Signature Leadership Series

Health Care Leader Action Guide to Effectively Using HCAHPS

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Executive Summary

Recent research has demonstrated that an exceptional patient experience correlates with improved clinical quality, reduced readmissions and improved mortality. HCAHPS is a tool that can be used to help organizations improve the patient experience, and may have a related effect on clinical quality. With the implementation of value-based purchasing beginning with October 1, 2012 discharges, HCAHPS performance will also have an impact on financial goals.

This guide describes how HCAHPS data should be used in context with other information about organizational performance. It highlights cultural elements necessary to build a firm foundation for HCAHPS success. Once these foundational elements have been considered, the guide outlines a 5-step approach to using HCAHPS effectively to improve the patient experience, quality and safety:

1. Understand HCAHPS data

2. Set improvement priorities

3. Identify and implement targeted interventions

4. Engage the team

5. Measure and monitor success

The appendix includes links to white papers and case studies that can help health care leaders better understand the HCAHPS survey and identify and successfully implement strategies for improvement.
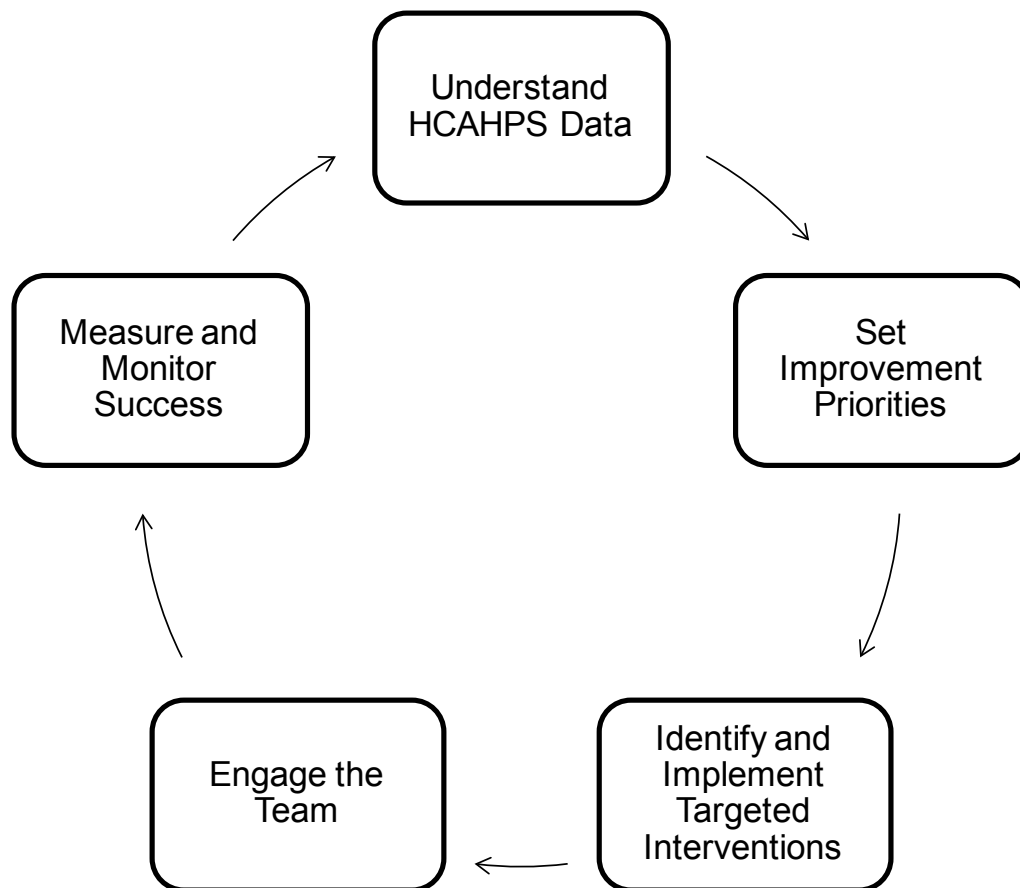
Introduction

Since the first public reporting of Hospital Consumer Assessment of Healthcare Providers and Systems data by the Centers for Medicare & Medicaid Services in March 2008, HCAHPS data has increasingly gained the attention of hospital leaders. For the first time, hospitals can compare themselves against all U.S. hospitals; and the public can see these data.

> **How Can (you) Always Help Patients (and providers) Succeed**
>
> Using the HCAHPS data effectively can help health care leaders position their organizations and patients for success.

As pay-for-reporting incentives evolve into pay-for-performance incentives, the need to excel on the survey evolves from a competitive differentiation strategy to a financial imperative and a way to improve quality and patient safety. A study of HCAHPS data published in *New England Journal of Medicine* found that hospitals in the top quartile of HCAHPS ratings performed better than those in the bottom quartile, with respect to the care that patients received for acute myocardial infarction and pneumonia.[1]

The HCAHPS survey is a tool that, when used correctly, can help hospital leaders identify how to effectively meet their patients' needs. The CMS HCAHPS website (www.hcahpsonline.org) reports that more than 7,500 patient complete the survey each day. Vast numbers of patients are willingly sharing their perspectives, but many providers are finding it challenging to use this information effectively. With HCAHPS scores accounting for 30 percent of a hospital's value-based purchasing score, effectively applying this data to improve performance has become even more important.

