

Delta Region Community Health System Development (DRCHSD) Program



Delta Regional Authority

U.S. Department of Health & Human Services



HRSA

Federal Office of Rural Health Policy

This project is supported by the Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services ([HHS](#)) as part of a financial assistance award totaling \$10,000,000 with 100% funded by [HRSA/HHS](#) and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by [HRSA/HHS](#), or the U.S. Government.



Delta Region Community Health System Development (DRCHSD) Program

DRCHSD Providing an Excellent Patient Experience

Sessions:

- April 8, 2021- Part I
- April 15, 2021- Part II
- April 22, 2021- Part III

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Pre-Polling Questions

I am ___ in my understanding of how the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey tool evaluates patient experience.

I am ___ in my understanding of how my role impacts patient experience.

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NATIONAL
RURAL HEALTH
RESOURCE CENTER

PROVIDING AN EXCELLENT PATIENT EXPERIENCE

PART 1, April 8 2021

Dr. Carla Brock Wilber, DNP, RN, NE-BC



STROUDWATER

Objectives



Overview of CAHPS

HCAHPS: Best practice actions

Establishing High Standards of Service Excellence

The role of EMPATHY



What Is CAHPS?

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys reside in the Centers for Medicare & Medicaid Services (CMS) patient experience family of surveys.
- All surveys officially designated as CAHPS surveys have been approved by the CAHPS Consortium, which is overseen by the Agency for Healthcare Research and Quality (AHRQ).
- CAHPS surveys are an important component of CMS's efforts to improve health care in the United States.



CAHPS Surveys

- Home Health CAHPS
- HCBS CAHPS Survey
- Fee-for-Service CAHPS
- Medicare Advantage and Prescription Drug Plan CAHPS
- In-Center Hemodialysis CAHPS
- Nationwide Adult Medicaid CAHPS
- Hospice
- CAHPS® Survey for Accountable Care Organizations Participating in Medicare Initiatives
- Outpatient and Ambulatory Surgery CAHPS
- CAHPS for MIPS
- Emergency Department CAHPS



Hospital
CAHPS



What Is the HCAHPS Survey?

HCAHPS stands for “Hospital Consumer Assessment of Healthcare Providers and Systems.”

The survey is designed to produce data about patients’ perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers

Public reporting of the survey results creates new incentives for hospitals to improve quality care

Public reporting serves to enhance accountability in healthcare by increasing transparency of the quality of hospital care provided in return for the public investment

What Is the HCAHPS Survey?

- Standardized survey instrument (29 item) and data collection methodology
- Uses “apples to apples” approach
- The survey is administered between 2 and 42 days after discharge to a random sample of adult patients.
- The survey is available in official Spanish, Chinese, Russian, Vietnamese, Portuguese and German translations.
- The survey was nationally implemented in 2006 and public reporting of hospital scores began in 2008.
- Over 4,000 hospitals participate in HCAHPS and over 3.0 million patients complete the survey each year.
- Administered by
 - Mail only (2019- 74%)
 - Telephone only (2019- 26%)
 - Mixed (mail followed by telephone)
 - Active Interactive Voice Response (IVR)





HCAHPS Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes
 - No → **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2021)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
2. During this hospital stay, how often did nurses listen carefully to you?
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - 9 I never pressed the call button



Composite Measure - Your Care From Nurses

- #1 - During this hospital stay, how often did nurses treat you with **courtesy and respect**?
- #2 - During this hospital stay, how often did nurses **listen carefully to you**?
- #3 - During this hospital stay, how often did nurses **explain things** in a way you could understand?



Your Care From Nurses

Measure / Name	Best Practice
<p>HCAHPS - Composite</p> <p>Communication with Nurses</p>	<ul style="list-style-type: none"> • Provide staff training and promote awareness relating to empathy and effective communication • Use teach-back, limit jargon and employ other health literacy principles such as Ask Me 3 • Standardize shift change processes and/or bedside report and use as an opportunity to engage the patient and family in care • Implement intentional hourly rounding • Use whiteboards to communicate daily goals • Use scripting for key messages and/or employ a communication frameworks such as AIDET • Sit at the bedside when possible

Memorable conversations



Composite Measure – Your Care From Doctors

- #5 - During this hospital stay, how often did doctors treat you with *courtesy and respect*?
- #6 - During this hospital stay, how often did doctors listen carefully to you?
- #7 - During this hospital stay, how often did doctors explain things in a way you could understand?



