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**Press Ganey & HCAHPS:  
Improving Outcomes**

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**Patient Satisfaction Matters**

- Patient loyalty
- Reputation / Word-of-Mouth advertising
- Recruitment of new physicians
- Improved retention & morale
- Improved efficiency & productivity
- Reduced length of stay
- Patient compliance with health directives

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## Session Objectives

- HCAHPS 101
- Public Reporting
- Value Based Purchasing
- Moving from Measurement to Action
  - Focusing Improvement Efforts

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## HCAHPS 101

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## What is CAHPS?

### Consumer Assessment of Healthcare Providers and Systems

- Produce comparable data for public reporting
  - Create incentive for agencies to improve
- Enhance public accountability and transparency

**Hospital CAHPS**  
**Home Health Care CAHPS**  
**Clinician and Group CAHPS**  
... more to come!

***CAHPS provides an apples to apples metric for public reporting—  
additional measurement may be needed for ongoing quality  
improvement activities and monitoring.***

## Why is CAHPS® Important?

- Consumers have access to the data
  - Consumers relate more easily to CAHPS® than to clinical data
  - Some will use CAHPS® data to choose hospitals
  - Will have volume, revenue, and reputation implications
- CAHPS® will be in the public eye
  - Media coverage
  - Promotion by hospitals themselves
- Participation linked to reimbursement



## HCAHPS According to CMS

**“HCAHPS is a tool to be used for public reporting of major areas of hospital performance...to support consumer choice”**

**“HCAHPS is not a stand-alone quality improvement tool”**

Available at: [http://www.cms.hhs.gov/HospitalQUALITYINITS/30\\_HOSPITALHCAHPS.ASP](http://www.cms.hhs.gov/HospitalQUALITYINITS/30_HOSPITALHCAHPS.ASP)

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## HCAHPS Survey

**SURVEY INSTRUCTIONS:** You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions on this survey. When this happens you will see an arrow with a hole that tells you what question to answer next, like this:  No → If No, Go to Question 1

Please answer the questions in this survey about your stay at Hospital Name. Do not include any other hospital stays in your answers.

### YOUR CARE FROM NURSES

- During this hospital stay, how often did nurses treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often did nurses listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often did nurses explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
  - Never
  - Sometimes
  - Usually
  - Always

### YOUR CARE FROM DOCTORS

- During this hospital stay, how often did doctors treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often did doctors listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often did doctors explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always

### THE HOSPITAL ENVIRONMENT

- During this hospital stay, how often was your room and bathroom kept clean?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often was the area around your room kept clean?
  - Never
  - Sometimes
  - Usually
  - Always

### YOUR EXPERIENCE IN THE HOSPITAL

- During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
  - Yes
  - No → If No, Go to Question 12
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, did you need medicine for pain?
  - Yes
  - No → If No, Go to Question 15
- During this hospital stay, how often was your pain well controlled?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
  - Never
  - Sometimes
  - Usually
  - Always
- During this hospital stay, were you given any medicine that you had not taken before?
  - Yes
  - No → If No, Go to Question 18

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
  - Never
  - Sometimes
  - Usually
  - Always
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always

### WHEN YOU LEFT THE HOSPITAL

- After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
  - Own home
  - Someone else's home
  - Another health facility → If Another, Go to Question 21
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
  - Yes
  - No


### OVERALL RATING OF HOSPITAL

- Please answer the following questions about your stay at the hospital provided in the cover letter. Do not include any other hospital stays in your answers.
- Using the number from 10, where 10 is the best hospital possible and 1 is the worst hospital possible, what number would you use to rate this hospital during your stay?
    - 10 Best hospital possible
    - 9
    - 8
    - 7
    - 6
    - 5
    - 4
    - 3
    - 2
    - 1

- Would you recommend this hospital to your friends and family?
  - Definitely no
  - Probably no
  - Probably yes
  - Definitely yes

