

91 74 95 83 55

patient experience

12 15 11 14

accountability

range of scores

HCAHPS Basics

**A RESOURCE GUIDE FOR
HEALTHCARE MANAGERS**

Carrie Brady, JD, MA

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+CPro

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CD-ROM Files

The following files can be found on the CD-ROM included with this book:

File name	Document
Fig1.1.pdf	National Performance on HCAHPS Survey, July 2007–June 2008
Fig4.1.pdf	CMS Mode Adjustments of Top Category
Fig4.2.pdf	CMS Mode Adjustments of Bottom Category
Fig4.3.pdf	HHS.gov Hospital Compare Screenshot
Fig4.4.pdf	HHS.gov Hospital Compare (View Graphs) Screenshot
Fig4.5.pdf	HHS.gov Hospital Compare (View Tables) Screenshot
Fig7.2.pdf	Planetree Components and HCAHPS Question Topics
App-B.pdf	HCAHPS Survey
App-C.doc	Important Resources

Appendix D: Useful Tools and Information (folder)

IntroD.doc	Introduction to Useful Tools and Information
IntroSAT.doc	How to Use the Self-Assessment Tool
FigD.1.pdf	Self-Assessment Tool
FigD.2.pdf	HCAHPS Sampling Flow Chart
FigD.3.pdf	CMS HCAHPS Mode and Patient Mix Adjustment, April 2008
FigD.4.pdf	State Comparison Report, March 2009
FigD.5.pdf	2008 HCAHPS Chartbook
FigD.6.ppt	HCAHPS PowerPoint

To adapt any of the files to your own facility, simply follow the instructions below to open the CD.

If you have trouble reading the forms, click on View, and then Normal. To adapt the forms, save them first to your hard drive or disk by clicking File, then Save as, and changing the

system to your own. Then change the information enclosed in brackets to fit your facility and add or delete any items you wish to change.

Installation Instructions

This product was designed for the Windows operating system and includes Word files that will run under Windows 95/98 or later releases of Windows. The CD will work on all PCs and most Macintosh systems. To run the files on the CD-ROM, perform the following steps:

1. Insert the CD into your CD-ROM drive.
2. Double-click on the My Computer icon, then double-click on the CD drive icon.
3. Double-click on the files you wish to open.
4. Adapt the files by moving the cursor over the areas you wish to change, highlighting them, and typing in the new information using Microsoft Word.
5. To save a file to your facility's system, click on File and then click on Save As. Select the location where you wish to save the file and then click on Save.
6. To print a document, click on File and then click on Print.

About the Author

Carrie Brady, JD, MA, is vice president of quality at Planetree, a network of more than 140 hospitals and other healthcare providers working together to advance patient-centered care. She collaborates and consults with Planetree members, policymakers, and other partners to develop and implement strategies to promote patient-centered care. Through her keynote presentations and workshops, she challenges and inspires groups to broaden the way they think about engaging their patients and staff members and responding to organizational challenges. Her recently published works include the *Patient-Centered Care Improvement Guide*; select chapters in *Putting Patients First* (Jossey Bass), in which she helps break down the barriers to patient-centered care and highlights the connections between patient-centered care, quality, and safety; and articles in *The Patient* and *Focus on Patient Safety*.

Before joining Planetree, Brady spent several years as a vice president of the Connecticut Hospital Association, where she was responsible for assisting hospitals in complying with statutory, regulatory, and accreditation requirements, advocating for hospitals with state and national organizations, and developing innovative collaborative initiatives in quality, patient safety, and public reporting. Specific areas of focus included coordinating two statewide pilot tests of the HCAHPS survey, developing one of the first patient safety organizations in the nation, and designing a public reporting program for Connecticut hospitals.

Brady has served on several state and national committees, including the National Quality Forum (NQF) Review Committee for Hospital CAHPS® and the NQF Serious Reportable Events Maintenance Committee, and is a member of the National CAHPS Benchmarking Database Advisory Group and TalkingQuality Editorial Board. She received a JD and an MA in sociology from Northwestern University and was a 2005–2006 Patient Safety Leadership Fellow.