Hospital leaders need to understand how HCAHPS data should be used in context with other information about organizational performance. There are several cultural elements necessary to build a firm foundation for HCAHPS success. Once these foundational elements have been considered, hospital leaders can use the following 5-step approach to improve the patient experience, quality and safety:

1. Understand HCAHPS data

2. Set improvement priorities

3. Identify and implement targeted interventions

4. Engage the team

5. Measure and monitor success

> **HCAHPS survey is a powerful tool**
>
> To understand the data and maximize its value, it should be used in conjunction with other information that provides a complete picture of the patient and staff experience in the organization.

Putting HCAHPS Data in Context

Hospital leaders should use the survey as a tool to strengthen patient relationships and improve care. However, similar to other tools, the data must be applied wisely in order to be effective. The survey should not be the organization's only way of obtaining information about the patient experience. Nor is it intended to be a comprehensive assessment of everything that is important to patients.

To get the most value out of the data, it should be considered in conjunction with other organizational metrics related not only to the patient experience, but also to the staff experience. To establish its relevance with clinicians, survey data should an integral part of hospitals' quality and safety improvement efforts, rather than simply a measure of customer service. Improving HCAHPS scores should not be viewed as a separate task, but rather within the context of a broader focus.

Getting a Broader Perspective of the Patient Experience

Hospitals routinely obtain a wide variety of information from patients and families. Common sources of patient/family perspectives include: follow-up phone calls after discharge; patient compliments and

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1 Ashish K. Jha, MD, E. John Orav, Jie Zheng, Arnold M. Epstein, MD, (2008). Patients' perception of hospital care in the United States, *New England Journal of Medicine,* 359, 1921-1931

complaints; patient and family advisory councils; patient satisfaction survey comments; letters; and focus groups. The information obtained from these sources should be combined with HCAHPS data to provide a complete picture of the patient experience, highlighting areas of strength and opportunities for improvement.

Consideration of the Staff Experience
Improving the patient experience also depends on the quality of the staff experience. In one study, higher HCAHPS scores were associated with a higher quality nurse work environment and higher nurse-to-patient ratios.[2] Leaders need to consider data from staff comments and surveys, such as the Agency for Healthcare Research and Quality's Survey of Patient Safety Culture (see appendix).

Making the Connection to Quality and Safety
In the past, it was common for hospitals to view the HCAHPS survey as a customer-service indicator that was not related to clinical outcomes. Research is demonstrating, however, that although patients may not have the ability to judge all clinical aspects of their care, their perceptions do reflect important aspects of quality and safety. A few recent studies highlight opportunities for hospital leaders to integrate their HCAHPS improvement work with other quality and patient safety initiatives.

» Readmissions: Most hospital leaders regularly scrutinize the organization's performance on clinical process measures as part of their efforts to avoid preventable readmissions. However, research has shown that the HCAHPS questions related to discharge information, overall rating and willingness to recommend are associated with lower 30-day risk-standardized hospital readmission rates after adjusting for clinical quality.[3]

» Mortality: In a prior study on acute myocardial infarction, several of the same researchers involved in the readmissions study (reference above) found that even after controlling for hospitals' clinical performance, "higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates." In fact, the researchers found that a one-quartile change in patient satisfaction was associated with an effect on mortality equivalent to a one-quartile change in clinical guideline adherence. Although this study was based on a survey other than HCAHPS, it highlights the relationship between the patient experience and clinical outcomes.[4]

» Other Measures: Another study evaluating the relationship between HCAHPS and other common quality and safety measures found that that "there were consistent relationships between patient experiences and technical quality as measured by the measures used in the HQA program, and complication rates as measured by the AHRQ Patient Safety Indicators."[5]

Setting the Stage for Success by Building a Firm Foundation
Although many organizations focus their HCAHPS improvement strategies on identifying discrete interventions targeting a specific HCAHPS domain, research indicates that HCAHPS success is related to building a culture of patient-centered care. For example, a recent survey found that organizations that scored both exceptionally and poorly on questions related to overall rating and willingness to recommend had implemented many of the same interventions, indicating that making the improvements specific to the domains were not enough to achieve success.

2 Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J.P., Flynn, L., Neff, D.F., Aiken, L.H. (2009) Nursing: A key to patient satisfaction, *Health Affairs*, 28(4) w669-w677

3 Boulding W., Glickman S.W., Manary M.P., Schulman K.A., Staelin R., (2011). Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days. *American Journal of Managed Care*, 17(1), 41-48.

4 Glickman S.W., Boulding W., Manary M., Staelin R., Roe M.T., Wolosin R.J., Ohman E.M., Peterson E.D., Schulman K.A., (2010) Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. *Circulation: Cardiovascular Quality and Outcomes*, 3(2), 188-195

5 Isaac T., Zaslavsky A.M., Cleary P.D., Landon B.E., (2010) The relationship between patients' perception of care and measures of hospital quality and safety, *Health Services Research*, 45(4), 1024-1040

Common Characteristics of High-Performing HCAHPS Organizations

Leadership

Senior leaders are visible and lead by example:

» Leaders make rounds and speak with patients, families and staff

» Leaders clearly communicate a vision and plan for integrating patient-centered care into daily operations

Clinicians are engaged in improvement efforts and visibly support patient-centered care

Patient experience is integrated and aligned with other organizational priorities, including quality and safety