### ABOUT YOU

- In general, how would you rate your overall health?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- What is the highest grade or level of school that you have completed?
  - 8th grade or less
  - Some high school, but did not graduate
  - High school graduate or GED
  - Some college or 2-year degree
  - 4-year college graduate
  - More than 4-year college degree
- Are you of Spanish, Hispanic or Latino origin or descent?
  - No, not Spanish/Hispanic/Latino
  - Yes, Puerto Rican
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Cuban
  - Yes, other Spanish/Hispanic/Latino
- What is your race? Please choose one or more.
  - White
  - Black or African American
  - Asian
  - Native Hawaiian or other Pacific Islander
  - American Indian or Alaska Native
- What language do you mostly speak at home?
  - English
  - Spanish
  - Some other language (please print): \_\_\_\_\_

 <b>HCAHPS Survey Format</b>	
<b>Evaluative Questions</b>	<b>About You Questions</b>
<p><b><u>YOUR CARE FROM NURSES</u></b></p> <p>1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?</p> <p><input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always</p>	<p>27. What language do you <u>mainly</u> speak at home?</p> <p><input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Some other language (please print):</p>
<b>Global Rating Questions</b>	<b>Screening Questions</b>
<p>22. Would you recommend this hospital to your friends and family?</p> <p><input type="radio"/> Definitely no <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Definitely yes</p>	<p><b><u>YOUR EXPERIENCES IN THIS HOSPITAL</u></b></p> <p>10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?</p> <p><input type="radio"/> Yes <input type="radio"/> No → <b>If No, Go to Question 12</b></p>
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 <b>Public Reporting</b>	
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## Public Reporting

- Reported for consumers on Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov))
- Data are shown as performance frequencies
  - For each domain area and global overall questions
- National and state average performance frequencies
- No rankings or significant differences noted
- HCAHPS data updated each quarter for rolling 12 months
  - Current data October 2008 – September 2009 discharges


## HCAHPS Public Reporting

### Domains

- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Control
- Communication about Medicines
- Discharge Information

### Questions

- Cleanliness of Physical Environment
- Quiet of Physical Environment
- Overall Rating of Care
- Willingness to Recommend




## Public Reporting And Transparency

Time Line	HCAHPS
Voluntary Implementation	October 2006
Required Implementation	July 2007
First Publicly Reported Results	March 2008
Funds at Risk for Non-Participation	July 2007- September 2012 2% of Medicare Reimbursement
Value-Based Purchasing Funds at Risk	October 2012- 2% of Medicare Reimbursement

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## Graphs - Percentage of "Always" Responses

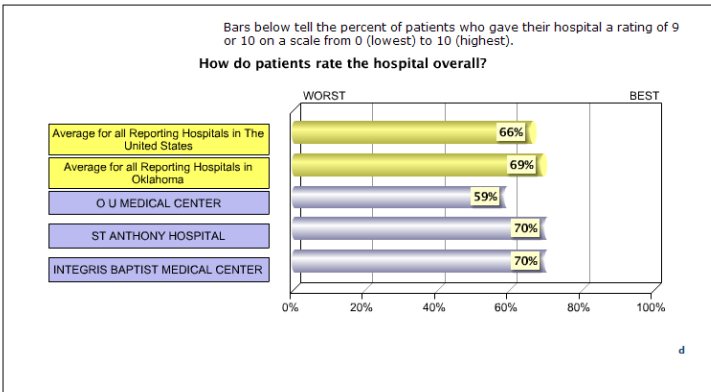
**How do patients rate the hospital overall?**

**These results are from patients who had overnight hospital stays from October 2008 through September 2009.**

After answering all other questions on the survey, **patients answered a separate question that asked for an overall rating of the hospital.** Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."

Bars below tell the percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

**How do patients rate the hospital overall?**



Category	Percentage
Average for all Reporting Hospitals in The United States	66%
Average for all Reporting Hospitals in Oklahoma	69%
O U MEDICAL CENTER	59%
ST ANTHONY HOSPITAL	70%
INTEGRIS BAPTIST MEDICAL CENTER	70%

The yellow bars indicate the National & State averages.

