

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Guide

Using HCAHPS to Drive Patient and Employee Satisfaction

March 2013

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INTRODUCTION

The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey process, developed by the Centers for Medicare and Medicaid (CMS) and the Agency for Healthcare Research and Quality (AHRQ), a division of the Department of Health and Human Services, is a [standardized patient satisfaction survey tool](#) and data collection methodology, that has the capacity to elevate the quality and safety of health care services across America and transform the way hospitals do business. The four primary objectives for administering this standardized patient satisfaction survey instrument include:

- Enabling meaningful comparisons across hospitals for public reporting
- Increasing hospital accountability and incentives for quality improvement
- Enhancing public accountability
- Preparing hospitals to link reimbursement to quality performance

The HCAHPS survey and data collection process is administered to discharged hospital patients over 18 years of age that have received medical, surgical or maternity care and have spent at least one overnight stay in the hospital. Approximately 80% of all inpatients qualify to receive this survey. For a complete listing of patient qualifications, reference www.hcahpsonline.org. Inpatient Prospective Payment System (IPPS) hospitals are required to administer the HCAHPS survey and publically report on the findings in order to receive a full annual payment update from CMS. Although critical access hospitals (CAHs) are strongly encouraged to administer and report on HCAHPS, participation is voluntary at the time of this report. Pediatric, psychiatric and specialty hospitals are excluded from participating in the HCAHPS process.

Hospitals participating in HCAHPS can self-administer the survey process (if strict criteria is met, visit www.hcahps.org/files/HCAHPS%20QAG%20V4%200.pdf for more details) or select a trained, [certified vendor](#) to administer the HCAHPS process. To meet the HCAHPS guidelines monitored by CMS, hospitals or the vendors in which they contract with must adhere to a standardized data collection process. This process includes:

- Obtaining a randomized survey sample of discharged inpatients
- Administering a standardized survey instrument on patient satisfaction of services and care via mail, telephone, Interactive Voice Recognition (IVR) or a combination of modes
- Analyzing data systematically
- Publicly reporting hospital results
- Using results of the findings to improve overall quality and safety of patient care

Survey questions address topics such as pain management, medication instructions, effectiveness of provider communication, cleanliness of the environment and discharge information. Questions are focused on obtaining the patient's perception of quality (on a ten-point scale, 1= never, 10=always) as research suggests that patient perceptions of quality influence their choice of health

plans and providers, patient complaints and malpractice claims, adherence to medical advice and overall health status outcomes.

Results of these questions are compiled into 10 composite scores, known as HCAHPS Measures, which are publically reported on the Hospital Compare website, www.hospitalcompare.hhs.gov after the data has been adjusted for the effects of patient-mix and mode of survey administration. Only the top scores receiving a positive response (a 9 or 10 on the 1-10 point scale) are publically recorded quarterly. Survey response rate and the number of completed surveys are also publicly reported based on four consecutive quarters of patient surveys.

Hospitals are encouraged to review their survey results to aid in determining where a specific hospital's level of performance and patient satisfaction compare to other facilities. Resources to find this information, include:

- [Hospital Compare](#) which highlights the survey results from participating hospitals that submit HCAHPS data to CMS;
- [HCAHPS online](#) which offers a summary analysis of HCAHPS scores on a state wide basis and includes tables that summarize the most and least positive survey responses for each HCAHPS measure; and
- [HCAHPS Hospital Characteristics Comparison Charts](#) which depicts the average hospital performance on each of the ten publically reported HCAHPS measures by hospital region, bed size, teaching status, ownership and control, location, and national results.

These resources enable a hospital to objectively assess their performance on quality and patient safety compared to other facilities. Note that because this information is publically available, patients and future hospital consumers are looking to these websites as well to determine their location for future care. For IPPS hospitals, a Pay-for-Performance reimbursement strategy, known as the [Hospital Value-Based Purchasing \(VBP\) Program](#), monitored through CMS, will be paid for inpatient acute care services based on care quality, not just the quantity of the services provided, which means hospitals will be held accountable for providing excellence in safe, quality patient care. Although CAHs are not included in this reimbursement strategy at the time of this writing, they too are encouraged to tie HCAHPS Measures to performance.

All hospitals are encouraged by CMS to incorporate the HCAHPS survey results into a work culture of continual process improvements, where all leadership and staff are committed to meeting their mission, protecting their bottom line, enhancing their reputation and foremost, saving patient lives as a result of their dedication to implementing safe, quality improvement initiatives based on results of the HCHAPS data.

USING HCAHPS TO DRIVE PATIENT AND EMPLOYEE SATISFACTION

The Health Resources and Services Administration, Office of Rural Health Policy has charged the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center (The Center), with developing a guide to assist small rural hospitals with using HCAHPS data to drive patient and employee satisfaction.

Need for a Framework

Subject matter experts in rural health recommend a systems-based framework to translate HCAHPS data into patient and employee satisfaction. The Baldrige Performance Excellence Framework (see figure below) is widely accepted as the standard for organizational performance excellence and is an important blueprint for managing quality initiatives in rural hospitals.



Without using a framework to provide a comprehensive systems approach, hospitals often struggle to:

- align leadership
- conduct meaningful strategic planning
- assess customer needs
- measure progress; review relevant information to fix problems
- engage and motivate staff
- streamline processes
- document outcomes

Without a framework, hospitals may successfully carry out some of these essential components, but then may be thwarted by breakdowns in other component areas that are not managed effectively. Meaningful work must be done in all these component areas to maximize a hospital's chance of achieving long-term excellence in major undertakings. Following the Baldrige Framework is a useful formula for achieving sustainable quality excellence in rural hospitals, which will invariably increase a hospital's patient and employee satisfaction, if fully implemented.

The following bulleted sections offer readers tips on how to incorporate the Baldrige Framework into performance improvement initiatives that utilizes HCAHPS data to drive patient and employee satisfaction.