A dedicated champion is in place to support patient-centered care

Partnership with Patients and Family

Patients and families are treated as partners at every level

The organization engages in dialogue with patients and families on a routine basis using methods other than the HCAHPS survey, including:

» Regular rounding with patients to solicit their perspectives

» Patient and family advisors

» Focus groups

» Post-discharge phone calls

» Organizations identify and respond to patients' individual needs

Engaged Workforce

Staff members are recruited for patient-centered values and job descriptions, including patient-centered description of responsibilities

Orientation and ongoing training reinforce patient-centered tools and skills

Patient-centered care is rewarded and celebrated

Caregivers are supported when challenging situations arise with patients/families:

Staff are actively involved in designing patient-centered care processes

Accountability and incentives support patient-centered care

Performance Improvement Focus

Patient-experience metrics are on the organization's balanced scorecard

Patient experience is systematically evaluated and feedback is provided to staff

Data is analyzed to enable organizational learning from high-performing units

Performance goals are established

An improvement methodology is used

Tools, training and support for using data effectively for improvement

Staff are encouraged to suggest and pilot improvement ideas

Sources: Shaller, D., *Patient-centered care: What does it take?*, The Commonwealth Fund, October 2007., Luxford, Karen, Safran, Dana Gelb, Delbanco, Tom (2011) Promoting patient-centered care: A qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. *International Journal for Quality in Health Care*, 23(5) 510—515., Shaller, D., Darby, C., *High-performing patient and family-centered academic medical centers: Cross-site summary of six case studies.*, Picker Institute 2009., Balik B, Conway J, Zipperer L, Watson J.

The paper discovered that high-HCAHPS-performing organizations had several traits in common. Overall, interventions were implemented in an effective manner that engaged staff at all levels, focused on **organizational culture, reflected effective partnerships with patients and clinicians and were supported by** a commitment of leadership time.[6]

This study is consistent with prior research which showed that patient-centered organizations share many common characteristics, including committed leadership, partnerships with patients and families and an engaged workforce, as well as effective performance measurement and reporting. Additionally, a literature review shows that high-performing organizations make sure that patient-centered care isn't

6 The Beryl Institute, *The four cornerstones of an exceptional patient experience: focus, accountability, engagement, and commitment*, September/October 2010.

just a temporary program, but a core component of the organization's culture, even reflected in many organization's mission statements. HCAHPS success is dependent upon creating a firm foundation for patient-centered care that is built on strong leadership, effective partnerships with patients and families, an engaged workforce and a focus on performance improvement.
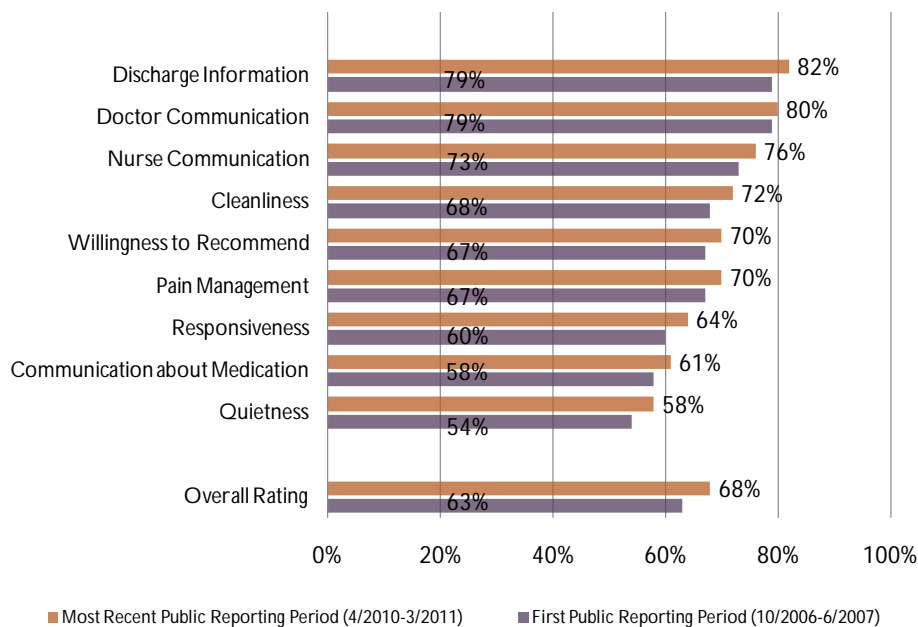
Step 1: Understand HCAHPS Data

Understanding HCAHPS data requires knowing more than an organization's current performance on the 10 publicly reported HCAHPS indicators. Behind those numbers is a wealth of information that leaders need to understand and use to guide improvement efforts. Besides the current performance, leaders should pay particular attention to trending, benchmarking and unit analysis. Further, leaders should pay attention to bottom-box performance—the least positive response category on the HCAHPS survey. They should examine if the organization has a higher percentage than the national bottom-box score; this will help set priorities.

Trending

An HCAHPS score reflects how an organization performed during a particular time period. To understand what that data means operationally, it is important to consider historical performance. Trending against prior performance provides leaders with insight into whether performance is improving, holding steady or worsening. Leaders should then take appropriate action, such as celebrating improvement, acknowledging consistency or correcting negative changes. Trending can also be used to evaluate the impact of any HCAHPS improvement strategies implemented by the organization and to decide which strategies should be replicated throughout the organization.

