining Innovations in Healthcare Settings
- Quality Improvement Action Plan Worksheet

Determining Where and How to Focus Efforts to Improve Patient Experience

- Case Study: Online Feedback Reporting in a New York Hospital
- Process Mapping: How To Do It
- Patient Walkthrough: How To Do It

- Process Observation: How To Do It
- AHRQ's Guide for Developing a Community-Based Patient Safety Advisory Council
- Tips for Integrating Patient Partners on Improvement Teams

Infographic: Five Reasons to Gather and Act on Information on Patient Experience



Recommended Reading: Implementing and Sustaining Innovations in Healthcare Settings

Greenhalgh T, Robert G, Bate P, et al. How to spread good ideas: a systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organization. London: NCCSDO; 2004.

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Greenhalgh T, Wherton J, Papoutsi C, Lynch J, Hughes G, A'Court C, Hinder S, Fahy N, Procter R, Shaw S. Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. *Journal of Medical Internet Research*. 2017, 19(11): e367.

Guzman G, Fitzgerald JA, Fulop L, Hayes K, Poropat A, Avery M, Campbell S, Fisher R, Gapp R, Herington C, McPhail R, Vecchio N. How best practices are copied, transferred, or translated between health care facilities: a conceptual framework. Health Care Management Review. 2015, 40(3): 193–202.

Horton TJ, Illingworth JH, Warburton WHP. Overcoming challenges in codifying and replicating complex health care interventions. Health Affairs (Millwood). 2018, 37(2): 191–197.

Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. A framework for spread: from local improvements to system-wide change. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. Available from: https://www.ihi.org/resources/Pages/IHIWhitePapers/AFrameworkforSpreadWhitePaper.aspx

Moon SEJ, Hogden A, Eljiz K. Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review. BMJ Open Qual. 2022 Dec;11(4):e002057. doi: 10.1136/bmjoq-2022-002057. PMID: 36549751; PMCID: PMC9791458.

Nolan KM, Schall MA. A framework for spread. In Nolan KM, Schall MW, editors: Spreading improvement across your health care organization. Oak Brook, IL: Joint Commission Resources, 2007,1–24.

Øvretveit J. Implementing, sustaining, and spreading quality improvement. In The Joint Commission: From front office to front line: essential issues for health care leaders, 2nd ed. Oak Brook, IL: Joint Commission Resources, 2012, 159–176.

Scarbrough H, Kyratsis Y. From spreading to embedding innovation in health care: Implications for theory and practice. Health Care Manage Rev. 2022 Jul-Sep 01, 47(3): 236-244. doi: 10.1097/HMR.0000000000000323. Epub 2021 Jul 26.

Scoville R, Little K, Rakover J, Luther K, Mate K. Sustaining improvement. Cambridge, MA: Institute for Healthcare Improvement; 2016. Available from: https://www.ihi.org/resources/Pages/IHIWhitePapers/SustainingImprovementWhitePaper.aspx

Silver SA, McQuillan R, Harel Z, Weizman AV, Thomas A, Nesrallah G, Bell CM, Chan CT, Chertow GM. How to sustain change and support continuous quality improvement. Clin J Am Soc Nephrol. 2016 May 6;11(5):916-924. doi: 10.2215/CJN.11501015. Epub 2016 Mar 25. PMID: 27016498; PMCID: PMC4858491.

Quality Improvement Action Plan Worksheet

Worksheet 1. Implementation Strategy for Each Dimension of Patient Experience*

This sheet allows you to examine your CAHPS performance on each dimension of patient experience that you are considering for improvement. After filling in the first two columns, discuss CAHPS performance with your team and decide on each dimension's priority (column 3, "Action Priority") and possible implementation strategies (column 4, "Strategy").

* A similar worksheet can be created for survey items within a composite measure.

Performance Dimension	CAHPS Score Levels	Action Priority	Strategy
[INSERT dimension, e.g., Coordination of Care]		☐ **High** ☐ **Medium** ☐ **Low**	
[INSERT dimension, e.g., ACCESS]		☐ **High** ☐ **Medium** ☐ **Low**	
[Other dimension, if applicable]		☐ **High** ☐ **Medium** ☐ **Low**	
[Other dimension, if applicable]		☐ **High** ☐ **Medium** ☐ **Low**	

Source: Data-Driven Approaches to Improving Patient Experiences of Care, Academy for Healthcare Improvement, Annual Conference 2015.

