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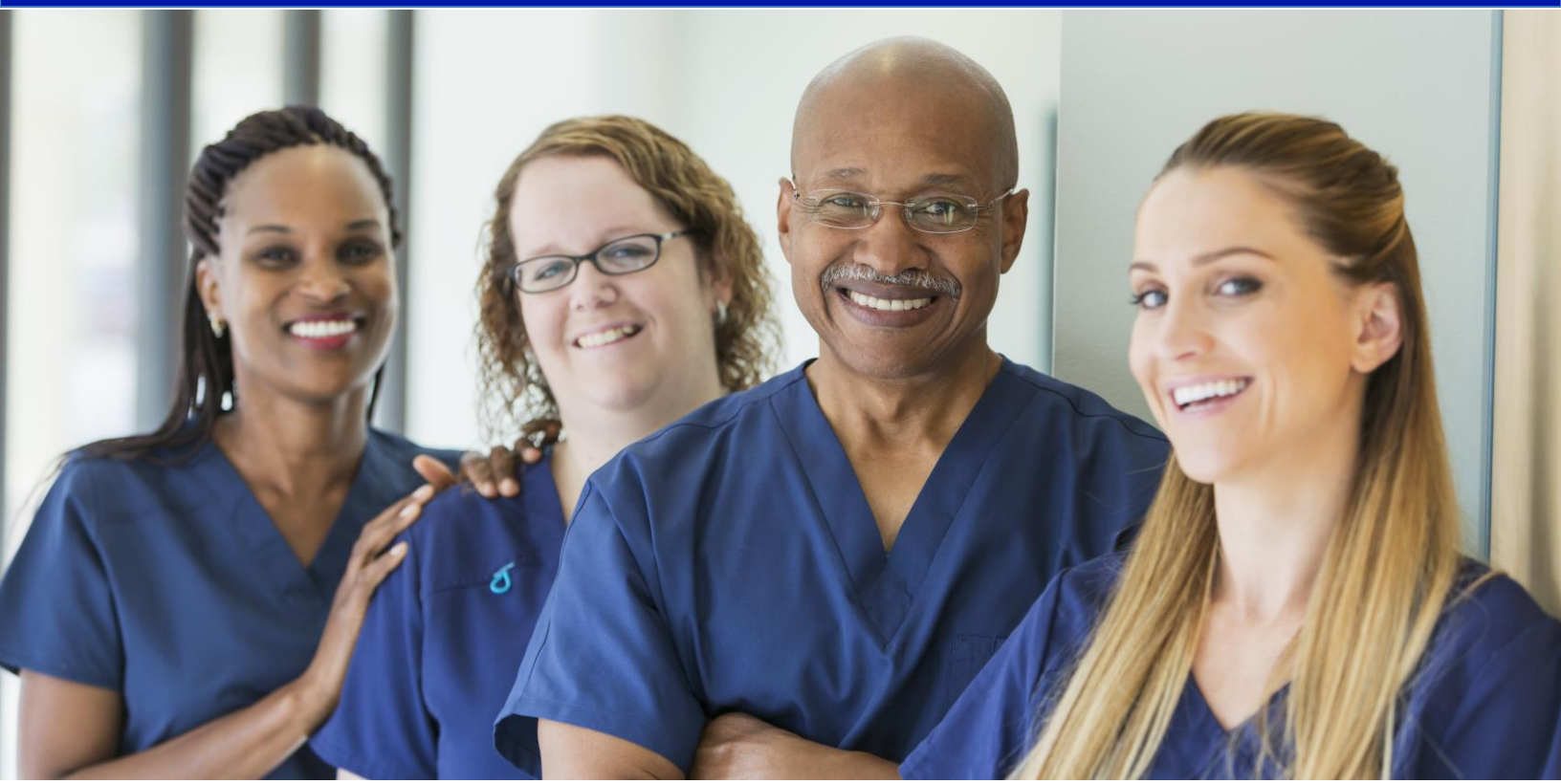

KEY DRIVERS of EXCELLENCE

Frequently Asked Questions

Inside:

- How are Key Drivers of Excellence determined?
- Is the order important?
- How often do organizations get new Key Drivers?
- Why isn't there one set of Key Drivers for the entire hospital?

Plus More!

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Interpreting and Using Key Drivers of Excellence

One of the most useful tools for prioritizing your customer service activities is Key Drivers of Excellence. Your Key Drivers are displayed as graphs located at www.PRCEasyView.com.

WHAT IS THE PURPOSE OF KEY DRIVERS OF EXCELLENCE?

PRC provides Key Drivers of Excellence to prioritize your important initiatives. Managers want to increase scores, but often do not know where to start, especially since a typical patient loyalty survey has 25-30 questions. Key Drivers tell you what is most influential in your patients' perception of overall quality and represent how patients evaluate quality of care in your area.

HOW DOES PRC DETERMINE MY KEY DRIVERS?

Key Drivers of Excellence are derived using one of two statistical analyses, either Stepwise Multiple Regression or Discriminant Analysis. In both analyses, we use a dependent variable, such as the Overall Quality of Care question, with the other survey questions as independent variables. In the analysis, we are able to tell which independent variables (that is, which survey questions) are most predictive of responses for the dependent variable, Overall Quality of Care.

