



HCAHPS 101

Understanding the Basic Fundamentals

Karen Cook, RN, BSN

Nashville, TN | May 14 - 15, 2013

Overall Objectives

- ▼ **Describe the basic fundamentals of HCAHPS and list the evidence that links HCAHPS to clinical quality**
- ▼ Define three actions leaders can take to create a sustainable organizational culture change and impact the patient perception of quality care

To Reduce Harm, Build A Culture Of Ownership

We aspire to a culture of **ownership** where people are **committed** to the **values** of the organization, are **engaged** in their work and with their **coworkers**, and take **pride** in their work and in their professions.



Teamwork + Accountability = Excellence



Behavior Standards

The Thunder organization is held in high regard in our community and we expect every Thunder Girl to contribute to this image as an ambassador for the franchise. Each member becomes a representative of all the members, as well as the entire Thunder organization, each time she steps out into any public area. Public areas include, but are not limited to, appearances on the court, entering or leaving the Arena, or in any public place, gym, restaurant, store, etc. The public sees you as a part of the Thunder organization and your conduct and appearance must be guided accordingly.

Or be subject to disciplinary action and dismissal...

Building A Culture of Safety

National Patient Safety Goals

#2 Patient/ family engaged as partners in their care

#3 Promoting effective communication and coordination of care

1:20 will develop infection

1:7 Medicare patients will be harmed

HOSPITAL ENGAGEMENT NETWORK (HEN)

Putting Patients First




KEEP THE DRUMBEAT GOING

Patient Perception, Safety, Effectiveness linked together

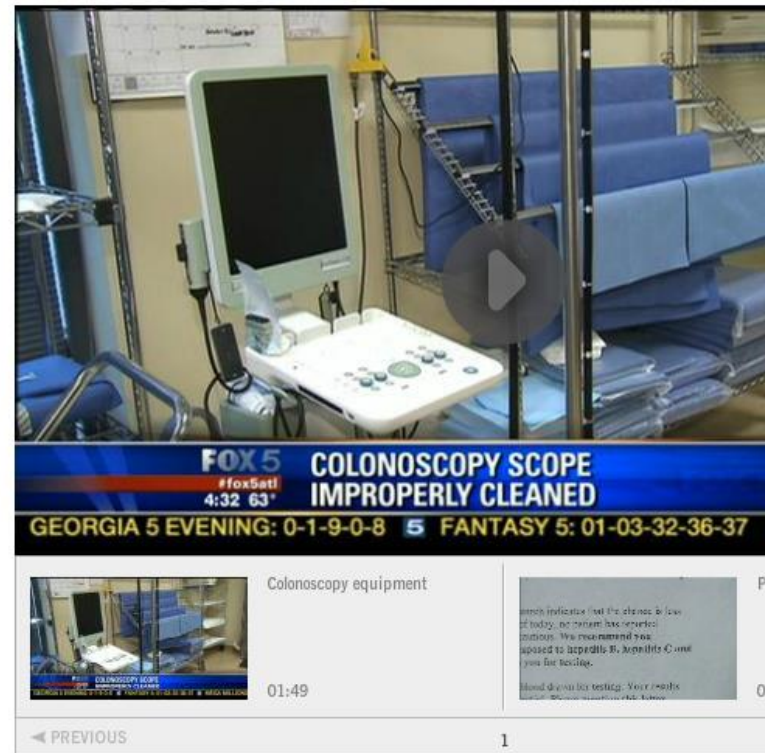
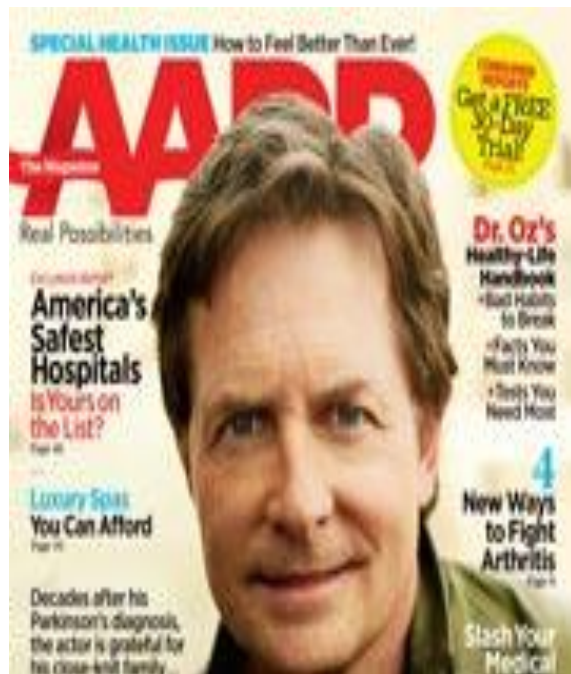
Source: Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open 2013;3:e001570.doi:10.1136/bmjopen-2012

Consumers Bombarded With Contradictions

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Dozens of Tulsa doctor's patients test positive for hepatitis, HIV

BY AMANDA BLAND, Tulsa World | Modified: April 18, 2013 at 1:06 pm | Published: April 18, 2013  3



ATLANTA - A local outpatient surgery center admits that it failed to protect its patients from potentially deadly diseases.

A Culture of Safety?

Hepatitis outbreak in New Hampshire strikes fear in 7 other states

By Joe Sterling, Elizabeth Cohen and William Hudson, CNN

updated 2:29 PM EDT, Thu July 26, 2012



Many Processes Are Broken

Source: Video created by Maring Weisman, a marketing agency specializing in healthcare

<http://www.medicare.gov/hospitalcompare>

Home ♦ Quality Care Finder ♦ Hospital Compare

QUALITY CARE FINDER

Hospital Compare

Nursing Home Compare

Home Health Compare

Dialysis Facility Compare

Physician Compare

Medicare Plan Finder

Hospital Compare

Use this tool to:

- Search for hospitals and get their contact information.
- Compare hospitals based on the quality of their care (for example, do they give recommended treatments known to get the best results for certain conditions like heart attack and pneumonia.)
- Get patient survey results to learn more about patients' experiences at each hospital.
- Compare rates of readmission, mortality (death) rates, and more.

[go to Hospital Compare](#)

- Hospital CAHPS
- Home Health Care CAHPS
- In-Center Hemodialysis CAHPS
- Clinician and Group CAHPS
- Family Eval of Hospice Care
- Health Plan CAHPS
- Medical Group Home
- Ambulatory Surgery CAHPS
- Outpatient Diagnostic CAHPS
- Emergency Department (under CMS consideration)

HCAHPS – *Hospital Consumer Assessment of Healthcare Providers and Systems*

What is HCAHPS

A **standardized** survey tool to measure the **patient's perception of quality care** provided during their experience while a patient at an acute-care hospital.

Why is it important?

Promoting **transparency**, the patient perception of care is **publicly reported** with other **quality metrics** on the Hospital Compare website.

<http://www.medicare.gov/hospitalcompare>

How will it be used?

The information will be used to **enhance public accountability**, provide **meaningful** data for improvement efforts as well as provide **comparisons** between hospitals to help **consumers choose a hospital**. As an **additional incentive to improve**, results will be linked to hospital reimbursement after July, 2011.

Patient Perspective of Clinical Quality

- ▼ Communication with doctors (3)
- ▼ **Communication with nurses (3)**
- ▼ Responsiveness of hospital staff (2)
- ▼ Pain management (2)
- ▼ Communication about medicines (2)
- ▼ Discharge information (2)
- ▼ Cleanliness of hospital environment (1)
- ▼ Quietness of hospital environment (1)
- ▼ Transitions of care (3)
- ▼ Overall rating of hospital
- ▼ Willingness to recommend the hospital

These are a tangible reflection of your reputation as a quality organization

Expanded HCAHPS Survey (Jan 1, 2013 Discharges)

▼ 3 Care Transition Items (4-point Agreement Scale)

(Strongly Disagree, Disagree, Agree, Strongly Agree)

- ▼ During this hospital stay, **staff took my preferences and those of my family or caregiver** into account in deciding what my health care needs would be when I left.
- ▼ When I left the hospital, I had a good understanding of the things **I was responsible for in managing my health.**
- ▼ When I left the hospital, I **clearly understood the purpose for taking** each of my medications.

(Health Literacy, Family Involvement and Teachback)

New HCAHPS Questions (Jan 1, 2013 Discharges)

▼ Demographic Items in the “About You” section

1. During this hospital stay, were you admitted to this hospital through the Emergency Room?
(Yes/No)
2. In general, how would you rate your overall mental or emotional health?
(Excellent, Very Good, Good, Fair, Poor)

For additional details on these new HCAHPS items from CMS, please see Page 5 of the HCAHPS Quality Assurance Guidelines v8.0:

<http://www.hcahpsonline.org/qaguidelines.aspx>.

FAQ's About HCAHPS

Should we just use the HCAHPS survey questions?

