

# The Influence of EVS, FANS Outcomes on Patient Safety and Loyalty

Performance on EVS- and FANS-related patient experience measures can substantially add to or detract from patients' perceptions of their care experience overall and their loyalty to the health system.

## Executive Summary

Competitive organizations with an eye on consumer trends in health care understand that loyalty is fueled by patients' perceptions about the organization's ability to deliver safe, high-quality, patient-centered care. In the inpatient and medical practice settings, the strongest predictor of this loyalty is caregiver teamwork. Perceptions are influenced by every touch point across the care experience, extending the definition of "caregiver" beyond medical professionals to include nonclinical support staff. By integrating nonclinical support staff-related measures into data strategy, organizations arrive at a more comprehensive view of what matters to patients and can target improvement accordingly.

Teamwork is especially critical in health care settings, where compounded missteps in communication and processes among care team members can contribute to poor quality and safety outcomes and harm a hospital's reputation. This extends to considerations beyond direct clinical care to include processes, standards, and behaviors of personnel in support service lines, such as environmental services (EVS) and food and nutrition services (FANS). When considerations such as room cleanliness and the quality and service of meals do not meet patients' expectations, their perceptions of the care experience, including how well the team worked together to care for them, are affected.

To gain insight into the effect, Compass One Healthcare and Press Ganey analyzed the influence of EVS- and FANS-related measures on care coordination. The results, presented in this report, confirm that improving on these measures will positively influence patient loyalty, whereas lagging performance will exert a negative influence.

Further, with respect to EVS, the data also show that patients' perceptions of room cleanliness are associated with a key safety outcome: incidence of catheter-associated urinary tract infections (CAUTIs). This suggests that

patients' perceptions about room cleanliness are likely accurate and that health systems should focus attention on optimizing performance on this domain to improve hospital-acquired infection rates.

By seeking to identify and understand overlaps in patients' perceptions of support services and both clinical care and patient experience measures, health systems can develop targeted improvement initiatives that have far-reaching influence on performance outcomes and help high-performing organizations reach their full potential.

### Introduction

If patient centricity is truly driving all processes in a health system, the patient experience journey does not start or stop with the delivery of clinical care. It starts with the first interaction a health care consumer has with an organization and continues through treatment and discharge, including interactions with nonclinical support staff. Although nonclinical support staff don't "treat" the patient clinically, how they treat the patient from a humanistic perspective matters. It can help reduce avoidable suffering by creating an environment for healing. Furthermore, patients are not always able to judge care delivery on elements that medical professionals use. In these cases, their perceptions of such things as room cleanliness and the quality of food services influence their opinions about hospital quality.

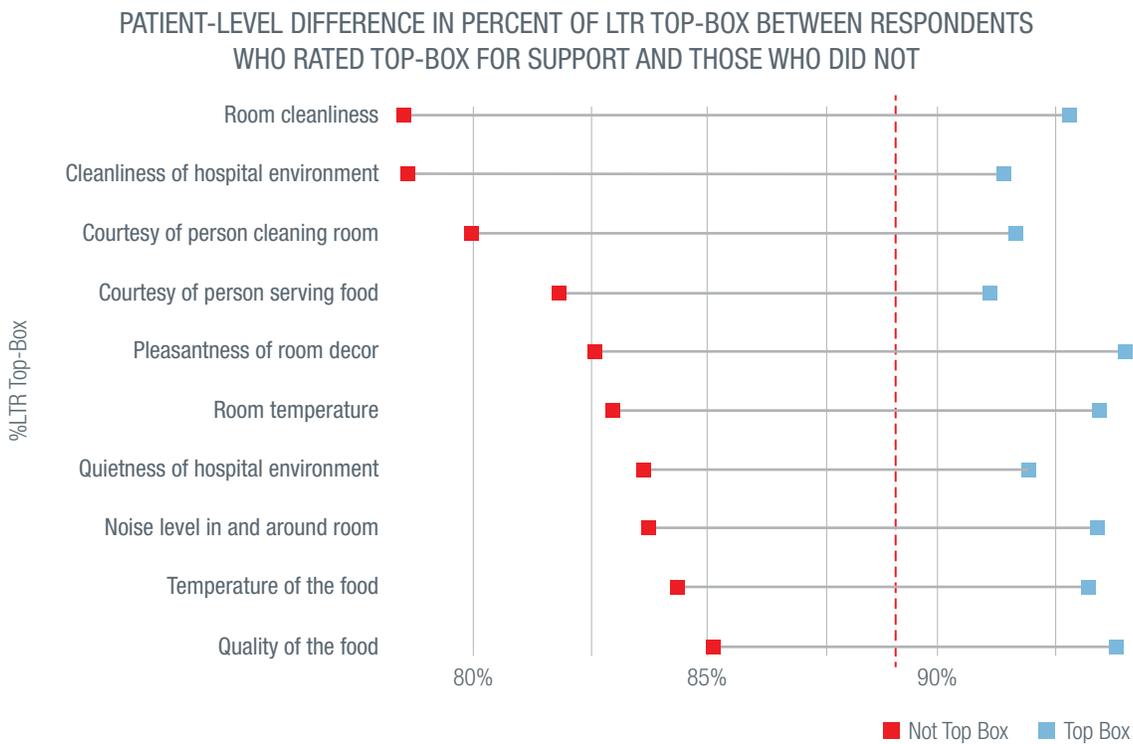
In their roles, EVS and FANS personnel help fulfill patient care delivery expectations by reliably maintaining a safe, clean care environment; projecting friendliness and caring in their routine interactions with patients and families; and communicating and collaborating with the health care team to ensure patients' needs are being met around these expectations. The importance of doing so is reflected in new research linking patients' perceptions of room cleanliness to a key safety outcome, and performance on EVS and FANS patient experience measures to patients' perceptions of caregiver collaboration, which is an established driver of patient loyalty.

