



The influential voice of Nebraska's hospitals

HCAHPS and Patient Satisfaction

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HCAHPS

- Hospital Consumer Assessment of Healthcare Providers and Systems
- 29 question survey of hospital patients
- Developed by Agency for Healthcare Research and Quality (AHRQ) for CMS

HCAHPS

- Can be administered by any “approved” survey vendor (Press Ganey, National Research Corporation/NRC Health, Rural Comprehensive Care Network/RCCN, PRC) or can be self - administered.
- Results are publically reported on Care Compare.

3 Goals of HCAHPS

- Produce data about patients' perspective of care allowing objective and meaningful comparisons of hospitals on topics that are important to patients and consumers.
- Public reporting of the survey results creates incentives for hospitals to improve quality of care.
- Public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for public investment.

Participating Hospitals

- IPPS (Inpatient Prospective Payment System)
 - IPPS hospitals penalized if don't participate
- Short-term, acute care hospitals that are not IPPS hospitals, such as **Critical Access Hospitals**, Veterans Affairs hospitals or Department of Defense hospitals may **voluntarily report**.

Why are HCAHPS Important?

- Studies linking HCAHPS to quality and patient safety.
- More patients are choosing hospitals based on patient experience.
 - View scores on Care Compare
- Questions focus on “what matters” to the patient, not just “what is the matter.”

Four Survey Modes Available

- Mail only
- Telephone only
- Mail with telephone follow-up (mixed mode)
- Active interactive voice recognition (IVR)

Available languages

- English
- Spanish
- Chinese
- Russian
- Vietnamese
 - Mail only
- German
 - Mail only
- Portuguese
 - Mail only
- Tagalog
 - Mail only
- Arabic
 - Mail only

Other CAHPS

- CG- CAHPS
 - Clinician and Group
- Hospice
- HH-CAHPS
 - Home Health
- Surgical Care (OAS)
- American Indian
 - Tribal facilities

Survey Process

- Survey administered to a random sample of adult patients across medical conditions between 48 hours and six weeks after discharge.
 - Both Medicare and Non-Medicare
 - Typically, in CAH's all eligible patients will be surveyed

Identify *Initially* Eligible Patients

All Initially Eligible Patients

- 18 years or older at the time of admission
- Admission includes at least one overnight stay in hospital
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

Exclusions

Ineligible Patients Exclusions

- “No-Publicity” patients
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address
- Patients discharged to hospice care
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

De-Duplication

- Note: De-duplication must be performed using the **sample frame, not the sample**, within each calendar month, utilizing address information (or telephone number for Telephone, Mixed and IVR modes) and the patient's medical record number (or other unique identifier).

Survey Scoring

- **Top Box**

- the percentage of patients who answered “Always”
- For the Overall Rating of Care question “9 or 10”

- **Mean Score**

- Good for benchmarking improvements internally

Composition of HCAHPS Survey

- HCAHPS contains **29 items**:
 - **Items 1-22**: Core of HCAHPS (19 questions)
 - Beginning of survey; do not alter; keep together
 - » 19 substantive questions
 - » 3 “screener” items
 - **Items 23-29**: “About You” (7 questions)
 - Place later; keep together; do not alter

Roles and Responsibilities

Hospitals

- Comply with all HCAHPS Survey protocols (whether self-administering or contracting with an approved survey vendor)
- Produce patient discharge list with complete administrative data in timely manner
- Use survey version in language of patient's preference
- Review data warehouse reports
- Do not influence patients about HCAHPS Survey
 - Communication with patients
 - Concurrent surveys

Roles and Responsibilities (cont'd)

Hospitals Using a Survey Vendor

- **The Vendor's role in data collection and submission:**
 - Create sample frame of eligible discharges
 - Draw sample of eligible patients and administer survey
 - Submit HCAHPS data in standard format via the Quality Net Secure Portal
 - Monitor submission reports
 - Including Review and Correction Reports
 - Comply with oversight process, including site visits
 - Conduct ongoing quality assurance activities
 - Including Data Quality Checks
 - Monitor HCAHPS Web site for updates

Communication with Patients about the HCAHPS Survey

- Cannot show the HCAHPS Survey or cover letter to patients prior to discharge from the hospital
- Cannot mail any pre-notification letters or postcards after discharge informing patients about the HCAHPS Survey

