HCAHPS DATA SIGNIFICANCE AND SUCCESS STRATEGIES
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Objectives
- To be able to identify at least two tactics to implement to help improve HCAHPS scores in your organization
- To understand the significance of HCAHPS data from a consumer and insure point of view
- To be able to relate how HCAHPS data may impact reimbursement (Pay for Performance) in the near future

HCAHPS Background
- HCAHPS = Hospital-Consumer Assessment of Healthcare Providers and Systems
- The HCAHPS survey tool is designed to measure the frequency of different dimensions of patient care experience.
- Hospitals are expected to receive/submit data on a minimum of 300 eligible surveys (random selection of patients who are 18 years of age and older and discharged from an acute care facility after an overnight stay).

Why is HCAHPS Data Important?
- It identifies areas of care that are important to patients and families
- Links to improved clinical outcomes because patients who have a good experience and rate a hospital high are more likely to be compliant with treatment and discharge instructions
- Provides important information on care processes that need improvement, displaying data over time and allowing benchmarking both internally and with other "competing facilities"; state average and national average
- It should impact pride and loyalty of employees and physicians in the workplace and thus impact referrals
HCAHPS SURVEY TOOL

Seven (7) domains of questions:
- Communication with Doctors
- Communication with Nurses
- Pain Management
- Cleanliness and Quietness of the Hospital Environment
- Responsiveness of Hospital Staff
- Communication about Medications
- Discharge Information

HCAHPS—Nurses Communication

HCAHPS—Doctors Communication

HCAHPS—Patients Receiving Help

HCAHPS—Pain Well Controlled

HCAHPS—Staff Explained Medications
Some Overall Strategies for Success with HCAHPS Data

- Senior Leadership in the Organization Must Demonstrate Commitment to Patient/Customer Satisfaction and Excellence in Care through goal setting;
- Routine measurement and reporting of HCAHPS data to staff, physicians, and Board;
- Support training/education for ALL and development and implementation of tools, resources, and processes which allow for improvement in patient/customer focused care and thus quality outcomes
Some Overall Strategies for Success with HCAHPS Data
- Creating an organizational culture which expects patient/customer focused behaviors from staff and physicians (standards of behavior);
- Establishing efficient, effective processes for responding to patient/family concerns/complaints (service recovery);
- Leadership development and accountability tied to performance evaluations;
- Employee satisfaction focus—“happy employees help make happy patients/families”

Specific Actions for Improving “Nurses Communication”
- **Selecting Appropriate Staff**: When hiring personnel, utilize behavioral based interview questions that correlate with patient/customer focus; utilize peer interviewing (**if peers have input into selection process they are much more likely to try to assure they choose winners to work alongside them**);
- **Leadership Rounding on Staff**: Routinely “rounding/checking in with staff” to assess what is working well, what needs improvement (barriers to providing quality, efficient care); other staff/physicians to recognize; additional resources needed

Specific Actions for Improving “Nurses Communication”
- **Nursing Leadership Rounding on Patients** - CNO rounding on a few patients daily; Nurse managers rounding on each patient on unit daily—focusing rounding questions on priority focus areas (HCAHPS)
- **Hourly Rounding by Nursing Personnel on Patients** - this tactic has been shown to reduce as much as 50% of patient falls, 14% of pressure ulcers; 38% of call lights—paying attention to the 3 “P’s”—Pain, Pottying, and Positioning during these rounds—**CRMC results—54% reduction in Patient Falls from 2008 to 2009**

Specific Actions for Improving “Nurses Communication”
- **Individualizing/Prioritizing Patient Care**—Asking the patient what is “most important to them”—one or two things and focus on these—write them on a white board in patient room so every employee who enters the room knows what to focus on for the patient; when appropriate (based upon length of expected interaction/discussion with patient)—sit at the bedside instead of standing over the patient;
- Train all employees on important communication skills—Acknowledging patient by name; Introducing herself/himself; explaining what they are going to do and expected time required; thanking them for cooperation and choosing our hospital; use of key words in communicating

Specific Actions for Improving “Nurses Communication”
- **Demonstrating Excellent “Nurse to Nurse” Communication** by: conducting shift report at the patient bedside and taking the opportunity to introduce, “hand off” and “manage up” the oncoming caregiver, updating the “whiteboard” with new shift caregiver names.
- **Nursing Communication** is highly correlated with overall patient satisfaction and perception of hospital experience and willingness to recommend the hospital.
Desired Outcomes and Benefits of Bedside Shift Report

- Patient involvement in care and “seeing/hearing” what has transpired to verify accuracy;
- Reduces patient anxiety, improves satisfaction and perception of “I am important”;
- Improves communication among caregivers to help prevent adverse patient events;
- Improves nursing accountability of completion of patient care on his/her shift.