Communication with Doctors

Measure / Name	Best Practice
HCAHPS - Composite Communication with Doctors	<ul style="list-style-type: none"> • Provide staff training and promote awareness relating to empathy and effective communication • Implement peer to peer mentoring • Use teach-back, limit jargon and employ other health literacy principles such as Ask Me 3 • Engage patients and families in care conferences and/or interdisciplinary rounds • Use scripting for key messages and/or employ a communication frameworks such as AIDET • Consider appointing a Provider Champion!! • Ensure patient feedback is shared with providers • Provide pads/pens at the bedside for patients and family members to jot down notes

Sit and Listen



Composite Measure - Your Experiences In This Hospital

- #10 - During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? (Screening question)
- #11 - How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- #4 - During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?



Responsiveness of Hospital Staff

Measure / Name	Best Practice
HCAHPS - Composite Responsiveness of hospital staff	<ul style="list-style-type: none"> • Establish protocols and identify accountability for responding to inpatient calls • Track the type and timing of inpatient call requests to target support and response processes • Implement intentional hourly rounding • Use the 4 P's- Pain, Potty, Position, Proximity • Establish processes and expectations regarding communication for nurses when stepping away from the floor or when assistance is needed

Practice No-Pass Zone!



Composite Measure - Your Experiences In This Hospital

- #12 - During this hospital stay, were you given any medicine that you had not taken before? (Screening question)
- #13 - Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- #14 - Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?



Communication About Medicines

Measure / Name	Best Practice
<p>HCAHPS - Composite</p> <p>Communication about medicines</p> <p>“M” on the board</p>	<ul style="list-style-type: none"> • Implement triggers and prompts in care processes to ensure education about medications • Use teach-back to assess patient understanding • Employ Ask Me 3 • Limit use of jargon and technical terms • Provide nurses ready access to resources and tools regarding information about medications in patient friendly terms • Consider providing a pharmacist bedside visit to review new medications • Share best practices and processes among staff for communicating in difficult situations (e.g., patient doesn’t speak English or has difficulty hearing) • Inquire about medications during discharge follow-up calls • Consider use of medication organizers





Composite Measure - When You Left The Hospital

- #15 - After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? (Screening question)
- #16 - 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?
- #17 - During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?



Discharge Information

Measure / Name	Best Practice
<p>HCAHPS – Composite Discharge Information</p> <p>Post-visit discharge calls</p>	<ul style="list-style-type: none"> • Conduct pre-discharge assessment of ability of patient and/or family to provide self-care, including problem solving, decision making, early symptom recognition and taking action, quality of life, depression and other cognitive and functional ability factors • Conduct a readmission risk assessment • Develop a comprehensive shared care plan using a shared decision-making approach. Consider patient values and preferences, social and medical needs • Throughout the patient stay, work with the patient and family to prepare for discharge and follow-up planning, including goals, questions and concerns • Ensure written discharge plan is easy to read and includes only essential education on health condition, using plain language and health literacy principles • Admission/Discharge Folders • Share discharge plan on whiteboards



Health Literacy

A 68-year-old man is readmitted for heart failure only one week after being discharged following treatment for the same condition. He brought all of his pill bottles in a bag; all of the bottles were full, not one was opened. When questioned why he had not taken his medication, he began to cry, explaining he had never learned to read and couldn't read the instructions on the bottles.



Kessels (2003), stated 40-80% information provided by healthcare practitioners was forgotten immediately.

<https://journals.sagepub.com/doi/pdf/10.1177/014107680309600504>

Source: http://www.jointcommission.org/assets/1/18/Hot_Topics_Transitions_of_Care.pdf



Composite Measure - Understanding Your Care When You Left The Hospital

- #20 - 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.
- #21 - When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
- #22 - When I left the hospital, I clearly understood the purpose for taking each of my medications.