The blue bars indicate the averages for facilities selected.

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## Future Direction of HCAHPS

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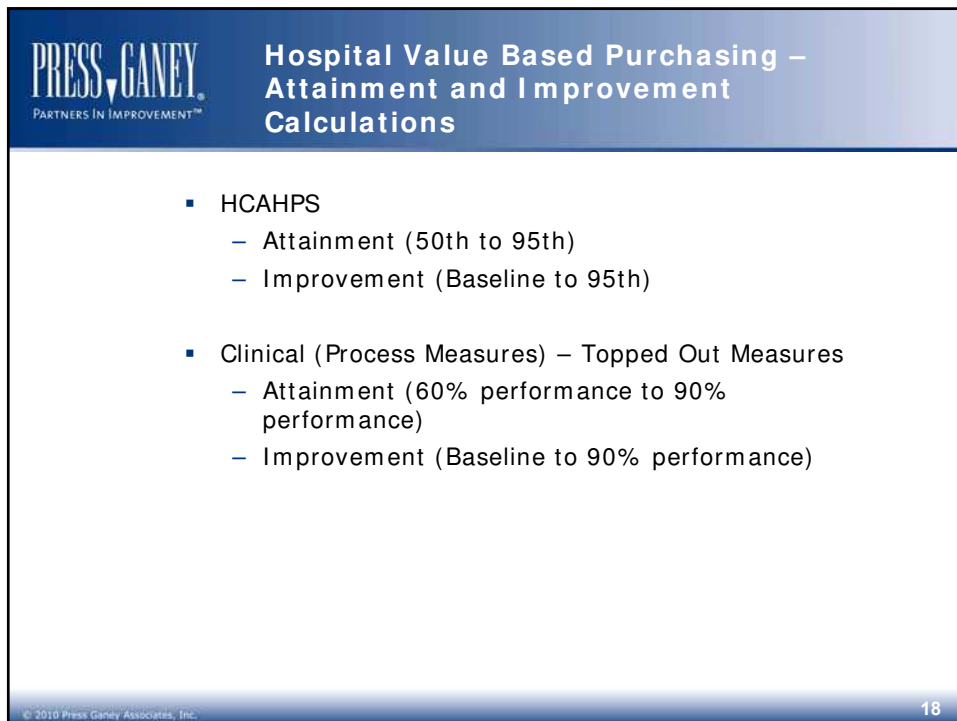
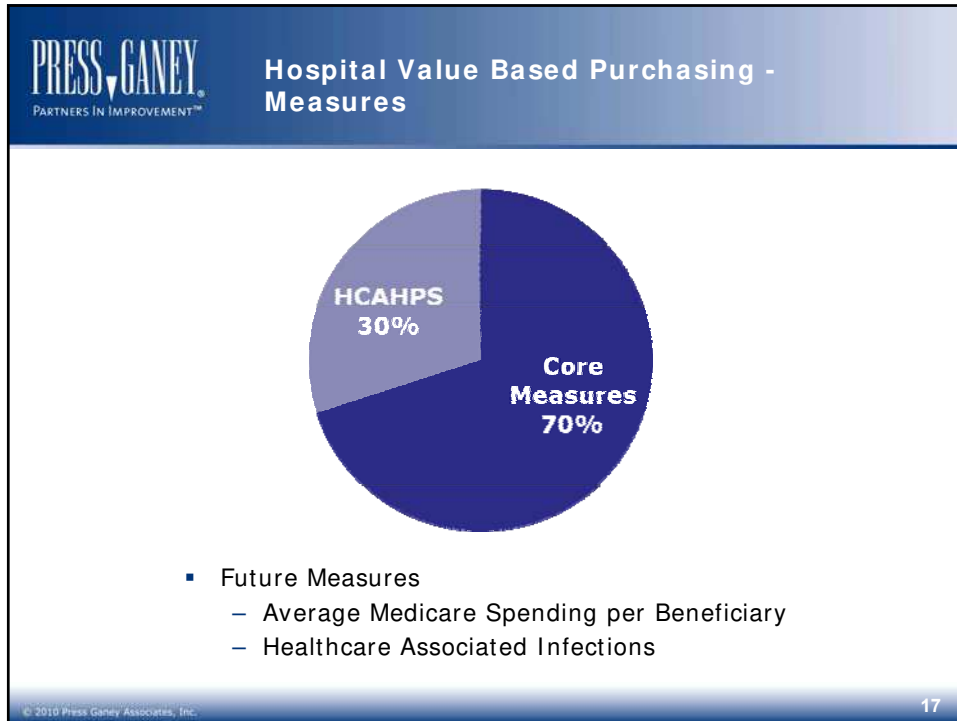
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## Value-Based Purchasing – Common Terminology