### Impact of EVS, FANS Performance on Perceptions of Teamwork, Patient Loyalty

With the shift toward increased consumerism in health care, patient loyalty has become an important business objective for hospitals. Recent studies have shown a strong association between loyalty, as measured through patients' likelihood to recommend a hospital or provider, and patients' perceptions of teamwork. For this reason, hospitals are increasingly seeking to identify care delivery characteristics that influence the perception of teamwork and, by extension, erode or enhance loyalty.

As indicated in Figure 1, performance on EVS and FANS patient measures can substantially add to or detract from the degree to which patients' perceptions of teamwork influence their loyalty. When performance on individual measures of perceived cleanliness, courtesy of EVS and FANS staff, meal quality, and other considerations is high, Likelihood to Recommend percentages exceed the median LTR percentages associated with excellent teamwork; when performance on these items is poor, the LTR percentages drop substantially. Of all the items, patients' perceptions of the cleanliness of their rooms and of the hospital overall have the potential to exert the most negative influence on LTR rates relative to teamwork.

Figure 1



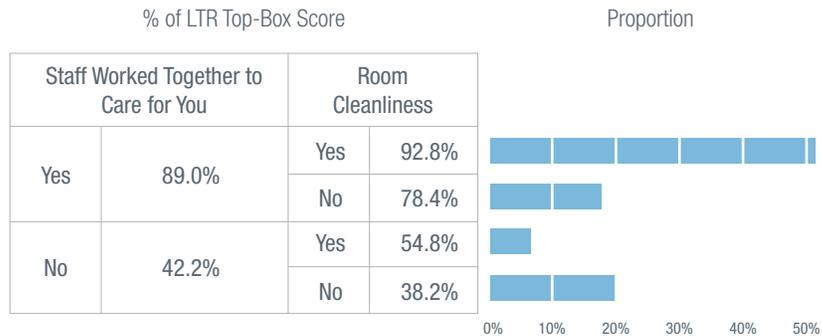
The relative influence of some of these considerations on loyalty can be seen in Figure 2. Among patients who give top-box ratings for teamwork, those who do not give top-box ratings for room cleanliness are significantly less likely than those who do to express their willingness to recommend the provider to friends and family—essentially erasing the impact of good teamwork and eroding loyalty.

Specifically, nearly 93% of patients who gave top-box scores for teamwork and room cleanliness were likely to recommend the hospital, compared with only 78% of those who did not give high ratings for room cleanliness. When neither teamwork nor room cleanliness got top ratings, the Likelihood to Recommend percentage dropped to 39%.

In contrast, among patients who did not give top-box ratings for teamwork, those who perceived room cleanliness to be excellent were more likely than those who did not to report their likelihood to recommend the hospital. Although room cleanliness is not a substitute for teamwork, it can enhance patients’ perceptions of their experience and influence their loyalty.

