



NATIONAL RURAL HEALTH RESOURCE CENTER

Panel Discussion Notes: Use of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in Critical Access Hospitals (CAHs)

Panel discussion was facilitated by Kami Norland, Community Specialist, National Rural Health Resource Center

Panelists:

- Shawnda Schroeder, Center for Rural Health, University of North Dakota
- Pat Wangler, Administrator, Essentia Health Fosston (CAH), Fosston, Minnesota
- Bill Sexton, Administrator, Prairie du Chien Memorial Hospital (CAH), Prairie du Chien, Wisconsin

Shawnda Schroeder, Center for Rural Health, University of North Dakota

- The biggest challenges of using HCAHPS were time and money.
- It is important to be prepared in advance.
- Have information for the hospital administrators, including cost comparisons for vendors.
- Request better rates from vendors for signing several hospitals.
- Twenty-one North Dakota critical access hospitals (CAHs) are going to participate in the network approach using the same vendor, Rural Comprehensive Care Network in Nebraska.
- North Dakota hopes to have 100% CAH participation by September.
- North Dakota is benchmarking regionally and statewide to learn from each other.
- Peer exchange program matches a facility doing well with one that is struggling.
- Cost was the biggest concern in choosing a vendor.
- North Dakota is partnering with their state Quality Improvement Organization (QIO).
- Best advice is to prepare and educate on the front end and then follow-up on the back end.

Pat Wangler, Administrator, Essentia Health Fosston (CAH), Fosston, Minnesota

- Essentia Health Fosston (CAH) has been conducting patient surveys since she started working there 13 years ago, before HCAHPS existed.
- Strong belief in demonstrating their quality and value.
- At first, they discovered they were in the lower 25th percentile among peers.
- After Fosston "Studerized," they are now high ranking among peers.
- Low patient survey scores were originally met with blame and excuses.

- Staff was required to educate themselves and each other.
- They determined patients wanted more dialog with doctors so they changed the process to facilitate that.

Bill Sexton, Administrator, Prairie du Chien Memorial Hospital (CAH), Prairie du Chien, Wisconsin

- Bill's CAH was focused on operational and financial strength, not doing HCAHPS.
- Rural outperforms urban facilities on many measures but community members tend to think they should go to bigger urban hospitals with more specialists.
- Mission statement talks about quality, not finances.
- Uses Rural Wisconsin Health Cooperative as HCAHPS vendor.
- Nurses are at the core of patient satisfaction, very important. Emergency Department is also key.
- Hospital is in a tourist area.
- Emergency Department satisfaction scores went from 70s to 90s.
- Nursing performance scores are higher than physicians, so they focus on training physicians on how to have better communication and bedside manner.
- To get hospitals to buy-in to report HCAHPS, there are three convincing / motivating methods:
 - Tie it to payment.
 - Publish reports. Show your community how great you are.
 - Show people rural scores are better than urban.

Question and Answer Session

Q: What is the interplay between HCAHPS and other quality measures?

A: Pat noted that they are doing both inpatient and outpatient surveys. They just conducted a community health needs assessment and it was discovered that the community used to see the Fosston hospital as a Band-Aid station, but that perception has improved.

Q: What is the cost for HCAHPS?

A: Pat's hospital spends \$1,000 per quarter for 1 CAH (just one example).

Q: What about board involvement and support?

A: Bill noted that scores get the board's attention and quantifies success.

Q: What value is there in HCAHPS data used locally versus going through Studer consultants or Hospital Compare?

A: Shawnda noted that data is talked about with the hospitals and used to generate discussion of quality improvement. Results are used to learn and improve and can also be used to compare your hospital to others. If you don't measure it, you can't control it. If you can't control it, you can't change it.