- Different names with the same goal: rewarding quality
  - Pay for performance
  - Paying for quality
  - Value based purchasing
- Attainment – 50<sup>th</sup> to 95<sup>th</sup>- Rewarding providers for how well they perform compared to their peers
- Improvement - baseline to 95<sup>th</sup>- Rewarding providers for improvements in their performance

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## Hospital Value Based Purchasing – Amount of Money at Risk

- Payment Implementation
  - 2013 → 1% of payment
  - 2014 → 1.25%
  - 2015 → 1.5%
  - 2016 → 1.75%
  - 2017 → 2%



## Hospital Value Based Purchasing

### Estimated Timeline:

- **January – December 2010 – Base year for Value Based Purchasing.**
- January – December 2011 – Initial performance period for value based purchasing. This time period represents the most current data available to CMS that is complete and appropriately adjusted.
- October 1, 2012 (FY 2013) – MS-DRG base payments are adjusted by CMS based on value based purchasing performance incentive payment

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## Future Developments

- Home Health CAHPS
- Home Health VBP
- Quality Measures for Inpatient Rehabilitation Hospitals
- Quality Measures for Cancer Hospitals
- VBP for Ambulatory Surgery Centers

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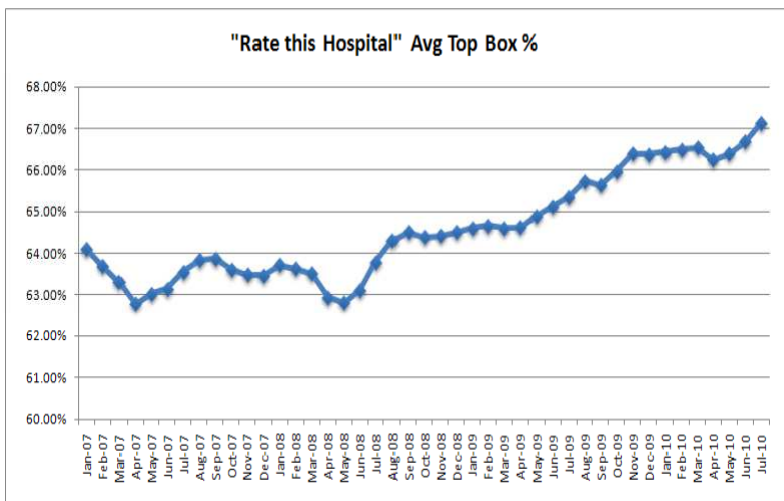
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## Measurement to Action