Nationally, HCAHPS scores have improved in all categories. Between the first public reporting period (reflecting October 2006 to June 2007 discharges) and the current public reporting period (reflecting April 2010 to March 2011 discharges), top-box performance has improved in each of the 10 publicly reported HCAHPS metrics from one to five percentage points. Top box refers to the most positive response for each HCAHPS question (see table 1).

Table 1: Average Top Box Scores

	Most Recent Public Reporting Period (4/2010-3/2011)	First Public Reporting Period (10/2006-6/2007)
Discharge Information	82%	79%
Doctor Communication	80%	79%
Nurse Communication	76%	73%
Cleanliness	72%	68%
Willingness to Recommend	70%	67%
Pain Management	70%	67%
Responsiveness	64%	60%
Communication about Medication	61%	58%
Quietness	58%	54%
Overall Rating	68%	63%

■ Most Recent Public Reporting Period (4/2010-3/2011) ■ First Public Reporting Period (10/2006-6/2007)

Source: Summary of HCAHPS Survey Results. www.hcahpsonline.org/HCAHPS_Executive_Insight. Public reporting periods, CMS, Baltimore, Page accessed 2/17/12

Notably, although top-box performance in all categories has improved, the comparative performance ranking by question has stayed the same with discharge information having the highest score of 82 percent, followed by doctor communication at 80 percent. Communication about medications and quietness have the lowest scores of 61 percent and 58 percent respectively. Ironically, discharge information is both a high- and low-performing category. Since the only answer choices for this category are "yes or no," it has the highest top-box score and one of the highest bottom-box scores.

Benchmarking

In addition to examining historical and trending performance, understanding HCAHPS requires a comparison of the hospital's performance to other hospitals. Public reporting and value-based-purchasing performance are based on comparison to national benchmarks that are comprised of all the hospitals reporting HCAHPS data. Additionally, hospitals may create their own benchmarks using vendor or publicly reported data. For example, some hospitals benchmark their performance against hospitals in the same state or against other hospitals of the same type (e.g., academic medical centers or hospitals of a similar size).

Benchmarks should be selected with care, as they typically become the reference point for evaluating progress and setting organizational goals. For instance, if percentiles are used as a benchmark, leaders should realize that this benchmark can vary substantially based on the performance of other hospitals, even if the organization's performance has not changed. In addition, performance in a benchmarking group is often tightly clustered, so a different answer on a few surveys can result in dramatic swings in percentiles that do not accurately reflect changes in organizational performance. When significant changes in percentiles are not related to changes in performance, as reflected in top-box scores, they can mislead leaders and frustrate teams who see the performance apparently declining when in fact it has not changed. To get a more complete picture of organizational performance, percentile benchmarks should be viewed in conjunction with actual top-box performance scores.

> There are many ways to use the HCAHPS data to highlight opportunities for improvement. Leaders should ensure that the data are used in a way that is credible and actionable.

Unit Analysis

Although HCAHPS performance is publicly reported as a set of numbers reflecting the performance of the hospital as a whole, many hospitals also generate internal reports demonstrating the performance of individual units or departments. Analyzing HCAHPS performance on a unit level allows hospital leaders to determine which units are creating a better patient experience and to learn from those units. Leaders should familiarize themselves, not only with their overall scores, but with the unit scores. Analyzing organization-wide and unit-based data will provide more detail to what is working and not working in particular areas.

However, leaders should exercise caution in making comparisons between units that do not have a sufficient sample size for the data to reliably reflect performance. For example, it is not reliable to compare a 100 percent top-box score on a unit where four patients were surveyed to a unit with a score of 90 percent where 100 patients returned surveys. The data based on only four patients is not reliable and will vary dramatically based on who is surveyed. One patient having a different experience would drop the first unit's score from 100 to 75 percent. On the Hospital Compare website, CMS encourages viewers to exercise caution when looking at data that reflects less than 25 completed surveys per quarter (100 per year).

Bottom-Box Performance

Although most hospitals focus on their HCAHPS top-box scores since those are the scores that are used for value-based purchasing and public reporting, reviewing bottom-box scores can provide valuable information for setting improvement priorities and measuring progress. CMS publishes the bottom-box scores on a quarterly basis. In reviewing HCAHPS data, leaders should consider whether there are any areas in which a larger percentage of patients are giving the organization bottom-box scores than the

national 50th percentile bottom-box scores published by CMS, as this could identify areas that should be a high priority.

Step 2: Set Improvement Priorities

Once hospital leaders have an understanding of the HCAHPS data within the organizational context, the next step is to identify improvement priorities. Other than willingness to recommend, performance on all other HCAHPS metrics is incorporated into value-based purchasing. In fiscal year 2013, HCAHPS performance accounts for 30 percent of a hospital's value-based purchasing payments, with clinical measures accounting for the other 70 percent. Because of the financial component, hospital leaders should pursue multiple improvement initiatives simultaneously. A focused approach to improvement will help to align efforts and contribute to success.

When identifying HCAHPS improvement priorities, health care leaders should consider the value-based-purchasing implications of the performance and the correlations between HCAHPS measures in conjunction with the opportunities for improvement identified by other feedback from patients, families and staff.

