HCAHPS Best Practices

South Dakota CAH Quarterly MBQIP call
Wednesday, November 9, 2022

Janelle Shearer, RN, BSN, MA, CPHQ

Welcome – Chat Check In

- Name
- Organization
- Role
- What is your favorite Thanksgiving side dish?

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Rural Quality Improvement Technical Assistance

Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, critical access hospitals (CAHs), and the Medicare Rural Hospital Flexibility (Flex) Program

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Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP).

- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
  - Flex/Medicare Beneficiary Quality Improvement Project (MBQIP)
  - Small Health Care Provider Quality Improvement Grantees

- Focus on quality reporting and improvement

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Objectives

- Describe the importance of the Hospital Consumer Assessment for Healthcare Providers and Systems (HCAHPS) surveys for critical access hospitals (CAHs)

- Explore the questions on the HCAHPS survey

- Discuss best practices to improve experience scores for patients in the inpatient setting

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HCAHPS and Rural Hospitals

Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement

Quality Measurement + Quality Improvement = Improved patient outcomes

- Prepare CAHs for participation in value-based payment programs

Why HCAHPS?

- Provides a standard survey and methodology for measuring patient perspectives on hospital care

- Important driver of performance improvement related to patient perception of care

- Ability to compare performance with other hospitals based on a national reporting program - it is not uncommon for CAHs to outperform larger facilities

- HCAHPS broad goals:
  - Produce comparable data on patient perspectives that allows objective and meaningful comparisons between hospitals
  - Public reporting is designed to create incentives for hospitals to improve quality of care and enhance public accountability in health care by increasing transparency.

HCAHPS Overview

- Developed by AHRQ (Agency for Healthcare Research and Quality)
- Offers ability to compare performance with other hospitals based on a national reporting program
- HCAHPS broad goals:
  - Produce comparable data on patient perspectives that allows objective and meaningful comparisons between hospitals
  - Public reporting is designed to create incentives for hospitals to improve quality of care and enhance public accountability in health care by increasing transparency.
- Required by Centers for Medicare & Medicaid Services (CMS) for all Prospective Payment System (PPS) hospitals since 2007
- MBQIP Core Measure for Critical Access Hospitals (CAHs)
- CMS rolled out HCAHPS star rating in 2015 for hospitals with more than 100 completed surveys in rolling four quarters

Answer Choices & Top Box Scoring

- Never, Sometimes, Usually, Always

- No, Yes

- No, Yes somewhat, Yes definitely

- Definitely no, Probably no, Probably yes, Definitely yes

- Strongly disagree, Disagree, Agree, Strongly agree

- More than 15 minutes, 5 to 15 minutes, Less than 5 minutes

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Response Rates

Modes of Survey Implementation

1. Mixed (mail followed by telephone)
2. Mail only
3. Telephone only
4. Interactive voice response (IVR)

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HCAHPS Response Rate Strategies

- Tell patients about the survey
  - Create scripting for staff
  - During discharge planning
  - Flyer or brochure
  - Posters, the hospital website, or announcements on waiting room television screens
  - Remind during discharge phone calls

- Leader rounding – assess patient satisfaction during stay and/or remind of survey

- Consistent and timely sharing of patient lists with survey vendor

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What strategies has your hospital used to increase response rates?

Patient Experience Improvement Strategies

Communication

With Nurses

During this hospital stay, how often did:

- Nurses treat you with courtesy & respect? (Always)
- Nurses listen carefully to you? (Always)
- Nurses explain things in a way you could understand? (Always)

With Doctors

During this hospital stay, how often did:

- Doctors treat you with courtesy & respect? (Always)
- Doctors listen carefully to you? (Always)
- Doctors explain things in a way you could understand? (Always)

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Communication

Whiteboards

- Communication tool
- Must be used faithfully
- Users design

Bedside Shift Report

- Template/checklist
- Natural leaders
- Observational auditing

Team Huddles

- Multidisciplinary – leaders involved
- In care units
- Different structures

Responsiveness of Hospital Staff

During this hospital stay:

- After you pressed the call button, how often did you get help as soon as you wanted it? (Always)

- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Always)

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Responsiveness of Hospital Staff

Hourly Rounding
- Alternate RNs and CNAs
- Four Ps – pain, potty, position, possessions
- Reduce call light usage

No Pass Zone
- Everyone answers call lights
- Anyone can provide non-clinical support
- May decrease traffic in patient care areas