Worksheet 2. Planning Worksheet for Quality Improvement (QI) Implementation

Performance Dimension: Enter Performance Dimension for Worksheet 2.

This sheet is filled out for each selected dimension for improvement, based on Worksheet 1, and also for each of the items within a selected composite measure (if applicable). The number of rows depends on the number of actions needed for each of the decided upon strategies to improve and strengthen program components related to the given performance dimension.

Define actions to strengthen this program component.	Designate lead staff person for the action, other staff involved, and key task responsibilities.		Identify the tools and resources for the action.	Specify the action timeline.
Action #1.1	**Lead**: **Other Staff**: **Trainer:**	**Responsibilities**:		**Start Date:** Select Start Date **Completed By** Select Completed By Date
Action #1.2	**Lead**: **Other Staff**: **Trainer:**	**Responsibilities**:		**Start Date:** Select Start Date **Completed By** Select Completed By Date
Action #1.3	**Lead**: **Other Staff**: **Trainer:**	**Responsibilities**:		**Start Date:** Select Start Date **Completed By** Select Completed By Date

NOTE: Add as many rows as needed to cover the distinct actions to improve each composite or item within a composite.

Source: Data-Driven Approaches to Improving Patient Experiences of Care, Academy for Healthcare Improvement, Annual Conference 2015.

Worksheet 3. Timeline Chart for Quality Improvement Actions

Performance Dimension: Enter Performance Dimension for Worksheet 3.

This sheet is filled out for each selected dimension for improvement, based on Worksheet 1, and also for each of the items within a selected composite measure (if applicable). As in Worksheet 2, the number of rows depends on the number of actions chosen. This timeline assists with assessing what work is needed each month to accomplish the desired actions.

Start Date: Select start date. **Complete All Actions By:** Select completed by date.

Program Component	MONTH OF WORK											
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Action #1.1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Action #1.2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Action #1.3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Action #1.4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
[Other actions]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Source: Data-Driven Approaches to Improving Patient Experiences of Care, Academy for Healthcare Improvement, Annual Conference 2015.

Worksheet 4. Measures and Monitoring

CAHPS Quality Improvement Actions

This sheet aligns the chosen strategies, based on Worksheet 1, and each of the targeted measure(s) including the associated CAHPS survey measures and other data/measures to monitor improvements (one measure per row). For each measure, list the data source(s) and also the monitoring schedule.

Strategy	Measure	Data Sources	Monitoring Schedule

Source: Data-Driven Approaches to Improving Patient Experiences of Care, Academy for Healthcare Improvement, Annual Conference 2015.

Case Study: Online Feedback Reporting in a New York Hospital

To better understand the value and impact of enhanced methods for reporting patient feedback, an AHRQ-funded research team collaborated on a study with New York-Presbyterian Hospital (NYP). The goal of this study was to assess whether and how an online interactive report designed to facilitate interpretation of patient narratives affected ambulatory staff learning, behavior at the individual staff and practice level, and patient experience survey scores.

The report included these key features:

- A "dashboard" page that provided an overview of narrative valence over time for a clinical practice and a visual link between the valence of narrative content for particular domains of experience and the practice's scores on the survey measures in each domain (Figure 1).
- A page that allowed the user to filter narratives based on time frame, experiential themes, and patient attributes, along with the capacity to place those thematic assessments in the context of the complete narrative response (Figure 2).
- A page that allowed the user to generate downloadable action reports to share a subset of narratives more broadly within the practice.

Evaluation of the feedback reporting tool's impact showed significant positive effects on staff learning, as well as behavior changes for both individual staff and the practice as a whole. Users of the report noted that the online tool simplified the complex task of accessing and interpreting patient narratives, allowing them to assess performance over time, understand what was and was not working well, and extract helpful examples of improvement opportunities. Practice sites with access to the report also experienced improvements in survey scores in areas targeted for improvement.