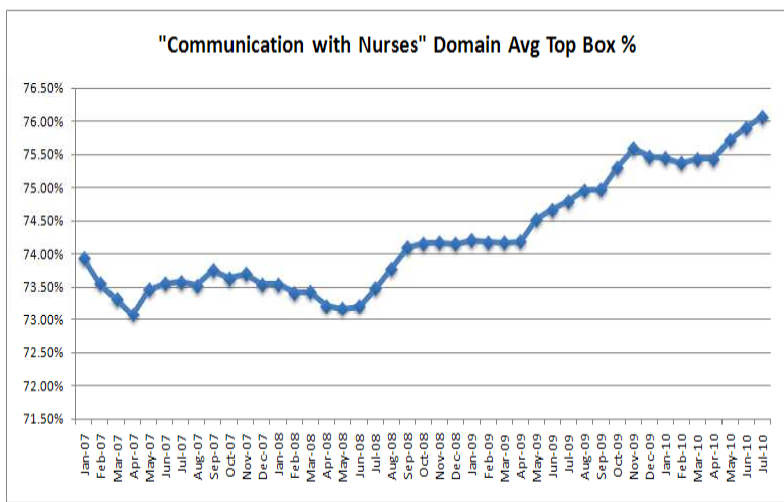
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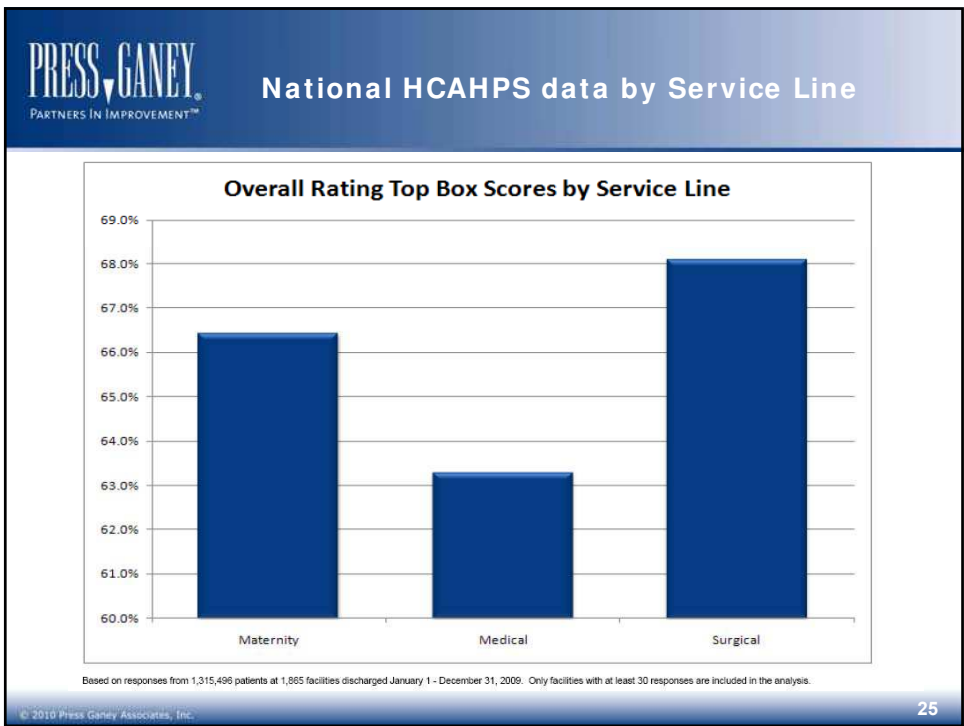


