Overview

- Understanding HCAHPS
- Why HCAHPS Matters
- The Many Roles of Volunteers in Improving the Patient Experience

Some people want it to happen, some wish it to happen, others make it happen.
Anonymous

Understanding HCAHPS
A Fresh Perspective on HCAHPS
The Hospital Consumer Assessment of Healthcare Providers and Systems
How Can you Always Help Patients (and Providers) Succeed?

Goals of HCAHPS

- CMS asked AHRQ to develop HCAHPS to:
  - Provide objective and meaningful comparisons of domains of hospital care that are important to patients
  - Data is adjusted for survey mode (e.g. mail v. phone) and for patient mix (e.g. age, service line)
  - Create incentives for hospitals to improve
  - Enhance public accountability

HCAHPS In a Nutshell

- HCAHPS is a standardized national survey of recently hospitalized patients
- Hospitals often add their own vendor’s questions to the standard 32 questions
  - 21 substantive questions
  - 4 screening questions
  - 7 demographic questions

HCAHPS Topics
[No of questions]
- Communication
  - Physician (3)
  - Nurse (3)
  - Medication (2)
- Pain Management (3)
- Responsiveness (2)
- Clean/ Quiet (2)
- Discharge Information (2)
- Care Transitions (3)
- Overall Rating (1)
- Willingness to Recommend (1)
How Are We Doing Nationally?

April 2013 Report: Average "Top Box" Scores
July 2011- June 2012 Discharges

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2013</th>
<th>July 2011- June 2012</th>
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</thead>
<tbody>
<tr>
<td>Discharge Info</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>Doctor Communication</td>
<td>78%</td>
<td>73%</td>
</tr>
<tr>
<td>Nurse Communication</td>
<td>81%</td>
<td>71%</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>73%</td>
<td>71%</td>
</tr>
<tr>
<td>Willingness to Recommend</td>
<td>63%</td>
<td>62%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
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<td></td>
</tr>
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<td>Overall Rating</td>
<td>60%</td>
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</tbody>
</table>

Source: Summary of HCAHPS Survey Results. Hcahpsonline.org/HCAHPS_Executive_Insight. Centers for Medicare & Medicaid Services, Baltimore, MD

How HCAHPS Data is Presented to the Public

Misperceptions: Home Grown Tool

10. How would you rank your trip to California?
   1. Very Super Duper Good
   2. Super Duper Good
   3. Super Good
   4. Good
   5. Mediocre
   6. Super Bad
   7. Super Super Bad
   8. Very Super Duper Bad
   9. Terrible

http://www.medicare.gov/hospitalcompare/
Survey Design Principles

• HCAHPS focuses on topics for which patients are the best or only source of information

• Most HCAHPS questions have a frequency answer scale (always, usually, sometimes, never) because reports of experiences are less subjective than “satisfaction”

• HCAHPS questions and survey protocols are based on rigorous scientific development and testing, as well as extensive stakeholder input
  – Patients were involved in creating the survey

Misperception: Only the Inpatient Experience Matters

• Patient experience is much broader than the topics covered by HCAHPS

• HCAHPS is part of a suite of surveys that focus on a variety of inpatient and outpatient healthcare settings
  – Communication and care transitions are key themes across settings

• Patients’ perceptions of their hospital experience are influenced by their outpatient experiences
  – Prior to admission
  – After discharge

Why HCAHPS Matters
Why HCAHPS Matters

- Hospital Reputation
- Market Share
- Regulatory and Accreditation Requirements
- Financial Incentives/Performance Evaluations
- Connection to Quality/Safety

HCAHPS

Quality

Safety

The Patient Experience Matters Clinically

The Relationship between Patients' Perceptions of Care and Measures of Hospital Quality and Safety

Patient Satisfaction and Its Relationship With Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction
Summary of evidence from 55 studies

- Positive associations between patient experience and
  - Health outcomes (objectively measured and self-rated)
  - Adherence to recommended medication and treatment
  - Preventative care
  - Health-care resource use
  - Quality and safety of care

CMS Value-Based Purchasing (VBP)

- Hospital payments reduced by 1% in FY2013
  - Reduced by an additional 0.25% each year, ending with 2% reduction in FY2017
  - The 1% is reallocated based on how hospitals perform on performance measures including:
    - HCAHPS (weighted 30% in FY2013)
    - Clinical process measures (weighted 70% in FY2013)

VBP is based on reallocation – there is no new money.