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This book would not have been possible without the contributions of so many individuals committed to patient-centered care who shared their successes and struggles. Thank you all for confiding in me and allowing me to tell your stories for the benefit of others. As hospitals' experience with the HCAHPS survey evolves, so will the stories. If you have an HCAHPS-related experience you would like to share, I would be delighted if you would contact me at hcahpsexperience@yahoo.com.

A special thank you to my Planetree colleagues, especially Sara Guastello, who read every word, made invaluable suggestions, and contributed significantly to Appendix A; Griffin Hospital, Cleveland Clinic, and all of the members of the Planetree network; Nancy Foster (American Hospital Association); Liz Goldstein (Centers for Medicare & Medicaid Services); Deidre Mylod (Press Ganey); Lise Rybowski (The Severyn Group); Dale Shaller (National CAHPS Benchmarking Database); Samantha Sheridan (Westat); Becky Steward (Illinois Hospital Association); the members of the Connecticut Hospital Association; Tami Swartz (HCPro); the Picker Institute and the Picker-Planetree Fellows (Maria Hale, Susan Smith, and Susan Stone); and my family.

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This book is dedicated to Chuck Darby, an extraordinary gentleman who coordinated the development of the CAHPS® surveys. Chuck nurtured the CAHPS program and inspired everyone who knew him with his humor, vision, wisdom, and integrity. His passion burned so bright, he blazed a trail and left a well-lit path for others to follow. He wouldn't want the credit, but Chuck changed healthcare by giving patients a much stronger voice. He may have left this earth, but Chuck will always be a guiding star.

Introduction

In the interest of full disclosure, I would like to start this book by telling you right up front that I am not a data person. I did take a statistics course long ago, but I couldn't calculate correlations or produce a regression analysis now if my life depended on it. What I am passionate about, however, is understanding relationships—and ultimately, the HCAHPS survey is all about relationships, not data.

There Are Ordinary and Extraordinary Ways to Use Data

This book will help you understand and work with HCAHPS in an extraordinary way. Data can be used to measure compliance, promote achievement of standardized goals, and evaluate effectiveness. Most organizations use data for these purposes, which are effective for those individuals who have an affinity for data, but may leave others feeling alienated or disconnected.

There are other ways to use data that go well beyond the traditional approaches. Organizations that use data in an extraordinary way recognize that data are much more than numbers on a page. Instead, data can provide a window into the organizational culture and relationships. Data can help leaders discover and build on areas of excellence within the organization and can become the building blocks for innovation. Extraordinary uses of data engage everyone, regardless of whether they are data people.

This book begins with the fundamental basics of HCAHPS and why it is important, moves on to the survey and public reporting process, and finally provides guidance on how to use HCAHPS to deepen your relationships with patients and staff members. Here is a summary of the highlights of each chapter:

- **Chapter 1: What Is HCAHPS?** summarizes what is included in the HCAHPS survey and how it was developed.
- **Chapter 2: Why HCAHPS Matters** highlights the connections between HCAHPS, quality and safety, the effect of public reporting, and the emergence of pay for performance.
- **Chapter 3: HCAHPS Survey Process Basics** summarizes key decision points for hospitals in the survey process, including selection of a vendor (or choosing to do the survey yourself), survey mode and sampling protocol, and monitoring your data submissions.
- **Chapter 4: Demystifying the Public Reporting Process** explains how the Centers for Medicare & Medicaid Services' (CMS) data submission and public reporting process works, including the patient-mix and mode adjustments and the preview report procedure. Chapter 4 also discusses strategies for hospitals to report their own data to the public.
- **Chapter 5: Dancing with the HCAHPS Data** describes how to understand your information environment and offers strategies for using the HCAHPS data to enhance, rather than deteriorate, relationships between and among patients and staff members.
- **Chapter 6: Common Pitfalls to Avoid** is the most entertaining chapter of the book. If you think HCAHPS can't be fun, start here and be prepared to laugh (or groan) as you recognize some of these HCAHPS traps.
- **Chapter 7: Case Studies** highlights the experiences of two hospitals, Griffin Hospital in Derby, CT, and Cleveland Clinic, in using HCAHPS. Griffin Hospital has found creative ways to put the patient and caregiver

back in the data and Cleveland Clinic has successfully integrated HCAHPS with other information to gain a more complete understanding of the patient experience.