Care Transition

Measure / Name	Best Practice
HCAHPS - Composite Care Transition	<p>In addition to Discharge Planning strategies:</p> <ul style="list-style-type: none"> • Use personal health records or patient portals to ensure patients have access to necessary information, including lab results, radiology results, prescription refills requests and ability to email doctors, nurses and staff with questions • Whenever possible, make follow-up appointments or arrangements for other services prior to discharge, always with patient and family input regarding availability and preferences • Use teach-back and health literacy principles in patient education • Utilize Ask Me 3 • Consider developing a community care transition team (Joint Health Partners) • Evaluate all readmissions- track and trend • Screen for SDoH



Care Transition, continued

Measure / Name	Best Practice
<p>HCAHPS - Composite Care Transition</p>	<ul style="list-style-type: none"> • Conduct meaningful follow-up phone calls within 24-48 hours post-discharge to clarify patient and family understanding of medications and follow-up services • Provide a written listing of medications to the patient and family including the name of the medication, dose, route, purpose, side effects and special considerations in language that is easy to understand for the patient • For patients with complicated medication regimes, whenever possible, engage pharmacy staff in performing patient education, medication review and follow-up phone calls

Start early and focus on *preference*



Measures 8&9 - The Hospital Environment

- #8 - During this hospital stay, how often were your room and bathroom kept clean?
- #9 - During this hospital stay, how often was the area around your room quiet at night?



Cleanliness of Hospital Environment

Measure / Name	Best Practice
<p>HCAHPS - Q8</p> <p>Cleanliness of Hospital Environment</p>	<ul style="list-style-type: none"> • Clarify roles and responsibilities in responding to patient or staff concerns regarding cleanliness • Designate a housekeeping quality assurance supervisor and trainer • Inspect an agreed number of patient rooms on a regular basis, and follow up with cleaning staff to correct deficiencies • Provide visible information in the room to let patients and families know who to contact if they have a housekeeping concern or request • Provide training on communication standards and processes to cleaning staff as part of orientation and ongoing evaluations (e.g., AIDET)



Cleanliness of Hospital Environment, continued

Measure / Name	Best Practice
HCAHPS - Q8 Cleanliness of Hospital Environment	<ul style="list-style-type: none"> • Use logs to identify patients who communicate cleaning concerns. Follow-up with those patients at least daily to ensure that their room and their bathroom is cleaned to their satisfaction • Implement intentional hourly rounding

Consider tent cards



Quietness of Hospital Environment

Measure / Name	Best Practice
<p>HCAHPS - Q9</p> <p>Quietness of Hospital Environment</p>	<ul style="list-style-type: none"> • Utilize single patient rooms if feasible • Close doors to patient rooms whenever possible • Use "Quiet Zone" signs and reminders in the corridors • Eliminate use of overhead paging, particularly at night • Designate zones for staff conversation (e.g., nurses station) to help avoid hallway discussions that may be disruptive to nearby rooms • Evaluate transport carts and replace noisy wheels and casters



Quietness of Hospital Environment, continued

Measure / Name	Best Practice
HCAHPS - Q9 Quietness of Hospital Environment	<ul style="list-style-type: none"> • Turn down the alarm sound level on monitoring equipment if feasible or have telemetry equipment monitoring away from the patient (e.g., in the nurses station) • Request that work involving heavy machinery only be done during the daytime. (e.g., use of battery powered scrubbers, buffers and other loud equipment) • In the evening/nighttime, use a portable lantern or flashlight to illuminate the area in which the employee is working rather than turning on the overhead lights when the patient are resting

Quiet pack including ear plugs and eye mask



Measures 18 & 19 - Overall Rating of Hospital

- #18 - Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- #19 - Would you recommend this hospital to your friends and family?



Overall Rating/Willingness to Recommend this Hospital

Measure / Name	Best Practice
HCAHPS – Q18 and Q19	The following areas are most strongly correlated with a high overall hospital rating and therefore most likely to support improvement in the overall rating of the hospital: <ul style="list-style-type: none">• Scores on Nurse Communication• Pain Management (REMOVED)• Responsiveness of Hospital Staff
Overall Rating of This Hospital	
Willingness to Recommend This Hospital	<ul style="list-style-type: none">• Speak positively about the organization• Brag about the organization's strengths• Thank patients for choosing your health system



**ESTABLISHING HIGH
STANDARDS OF SERVICE
EXCELLENCE**

Building *Accountability*



EXPECTATIONS



SERVICE BEHAVIORS



JOB-SPECIFIC
SERVICE BEHAVIORS



SERVICE STANDARDS



SERVICE TARGETS



Setting Standards: Expectations

- ❑ What our customers and consumers of care want from our service.
 - ✓ Behaviors - respect, dignity
 - ✓ Processes - billing, scheduling, coordination
 - ✓ Environment - cleanliness, convenience, navigation



