HCAHPS
Background and Key Messages for Managers

Background

The purpose of the Hospital Consumer Assessment of Health Providers Systems (HCAHPS) is to support public reporting on hospital performance by generating data that can be compared reliably across hospitals. HCAHPS provides a uniform set of core patient survey measures that can complement other existing hospital survey tools designed to support quality improvement.

On March 28, 2008, the Hospital Quality Alliance (HQA), a public-private partnership to improve the quality of hospital care, will release HCAHPS results on a public Web site: www.hospitalcompare.hhs.gov. HQA partners represent national hospital associations, the government, physicians, nurses, accrediting groups, business, insurance, and consumers. Once HCAHPS scores are posted on the site, they will be available to anyone who wishes to access the information.

HCAHPS is a survey of patient experience, not patient satisfaction.

Most surveys currently used by hospitals measure patient satisfaction. HCAHPS is specifically designed to capture patients’ reports on the aspects of hospital care that patients say are most important to them, such as communication with doctors and nurses and the responsiveness of hospital staff. While the survey asks for an overall rating of the hospital, its primary intent is to generate objective and actionable information about care from the patient’s perspective.

Survey results will be publicly reported by the HQA beginning in March 2008.

On March 28, 2008, the HQA will post the first public report, using data collected by hospitals and their vendors from October 2006 through June 2007. The HQA will update the report on a quarterly basis using the most recent four quarters of data.

HCAHPS differs from Methodist Health System’s current Press Ganey patient surveys.

Hospitals have the option of fielding HCAHPS in place of their previous survey or integrating the HCAHPS items into the existing instrument. In Methodist’s case, we have integrated the HCAHPS items into our existing Press Ganey survey, and Press Ganey continues to administer the survey. They then report the results to both CMS and Methodist.

Some notable differences between HCAHPS and Press Ganey include:

Survey content

HCAHPS asks patients about specific aspects of their hospital experience:

- Communication with doctors
- Communication with nurses
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information
- Cleanliness of the hospital environment
- Quietness of the hospital environment
- Overall rating of the hospital
- Willingness to recommend the hospital
While other surveys cover some of these topics, none covers exactly the same set of questions. The *HCAHPS Pocket Guide* shows all survey items with the corresponding response options.

**Response scales**
Press Ganey measures “how well” something is done. Most questions in the HCAHPS instrument ask the patient to report on “how frequently” something happened. Press Ganey uses 5 quantifiers – very poor, poor, fair, good, very good. HCAHPS uses 4 quantifiers – never, sometimes, usually, and always. HCAHPS Items asking patients to rate their hospital and their willingness to recommend the hospital use an 11 point “0 to 10’’ scale.

**Number of responses**
Press Ganey has no set requirement for the number of responses reporter, but does require a minimum of 30 for comparison. HCAHPS has a set requirement for the number of responses reported at 300 per year. In addition, Press Ganey does not require a second mailing to non-responders. HCAHPS has a mandatory second mailing to all identified non-respondents.

**Adjustments prior to reporting**
Before HQA reports HCAHPS results on its public site, it will adjust the data for differences in survey responses due to either mode of administration (mail or telephone) or patient characteristics. Prior work has found that patients who respond by phone tend to report more positively than those who respond by mail. By adjusting for patient mix, HQA can estimate how hospitals would perform if they were to provide care to comparable groups of patients. Patient characteristics that affect survey responses include: service line, language other than English spoken at home, age, education, self-reported health status, admission through emergency room, and lag time between date of discharge and survey.

**Patients eligible for the HCAHPS survey**
Survey results from all patients receiving the official HCAHPS survey are submitted to CMS (not just Medicare patients). The HCAHPS survey is broadly intended for patients of all payer types that meet the following criteria:

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

**Excluded patients:**
- Not admitted and discharged from an Inpatient stay
- Observation patients are not eligible
- Deceased at time of discharge
- Under 18 years of age at time of admission
- Did not have at least one overnight stay
- Psychiatric diagnosis at discharge
- “No Publicity” Patients
- Admitted from prison
- Patients with a foreign address
- Discharged to hospice care
- Excluded by State Law
Key Messages and Supporting Points

Methodist Health System supports consumer health care knowledge and choice.

- Methodist Health System supports sharing information about the quality of care we provide. That’s why we are part of a national initiative to provide meaningful quality information to consumers.
- Reports such as HCAHPS are just one of the many sources consumers can use to choose a hospital. Consumers also gain valuable insights from talking with their physicians, nurses, friends and family, or reviewing information from the Quality Initiative, the national source on hospital performance data.
- Patients should be involved in their care and ask questions. We strongly encourage consumers to discuss any reports or information about their care with their physician.