Guidelines for using other hospital inpatient surveys with HCAHPS

- HCAHPS should be the first survey patients receive about their hospital experience
- Questions must not resemble any HCAHPS items or their response categories
- Refer to HCAHPS Bulletin Number 2009-01 Revised which is posted on the HCAHPS Web site
- Section III QAG V13.0 and Appendix Y
 - Examples provided of not permissible and alternate questions

Unofficial use of HCAHPS

- The HCAHPS Survey results are not intended to be used for marketing or promotional activities
 - Only the HCAHPS scores published on the Care Compare Web site are the “official” scores
- Scores derived from any other source are “unofficial” and must be labeled as such

Advertising Guidelines

- The Hospital Compare Web site is the official source of HCAHPS results
 - Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are “unofficial.” This is done in two ways:
 1. The introduction or executive summary of such reports must include the following statement: “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Care Compare Web site <http://www.medicare.gov/care-compare>).
 2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement: “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results.”
- CMS does not endorse hospitals or survey vendors
 - Or commercial Hospital VBP tools, etc.

HCAHPS Web site and Technical Support

<http://www.hcahpsonline.org>

- Official web site for content, announcements, HCAHPS Bulletins, updates, reminders
- Monitor weekly for “What’s New”
- Quick links to Current News, Background, Participation, etc.

HCAHPS Technical Support

- Email: hcahps@hsag.org
- Telephone: 1-888-884-4007
 - Hospital name
 - Hospital 6-digit CMS Certification Number (CCN)
 - Contact information

Measures Reported

- Results updated on a quarterly basis
- Composite measures
 - Communication with nurses
 - Communication with doctors
 - Responsiveness of hospital staff
 - Communication about new medicines
 - Discharge information
 - Care transition

Measures Reported (cont'd)

- Individual items
 - Cleanliness of hospital environment
 - Quietness of hospital environment
- Global items
 - Rating of hospital
 - Willingness to recommend hospital

Data Adjustment

- **Purpose**
 - Differences in hospital ratings should reflect differences in quality only
 - To permit valid comparison of all hospitals regardless of the mode
- **Will adjust the results to “level the playing field”**
 - That is, adjust for factors not directly related to hospital performance
- **Adjusted as needed for data comparability:**
 - Patient-mix
 - Mode of administration

Adjust for Patient-Mix

- Purpose
 - Certain patient characteristics impact how someone might respond to the survey
- Patient-Mix Adjuster Variables
 - Type of **Service** (Medical, Surgical and Maternity Care)
 - Gender
 - **Age**
 - **Education**
 - Self-reported **general health status**
 - **Language** – English, Spanish, Chinese, RVPO (Russian, Vietnamese, Portuguese, Other)
 - **Response Percentile** (All completed surveys for a given month by hospital are ranked by Lag Time)

Adjustments updated quarterly
and published on
<http://www.hcahpsonline.org>

Requirement

Obtain at least 300 completed HCAHPS Surveys in a rolling four-quarter period

- Small hospitals- If cannot obtain 300 completed surveys, sample all eligible discharges

Why 300?

- For statistical precision of the ratings, based on a reliability criterion
- At least 300 completes ensures that the reliability for the publicly reported measures will be 0.80 or higher
 - Calculate sample size based on target of **335** completes
 - To ensure attaining 300 completes most of the time

Reporting HCAHPS Results

- Official HCAHPS Scores are publicly reported on Care Compare <https://www.medicare.gov/care-compare/>
- Also available in the Downloadable Data Base (DDB) located on <https://data.cms.gov/provider-data/>
- Results are reported for the six composites, two individual items and two global items
- Number of completed surveys and response rate also reported
- HCAHPS scores are reported
 - Top-box, middle-box, bottom-box
 - HCAHPS Star Ratings
 - 10 HCAHPS measures
 - HCAHPS summary Star Rating
 - Linear mean scores

Reporting HCAHPS Results (cont'd)

- Results aggregated into rolling four quarters (12 months) by hospital
- Hospital's results are displayed with national and state averages
- Results are updated quarterly

Public Reporting Periods

- Reporting is based on 12 months of discharges
- Public Reporting occurs in January, April, July, and October
- **HCAHPS PUBLIC REPORTING: October 2022**
- –QUARTERS INCLUDED: 1Q21, 2Q21, 3Q21, 4Q21
- –PREVIEW PERIOD: 8/01/2022 – 8/30/2022
- –PUBLIC REPORTING: October 2022