Technological Devices
- Call light systems
- Two-way speakers
- Nurse communication devices

Communication about Medications

During this hospital stay, before giving you any new medicine, how often did hospital staff:

- Tell you what the medicine was for? (Always)
- Describe possible side effects in a way you could understand? (Always)

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Communication about Medications

Pharmacist Visits
- Trigger and process verified
- Medication reconciliation
- Interdisciplinary huddles and rounds

Patient Education
- Written and easy to read
- When: time of new meds, daily, discharge
- Teach back
- EHR reminders and hard stops

Key Words
- "Education on your medications"
- "Side effects of your medications"
- "This medication is for…"

Cleanliness & Quietness

During this hospital stay how often:

- Were your room and bathroom kept clean? (Always)
- Was the area around your room quiet at night? (Always)

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Cleanliness of Hospital Environment

Cleaning Schedules
- Morning cleaning
- Afternoon or evening tidy up
- PM by nurse, CNA, volunteer or environmental services staff

Notices of Cleaning
- Tent cards, calling cards, white board notes
- Name, time, contact information

Cleanliness Auditing
- Adenosine triphosphate (ATP) monitoring
- Glow gel monitoring
- Rounding inspections

Quietness of Hospital Environment

Awareness
- Noise monitors
- Reminders – verbal, written, scheduled, in real time
- "SHHH" campaigns

Structural Changes
- Enclosed nursing stations
- Decentralized nursing stations
- Carpets or floor padding

Environmental Noise
- Doors, carts
- Cleaning or maintenance schedules
- Communication devices

Discharge Information & Care Transitions

Discharge Information

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)

- Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Yes)

Transitions of Care

- During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. (Strongly Agree)

- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (Strongly Agree)

- When I left the hospital, I clearly understood the purpose for taking each of my medications. (Strongly Agree)

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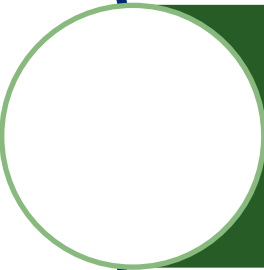
Discharge & Care Transitions

Discharge Planning
- Start at admission
- Social worker, care manager, discharge RN
- Rounds or huddles
- Interdisciplinary involvement

Discharge Education
- Discharge packet, folder, binder
- Written discharge instructions/care plan/AVS
- Simple language
- Teach back

Discharge Calls or Home Visits
- Phone calls in 2-3 days
- Discharge planner, nurse, pharmacist
- Selected patients by risk or diagnosis vs. all
- Home visits effective but less common

Overall Rating & Willingness to Recommend

- Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate this visit? (9 or 10)

- Would you recommend this hospital to your friends and family? (Definitely yes)

Global Improvement

Leader Behaviors
- Leader visibility
- Leadership Development
- Leader rounding with staff

Culture
- Standards of behavior
- Teamwork
- Accountability

Data
- Share data with staff and providers often
- Opportunities for discussion and suggestions
- Friendly competition and momentum

Overarching Themes

- Leadership and Culture
- Communication
  - Among team members
  - With patients and families
- Employee Engagement
- Workforce Resiliency

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HCAHPS Resources

- **Study of HCAHPS Best Practices in High Performing Critical Access Hospitals** (full study including resource list, summary brief)
  www.ruralcenter.org/resources/study-hcahps-best-practices-high-performing-critical-access-hospitals

- **Quality Improvement Implementation Guide and Toolkit for CAHs** (Best practice lists by measure)
  www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs

- **HCAHPS Online**
  www.hcahpsonline.org

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What additional strategies are working for your hospital to improve HCAHPS scores?

Other Resources

MBQIP Monthly

https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly

- CAHs Can!
- Data: CAHs Measure Up
- Tip: Robyn Quips
- Tools and Resources

MBQIP Monthly
Medicare Beneficiary Quality Improvement Project
A publication for Flex Coordinators to share with their critical access hospitals

