Raising HCAHPS Scores for Hospitals

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About Us

We each have over twenty years’ experience in healthcare

Janice Benggio – Non-Clinical:
home health care, human resources, medical staff services and credentialing, marketing and communications, project management, information technology

Brenda Evans – Clinical:
registered nurse in ambulatory and inpatient settings of non-profit academic hospital and for-profit surgery center, nurse navigator, professional development council, nurse-to-nurse mentorship program
About Us

- We are sisters!
  - Janice is the older sister; lives in Florida, in the past in Alabama and South Carolina
  - Brenda lives in Texas, in the past in Florida and Georgia

We have provided three grandchildren to our mother: a teenage girl, a son in his twenties, and a son in his thirties... and, Janice has three lovely granddaughters
Welcome…

Let’s talk about raising your hospital’s HCAHPS scores…

- Why do we care about HCAHPS scores?
- Who should be involved in a project for improving?
- What are the strategic goals for improvement?
- How will the plans be initiated and operationalized?
- How do we assess effectiveness?
- Where do we go from here (or there)?
What are HCAHPS Scores?

Hospital Consumer Assessment of Healthcare Providers and Systems

- HCAHPS (or CAHPS®) is a standardized patient satisfaction survey tool required by CMS (Centers for Medicare & Medicaid Services) for all U.S. hospitals (that are subject to IPPS) that began in 2006 (voluntary) and 2007 (mandatory) and is still required of all U.S. hospitals (that are subject to IPPS).

- The survey is for all adult inpatients, excluding psychiatric patients.

- It’s the first national, standardized, publicly-reported survey of patients’ perspective of hospital care.

- Scores provide for valid comparisons across hospitals locally, regionally, and nationally.

- For more detailed information, visit http://www.hcahpsonline.org
What is Shown on Website

- **Composite Topics:**
  - Nurse communications (Qs 1, 2 & 3)
  - Doctor communications (Qs 5, 6 & 7)
  - Responsiveness of hospital staff (Qs 4 & 11)
  - Pain management (Qs 13 & 14)
  - Communications about medicines (Qs 16 & 17)
  - Discharge information (Qs 19 & 20)

- **Individual Items:**
  - Cleanliness of hospital environment (Q 8)
  - Quietness of hospital environment (Q 9)

- **Global Items:**
  - Overall rating of hospital (Q 21)
  - Willingness to recommend hospital (Q22)
HCAHPS Scores Help Determine Business Viability!

- **Regulatory**: Requirement to collect, submit, and publically report data to receive full payment; failure to report required quality data, including HCAHPS scores, will subject the hospital to a 2-point reduction in Annual Payment Update (APU). HCAHPS scores also form the basis for the Patient Experience of Care domain in the Hospital Value-Based Purchasing program.

- **Accreditation**: Most hospitals depend on accreditation (TJC, HFAP, DNV, etc.), and many of the measures tie into processes that assure satisfaction of physicians, patients, and employees.

- **Public Relations**: Now more than ever, the public is more keenly aware of the status of happenings in hospitals – particularly negative outcomes and events.

- **Financial Sustainability**: Long-term success of any business requires constant attention and improvement in all areas, and budgets likely anticipate no APU penalties.

- **Ethics**: It’s the right thing to do!
Healthcare Executive Group (HCEG) - TOP 10

2016 - #1: The Consumer Experience: omnichannel business, mHealth, HIX, social media, and telehealth.

2017 - #2: Total Consumer Health: improving member’s overall well-being – medical, social, financial, and environmental

2018 - #10: The Engaged Digital Consumer: HSAs, member/patient portals, health and wellness education materials.

2019 - #2: Total Consumer Health: Improving members’ overall medical, social, financial, and environmental well-being.

https://hceg.org/hceg-top-ten/
Patient Qualifications

- At least 18 years old at the time of admission
- At least one overnight stay as an inpatient
- Non-psychiatric primary diagnosis at discharge
- Alive at discharge

Some exclusions for otherwise eligible patients:
- Discharged to hospice, nursing homes, and SNFs
- Prisoners
- Have foreign home address
- “No publicity” patient (patient doesn’t want status divulged or requested no survey at time of admission)
- State rules or regulations that excludes patient
Surveying Methodologies

- Mail, only
- Telephone, only
- Mail with Telephone (mixed mode)
- Active Interactive Voice Response (IVR)
Calculating & Reporting Scores

- Reporting is on rolling quarters
- Hospital submits data to the HCAHPS data warehouse
- CMS cleans and analyzes data
- CMS calculates the scores
- CMS reports scores to website: https://www.medicare.gov/hospitalcompare
<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Provides Emergency Services</th>
<th>Able to Receive Lab Results Electronically</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Hospitals</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Acute Care Hospitals</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Acute Care Hospitals</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
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## Summary of Patient Experiences