Specific Actions for Improving “Doctors Communication”

- **Educating Physicians**—teaching them about HCAHPS; providing them regular feedback on performance and comparison data
- **Leader Rounding on Physicians**—asking physicians what one thing can be done/worked on over the next quarter to make the hospital a better place for them to practice and their patients to receive care—work on it and follow-up with them to let them know what you have done and what has improved. “Happy patients make happy physicians and vice versa.”

Specific Actions for Improving “Doctors Communication”

- **Focusing on Communication**—encouraging bedside “eye level” communication with patients; providing notepads at patient bedside for them to write down questions they want to ask physicians; developing physician preference cards as to desired methods of communication and rounding times—if they want a nurse to round with them.
- **Establishing Behavioral Standards/Expectations**—for hospital employed/contracted physicians—incorporate P4P (HCAHPS and other quality core measures) goals data results tied to incentive bonuses

Specific Actions for Improving “Responsiveness of Staff”

- **Leader Rounding on Staff; Patients; and Physicians**
- **Hourly Rounding by Nursing Personnel on Patients**
- **Call Light Answering Initiative**—such as “3 foot rule”—any staff member within 3 feet of a “call bell” when it goes off is expected to respond and answer the “call light/bell” even if they cannot meet the patient’s need (e.g., providing assistance with care or treatment)—they can go get the person who can help the patient.
- **Leader and Staff Accountability**—Scores linked to performance evaluations

Specific Actions for Improving “Pain Control”

- **Individualized Patient Care Goal**—involving patient in establishing a daily pain goal; writing the goal on the whiteboard; noting when next pain medication dose can be administered;
- **Hourly Rounding on Patients by Nursing Personnel**
- **Pain Management Education for all Staff**—being attuned to signs/symptoms of pain and “asking about it”

Specific Actions for Improving “Communication about Medication”

- **Educating Staff and Creating a Collaborative, Multidisciplinary Work Team**—medication reconciliation process; education on key medications (high volume, high risk) and most common side effects/adverse effects for teaching with patients; clinical pharmacy rounds;
- **Nurse Leader Rounding on Patients Daily:**
- **Discharge Phone Calls**—incorporate questions relative to understanding discharge medications/instructions and assuring all prescriptions have been filled.
Specific Actions for Improving “Cleanliness of Hospital Environment”

Education and Implementation of Tactics by Environmental Services Staff – 3 contact rule—
ornerly checking wheels —oncoming housekeeper visits each patient room, introduces herself/himself, collects/empties trash, discusses appropriate time to clean the room—at that time empties trash again; immediately prior to leaving for that shift the EVS staff members rounds again, empties trash and “manages up” the oncoming staff member.

Use of AIDET and “key words” by EVS staff –

Acknowledgment, Introduction, Explanation, Duration and Thanks; use of whiteboard for housekeeper name/number; noting to patient that EVS staff member has cleaned the room/bathroom and asking/closing all interactions with “Is there anything else I can do for you?”

Specific Actions for Improving “Quietness Around Room at Night”

Awareness of “Noise” – routinely checking wheels on all carts/equipment to assure any squeaks, etc., are being addressed; utilizing a designated individual(s) (e.g., unit secretary to send out “warning” to all staff members when noise level is becoming too loud)

Implementation of “Call Light” Response Expectation

Responsiveness to “monitor and IV pump beeps”:

Asking staff for ideas on improving quietness:

Leader Rounding on Staff and Recognition of achievements:

Use of Key Words with Actions—“shutting door for privacy and to reduce noise level/disturbance”

Specific Actions for Improving “Discharge Information”

Discharge Instructions – assuring have a uniform folder for all written discharge instructions and information to be placed;

Patient Education – assuring all staff communicating with patients about discharge instructions for care at home understand how to “validate patient understanding” of what information has been taught by asking them “open ended questions and asking them to tell the caregiver and/or demonstrate, as appropriate, what he/she understood”

Specific Actions for Improving “Discharge Information”

Nurse Leader Rounding on patients/family

Bedside Shift Report (Hand Off Communication—SBAR) – “managing up” next caregiver—introducing, role, how long have worked there or known them, etc.—

Managing up means “positioning in a positive light”

Discharge Phone Calls – to help assure all discharge instructions understood; to determine any concerns or problems; to validate care and perception of care

Why are Discharge Calls Important?