- ▼ The average HCAHPS survey takes 7 minutes
- ▼ How often (frequency) vs How they feel (satisfaction)
- ▼ Following guidelines, questions can be added such as:
 - ▼ Food
 - ▼ Family included in the care plan
 - ▼ Did a nurse leader visit you during your stay?
 - ▼ Did you see staff members wash their hands?

Source: HCAHPS Executive Insight, Spring, 2013. [hcahpsonline.org](http://www.hcahpsonline.org). Centers for Medicare & Medicaid Services, Baltimore, MD. 1/24/13 http://www.hcahpsonline.org/Executive_Insight/

FAQ's About HCAHPS

How many hospitals participate in HCAHPS?

- ▼ The Spring, 2013 results are based on more than three million completed surveys from 3,904 hospitals
- ▼ More than 8,200 surveys completed per day
- ▼ Average response rate of 32%
- ▼ Critical access participation is voluntary
- ▼ If less than 100 completes, publicly reported data will have a footnote

Source: HCAHPS Executive Insight, Spring, 2013. [hcahpsonline.org](http://www.hcahpsonline.org). Centers for Medicare & Medicaid Services, Baltimore, MD. 4/24/13 http://www.hcahpsonline.org/Executive_Insight/

FAQ's About HCAHPS

Is this just for Medicare Patients?

- Random sample of all eligible patients on a monthly basis
- All medical, surgical or maternity care patients with a different admission and discharge date **except** the following:
 - Patients under 18 years old
 - Psychiatric patients (principal diagnosis)
 - Patients who die in the hospital setting
 - Patient with a foreign address
 - Patients admitted from a corrections facility
 - Patients discharged to Skilled Nursing facility (03), SNF Swing Bed (61) or Certified Medicaid nursing facility (64)
 - Documented “No Publicity” patients
 - Other patients excluded by law in your state

FAQ's About HCAHPS

What about the “no publicity” patient?

- Defined as “those who voluntarily sign a “no publicity” request when admitted to the hospital or directly request a survey vendor not to contact them. They should be excluded
- Documentation of patients’ “no publicity” status must be retained, and kept in the patient’s medical record
- Facilities must maintain documentation that is easily retrieved
- The number of “no publicity” patients is reported to CMS and higher numbers could trigger an audit
- If abuse of this exclusion is determined during an audit, the hospital’s Medicare Annual Payment Update could be withdrawn

Source: HCAHPS Executive Insight, Spring, 2013. [hcahpsonline.org](http://www.hcahpsonline.org). Centers for Medicare & Medicaid Services, Baltimore, MD. 4/24/13 http://www.hcahpsonline.org/Executive_Insight/

FAQ's About HCAHPS

Who can fill out the survey?

- No proxy surveys
- But we know families can certainly impact their perception

Will they get the survey before they get their bill?

- Sampled patients are surveyed between 48 hours and six weeks after discharge, regardless of the mode of survey administration
- Data collection must end no later than six weeks following the first attempt

Source: HCAHPS Executive Insight, Spring, 2013. [hcahpsonline.org](http://www.hcahpsonline.org). Centers for Medicare & Medicaid Services, Baltimore, MD. 4/24/13 http://www.hcahpsonline.org/Executive_Insight/

FAQ's About HCAHPS

What about Outpatient Surgery Departments and ASC's?

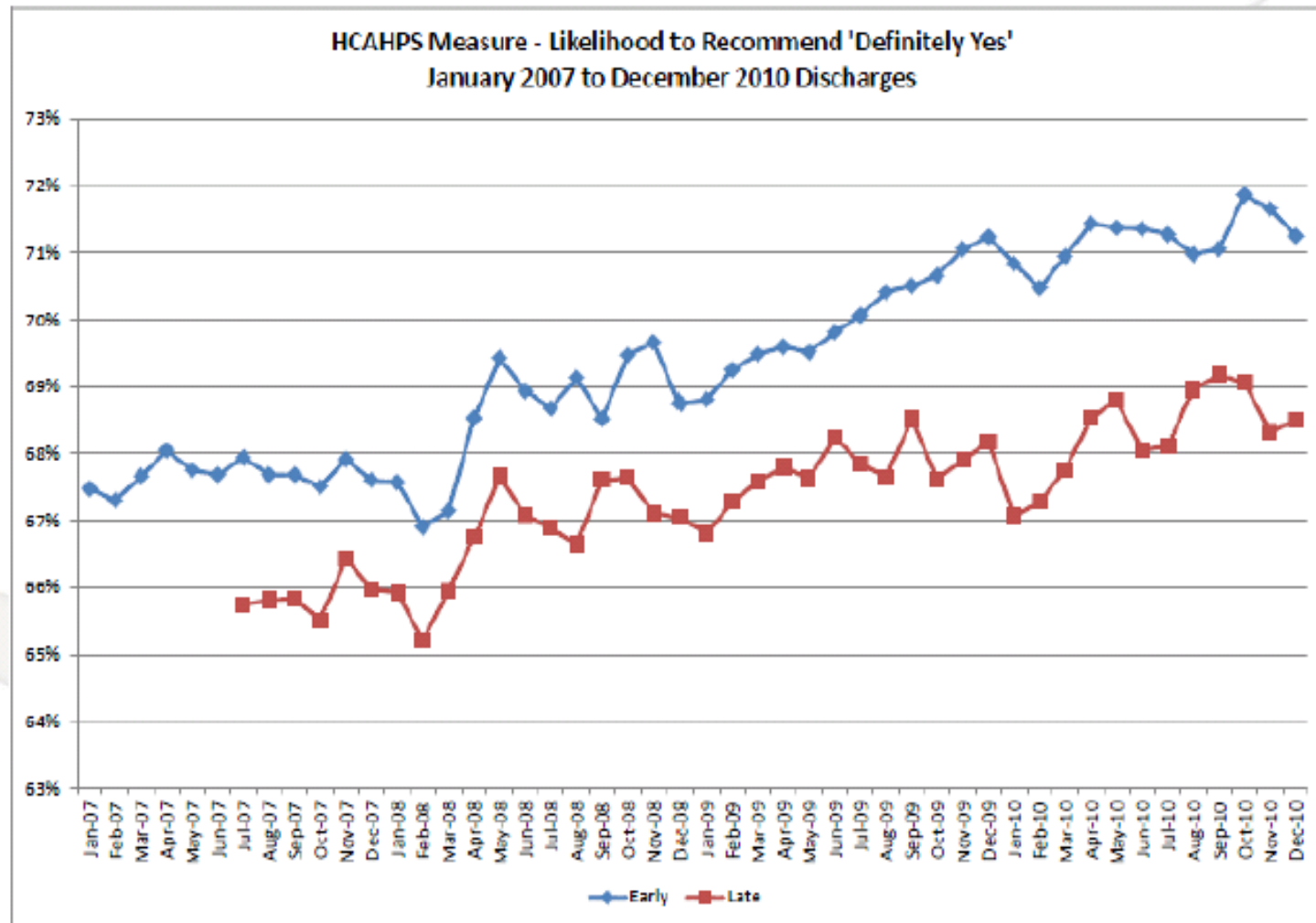
- ▼ CMS is developing this survey and plans to submit it to AHRQ for recognition as a CAHPS survey
 - ▼ Access to Care
 - ▼ Doctor Communication
 - ▼ Communication Between Patient and Providers
 - ▼ Pre and Post Procedure Education
 - ▼ Patient and Family Engaged As Partners in Their Care
 - ▼ Patient Preferences
 - ▼ Environment/Safety

*Note: There is a Surgical Survey created by American College of Surgeons , but it **focuses on the surgeon, not the facility***

Early Support By American College of Emergency Physicians (Response letter 8/12)

- ▼ Communication by Provider Type
 - ▼ Doctors Listening to Your Concerns
 - ▼ Doctors Using Words and Terms You Could Understand
 - ▼ Doctors Involving You in Decisions about Your Care
 - ▼ Doctor's Understanding and Caring
 - ▼ Doctor's Instructions/Explanations of Treatment/Tests
 - ▼ Nurses' Responsiveness to Your Needs and Requests
 - ▼ Nurses' Understanding and Caring
 - ▼ Nurses' Instructions/Explanations of Treatments/Tests
- ▼ Instructions for Care at Home
- ▼ Hospital Staff's Courtesy and Friendliness to You
- ▼ Timeliness/Throughput
- ▼ Transitions of care
- ▼ Pain Management