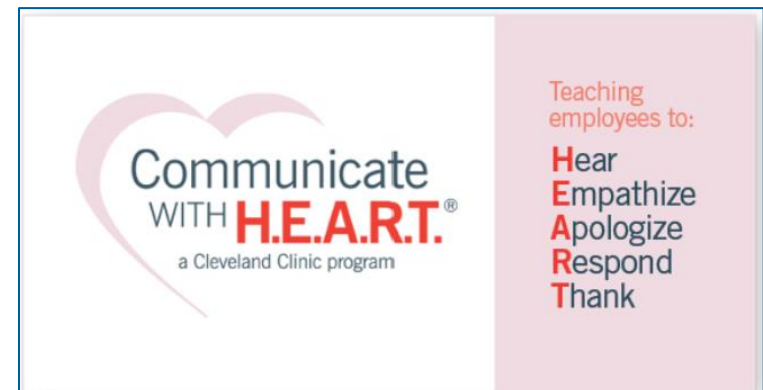
Setting Standards: Service Behaviors

❑ What should healthcare providers and staff do and say for and with customers?

✓ Common Language/Actions-AIDET

✓ H.E.A.R.T.

A	Acknowledge:	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.
I	Introduce:	Introduce yourself with your name, skill set, professional certification, and experience.
D	Duration:	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.
E	Explanation:	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.
T	Thank You:	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.



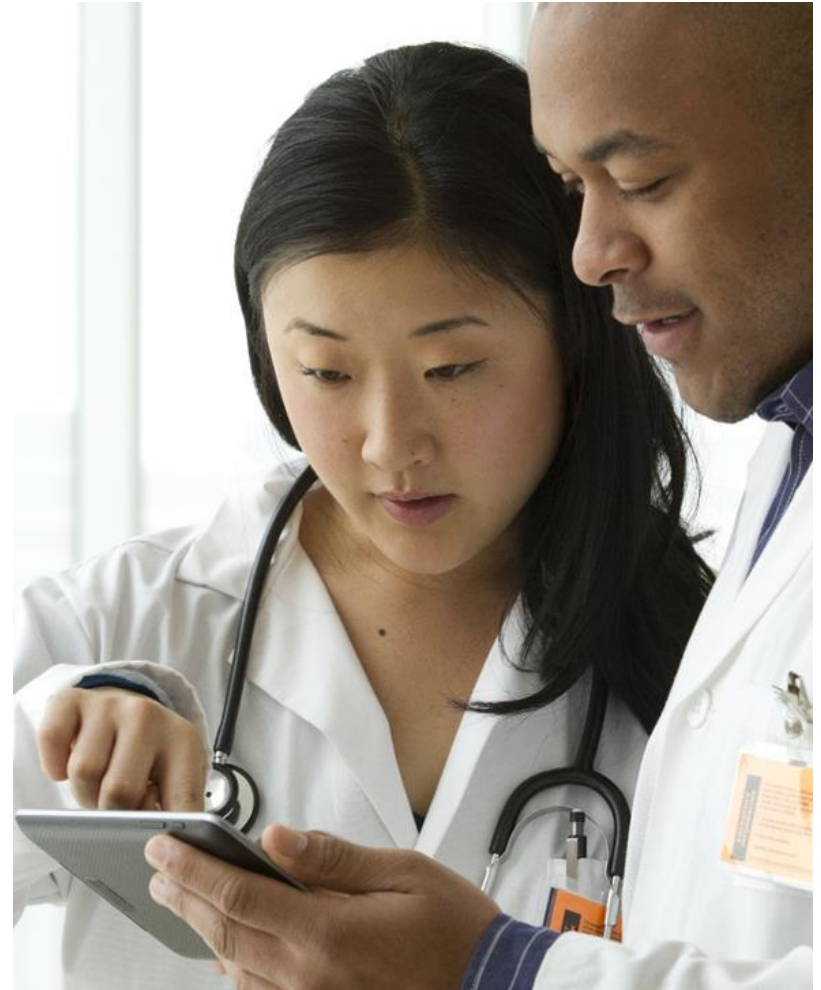
Sources:

<https://my.clevelandclinic.org/departments/patient-experience/depts/experience-partners/licensed-programs/communicate-with-heart>

