Summary – HCAHPS Best Practices in High Performing Critical Access Hospitals Study

The study, published May 2017, shares HCAHPS best practices of high performing critical access hospitals (CAHs) identified through focus group discussions with 38 hospitals from across 17 states. Details on additional strategies and best practices for each HCAHPS performance area, topic, or composite that reflect the best practices cited most frequently by the CAHs in the focus group are available in the full study.

HCAHPS Performance Area, Topic, or Composite Included in the Study	
Survey Response Rate	Communication about Medications
Communication with Nurses	Cleanliness of Hospital Environment
Communication with Physicians	Quietness of Hospital Environment
Responsiveness of Hospital Staff	Discharge Information
Pain Management	Care Transitions

Focus Group Key Strategies

Key strategies from the focus group for each HCAHPS performance area, topic, or composite are highlighted below.

HCAHPS Survey Response Rate

Improving Response Rate Key Strategies:
- Tell patients about the survey
  - Often at discharge
  - Flyer or brochure
  - Posters, hospital website, announcements on waiting room television screens
- Remind patients about the survey during discharge phone calls
- Leader rounding – assess patient satisfaction during stay and/or remind of survey
- Weekly or biweekly patient lists to vendors so survey is distributed closer to the hospital stay

Overall HCAHPS Success

Focus group participants were asked "What are the one or two most important practices or behaviors you think drive your overall HCAHPS success?" in order to capture interventions likely to influence patient perceptions of overall hospital ratings and willingness to recommend the hospital to others. The top three responses involved practices specifically related to 1) behavior of hospital leaders, 2) HCAHPS data awareness, and 3) intentional efforts to improve the culture of the hospital including staff engagement.

Overall HCAHPS Success Key Strategies
- Culture
  - Standards of behavior
  - Teamwork

- Accountability
- Leadership practices
  - Leader visibility
  - Leadership development
  - Leader rounding with staff
- HCAHPS Data Feedback
  - Share the data with staff and providers often
  - Provide opportunities for discussion and suggestions
  - Foster friendly competition
- Staff Engagement
  - Consistent, intentional involvement in decision making and problem solving
  - Celebrations of performance improvement progress, rewards and recognition

Communication with Nurses

Nurse communication is a key driver or overall patient experience. Most focus group CAH representatives cited multiple strategies to support this area.

Communication with Nurses Key Strategies

- Patient whiteboards as active tool to share information
- Nurse bedside shift report
- Data feedback and discussion
- Scripting or Key Words
- Daily Interdisciplinary Huddles

Communication with Physicians

Not all of the participating focus group CAH representatives were able to differentiate between nursing and physician communication practices. Many of the strategies mentioned are echoed nursing communication practices, such as patient whiteboards and daily huddles. The most common driver associated with HCAHPS physician communication success is frequent data feedback on the measure and the friendly competition that ensues between providers and between physicians and nurses.

Communication with Physicians Key Strategies

- Data feedback, friendly competition
- Nurses accompany physicians on rounds
- Sit down during patient visits
- Note pads and pens at bedside for patient questions
- Engaged physician leaders
- Hospitalist programs

Responsiveness of Hospital Staff

Responsiveness of hospital staff essentially captures how satisfied patients are with the amount of time it takes hospital staff to respond to requests for help. Hourly rounding was by far the most common practice offered as an important driver of patient satisfaction.

Responsiveness of Hospital Staff Key Strategies

- Culture
  - Standards of behavior
- Hourly Rounding

> - May alternate RNs with CNAs
> - Address the Four Ps (pain, potty, position, and personal effects)
> - Documented
> • No Pass Zone
>   - Everyone answers call lights
>   - Non-clinical support can be provided by anyone
> • Technological devices
>   - Call light systems
>   - Two way speakers
>   - Nurse communication devices

Pain Management

The most frequent pain management interventions described by focus group participants are the use of patient whiteboards to document pain related information, discussing expectations and goals with patients, alternative therapies, and automated pain re-assessment reminders.

💡 Pain Management Key Strategies
- Patient whiteboards as a communication strategy
- Setting goals and expectations
- Use of Alternative therapies
- Automated pain assessment reminders

Communication about Medications

Focus group participants most commonly attributed success in this dimension to patient education provided by a pharmacist, closely followed by variations of written patient education on medications.

💡 Communication about Medications Key Strategies
- Culture
  - Standards of behavior
- Pharmacist Visits
- Patient Education
  - Easy to read
  - Teach back
- Key Words/Scripting

Cleanliness of Hospital Environment

Many of the focus group comments for this area were directed at the merits of the environmental services department. Two common ideas involved room cleanliness auditing or rounds with varying degrees of formality, and notes on cards or whiteboards drawing patient and family attention to cleaning services performed before or during their hospital stay.

💡 Cleanliness of Hospital Environment Key Strategies
- Cleanliness auditing
- Notices of cleaning services
- Cleaning schedules

Quietness of Hospital Environment

Heightened awareness through ongoing and frequent reminders was most the regularly cited strategy. Staff reminders are provided in meetings, newsletters, e-mails, and in real time when voices are carrying or groups of people are congregating in hallways near patient rooms.

Quietness of Hospital Environment Key Strategies
- Awareness/Reminders
- Structural Changes
- Environmental Noise Control

Discharge Information and Care Transitions

Generally, hospitals receive fairly high patient ratings on the HCAHPS topic of discharge information. Care transitions scores for all hospitals are much lower than discharge information scores, including the focus group CAHs. A review of the HCAHPS survey questions can help clarify the difference in performance between Care Transitions and Discharge Information. The Discharge Information composite is based on two questions with yes or no responses, rather than the "top box" scoring method utilized for other topics. Care Transitions composite is based on three, four-point scale questions.

Discharge Information Questions (Yes/No)	Care Transitions Questions (4-point scale)
• "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?" • "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?"	• "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." • "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health." • "When I left the hospital, I clearly understood the purpose for taking each of my medications".

Discharge Information Key Strategies
- Discharge Planning
- Discharge Education
- Discharge Phone Calls or Home Visits

Care Transitions Key Strategies
- Community care collaboration
- Readmission committee
- Care transition programs
- Giving patients control of their care
- Explaining patient responsibilities
- Scripting: "We want to have a good understanding of your preferences related to discharge needs"
- Staff education on HCAHPS survey questions

Resources Used by Participants to Improve HCAHPS Performance

Participants were asked what culture of patient safety or customer service resources they found to be helpful to HCAHPS performance improvement. Studer Group resources or consulting services were the most frequently referenced, with half of the participants having benefitted from that work. Around one quarter of the hospitals called out the AHRQ Patient Safety Culture Survey. Seven participants referred to programs or resources provided by their HCAHPS vendors. A complete listing of the available resources recommended by the focus group participants is located in Appendix B of the full report.