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Using HCAHPS Data Effectively

Nebraska Hospital Association

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Overview

- Structuring Your Patient Experience Improvement Program
- Reporting Methods
- Looking beyond HCAHPS: Integrating Other Data and Information
 - Case Studies
 - Shadowing Assignment



“You can use the fanciest computers to gather the numbers, but in the end you have to set a timetable and act.”

Lee Iacocca

3



Using HCAHPS Data Effectively:

Structuring Your Patient Experience Improvement Program

“We don’t really have an HCAHPS strategy.”

Remember It's Not a Game

- CMS prohibits efforts to influence how patients respond to the survey, including:
 - Surveying patients during their stay or at discharge
 - Asking patients about their experience using HCAHPS language or response scales
 - Informing patients about the hospital's HCAHPS goals
 - Asking patients to explain a specific survey response
 - Implying that the hospital will receive benefits for certain responses

5



Take a Broad View

- Focus analysis on high performing areas, as well as poor performers
 - High performing units have insights into what works that may be replicable
 - Consider staff trades/mentoring programs
- Don't use HCAHPS as a litmus test for value
 - Many important aspects of the patient experience are not directly reflected in HCAHPS
 - Don't measure the importance of an intervention solely based on its effect on HCAHPS scores

6



Choose Priorities and Benchmarks Wisely

- Failure to prioritize or constantly changing priorities impedes progress
 - Pick one or two focus areas and stick with them
- Consider organizational history, as well as external benchmarks
 - Percentiles are affected by performance of other organizations in comparison pool and can give a misleading impression of changes in organizational performance

7



Preserve the Patient in the Numbers

- Remember that HCAHPS is a tool and a metric, not the goal itself
- The goal is to improve the patient experience as measured by performance on HCAHPS
- It is the relationship that is important, not only the score
 - Stories can help emphasize the relationship

8



Avoid “Magical” Thinking

- HCAHPS improvement requires:
 - Thoughtful planning
 - Coordinated activity
 - Engagement of all staff
 - Teamwork
 - Alignment with other goals
 - Commitment of resources
- Pushing out data and wishing for success won't get you there

9



Self-Assessment: Information Sharing

Performance Reporting v. Improvement Support

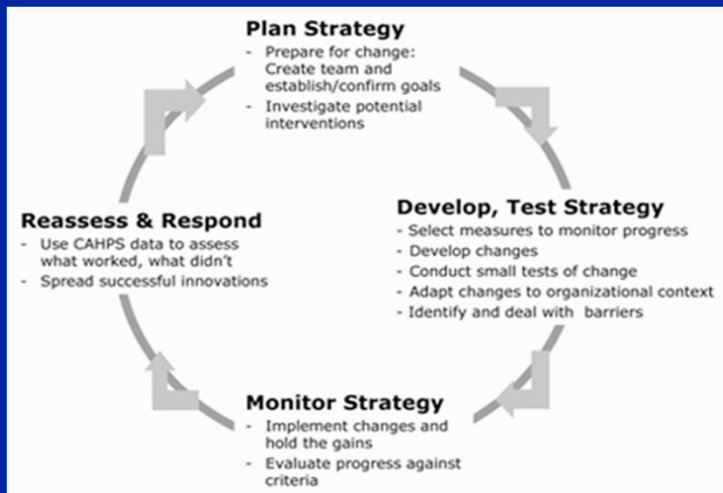
Group	Current HCAHPS Scores	Improvement Tactics
Governing Board	98%	48%
Senior Leadership	95%	67%
Dept/Unit Managers	96%	67%
Medical Staff	95%	69%
Nursing Staff	95%	76%
Pharmacy Staff	97%	70%
Environmental Svcs Staff	95%	68%

% of self-assessment respondents indicating their organizations share the identified information with each group

10



Remember Improvement Is A Cycle



Use a well-established process for quality improvement.

Don't take a scattershot approach.

