HCAHPS 101
Understanding the Basic Fundamentals

Karen Cook, RN, BSN
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

Patient Perception, Safety, Effectiveness linked together
Consumers Bombarded With Contradictions

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

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

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.

- 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.
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)

Source: http://www.caretransitions.org
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?

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

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

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

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)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>42.84%</td>
<td>75.18%</td>
<td>75.79%</td>
<td>84.70%</td>
<td>84.99%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>55.49%</td>
<td>79.42%</td>
<td>79.57%</td>
<td>88.95%</td>
<td>88.45%</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>32.15%</td>
<td>61.82%</td>
<td>62.21%</td>
<td>77.69%</td>
<td>78.08%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>40.79%</td>
<td>68.75%</td>
<td>68.99%</td>
<td>77.90%</td>
<td>77.92%</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>36.01%</td>
<td>59.28%</td>
<td>59.85%</td>
<td>70.42%</td>
<td>71.54%</td>
</tr>
<tr>
<td>Hospital Cleanliness &amp; Quietness</td>
<td>38.52%</td>
<td>62.80%</td>
<td>63.54%</td>
<td>77.64%</td>
<td>78.10%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>54.73%</td>
<td>81.93%</td>
<td>82.72%</td>
<td>89.09%</td>
<td>89.24%</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>30.91%</td>
<td>66.02%</td>
<td>67.33%</td>
<td>82.52%</td>
<td>82.55%</td>
</tr>
</tbody>
</table>

**Note:** Implementation FY 2014

*Green = increased threshold from 2013
Red = decreased threshold from 2013*
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

- Change in Top Box Results in One Year

Change in Top Box Results in One Year
- Studer Group Avg.
- National Avg.

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### 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)

<table>
<thead>
<tr>
<th>Months After Discharge</th>
<th>Low PCC (n=372)</th>
<th>High PCC (n=371)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.997</td>
<td>0.997</td>
</tr>
<tr>
<td>2</td>
<td>0.992</td>
<td>0.997</td>
</tr>
<tr>
<td>3</td>
<td>0.989</td>
<td>0.987</td>
</tr>
<tr>
<td>4</td>
<td>0.987</td>
<td>0.981</td>
</tr>
<tr>
<td>5</td>
<td>0.978</td>
<td>0.970</td>
</tr>
<tr>
<td>6</td>
<td>0.981</td>
<td>0.962</td>
</tr>
<tr>
<td>7</td>
<td>0.957</td>
<td>0.960</td>
</tr>
<tr>
<td>8</td>
<td>0.944</td>
<td>0.954</td>
</tr>
<tr>
<td>9</td>
<td>0.930</td>
<td>0.951</td>
</tr>
<tr>
<td>10</td>
<td>0.906</td>
<td>0.949</td>
</tr>
<tr>
<td>11</td>
<td>0.903</td>
<td>0.946</td>
</tr>
<tr>
<td>12</td>
<td>0.895</td>
<td>0.940</td>
</tr>
<tr>
<td>13</td>
<td>0.890</td>
<td>0.938</td>
</tr>
<tr>
<td>14</td>
<td>0.879</td>
<td>0.938</td>
</tr>
<tr>
<td>15</td>
<td>0.871</td>
<td></td>
</tr>
</tbody>
</table>

Level of PCC was defined using the composite average of Picker dimension scale scores (see Fig. 8.1). Low PCC = bottom fifth of the distribution (scores <=56.85); high PCC = top fifth of the distribution (scores >=97.14).

## 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

<table>
<thead>
<tr>
<th>HCAHPS Rating</th>
<th>AMI</th>
<th>CHF</th>
<th>PNA</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest quartile</td>
<td>93.5</td>
<td>82.7</td>
<td>88.5</td>
<td>82.8</td>
</tr>
<tr>
<td>Second quartile</td>
<td>94.5</td>
<td>85.2</td>
<td>90.1</td>
<td>84.3</td>
</tr>
<tr>
<td>Third quartile</td>
<td>94.6</td>
<td>85.9</td>
<td>90.7</td>
<td>85.2</td>
</tr>
<tr>
<td>Highest quartile</td>
<td>95.3</td>
<td>86.0</td>
<td>90.8</td>
<td>85.7</td>
</tr>
<tr>
<td>P value for trend</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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"