- **Chapter 8: Other CAHPS Surveys and the Future of HCAHPS** provides a brief overview of the other CAHPS surveys that the Agency for Healthcare Research and Quality has developed and discusses possible next steps for the HCAHPS survey.
- Don't skip the **Epilogue**—the not-so-surprising ending is that once you have mastered the HCAHPS basics, you need to move on to the larger issue of how to implement patient-centered care.
- **Appendix A: Patient-Centered Strategies for HCAHPS Improvement** provides many practical solutions to creating a patient-centered culture and, on the way, enhancing your HCAHPS scores. This appendix will teach you how to improve communication, discharge, pain management, and more.

Additional material on the CD-ROM includes:

- **Appendix B: HCAHPS Survey.**
- **Appendix C: Important Resources** is a summary of online resources, including the key Web sites to monitor CAHPS survey developments and several Web site options for analyzing the HCAHPS data.
- **Appendix D: Useful Tools and Information** includes useful information and charts regarding benchmarking, self-assessment, CMS mode adjustment, sample populations, CMS 2008 Chartbook, and a PowerPoint to help educate others on the topic of HCAHPS.

What Is HCAHPS?

Why HCAHPS Is Unique

At its most basic, HCAHPS is a 27-question survey of hospital patients. Hospitals have been surveying patients for decades, but HCAHPS is unique. Unlike most surveys, which are developed by individual hospitals for their own use or by survey vendors for use by their hospital clients, the HCAHPS survey was developed by the federal government, specifically the Agency for Healthcare Research and Quality (AHRQ). The Centers for Medicare & Medicaid Services (CMS) asked AHRQ to develop the survey as part of CMS' commitment to providing consumers, purchasers, and providers with reliable comparative information about health-care quality.

The HCAHPS survey (found in Appendix B on the CD-ROM) and the protocols for administering the survey are standardized, and any hospital or survey vendor can use the HCAHPS questions at no charge. As a result, HCAHPS is the only survey that enables hospitals using different survey vendors to compare their performance to nearly all acute care hospitals nationwide, instead of comparing their performance only to the other hospitals using the same survey vendor. Although hospitals are not required to use the HCAHPS survey, they have strong financial incentives to do so, since their CMS payments will be reduced if they do not use the HCAHPS survey and report their results to the public. CMS has proposed that

in the future, hospitals have financial incentives tied not only to reporting the data, but also to how well they perform on the HCAHPS survey. (For an overview of HCAHPS, refer to “HCAHPS at a Glance” below.)

HCAHPS at a Glance

- The survey contains 27 questions to be answered by hospital patients. It was developed by AHRQ at the request of CMS.
- The survey asks patients who have spent at least one night as an inpatient about the following aspects of their hospital experience: communication (with doctors, with nurses, and about medicines); responsiveness; pain management; hospital environment; discharge information; and overall experience.
- The survey is administered within six weeks of discharge by mail, phone, active interactive voice response (IVR), or a combination of mail and phone.
- Results are released to the public by CMS on the Hospital Compare Web site (www.hospitalcompare.hhs.gov) and updated quarterly.
- Adult acute care hospitals are required to use the survey and report the results to receive their full CMS payments; hospitals not subject to the CMS Inpatient Prospective Payment System (IPPS), including critical access hospitals and pediatric hospitals, are not required to participate.

HCAHPS History

HCAHPS was developed by AHRQ in conjunction with CMS. You may be surprised to learn that HCAHPS was not the first CAHPS® survey developed by AHRQ. In fact, the original CAHPS survey was for health plans, and the acronym CAHPS stood for Consumer Assessment of Health Plans Study. Since development of the initial CAHPS survey began in 1995, AHRQ has developed many other surveys and eventually changed the CAHPS acronym to mean Consumer Assessment of Healthcare Providers and Systems. HCAHPS (sometimes written as H-CAHPS) is the hospital

version of the CAHPS survey. Other CAHPS surveys are described in Chapter 8. The development of HCAHPS was part of a broader initiative to create transparency in hospital care, led by CMS and the Hospital Quality Alliance, a collaboration of hospitals, consumers, and purchasers. This initiative focused not only on development and public reporting of HCAHPS performance, but also on public reporting of hospitals' performance on a variety of other quality measures, including clinical process and outcome measures. The CMS Hospital Compare Web site was launched in 2005 with 17 clinical process measures. The HCAHPS survey was added to Hospital Compare in March 2008 after a lengthy development process.