Leadership

- Engage and align key hospital leaders (CEOs, CFOs, CNOs, CIOs, and performance/quality directors) in the importance, need and outcomes of hospital performance improvement initiatives, such as the participation and reporting of HCAHPS
- Define what excellence in safe, quality care means to the leadership team, staff, and patients
- Convey a unified message on the importance of participating in a process improvement initiative to staff using HCAHPS scores as a tool to measure and monitor excellence in safety and quality
- Support staff on managing change effectively; noting that a dip in productivity may occur while new changes are being implemented as a result of performance improvement activities

Strategic Planning

- Convey a unified message on the importance of participating in a process improvement initiative to all hospital and medical staff
- Clarify roles and responsibilities within the process improvement initiative
- Demonstrate a convergence between mission (what we believe), operations (what we do), and budget (what we prioritize) to build excellence in safe, quality care
- Identify opportunities for improvement based on HCAHPS data
- Celebrate high HCAHPS scores, but assure that existing processes that resulted in the high scores are sustainable
- Develop a process improvement initiative to address low HCAHPS scores
- Establish communication feedback loops to monitor progress made by performance improvement initiatives and address process breakdowns

Focus on Patients, Customers and Communities

- Engage rural physicians as influential community opinion leaders to help drive performance improvement initiatives that increase patient satisfaction scores, as a key HCAHPS measure is “communication with the physician”
- Assess provider satisfaction on an ongoing basis and listen to suggestions for process improvements
- Minimize dissatisfaction from providers, staff and patients by addressing the conflict immediately; conversely reinforce satisfaction from providers and patients by acknowledging exemplary behaviors immediately
- Employ diverse methods of communication (community meetings, focus groups, community surveys, social media, etc.) with residents in the service area to identify perceptions of care and opportunities for improvement
- Collaborate with other types of organizations (public and private) in the community to build customer trust and loyalty

Measurement, Feedback and Knowledge Management

- Analyze HCAHPS data, as opposed to just collecting and reporting data
- Train hospital staff to turn HCAHPS data into information and information into action
- Implement a measurement framework, such as a [Balanced Scorecard](#) for setting targets, measuring progress on strategic goals, and sharing information for continuous improvement
- Maintain a limited number of goals the hospital will address at one time and make the goals relevant and understandable to all within the organization to build teamwork and accountability
- Measure and monitor performance improvement goals at least quarterly; allow for mid-course corrections in strategies as this fuels continuous process improvements
- Communicate progress on the HCAHPS performance improvement initiatives organization-wide to drive a culture of transparent communication and accountability

Focus on Staff and Culture

- Recognize that all staff are the core of the organization and staff satisfaction is correlated to patient satisfaction
- Become the employer of choice; low staff turn-over can be a major contributor to financial success and patient loyalty
- Measure organizational culture through tools such as staff satisfaction surveys and compare these results to HCAHPS scores to identify any discrepancies

- Create a culture of safety where all staff understand the values, beliefs, and norms in an organization and demonstrate behaviors that reflect a culture of ongoing performance improvement
- Provide ongoing staff skill building and education on customer service and activities that improve safety and quality of care
- Ensure that staff are adaptable and change-ready, as adopting a culture of performance improvement requires flexibility and patience from staff and leadership

Process Management and Quality Reporting

- Harvest best practices and lessons learned from others engaged in HCAHPS-driven performance improvement initiatives
- Develop lean and efficient business and financial processes
- Continually improve clinical quality and safety processes based on the HCAHPS quality measures
- Maximize technology capabilities to improve efficiency and quality
- Maintain communication feedback loops

Outcomes and Impact

- Regularly document and assess outcomes and impact from HCAHPS process improvement initiatives. Share this information transparently with all staff
- Benchmark both internal and external outcomes
- Report the progress of the process improvement initiative to third party payors and the community at-large

Using tools, such as HCAHPS to drive patient and staff satisfaction requires dedication of leadership and the mobilization of the health care workforce to make safety and quality of care a top priority. Such dedication, will result in improved health outcomes, increased patient and employee satisfaction and an overall reduction in health care costs.

Case Studies

The Center has identified two examples of small rural hospitals that have been successfully utilizing HCAHPS data to drive patient and employee satisfaction. The hospital CEOs were asked to create a power point presentation outlining the HCAHPS process their facility uses (the mode, methodology, etc); to identify any tools or resources they have found to be beneficial for translating HCAHPS data into performance improvement initiatives; and document the outcomes as a result of their participation in using HCAHPS to drive patient and employee satisfaction. This criteria is documented in the power point slides below.

Case Study 1

USING HCAHPS TO DRIVE PATIENT AND EMPLOYEE SATISFACTION

Lance W. Keilers, MBA, CAPP

March 19, 2013



HCAHPS Survey Topics

- Communication with doctors and nurses
- Responsiveness of hospital staff
- Cleanliness and quietness of hospital environment
- Pain Management
- Communication about medications
- Discharge information
- Overall rating of the hospital
- Rating of willingness to recommend hospital



Who's Reporting?

- Nationally, 38% of CAHs reported HCAHPS data for 2010 discharges (2008 it was 34%)
- Most CAHs report HCAHPS data in addition to inpatient measures; some also reported outpatient measures
- One-third of the 505 CAHs with HCAHPS data for 2010 discharges had response rates of 40% or more
- The average rate for all hospitals (CAHs and non-CAHs) reporting HCAHPS data for 2010 was 33%

"Critical Access Hospitals and HCAHPS"
Michelle Casey, MS University of Minnesota Rural Health Research Center
June 12, 2012



How much is being reported?

- CMS recommends that each hospital obtain 300 completed HCAHPS surveys annually*
 - 27% of reporting CAHs had 300 or more completed surveys
 - 54% had between 100 and 299 completed surveys
 - 19% had less than 100 completed surveys

Many small rural hospitals will not meet this expectation due to low volumes

**Critical Access Hospitals and HCAHPS"
Michelle Casey, MS University of Minnesota Rural Health Research Center
June 12, 2012



Partnership = Success

- BMH partnered with the Rural Wisconsin Health Cooperative in 2010
- RWHC contracted to send out the surveys and tabulate the results. Prior to that it was handled in-house
- Our partner*****

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Rural Wisconsin Health Cooperative HCAHPS Program

- Practical
- Web based
- Real time reports
- Data and trending slides
- Other areas of surveys:
 - Outpatient
 - Emergency Department
 - Ambulatory Surgery
 - Hospital Departments, i.e.: Lab, Radiology, Therapy

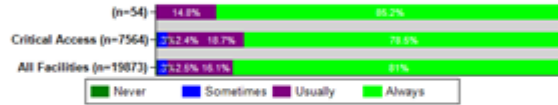


Communication with Nurses

2012

Communication with nurses.

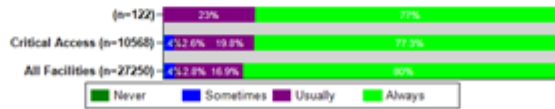
Combines responses from three questions regarding how often nurses communicated well with patients.



2011

Communication with nurses.

Combines responses from three questions regarding how often nurses communicated well with patients.