Graphic Source:



11

CAHPS Improvement Guide www.cahps.ahrq.gov

Self-Assessment: Information Dissemination

- Most common dissemination method is presenting HCAHPS information at meetings
- Approximately 1/3 of the self-assessment respondents provide HCAHPS coaching or support to department/unit managers and nursing staff
 - Less than 1/3 of respondents provide HCAHPS coaching/support to other groups

12





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Using HCAHPS Data Effectively:

Reporting Methods



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Effective Reporting Is Essential

“What information consumes is rather obvious: it consumes the attention of its recipients.

Hence, a wealth of information creates a poverty of attention and a need to allocate that attention efficiently among the overabundance of information sources that might consume it.”

Herbert Simon, economist



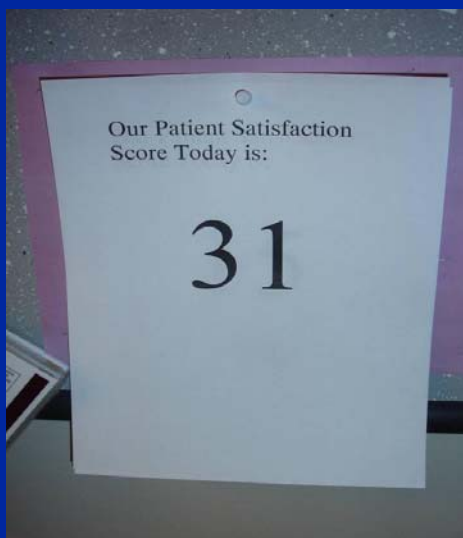
Making the Most of Reporting

- Assume that most staff members will not read a detailed HCAHPS report.
- Post a summary report that makes the key information easy to see at a glance.
 - Include improvement actions.
 - Highlight what is being done well, not just opportunities for improvement.

15



What Does This Mean?



- This sign was posted daily on a hospital unit
- Staff did not know what the number meant:
 - Was it a good score or a bad score?
 - What questions was it based on?
 - What time period was included in the score?
 - What could be done to improve?

16



Do Your HCAHPS Reports Make Sense?

- Are they easy to understand?
- Are they encouraging?
- How frequently are they issued?
- Are they meaningful and actionable?
- Are they visible?
- Are they integrated with other information?

17



Using HCAHPS Data Effectively:

**Looking Beyond HCAHPS:
Integrating Other Data and
Information**

Learn from the Parable of the Blind Men and the Elephant

Looking at the HCAHPS data alone is not enough to design and implement improvement strategies.

Consider the data in context with other data and information you have about organizational performance, including rounding.

19



Case Studies



Good Samaritan Hospital
Kearney, Nebraska

20



What we did to transform care at the bedside?

- “Hand-off” using S-Bar
- Walking rounds at patient bedside with each change of shift
- Multidisciplinary rounds
- Whiteboards in each room



What we did to transform care at the bedside?

- Quiet Time – 1pm - 2pm
- Dietary Personalization
- Meds are given and personal issues are addressed when the patient wants

What we did to transform care at the bedside?

