Improving ESRD Facility Patient Experience Scores
Pamela Lawson RN, Howard University Hospital / American Renal Associates
Michael Tanner MS MBA FACHE, McMillan Pazdan Smith

Background / Objective
Rising labor and supply costs, aging infrastructure, increasing competition for high-margin patients, and increasing patient expectations are creating negative margin pressures and compel healthcare providers to improve efficiencies and quality of care. ESRD (dialysis) providers can use tools, such as ICH CAHPS patient experience surveys to help inform continuous improvement strategies. Results from these surveys 1) provide important patient experience feedback directly to the provider, 2) impact provider revenues, and 3) are publicly available and can inform a patients’ provider choices.

CMS began national implementation of ICH CAHPS in 2014. ESRD facilities have numerous years of standardized patient experience feedback to help drive improvement initiatives. These often include improved staff and nephrologist communication, staff responsiveness, and care environment improvements.

Our objective was to improve our patient experience scores as measured by ICH CAHPS.

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

- We identified facility improvement opportunities, as care environment experience is a recognized driver of patient satisfaction. We implemented free and reserved parking for dialysis patients. We redesigned facility entries and improved facility and campus cleanliness.
- We managed patients’ expectations by communicating survey results as well as expectations to improve.
- We implemented intentional patient rounding for staff and leadership.

We compared our scores over time and against 1) local market (District of Columbia), 2) all in-chain facilities (this facility is managed by American Renal Associates), 3) all facilities nationwide.

Results
While our facility CAHPS scores in the initial survey measurement window started relatively high, they improved in all non-nephrologist domains (Figure 1). The facility rating is in the 95\textsuperscript{th} percentile among all ESRD facilities nationwide. The facility rating is the highest in the District of Columbia market (Figure 2) and is in the 90\textsuperscript{th} percentile among the other in-chain facilities nationwide.

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