Hospitals with Five or Fewer HCAHPS Eligible Patients in a Given Month

- Hospitals are not required to collect and submit HCAHPS data for that month
 - A header record must be submitted to the QualityNet Secure Portal through the HCAHPS Online Data Entry Tool or XML file submission
- These hospitals can voluntarily collect and submit data for these months

Suppression of Results: IPPS Hospitals

- IPPS hospitals **cannot** suppress their results from Hospital Compare
 - Must withdraw from Hospital Inpatient Quality Reporting (IQR) program to suppress

Suppression of Results: CAHs

- CAHs may suppress their results
 - Must suppress complete set of HCAHPS results
 - Will receive Footnote 5

Results are not available for this reporting period
- To suppress results, a CAH must complete the appropriate pledge form and submit it to QualityNet Help Desk

HCAHPS Oversight

- **A participating hospital should:**
 - Work closely with its survey vendor (if using one)
 - Monitor HCAHPS Warehouse Feedback Reports Including Review and Correct Period
 - Read the HCAHPS QAG (Question/Answer Guide)
 - Visit the HCAHPS Web site for news, updates and announcements
 - Comply with all HCAHPS oversight activities

More Information and Resources

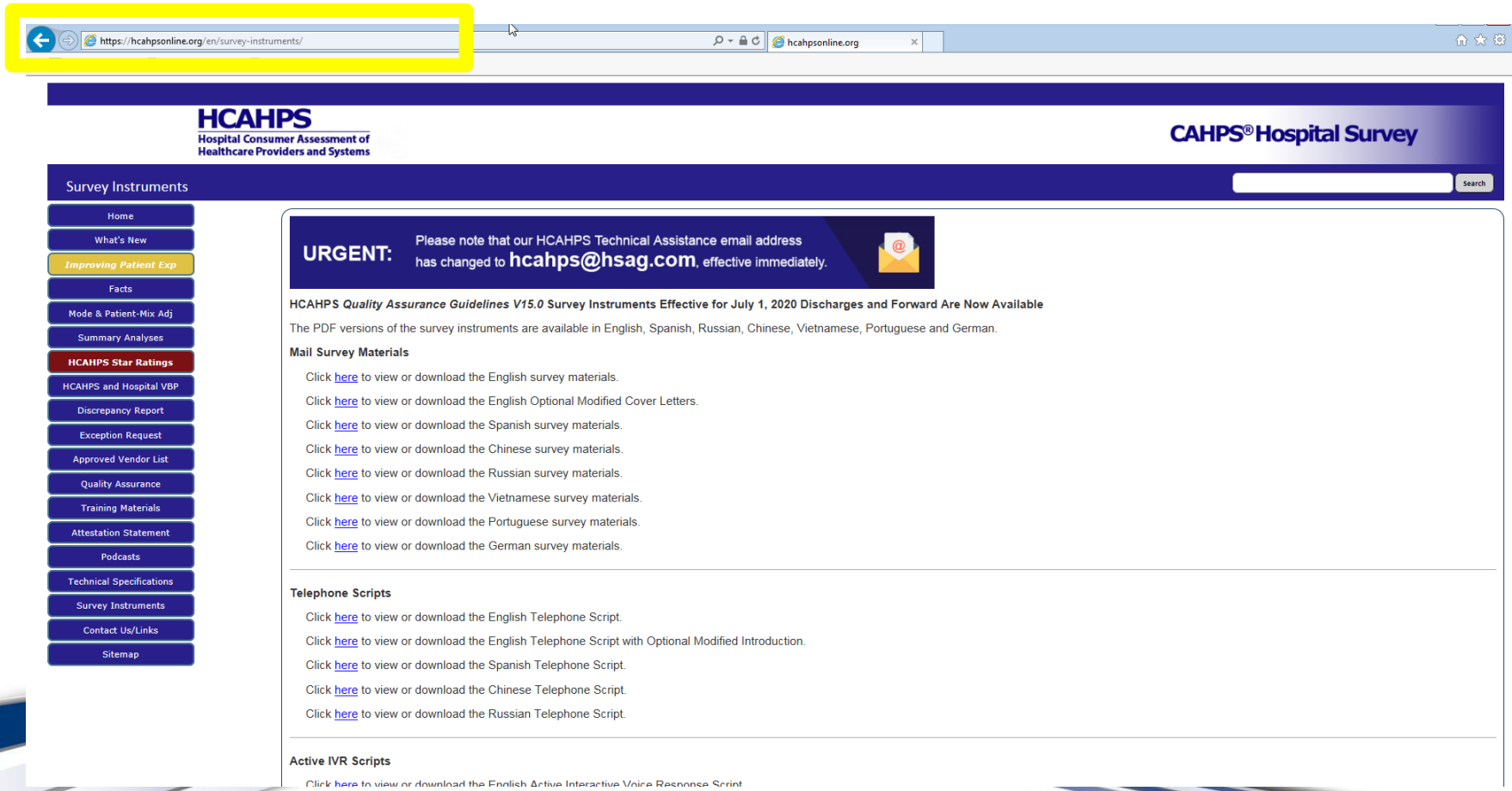
- Registration, applications, background information, reports, and HCAHPS Executive Insight can be found on the official HCAHPS Survey Web site:

<http://www.hcahpsonline.org>

- Publicly reported HCAHPS results:

<https://www.medicare.gov/care-compare/>

Where to find Survey tools and information



The screenshot shows a web browser window with the URL <https://hcahpsonline.org/en/survey-instruments/> highlighted in a yellow box. The browser tab is labeled "hcahpsonline.org". The website header features the HCAHPS logo (Hospital Consumer Assessment of Healthcare Providers and Systems) on the left and the CAHPS® Hospital Survey logo on the right. A search bar is located in the top right corner. The left sidebar contains a list of navigation links: Home, What's New, Improving Patient Exp (highlighted in yellow), Facts, Mode & Patient-Mix Adj, Summary Analyses, HCAHPS Star Ratings (highlighted in red), HCAHPS and Hospital VBP, Discrepancy Report, Exception Request, Approved Vendor List, Quality Assurance, Training Materials, Attestation Statement, Podcasts, Technical Specifications, Survey Instruments, Contact Us/Links, and Sitemap. The main content area has a purple banner with the text "URGENT: Please note that our HCAHPS Technical Assistance email address has changed to hcahps@hsag.com, effective immediately." accompanied by an email icon. Below the banner, there is a section titled "HCAHPS Quality Assurance Guidelines V15.0 Survey Instruments Effective for July 1, 2020 Discharges and Forward Are Now Available" with a subtext stating "The PDF versions of the survey instruments are available in English, Spanish, Russian, Chinese, Vietnamese, Portuguese and German." The "Mail Survey Materials" section lists links to view or download survey materials in various languages. The "Telephone Scripts" section lists links to view or download telephone scripts in various languages. The "Active IVR Scripts" section lists a link to view or download the English Active Interactive Voice Response Script.

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

CAHPS® Hospital Survey

Survey Instruments

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Summary Analyses
HCAHPS Star Ratings
HCAHPS and Hospital VBP
Discrepancy Report
Exception Request
Approved Vendor List
Quality Assurance
Training Materials
Attestation Statement
Podcasts
Technical Specifications
Survey Instruments
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URGENT: Please note that our HCAHPS Technical Assistance email address has changed to hcahps@hsag.com, effective immediately.

HCAHPS Quality Assurance Guidelines V15.0 Survey Instruments Effective for July 1, 2020 Discharges and Forward Are Now Available
The PDF versions of the survey instruments are available in English, Spanish, Russian, Chinese, Vietnamese, Portuguese and German.

Mail Survey Materials

- Click [here](#) to view or download the English survey materials.
- Click [here](#) to view or download the English Optional Modified Cover Letters.
- Click [here](#) to view or download the Spanish survey materials.
- Click [here](#) to view or download the Chinese survey materials.
- Click [here](#) to view or download the Russian survey materials.
- Click [here](#) to view or download the Vietnamese survey materials.
- Click [here](#) to view or download the Portuguese survey materials.
- Click [here](#) to view or download the German survey materials.

Telephone Scripts

- Click [here](#) to view or download the English Telephone Script.
- Click [here](#) to view or download the English Telephone Script with Optional Modified Introduction.
- Click [here](#) to view or download the Spanish Telephone Script.
- Click [here](#) to view or download the Chinese Telephone Script.
- Click [here](#) to view or download the Russian Telephone Script.