The purpose of HCAHPS

The purpose of the HCAHPS survey “is to uniformly measure and publicly report patients' perspectives on their inpatient care.”¹ CMS has articulated three broad goals for the survey:

- *The survey is designed to produce comparable data on patients' perspectives of care that allows **objective and meaningful comparisons** between hospitals on domains that are important to consumers;*
- *Public reporting of the survey results is designed to **create incentives for hospitals to improve their quality of care**; and*
- *Public reporting will serve to **enhance public accountability** in healthcare by increasing the transparency of the quality of hospital care provided in return for the public investment.² (emphasis added)*

HCAHPS development process

To create a survey that was “credible, useful, and practical,”³ CMS engaged AHRQ's experienced survey researchers who, along with Westat and the CAHPS

grantees (the American Institutes for Research, RAND Corporation, and Harvard Medical School), engaged in an extensive multistep development process. AHRQ uses the following design principles to guide the development of any CAHPS survey, including HCAHPS:

- *Use the best scientific evidence available*
- *Measure only those things for which the respondent is the best or only source of information*
- *Base the assessment on the respondent's experience with specific provider behaviors and their ratings of care*
- *Incorporate stakeholder input throughout the development process*
- *Develop report formats in tandem with survey development;*
- *Provide technical assistance to users*
- *Place products in the public domain.⁴*

Steps in the HCAHPS development process included a public call for survey questions, literature reviews, cognitive testing in English and Spanish, pilot testing, and review by the National Quality Forum (NQF), a broad-based public-private partnership dedicated to improving healthcare quality. The process also included patient focus groups and ongoing input from hospitals, consumers, and survey vendors. To understand the development process, see “HCAHPS Development Timeline” on the next page.

HCAHPS Development Timeline⁵

- 2002: CMS asks AHRQ to develop the HCAHPS survey.
- 2003: Hospitals pilot-test 66-question version of the survey.
- 2003–2005: Public comment period and additional pilot testing. CMS and AHRQ shorten the survey to 32 questions and then to 25 questions.
- 2005: NQF approves 27-question version of the survey (after adding two “courtesy and respect” questions).
- 2006: CMS trains survey vendors and begins collecting HCAHPS data for public reporting on a voluntary basis in October 2006.
- 2007: Financial incentives implemented (beginning with July 2007 discharges, adult acute care hospitals subject to CMS’ IPPS must collect and publicly report HCAHPS data to receive their full CMS Annual Payment Update).
- March 2008: HCAHPS data (October 2006–June 2007 discharges) are first released to the public on the Hospital Compare Web site.

Tradeoffs in the development of the HCAHPS survey

To make the survey as reliable as possible for public reporting, it should be absolutely standardized, which would mean every hospital would administer exactly the same survey in exactly the same way. However, this type of rigid standardization presented several practical challenges for hospitals. To make the survey practical for hospitals to implement, CMS and AHRQ chose to allow some flexibility in the survey itself and in the administration of the survey, while preserving the comparability of results for public reporting. Hospitals have the flexibility to:

- Administer the survey themselves or have the survey administered by a survey vendor

- Add custom questions to the survey; however the first 22 HCAHPS questions must be placed first, in the exact order they are listed in the official survey (see Appendix B on the CD-ROM).
- Administer the survey in different ways (referred to as survey modes), including by mail, by phone, through a combination of mail and phone, or using active IVR (CMS adjusts the data to ensure that they are comparable across modes)

The initial HCAHPS survey contained 66 questions but was narrowed down through the pilot-testing process and review by the NQF to the final 27-question version. CMS shortened the survey in part to facilitate integration of the HCAHPS questions into existing patient satisfaction surveys. CMS had originally proposed that hospitals would be barred from adding any additional questions to the survey, but recognized that allowing hospitals to integrate HCAHPS into their existing surveys would reduce costs, as well as enable hospitals to continue using questions and trending responses used for ongoing hospital quality improvement efforts. This issue was one of the many areas in the development of the HCAHPS survey that required AHRQ and CMS to carefully balance flexibility and validity.