Learn more about this study:

- Learning From Patient Narratives Through Innovative Feedback Reporting Methods (webcast recording, May 2023)
- Shaller D, Nembhard I, Matta S, et al. Assessing an innovative method to promote learning from patient narratives: Findings from a field experiment in ambulatory care. Health Serv Res. Apr 2024, 59(2): 14245.

Figure 1. NYP Patient Narrative Report Dashboard Page

The Dashboard Page presents summary information on the comments received and coded for the selected practice. It allows users to select a specific month. For the selected month, the dashboard shows the number of comments by valence, selected themes, and by specific dates of the month selected. The distribution of positive and negative comments is also shown by CG-CAHPS composite measure, with a comparison to the CG-CAHPS scores for in-person visits as well as key indicator scores for both in-person and telehealth visits.

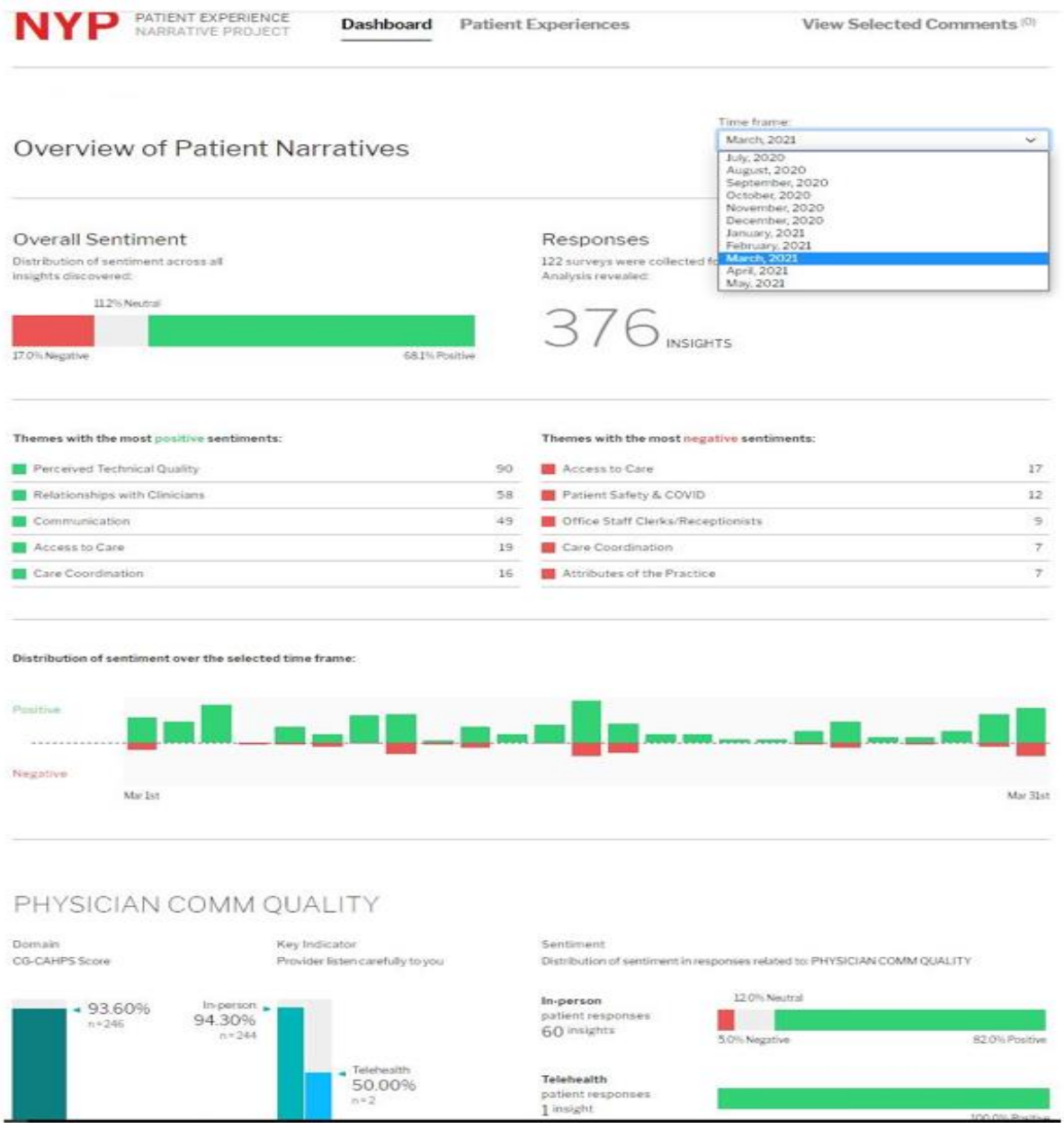
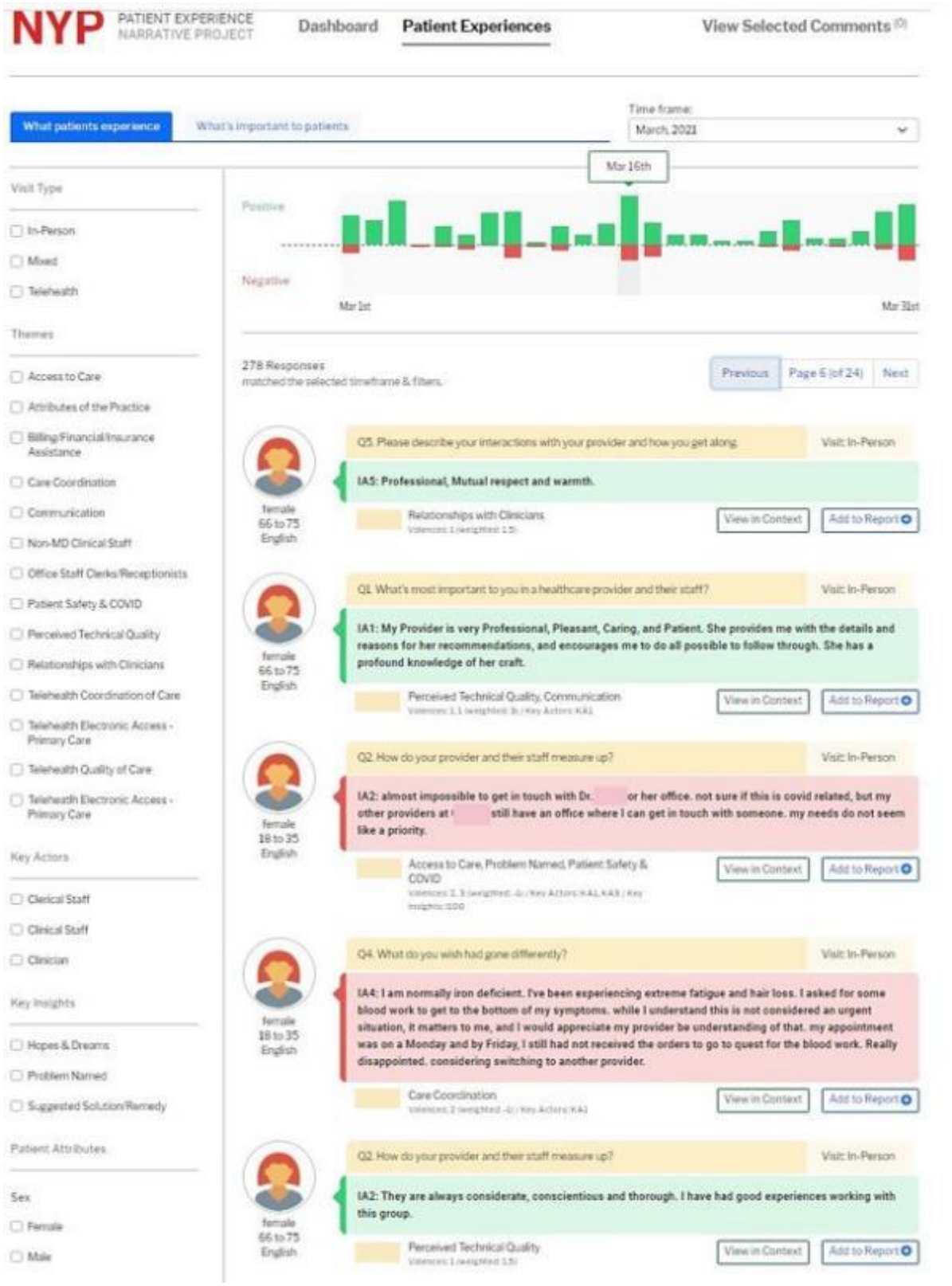


