

# HCAHPS

Hospitals in New York and around the country are turning toward patient satisfaction as a central measure of hospital quality. This LMP Research Bulletin focuses on the all-important HCAHPS, which is an area perfectly suited for Labor-Management collaboration because each and every staff member can positively impact patient satisfaction.

## What is HCAHPS?

- HCAHPS stands for “Hospital Consumer Assessment of Healthcare Providers and Systems.”
- HCAHPS is the first national, publically reported survey of hospital inpatient satisfaction. It is administered to patients discharged from acute care hospitals to assess how they perceive the quality of care they received.
- HCAHPS scores measure the percent of discharged patients reporting that hospital staff “ALWAYS” performed a certain task or behavior (see the various areas measured below).
- HCAHPS surveys are standardized so they offer an “apples to apples” approach to comparing hospitals.

## Why was the HCAHPS survey created?

- To create incentives for hospitals to build a culture of patient-centered care
- To enhance public accountability in healthcare by increasing the transparency and quality of hospital care
- To produce a standard set of data on patients’ perspectives of care so consumers can compare hospital performance



## What Exactly Does HCAHPS Measure?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| • Staff Responsiveness            | • Interactions with Nurses          |
| • Hospital Cleanliness            | • Interactions with Doctors         |
| • Hospital Quietness              | • Discharge Processes               |
| • Communication about Medications | • Overall Hospital Rating           |
| • Pain Management                 | • Willingness to Recommend Hospital |

## Why is HCAHPS so important?

**Financial Penalties:** HCAHPS is part of the Patient Protection and Affordable Care Act’s value-based purchasing (VBP) initiative, which bases a portion of hospital Medicare reimbursement payments on how well hospitals perform on certain quality measures.

In 2013 these measures are:

- (1) Clinical process measures
- (2) Patient experience measures (i.e., HCAHPS scores).

HCAHPS scores account for 30% of the VBP score. What does this mean? If your hospital’s VBP scores are not within certain designated parameters (determined by an earlier “baseline” period), it will not receive full reimbursement for services provided.

**Hospital Reputation:** HCAHPS provides consumers a simple way to compare hospitals. In the past, there was no easy way of knowing if a hospital had a large number of dissatisfied patients. Now, HCAHPS scores are publicly reported (at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)), so consumers may use them as a means of choosing a hospital, which could mean less business for lower-scoring hospitals.

**Patients Rate Interactions with All Staff:** Doctors and nurses are not the only ones who affect patient satisfaction scores. HCAHPS measures the overall patient experience, which means EVERY HOSPITAL WORKER plays an important role in making patients’ stays as enjoyable and comfortable as possible. Everyone must work together to produce satisfied patients.

**Clinical Outcomes:** Research has shown that higher patient satisfaction scores are associated with better clinical outcomes. One study showed that higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates. Another found that for three clinical areas (heart failure, pneumonia, and acute myocardial infarction), HCAHPS performance (on overall satisfaction and satisfaction with discharge) was more predictive of 30-day readmission rates “than the objective clinical performance measures often used to assess the quality of hospital care.”

*Sources: Glickman et al. Patient Satisfaction, Circ Cardiovasc Qual Outcomes. 2010;3:188-195. Boulding W et al. Relationship between Patient Satisfaction with Inpatient Care and Hospital Readmissions Within 30 Days, Am J Manag Care. 2011;17(1):41-48.*

# What can we do to improve our HCAHPS scores?

## Best Practices for Quietness

- Eliminate overhead paging and patient room paging unless absolutely necessary.
- Implement quiet hours and provide visual cues such as dimmed lights and signs.
- Provide noise reduction tools to patients such as headphones and earplugs.
- Engage in a “close the doors” campaign. Tell patients you are closing the doors for their privacy and comfort.
- Use devices that monitor noise levels in high-traffic areas.
- Promote the role of sleep in healing

## Best Practices for Responsiveness

- Collect data on reasons for call bells to identify trends in unmet needs
- Conduct consistent hourly rounding

with care team members.

- Create a “No Pass Zone” – a practice that requires training all staff to respond to call lights so no one passes by a room with an activated call light without responding immediately.

## Best Practices for Cleanliness

- Clean high-touch surfaces (e.g., doorknobs, phones, over-bed table). Establish a “Clean Team” to look for opportunities to improve cleanliness throughout the facility.
- Install alcohol-based sanitizer dispensers to promote hand washing.
- Conduct rounding with environmental services and establish a follow-up process when problems are identified.

## Best Practice for Communication

All staff can use AIDET - an acronym

Research shows that these **BEST PRACTICES** help create and sustain consistently high HCAHPS results. The Labor Management Project has partnered with union members and management at various NYC hospitals to implement some of these practices through joint labor-management initiatives.

developed by the Studer Group to guide excellent communication with patients.

- **ACKNOWLEDGE:** Smile and make eye contact with patients.
- **INTRODUCE:** Tell patients your name and your role.
- **DURATION:** Give patients information about the time required.
- **EXPLAIN:** Let patients know what you are doing and what to expect.
- **THANK YOU:** Thank patients for their patience and understanding.

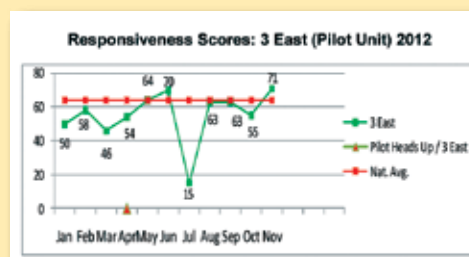
## LMP Research Spotlight: Mount Sinai Queens Hospital

### Improving Response to Call Lights through Joint Labor-Management Work

**THE CHALLENGE:** Mt. Sinai Queens was interested in improving response to patient call lights. The hospital identified a unit, 3 East, with which to initiate joint labor/management work to improve the patient experience and document the results.

**THE SOLUTION:** The Labor Management Project provided facilitation and training to help establish a multi-disciplinary team with 50% membership from 1199SEIU and 50% from hospital management. The team collected data through focus groups, an employee survey, and by measuring the response time to call lights in order to understand the issues and explore solutions. The team then developed a curriculum and training program called “HEADS UP,” an acronym that provides guidance to all staff to respond to call lights: **H = Heads up!** Look up when you are in patient areas and be aware if call lights are lit; **E = Enter** the room and introduce yourself if call light is

on; **A = Attend** to the patient – ask what the patient needs; **D = Determine** what you can or cannot do; **S = Safety** first! Make sure never to put the patient at risk; **U = Understand** what the patient needs and provide assistance if you can; **P = Pass** it on if you cannot fill the need yourself. Staff received training, including those in housekeeping, engineering, food and nutrition, laboratory, and transport.



**THE RESULTS:** Patients’ perception of responsiveness of staff increased on average over eight months following the implementation of HEADS UP and rose above the national average in the eighth

month. Success in the unit led the hospital to expand the initiative throughout the hospital. The team is also developing a monthly award for the unit with the highest responsiveness score.

**COMMENTS:** J. Eli Rosales, union cochair of the labor-management committee stated, “We got a lot of buy-in. As part of the labor side of the team, I found great joy in being part of such a caring, thoughtful, and committed group whose ideas flowed so vividly.”

Chet Ostrowski, Mount Sinai’s Food and Nutrition Director said, “As co-chair of this extraordinary committee, I was excited to see the enthusiasm and dedication on both the management side and the labor side. I can honestly say that there was no distinction of rank and file at these meetings. Everyone contributed equally and everyone had great ideas... [This is] a proud moment for Mount Sinai Queens!”