- Personal Representatives
- Post discharge follow-up calls

Patient Satisfaction: Learnings From Our Journey...So Far

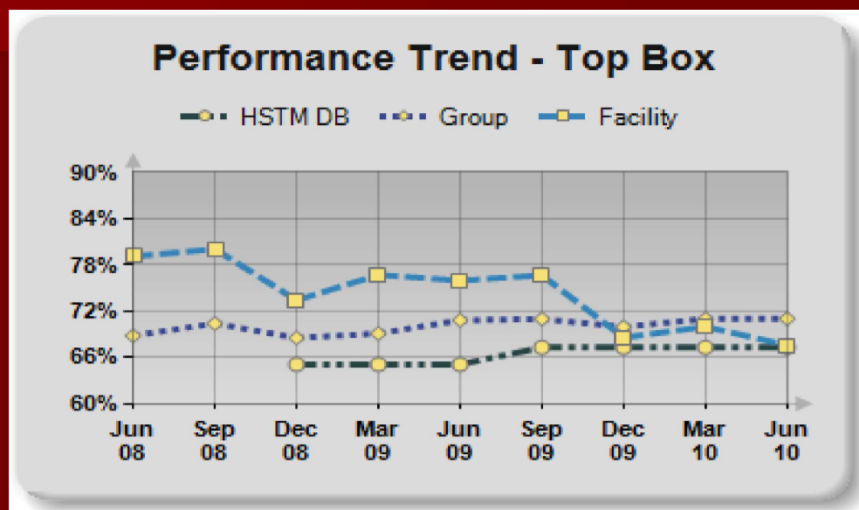
Ellen Gitt, Director of Service Quality/Patient
Advocate

Good Samaritan Hospital
Kearney, Nebraska

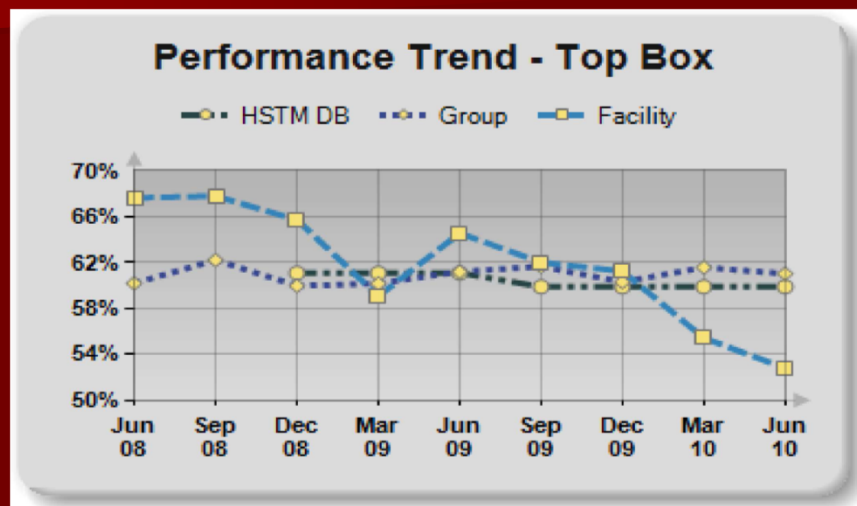
HCAHPS initiatives:

- Purposeful Rounding
- Touchbase Rounding
- Quiet at Night

Overall Patient Satisfaction:



Timely Response to Call Light:



Strategy: Purposeful Rounding

- Nurse or CNA rounds once per hour (every two hours at night)
- Ancillary and Support Service – Round Ad hoc
- 3 P's (Pain, Potty, Position)
- Room scan for phone, call button, bedside table all within reach
- Tell patients when you will return

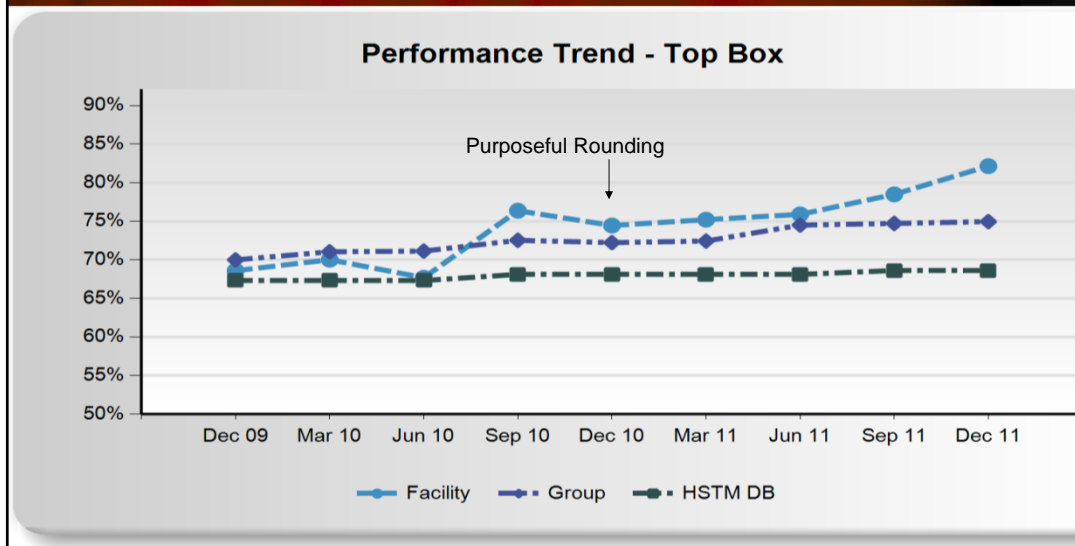
Keys to Success:

- Unit Champions identified
- Education provided to all staff
 - Showed graphs
 - Demonstrated Rounding
 - Introduced log sheets
- Visited at Unit Meetings
- Validation Rounding
- Video of CEO endorsement
- Leadership Rounding

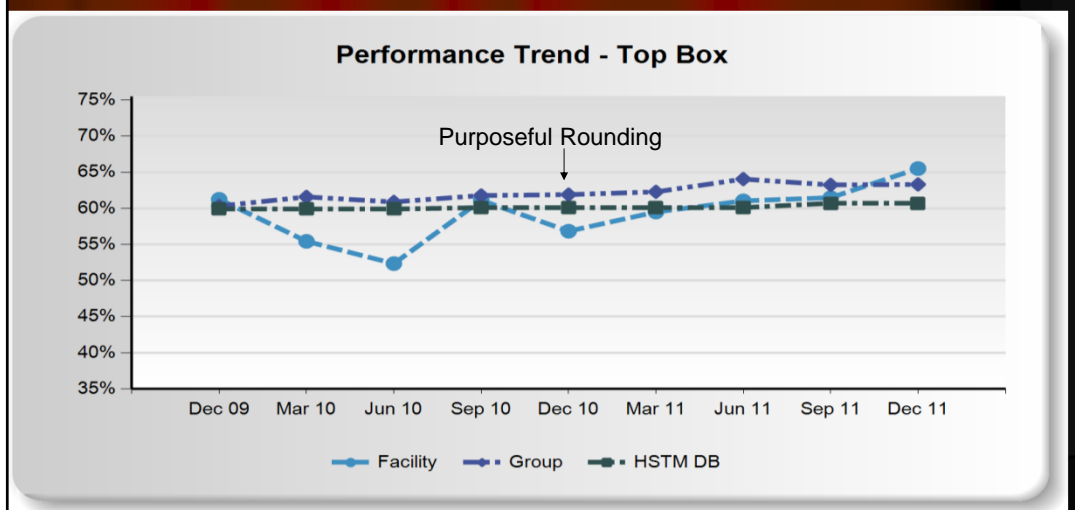
What was hard...