HOW OFTEN DO YOU RE-ANALYZE KEY DRIVERS OF EXCELLENCE?

We typically provide Key Drivers annually, based on the client's calendar or fiscal year, depending on each client's preference. For our new clients, we apply Standard Key Drivers so they immediately have a set of priorities with which to work. Standard Key Drivers are those questions which come up most often as Key Drivers amongst all PRC clients. When we repeat the analysis annually thereafter, we primarily use the Discriminant Analysis.

WHAT IS THE DIFFERENCE BETWEEN THE STEPWISE MULTIPLE REGRESSION AND DISCRIMINANT ANALYSES?

The outcome, which is a list of priorities for understanding what "drives" your patients' perceptions of quality, is exactly the same. With both analyses, the manager learns what issues are most predictive of how their patients perceive their Overall Quality of Care. The Stepwise Multiple

Regression uses the mean score for the analysis and is conducted after the first quarter so the maximum number of patient surveys can be used in the analysis. The Discriminant Analysis focuses on the patients who rated their Overall Quality of Care, Excellent and identifies which issues are most influential for patients to rate their care Excellent versus Very Good.

ARE ALL KEY DRIVERS DETERMINED USING DISCRIMINANT ANALYSIS?

Only units or segments of the research that have an adequate number of responses in their sample can use the Discriminant Analysis. Areas that do not have a large enough sample will still receive annual Key Drivers, but the analysis will be based on mean score and conducted using Stepwise Multiple Regression. The information received in a Key Driver analysis, regardless of the method of analysis, is still the same and should be used the same way.

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WHY DON'T WE GET NEW KEY DRIVERS EVERY QUARTER?

One of the primary reasons you do not see Key Drivers changing every quarter is because managers use Key Drivers to set their annual goals and objectives. It would be difficult for nurses and staff members to focus on a new priority every quarter. By the time you identify the root causes, construct solutions, test those solutions, and then implement the solutions on a wider scale, it typically takes six to twelve months to completely change underlying problems that affect an issue. Also, because nursing units typically have 50 interviews per quarter, the regression analysis based on a quarter is not as strong a statistical model as the 200 interviews at the end of the year.

DOES THE ORDER OF KEY DRIVERS OF EXCELLENCE MATTER?

Yes! In the statistical analysis, the first Key Driver is the issue that is most highly correlated to the dependent variable; therefore, it has the greatest potential to impact those scores.

WHAT IF I'D RATHER WORK ON KEY DRIVER #3 THAN SPEND TIME ON KEY DRIVER #1?

Key Drivers #2 and #3 do not, by themselves, have as much of an impact on Overall Quality of Care as Key Driver #1. This is because a regression does not simply list the top three correlated questions. Rather, it lists those three questions, which when improved in tandem, have the greatest statistical impact on the dependent variable. The effect of Key Drivers #2 and #3 are cumulative; that is to say, they have impact on the dependent variable only when improved in conjunction with the first Key Driver.

A simple way to understand this cumulative relationship among the three Key Drivers is to think about health issues that have been statistically proven to be predictors of a heart attack. A patient may have hypertension, which may be his greatest predictor of the heart attack. That would be Key Driver #1. However, if the patient is obese, that second condition compounds the first, and increases the potential to predict a heart attack. Then, if the patient also has a lot of stress in his

life, the cumulative effect of these variables causes the patient to be at even greater risk. If the patient only addressed issue #3 (stress), but didn't pay attention to treating his hypertension or losing weight, he most likely has not reduced the likelihood of a heart attack by much at all. Your Key Drivers work the same way. If you do not pay attention to Key Driver #1, and instead choose to focus on #2 or #3, you won't get much return for your efforts on improving patients' perceptions of the care you provide.

SEVERAL QUESTIONS THAT I WOULD HAVE THOUGHT WERE IMPORTANT DO NOT SHOW UP AS KEY DRIVERS OF EXCELLENCE – WHY?

When a regression analysis is conducted, every question is analyzed for its correlation with every other question; that is, they are inter-correlated.

Therefore, when the statistical analysis process identifies Key Driver #1 as the question most important to the patients' perceptions of Overall Quality of Care, it also has identified which other questions are highly

correlated to Key Driver #1. Because of this strong correlation, these other issues typically are affected by changes in the scores of Key Driver #1.

One way to think about this is to imagine these other issues riding on the coattails of Key Driver #1. Another way to think about this is to view Key Driver #1 as representative of a tier of issues, Key Driver #2 representing a second tier, etc.

WHY NOT JUST CONDUCT ANALYSIS THAT LISTS THE CORRELATION COEFFICIENTS FOR EACH QUESTION?

A correlation coefficient analysis doesn't help you prioritize. Typically, you will find that, most, if not all of the questions correlate to Overall Quality of Care at a minimum of .4, which is considered the statistical threshold for a correlative relationship. Then, when you look at each question, the differences between the .54 correlation for one question and the .56 correlation for another, and the .58 correlation for a third are minimal at best.