Figure 2. NYP Patient Narrative Report Detail Page



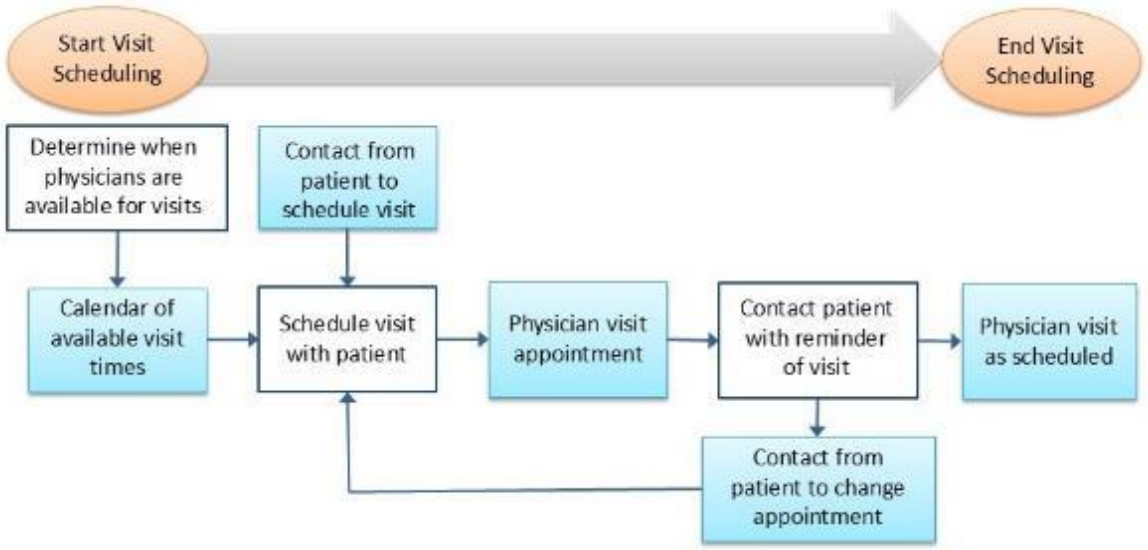
The Patient Experiences detail page allows the user to view all patient comments for the selected month with the ability to sort them by key themes, key insights, key actors, patient attributes, and date of visit.

> **Note:** Provider names and patient dates of visit have been redacted to protect confidentiality.

Process Mapping: How To Do It

You can choose from a variety of formats for preparing your process map. But within any given process map, use consistent symbols for each type of process component, such as process steps, activities, and decision steps. This will support clear communication among participants as you develop and work with the process map to guide improvement decisions.

- **Start with the big picture.** Draw a macro-level process first. For example, the map below illustrates the process for making an appointment.



- **Develop other diagrams with increased levels of detail.** For example, you could develop a more detailed process map of the "Call from patient to schedule a visit" to understand the steps a patient goes through with your phone system to make an appointment.
- **Observe the current process.** Walk through the current process, observing it in actual operation. (Related resource: Read about process observations.)
- **Record the process steps you observed.** Document the steps as they actually occur. Start by writing the steps separately on index cards or sticky notes.
- **Arrange the sequence of steps.** Lay out the cards or sticky notes exactly as you observed the steps. Using cards lets you rearrange the steps without erasing and redrawing and prevents you from discarding ideas simply because it is too much work to redraw the diagram.
- **Draw the final process map.** Depict the process exactly as you observed, recorded, and arranged the sequence of steps.

For best results, this method needs to be accurate and fast. It should also involve a high degree of staff ownership as well as input from patients or enrollees who can provide their perspective on what really happens.