HCAHPS Role in Value-Based Purchasing FY2013
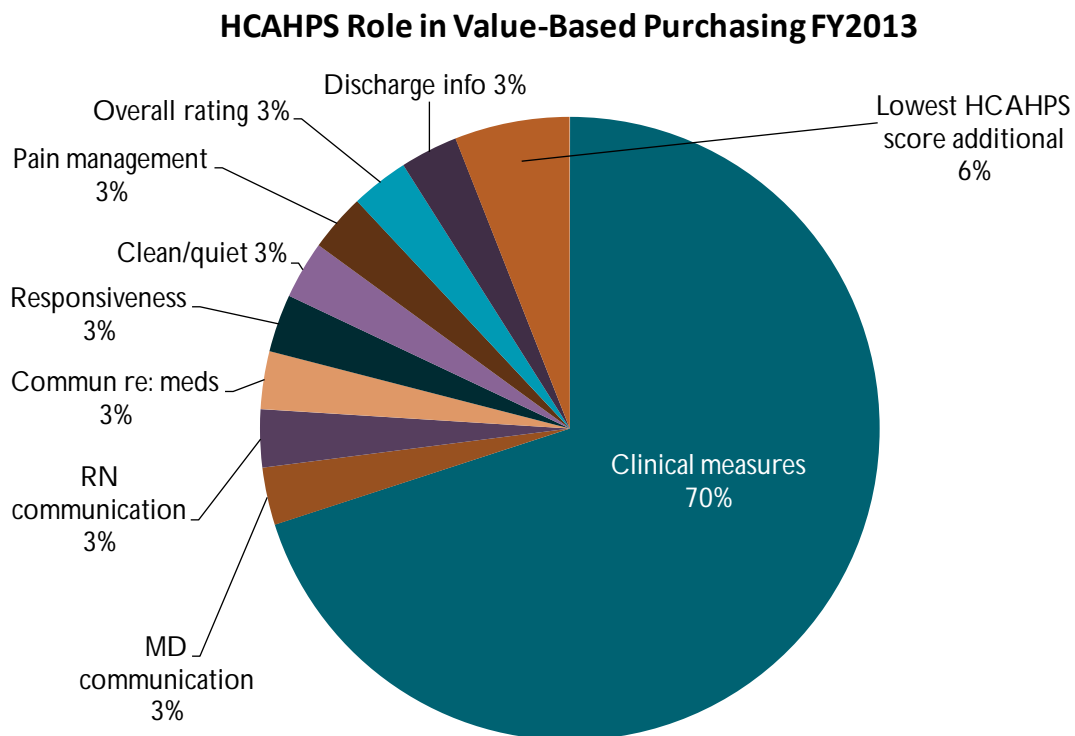
Value-Based Purchasing Implications

In identifying improvement priorities, one key factor to consider is how the hospital's performance will affect payments under the value-based purchasing program. In the fiscal year 2013 value-based purchasing system, there are three ways to obtain points:

» *Achievement or Improvement*: The hospital achieves a certain level of performance compared to national performance during the baseline period (up to 10 points per measure) OR the hospital improves performance compared to its own performance during the baseline measurement period (up to 9 points per measure)

» *Consistency*: The hospital's lowest HCAHPS measure compared to national performance during the baseline period (up to 20 points)

Hospitals can earn up to 100 points total on HCAHPS:

» 80 points are available by using the greater of the achievement or improvement threshold for each measure; and

» 20 consistency points are available for exceeding the national median during the benchmark period for all HCAHPS dimensions.

The hospital's lowest HCAHPS score has a disproportionate weight to the others—30 of the 100 HCAHPS value-based-purchasing points are based on that one measure.

In setting HCAHPS improvement priorities, leaders should consider which improvements are likely to have the most financial value. If the HCAHPS category in which the organization performs the least well is less than the national 50th percentile for that measure (See middle column of table below), that area will likely have a significant impact on value-based-purchasing performance and should identified as a priority.

VBP FY2013	"Top Box" Minimum Score Required for:		
HCAHPS Category	Any Consistency Points (Minimum)	Any Achievement/Full Consistency Points on Lowest HCAHPS Measure (Achievement Threshold - 50th percentile)	Maximum Achievement Points (Benchmark - mean of top decile)
Nurse Communication	38.98	75.18	84.70
Doctor Communication	51.51	79.42	88.95
Responsiveness	30.25	61.82	77.69
Pain Management	34.76	68.75	77.90
Communication about Medicines	29.27	59.28	70.42
Clean/Quiet	36.88	62.80	77.64
Discharge Information	50.47	81.93	89.09
Overall Rating	29.32	66.02	85.52

Source: Federal Register, 76 (88) 2001.

Correlations

CMS publishes an annual correlations table that demonstrates how the HCAHPS metrics relate to one another. When setting improvement priorities, health care leaders should consider how improvement in one area is likely to affect performance in other areas. For example, the current CMS analysis demonstrates that the three strongest drivers of overall rating are nurse communication, pain management and responsiveness.

> The impact of HCAHPS performance on value-based purchasing, especially the disproportionate weighting of the lowest HCAHPS dimension, should be considered in setting priorities.

In addition to considering the CMS correlations table, those hospitals using survey-vendor questions in combination with HCAHPS questions should consider any analysis provided by their vendors on questions that correlate with HCAHPS performance. Examination of these drivers, such as questions about the courtesy and respect of hospital personnel, help hospital leaders understand what is driving HCAHPS performance. They can then create specific action plans to improve the patient experience.

