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**1:00 p.m. Welcome, Minutes and Introduction of new members/observers**

- Kathleen Mazor EdD, Professor University of Massachusetts Medical School, Associate Director, Meyers Primary Care Institute

**1:05 p.m. Discussion of project with Kathleen Mazor**

- “We want to know” campaign at MedStar
  - Full promotional campaign – least effective due to Difficult, many obstacles
    - Many supporting materials, tent cards, posters, brochures, etc.
    - Website, phone # - not used much
  - Did phone outreach to patients – not effective
  - **Had CNA staff member round at one hospital - most effective due to individual, personal touch**
    - conveyed caring
    - addressed safety issues/breakdowns directly
  - Measurement was hard
    - Added measure to HCAHPS for the We Want To Know project:

*‘How often did you feel comfortable speaking up if you had any problems in your care?’ The response options included: always, usually, sometimes, never and did not have any problems. Respondents were grouped into three categories based on their response to this question: (1) no problems during hospitalization, (2) always felt comfortable speaking up and (3) usually/ sometimes/never felt comfortable speaking up about problems. We categorized respondents who answered usually, sometimes or never felt comfortable speaking up together because our goal was to identify patient characteristics associated with any discomfort speaking up about problems (e.g., anything less than always comfortable speaking up).*

- Overall, the We Want to Know campaign was difficult to implement due to cost and perceived lack of return on the investment by leadership.
- Physician communication skills through phone app
  - Uses specific patient case vignettes (dialog and video) or experts to help train physicians to improve communication skills through crowd sourcing evaluations of their interactions.
- Kathy has done several studies about communication breakdowns with cancer care patients. She will send these to us.
- Group discussed other measures for patient communication
  - Can net promoter score (NPS) (how satisfied and successful a person feels their interaction is, it measures the loyalty that exists between your company and your customers) be used to measure patient satisfaction with their provider interaction?

***The NPS Calculation***

*Calculate your NPS using the answer to a key question, using a 0-10 scale: How likely is it that you would recommend [brand] to a friend or colleague?*

*Respondents are grouped as follows:*

**Promoters** (score 9-10) are loyal enthusiasts who will keep buying and refer others, fueling growth.

**Passives** (score 7-8) are satisfied but unenthusiastic customers who are vulnerable to competitive offerings.

**Detractors** (score 0-6) are unhappy customers who can damage your brand and impede growth through negative word-of-mouth.

*Subtracting the percentage of Detractors from the percentage of Promoters yields the Net Promoter Score, which can range from a low of -100 (if every customer is a Detractor) to a high of 100 (if every customer is a Promoter).*

#### **A Core Metric for customer experience management**

*Use your NPS as the key measure of your customers' overall perception of your brand. Because NPS is a leading indicator from growth, it provides the best anchor for your customer experience management (CEM) program. Complement NPS with other metrics and insights from various points along the customer journey, and you have a comprehensive, actionable view of your customer experience performance.*

*(<https://www.netpromoter.com/know/>)*

**See:** <https://psnet.ahrq.gov/perspective/conversation-susan-smith-md>

**Interesting on-line article:** <https://www.healthcarefinancenews.com/news/how-improving-patient-experience-through-net-promoter-scores-can-improve-outcomes-boost-revenue>

- Kathy believes NPS is becoming a desired metric to use to evaluate patient/provider interactions.
- Discussed our idea of patients utilizing safety language to speak up and if we are on the right track.
  - The key is to have patient's feel that their speaking up isn't going into a black hole.
  - Kathy felt that utilizing safety words may be a good concept worth pursuing.
- Discussed the scope of creating a proper survey to measure our project.
  - Kathy believes there are many sources for survey's and questions around. She recommended trying to use existing data.
- Discussed patient psy safety concept: perhaps patient psy safety = trust.
- Discussed effectiveness of using a person vs education, speak-up campaign, i.e., push vs pull campaigns
  - Tried to use messaging for providers, but wasn't as effective as it could be – how to get them to use it.

#### **Additional Resources**

Speaking up about safety concerns: multi-setting qualitative study of patients' views and experiences  
Qual Saf Health Care . 2010 Dec;19(6):e33. doi: 10.1136/qshc.2009.039743.

An Evaluation of Shared Mental Models and Mutual Trust on General Medical Units: Implications for Collaboration, Teamwork, and Patient Safety

McComb, Sara A. PhD; Lemaster, Matthew MN; Henneman, Elizabeth A. RN, PhD; Hinchey, Kevin T. MD  
Journal of Patient Safety: December 2017 - Volume 13 - Issue 4 - p 237-242