### Hospitals Continue to Improve



### Hospitals Continue to Improve

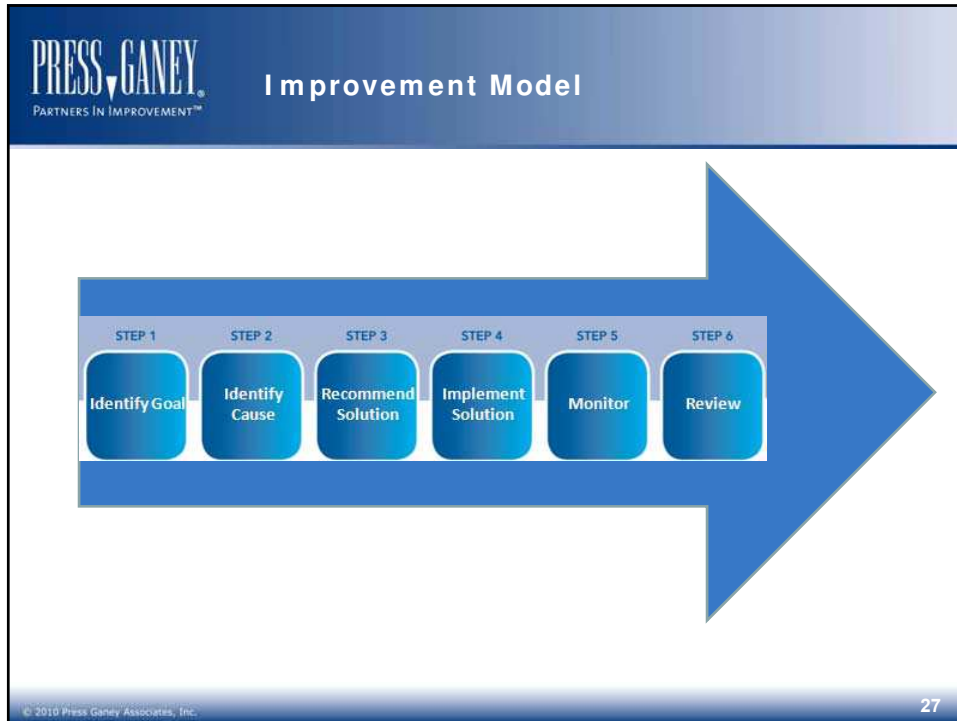




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### Focusing Improvement Efforts

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## Step 1: Identify a Goal

**[S] Specific.** Exactly what is it you wish to accomplish?

**[M] Measurable.** Identify the means by which you will achieve each goal. How will you know when you have reached it? Keep in mind that you will always have more control over performance than you will over outcome so set performance goals whenever possible.

**[A] Action-oriented.** Describe your goals using action verbs. What will you do (step by step) to reach your goal?

**[R] Realistic.** Choose goals that are possible and achievable. Who do you know who has achieved goals similar to yours? Goals set too high will discourage while goals set too low will not challenge and motivate.

**[T] Timed.** Determine deadlines for each of your goals. Deadlines can be flexible & adjusted as needed but deadlines help keep you focused and moving.

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## Step 2: I Identify the Cause

- Look at patient comments for trends or patterns
- Conduct patient & employee focus groups
- Fishbone Diagram at a high level

- “5 Why’s”
  - What is causing area of poor performance?
- Root cause analysis
  - i.e. Mager-Pipe Performance Analysis

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## Cause- Solution Relationship

- Thinking backwards from the score itself
  - What is the perception of patients?
    - What do they experience? (long wait, different information from different staff, being alone, in pain, etc.)
    - How does it make them feel? (unvalued, confused, uncertain whom to trust, lonely, afraid, stressed, etc.)
- **Causes don’t create a score, they create an environment in which a patient feels a certain way- that is what shapes how they evaluate care**
- Determining cause is extremely important- it ensures you are efficient in your choice of strategy for improvement

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### Step 3: Recommend a Solution

- Which causes are you trying to address?
- Which causes do you have control over?
- Will you modify a cause or shape perception?
  
- Does the selected solution address the causes or perceptions you have control over?
- Will the selected solution be visible to patients?
- Will it be big enough to change?
  
- Will it impact all patients?
  
- Is there anything you need to fix first, before you can implement this solution?