HCAHPS response options

You may have noticed that AHRQ and CMS refer to HCAHPS as a patient experience survey, not a patient satisfaction survey. This is not merely a semantic difference; it provides important insight about the response options that the HCAHPS survey uses. Many satisfaction surveys ask patients to rate their experience on a scale of 1–5, or from “very poor” to “excellent.” These responses ask patients to make a judgment about how the experience compared to their expectations. Although the HCAHPS survey includes two overall rating items, most of

the HCAHPS survey questions ask patients to describe their experience using frequency responses (i.e., “always,” “usually,” “sometimes,” “never”), which are considered to be more reliable than ratings and less dependent on expectations.

The HCAHPS Survey Questions

The HCAHPS survey consists of 27 questions: 18 are substantive questions related to the patient experience, four are screening questions that guide patients to skip questions that are not applicable to them, three are used to obtain information about the patient which CMS uses to standardize results (referred to as the patient-mix adjustment, discussed in Chapter 4), and two relate to the race and ethnicity of the person completing the survey. Although the race and ethnicity questions are not used to adjust the survey results, they are used for research purposes. The mail version of the HCAHPS survey is available in English, Spanish, Chinese, Russian, and Vietnamese.

AHRQ began the HCAHPS development process by publishing a public notice asking hospitals and survey vendors to share surveys or survey questions they wished to be considered during development of the HCAHPS survey. The hospitals and vendors were informed that any items used would be placed in the public domain. AHRQ conducted a literature search, held patient focus groups, and invited public comment through Web chats, meetings, e-mail, and a listserv. AHRQ also conducted cognitive testing of a 68-question version of the survey. Following this process, AHRQ pilot-tested a 66-question version of the survey with hospitals in Arizona, New York, Maryland, and Connecticut. Using the results of the pilot and input from patients, hospitals, and other interested organizations, AHRQ was able to reduce the survey to less than half of its original length while maintaining its validity. In whittling down the number of HCAHPS questions, AHRQ considered whether each question:

Discriminated among hospitals; was judged to be relevant to quality of care; was important to patients; was not redundant with other content in the survey; fit conceptually with existing composites; demonstrated variability in response; was not available from administrative records; was easy to understand and answer; and was associated with critical indicators such as global rating of the hospital and willingness to recommend the hospital to family and friends.⁶

The final HCAHPS survey includes six domains, two individual items, and two global ratings. The word “domain” refers to multiple questions in the same category. For example, the nurse communication domain consists of three nurse communication questions. The domain scores are also commonly referred to as composite scores. (See “HCAHPS Survey Questions: Domains/Composite Measures” on the next page for further description.)

HCAHPS Survey Questions: Domains/Composite Measures

- **Communication with nurses** (measured by percentage of “always” answers):
 - Treat you with courtesy and respect
 - Listen carefully to you
 - Explain things in a way you could understand
- **Communication with doctors** (measured by percentage of “always” answers):
 - Treat you with courtesy and respect
 - Listen carefully to you
 - Explain things in a way you could understand
- **Responsiveness** (measured by percentage of “always” answers):
 - Call button response
 - Toileting
- **Pain management** (measured by percentage of “always” answers):
 - Pain well controlled
 - Staff members did everything they could to help with pain
- **Communication about (new) medicines** (measured by percentage of “always” answers):
 - Tell you what medicine is for
 - Describe side effects in a way you could understand
- **Discharge information** (measured by percentage of “yes” answers):
 - Ask about help you needed upon discharge
 - Provide written information about symptoms to look out for