- Change is hard!
- Staff buy-in
- Design of rounding log
- Consistency

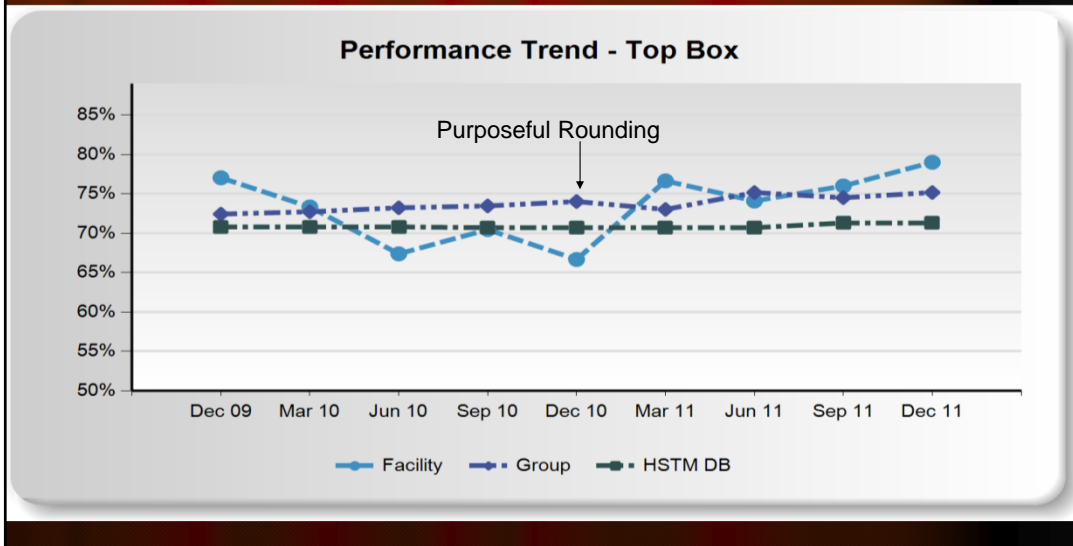
Overall Satisfaction:



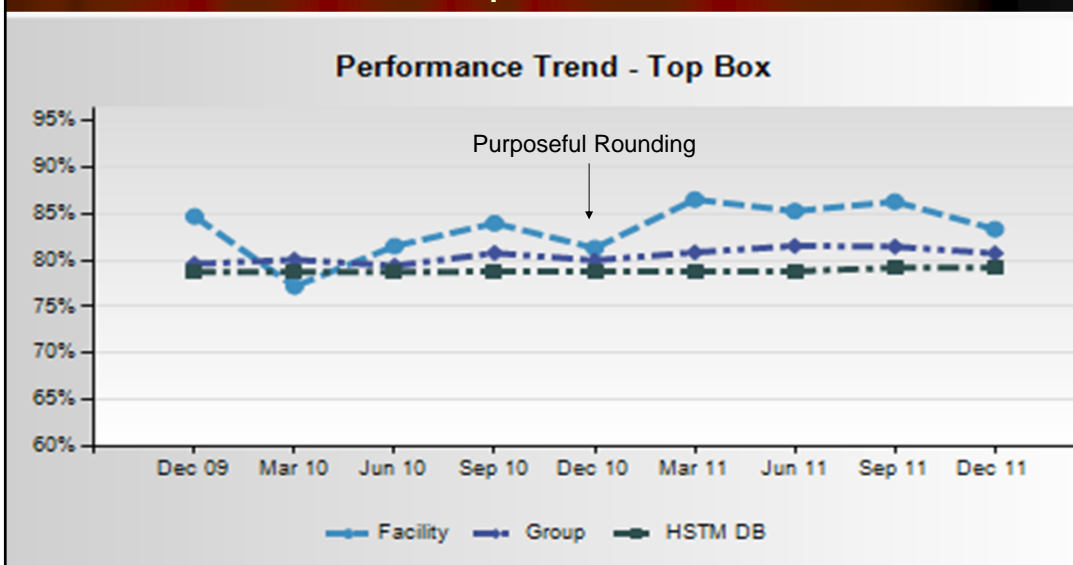
How often was call light answered as soon as you wanted.



Assistance to bathroom as soon as you wanted



Did everything they could to help with pain:



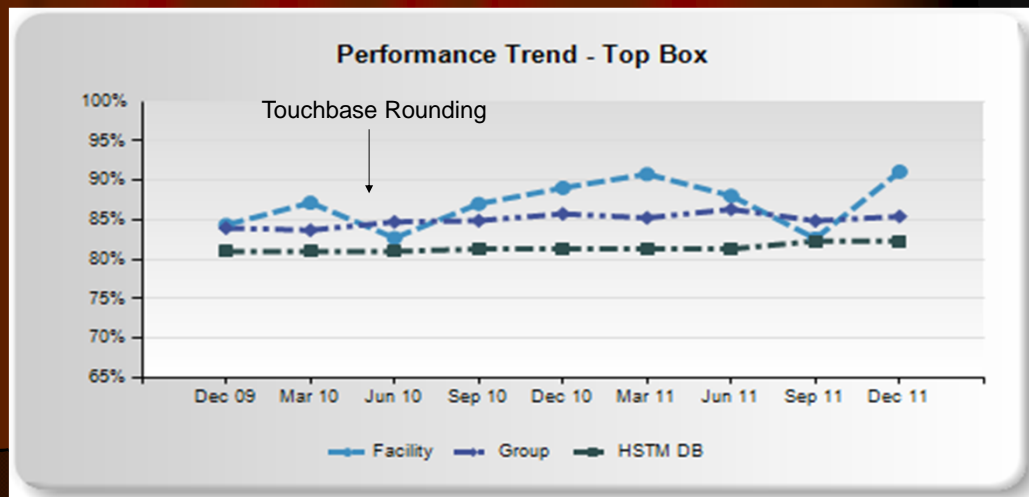
Touchbase Rounding

- Care Manager, Charge Nurse, Primary Nurse round twice a week.
 - Anticipated discharge date
 - Need for help at home
 - Answer questions
 - 2-3 minutes in each room
 - Scripting

Touchbase Rounding

- Keys to success:
 - Identify best time to round
 - Directors shadow the first few weeks
 - Revisit the process after a couple of months to identify challenges and celebrate successes

Talked with you about whether you would have the help you needed when you left the hospital:



How does GSH measure up nationally?

Help after discharge:

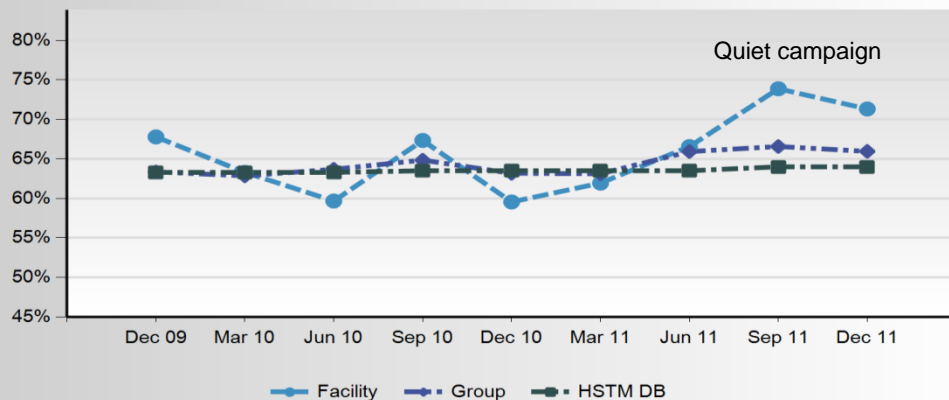
- | | |
|------------------------------|-----------------------------|
| ● GSH FY11: 92 nd | 95 th Percentile |
| ● 3-North | 99 th Percentile |
| ● Family Birth Center | 98 th Percentile |
| ● 4-South/Central | 89 th Percentile |
| ● 2-North | 85 th Percentile |
| ● Pediatrics | 81 st Percentile |

How often was the area around your room quiet at night?