Discharge calls help to improve patient satisfaction, quality and to decrease risk and an opportunity for timely "service recovery".

According to some research, “you have a 90% chance of keeping a patient if you call within 48 hrs of discharge/visit encounter and perform service recovery if there was a concern not addressed. If you wait longer than a week which is when most people complain, you have only a 10% chance of keeping the patient and you’ll lose 10 other patients through word of mouth”.

Why are Discharge Calls Important?

In one study of 400 consecutively discharged patients, 19% reported adverse events (drug events and procedure-related injuries) post-discharge—71% were significant; 13% were serious and 16% were life-threatening.

**48% of these were preventable.**
Specific Actions for Improving “Global Rating of 9-10 and Recommending”

- Creating the “Culture of Excellence” in Patient Care and Service
- Alignment of Organizational goals related to Patient/Customer Service and quality to specific leader and departmental goals which link with performance evaluation—all the way down to staff level performance evaluation
- Having a defined patient/customer concern/complaint process and educating ALL staff on “service recovery” and empowering them to respond!

Specific Actions for Improving “Global Rating of 9-10 and Recommending”

- Rounding on Staff, Physicians and Patients to determine “wins” (reinforce and recognize in order to make it consistently a “win”) and to determine “opportunities” for improvement
- Recognize staff and physicians—publicly (in person), by e-mail, by thank you note to home
- Recruit/Select best staff by utilizing behavioral based questions; peer interviewing

Specific Actions for Improving “Global Rating of 9-10 and Recommending”

- Retaining Excellent Staff—providing appropriate recognition; performing 30/90 day interviews; intermittent performance conversations
- Training staff in Customer Service skills, the HCAHPS survey tool, use of “key words” and actions; service recovery
- Establishing processes for performing pre-visit/procedure and post-visit phone calls
- Transparent communication at all levels on a regular basis (e.g., employee forums; staff meetings, newsletters, message boards, etc.)

Overall Inpatient Satisfaction

CRMC—Overall Patient Satisfaction Ranking (All Press Ganey Database)

“Happy Employees Make for Happy Patients, Families & Physicians”

CRMC—Overall Employee Turnover Rate

CRMC—Voluntary Turnover Rate (Rolling 12 months)
“Happy Employees Make for Happy Patients, Families & Physicians”

CRMC—90 day turnover rate (Rolling 12 months)

“Employee Engagement”—Overall Satisfaction

Press Ganey—Overall Partnership Score (Employee Perspectives Survey)

“Best Places to Work” in KY—Large Employer Group

2nd Year In a Row

CRMC….Our Hopeful Future—Now as a LifePoint Facility

HCAHPS and “Pay for Performance”

- CMS is currently on the move to move hospitals from “Pay for Reporting” to “Pay for Performance” based upon a “Value Based Purchasing Plan” which will likely incorporate each hospital receiving a score on each quality/core measure including HCAHPS based on the higher of either an attainment score or an improvement score; then an overall performance score being determined by summing the measures within each domain and each being weighted and then translated into an incentive payment.
Pay for Performance

- CMS is required to submit a plan to Congress by May, 2010 that would move physicians payment/reimbursement to a “Value Based Purchasing Plan” based upon achievement/improvement in physician quality measures and hopefully will tie hospital/physician payment together based upon performance in quality and efficiency measures.
- In August, 2009, CMS announced a demonstration project beginning with 14 hospitals in collaboration with over 1,000 physicians as part of a “Gainsharing Demonstration”. It is designed to track patients beyond a hospital episode to determine the impact of hospital-physician collaborations on preventing short-and long-term complications and duplication of services.

Questions/Open Discussion of Other Organizations’ Successes

- Any questions?
- Sharing of “success stories”/strategies implemented in other organizations which have provided significant improvements in HCAHPS scores

References

- "Studer Group Toolkit: HCAHPS—Aligning actions to create a culture of “always”;
- "Discharge Phone Calls Deliver Quality Care, Higher Patient Satisfaction”—from Hardwired Results—winter 2006, issue 5
- HFMA, July 2006, “Selecting and Retaining Talent: tools for the bottom line”