Early Adopters Win...as HCAHPS Illustrated



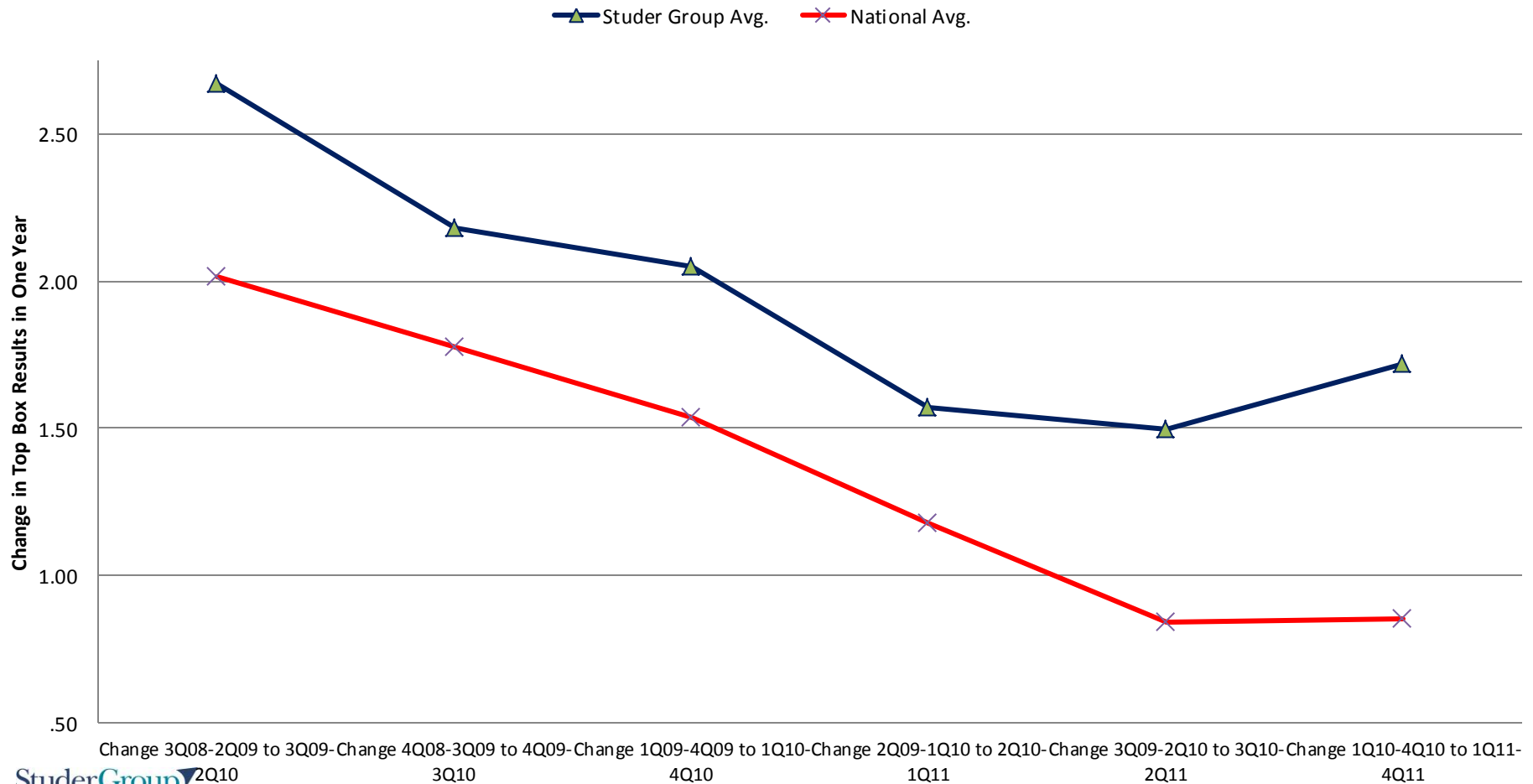
Patient Experience of Care Domain (HCAHPS)

Green = increased threshold from 2013 Red = decreased threshold from 2013	Floor	2013 National Threshold	2014 National Threshold	2013 National Benchmark	2014 National Benchmark
Communication with Nurses	42.84%	75.18%	75.79%	84.70%	84.99%
Communication with Doctors	55.49%	79.42%	79.57%	88.95%	88.45%
Responsiveness of Hospital Staff	32.15%	61.82%	62.21%	77.69%	78.08%
Pain Management	40.79%	68.75%	68.99%	77.90%	77.92%
Communication about Medicines	36.01%	59.28%	59.85%	70.42%	71.54%
Hospital Cleanliness & Quietness	38.52%	62.80%	63.54%	77.64%	78.10%
Discharge Information	54.73%	81.93%	82.72%	89.09%	89.24%
Overall Rating of Hospital	30.91%	66.02%	67.33%	82.52%	82.55%

Note: Implementation FY2014

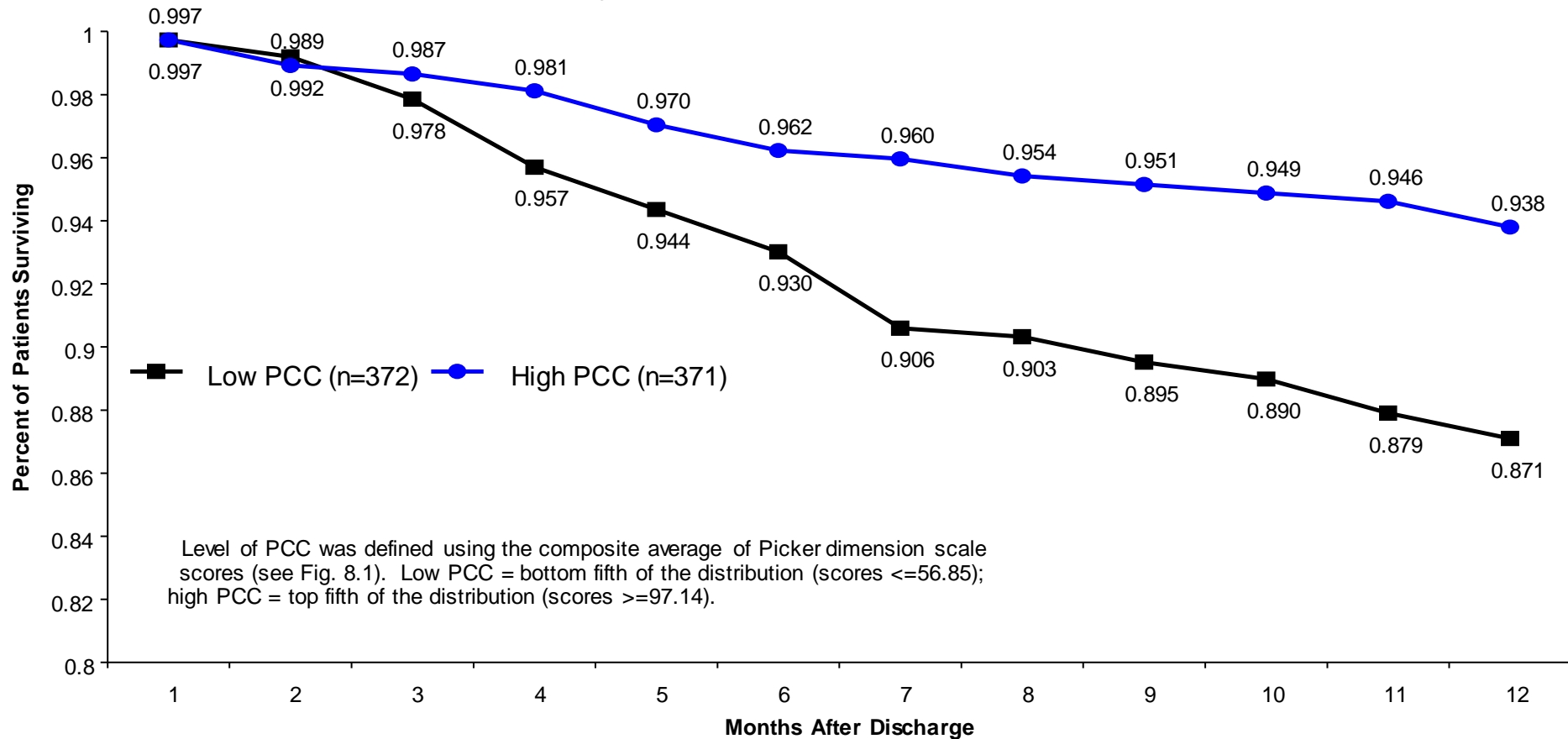
National Average Year to Year Change in Top Box Results has Declined Over Time

Rate Hospital a 9 or 10 - Avg. Change in Top Box Trends
Studer Group Partners vs. National Average



Patient-Centered Care and Mortality

Figure 11
Percent of AMI Patients Surviving To One Year Post Discharge
Stratified by Level of Patient-Centered Care (PCC)



A different source: Glickman SW et al, Patient Satisfaction and Its Relationship with Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction, *Circa Cardiovasc Qual Outcomes* 2010;3:188-195.