Organization- and Unit-Specific Priorities

Just as an understanding of HCAHPS performance requires an examination of both individual, unit and the organizational performance, leaders should consider setting organization- and unit-specific improvement priorities. For example, if nurse communication is identified as an organization priority, and there are a few units with exemplary nurse communication scores, those units should have the ability to select a different priority for their improvement work. Priorities should be integrated and aligned with other organizational priorities and developed in conjunction with input from staff.

Step 3: Identify and Implement Targeted Interventions

After identifying priority areas for improving the patient experience, organizations should determine performance-improvement interventions. Choosing interventions should involve a combination of external and internal review.

External Review

In selecting improvement interventions, leaders should consider the successful practices that other organizations have implemented. Many published case studies (summarized in the appendix) describe what organizations have done to improve HCAHPS performance. Organizations should review successful and unsuccessful process and common characteristics of hospitals that have already improved their HCAHPS performance. Simply deciding to adopt a practice is not enough. Careful attention must be paid to how to do it consistently and effectively in each organization.

Since HCAHPS is a relatively new survey, additional research and case studies are being released on a regular basis. Leaders should monitor emerging developments, such as through the Agency for Healthcare Research and Quality's Innovation Exchange (www.innovations.ahrq.gov) and the AHA's Hospitals in Pursuit of Excellence (www.hpoe.org) which regularly profiles organizations implementing innovative practices to improve the patient experience. Promising practices identified by existing articles and case studies include:

- » Leadership rounding
- » Hourly nurse rounding
- » Bedside change of shift reporting
- » Patient and family advisory councils
- » Post-discharge phone calls

- » Project RED (**R**e**E**ngineering hospital **D**ischarge)
- » Sleep aids (e.g. headphones, ear plugs, soothing sound generators)
- » Patient-friendly daily medication schedule and teaching cards on common new medications
- » Communication tools for patients/families during their stay (e.g. notepads, white boards)

Internal Review

In selecting improvement interventions, leaders should actively tap into the expertise within their own hospital (or, if applicable, within the other hospitals in their system). Leaders should familiarize themselves with the differences in practices between high- and low-performing units in the priority area to determine if there are unit-based innovative practices that could be replicated throughout the organization. Team trades, where a staff member from a high-performing unit exchanges places with a colleague in a low-performing unit for a few hours, can be an effective way of identifying the differences between the units.

Understanding Organizational History

Leaders also should familiarize themselves with what interventions have previously been attempted in the organization, both successful and unsuccessful interventions. For example, if hourly rounding was started and then stopped, it is important for leaders to understand the barriers that impeded successful implementation and to determine how to avoid them in future implementation.

Step 4: Engage the Team

HCAHPS success depends not only understanding the data, but on engaging and motivating the right team. Each team member, clinical and non-clinical, must understand what their role is in creating an ideal experience for patients and should be provided with the appropriate tools and training to support their work.

Involving Patients, Families and Frontline Staff in Improvement

Patients, families and frontline staff provide invaluable perspectives on HCAHPS improvement. Hospital-improvement teams should include patients, families and frontline staff working together to understand the patient experience and offering ideas to improve it. Rather than attempting to implement an intervention across the entire hospital at one time, it is often a better strategy to implement an intervention on one unit. Starting small enables the team to address barriers on a more manageable scale. Plans tend to be more developed, more realistic and more successful when moved to full hospital implementation, In addition, if the intervention does not have the desired effect of improving the patient experience, it can be modified or discontinued before too many resources and too much time are invested. Starting small also makes it possible for organizations to build momentum by engaging staff. For example, one hospital team worked on reducing noise levels and implemented every suggestion made by frontline staff, even if it was only piloted by one nurse with one patient on one shift. Engaging a multidisciplinary team in the improvement process and acting on staff ideas can build enthusiasm for the work.

> How you approach HCAHPS improvement is important. Provide your team with the necessary skills and resources. Create a shared vision.

Providing Appropriate Tools and Training

Using data effectively is not a skill that is intuitive for all, so it is essential to offer appropriate tools and training to promote effective use of the HCAHPS data. For example, Duke University Hospital (Durham, N.C.) has created a Patient Satisfaction University for managers, directors and other staff to train them on patient satisfaction data. In many organizations, HCAHPS data is unwittingly misused by managers who are trying hard to improve the patient experience, but lack the necessary foundational knowledge of how to use data effectively. Common data mistakes include making comparisons with sample sizes that are too small to be reliable, isolating individual patient comments to use in performance reviews and overreacting to changes in percentiles that do not reflect changes in actual organizational performance. These common errors can discourage team members and impede HCAHPS improvement.

Motivation and Communication

Understanding what motivates individual members of the team is critical to success. Some team members may be motivated by value-based purchasing implications, but others may lose enthusiasm if finances seem to be the primary driver for improvement. Frontline clinical staff may be motivated by connecting the patient experience to quality and safety. One hospital found that physicians' interest in patient satisfaction reports increased when the hospital demonstrated the relationship between satisfaction, complaints and malpractice.

Communicating both the goal and the strategic vision behind the goal is important. Every staff member should know what is expected of them. Leaders need to make a clear connection for staff to understand how daily tasks contribute to creating an optimum patient experience. All departments, such as pharmacy and environmental services, have a direct bearing on several of the HCAHPS questions. Although improving HCAHPS performance is a desired outcome, successful patient-centered organizations often articulate a broader vision for patient-centered care. As one leader from a high-performing hospital noted, don't focus on the scores; focus on tasks that affect the scores.