Learn More About Process Maps

- Basic Tools for Quality Improvement: Flowchart. Available at: http://saferpak.com/flowchart_articles/howto_flowchart.pdf. Accessed August 2010.
- Cousins M. Follow the Map; 2003. Available at: http://saferpak.com/process_mapping_art2.htm. Accessed August 2010.
- Damelio R. The basics of process mapping. Quality Resources; 2007.
- Galloway D. Mapping work processes. ASQ Quality Press, 1994.
- The Point of Care Foundation. Process Mapping. PFCC: patient and Family-Centred Care toolkit. Available at https://picker.org/learning-develop/pfcc-patient-and-family-centred-care-toolkit/tools-pfcc/process-mapping/. Accessed January 19, 2025.

Patient Walkthrough: How To Do It

During a walkthrough, a clinician or staff member plays the role of the patient, and another accompanies him or her as the family member. They go through a clinic, service, or procedure exactly as a patient and family do. They do everything patients and families are asked to do, and they abide by the same rules. They do this openly, not as a mystery patient, and throughout the process ask staff members a series of questions to encourage reflection on the processes or systems of care and to identify improvement opportunities.

The staff conducting the walkthrough take notes to document what they see and how they feel during the process. They then share these notes with the leadership of the organization and quality improvement teams to help develop improvement plans. For many who do this, it is the first time they have ever entered their clinics, procedure rooms, or labs as the patient and family do. Clinicians are routinely surprised about how easy it is to hear staff comments about patients from public areas and waiting rooms. Walkthroughs usually turn up many problems with flow, signage, and wasteful procedures and policies that can be fixed almost immediately.

- **Let the staff know in advance that you will be doing a walkthrough.** As a result of this warning, they will probably be on their best behavior. However, experience suggests that it is far better to have them part of the process than to go behind their backs. Ask them not to give you special treatment.
- **Go through the experience just as the patient and family member would.**
    - Call in advance if the patient would have to.
    - Get dropped off or find a place to park. Try to act as if you have never been there before.
    - Follow the signs.
    - Tell the clerk that you are simulating a patient's experience and that you want to go through whatever a normal patient would have to do (e.g., the check-in process).
    - Fill out the forms if there are ones to fill out.
    - Find out how long a patient would typically wait and sit in the waiting room for that amount of time.
    - Wait your turn.
    - Do the same in the examining room.
    - If a patient would undress, you should undress.
    - If a patient does a peak flow meter, you should too.
    - Ask each healthcare provider to treat you as if you were a real patient. If you are doing a walkthrough of the cardiac catheterization service, hold the sandbags on your leg for the required amount of time.

- **As you go through the process, try to put yourself in the patient's (or family member's) position.** Look around as they might. What are they thinking? How do they feel at this moment?
- **At each step, ask the staff to tell you what changes (other than hiring new staff) would make the experience better for the patient and what would make it better for the staff.** Write down their ideas as well as your own, and also write down your feelings. As you do the walkthrough, think about how you would answer the following questions and ask the staff you interact with to answer them when you can:
    - What made you mad today?
    - What took too long?
    - What caused complaints today?
    - What cost too much?
    - What was wasted?
    - What was too complicated?
    - What involved too many people or too many steps?
    - What did you have to do that was just plain silly?
- **Finally, between the two of you (patient and family member), make a list of any issues you identified and any improvements that could be made.** Keep track of the things that can be fixed the next day versus problems that will take longer to remedy.

Process Observation: How To Do It

The first step in process observation is to answer two questions:

- What do you want to learn from the observation?
- What will the users/stakeholders view as credible and useful information?

You may use either structured or unstructured observation methods, depending on the type of information you want to collect.

- **Structured observation** looks for certain things that have already been identified and can be tracked in a preset guide, checklist, or rating scale. This method generates quantitative data from frequency counts, rankings, and ratings.
- **Unstructured observation** looks at what is happening in a process or activity without confining the observer to preset items. The observed activities are recorded during the observation period, producing qualitative data.

Observation Tools

Several types of tools are available to record observation data. Choose your recording methods—alone or in combination—based on your observation design.