Clear Connection between Patient-Centered Care and Clinical Quality Outcomes

Compared Hospital Quality Alliance (HQA) scores for the Quality of Clinical Care to HCAHPS Global Rating for 2,429 hospitals

HCAHPS Rating	AMI	CHF	PNA	Surgery
Lowest quartile	93.5	82.7	88.5	82.8
Second quartile	94.5	85.2	90.1	84.3
Third quartile	94.6	85.9	90.7	85.2
Highest quartile	95.3	86.0	90.8	85.7
P value for trend	<0.001	<0.001	<0.001	<0.001

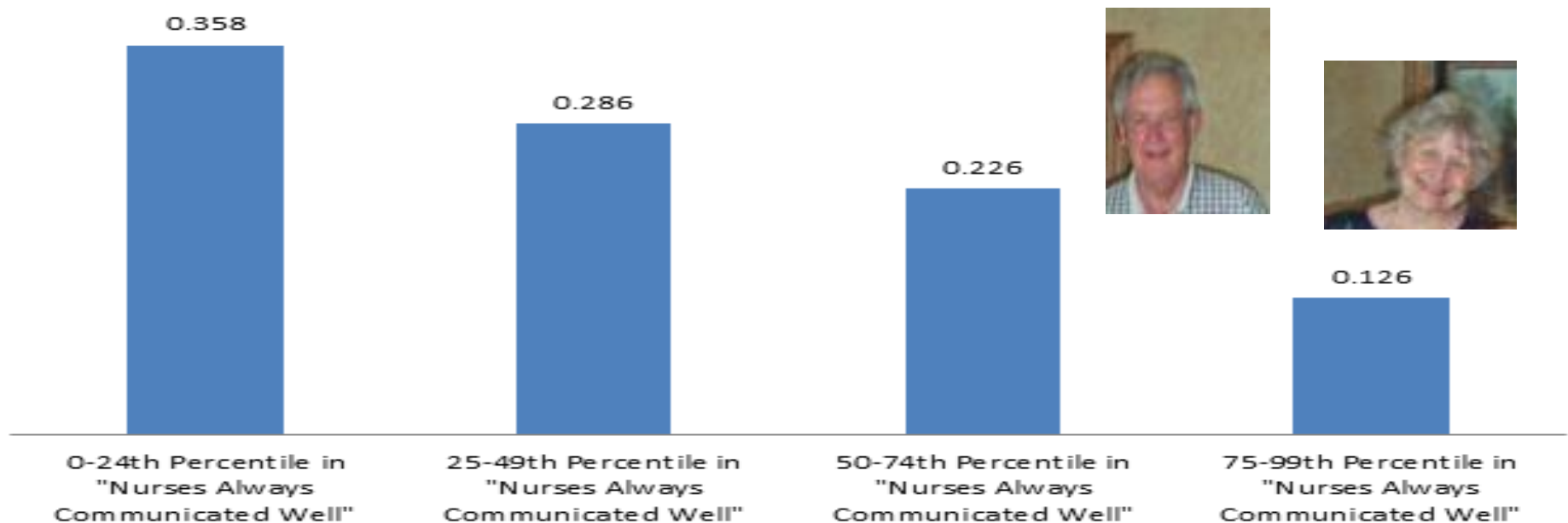
Source: Jha et al. *New England Journal of Medicine* 359, no. 18 (2008): 1921-1931.

Patients' Perception of Care = Quality

Vascular Catheter-Associated Infection

Hospital Rate per 1000 patients in VASCULAR CATHETER-ASSOCIATED INFECTION by their Percentile Ranking in "Nurse Communication"

■ VASCULAR CATHETER-ASSOCIATED INFECTION



Engage Patient/Families in Reducing Infections

- During bedside report, listen for reasons that catheter is still present
- Ask your nurse about procedures to prevent central line infections
- Tell nurse if bandage over central line is loose, soiled or wet or skin is red/inflamed
- Watch that doctors/nurses wash hands
- Make sure visitors do not touch catheter or tubing
- Keep catheter ends clean and dry
- If to go home with catheter, teach-back appropriate care



Room

Phone #

SUN MON TUES WED
THURS FRI SAT

Discharge Date & Time: 5/1/13 1:00 PM

Doctors: Crump

Nurse: Martha

Therapists: Tina ★♡

Patient Care Tech: Erina

Today's Care Diet: Reg / Candace
Plan & Goals: Activity: WPC Assist
Devices: BT
Education: Stroke
Condition ☐
Medication ☒
Follow-Up ☒ Shen
Teachback ☒ Low P2

Precautions: ☐ Swallowing ☐ Isolation

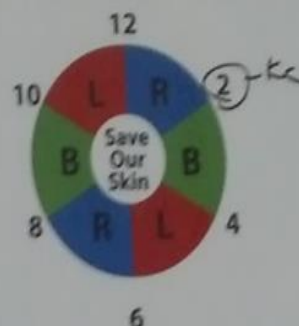
Family Notes:
Sister Martha (B)
404-KK-KKK

Staff Notes:
no ice in water

We want to assure you that your care is always our top priority. If you have any immediate concern, contact the Charge Nurse at ext. 1466, or the Nurse Manager Carol M at ext. 1331. For concerns after hours, please contact the Facility Manager at ext. 6062.

Discharge Prep: Side effects - Low 4/30 KC
Appt F/U - KC

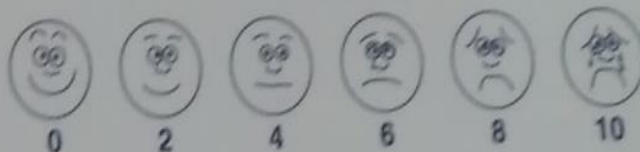
L=Left R=Right B=Back



STOP ☐ ☐ Spanish

Bundle: Y10
Core Measure: FALLS

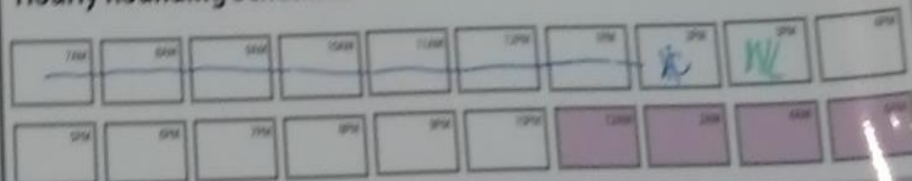
Pain Management is OUR Goal!



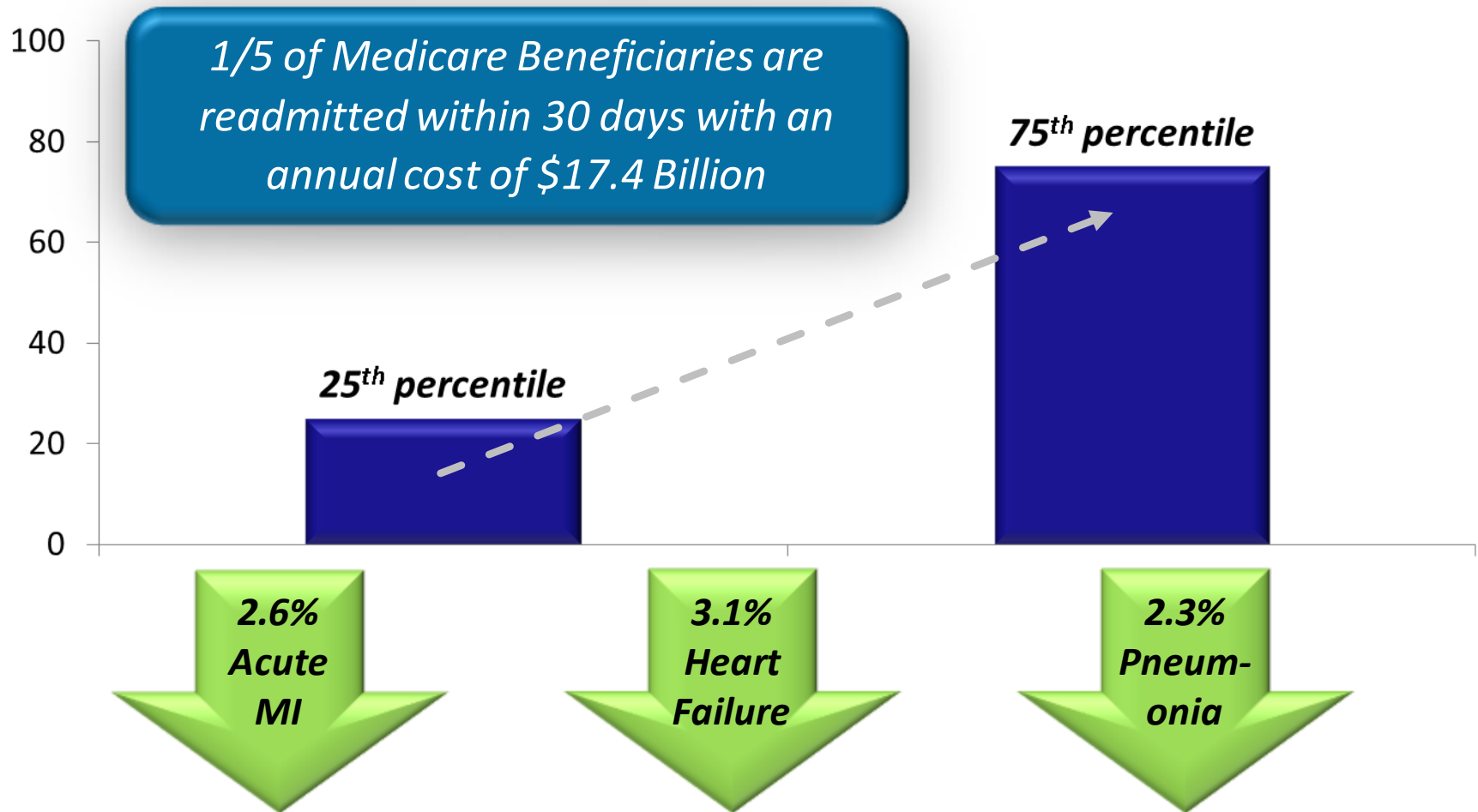
Goal

Last Dose Given: 0600 Next Dose Available: 1000

Hourly Rounding Schedule:



High Patient Perception of Care Equals Lower Preventable Readmissions



Source: *The American Journal of Managed Care; Relationship Between Patient Satisfaction With Inpatient Care and Hospital Readmission Within 30 Days*; 2011; Vol. 17(1)

Plan for the Day, Plan for the Stay



- Plan for the Day
 - Patient goal for the shift
 - Patient and family included in care and decisions
- Plan for the Stay
 - Anticipated discharge date and what needs to happen before patient can go home
 - Identifies key learner

<http://www.mc.vanderbilt.edu/reporter/index.html?ID=11199>

~ 2,217 Hospitals Will Have Payment Reduced

Hospital Readmissions Reduction Program (ACA 3025)

*To account for “excess readmissions,” effective October 1, 2012, DRG payment rates will be reduced **based on a hospital’s ratio of actual to expected readmissions.***

- ▼ *1% in FY 2013, 2% in FY 2014, and 3% in FY 2015*
- ▼ *Acute Myocardial Infarction, Heart Failure, Pneumonia*
- ▼ *Payments reduced on or after October 1, 2012 with an excess ratio as compared to the three year period (July 1, 2008 – June 30, 2011)*
- ▼ *Expected to cost hospitals \$280 million or 0.3% of the total Medicare revenue to hospitals*

Overview - Value-Based Purchasing (VBP)



What is VBP?

Another word for Pay-for-Performance, this is a program intended to transform healthcare by fostering a joint clinical and financial accountability system.

Why is it important?

This new payment system will change CMS from a “passive payer” of services into an “active purchaser” of value which is high quality, affordable, safe healthcare.

How will it be used?

Hospitals will be reimbursed based on their performance, not just reporting, of quality metrics, including the patient perception of quality.

If you perform “**better**” – you’ll be paid more

Better = patient-centered, efficient, quality care

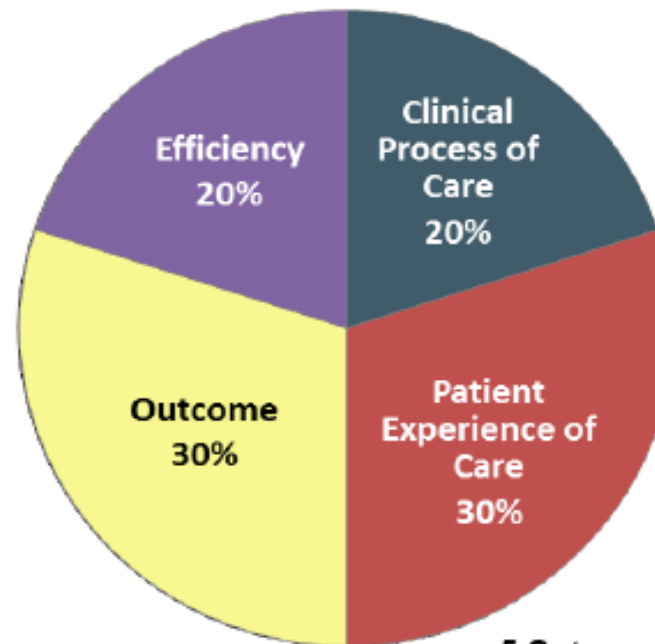
Source: “Report to Congress: Plan to Implement a Medicare Hospital Value-Based Purchasing Program”, CMS, Nov. 27, 2007

FY 2015 Finalized Domains and Measures/Dimensions

12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Domain Weights



8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

5 Outcome Measures

1. MORT-30-AMI – Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF – Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN – Pneumonia (PN) 30-day mortality rate
4. PSI-90 – Patient safety for selected indicators (composite) ★
5. CLABSI – Central Line-Associated Bloodstream Infection ★

1 Efficiency Measure

1. MSPB-1 Medicare Spending per Beneficiary measure ★



Represents a new measure for the FY 2015 program that was not in the FY 2014 program.

Measure in the Outcomes Measures for 2015 AHRQ PSI-90

Patient Safety for Selected Indicators (Composite)

PSI 03 – Pressure Ulcer Rate

PSI 06 – Iatrogenic Pneumothorax Rate

PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate

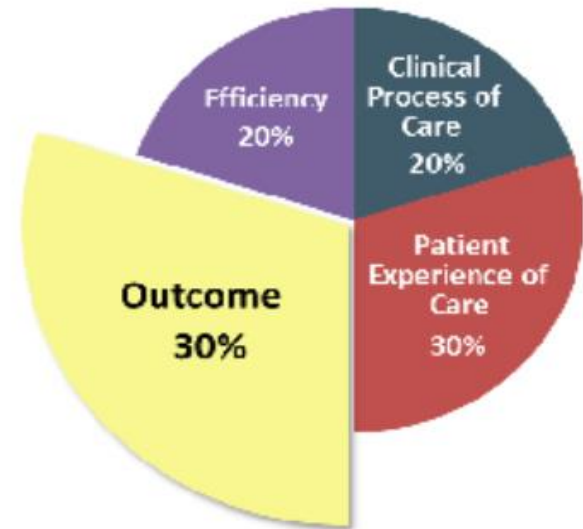
PSI 08 – Postoperative Hip Fracture Rate

PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate

PSI 13 – Postoperative Sepsis Rate

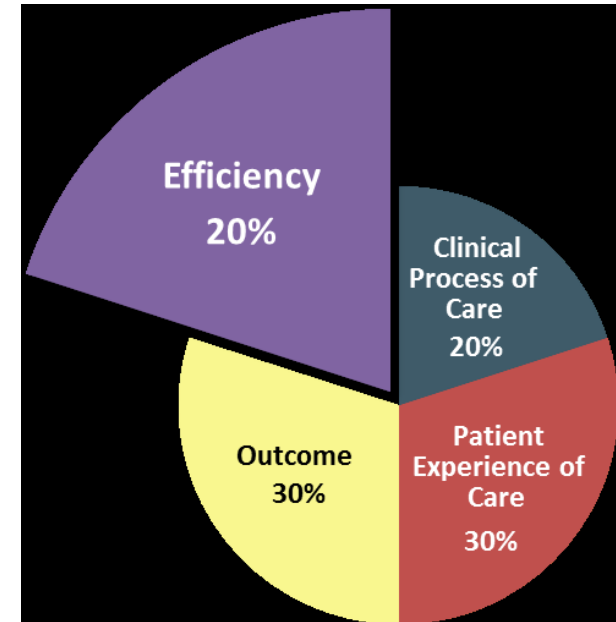
PSI 14 – Postoperative Wound Dehiscence Rate