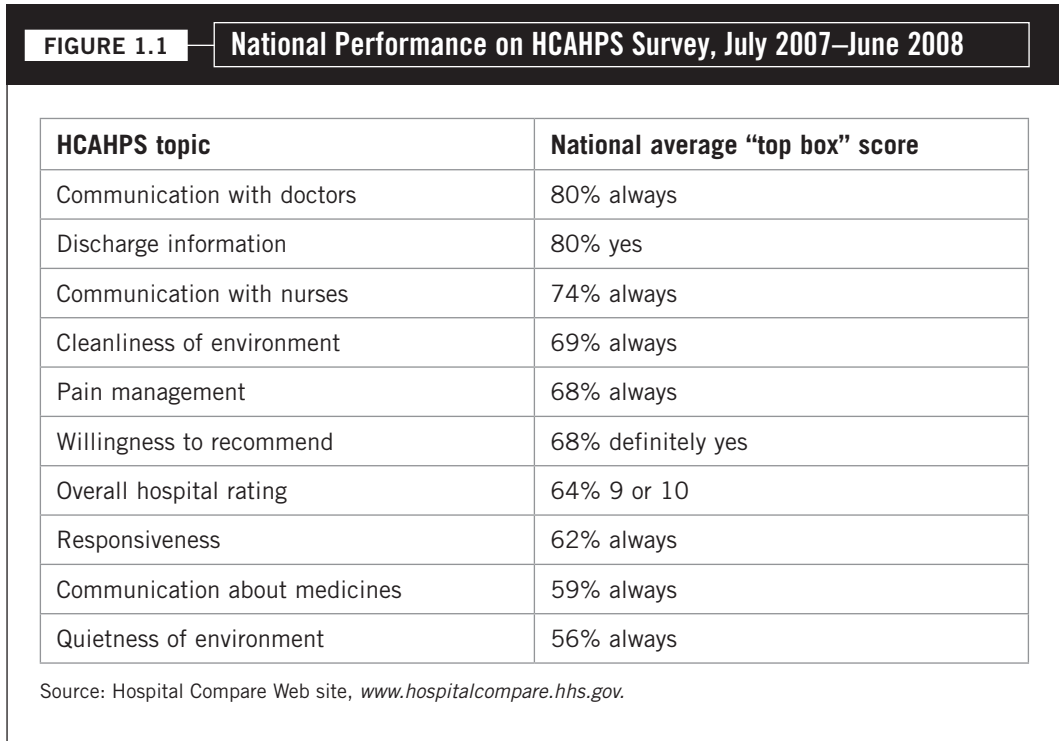
Individual Questions on Hospital Environment (measured by percentage of “always” answers):

- **Cleanliness of room and bathroom**
- **Quiet at night**

Global Questions:

- **Overall Rating** (percentage that rated hospital a 9 or 10 on a scale of 0–10)
- **Willingness to recommend** (measured by percentage of “definitely yes” answers)

The national performance on the HCAHPS survey illustrates the many opportunities for improvement. The highest national averages are 80% “always” for doctor communication and discharge information; the lowest national average is 56% “always” for quietness. (For more national averages, see Figure 1.1.)



Communication with nurses

The first three questions on the HCAHPS survey relate to communication with nurses. They are:

- During this hospital stay, how often did nurses treat you with courtesy and respect? (Never, Sometimes, Usually, Always)

- During this hospital stay, how often did nurses listen carefully to you?
(Never, Sometimes, Usually, Always)
- During this hospital stay, how often did nurses explain things in a way you could understand? (Never, Sometimes, Usually, Always)

The difference between courtesy and respect, listening, and explaining was a subject of debate during development of the HCAHPS survey. Based on the results of the pilot tests, in its 25-question version of the survey AHRQ had eliminated the “courtesy and respect” questions on the basis that the other two questions about listening and explaining would satisfactorily capture nurse and doctor communication. When the NQF reviewed the 25-question version of the survey, it recommended adding the “courtesy and respect” questions back into the survey for doctors and nurses. Committee members believed that courtesy and respect involved more than listening and explaining things effectively and that it was important to have the broader issue captured in the survey.