<https://www.studergroup.com/aidet>; Achieving Impressive Customer Service. Leebov, Scott, Olson, 1998

Setting Standards: Job Specific Service Behaviors

- ❑ Expanded from basic service behaviors to fine-tuned job specifics
 - ✓ Service Protocols
 - ✓ Scripts
 - ✓ Detailed role/responsibility descriptions
 - ✓ Standard work





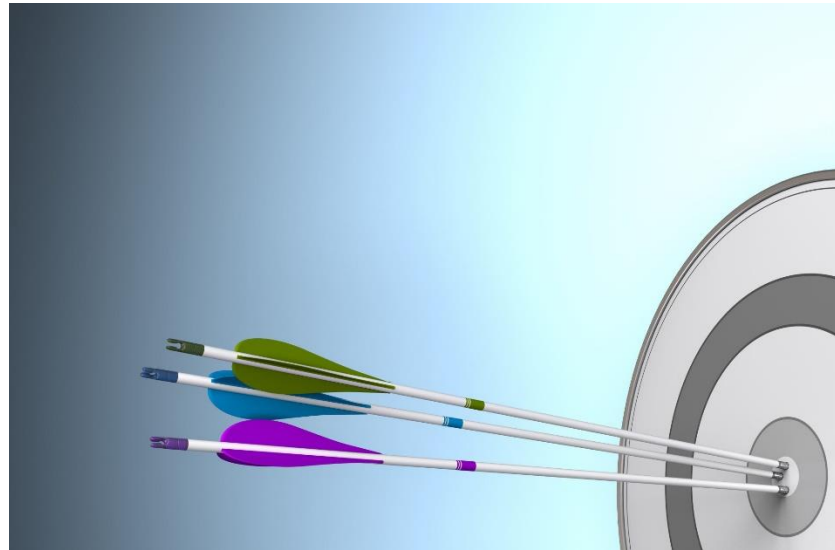
Setting Standards: Service Standards

- ❑ Promises your service makes to its customers.
 - ✓ Based on knowledge of what your customers want most, as well as from norms for service delivery in the marketplace
 - ✓ Iterative process
 - ✓ Measurable



Setting Standards: Service Targets

- ❑ Goals established because they are important to our customers.
 - ✓ Reaching these goals will have a great impact on customer service.
 - ✓ Factors you want to improve on over time with specific levels you're aiming for.



Achieving Impressive Customer Service. Leebov, Scott, Olson, 1998



A blurred photograph of a hospital hallway. In the foreground, there are blue hospital chairs. In the background, several nurses in white uniforms and caps are walking, and some patients are visible. The hallway is brightly lit with recessed ceiling lights. A semi-transparent grey banner is overlaid across the middle of the image, containing the text 'THE ROLE OF EMPATHY' in bold black letters.

THE ROLE OF EMPATHY

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou

Satisfaction vs. Experience

Patient Satisfaction

The term used to describe the extent to which a patient is content with the health care provided to them and is often measured by their responses to surveys

*Perceptions of
care*

Patient Experience

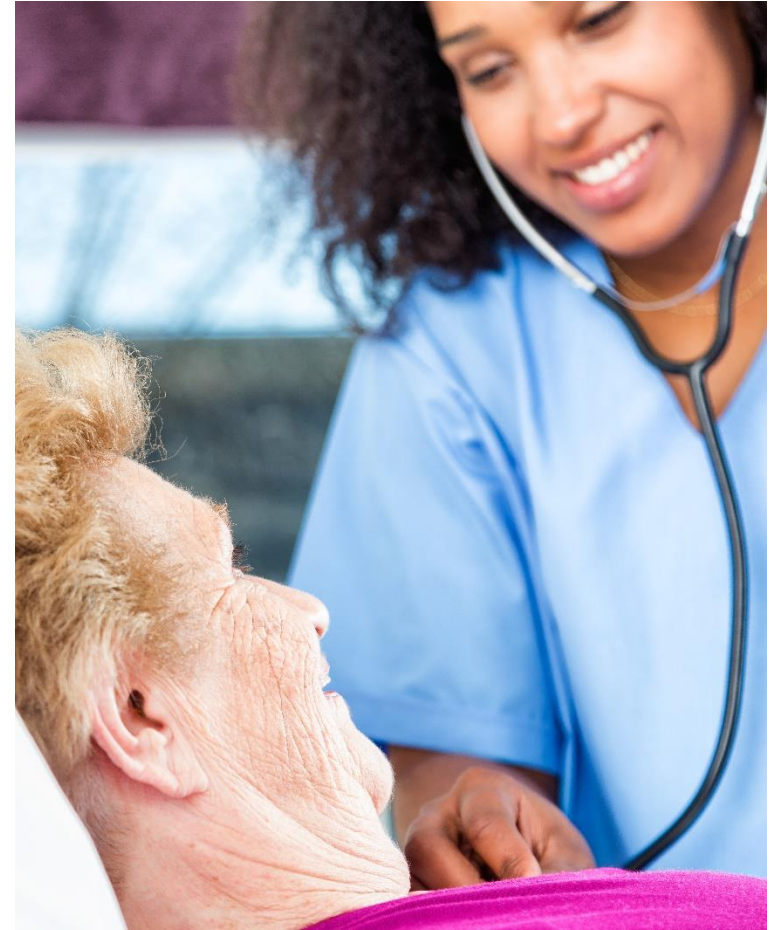
Considers a patient's end-to-end journey through the continuum of care.