Figure 2

PERCENT OF LTR TOP-BOX AND PROPORTION FOR NO. 1 KEY DRIVER AND ROOM CLEANLINESS

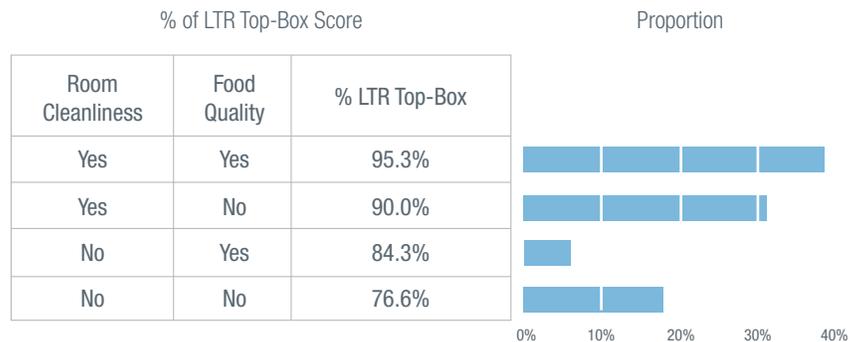


The strong effect that perception of cleanliness has on patient loyalty demonstrates the importance of ensuring that EVS staff, as well as clinical and administrative personnel, understand how the physical environment contributes to patients’ perceptions about their overall experience. Cleanliness practices cannot fall solely onto the laps of EVS personnel; everyone in a hospital system must be committed to this minimum requirement for safe care delivery.

The data also point to the additive influence that top performance on both EVS and FANS measures has on loyalty. As indicated in Figure 3, when both room cleanliness and food quality are rated highly, Likelihood to Recommend percentages surpass 95%. When neither room cleanliness nor food quality receives a top rating, the Likelihood to Recommend percentage drops to 76%.

Figure 3

PERCENT OF LTR TOP-BOX AND PROPORTION FOR NO. 1 KEY DRIVER AND ROOM CLEANLINESS



These performance relationships should be top of mind for organizations when contracting with EVS/ FANS providers and when designing improvement strategies. Leadership must consistently recognize and value EVS/FANS personnel as stakeholders in the delivery of safe, effective, quality care in order to fully optimize patient experience performance.

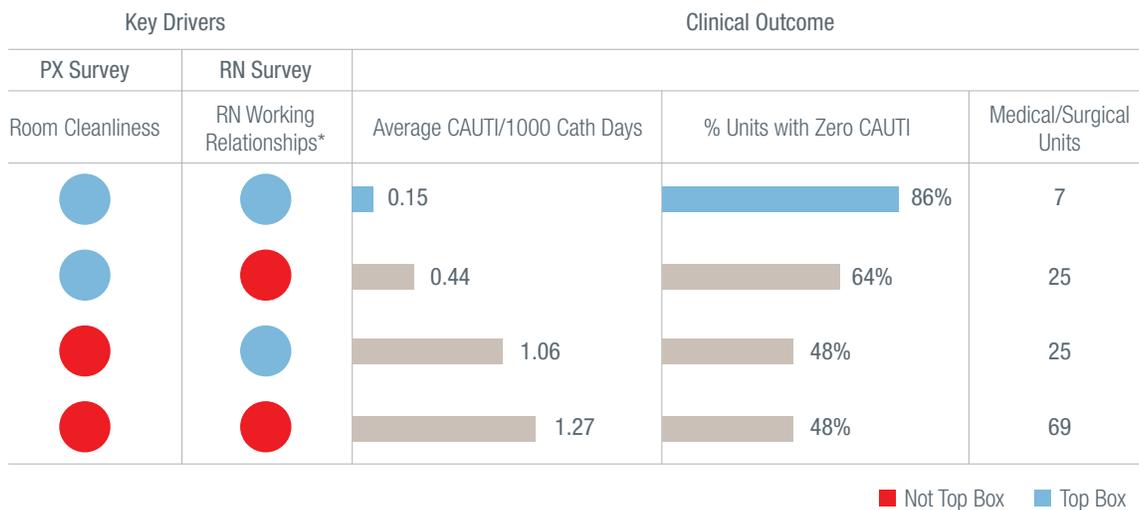
### Safety-Specific Outcomes and EVS

When it comes to having a clean hospital room, the stakes are high—patient safety is on the line. Patients come to a hospital expecting a high level of cleanliness. It is well-known that thorough cleaning prevents the spread of infection; waste removal from patient rooms and common areas reduces the risk of patient falls; and waste segregation minimizes pathogenic cross-contamination. When staff falter in these areas, not only do patients feel neglected, but the safety of their care is put in jeopardy.