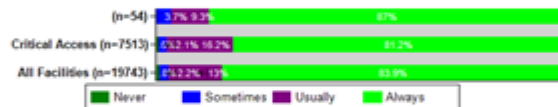


Communication with Doctors

2012

Communication with doctors.

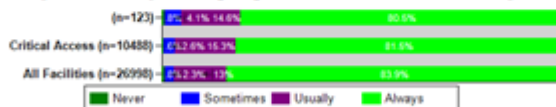
Combines responses from three questions regarding how often doctors communicated well with patients.



2011

Communication with doctors.

Combines responses from three questions regarding how often doctors communicated well with patients.

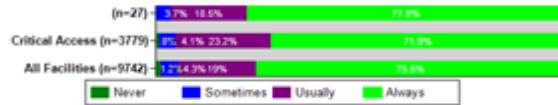


Responsiveness of Staff

2012

Responsiveness of hospital staff

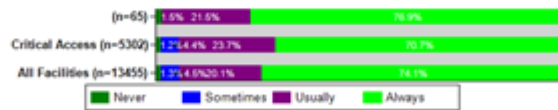
Combines responses from two questions regarding how responsive hospital staff were with patients.



2011

Responsiveness of hospital staff

Combines responses from two questions regarding how responsive hospital staff were with patients.

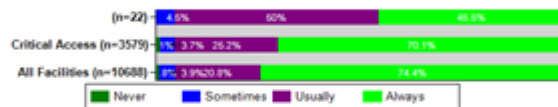


Pain Control

2012

Pain Control

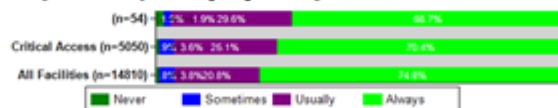
Combines responses from two questions regarding how often pain was controlled.



2011

Pain Control

Combines responses from two questions regarding how often pain was controlled.

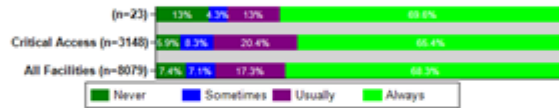


Communication about Medicines

2012

Communication About Medicines

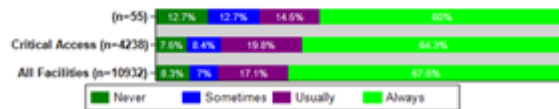
Combines responses from two questions regarding how often hospital staff communicated well with patients



2011

Communication About Medicines

Combines responses from two questions regarding how often hospital staff communicated well with patients



Cleanliness of Hospital

2012

Cleanliness of Hospital Environment

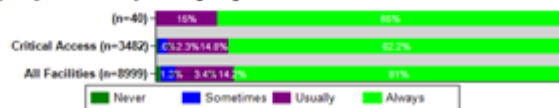
Displays responses from one question regarding cleanliness information.



2011

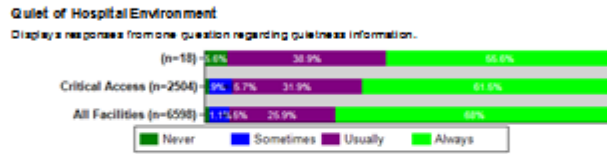
Cleanliness of Hospital Environment

Displays responses from one question regarding cleanliness information.

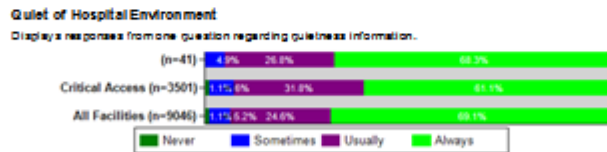


Quiet of Hospital Environment

2012

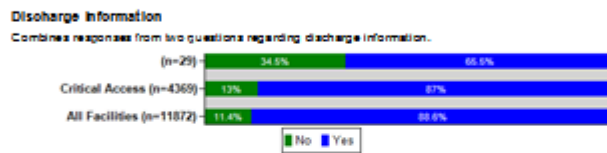


2011

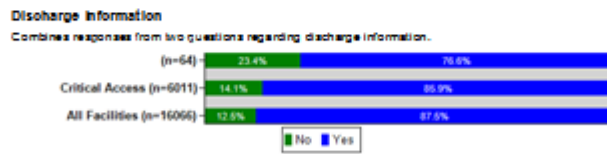


Discharge Information

2012



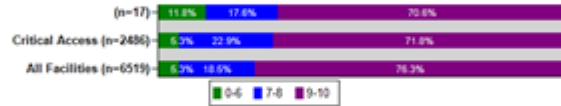
2011



0-10 Rating

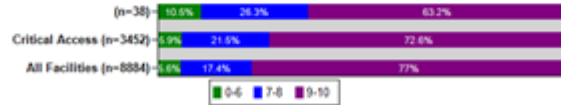
2012

Using any number from 0 to 10 where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?



2011

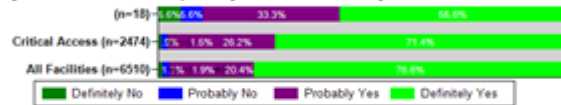
Using any number from 0 to 10 where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?



Would You Recommend?

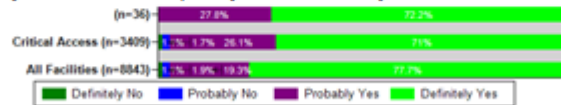
2012

Would you recommend this hospital to your friends and family?



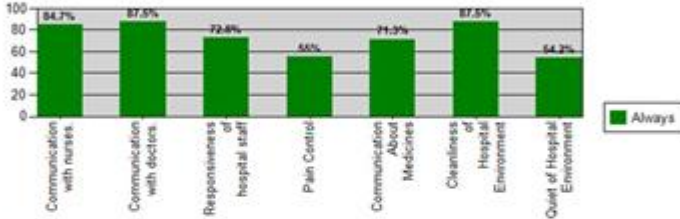
2011

Would you recommend this hospital to your friends and family?