The national data bear out the NQF committee’s inclination. The national average “always” rating for nurse courtesy and respect (78%) is significantly higher than the national average rating for nurse listening (67%) and explaining (67%).⁷ This variation suggests the difference in patients’ perceptions between common courtesy and true partnerships. It is possible to be courteous to a stranger and in most cases we are courteous to people we don’t know. However, to partner effectively, we need to do more than be courteous; we need to listen carefully and explain things in a way that the other person can understand. The HCAHPS data appear to indicate that, as a whole, nurses and doctors in U.S. hospitals are generally being polite but are failing to do what is necessary to form strong, effective partnerships between patients and providers.

For public reporting purposes, the three nurse communication questions are combined into one nurse communication domain score. The national average “always” score for nurse communication is 74%, making it the third highest scoring category, behind doctor communication and discharge information, which are both at 80% “always.” The state averages for nurse communication vary from 62% to 80%.⁸

Focus group feedback that CMS and AHRQ obtained from patients during development of the HCAHPS survey confirms the importance of communication. In an open-ended discussion about which characteristics were associated with hospital quality, many patients indicated that “communication with physicians, nurses, and all hospital staff...was the most important characteristic.”⁹ Patients mentioned several positive communication techniques, including “showing respect, compassion and kindness; being polite; providing reassurance in a frightening situation; spending enough time with patients; and involving patients in decisions as much as they wanted.”¹⁰ With respect to nurses, “several participants commented that they rely on nurses to explain what the doctors have said to them and to communicate treatment plans.”¹¹

Communication with doctors

Questions five through seven of the HCAHPS survey relate to communication with doctors and are the same three questions included in the survey related to communication with nurses. The distinction between courtesy and respect, listening, and explaining described earlier for nurses holds true for physician performance as well. Physicians have an average “always” rating for courtesy and respect of 85%, compared to 76% for listening carefully and 73% for explaining effectively.¹²

For public reporting purposes, these three questions are combined into a doctor communication composite. The national average “always” score for doctor communication is 80%, which is tied with the discharge information composite as the two highest publicly reported HCAHPS scores. The state averages for doctor communication vary from 68% to 88%.¹³

Responsiveness

Three questions on the HCAHPS survey relate to responsiveness: two substantive questions and one screener question. The first question (question #4 in the official survey) is included in the section of the survey that asks about care provided by nurses:

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (Never, Sometimes, Usually, Always, I never pressed the call button)

The other two questions are in the section of the survey that asks patients to rate their experience in the hospital. The first (question #10 in the survey) is a screener question:

- During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

If the answer to this question is yes, the patient is asked to answer the following question (#11 in the survey):

- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Never, Sometimes, Usually, Always)

For public reporting purposes, these two substantive questions are combined into a responsiveness of hospital staff composite. The national average “always” score for responsiveness is 62%, which is eighth out of the 10 publicly reported categories. The state averages for responsiveness vary from 48% to 72%.¹⁴

Some hospital staff members have expressed dismay about the importance of toileting, concluding that many things are more important to the patient’s outcome than whether the patient gets to the bathroom quickly. However, patient focus groups confirm the importance of rapid toileting as a matter of “personal dignity.”¹⁵ This is not surprising, considering that patients are often quite literally at the mercy of their caregivers for toileting and may be experiencing uncomfortable physical symptoms that may make toileting more urgent. Other important implications of responsiveness to toileting needs also get to the heart of forging effective patient-caregiver partnerships. Hospitals routinely tell patients they should speak up with any questions or concerns, but if hospital staff members don’t listen when patients say they need to go to the bathroom—something patients are quite sure of—it is hard to imagine that patients will ask questions or raise concerns when they are unsure whether something is wrong.

The hospital environment (cleanliness and quiet)

The HCAHPS survey includes two questions related to the hospital environment (#8 and #9 on the survey):

- During this hospital stay, how often were your room and bathroom kept clean? (Never, Sometimes, Usually, Always)
- During this hospital stay, how often was the area around your room quiet at night? (Never, Sometimes, Usually, Always)