Multivariate analyses looking at the link between CAUTI rates by unit type, structural attributes, workforce attributes, and patient experience performance identified significant associations with room cleanliness, nurse working relationships, patient volume and flow, catheter utilization ratio, and medical-surgical units, as shown in Figure 4.

Figure 4

CROSS-DOMAIN KEY DRIVERS OF SAFETY OUTCOMES:  
PG GLOBAL INSIGHT



2018 NDNQI and patient experience data from the Press Ganey database.  
N = 23 hospitals, 126 medical and surgical units  
\*Interprofessional Scale—RNs rollout

When room cleanliness and RN working relationships both got top ratings, the average number of CAUTIs per 1,000 catheter days was 0.15 and the percentage of units with zero CAUTIs was 86%. When room cleanliness did not get top ratings and RN working relationships did get top ratings, the average number of CAUTIs per 1,000 catheter days was 1.06 and the percentage of units with zero CAUTIs was only 48%. The strong correlation between patients’ perceptions of cleanliness when RN working relationships remained a top score supports the notion that at some level patients can judge actual cleanliness and validates the importance of EVS in the care journey.

Every interaction influences patients’ perceptions of their care, and, by extension, their perceptions of the quality of the hospital as a whole. In addition to decisions about types of cleaning agents to use and how often “deep cleaning” should occur, routine communication about cleanliness among staff members and with patients and their families should make the connection to patient safety. For example, when engaging directly with patients, support services staff should briefly explain what they are doing and why they are doing it. Explaining what is happening at each step increases patients’ confidence in the quality and safety of care they are receiving.

At the organization level, hospitals should implement ongoing audit practices to evaluate cleanliness and fidelity to established best practices. By including EVS outcomes in performance assessments, organizations can pinpoint and adopt best practices to boost safety rates.

### Optimizing Improvement Potential by Engaging EVS and FANS Staff

The nature of EVS and FANS daily work can challenge integration of these support service lines into systemwide improvement plans. Many EVS and FANS employees work isolated hours from other health care employees and often feel disconnected from the rest of the workforce. To combat this, hospital leadership should unite their health care workforce and recognize nonclinical support staff by implementing the following best practices systemwide.

- Involving EVS and FANS workers in daily nursing staff huddles, department meetings, training and development sessions, and monthly staff meetings. This is critical to maintaining morale and keeping the team connected.
- Developing a recognition and rewards program that recognizes support staff based on key performance indicators of customer service, safety, company values, quality, and attendance.
- Including nursing and other professional staff in EVS celebrations for a job well done, such as reaching HCAHPS goals for room cleanliness.
- Encouraging frequent rounding and observation on units by EVS managers. Rounding with nursing and other ancillary services managers at least monthly demonstrates shared responsibility and models the power of constructive relationships to the front-line staff.

### Conclusion

Consistent delivery of safe, high-quality, compassionate care provides the groundwork for better patient experience outcomes, a unified workforce, and a culture of safety and High Reliability. Realizing that the care experience encompasses everyone who comes into contact with patients, hospital leadership should foster a work environment in which nonclinical support staff understand, and feel, their value as caregivers.

Tapping into patient priorities and loyalty drivers is particularly valuable in today's consumer-driven health care landscape; the development and nurturance of hospital brand reputation plays a large role in acquiring new patients and subsequently inspiring loyalty, which in turn leads to improved financial outcomes. The analyses presented in this report shine a light on the relationship between EVS- and FANS-related measures and care coordination, highlighting the impact that patient perceptions have on various safety and patient experience outcomes, such as Likelihood to Recommend.

Most strikingly, the clear association between patients' perceptions of room cleanliness and CAUTI rates indicates that perceptions of cleanliness relate to actual cleanliness. That is, patients know clean when they see it. Making the consistent assessment and improvement of cleaning methods and procedures an operational priority ensures a sanitary environment and prevents the spread of infection, but organizations should take EVS procedures a step further by recognizing the important role EVS staff members play in patient and clinical quality improvement efforts.



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