### HCAHPS Opportunities & Solutions

1. **Question:** Staff listened carefully to you:
  - **Initiative:** Hourly rounding
  
2. **Question:** Staff explained things in a way you could understand:
  - **Initiative:** Scripting
  
3. **Domain:** Responsiveness of hospital staff:
  - **Initiative:** Formal service recovery program
  
4. **Domain:** Received discharge information:
  - **Initiative:** Discharge Calls



***The better the communication  
between patient and caregivers, the  
more the patient believes he or she  
has received excellent medical care.***

**-Bayer Institute for Health  
Care Communications, West  
Haven, CT**



## Nurses listen carefully to you

### “How often did nurses listen carefully to you?”

- Encourage questions
- Provide calm & clear explanations, information & acknowledge their question, this can rapidly ease fears
- Develop list of phrases not to be said in front of patients, families, or visitors
  - “We are short staffed”, “That’s not my department”, “Are you sure?”
- Think about the non-verbal cues:
  - checking your watch, fidgeting, loud exhales, etc.
- Re-state patient questions to check for accuracy & validate their emotions

## Nurses listen carefully to you

- Rounding
  - Hourly rounding by RN, CNA, or combination
  - Develop protocol: complete scheduled tasks; pain, potty, positing; everything within reach; additional requests
  - 40% - 60% reduction in call lights
  - Decreased falls and ulcers
  - Less walking by nurses (5.2 to 4.3 miles)
  - Improved patient satisfaction

*Wood D. Rounding Cuts Call-Light Use. RN.com; 2007. Available at: [http://w3.rn.com/news\\_news.asp?articleID=14521](http://w3.rn.com/news_news.asp?articleID=14521). Accessed March 30, 2007.*

## Staff explained things in a way you could understand

**“How often did nurses explain things in a way you could understand?” or**

**“How often did doctors explain things in a way you could understand?”**

- Avoid medical jargon when possible, try to make the explanations as simple as possible
- Try not to say: “Do you understand?”
  - Most patients will say yes automatically or out of embarrassment for not knowing
- Instead try: “This is very important so I want to make sure I explain this clearly...”
- Provide patients with a notepad for a “Daily Journal”
  - To keep track of daily conversations with all staff

## Scripting

- Scripting is used when:
  - There is an important message all patients should receive
  - The message is commonly forgotten by staff
  - The message should be delivered during the normal course of care
- Make sure a script is:
  - Clear, short, and easy to understand
  - Sounds natural and can be customized by staff to fit the situation and their own personalities
  - Designed to convey a specific message
- Scripting is just one piece of communication, it is a start (not an end) to communication
- Limit 4-5 scripts per staff member
- Not designed to pressure patients to give higher ratings

## Responsiveness of Hospital Staff

**“During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?”**  
**“How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted it?”**

- Evaluate staffing patterns. Are you understaffed at the times when the volume of patient requests peak? What are ways to cope with this?
- How do you manage patient expectations (wait time) regarding the call light?
- Determine standards for response time for call lights. Are you able to track how long the call light has been on, before someone responds?
- Make all employees responsible for answering the call lights. Non-clinical needs can be addressed by any employee & clinical needs must be referred to the nurse.

## Service Recovery

### Key Success Factors

1. Create Service Teams
2. Employ a strategy
3. Design a tool kit
4. Empowerment and accountability
5. Select Pilot unit
6. Train Pilot unit
7. Make it easy to complain/Track Complaints
8. Reward and recognize staff
9. Review and Roll-out

## Received Discharge Information

**“During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”**

- Provide a notepad to write down questions regarding discharge & home care prior to the discharge process
- Ensure the patients have a better understanding of their illness at discharge than before they arrived at the facility
- Ensure another caregiver (if possible) is present while you provide the discharge instructions to the patient
- Try to create discharge resources that consider the different types of learning styles (visual, auditory, kinesthetic)
- Provide a decision tree for patients to help them decide if they need to reach their physician or hospital immediately

## Discharge Phone Calls

### Guidelines:

- Allow patient to determine length of call
  - Calls are short, simple, & demonstrate caring
  - Not meant to replace the CAHPS survey
- Place call within 72 hours after encounter
  - Within 24 hours is ideal
- Three attempts per patient
  - No voicemail messages

### Script:

- Opening the call
  - State your name and facility name
  - Confirm patient name and date of visit
  - Explain the purpose of the call and obtain patient's consent
- Develop scripts for common issues
  - Medical complications (e.g. fever, rash, dizziness)
  - Probing questions about symptoms
  - Call 9-1-1 for medical emergencies