- Identified by Patient and Family Advisory Council
 - One easy fix: Stapler
- Quiet Team
 - Unit Champion
 - Yacker Tracker
 - Manager Rounding

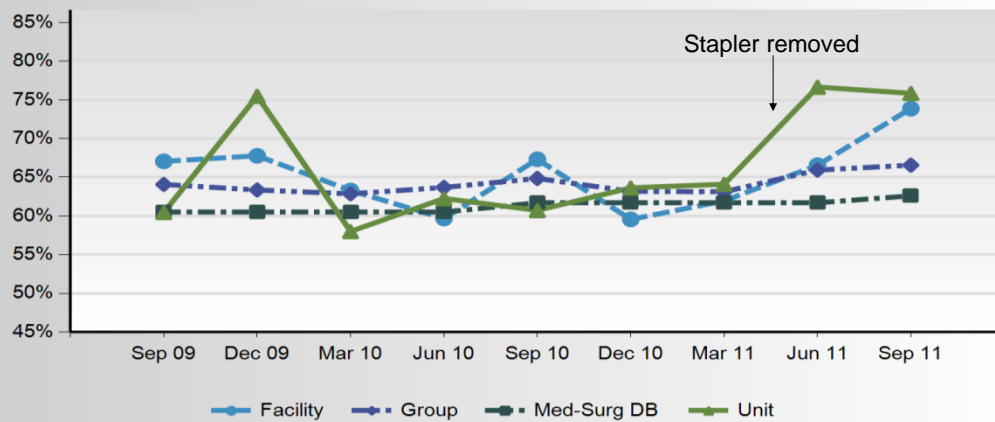
How often was the area outside your room quiet at night?

Performance Trend - Top Box



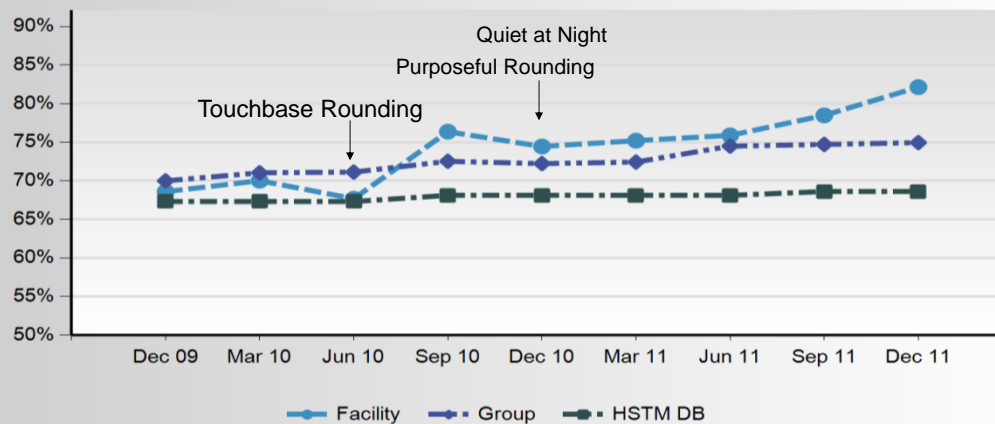
PCU Quiet at Night:

Performance Trend - Top Box



Overall Satisfaction:

Performance Trend - Top Box



*"Small deeds done are better than
great deeds planned."*

– Peter Marshall



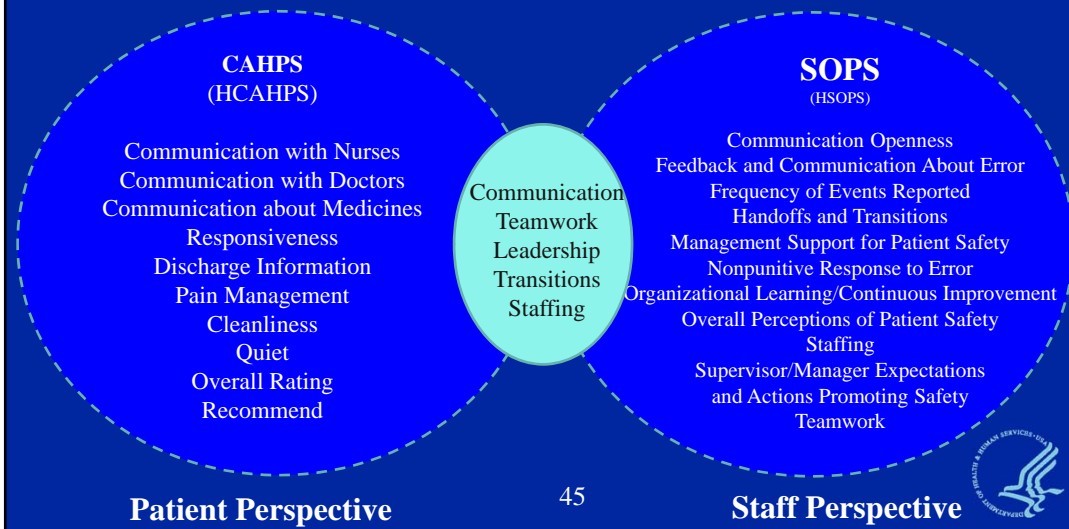
Other Sources of Information: Staff Experience

