Raising HCAHPS Scores for Hospitals

Communication & Responsiveness

Pain Mgmt. & Discharge Info.

Cleanliness & Quietness

Overall Rating & Willingness to Recommend

Janice Benggio, MBA, PMP®, CPMSM, CPCS, CPHRM

Brenda Evans, MSN, RN

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
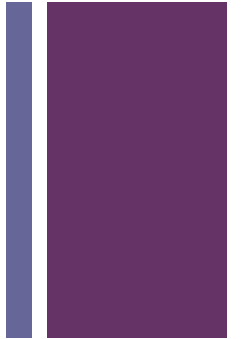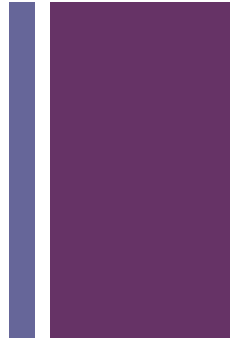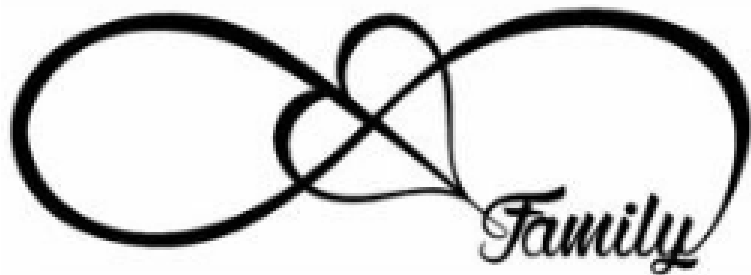
About Us

- 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
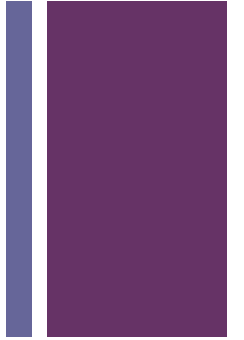
Welcome…

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?

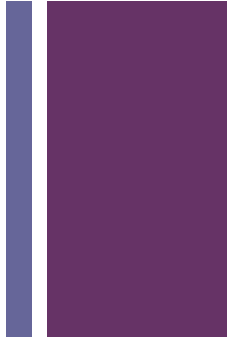- Where do we go from here (or there)?

What are HCAHPS Scores?

Hospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems

- 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)
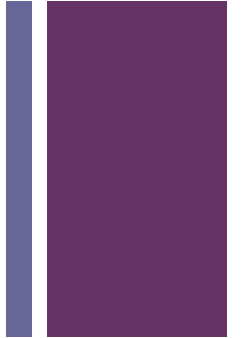 - Quietness of hospital environment (Q 9)

- **Global Items:**
  - Overall rating of hospital (Q 21)
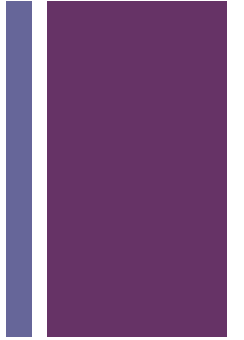 - Willingness to recommend hospital (Q22)

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

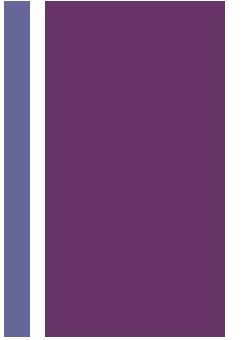**2018** - #10: *The Engaged Digital Consumer:* HSAs, member/patient portals, health and wellness education materials.

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

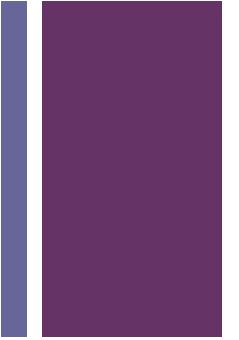# Surveying Methodologies

- Mail, only

- Telephone, only

- Mail with Telephone (mixed mode)