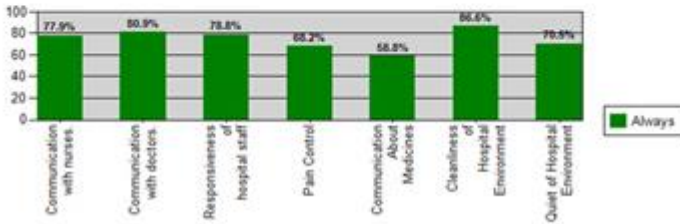


Percentage - Always

2012

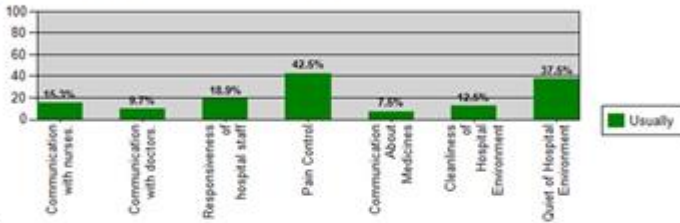


2011

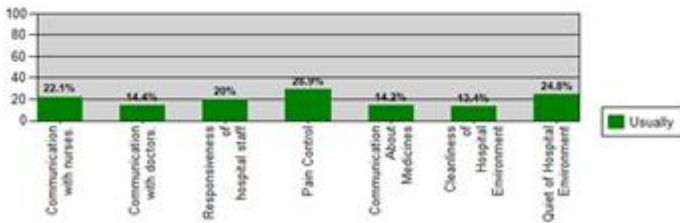


Percentage - Usually

2012



2011



Top Box 2012

2012

Rank	2012-Q4	2012-Q3	2012-Q2	2012-Q1
1	17	1	23	13
2	8	2	19	9
3	1	3	11	11
4	2	4	3	3
5	5	5	5	1

2011

Rank	2011-Q4	2011-Q3	2011-Q2	2011-Q1
1	20	3	11	17
2	1	5	16	13
3	13	11	7	7
4	2	13	4	6
5	4	14	17	16



Why should CAHs report HCAHPS?

- MBQIP
 - Phase 1: Hospital Compare pneumonia and heart failure measures (2011-2012)
 - Phase 2: Hospital Compare outpatient AMI/chest pain measures, outpatient surgical measures (if applicable) and HCAHPS (2012-2013)
 - Phase 3: Pharmacist CPOE/24 hour verification of medication orders and outpatient transfer communication measures (2013-2014)
 - ** [As of June 2012, over 1000 of the 1328 CAHs had signed MOUs for MBQIP!!](#)
- Value Based Purchasing
 - 30% HCAHPS



Why should CAHs report HCAHPS? (Cont.)

- On average, CAHs have significantly higher ratings on HCAHPS measures than all US hospitals*
- For all ten HCAHPS measures, CAHs had higher average scores than non-CAHs*
- Value Based Purchasing demonstrations will continue to evolve to include rural providers

*Policy Brief #30
Critical Access Hospital Year 7 Hospital Compare Participation and Quality Measure Results
Michelle Casey, MS Bridget Barton, MPP, Petyin Hung, MSPH, and Ira Moscovice, PhD
University of Minnesota Rural Health Research Center



Why did BMH report?

- I. It is the right thing to do!
- II. It improves quality of care
- III. It engages the staff and physicians on patient care issues
- IV. It encourages the hospital to focus on quality patient care
- V. It involves the board of directors
- VI. It reveals patient's perceptions of the hospital environment and quality of care provided



Lessons Learned

- 1) Process: Data collection from admission to discharge is compared monthly using HCAHPS.
- 2) Data Reality: Seeing data on paper is often different than the image we have of it.
- 3) The staff have used the data as a teaching tool with all providers.
- 4) Results are reviewed and in-service programs are developed to address specific patient care issues. The goal is to improve care.



Lessons Learned (Cont.)

- 5) Suggestion boxes were created to encourage feedback from patients as well as staff
- 6) Early wins included provider involvement with quality care in the hospital and letting the patients know that the staff was listening to them
- 7) Scores have improved and community members now request the hospital for Swing bed and other services
- 8) HCAHPS will keep the staff on their toes and keep them engaged with the patients in the future to meet their needs



Staff Comments about HCAHPS

- “Patients thought more about the attitude of those taking care of them than they did about the care they were receiving.”
- “Some of our early wins I think were getting the providers involved with quality and making patients feel like they are listened to.”
- “I personally believe that HCAHPS will keep us on our toes and keep us in touch with the consumer in the future; and their wants and needs and how they perceive things.”



Case Study 2

The graphic features a green background with a white-bordered box on the left containing four upward-pointing arrows in shades of green and teal. To the right, a white box contains the title "Driving Performance with HCAHPS" in green, followed by the name "Mary Ellen Pratt", her title "CEO", and the organization "St James Parish Hospital".

Driving Performance with HCAHPS

Mary Ellen Pratt
CEO
St James Parish Hospital

HCAHPS Process

Why Press Ganey

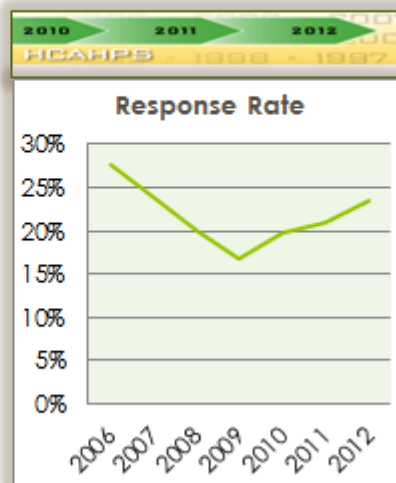
- Current (real-time data)
- Comparative database (largest in country)
- Solutions (evidence based practices)
- Advisors (report interpretation support)



HCAHPS Process

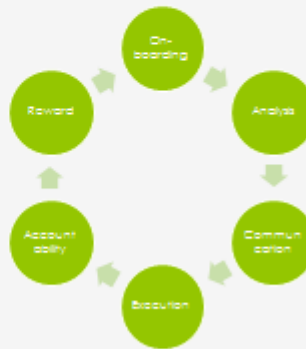
- Since 2006 (7 years)
- Mail
- Semi-annual Reports
- Current response rate 23%

***"You can't
manage what
you don't
measure"***



- o On-boarding
- o Analysis
- o Communication
- o Execution of best practices
- o Accountability
- o Reward and Recognition

Managing HCAHPS Performance



- o **Hiring**
 - > Peer interviews
 - > Behavioral-based interview questions
- o **Orientation**
 - > CEO message
 - > HCAHPS
- o **Standards of Performance**
 - > Appearance
 - > Communication
 - > Privacy/ Confidentiality
 - > Commitment to co-worker
 - > Commitment to patients
 - > Safety

On-Boarding



- Monthly progress
- Report summary

Analysis

Service Excellence
PRESS RELEASE

How did we do on question focuses?