- Employee Engagement Data
- Staffing Levels
- Patient Safety Culture Survey Data
 - 92% of Nebraska participants indicated they are familiar with the AHRQ Survey on Patient Safety culture
 - 78% indicated they have implemented it

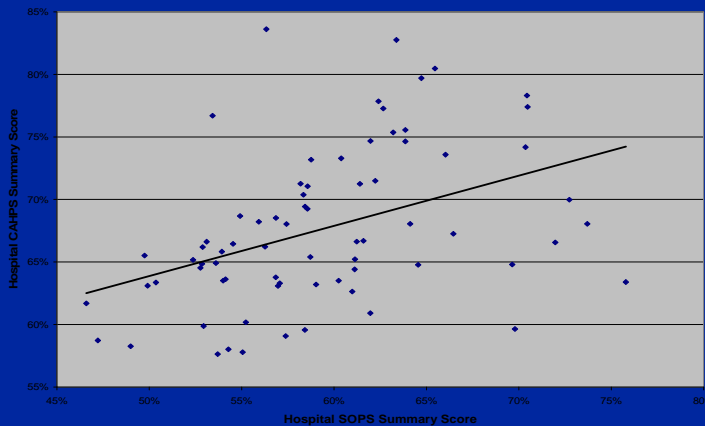
Combine qualitative and quantitative
data for greater impact.



Integration Provides Multiple Perspectives on Issues of Common Concern



The Relationship Between SOPS and HCAHPS Performance



There is a relationship between hospital performance on the AHRQ patient safety culture survey and HCAHPS performance

To improve HCAHPS scores, look at what SOPS data is telling you about the staff experience and relationships.

Other Sources of Information: Patient Experience

Strategy	% of Nebraska participants that are familiar with the strategy	% of Nebraska participants that have implemented the strategy
Post-discharge phone calls	98%	93%
Leadership Rounding	85%	66%
Shadowing	58%	17%
Patient/family focus groups	59%	25%
Patient/family advisory council	45%	18%
Patient/family advisors integrated in hospital operations	41%	8%

47



Shadowing

- A unique opportunity to gain a perspective on the experience through the patient's eyes
- Your assignment:
Shadow a patient before the workshop on April 24

48



Preparing for Shadowing

- Decide on process to be shadowed
- Request patient permission
 - Explain role is to observe and identify opportunities to improve care
 - Emphasize that participation will help others
- Record observations
 - Patient/family perspective
 - Your own reactions

49



Shadowing Summary Tool

[illegible][illegible]

50



Additional Resources

PFCC Partners at the Innovation Center of the
University of Pittsburgh Medical Center

Patient and Family Shadowing Go Guide
Shadowing Field Journal
Video

(www.pfcc.org/go-shadow/)

51



What's Next in Nebraska

- In-person Workshop: April 24, 2012, La Vista Conference Center
- Office Hour 1: May 4, 2012, 11:00 am – noon central time
- Learning Network Teleconference 3: May 16, 2012, 11:00 am – 12:30 pm central time
- Office Hour 2: June 1, 2012, 10:30 – 11:30 am central time

52