## Which Questions to Ask?

1. General health questions
  - “How have you been feeling since you returned home?”
  - “Did you understand your discharge instructions?”
2. Basic pain questions
  - Scale of 0-10
  - Better/Worse/Same
3. Verify if a follow-up appointment was scheduled
  - Be able to answer time/date/location questions
4. Assess understanding of medication instructions
  - Ask if prescriptions were filled as ordered
5. Assess understanding of discharge instructions
  - Ask if they are having difficulties with home care
6. Unique questions by unit, department, specialty
7. Topics related to current facility initiatives or projects
  - CMS guideline against pre-surveying of patients

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## Implement a Solution

- Two main phases:
  1. Preparation
    - a) Project team & roles
    - b) Communication
    - c) Development of training
    - d) Preparing measurement
    - e) Preparing accountability
    - f) Prepare logistics
  2. Execution
    - a) Educate
    - b) Roll-out: follow through on your plan

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## Monitor & Review

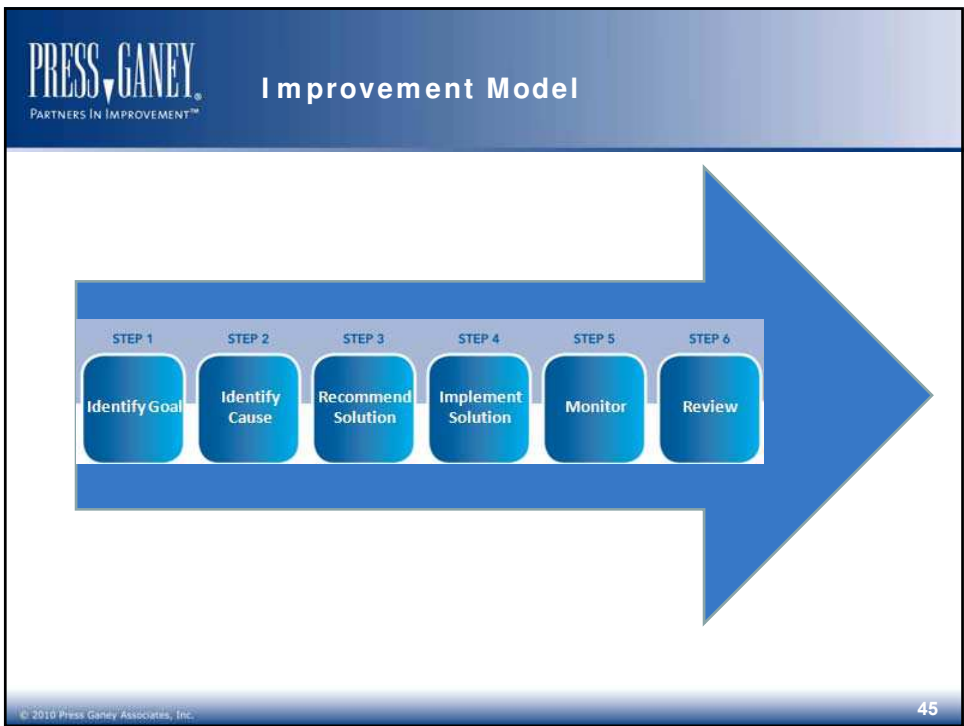
**Monitor:**

- Measure Behavior
  - Tracking
  - Observation
  - Self-Reporting
  - Auditing
  - Feedback

**Review:**

- Did you meet your Goal?
  - Yes
    - Celebrate
    - Increase Goal or Sustain
  - No
    - Why Not?

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*“We all know it’s really all about the patient’s perception. If we don’t have good patient satisfaction scores, we know we’re not going to have good patient outcomes – they work in tandem, and we expect them all to move in a positive direction.”*

- Celeste Twardon, Senior VP of Quality and Chief Clinical Officer at Home Nursing Agency

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