Active IVR Scripts

- Click [here](#) to view or download the English Active Interactive Voice Response Script

Care Compare

Medicare.gov

Find & compare nursing homes,
hospitals & other providers near you.

[Learn more about the types of providers listed here](#)

MY LOCATION

Street, ZIP code, city, or state

PROVIDER TYPE

Select one

KEYWORDS (optional)

Search

[Show search history](#)

Or, select a provider type to learn more:



Doctors & clinicians



Hospitals



Nursing homes



Home health services



Hospice care



Inpatient rehabilitation
facilities



Long-term care hospitals



Dialysis facilities



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Response Options

- Most questions are answered in terms of:
 - Always, Usually, Sometimes or Never
- One Overall Rating question
 - Rate hospital stay from 1-10

Survey Questions

Your Care from Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

Your Care from Doctors

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
6. During this hospital stay, how often did doctors listen carefully to you?
7. During this hospital stay, how often did doctors explain things in a way you could understand?

Survey Questions (cont'd)

The Hospital Environment

8. During this hospital stay, how often were your room and bathroom kept clean?
9. During this hospital stay, how often was the area around your room quiet at night?

Survey Questions (cont'd)

Your Experiences in This Hospital

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
12. During this hospital stay, were you given any medicine that you had not taken before?
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

Survey Questions (cont'd)

When you left the hospital

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Survey Questions (cont'd)

Overall Rating of the Hospital

18. 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?
19. Would you recommend this hospital to your friends and family?

Survey Questions (cont'd)

Understanding your care when you left the hospital

- 20. 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.
- 21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
- 22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

Survey Questions (cont'd)

About You

- 23. During this hospital stay, were you admitted to this hospital through the Emergency Room?
- 24. In general, how would you rate your overall health?
- 25. In general, how would you rate your overall mental or emotional health?
- 26. What is the highest grade or level of school that you have completed?
- 27. Are you of Spanish, Hispanic or Latino origin or descent?
- 28. What is your race? Please choose one or more.
- 29. What language do you mainly speak at home?

Working with your results

- What does your organization do currently with their HCAHPS results?

Benchmarking



Hospital-Level Patient Experience Core Measures/HCAHPS Report

Current Reporting Period: Q3 2020 - Q4 2020

St. Francis Memorial Hospital

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

- HCAHPS Composite 1: Q1 to Q3, Communication with Nurses
- HCAHPS Composite 2: Q5 to Q7, Communication with Doctors
- HCAHPS Composite 3: Q4 & Q11, Responsiveness of Hospital Staff
- HCAHPS Composite 5: Q13 & Q14, Communication about Medicines
- HCAHPS Composite 6: Q16 & Q17, Discharge Information
- HCAHPS Composite 7: Q20 to Q22, Care Transition
- HCAHPS Q-8: Cleanliness of Hospital Environment
- HCAHPS Q-9: Quietness of Hospital Environment
- HCAHPS Q-18: Overall Rating of Hospital
- HCAHPS Q-19: Willingness to Recommend This Hospital







































Note: Some question numbers have changed in the HCAHPS survey, though the measures remain the same.

Reporting results

HCAHPS - Questions

Selected Timeframe : Q2 2021

Time Period	Start Date	CCN	Benchmark	Benchmark Date
Quarter	4/1/2021	Franciscan Healthcare	CMS HCAHPS 90th Percentile	Q2 2021