- 0-24th Percentile in "Nurses Always Communicated Well": 0.358
- 25-49th Percentile in "Nurses Always Communicated Well": 0.286
- 50-74th Percentile in "Nurses Always Communicated Well": 0.226
- 75-99th Percentile in "Nurses Always Communicated Well": 0.126
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
PATIENT CARE BOARD

Today's Date: 4/30/13

Discharge Date & Doctor: 5/1/13 Crump

Doctors: Crump
Nurse: Martha
Therapists: Tina
Patient Care Tech: Tina

Diet: Regular/Carbohydrates
Activity: V.P. Assist
Devices: 0
Education: Stroke
Condition: 0
Medication: N/A
Follow-Up: 0
Teachback: 0

Precautions: Swallowing, Isolation

Family Notes: Sister Martha (RN) 404-xxx-xxxx

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. 1446 or the Nurse Manager Carol M at ext. 1331. For concerns after hours, please contact the Facility Manager at ext. 4062.

Side effects - Lox 4/30 KC
App F/U - KC

Safety Alerts: Spanish

LRB Turning Schedule
Save Our Skin

Pain Management is OUR Goal!

Hourly Rounding Schedule:

Last Dose Given: 0600
Next Dose Available: 1000
High Patient Perception of Care Equals Lower Preventable Readmissions

1/5 of Medicare Beneficiaries are readmitted within 30 days with an annual cost of $17.4 Billion

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
- Efficiency 20%
- Clinical Process of Care 20%
- Outcome 30%
- Patient Experience of Care 30%

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

<table>
<thead>
<tr>
<th>Patient Safety for Selected Indicators (Composite)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 03 – Pressure Ulcer Rate</td>
</tr>
<tr>
<td>PSI 06 – Iatrogenic Pneumothorax Rate</td>
</tr>
<tr>
<td>PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate</td>
</tr>
<tr>
<td>PSI 08 – Postoperative Hip Fracture Rate</td>
</tr>
<tr>
<td>PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate</td>
</tr>
<tr>
<td>PSI 13 – Postoperative Sepsis Rate</td>
</tr>
<tr>
<td>PSI 14 – Postoperative Wound Dehiscence Rate</td>
</tr>
<tr>
<td>PSI 15 – Accidental Puncture or Laceration Rate</td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>FY 2015 Domain</th>
<th>FY 2015 Baseline Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td></td>
</tr>
<tr>
<td>• Mortality measures</td>
<td>• October 1, 2010 – June 30, 2011</td>
</tr>
<tr>
<td>• AHRQ PSI-90 Composite</td>
<td>• October 15, 2010 – June 30, 2011</td>
</tr>
<tr>
<td>• CLABSI</td>
<td>• January 1, 2011 – December 31, 2011</td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
</tr>
<tr>
<td>• Medicare Spending per Beneficiary</td>
<td>• May 1, 2011 – December 31, 2011</td>
</tr>
</tbody>
</table>
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

Source: HealthGrades, Inc. 2010 survey
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?

Source: Valley Healthlink | Spring 2010
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 effort 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 do 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 this page of our hospital 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 wear a name badge. I introduce professional service with a smile 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 discuss our Guests with my tone, 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 responding to their needs, especially in public places.
8. I am always cautious to our Guests by allowing them to walk through door and elevator first, stepping off the elevator if there is a guest being transported who needs to go on it, and by keeping the hall as quiet as possible.
9. I am attentive to the needs of our Guests by providing services, directions, and assistance.
10. I always call our Guests by name, because they deserve my personal attention.
11. I keep 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, knowing that I am at 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

- Emergency Department Percentile Rank
- HCAHPS "Overall" Percentile Rank
- Linear (HCAHPS "Overall" Percentile Rank)
Median Wait Time by Hospitals Score on HCAHPS “Patients That Rate Hospital a 9 or 10”

ED-1 (NQF 0495) - Average (median) time patients spent in the ED, before they were admitted to the hospital as an inpatient (Minutes)

Reflects data from > 3500 ED's reporting to CMS
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)

Reflects data from > 3500 ED's reporting to CMS
Excellence in the Emergency Department: Hardwiring Flow and Patient Experience

June 19-20, 2013, Chicago, IL
November 6-7, 2013 Dallas, TX

Get It Right in the ED and Set the Stage for Getting It Right Everywhere Else

Join Stephanie Baker, RN, MBA, CEN, Dan Smith, MD, FACEP, & Kirk B. Jensen, MD, MBA, FACEP at our two day ED institute.

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

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“We are present in unwelcome moments.”

Donald Berwick, MD