- Active Interactive Voice Response (IVR)
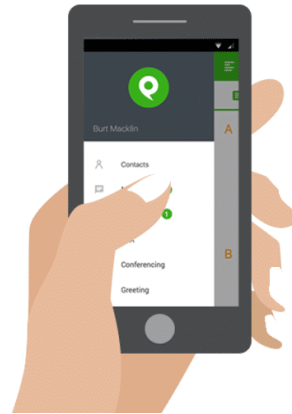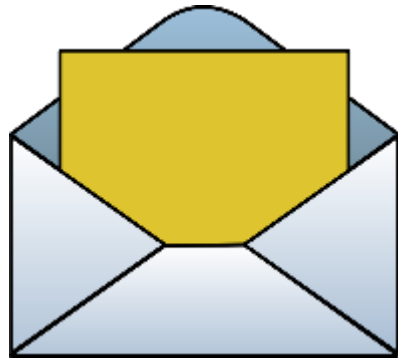
Calculating & Reporting Scores

- Reporting is on rolling quarters

- Hospital submits data to the HCAHPS data warehouse

- CMS cleans and analyzes data

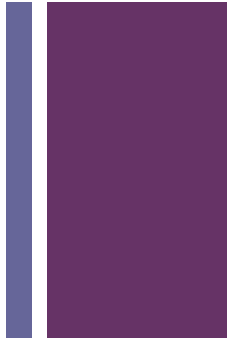- CMS calculates the scores

- CMS reports scores to website:
  https://www.medicare.gov/hospitalcompare

Hospitalcompare.gov

	MEMORIAL HOSPITAL PEMBROKE 7800 SHERIDAN ST PEMBROKE PINES, FL 33024 (954) 962-9650 (4HR)	MEMORIAL HOSPITAL WEST 703 N FLAMINGO RD PEMBROKE PINES, FL 33028 (954) 436-5000 (4HR)	CLEVELAND CLINIC HOSPITAL 3100 WESTON RD WESTON, FL 33331 (954) 689-5000 (4HR)
	Overall rating ⓘ: ★★★★● Learn more View rating details	**Overall rating** ⓘ: ★★★●● Learn more View rating details	**Overall rating** ⓘ: ★★●●● Learn more View rating details
	Distance ⓘ: 1.5 miles Add to My Favorites Maps and directions	**Distance** ⓘ: 1.5 miles Add to My Favorites Maps and directions	**Distance** ⓘ: 6.5 miles Add to My Favorites Maps and directions
Hospital type ⓘ	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
Provides emergency services ⓘ	Yes	Yes	Yes
Able to receive lab results electronically ⓘ	Yes	Yes	Yes

Tabs: General information | Survey of patients' experiences | Timely & effective care | Complications & deaths | Unplanned hospital visits | Use of medical imaging | Payment & value of care

Summary of Patient Experiences

	★★★★●	★★★●●	★★★●●		
Patient survey summary star rating. More stars are better. Learn more					
Patients who reported that their nurses "Always" communicated well	83%	81%	81%	77%[20]	80%[20]
Patients who reported that their doctors "Always" communicated well	77%	82%	82%	77%[20]	82%[20]
Patients who reported that they "Always" received help as soon as they wanted	71%	67%	67%	63%[20]	70%[20]
Patients who reported that staff "Always" explained about medicines before giving it to them	67%	64%	65%	62%[20]	66%[20]

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

	UNC	Johnston	High Point	Chatham	M. Pardee	Caldwell	Rex	Nash	NC Avg.	Nat. Avg
% Patients who overall rate the hospital highly	77	75	69	78	75	63	76	69	70	71
% Patients who would recommend hospital to friends & family	82	71	70	80	78	60	83	62	70	71
% Patients given information about what to do during recovery at home	87	90	84	88	91	86	90	88	87	86
% Doctors who communicated well with patients	82	83	78	92	85	81	85	82	83	82
% Nurses who communicated well with patients	82	83	79	88	82	77	80	80	81	79
% Patients who received help quickly from hospital staff	67	68	63	89	68	64	65	69	67	68
% Staff who explained medicines before giving them to patients	67	71	63	76	69	60	67	69	65	65
% Patients whose pain was well controlled	71	74	70	70	73	69	73	71	71	71
% Patients whose rooms were kept quiet at night	60	74	56	73	64	63	61	60	63	62
% Patients rooms and bathrooms kept clean	73	73	71	86	83	70	67	66	72	74
% Patients who understood their care when they left the hospital	59	53	51	58	58	45	58	49	52	52
Star Rating (1-5)	3	4	3	5	4	3	4	3		