According to a basic correlation analysis, EVERYTHING ends up being a priority and you can't realistically set goals or even function that way. The regression analysis behind your Key Drivers of Excellence weeds out the inter-correlated issues and identifies the aspects of care that give you the greatest return on your efforts.

SHOULD I SET UP A PROCESS IMPROVEMENT INITIATIVE FOR EACH OF MY KEY DRIVERS OF EXCELLENCE?

Not necessarily. Key Drivers are not a list of things you do poorly, or the things you do well. Rather, they are those aspects of care most important in your patients' perceptions of quality. So, it can certainly be the case that your Overall Quality of Care scores are high because your Key Driver #1 is something at which you excel.

An important note here: if you do really well on Key Driver #1, do not merely move on to address Key Driver #2. Too many managers think the only actions that matter are those that focus on improvement, and they miss the opportunity to capitalize on what they are doing well. If you're doing well in Key Driver #1, look for ways to get some mileage from it. Focus your marketing efforts on your strengths and give your staff talking points to communicate this aspect of care that patients really value. Once you've gotten some mileage on Key Driver #1, then move on to #2 and #3.

HOW DO I KNOW WHERE TO BEGIN WHEN ATTEMPTING TO IMPROVE MY KEY DRIVERS OF EXCELLENCE?

Another excellent resource can be found at PRCEasyView®.com. Keep in mind that your own staff and patients can give you immense insight into what is going on behind each question. Spend some time brainstorming with your staff on just your Key Driver question. Identify what they think may go into a patient's perception. Then consider focus groups or simply talking with your patients to see what is really underlying their perceptions.

WHY DON'T MY KEY DRIVERS OF EXCELLENCE SCORES TREND THE SAME AS MY OVERALL QUALITY OF CARE SCORE?

The regression analysis that determines Key Drivers can only be done using data that is already gathered; that is, this year's Key Drivers are derived using last year's data. For a while, as your internal processes continue to look the same as they did last year, the movement of Key Driver #1 scores and Overall Quality of Care scores should be very similar. But, as processes begin to change throughout the year, (a new manager comes on, a sour-apple employee leaves, you have a new call bell system that has revolutionized things, etc.) the processes you are now measuring may no longer work with the regression model in place. When you inform us of these cases, we will re-run the regression after a full quarter's worth of data is gathered under the new atmosphere or system, and provide you with a fresh model. If, however, there is only one quarter left in the year, we typically recommend waiting until the end of the year so we can re-do your Key Drivers at the normal time. This is also recommended so your staff doesn't get too many changes in Key Driver priorities throughout the year, frustrating them with "moving targets."

ARE KEY DRIVER QUESTIONS THE ONLY THINGS THAT AFFECT OVERALL QUALITY OF CARE SCORES?

If they were, wouldn't our jobs be much easier? Unfortunately, there

are many factors not measured by the patient loyalty survey that play into patients' perceptions of quality care. It may be how the patient's mother was treated while visiting (even though the patient felt they received good care), or it may be a recent public relations crisis that affects their perceptions.

The top three Key Drivers typically represent about 50–60% of the variation in how patients respond to the Overall Quality of Care question. The entire survey typically represents about 70-80% in the variation of the answers for Overall Quality of Care. The other 20-30% of the variation cannot be attributed to anything asked in the survey.

WHY ARE MY KEY DRIVERS OF EXCELLENCE DIFFERENT FROM THOSE IN ANOTHER HOSPITAL UNIT?

When we conduct a Key Driver analysis, we take each of the segments that your hospital has identified for us (each nursing unit, outpatient clinic, emergency track, etc.), and conduct individual analyses on each. Obviously, an OB/Gyn patient's experience is quite different from that of an orthopedic patient and the processes in place in each respective nursing unit are vastly different. For this reason, each area is given its own unique set of priorities.

WHY DON'T WE JUST HAVE ONE SET OF KEY DRIVERS FOR THE ENTIRE HOSPITAL?

A motivated manager can make a lot of positive changes at the grass roots level that may never happen if he or she waited for a hospital- wide committee to agree upon and implement a hospital-wide strategy.

Healthcare happens at the bedside, and that's where changes should start, too. This is why it is important that each patient segment have its own set of Key Drivers. Then, the manager over each area can work on those things unique to his or her

setting that affect patients' Overall Quality of Care perceptions. When each unit does this, it maximizes the potential for increasing the hospitals' Overall Quality of Care score, hospital-wide.

Additionally, there are more variations in patients between each unit/ segment than there are within each unit/segment. Just as OB/Gyn patients have different experiences and needs than do orthopedic patients, each area usually has unique Key Driver priorities.

I HAVE SOME SPECIAL QUESTIONS ASKED ONLY OF A SELECT GROUP OF PATIENTS. WHY DO THESE QUESTIONS NOT SHOW UP AS KEY DRIVERS OF EXCELLENCE?

Most likely, these questions are just asked of a small group of the patients (intensive care questions, for example). The regression is run in such a way that at least 80% of the patients had to answer the question for it to be included in the equation for the analysis.