This past 4 month survey we decided to focus departments to certain areas. Check out the results of these questions below (July - Dec 2012)

QUESTION FOCUS AREA	QUESTION INCREASE
EMPLOYEES	See Score '12 See Dec'12
Department of Cardiology	82.5 86.7
ICU	81.9 87.9
ICU/CCU	82.6 89.6
ICU/CCU/CCU	87.7 87.1
ICU/CCU/CCU	82.6 86.9
ICU/CCU/CCU	89.9 93.6
ICU/CCU/CCU	85.2 84.4
ICU/CCU/CCU	86.3 85.9
ICU/CCU/CCU	81.6 80.9
ICU/CCU/CCU	84.3 84.1
ICU/CCU/CCU	81.2 81.4
ICU/CCU/CCU	84.8 82.7
ICU/CCU/CCU	81.8 80.2

PATIENT SATISFACTION SUMMARY
July 1, 2012 - December 31, 2012

IMPORTANT:
HCAHPS RATES TRACK UP TO 100% BY 2015
This means more healthy, safe care and more patient control. The more scores we improve, the more control we have over our care and the more control we have over our care. The more control we have, the more control we have over our care. The more control we have, the more control we have over our care.

As a member of the above graph, we have been working hard to improve our scores. We are happy to see that we are making progress. We are happy to see that we are making progress. We are happy to see that we are making progress.

We are up to 100% by 2015. During this 4-month period, the highest score is 100% for our patient satisfaction and healthcare.

Improving HCAHPS Scores

Performance

SATISFACTION (Dec 2012)

Focus	Score	Percentage
Satisfaction (Aggregate)	99 A	99 A
HCAHPS Rate Hospital 0-100	99 A	99 A
HCAHPS Recommend the Hospital	99 A	99 A
Emergency Department	99 A	99 A
Inpatient	97 A	97 A
Outpatient Services	94 A	94 A

- Press Releases
 - Monthly
 - Focus areas:
 - Quietness
 - Medication Communication
 - Focus on Family
 - Making it Count
 - The Good, the Bad, the Ugly (Comments)
 - 10 15 Rule

Communication

Service Excellence
PRESS RELEASE

Shhhh.... is the secret for higher scores!

NIGHTTIME QUIETNESS is not only an issue we see within our Inpatient Surveys but it is also part of our HCAHPS surveys. We have seen comments such as "very noisy in the hallways day and night" and "sounded like a party was going on in the hallway."

In addition to affecting our scores, **DID YOU KNOW** that noisiness at night could also affect **PATIENT SAFETY**?

Negative Effects of NIGHTTIME NOISINESS:

- Lower Scores
- Complaints
- Increased risk of medical errors (John Hopkins Study)
- Increased healing time (Science Daily)
- Less rest for patients (John Hopkins Study)
- Contributors to stress-related burnout for healthcare workers (Science Daily)

Simple SOLUTIONS (some we already do):

- Try to keep discussions at the nurses' stations or in lounge rooms (not in the hallways)
- Lower the volume on the unit phones after a certain time
- Close the lights in the patient hallway at night
- Place "quiet zones" that can be held up and are easy to see from a distance to remind employees to use lower voices if necessary
- Reduce nighttime lab draws
- Encourage patients to contact the nurses' station if noise becomes a problem

Have a BRIGHT IDEA?

Discuss your ideas for keeping the noise down with your unit!

ST JAMES PARISH HOSPITAL

Communication

- Press Releases
 - Monthly
 - Focus areas:
 - Quietness
 - Medication Communication
 - Focus on Family
 - Making it Count
 - The Good, the Bad, the Ugly (Comments)
 - 10 15 Rule

So, what's the latest buzz in the Press Gateway Community Forum about? **MEDICATION COMMUNICATION**. We've summarized a quick list of reminders when talking to patients about medications. This ONE topic addresses a whopping **THREE** very important HCAHPS® patient satisfaction questions which are used to **PUBLICIST** compare us to our competitors. Keep this list in mind and we're one step closer to perfect scores and excellent patient care!

1. Every medication requires a simple verbal explanation.
2. Lose the lingo. If you're giving a diuretic, explain what a diuretic is ("This is a pill to make you urinate more. It's called a diuretic.")
3. Once you've provided information, validate the patient's understanding by asking patients to describe in their own words what the medication is supposed to do, how often to take it, etc. Doing this helps improve recall of directions, compliance and patient satisfaction.
4. Describe the benefits of the medication that is being prescribed. Patients need to know the benefits, risks, potential side effects (if any), as well as when to contact the physician if certain serious side effects present themselves.
5. Close by asking patients if they have any worries or reservations about taking or obtaining the medication.

A summary of author (Dr. Steiner)'s recommendations for improving communication based patient satisfaction scores as summarized from a year in the Press Gateway Forum.

ST JAMES PARISH HOSPITAL
www.stjamesparishhospital.com

Suggestions, Comments or Questions? Email serviceexcellence@stjph.org

Communication

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Who, Who is watching?

We know that we must keep patients informed and include patients their care, but are we focusing on families too? Many of our acute and elderly patients are cared for by family members and quite often, these are the people that are answering our surveys. Check out patient comments and you will notice "she had a..." or "he was treated..." or even "my mom was cared for..." indicating that a patient's family member filled out the survey.

So, what are some ways you can keep close family members and caregivers of patients informed and included in the patient's care?

- Introduce yourself to family members and let them know you will take great care of their loved one
- Let family members know when the doctor usually visits in case they want to be there
- Encourage family members to write down questions to ask the doctor
- Give family members a summary of the patient's plan of care when they are visiting

PRIVACY ALERT

Use discretion when discussing patient care and only discuss health information with approved caregivers or family members.

What can you say? Often times you can let family members know how a patient is doing (having a good day) or (we are working on moving around more) without divulging protected information.

SECRET CODE: Who, what, send to serviceexcellence@stjph.org

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Communication

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PRESS RELEASE

Make it COUNT

Please, no more P's!

...We know you're thinking it! You already know all about the 4 P's (*Pain, Dirty, Position, Personal Items*), but you're probably wondering, "When do I have time to make an extra trip into the room to ask all that?"

Well, we aren't asking that you make extra trips into the room, we just want you to **MAKE IT COUNT** during the countless times you are already in a patient's room! By asking the 4 P's when you're in a room, you are attributing to **PATIENT SAFETY** (less falls) and making it **LESS LIKELY** patients have to resort to the call bell!

SECRET CODE:
Send "Make it Count" to servicesexcellence@stjgh.org

COUNT
the times you are already in a patient room!