PSI 15 – Accidental Puncture or Laceration Rate



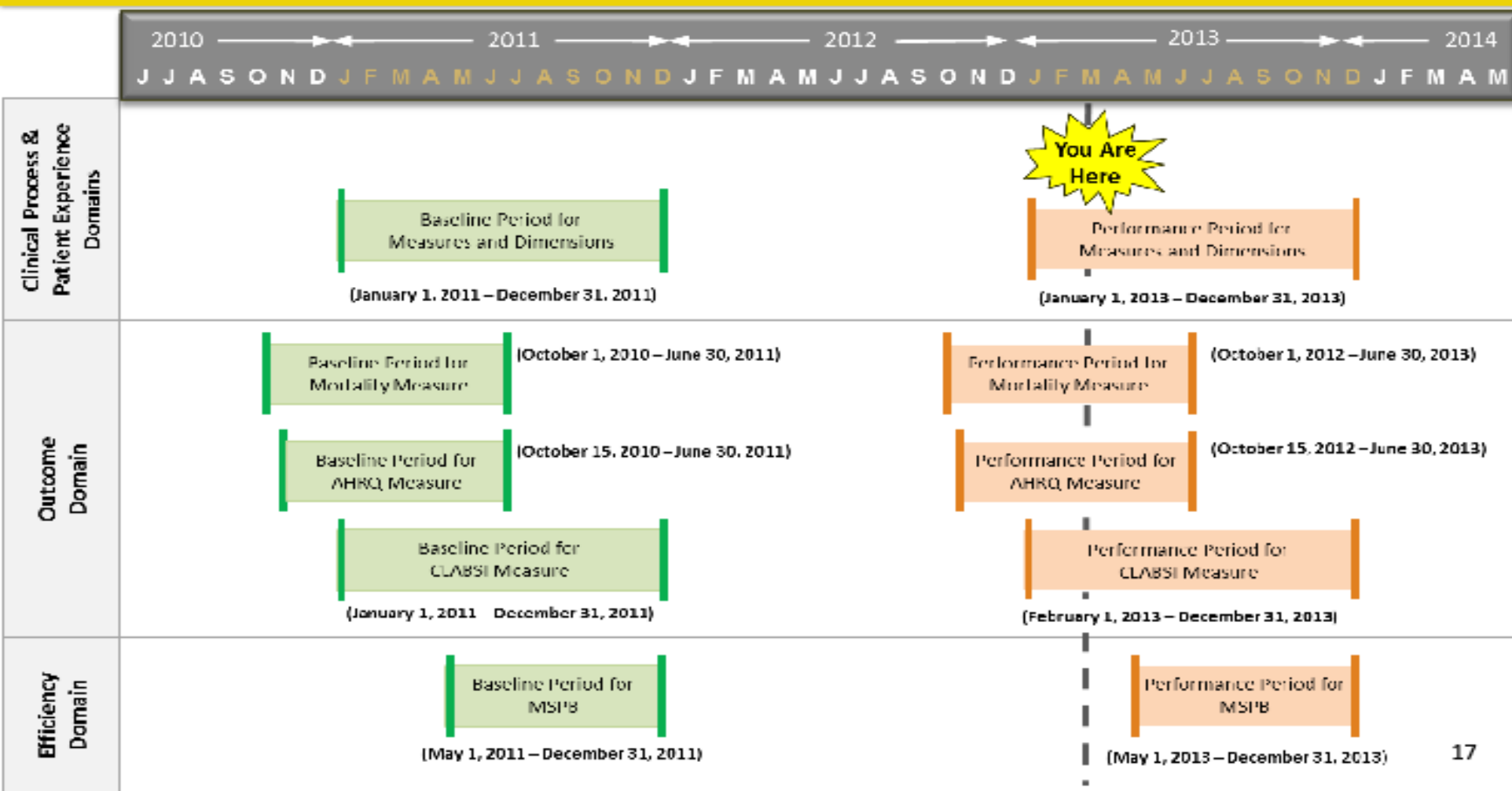
Measure in the new Efficiency Domain

- MSPB-1 Medicare Spending per beneficiary
- A claims-based measure that include risk-adjusted and price-standardized payments for all Part A and Part B services provided from **3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge**



<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/NPC-MSPB-09Feb12-Final508.pdf>

FY 2015 Baseline and Performance Periods



2013 and 2014 Process of Care Measures

Green increased threshold from 2013

Red = decreased threshold from 2013

Measure ID	Measure	2013 National Threshold	2014 National Threshold	2013 National Benchmark	2014 National Benchmark
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0.6548	0.8066	0.9191	0.9630
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0.9186	0.9344	1.0000	1.0000
HF-1	Discharge Instructions	0.9077	0.9266	1.0000	1.0000
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Anti-biotic Received in Hospital	0.9643	0.9730	1.0000	1.0000
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	0.9277	0.9446	0.9958	1.0000
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	0.9735	0.9807	0.9998	1.0000
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	0.9766	0.9813	1.0000	1.0000
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	0.9507	0.9663	0.9968	0.9996
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	0.9428	0.9634	0.9963	1.0000
SCIP-Inf-9	Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	N/A	0.9286	N/A	0.9989
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	0.9500	0.9565	1.0000	1.0000
Gone 2015 VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	0.9307	0.9462	0.9985	1.0000
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	0.9399	0.9492	1.0000	0.9983


FY 2015 Baseline Measure Report April, 2013

The FY 2015 Baseline Measures Report will show hospitals' performance during the baseline periods listed below:

FY 2015 Domain	FY 2015 Baseline Period
Clinical Process of Care	January 1, 2011 – December 31, 2011
Patient Experience of Care	January 1, 2011 – December 31, 2011
Outcome <ul style="list-style-type: none">• Mortality measures• AHRQ PSI-90 Composite• CLABSI	<ul style="list-style-type: none">• October 1, 2010 – June 30, 2011• October 15, 2010 – June 30, 2011• January 1, 2011 – December 31, 2011
Efficiency <ul style="list-style-type: none">• Medicare Spending per Beneficiary	<ul style="list-style-type: none">• May 1, 2011 – December 31, 2011


HCAHPS Was Created So Consumers Could “Choose a Hospital”

- 10 million people per month visit Health Grades
- 93.8% reported being willing to go out of their way (drive further, reschedule appointments)
- 64.9% said they would pay more to seek care at a more highly-rated hospital
- 60.7% feel the government should pay highly-performing hospitals more



YOUR LIFE IS WORTH THE TRIP.

When it comes to your life, distance should never be a factor. As soon as you know you need help, come to Johns Hopkins Medicine. We've been innovating patient care at every point of the journey for over a century. That includes making your journey to us as easy as possible. Let us help plan your trip. The sooner, the better the outcome.



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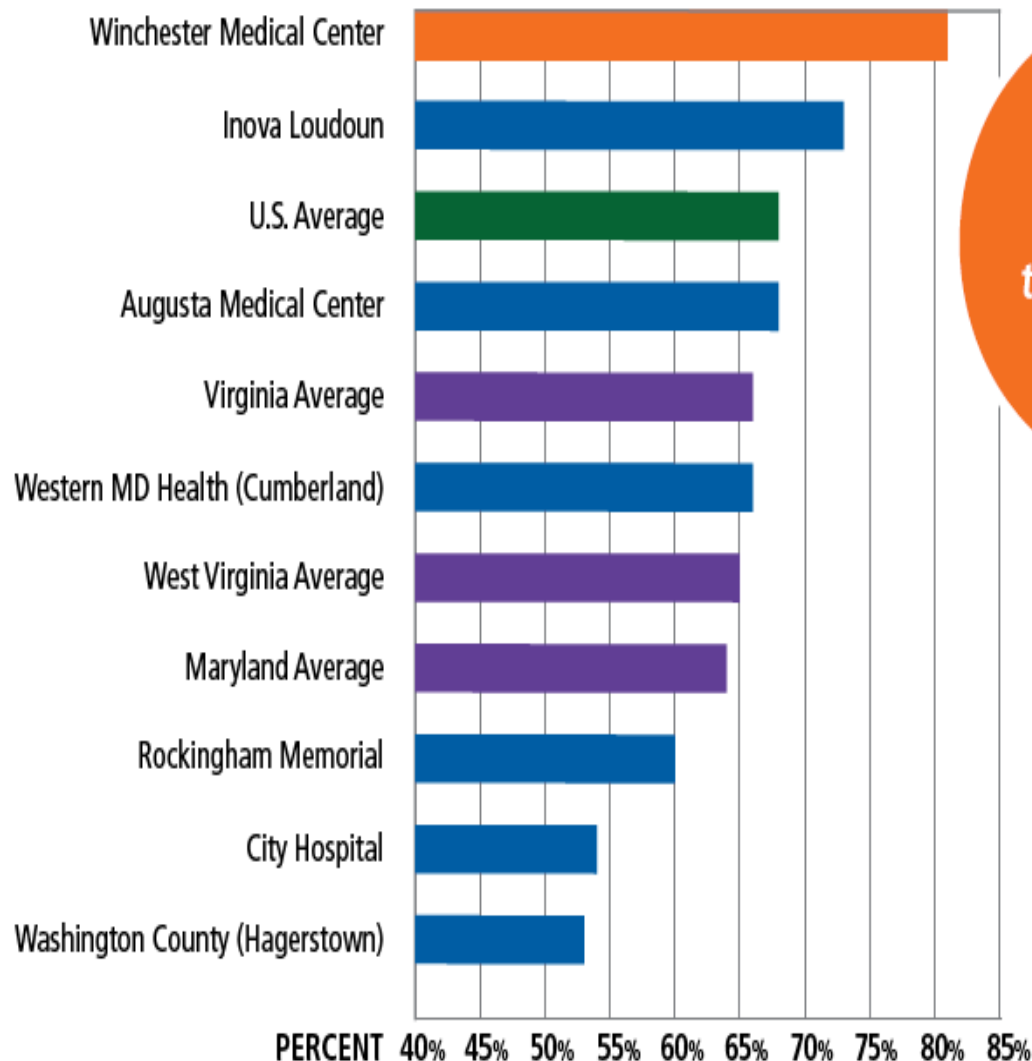
Source: HealthGrades, Inc. 2010 survey

StuderGroup

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PATIENTS Get Their SAY

*Winchester Medical
Center is the Most
Highly Recommended
in Area Comparison*



Would You
Recommend
the Hospital
to Family and
Friends?