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Quality Time: Sharing PIE (performance improvement experience)
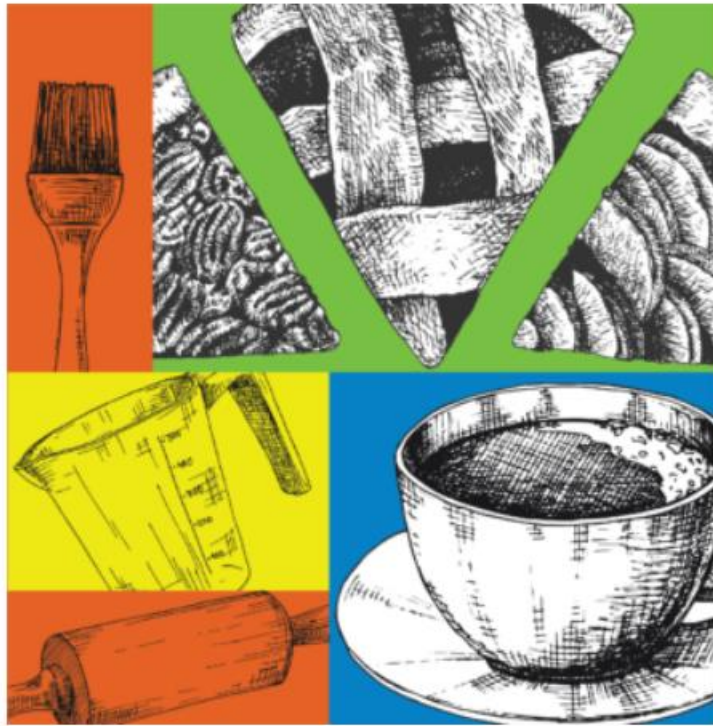
CAH QI Mentors share lessons learned, strategies, tips, and ideas from their in-the-field performance improvement experience.

Listen online or wherever you get your podcasts.

Quality Improvement Basics Course

https://stratishealth.org/quality-improvement-basics/

- 11 didactic modules including videos, slides, and transcripts
  - Can be completed in sequence or stand-alone
- Templates and tools
- Facilitator Guide and Sample Syllabus also available

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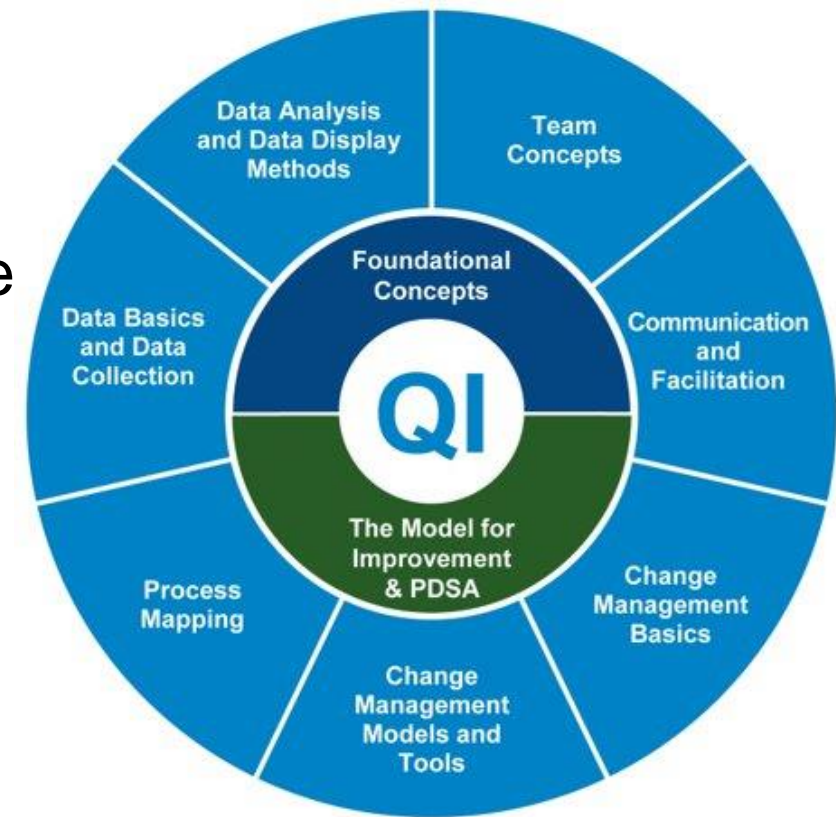
Quality Improvement Implementation Guide & Toolkit for CAHs

https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs

- QI Implementation Guide
- QI Measure Summaries
- Brainstorming Tool
- Internal Quality Monitoring Tool
- Project Action Plan Template

- Meeting Agenda Template
- Rapid Tests of Change Tool
- Prioritization Tool
- Internal Quality Monitoring Tool
- 10-Step QI Project Documentation Template

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Questions?

Janelle Shearer, Project Specialist/Liaison

jshearer@stratishealth.org

www.stratishealth.org

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