1. Getting Vitals
2. Bringing in Meals
3. Giving Meds
4. Getting Information
5. Doing Assessments
6. Checking Alarms
7. Answering Calls
8. Bringing Ice
9. Changing Linens
10. Changing Bed
11. Moving Patient

Suggestion: Comments at Satisfaction? Email servicesexcellence@stjgh.org

- Press Releases
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Communication

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PRESS RELEASE

The Good, the Bad, the UGLY

Please read this summary of our most recent comments (page 2 also found on the Intranet under Patient Satisfaction). We want you to feel you have all of the tools you need (*the good, the bad & the ugly*) to finish this 6-month survey strong! We've also added some suggestions that could have possibly turned a few frowns upside down :)

Take Aways

1. Comments are **OVERWHELMINGLY** positive! GREAT JOB! We can also tell from the type of SMART comments (explained below), many of you are following the best practices we preach. Keep it up EVERY PATIENT, EVERY TIME!
2. Patients are getting SMART! We still see many generic comments about us being excellent :) It was or was about us being bad :) but MOST of our comments are sophisticated, offer insight and are directly related to the initiatives we try to push. Patients are now bringing up COMFORT, EXPLANATIONS, CLEANLINESS and TIMELINESS which are all issues that we track through specific questionnaires! Patients are hearing what actions yield safe, effective treatment.
3. As you will see by the actions and issues people mentioned and noticed... **EVERYONE** is part of the **PATIENT EXPERIENCE!** We are all important and our **ENTIRE TEAM** affects how a patient judges us from admission to discharge... It really takes an entire group to run our hospital!
4. There are **OPPORTUNITIES** for us to turn negative comments or situations, into **HAPPY, POSITIVE** experiences (explained on next page).

ST JAMES
LEICESTER PARISH HOSPITAL
www.stjamesleicester.org

Suggestion: Comments at Satisfaction? Email servicesexcellence@stjgh.org

Communication

- Press Releases
 - > Monthly
 - > Focus areas:
 - > Quietness
 - > Medication Communication
 - > Focus on Family
 - > Making it Count
 - > The Good, the Bad, the Ugly (Comments)
 - > 10 15 Rule

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PRESS RELEASE

Do you know the
1015 Rule?



This is a simple one with a big impact...

10 FEET

When you are 10 feet away from a patient or visitor, you should always acknowledge this person with eye contact and a friendly smile. This leaves visitors with a warm feeling about our hospital and breaks the ice if they have a question or need to speak to you.

15 FEET

When you are 15 feet away from a patient or visitor, you should speak to this person. A quick "How are you?" or a friendly "Hi" can sometimes make a person's day! Again, this gives visitors an easy way to ask for help without feeling like they are interrupting.

People really appreciate being acknowledged. A person may come to our hospital down in spirits, but imagine what a few smiles and friendly "hello's" can do for them!

NEWS

1. We started a new report on January 1st that is our chance to start fresh, within all we've learned and we've not paid. **SECRET CODE** send it to serviceexcellence@stjgh.org

2. We are still waiting on two final reports to be submitted. Once we receive those from Press Release, complete results and review them with the Steering Committee, we will send out results.

3. Our ADEET Celebration was a success! Thanks again to all who helped and were present!

4. A Press Release Winner will be chosen this Friday, so encourage your departments to participate!

ST. JAMES
PARISH HOSPITAL

Suggestions, Comments or Questions? Email serviceexcellence@stjgh.org

- CEO Town Hall Presentations
- Education on HCAHPS

Service Excellence Town Hall

September, 2011

Communication

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PRESS RELEASE

ST. JAMES PARISH HOSPITAL
Recap on HCAHPS

This Press Release is longer than usual because that is how **IMPORTANT** it is! *How important you ask?* Well, not understanding HCAHPS scores and questions and subsequently not earning the highest scores possible, can mean hospitals losing **MILLIONS** of dollars. Yep, as always, scores are important because we want to deliver top-rate service to our patients, but changes in healthcare are putting **\$\$\$\$\$\$** at risk if some hospitals don't.

Most people don't know what HCAHPS stands for, but EVERYONE should know what it means!

HCAHPS is basically just a special type of Patient Satisfaction Survey thought up by the CENTERS FOR MEDICARE AND MEDICAID (CMS). The questions on an HCAHPS survey are **STANDARD** for all Hospitals so that hospitals can be reliably compared **APPLES TO APPLES**.

Who sees results from these SURVEYS and WHO are the results?

- Potential Patients
- Past Patients
- Possible Referral Sources
- Employees
- CMS
- Competitors

And, it's **SIMPLE** to find them. Anyone can simply go to Medicare.gov and click on the compare hospitals link: <http://www.hospitalcompare.hhs.gov>. In a matter of seconds, you can compare up to **77000** hospital's HCAHPS Scores and even create and view graphs with the **CLICK OF A BUTTON**.



Suggestions, Comments or Questions? Email serviceexcellence@stjgh.org

Communication

What are the KEY questions and HOW do they COMBINE?

Each "How often..." question gives patients the opportunity to answer:

- Never
- Sometimes
- Usually
- Always

BUT, we only get credit for the people who answered **ALWAYS**, so even **USUALLY** addressing this issue for our patients, **DOESN'T HELP** our scores. For example, a score of 60% for the restroom question means that only 60% of our patients felt that we helped them to the restrooms as soon as they needed.

Doctors treat with courtesy/respect	62%
Doctors listen carefully to you	77%
Doctors explain in way you understand	72%
Total: Communication with Doctors	71%
Call button help soon as wanted if help including soon as you wanted	47%
Total: Response of Hosp Staff	44%
Pain well controlled	66%
Staff do everything help with pain	76%
Total: Pain Management	71%

Surveys also have **TWO** questions with **YES** or **NO** answers. Both of these questions are the **DISCHARGE** category:

- Did staff talk to you about help you would need when you left the hospital?
- Did staff talk to you about what symptoms or problems to look for when you left?

So, what does this mean? This should be **EASY** points for us because it is not completely affected by the patient's perspective of "how often." If we simply **ADDRESS BOTH** of these questions, we should be able to score very high in this category, but we if we forget, we can also risk a very low score.