Dimension	Question	Previous Quarter	Current Score & Benchmark	Difference
Care Transitions	Staff took preferences into account	62.5%	61.9%  56.0%	-0.6% 
	Understood managing of health	68.0%	55.0%  61.0%	-13.0% 
	Understood purpose of medications	55.6%	58.8%  68.0%	3.2% 
Cleanliness / Quietness	Quiet around room at night	70.8%	90.5%  75.0%	19.7% 
	Room kept clean during stay	72.0%	90.5%  86.0%	18.5% 
Communication About Meds	Staff described med side effects	33.3%	72.7%  62.0%	39.4% 
	Told what medicine was for	88.9%	90.9%  86.0%	2.0% 
Communication with Doctors	Drs explained things understandably	76.9%	90.0%  84.0%	13.1% 
	Drs listened carefully to you	76.9%	90.5%  87.0%	13.6% 
	Treated w/courtesy/respect by Drs	92.3%	90.5%  93.0%	-1.8% 
Communication with Nurses	Nurses explained things understandably	73.1%	81.0%  84.0%	7.9% 
	Nurses listened carefully to you	80.8%	85.0%  86.0%	4.2% 
	Treated w/courtesy/respect by Nurses	92.3%	90.5%  93.0%	-1.8% 
Discharge Information	Received info re: symptoms to look for	90.5%	89.5%  93.0%	-1.0% 
	Talked about help you would need	91.3%	89.5%  91.0%	-1.8% 
Overall Rating of Hospital	Rate hospital	92.0%	76.2%  84.0%	-15.8% 
Responsiveness of Hospital Staff	Got help as soon as wanted	82.6%	75.0%  81.0%	-7.6% 
	Help going to bathroom as soon as wanted	81.3%	86.7%  81.0%	5.4% 
Would Recommend Hospital	Would recommend hospital to family	84.6%	81.0%  84.0%	-3.6% 

* Reporting has been produced by NRC Health for quality improvement purposes and does not represent official CMS Results.

Showing Discharges: 4/1/2021 - 6/26/2021

Reporting results

Franciscan Healthcare

	Franciscan Healthcare Top Box Score	Goal = CMS HCAHPS 90th Percentile
Nurse Communication	89.4%	88.0%
Nurses treat with courtesy/respect	89.3%	93.0%
Nurses listen carefully to you	88.5%	86.0%
Nurses explain in way you understand	82.1%	84.0%
Doctor Communication	92.7%	89.0%
Doctors treat with courtesy/respect	92.9%	93.0%
Doctors listened carefully to you	92.9%	87.0%
Doctors explain in way you understand	92.3%	84.0%
Responsiveness of Hospital Staff	84.5%	83.0%
Call button help soon as wanted it	77.4%	81.0%
Help toileting soon as you wanted	91.7%	81.0%
Environment	92.9%	80.0%
Cleanliness of hospital environment	92.9%	86.0%
Quietness of hospital environment	92.9%	75.0%
Communication about Medications	87.5%	75.0%
Staff explained purpose of new medications	93.8%	86.0%
Staff clearly described side effects of new medications	81.3%	62.0%
Discharge Information	88.7%	92.0%
Discussed if patient would have help after discharge	85.7%	91.0%
Given written discharge instructions with symptoms to look for	91.7%	93.0%
Hospital - Overall Rating	71.4%	84.0%
Patient advocacy (likelihood to recommend)	78.6%	84.0%
Transition of Care	64.8%	62.0%
Patient and caregiver's discharge preferences were considered	67.9%	56.0%
Understood the responsibility of managing his/her own health	62.1%	61.0%
Understood the purpose for taking medications	64.4%	68.0%

Key:

Green = 90th Percentile or Above/ CMS Top 10%

Yellow = At or Above the 50th Percentile but below the 90th Percentile

Red = Below the 50th Percentile

Opportunity

- Introduction to the HCAHPS Breakthrough Leadership™ Webinar Series
- To find out more about the webinar series, if you have not participated before, attend this 45-minute introduction by series creator Brian Lee. He will review the subject matter of each domain and how the series will raise and sustain your HCAHPS scores, improve patient satisfaction and staff engagement and how it can be utilized for additional onsite education.
- If interested reach out to Nancy Jo Hansen, Flex and SHIP Program Manager at Nebraska Department of Health and Human Services
Nancyjo.Hansen@nebraska.gov

Real Time Surveys

- Sent to all patients discharged from one of our service lines (excluding Inpatient and Home Health)
- Receive a short 9 question survey either via email, SMS text or IVR
- Allows the Departments to receive “real time” feedback as results are posted to our survey portal within 24 hours.

Real Time Surveys

- Department Managers can follow up with patient's concerns directly as survey responses are confidential, but not anonymous.
- Tools are embedded within the vendor's software to measure the effectiveness of our service recovery.

Benchmarking

- Able to benchmark departments
- Can set goals based on what percentile you would like the department to be in.
- Physicians are emailed personalized scorecards which incorporates an educational video (2-3 minutes) on a topic that has demonstrated improved satisfaction scores.

Thank You!

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