“Winning” at VBP

- Hospitals improve their value-based purchasing score by:
  - Achieving a certain level of performance or
  - Improving their performance and
  - Consistency: performing above the national median on all HCAHPS dimensions

In FY 2013:
1557 hospitals are receiving bonuses,
1427 are receiving lower payments
Scoring

• Every HCAHPS question matters other than the new care transitions questions and willingness to recommend
• For each HCAHPS topic, the hospital receives a score of 0-10 based on its performance
• An additional 20 points is available for HCAHPS “consistency” based on how the hospital performed on its lowest HCAHPS dimension

Financial Value of Each HCAHPS Dimension

- Clinical Measures: 70%
- HCAHPS: 30%
- Consistency (based on lowest HCAHPS score): 6%

Increasing Relative Importance of HCAHPS for VBP

<table>
<thead>
<tr>
<th>VBP FY 2014 (FINAL)</th>
<th>VBP FY 2015 (FINAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS 25%</td>
<td>HCAHPS 30%</td>
</tr>
<tr>
<td>Process 45%</td>
<td>Process 30%</td>
</tr>
<tr>
<td>Outcomes 20%</td>
<td>Outcomes 20%</td>
</tr>
<tr>
<td>Efficiency 10%</td>
<td>Efficiency 10%</td>
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</tbody>
</table>
Redefining VBP in a Positive Way

CMS’ value-based purchasing program can help you demonstrate how:

**Volunteers**

**Benefit**

**Patients**

“I love value-based purchasing. Now I can get the resources to do the things I have always wanted to do for patients.”

Hospital CNO

Are You Taking Advantage of VBP?

- HCAHPS and value-based purchasing identify areas of improvement that will have tangible return on investment
  - Do you know whether your hospital made or lost money on VBP in this first year?
  - Do you know what your hospital’s scores were for each of the HCAHPS topics (i.e. do you know where there is the greatest opportunity for VBP improvement)?

A Tool to Help
A Few of The Many Roles of Volunteers in Improving the Patient Experience

Providing Perspective
Engaging Patients and Families
Supporting Staff

Train Volunteers to be Astute Observers

Seeds of great discoveries are constantly floating around us, but they only take root in minds well prepared to receive them.

Joseph Henry

Have Volunteers Take the HCAHPS Survey

Based on their own experiences as a hospital patient or on the experiences of their hospitalized loved ones, ask volunteers to complete questions 1-25 on the HCAHPS survey and discuss their insights.
**Partner with Volunteers as Patients/Family**

- Volunteer “patient/family” focus groups
- Patient and family advisory council
- Volunteers serving on other hospital committees
- Volunteers as advisors
- Create a patient experience hotline for volunteer ideas

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**Get On The Team**

- According to a recent survey, 81% of responding hospitals have a formal structure for improving patient experience, often a *committee* (Beryl Institute State of Patient Experience 2013)
- Your volunteers can help the patient experience committee succeed by doing less, with *more*

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**Your Hospital Needs You**

- Volunteers interact with patients constantly and observe/hear what is working well and opportunities for improvement
- Tapping into volunteer expertise helps organizations:
  - Prioritize and remove barriers (do less)
  - Identify “slack resources” (with more)
Rounding Opportunities

• Volunteers round on patients for a variety of purposes, including:
  – Focused rounding related to a specific topic (e.g. cleanliness)
  – General rounding to identify patient needs/service improvement opportunities
  – As a friendly visitor
  – To conduct an exit interview on day of discharge

Shadowing Patients/Families

• Hospitals can gain invaluable perspectives on the patient and family experience through shadowing
• Shadowing involves following a patient/family through a particular process and recording observations
• Volunteers are uniquely suited to shadowing because they can be neutral observers and candid reporters

Shadowing Summary Tool
Additional Resources

Patient and Family Shadowing Go Guide
Shadowing Field Journal
Video
(www.pfcc.org/go-shadow/)

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

Teach Volunteers to "Tune In" to Patient Comments

University of Pittsburgh Medical Center's Guardian Angels Program
Based on a patient comment that the person shadowing her was a "guardian angel", every transplant patient is assigned a guardian angel.