The **LAST TWO** questions seek to learn the patients **OVERALL FEELINGS** about the hospital:

- What is your overall rating of the hospital? (1-10)
- Are you willing to recommend this hospital? (Def. No, Prob. No, Prob. Yes, Def. Yes)


The "overall rating" question gives patients a 1-10 option, but **ONLY 9 of 10** scores are recorded. The "willingness to recommend" question gives patients the option to choose (Def. No, Prob. No, Prob. Yes, Def. Yes), but **ONLY DEFINITELY-YES answers help our scores**.

These questions are very important, especially since one of them assesses if the patient would recommend us to others (because, as is proven, even if patients **ARE NOT** willing to recommend us, they are still willing to **COMPLAIN** about us in front of others!)

Deposition: Comments or Questions? Email info@stjosephshospital.org

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What does this MONEY?



Yes, you got it... **MONEY, MONEY, MONEY!** Of course, our scores matter because it is **EXTREMELY IMPORTANT** for us to carry out our mission by providing excellent, quality and compassionate care... but this is nothing new to us! What is new is the fact that changes in healthcare are targeting reimbursements as a way to push hospitals to provide higher quality care. As of last year, hospitals **HCAHPS SCORES** and **CORE MEASURE SCORES** have been recorded and hospitals will begin getting reimbursed by Medicaid and Medicare based on these scores and potentially losing millions of dollars.

As of today, Critical Access Hospitals such as SJPH are exempt from this rule, **BUT** recent happenings in healthcare lead us to believe **WE ARE NEXT!** This is why we want everyone to take these scores so seriously, because now is our chance to raise them **BEFORE** they begin to affect our bottom line.

We are so confident that we need to be **PREPARED** that one item on the hospital's Management Plan includes continuing to track our scores and using them to determine how much reimbursement money we would potentially **LOSE (OR EARN)** based on our current HCAHPS scores.

This is a seemingly scary thought, but we are in **GREAT SHAPE** because we have the **TIME** and **INFORMATION** we need to work on these scores!

What does St. James Parish Hospital SCORE?

Recently, we received our latest HCAHPS scores, which are **SIX MONTHS NEWER** than what people see on the public Hospital Compare website.

Historically, we have had **VERY IMPRESSIVE** HCAHPS scores. We even used this in marketing stating that we "score higher than state and national levels." This very important to us, especially since CMS (one of our largest payers) considers these questions so significant.

Deposition: Comments or Questions? Email services@stjosephshospital.org

Communication

Join us for our first **5-MINUTE COMMENT HUDDLE** as discussed in this week's Town Hall Meeting!

We will quickly review patient comments from January and February. All Departments are welcome!

- **WHEN:** Friday, March 8th
- **WHERE:** Acute Nurses' Station
- **TIME:** 7:00am - 7:05am

Schedule Your Own Monthly Huddles too!



- **Comment Huddles**
 - Monthly
 - Each department

“Is there anything else I can do for you, I have time.”

“How may I help you?”

“I am closing this door/curtain for your privacy.”

Execution

- Scripts



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PRESS RELEASE

A - I - D - E - T

Acknowledge

- Acknowledge the patient by name
- Smile & make eye contact
- Think about how you would like to be approached if you were a patient

Introduce

- Tell the patient your name, and what your role is (this increases the patient's comfort level)
- Introduce yourself to family members
- Think about what you could tell them about yourself that would help them feel confident in the care they are receiving

Duration

- Let the patient know what they can expect to happen and when. Tests (when they will happen and how long they will take)
- When they can expect to get test results
- When they can expect to see physicians and nurses
- Expected wait times

Explanation

- Talk to the patient when you are with them - if you are examining them, help them understand the process
- Let them know it's okay to ask questions
- Clarify expectations and future plans
- Provide the patient with a way to contact you

Thank

- Thank your patients and their families for their time and trust
- Tell them that you hope they will choose us in the future



Execution

- AIDET


Service Excellence


- Acknowledge*: Did the staff member smile and acknowledge you by name?
- Introduce*: Did the staff member introduce him or herself and describe his or her role?
- Duration*: Did the staff member describe how long the test would take, how long before he/she would return or discuss wait times?
- Explain*: Did the staff member explain further plans, explain the test, explain the process for receiving results or explain wait times?
- Thank*: Did the staff member thank you, tell you to have a good day or ask you to come back again?

Execution

Hourly Rounding

- Commitment contract
- Rounding Logs
- Bedside Card
- Communication Boards
- 4 P's

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PRESS & RELEASE
Hourly Rounding
 The Secret to Success is No Longer a Secret!



Just 1 study of thousands across the nation that proves hourly rounding is one initiative that can make a world of difference!

Use of call lights was reduced in 83% of hospitals in the study (by anticipating needs through making rounds, nurses were interrupted less with nonurgent calls)

20% reduction in the distance that staff walked with fewer call lights

Fall rates were reduced in 7 of 9 studies (77%)

88% of hospitals experienced, on average, an increase in overall patient satisfaction and likelihood of recommending the hospital (as well as satisfaction with anticipation and attention to personal needs, timeliness of nurses' response, and management of pain)

<http://www.aacnurses.org/content/view/full/111>

In order to help us remember "key questions" for patients, Hourly Rounding will include an assessment of the 4 P's:



Pain



Position



Potty



Personal Needs

Execution

- Admit kit Note pads
- Thank you Cards
 - Place on Chart on admission
 - Signed by all care givers
 - Mailed at discharge
- Follow-up phone calls

We just wanted to say *thank you* for letting us care for you. We really hope you received the quality, compassionate care that we strive for each day through our mission. You are a valued friend of the St. James Parish Hospital Family and we hope that you will choose us for your future needs.

In the next few weeks, you may be requested to answer survey questions about patient satisfaction. If so, we ask that you give us your honest opinion about your recent visit. We use your feedback to continuously improve our hospital to best serve you.

Sincerely,
 Your Family at St. James Parish Hospital



ST JAMES
 PARISH HOSPITAL
 LAFAYETTE, LOUISIANA



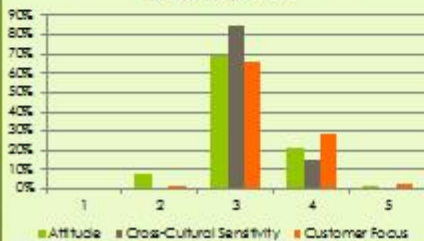
Thank You

- Mystery Shoppers
- Executive/ Manager Rounding
- Hospitalist Incentive Pay
- Performance Evaluations

Accountability



Performance Evaluation Behavioral Standards: Service



- Wows
- Secret Word Winners
- Thank you notes

Reward and Recognition

Wow!
Regina Wallace

Environmental Services Staff recently participated in a training session that focused on the importance of cleaning the 17 high touch surfaces in patient rooms. Part of the program includes monitoring how well these surfaces are cleaned during terminal cleaning. When Terrie went to check Room 2 on October 13th, Regina was sitting in the room waiting for her. Terrie told Regina she was there to monitor the room and she responded 'I know! I've been waiting for you!'. They then proceeded to check the room together. Congratulations to Regina for your diligence in caring enough to go the extra mile. Your performance & attitude play a major role in not only controlling the spread of infection, but also in patient satisfaction with our hospital.