Reports utilizing HCAHPS data should be designed to enable staff members to quickly understand the organization's current performance, how the data are trending and the improvement priorities and strategies. Communication about improvement techniques is an essential, but often forgotten task. Many organizations broadly disseminate the HCAHPS data without sharing information about improvement

strategies. Further, many organizations don't create opportunities for improvement discussions. Effective HCAHPS improvement work requires a coordinated effort to address the opportunities for improvement identified by the data; simply disseminating the data is not an effective way to spur change.

Step 5: Measure and Monitor Success

Use of HCAHPS measures should be embedded into the organization's overall quality improvement program. Each improvement cycle should include ongoing measuring and monitoring for success. The impact of patient-experience interventions can be measured by using HCAHPS data, along with other organizational metrics related to the patient experience, quality and safety. Staff metrics may provide valuable insights into what aspects of patient-experience-improvement initiatives are working and what aspects should be refined or abandoned.

Leaders should ensure that managers are provided with appropriate tools and training to improve quality using a rigorous well-designed process, rather than a scattershot approach. There are many methods for quality improvement, such as the Plan-Do-Study-Act or Six Sigma methods. Many of the case examples listed in the appendix illustrate the multitude of performance-improvement methodologies. Leaders should determine what quality improvement methodology will be used to improve HCAHPS performance and provide managers with guidance and support in using the methodology. Organizations are famous for planning and implementing performance improvements, and forgetting to follow through after the initial implementation. An ongoing systematic approach to evaluation is one way to ensure that successful practices will be disseminated broadly throughout the organization. Further, given limited time and resources, knowing what to stop doing is sometimes as important as knowing what to implement.

> An ongoing measurement and monitoring system helps maintain momentum by giving you valuable information about what to start doing on a more widespread basis, as well as what to stop doing because it is not effective.

Maintaining Momentum

Improving the patient experience is a never-ending process and maintaining momentum is important, both for organizations that have achieved exceptional HCAHPS success, and those still in pursuit of such success. For an organization that achieved its HCAHPS goals, it can be easy to fall back into old routines and fail to sustain the successful interventions. Leaders must motivate staff to continue to focus on the patient. They need to recognize and reward patient-centered behaviors rather than shift focus to other priorities.

Not every attempted intervention will be successful in improving the patient experience or HCAHPS scores. For those organizations that have not yet achieved their goals, it is important for leaders to recognize effort as well as success. Teams that have invested time and energy in testing interventions should be acknowledged for the work they have put into improving the patient experience. Even if the goal has not yet been achieved, progress toward the goal should be celebrated.

Appendix of HCAHPS Improvement Resources

Resource	Summary	Link
HCAHPS Online	CMS website for all HCAHPS information, including announcements, data analysis and quality assurance guidelines.	http://www.hcahpsonline.org
REPORTS		
Patient-Centered Care: What Does It Take?	Identifies seven key organizational factors that contribute to patient-centered care.	http://www.commonwealthfund.org/Publications/Fund-Reports/2007/Oct/Patient-Centered-Care--What-Does-It-Take.aspx
The State of Patient Experience In American Hospitals	Benchmarking study based on a survey of 800 health care executives. It identifies organization's top priorities in addressing the patient experience, key components of organizations' patient experience efforts, drivers of success, roadblocks and prevalence of incentives.	http://www.theberylinstitute.org/?page=PEBENCHMARKING
High-Performing Patient and Family-Centered Academic Medical Centers: Cross-Site Summary of Six Case Studies	Identifies six elements of sustainable culture change supporting patient and family-centered care.	http://174.120.202.186/~pickerin/wp-content/uploads/2010/06/Picker_Report_final1.pdf
Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care	Identifies five primary drivers and 15 secondary drivers of patient and family experience. Includes descriptions of exemplar organizations reflecting each primary driver.	http://www.ihi.org/knowledge/Pages/IHIWhitePapers/AchievingExceptionalPatientFamilyExperienceInpatientHospitalCareWhitePaper.aspx
The Four Cornerstones of an Exceptional Patient Experience: Focus, Accountability, Engagement and Commitment	Study comparing top- and bottom-performers on HCAHPS survey. The report also outlines seven components to building an effective service culture.	Executive summary available at http://www.theberylinstitute.org/resource/resmgr/White_Paper_Exec_Summ/The_Beryl_Institute_-_4_Corn.pdf (full report available for purchase)
Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care: A Roadmap for Hospitals	Joint Commission recommendations on how to improve care in various components of the care continuum: » Admission » Assessment » Treatment » End-of-life care » Discharge and transfer » Organization readiness	http://www.jointcommission.org/assets/1/6/aroadmapforhospitalsfinalversion727.pdf