Northern Westchester Hospital's Program for Patient/Family Infection Prevention Education at Meals
Inspired by a parent comment about wanting to wash her child's hands before a hospital meal.

Orientation/Information

- Act as a patient/family ambassador
- Orient patients to the hospital
- Connect patients to other resources and address concerns (e.g. cleanliness)
- Educate patients about hospital processes (e.g. bedside shift reporting)
Volunteers can get to know the patient as a person and share that information with all staff
– My Story
– White Board
– Sacred Moment upon admission

University of Minnesota Amplatz Children’s Hospital Age Specific My Story Templates (including adults) are available at http://alwaysevents.pickerinstitute.org/?p=1033

Volunteers Assisting In Care Transitions

• Informed waiting
• Therapeutic diversions
• Post-discharge phone calls

In a study of recently discharged hospital patients, the biggest dissatisfier was waiting.


Volunteers Improving Responsiveness and Pain Management

• Volunteers can respond to non-clinical patient requests
• For pain, volunteers can provide personal care and comfort items
  – E.g. warm or cold compresses

http://alwaysevents.pickerinstitute.org/?p=1154
Aocdrnig to rscheearch, it deosn't mtttaer in waht oredr the ltteers in a wrod are . . . bcuseae the huamn mnid deos not raed ervey ltter by istlef, but the wrod as a wlohe.

Patients are viewing their experience as a whole and there are many important things that affect the experience that are not directly addressed in HCAHPS.

Patient or Family Mentors

- Former patients can be excellent resources for current patients (e.g. transplant patients)
- Volunteers also can be excellent resources for families
  - St. Jude Children’s Hospital Parent Mentor Program
    http://alwaysevents-pickerinstitute.org/?p=1706
  - Northern Westchester Hospital Ken Hamilton Caregiver Center
    http://nwhc.net/home/for-patients-and-visitors/ken-hamilton

Assist Clinical Team

- Remove roadblocks
  - e.g. delays in transport of meds
- Take on tasks that do not require clinical skill
- Prepare patients for processes
  - e.g. visit patient before interdisciplinary rounding to write down patient/family questions
Caring for the Caregiver

- Restore a sense of purpose
  - Huddle devotions
  - Quote of the day
- Build relationships
  - Collect and share compliments with staff
  - Comfort cart for staff, as well as patients/families
- Consider embedding volunteers in specific units to develop teamwork and trust

Volunteers as Faculty

- Volunteers with experience as patients or loved ones of patients can help educate staff
  - Orientation/Inservice
  - Role playing
  - Observation/Critique
  - Mentoring
  - Staff Rallies (e.g. Hennepin County) ([http://www.naph.org/Homepage-Sections/Explore/Innovations/Patient-and-Family-Engagement/HCMC-Patients-and-Families-at-the-Center-of-Care.aspx](http://www.naph.org/Homepage-Sections/Explore/Innovations/Patient-and-Family-Engagement/HCMC-Patients-and-Families-at-the-Center-of-Care.aspx))

Where to Begin

- Join patient experience committees
- Use volunteers to:
  - Help understand the patient/family perspective
  - Identify priorities
  - Remove obstacles
  - Develop innovative solutions

Education is not the filling of a pail, but the lighting of a fire.”
William Butler Yeats
Making the Most of VBP

- Develop a matrix of volunteer programs as they relate to the HCAHPS domains
  - Remember that anything that doesn't fit within a domain fits under overall rating/willingness to recommend
- Obtain value-based purchasing information from your finance department and identify areas in which the hospital could recoup funds based on improved HCAHPS performance

Innovation

- Hold focus groups with volunteers to identify what is working well and opportunities to improve the patient experience
- Develop an advisor team of volunteers who are willing to serve on hospital committees to develop and review things from a patient/family perspective

You Are the Patient Experience

Volunteers aren't paid, not because they are worthless, but because they are priceless.

Anonymous

Thank you!