Highest Scoring Hospital
NC Average
National Average
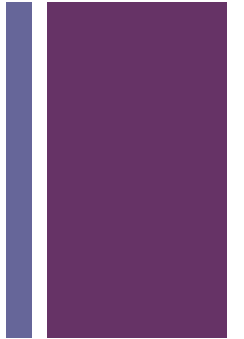
Patient Safety is the Foundation

- 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
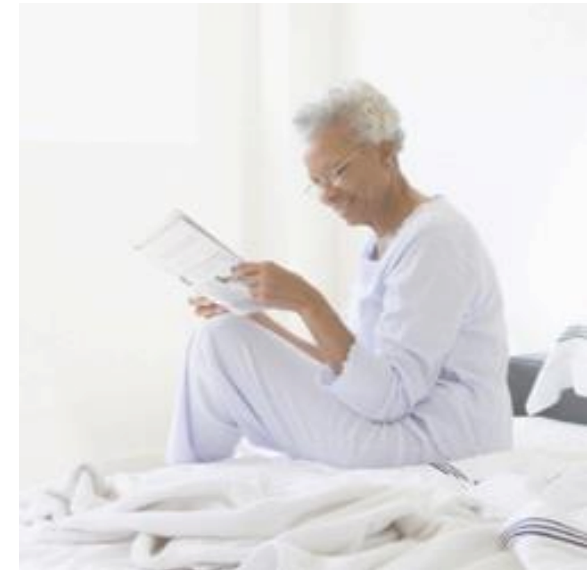
Physician Expectations

- 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

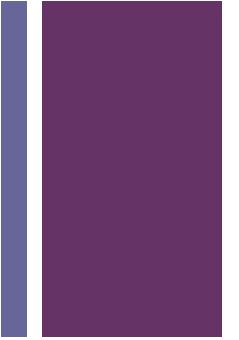- They will receive appropriate recognition for outstanding care provided

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
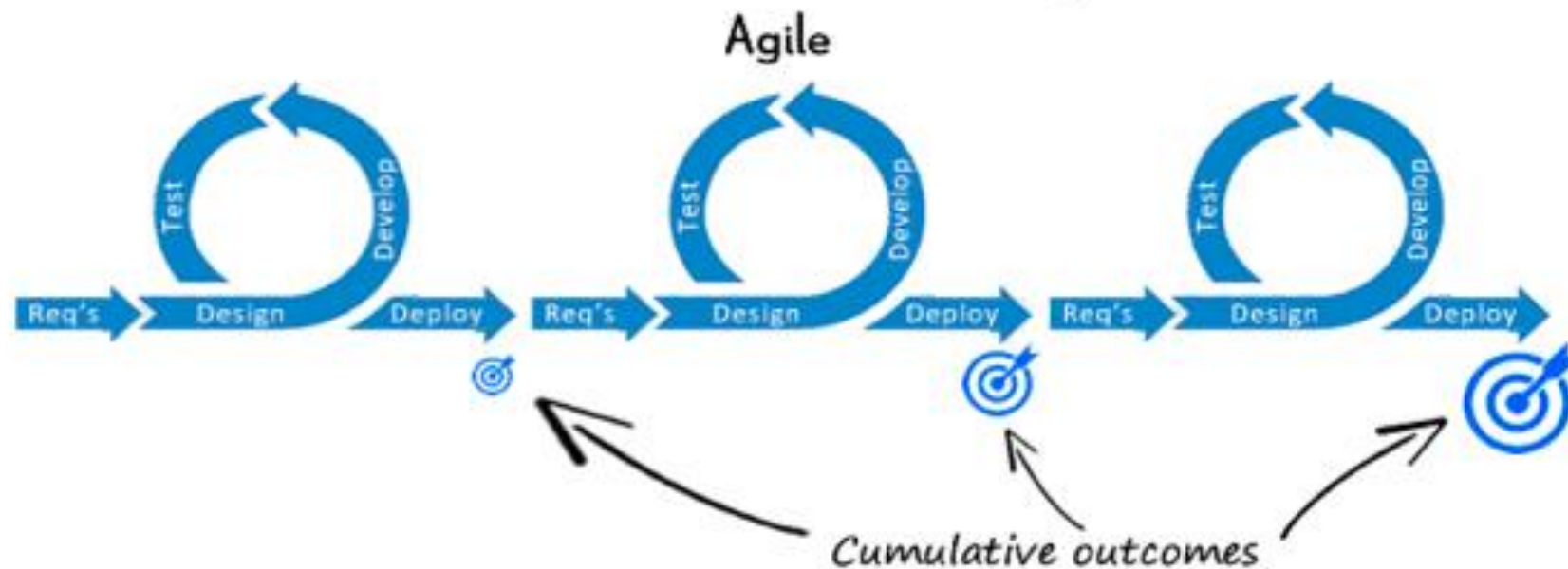
- Flexibility with work schedules
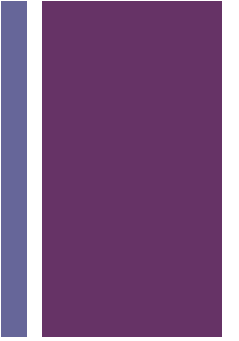
Assessing Your HCAHPS Scores