<table>
<thead>
<tr>
<th>Patient survey summary star rating. More stars are better. Learn more</th>
<th>⭐⭐⭐⭐⭐</th>
<th>⭐⭐⭐⭐</th>
<th>⭐⭐⭐</th>
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</thead>
<tbody>
<tr>
<td>Patients who reported that their nurses &quot;Always&quot; communicated well</td>
<td>83%</td>
<td>81%</td>
<td>81%</td>
<td>77%</td>
<td>20%</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Patients who reported that their doctors &quot;Always&quot; communicated well</td>
<td>77%</td>
<td>82%</td>
<td>82%</td>
<td>77%</td>
<td>20%</td>
<td>82%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Patients who reported that they &quot;Always&quot; received help as soon as they wanted</td>
<td>71%</td>
<td>67%</td>
<td>67%</td>
<td>63%</td>
<td>20%</td>
<td>70%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Patients who reported that staff &quot;Always&quot; explained about medicines before giving it to them</td>
<td>67%</td>
<td>64%</td>
<td>65%</td>
<td>62%</td>
<td>20%</td>
<td>66%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>
Sharing with the Public

Example from UNC Healthcare Hospitals
http://news.unchealthcare.org

- Explains what HCAHPS is so consumers understand it
- Displays a year of data and compares hospitals within the system
- Links to www.hospitalcompare.hhs.gov
Striving to make patient safety a priority is the foundation to ensuring satisfaction among the BIG THREE:

- **Patients** – Do they feel the care they receive will improve their conditions or symptoms, or prevent further problems?
- **Physicians** – Do they have tools to practice their specialty to their best ability in a safe environment in your hospital?
- **Employees** – Do they have the support of leadership to be engaged enough to provide excellent, safe patient care?
Patient Expectations

- Skilled and competent staff to provide excellent care
- They are safe in their rooms and treatment areas
- Equipment is maintained to function as expected
- Medications will be provided for pain control and illness
- They will be treated professionally and courteously
- The room will be comfortable, clean, and quiet
- Food and nutritional needs will be met
- There is a means to escalate any concerns
- Education will be provided for when they are discharged
- Ability to pay for the care they need
Physician Expectations

- Nurses and other clinical caregivers will be competent, skilled, and caring
- New technology will be introduced to improve outcomes, reduce time, be easy to use, and support will be available
- Physical facilities will be easy to access and have features that meet or exceed their expectations
- Administration and staff will listen to their requests and concerns, act upon them, and communicate follow-up in a timely manner
- They will receive appropriate recognition for outstanding care provided
Employee Expectations

- Make a positive impact on someone’s life
- Workplace will be inclusive, pleasant, and free of hostility
- Supervisors will be consistent, supportive, and equitable
- Receive recognition for a job well done, time in service, etc.
- Salaries will be in line with the competition
- Have the tools needed to excel in their roles
- Education will be offered to keep skills current
- Ability for lateral and upward mobility
- Flexibility with work schedules
Assessing Your HCAHPS Scores

- Assemble a task force to improve the HCAHPS scores

- Look at patterns over time
  - Outliers that were not repeated?
  - Consistent downward pattern?

- Attempt to find causes to negative scores
  - Root cause analysis
  - Formal or informal surveys

- Determine if causative factors have been studied and addressed; or, are they currently being addressed
The Project Plan

- Conception & Initiation
- Definition & Planning
- Launch or Execution
- Performance & Control
- Project Close

Agile:

- Req's → Design → Deploy → Req's → Design → Deploy → Req's → Design → Deploy

Cumulative outcomes
What are Your Project Goals?

- Focus on one clinical patient unit
- Develop an overall campaign for better customer service
- Capital improvements: equipment, an addition to the facility
- Phased approach to all HCAHPS topics
- Hire a patient experience leader for ongoing efforts
- Improve methods to increase patient participation in surveys
Put the Project to Work

- Appoint a project manager to lead the work effort
- Collaborate with the project manager for clear expectations
  - Purpose and goals to achieve
  - Start and stop dates
  - Funding requirements
  - Empower with authority to lead project
- Announce project to the hospital
  - Supportive leadership from the top
  - Engage staff and physicians
  - Transparency through frequent and appropriate communications
Customer Service Ideas

- Lead by example, for all management
- Chief Experience Officer position
- Start with the hiring process – hire for the correct fit
- Provide education for all staff
  - Interactive, when possible
  - Initially, and then at regular intervals
  - For specific needs (work group, incidents, job changes)
- Positive reinforcement for the individual, as well as all staff
- Progressive consequences for individual negative situations
Build a Patient-Centric Culture

- **Entering the facility**
  - Physical building in good repair, curb appeal
  - Greeters, security, registration staff friendly and welcoming
  - Advising patient who to contact if there are any concerns while in the hospital