Medicare developed a survey in use across the nation to measure patient satisfaction with their hospital experience. The key question asked is: Would you recommend the hospital to family and friends?

Overall Objectives

- ▼ Describe the basic fundamentals of HCAHPS and list the evidence that links HCAHPS to clinical quality
- ▼ **Define three actions leaders can take to create a sustainable organizational culture change and impact the patient perception of quality care**

Tip #1: Think How Patients/Families THINK



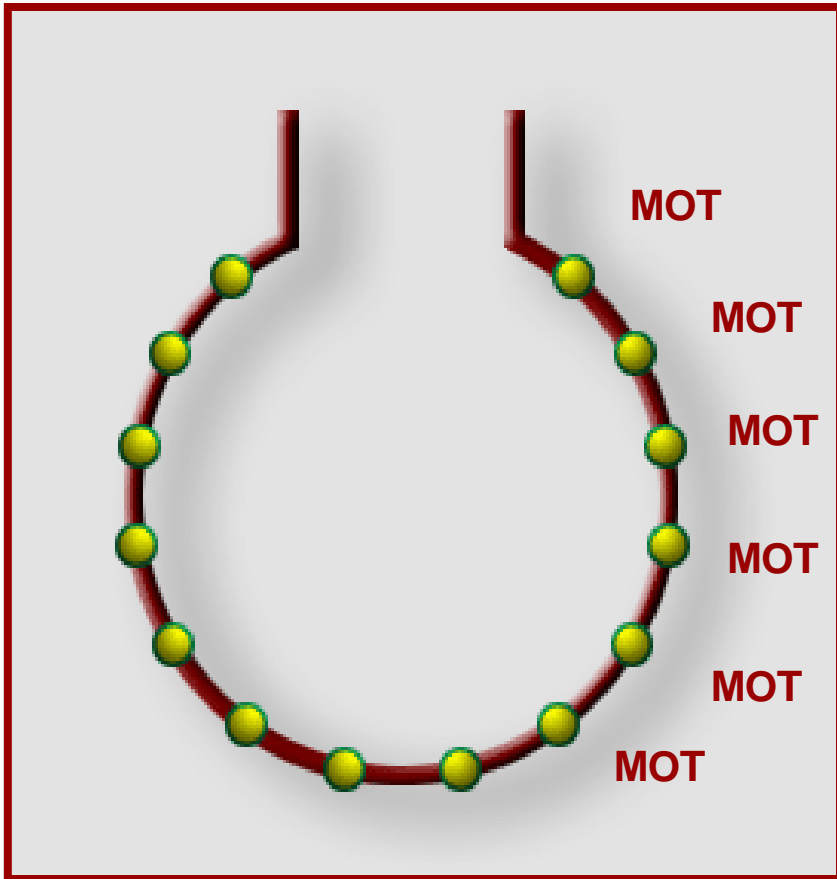
Are you proud of the stories you hear from patients about your unit, department or organization?

Always?

Typical Verbatim Comments . . .

- Why did it take 2 maintenance guys 2 hours to fix the light in the other bed. There was dust flying in a surgical patient room.
- Doctors and nurses ignore each other.
- I asked for fresh linens and the housekeeper acted angry. I was afraid to ask to her to clean off the sticky bedside table.
- They asked me for money while I was sick in ICU and treated me like I was asking for free care. I have insurance.
- I had to have my husband call from home to tell 9th floor I had been waiting on potty chair for 25 min and the person that answered the phone was rude about it.
- Very poor attitude – radiology tech kicked door closed and I heard her complaining that I wasn't scheduled for today.

What Is A Moment of Truth?



- Moments of Truth are events, observations, and interactions that create impressions.
- Moments of Truth create impressions in five areas.

Tip #2: Engage and Train ALL Staff



Every Employee Has A Role

Welcome to Methodist Hospitals. We hope that as you experience us via the web, or at our hospitals, physicians' offices and other facilities, it will be obvious that your care, comfort and safety are the absolute highest priorities for every member of our exceptional team of physicians, nurses and staff.

Ian McFadden, CEO



Building a Culture of Excellence

In 2010, Methodist Hospitals embarked on a long-term journey toward excellence. We made a commitment to be an institution in which we give the very best care to all of our patients each and every day. To be a team that gives its highest respect and unstinting loyalty to all of its members. To give the extra effort that is necessary to go from good to great. And to recognize that there is always something to be learned and something to be improved. We have made a commitment to Always: that is, to always give our best 100% of the time.

This commitment has been supported by leadership training, staff training, quality improvement initiatives and more. One critical element of this commitment is our Model of Care and Conduct – the set of standards for behavior and performance that every Methodist Hospitals employee lives by, and which is presented on this page.

The result has been an ongoing transformation of both our culture and the way that we deliver care. We invite you to visit our hospitals to experience the Culture of Excellence at Methodist Hospitals.

Model of Care and Conduct

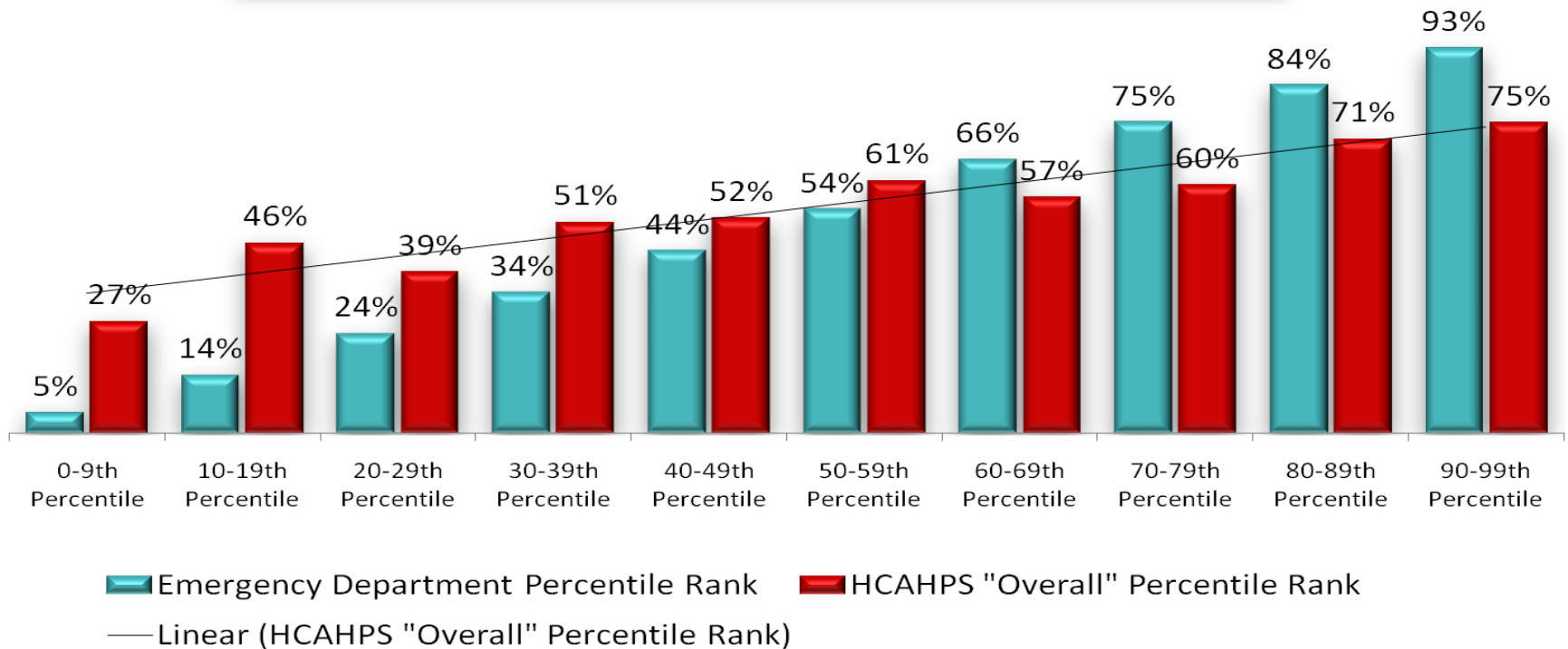
Everyone who enters our facilities is a Guest - Our Guests include, but are not limited to, patients and their families, physicians, co-workers, visitors, and volunteers.