Service Excellence
PRESS RELEASE
Congratulations to...
LINDA NAQUIN

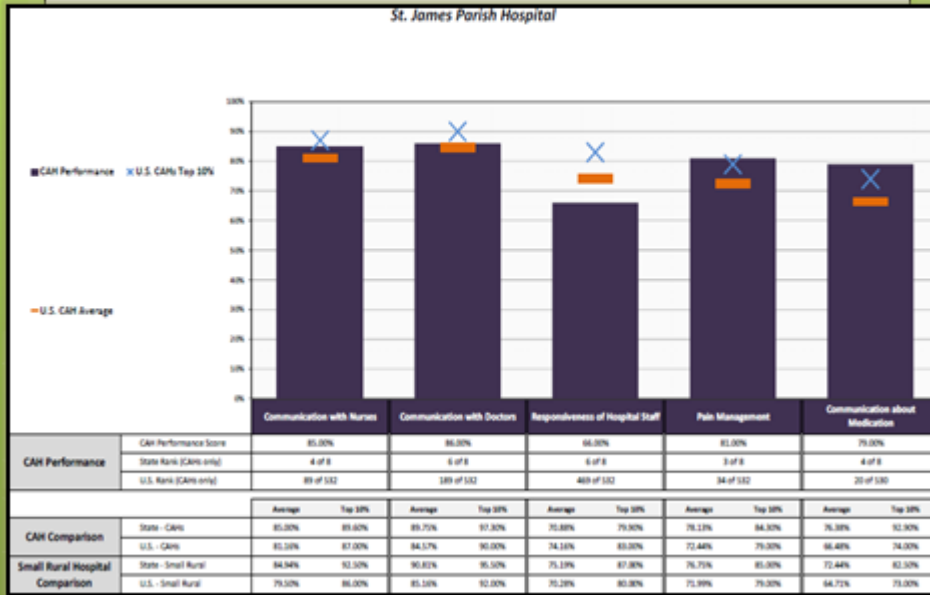
Linda was a gift card to McDonald's and fresh-baked McDonald's cookies to share with her department. Linda is doing her part to help us reach our patient satisfaction goal by taking a minute to read our educational, but hard Press Releases.

Remember, to be in the drawing, all you have to do is read our Press Releases and send the secret word to hr@stjames.org. Winners continue reading and sending your emails, because there is no limit to the amount of times you can win. Also, since several Press Releases are sent each month, each time you respond, your name gets added to the drawing for making your chances of winning even better!

Outcomes

Oct 2010-Sept 2011

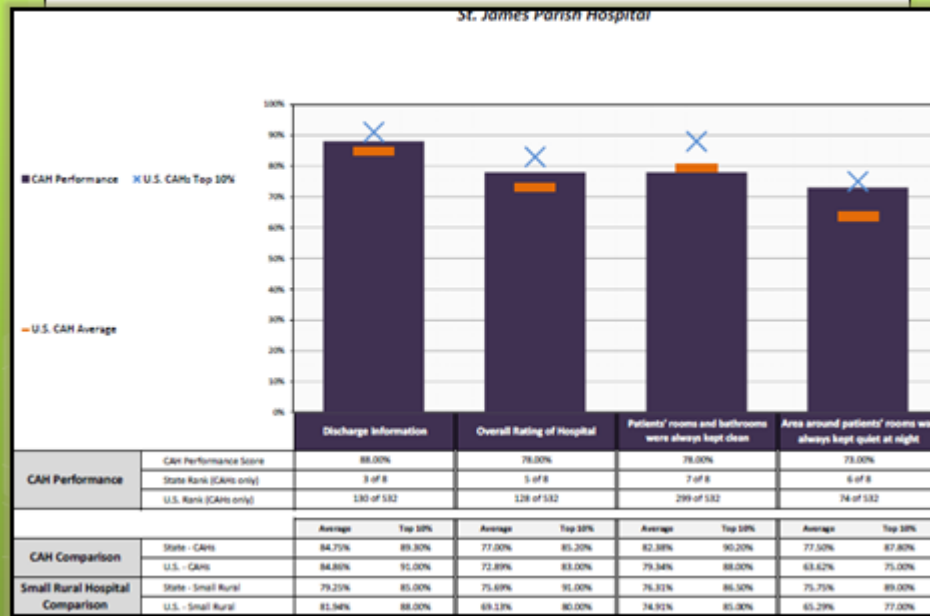
St. James Parish Hospital



Outcomes

Oct 2010-Sept 2011

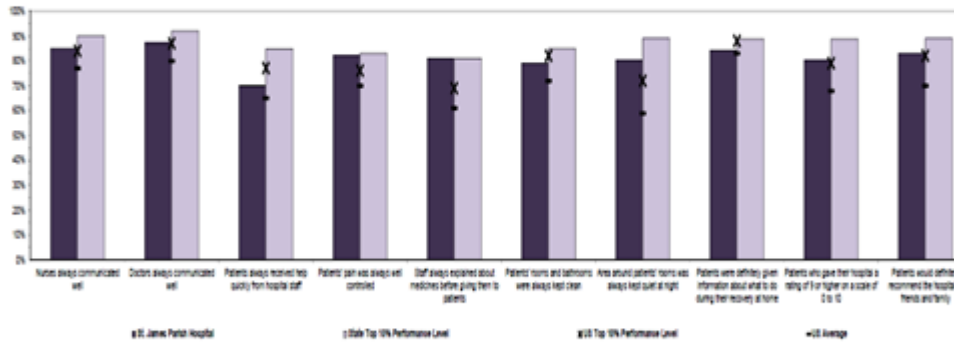
St. James Parish Hospital



Outcomes

July 2010-Jun 2011

St. James Parish Hospital HCAHPS Patient Satisfaction Report



Outcomes



Rural Hospitals are recognized for Excellence in Patient Satisfaction – Top quartile performer of the Patient Perspective Index of the HSI. (HCAHPS “Willingness to recommend” and “Overall Quality”)



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