- **Interacting with the caregivers**
  - Providing assurance that the healthcare team is committed to providing great care throughout the hospital stay
  - Non-verbal communication, i.e., smile, engaged conversations, eye contact, paying attention to the patient’s words and actions
  - Verbal communication, i.e., using language the patient understands, validating information provided, tone and volume of voice, words that convey care and empathy, using manners (please/thank you)

- **Leaving the facility**
  - Providing patient education for home care
  - What to do and who to contact with concerns and questions
  - Advising how to view their medical records online
  - Reminding them they may receive a survey about their experience
  - Explain how the word “always” is used in the survey on many questions
CMS recommends that hospital representatives contact patients by phone within twenty-four to seventy-two hours after discharge to improve the post-discharge care transition, noting that implementation of a successful discharge plan that initiates contact with the patient within the recommended time frame has shown significant success in reducing readmissions.

- Record, Niranjan-Azadi, Christmas, Hanyock, Rand, Hellmann, & Ziegelstein (2015) found that patients who received a post-discharge telephone call were less likely to visit the emergency department within 30 days after discharge.
- Li, Wang, Xie, Mei, Cai, Ye, Zhang, Ye, & Zhai (2014) concluded that post-discharge nurse-led telephonic support can enhance patients' well-being in the transition from hospital to home, benefiting from statistically significant improvement in the areas of symptom/problem management, complications, readmissions, satisfaction, and clinic follow-ups.
- Shupe (2014) identifies nurse-led post-discharge telephone calls as a best practice for preventing readmissions and improving outcomes by extending care outside hospital walls.
Optimizing the Transition to Home Recovery is a Winning Strategy

Patients receive a telephone call from a registered nurse to assist with clarification of wound care instructions, medication regimen, and follow-up information.

- Reinforces discharge instructions
- Allows opportunity for patients to ask questions
- Supports an uncomplicated transition from hospital to home recovery.
- Allows patient-initiated calls to nurses and physician assistants

Patients who are pleased with their healthcare providers and overall experience are more likely to return for their future healthcare.
What Works at Some Hospitals?

- **Employees**
  - Keep patients involved in their treatment plans; as feasible, do shift reports at the bedside
  - Introduce mobile rounding on patients
  - Technology enhancements to make the work more streamlined
  - Utilize volunteers to assist staff and patients

- **Doctors**
  - Provide secure messaging apps
  - Enhance EHR features, with minimal clicks
  - Support evidence-based treatments for opioid-addicted inpatients
  - Sit, instead of stand, to talk with patients; show you have time for them

- **Patients**
  - Find ways to streamline processes and reduce their wait times
  - Issue electronic tablets to access caregivers, services, and information
  - Provide them with hospitalist face cards
  - Use complementary treatments, i.e. aromatherapy, pet therapy, music therapy, etc.
Example of a Facecard

Provided to patients to let them know their physicians
Technology

Incorporating technology to improve processes associated with medication education, pain management, and the discharge process can boost patient participation and overall satisfaction with the hospital experience:

- Personalized “medication channel” for reliable, standardized information about medications on in-room televisions
- Transcutaneous electrical nerve stimulating (TENS) heat devices
- Virtual reality (VR) devices
- ActiPatches, which use electromagnetic energy to redirect nerve impulses
- Burst DR stimulation implantable devices, which use electrical energy to relieve spinal cord pain


Cultural Competence

- Patient demographics
- Telephonic and video language interpretation for routine services
- Face-to-face language interpretation for urgent/emergent services
- Outreach to underserved populations (increasing access to healthcare)

City-Data.com, 2015.
Orrenius, Zavodny, & LoPalo, 2013.
Beyond the Project

- Weave patient safety into the fabric of the organization to reduce errors and improve satisfaction. Ideas for all of the healthcare team at https://patientsafetymovement.org

- Emphasize empathy to all staff and physicians. Require viewing of examples, such as Cleveland Clinic’s “Empathy: The Human Connection to Patient Care” on YouTube: https://youtu.be/cDDWvj_q-o8

- Introduce holistic approaches to care, such as information from the American Holistic Nurses Association: http://www.ahna.org

- Engage with a professional consultant in customer service, or an organizational psychologist to address group dynamic issues
Assessing Effectiveness
Next steps

- Benchmark your hospital’s HCAHPS scores against your two main competitor hospitals
- Evaluate your hospital’s scores over the last three to five years to identify upward and downward trends
- Consider the individual(s) that could best manage your new project to improve HCAHPS scores
- Collaborate with your project manager to plan out the timeframes, costs, and scope of work
- Empower your organization’s staff to be successful
- Market your success with enthusiasm and transparency
Take-Aways

- Focusing on *improving* HCAHPS scores is a necessity for all hospitals
- A winning strategy starts at the top and involves everyone
- Take time to develop a strategy that works best for your facility
- Formalize plans for the project and involve a diverse group for the team
- Involve quality control processes early and assess often
- Use lessons learned to build successes for the future
References


Janice and Brenda say:

Thank You!