Methodist voluntarily participates in a number of national quality initiatives. This demonstrates our commitment to giving safe, high-quality health care and continually working to improve that care.

- Methodist Dallas Medical Center, Methodist Charlton Medical Center, and Methodist Mansfield Medical Center have all achieved JCAHO accreditation. Accreditation is recognized nationally as the Gold Seal of Approval in health care. There were many compliments from the surveyors at all three campuses about the graciousness and openness they encountered throughout the surveys. One of the surveyors remarked that such openness is the “sign of a good organization.”

- Methodist voluntarily participates in the CMS Hospital Quality Incentive Demonstration Project – a program that involves Premier Inc., a nationwide organization of nonprofit hospitals. This innovative program will reward participating hospitals that provide high quality care by increasing their payment for Medicare patients. Participating hospitals report quality data that CMS will use to determine high-performing hospitals.

- Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The ultimate goal of the partnership is to save lives by reducing the incidence of surgical complications by 25 percent by the year 2010. As a partner in SCIP, Methodist believes that a meaningful reduction in complications requires that surgeons, anesthesiologists, perioperative nurses, pharmacists, infection control professionals and hospital executives work together to make surgical care improvement a priority by using evidence-based practice recommendations and by giving more attention to designing systems of care with redundant safeguards.

- Methodist Dallas Medical Center’s Neonatal Intensive Care Unit (NICU) participates in the Vermont-Oxford Network, which provides a range of quality management tools, research and collaborative opportunities to assist neonatal intensive care units improve their quality of care.
Methodist Health System compares favorably with hospitals across the state and the country. (Reporting period 4th quarter 2006 – 2nd quarter 2007 discharges)

- Methodist Dallas’ composite score results for patient experience, hospital environment, and discharge information were constantly at or greater than the state and national average. Based upon the 10 point scale, with 10 being the highest, Methodist Dallas received 64% 9-10 overall ratings, slightly greater than state and national averages. The hospital also received 75% definitely recommend rating, significantly higher than state and national averages.
- Methodist Charlton results were comparable to statewide data and national data on the majority of ratings, including overall hospital rating.
- Methodist Mansfield was just recently opened at the time of the initial survey. Therefore, their results are listed as “N/A” which means that there was not sufficient data available. Methodist Mansfield data will be available for the October 2008 HCAPHS report, and all indicators from preliminary Press Ganey reports for Methodist Mansfield are favorable.

Methodist uses the data from these quality and patient satisfaction initiatives as a tool for continuous improvement to enhance patient care.

- By benchmarking our services with hospitals across the state and the nation, we are able to constantly improve and implement best-practices to benefit our patients.
- Data collection allows us to give individual reports to physicians, nurses, and nursing units. These individuals and teams then use this data to improve patient safety, quality, and effectiveness.
- For example, even patient units with high patient satisfaction scores have shown improvements when consistently implementing best practices such as patient rounding on each shift. Rounding allows the patient to meet the charge nurse or nurse manager on each shift, and gives the charge nurse an opportunity to keep a pulse on patient needs. And patient satisfaction scores on these units reflect its effectiveness.

Methodist’s patients deserve the best care. Even with scores that exceed state and national averages for patient satisfaction and quality, our focus on continuous improvement results in higher patient satisfaction and better outcomes and safety for our patients.

- For the past several years, Methodist has undertaken several initiatives to continually improve patient experience in our hospitals. For instance:
  o Patient education materials relating to discharge medications have been implemented at all three campuses.
  o Front line nursing staff members have received training to help improve communication with patients on topics such as safety, medications, pain management, and expectations.
  o Physicians on the Methodist Health System medical staff have also received training on the physician role in patient satisfaction, and have tied patient satisfaction back to the formal physician peer review process. For instance, at Methodist Mansfield, the medical staff president reviews patient comments regarding physicians and shares these in a follow up letter with the physician, either as a congratulatory letter or a letter with suggestions for improvement.
  o Instead of using call lights, patients have direct access to nurses on the unit by utilizing the Spectralink wireless phones.
  o Discharge phone calls are made to every patient 24-48 hours after they go home from the hospital. The purpose of the discharge call is to answer any additional questions the patient may have about their home care or medications.
In order to reduce noise, overhead paging is kept to a minimum, and many units do not allow overhead paging between 7 p.m. and 7 a.m. Newer units are designed to decrease noise.

Patient satisfaction is a key pillar of Methodist Health System’s goals, and shared throughout the organization.

Wireless computer access is available to many patients and visitors.

Methodist Charlton Medical Center has a dedicated team focused on improving patient throughput and decreasing delays.

Service recovery process which allows all employees to provide service recovery to patients with tools including gift coupons, flower bouquets, fruit baskets and other items.

Manager and senior executive rounding.