1. I am a team player. I provide professional service with the care and concern our Guests deserve.
2. I demonstrate respect for cultural, spiritual, ethnic, and individual differences.
3. I speak to our Guests with my voice, eyes, and actions. I handle concerns with care and compassion.
4. I smile at our Guests to show that I welcome them and help put them at ease.
5. I listen to our Guests with my ears, eyes, and actions. Even if it's, "Not My Responsibility", I will help or find someone who can.
6. In order to reduce anxiety, I introduce myself to our Guests and explain what I am going to do and why.
7. I always show consideration for the feelings of our Guests by respecting their privacy (especially in public places).
8. I am always courteous to our Guests by allowing them to enter through down and elevator first, stepping off the elevator if there is a guest being transported who needs to get on it, and by keeping the halls as quiet as possible.
9. I am attentive to the needs of our Guests by providing service, directions, and assistance.
10. I always call our Guests by name, because they deserve my personal attention.
11. I look the part by dressing in a professional manner appropriate to my position.
12. I project a caring attitude and always treat our Guests with care, imagining that I am on the receiving end. I care for our Guests as though they were my family or friends.

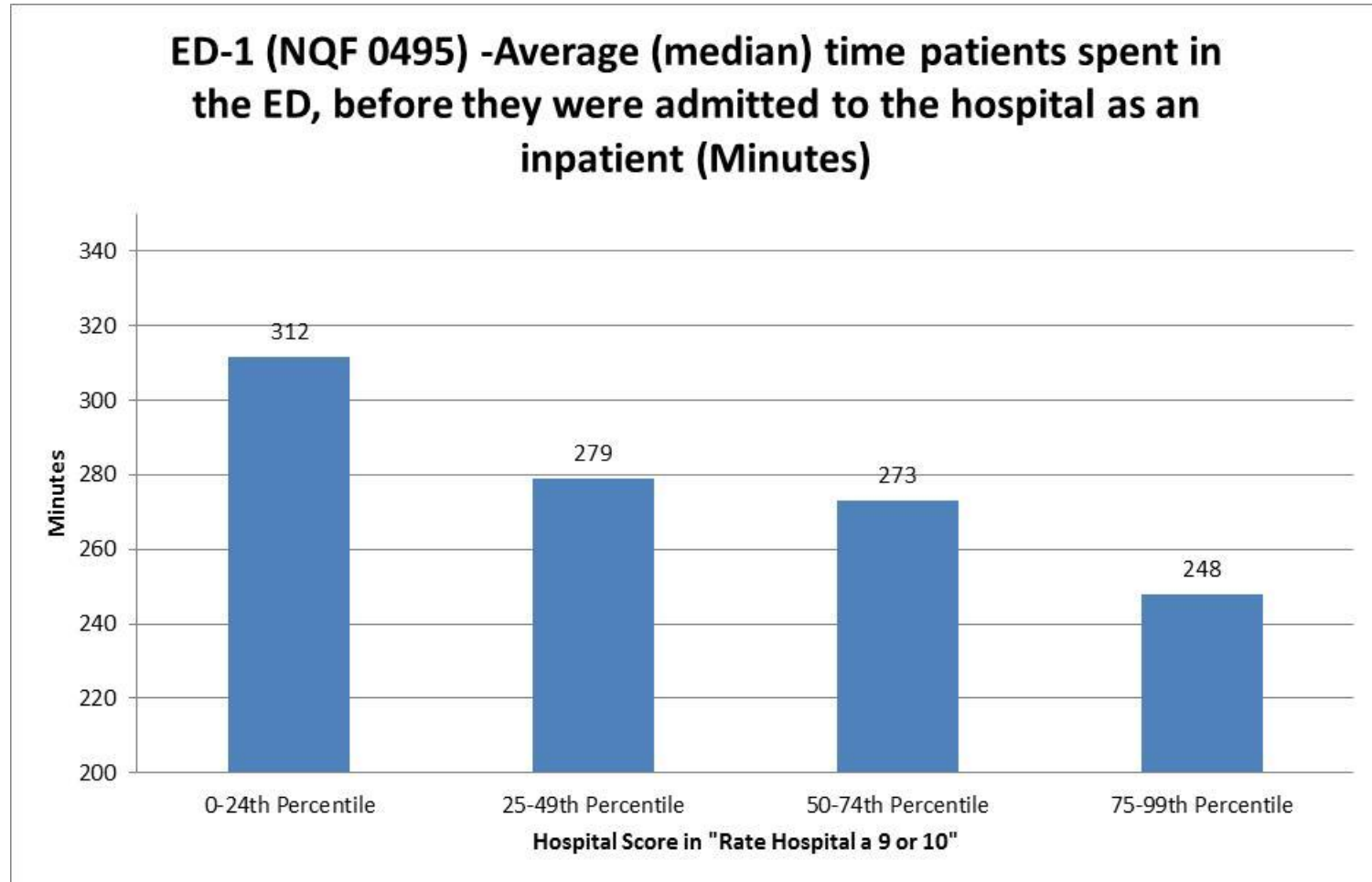
Tip #3 – Focus on the ED

As ED Percentile Ranking Increases, So Does Overall

Relationship: ED and HCAHPS “Overall” Percentile Rankings

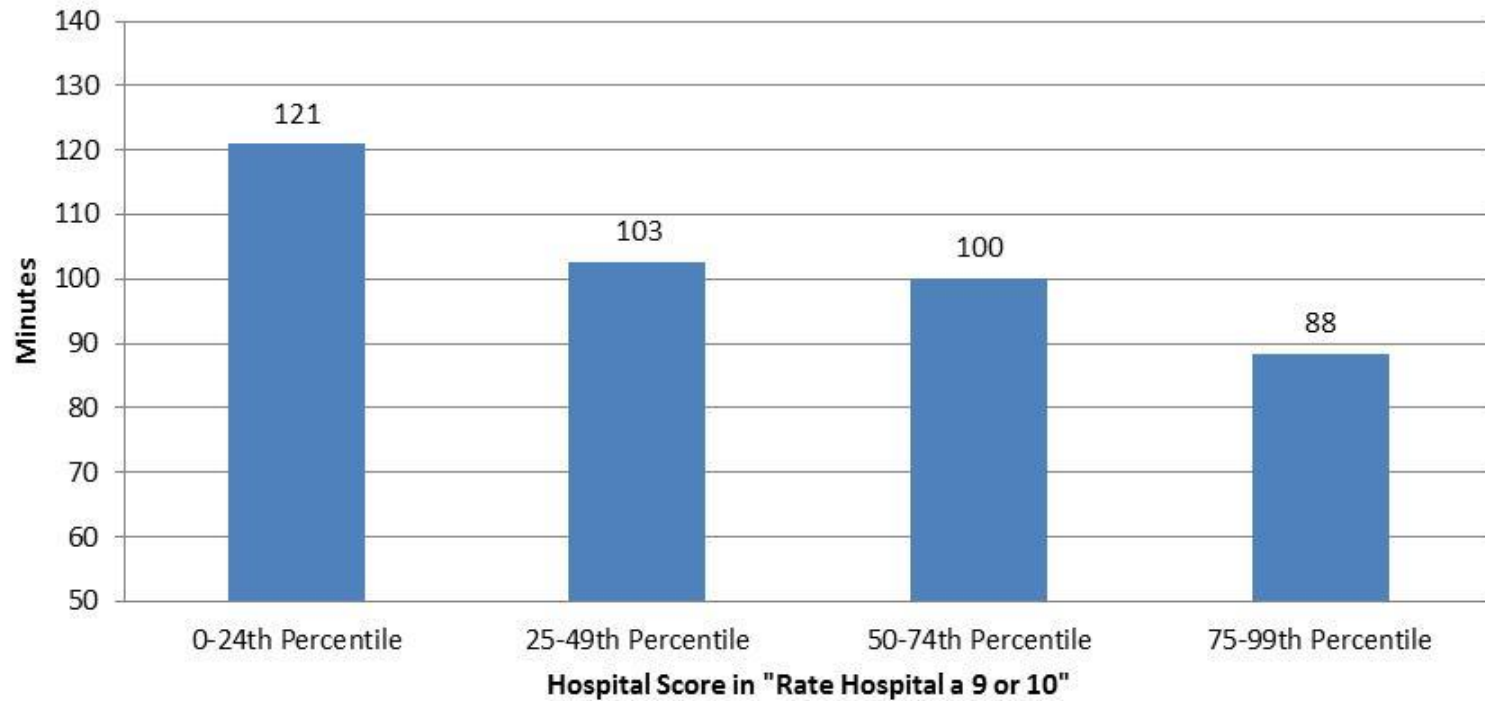


Median Wait Time by Hospitals Score on HCAHPS “Patients That Rate Hospital a 9 or 10”



Median Wait Time by Hospitals Score on HCAHPS “Patients That Rate Hospital a 9 or 10”

ED-2 (NQF 0497) - Average (median) time patients spent in the ED, after the doctor decided to admit them as an inpatient before leaving the ED for their inpatient room (Minutes)



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*Participants will learn evidence-based tools and tactics to
improve their Emergency Department results and the results of
their entire hospitals, including HCAHPS.*



“We are present in
unwelcome moments.”

Donald Berwick, MD