- 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

PROJECT
Conception & Initiation
1

PROJECT
Definition & Planning
2

PROJECT
Launch or Execution
3

PROJECT
Performance & Control
4

PROJECT
Project Close
5

Agile

Test | Develop
Req's | Design | Deploy

Test | Develop
Req's | Design | Deploy

Test | Develop
Req's | Design | Deploy

Cumulative outcomes
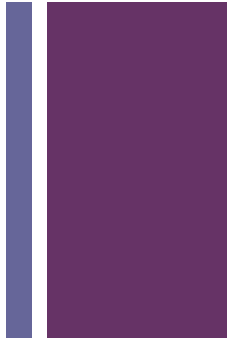
What are Your Project Goals?

- 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
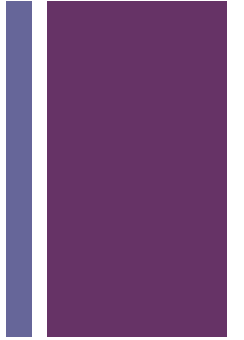
Customer Service Ideas
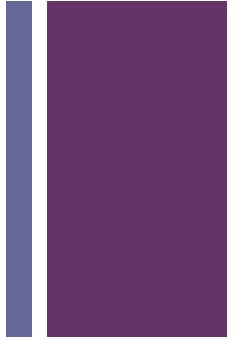
- Lead by example, for all management

- 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

Nurse-Initiated Post-Discharge Telephonic Outreach
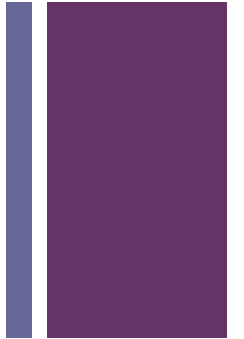
CMS recommends that hospital representatives contact patients by phone within twenty-four to seventy-two hours after discharge to improve the post-discharge care transition, noting that implementation of a successful discharge plan that initiates contact with the patient within the recommended time frame 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
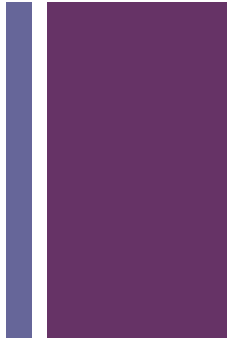
Patients receive a telephone call from a registered nurse to assist with clarification of wound care instructions, medication regimen, and follow-up information.

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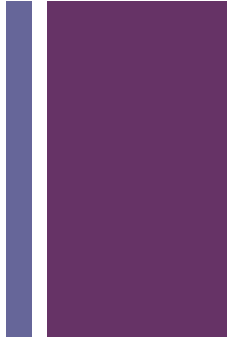
- **Employees**
  - Keep patients involved in their treatment plans; as feasible, do shift reports at the bedside
  - Introduce mobile rounding on patients
  - Technology enhancements to make the work more streamlined
  - Utilize volunteers to assist staff and patients