*How you make
them **feel**, not
just the quality
of care*



Defining Empathy

- Empathy is defined as “the ability to understand and share the feelings of another.”
- “Empathy is probably one of the most misunderstood terms in the world of healthcare.” (Merlino, 2015)
- “I might be you” or “I am you” (Spiro, 1993)
- Empathy is *not* Sympathy.





About Empathy

Known as
the KEY
INGREDIENT
to
enhancing
the patient
experience

- More than a diagnosis and/or treatment
- Thought to build trust, reduce anxiety and stress
- Can improve plan of care adherence
- Demonstrates improved outcomes
- Automatically improves communication
- Improves perception of care delivered
- The right thing to do!!!!



Types of Empathy

Cognitive empathy

- When you can understand what the other person is feeling

Emotional empathy

- When you feel what your “customer” is feeling
- Making a connection at an emotional level

Compassionate empathy

- When you are moved to take action(s) that reflect the needs and wants of each person



Effective and Empathetic Communication: The Four Habits Model

Demonstrate *empathy*

Be open to patient's emotions

Make at least one empathetic statement

Convey empathy nonverbally

Be aware of your own reactions





Demonstrate Empathy Verbally

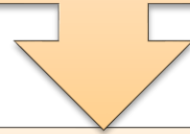
Demonstrate EMPATHY verbally with
SAVE

- **S**upport: “Let’s work together.....”
- **A**cknowledge: “This has been hard on you.”
- **V**alidate: “Most people would feel the way you do.”
- **E**motion naming: “You seem sad.”

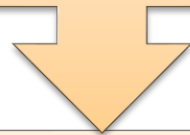


Think of a Place

Spend a few minutes to think about great service, beginning with what does it look like.



Think about one place you have been that impressed you with their service.



What wows you?

Why?



**IT IS A BEAUTIFUL AND MYSTERIOUS POWER THAT ONE HUMAN BEING CAN HAVE ON ANOTHER THROUGH THE MERE ACT OF CARING...A GREAT TRUTH, THE ACT OF CARING IS THE FIRST STEP IN THE POWER TO HEAL.
PHILLIP MOFFITT**



Post-Polling Questions

I am ____ in my understanding of how the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey tool evaluates patient experience.

I am ____ in my understanding of how my role impacts patient experience.

I am _____ that I will apply the knowledge gained from today's training to improve patient experience.

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Q&A



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STROUDWATER

Our team is driven each day by the conviction that every rural community deserves a compassionate and quality healthcare delivery system. From Alaska to Maine, we partner with healthcare leaders to sustain and strengthen the vital role rural health systems play in America.

Stroudwater Associates is a private healthcare consulting firm serving a national healthcare market consisting of government and quasi-government agencies, community-based organizations, major academic and tertiary centers, rural and community hospitals, physician groups, and provider organizations. We offer, among others, the following services:

- Hospital operational plans
- Quality/Performance Improvement
- Strategic planning
- Master facility planning
- Hospital/RHC/FQHC financial analysis
- Access to capital options analysis
- Post-acute strategies
- Physician practice evaluations and valuations
- CAH feasibility studies
- Primary care options analysis
- Delivery system integration
- Clinical service planning
- Network development
- Affiliation strategy
- Physician contracting/compensation support

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