- **Observation guides.** These printed forms provide space for recording observations, allowing for the consistent collection of information across observers or sites. The more detailed you make the guide, the easier it will be to tally results, but the less flexibility it will provide for recording findings.
- **Recording sheets or checklists.** These forms are used to record observations in either yes/no or rating scale formats. They are used when observers are looking for specific items or activities that are easily identified.
- **Field notes.** This tool is the least structured way to record observations. When the observer sees or hears something of import, he or she records it in a narrative, descriptive style, typically in a notebook. Observations should be accompanied by the date, location, and relevant contextual information.
- **Pictures or videos.** The observer can also record pictures or videos, which can be analyzed later and used to illustrate points in a report.

Once the observation is complete, you may want to verify it by either having the observer go back to collect more information or asking others to do additional observation to validate the findings.

Tip: Use a Probability Sample When Feasible

Often you will not be able to observe all relevant activities by people or location or over time, so you can observe only a sample of activities. If you sample, it is important to have a probability sample so you can generalize to the entire process.

Who should do the observing?

- Observers should be **neutral parties**. They should not have day-to-day contact with people in the process being observed.
- Observers should be **detail oriented**. They must pay close attention to capture details well.
- Observers should have **good judgment**. They will need to discern what is important in the process being observed and help to interpret the meaning of what was observed.

Should Observers Be Open About What They Are Doing?

Observations may be either overt or covert, depending on the situation and the purpose of the assessment. Covert observation is helpful because people often behave differently when they know they are being observed. But if you use covert observation, take care that neither the observation nor the resulting report will harm the people being observed.

Resources for Process Observation

- Taylor-Powell E, Steele S. Collecting Evaluation Data: Direct Observation, G3658-5, University of Wisconsin-Cooperative Extension. Available at: https://www.betterevaluation.org/sites/default/files/G3658-5.pdf. Accessed November 11, 2025.
- Nicolson S, Shipstead SG. Through the looking glass. Observations in the early childhood classroom. 3rd ed. Upper Saddle River: Merrill Prentice Hall; 2002.

Tips for Integrating Patient Partners on Improvement Teams

- Determine how often patients will attend improvement team meetings. Some practices have meetings twice a month and integrate patients into one of those meetings. This leaves one meeting per month to discuss business-related issues that the practice may not be ready to share with patients. However, this approach may also create discontinuity between meetings and make it difficult for patients to follow unless meeting agenda topics do not cross between meetings, which may be difficult to achieve.
- Select two or three patients who can commit to attend the quality improvement (QI) team meetings regularly and can provide "constructive criticism" and input to the team. Practices implementing this approach typically ask patients to make at least a 1-year commitment to being a Patient Partner.
- Create an environment where the patients are encouraged to participate and share positive and negative thoughts and experiences.
- Provide some background and training in QI for Patient Partners. While Patient Partners are experts at representing the patients' perspective of the practice, they may not be familiar with QI processes, standard QI data reports, and commonly used acronyms.
- To make the meeting time most productive, provide some advance preparation to the Patient Partners. Many practices that have integrated Patient Partners have received support from community collaborative organizations, such as special training sessions to help them prepare for their new roles.
- Give the Patient Partners the same kinds of tasks and activities that staff members would do. For example, Patient Partners can be valuable in doing walkthroughs and conducting interviews with other patients. Similarly, give Patient Partners the ability to add issues to the team's agenda. They may identify issues from the patient perspective that staff do not recognize as problems.

Resources for Patient Partners

- Abelson J, Canfield C, Leslie M, Levasseur MA, Rowland P, Tripp L, Vanstone M, Panday J, Cameron D, Forest PG, Sussman D, Wilson G. Understanding patient partnership in health systems: lessons from the Canadian patient partner survey. BMJ Open. 2022 Sep 7;12(9):e061465.
- Johnson KE, Mroz TM, Abraham M, Figueroa Gray M, Minniti M, Nickel W, Reid R, Sweeney J, Frosch DL, Ness DL, Hsu C. Promoting Patient and Family Partnerships in Ambulatory Care Improvement: A Narrative Review and Focus Group Findings. Adv Ther. 2016 Aug;33(8):1417-39. doi: 10.1007/s12325-016-0364-z. Epub 2016 Jun 28.
- Roseman D, Osborne-Stafsnes J, Amy CH, et al. Early lessons from four 'Aligning Forces For Quality' communities bolster the case for patient-centered care. Health Aff 2013;32(2):232-41.