CMS initially intended to combine these two questions into a hospital environment domain score, just as the nurse and doctor communication questions are combined into one score each for public reporting purposes. During the pilot test and the initial national implementation of HCAHPS, however, CMS determined that the cleanliness and quiet scores within individual hospitals were significantly different, which could make combining the scores misleading. Therefore, CMS publicly reports the results of each of these questions separately on the Hospital Compare Web site. Quiet at night is the lowest publicly reported HCAHPS score, with only 56% of patients nationally reporting that the area around their room is “always” quiet at night. The state averages for quietness vary from 45% to 74%.¹⁶ Cleanliness has higher performance and ranks fourth out of the 10 publicly reported HCAHPS categories, with 69% of patients nationally reporting that their rooms and bathrooms were “always” clean. The state averages for cleanliness vary from 60% to 79%.¹⁷

Pain management

The HCAHPS survey includes three questions related to pain management: two substantive questions and a screener question. The questions (#12, #13, and #14 in the survey) are:

- During this hospital stay, did you need medicine for pain? (Yes, No) If yes:
- During this hospital stay, how often was your pain controlled? (Never, Sometimes, Usually, Always)
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (Never, Sometimes, Usually, Always)

The latter question acknowledges that there may be circumstances in which pain is not fully controlled, but hospital staff members should be doing everything they can to manage pain. Every participant in the patient focus groups conducted by AHRQ during development of the HCAHPS survey felt this question was important.¹⁸ Pain management is tied with willingness to recommend as the fifth and sixth out of the 10 publicly reported HCAHPS categories, with 68% national average “always” responses. The state averages vary from 60% to 76%.¹⁹

Communication about medicines

Three questions in the HCAHPS survey are related to communication about medicine: one screener question and two substantive questions. They are included in the survey section regarding hospital experience (#15, #16, and #17 in the survey):

- During this hospital stay, were you given any medicine that you had not taken before? (Yes, No) If the answer is yes:
- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (Never, Sometimes, Usually, Always)
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (Never, Sometimes, Usually, Always)

Communication about medicines ranks ninth out of the 10 publicly reported HCAHPS categories, with 59% national average “always” responses. The state averages vary from 51% to 70%.²⁰

Discharge information

Three questions in the HCAHPS survey are related to discharge information: one screener question and two substantive questions. They constitute a section of the survey labeled “When You Left the Hospital” (#18, #19, and #20 in the survey):

- After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility? (Own home, Someone else’s home, Another health facility) If own home or someone else’s home:
- 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? (Yes, No)
- 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? (Yes, No)

During the piloting process, the discharge information questions did not test as well as the other questions included in the final HCAHPS survey. However, AHRQ chose to leave the discharge questions in the survey because of the importance of good discharge information to avoiding hospital readmissions. Discharge information is tied with doctor communication as the highest ranking publicly reported HCAHPS category, with 80% of patients nationally responding “yes.” The state averages vary from 75% to 86%.²¹

Overall rating

Two questions are included in the “Overall Rating of Hospital” section of the survey. Before these two questions, the survey contains the following instructions: “Please answer the following questions about your stay at the hospital named on

the cover. Please do not include any other hospital stays in your answer.” The two questions that follow those instructions (#21 and #22 in the survey) are:

- 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? (0 to 10)
- Would you recommend this hospital to your friends and family? (Definitely no, Probably no, Probably yes, Definitely yes)

Overall rating ranks seventh out of the 10 publicly reported HCAHPS categories, with a 64% national average of patients giving the hospital a 9 or 10 rating. Willingness to recommend is tied with pain management to rank fifth and sixth, with 68% national average “top box” responses. The state averages vary from 58% to 76% “definitely yes” for willingness to recommend and 54% to 72% for a 9 or 10 overall rating.²²

Topics Not Included in the HCAHPS Survey

Although the HCAHPS survey evaluates several aspects of the hospital experience that are important to patients, some key topics are not addressed. The NQF recommended that additional questions be developed for “the following vital domains: patient safety; coordination of care; and continuum of care (i.e., capturing experiences from admissions through discharge).”²³ AHRQ and CMS have emphasized that HCAHPS “is designed to gather only the necessary data that is needed for comparative public reporting and should complement, not replace, data that hospitals are currently collecting to support internal quality improvement activities.”²⁴ Hospitals would be wise to keep these words in mind as they consider how to most effectively use HCAHPS as one tool to evaluate and advance patient-centered

care. HCAHPS addresses important aspects of patient-centered care, but it is not designed to reflect everything that is important in the patient experience.

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