- **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.
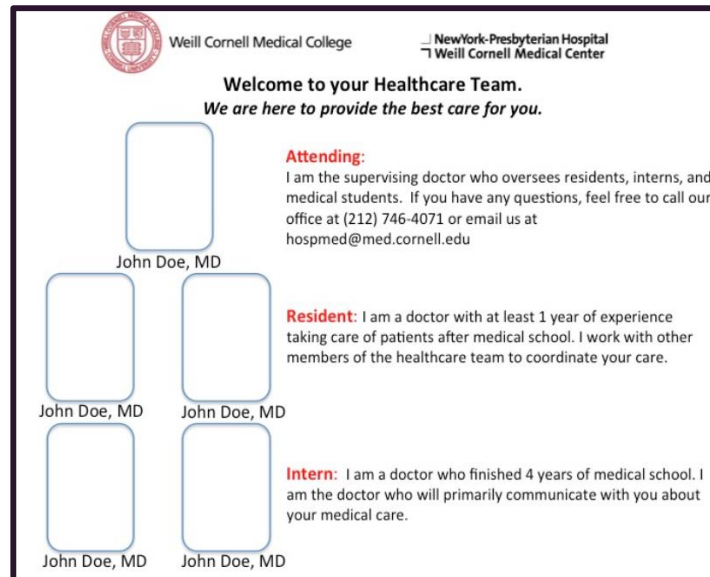
Example of a Facecard

UC San Francisco

NY Presbyterian Hospital

Northwestern Memorial Hospital

**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

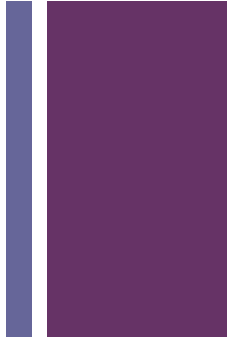- Burst DR stimulation implantable devices, which use electrical energy to relieve spinal cord pain

Five New Technologies for Pain Management, 2016.

Seven DFW Health Systems Dubbed 'Most Wired' by the American Hospital Association. 2017.
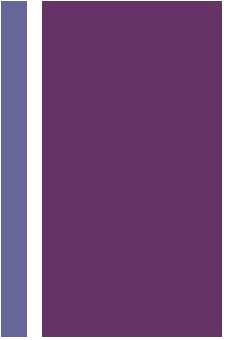
Cultural Competence

- 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)
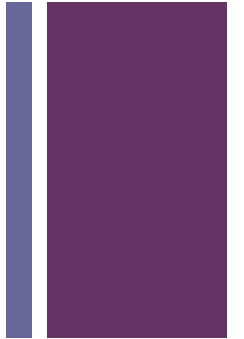
City-Data.com, 2015.

Dutta, 2017.

Orrenius, Zavodny, & LoPalo, 2013.

Take a look: How immigrants drive the economy in Texas, 2017.

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
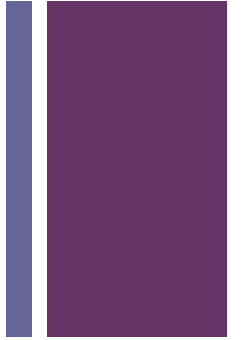
Assessing Effectiveness
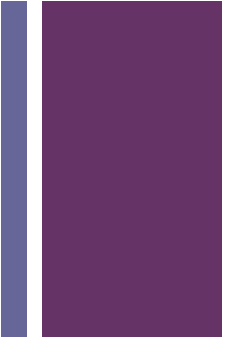
Next steps

- 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

City-Data.com - Stats about all US cities - real estate, relocation info, crime, house prices, cost of living, races, home value estimator, recent sales, income, photos, schools, maps, weather, neighborhoods, and more. (2015). Retrieved September 23, 2017, from http://www.city-data.com/
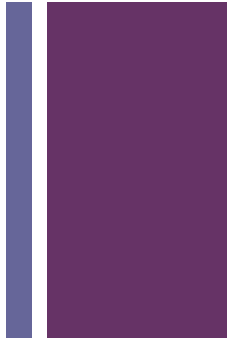
Dutta, S., MD, MPH, Fullam, F., MA, & Behel, J. M., PhD. (2017, February 5). How we improved hospitalist-patient communication [Scholarly project]. In Rush University Medical Center, Chicago, Illinois. Retrieved October 4, 2017, from

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Orrenius, P. M., Zavodny, M., & LoPalo, M. (2013). *Gone to Texas: Immigration and the Transformation of the Texas Economy* (pp. 1-19, Publication). Dallas, TX: Research Department, Federal Reserve Bank.

Seven DFW Health Systems Dubbed 'Most Wired' by the American Hospital Association. (2017, July 12). Retrieved September 11, 2017, from http://healthcare.dmagazine.com/2017/07/11/american-hospital-association-names-seven-dfw-hospitals-as-most-wired/

Take a look: How immigrants drive the economy in Texas. (2017). Retrieved September 24, 2017, from

http://www.newamericaneconomy.org/locations/texas/

Janice and Brenda say:

Thank You!