Resource	Summary	Link
DATA ANALYSIS		
HCAHPS Online	CMS provides several types of HCAHPS data analyses: » Survey results by state » HCAHPS percentiles HCAHPS patient-level correlations » HCAHPS hospital characteristics chart	http://www.hcahpsonline.org/SummaryAnalyses.aspx
Hospital Compare	Hospitals can download the entire HCAHPS dataset and run their own analyses.	http://www.medicare.gov/download/downloaddb.asp
Why Not the Best	Leaders can run comparative HCAHPS reports filtered by characteristics such as state, bed size and type of hospital and can add multiple national benchmarks.	http://www.whynotthebest.org/reports (log-in required)
CASE STUDIES		
Case Study Series on Hospital Patient Experience Measures: Improvement Strategies of Top-Performing Hospitals	Summarizes HCAHPS performance improvement strategies based on six case studies of top-performing hospitals. Hospitals include: » Parkwest Medical Center (Knoxville, Tenn.) » Duke University Hospital (Durham, N.C.) » Valley Hospital (Ridgewood, N.J.) » Hutcheson Medical Center (Fort Oglethorpe, Ga.) » Munson Medical Center (Traverse City, Mich.) » Brigham and Women's Hospital (Boston)	www.whynotthebest.org/uploads/download/47
Patient-Centered Hospital Redesign Leads to Low Infection Rates, Higher Patient Satisfaction, More Admissions, and Other Benefits	**Griffin Hospital (Derby, Conn.) facility redesign** that contributed to HCAHPS success.	http://www.innovations.ahrq.gov/content.aspx?id=2301
Patient- and Family-Centered Care Initiative is Associated with High Patient Satisfaction and Positive Outcomes for Total Joint Replacement Patients	Magee-Womens Hospital of UPMC's (Pittsburgh) patient-centered care methodology and practice, which resulted in exemplary HCAHPS score. Detailed additional resources related to the program are available at https://www.cahps.ahrq.gov/Quality-Improvement/~/media/Files/Quality%20Improvement/GoGuide.pdf	http://www.innovations.ahrq.gov/content.aspx?id=1764

Resource	Summary	Link
Implementing Clinical Nurse Leader Role Improves Core Measures Performance, Patient and Physician Satisfaction and Reduces Nurse Turnover	St. Lucie Medical Center's (Port St. Lucie, Fla.) experience in creating a new position of clinical nurse leader.	http://www.innovations.ahrq.gov/content.aspx?id=2566
Hourly Nurse Rounds Help to Reduce Falls, Pressure Ulcers, and Call Light Use and Contribute to Rise in Patient Satisfaction	Implementation of hourly nurse rounding by Memorial Health System (Springfield, Ill.).	http://innovations.ahrq.gov/content.aspx?id=3204
Active Solicitation of Patient Feedback and Engagement of Employees in Customer Service Significantly Increases Patient Satisfaction	Poudre Valley Health System's (Fort Collins, Colo.) approach to engaging patients, families and employees.	http://innovations.ahrq.gov/content.aspx?id=2890
Standardized Shift-Change Process Optimizes Time for Transfer of Patient Care Responsibility, Leads to High Levels of Nurse and Patient Satisfaction	The implementation of Nurse Knowledge Exchange Plus—a 6-step process for nurse shift changes that includes bedside reporting, in Kaiser Permanente hospitals (Oakland, Cal.). Detailed additional resources related to the NKEplus program are available at http://xnet.kp.org/innovationconsultancy/nkeplus.html	http://www.innovations.ahrq.gov/content.aspx?id=1803
Transforming Care at the Bedside through Reduction of Noise	St. Francis Hospital's (Englewood, Colo.) successful efforts to improve their quiet at night HCAHPS performance through a multi-faceted approach to reducing noise.	http://www.theberylinstitute.org/?page=CASE0720112
Improving Medication Communication	NCH Healthcare System's (Naples, Fla.) success in improving medication communication through a 4-step process.	https://theberylinstitute.site-ym.com/?page=CASE112010
Increasing Satisfaction by Providing Headphones and Ear Plugs to Patients	Inova Alexandria Hospital's (Alexandria, Va.) significant improvement on the HCAHPS quiet at night scores after implementing a program to provide headphones and ear plugs to patients.	http://www.rwjf.org/qualityequality/product.jsp?id=30271
Memorial Healthcare System: Patient-Friendly Daily Medication Schedule	Memorial Healthcare System's (Hollywood, Fla.) implementation of a patient-friendly daily medication schedule.	http://www.naph.org/Homepage-Sections/Explore/Innovations/Patient-Safety-Innovations/Memorial-Healthcare-Patient-Safety-Innovation.aspx
TOOLS		
CAHPS Improvement Guide and Other CAHPS Resources	AHRQ's website includes the CAHPS improvement guide, presentations from the CAHPS user group meetings and videos.	https://www.cahps.ahrq.gov/Quality-Improvement.aspx

Resource	Summary	Link
Project RED (Reengineering Hospital Discharge)	A curriculum designed to improve the discharge.	http://www.ahrq.gov/qual/projectred/
TeamSTEPPS	A curriculum designed to improve teamwork and communication.	http://teamstepps.ahrq.gov/
Patient-Centered Care Improvement Guide	This guide contains tools to improve patient-centered care. Appendix A is a cross-walk of patient-centered strategies for HCAHPS improvement categorized by domain.	http://www.patient-centeredcare.org/index.html
Institute for Patient- and Family-Centered Care	This website provides tools to assist organizations in becoming more patient- and family-centered, including assessments, presentations from successful organizations and guides.	http://www.ipfcc.org/
Surveys on Patient Safety Culture	Patient safety culture assessment tools for hospitals, nursing homes and ambulatory outpatient medical offices.	http://www.ahrq.gov/qual/patient-safetyculture