Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Guide

Using HCAHPS to Drive Patient and Employee Satisfaction

March 2013

This is a publication of the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center. The project described was supported by Grant Number UB1RH24206 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy.

For questions, concerns, clarification, or technical assistance, please contact:

600 East Superior Street, Suite 404
Duluth, Minnesota 55802
Phone: 218-727-9390
Fax: 218-727-9392
www.ruralcenter.org
INTRODUCTION

The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey process, developed by the Centers for Medicare and Medicaid (CMS) and the Agency for Healthcare Research and Quality (AHRQ), a division of the Department of Health and Human Services, is a standardized patient satisfaction survey tool and data collection methodology, that has the capacity to elevate the quality and safety of health care services across America and transform the way hospitals do business. The four primary objectives for administering this standardized patient satisfaction survey instrument include:

- Enabling meaningful comparisons across hospitals for public reporting
- Increasing hospital accountability and incentives for quality improvement
- Enhancing public accountability
- Preparing hospitals to link reimbursement to quality performance

The HCAHPS survey and data collection process is administered to discharged hospital patients over 18 years of age that have received medical, surgical or maternity care and have spent at least one overnight stay in the hospital. Approximately 80% of all inpatients qualify to receive this survey. For a complete listing of patient qualifications, reference www.hcahpsonline.org. Inpatient Prospective Payment System (IPPS) hospitals are required to administer the HCAHPS survey and publically report on the findings in order to receive a full annual payment update from CMS. Although critical access hospitals (CAHs) are strongly encouraged to administer and report on HCAHPS, participation is voluntary at the time of this report. Pediatric, psychiatric and specialty hospitals are excluded from participating in the HCAHPS process.

Hospitals participating in HCAHPS can self-administer the survey process (if strict criteria is met, visit www.hcahps.org/files/HCAHPS%20QAG%20V4%200.pdf for more details) or select a trained, certified vendor to administer the HCAHPS process. To meet the HCAHPS guidelines monitored by CMS, hospitals or the vendors in which they contract with must adhere to a standardized data collection process. This process includes:

- Obtaining a randomized survey sample of discharged inpatients
- Administering a standardized survey instrument on patient satisfaction of services and care via mail, telephone, Interactive Voice Recognition (IVR) or a combination of modes
- Analyzing data systematically
- Publicly reporting hospital results
- Using results of the findings to improve overall quality and safety of patient care

Survey questions address topics such as pain management, medication instructions, effectiveness of provider communication, cleanliness of the environment and discharge information. Questions are focused on obtaining the patient’s perception of quality (on a ten-point scale, 1= never, 10=always) as research suggests that patient perceptions of quality influence their choice of health
plans and providers, patient complaints and malpractice claims, adherence to medical advice and overall health status outcomes.

Results of these questions are compiled into 10 composite scores, known as HCAHPS Measures, which are publically reported on the Hospital Compare website, www.hospitalcompare.hhs.gov after the data has been adjusted for the effects of patient-mix and mode of survey administration. Only the top scores receiving a positive response (a 9 or 10 on the 1-10 point scale) are publically recorded quarterly. Survey response rate and the number of completed surveys are also publicly reported based on four consecutive quarters of patient surveys.

Hospitals are encouraged to review their survey results to aid in determining where a specific hospital’s level of performance and patient satisfaction compare to other facilities. Resources to find this information, include:

- **Hospital Compare** which highlights the survey results from participating hospitals that submit HCAHPS data to CMS;
- **HCAHPS online** which offers a summary analysis of HCAHPS scores on a state wide basis and includes tables that summarize the most and least positive survey responses for each HCAHPS measure; and
- **HCAHPS Hospital Characteristics Comparison Charts** which depicts the average hospital performance on each of the ten publicaly reported HCAHPS measures by hospital region, bed size, teaching status, ownership and control, location, and national results.

These resources enable a hospital to objectively assess their performance on quality and patient safety compared to other facilities. Note that because this information is publicaly available, patients and future hospital consumers are looking to these websites as well to determine their location for future care. For IPPS hospitals, a Pay-for-Performance reimbursement strategy, known as the Hospital Value-Based Purchasing (VBP) Program, monitored through CMS, will be paid for inpatient acute care services based on care quality, not just the quantity of the services provided, which means hospitals will be held accountable for providing excellence in safe, quality patient care. Although CAHs are not included in this reimbursement strategy at the time of this writing, they too are encouraged to tie HCAHPS Measures to performance.

All hospitals are encouraged by CMS to incorporate the HCAHPS survey results into a work culture of continual process improvements, where all leadership and staff are committed to meeting their mission, protecting their bottom line, enhancing their reputation and foremost, saving patient lives as a result of their dedication to implementing safe, quality improvement initiatives based on results of the HCHAPS data.
USING HCAHPS TO DRIVE PATIENT AND EMPLOYEE SATISFACTION

The Health Resources and Services Administration, Office of Rural Health Policy has charged the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center (The Center), with developing a guide to assist small rural hospitals with using HCAHPS data to drive patient and employee satisfaction.

Need for a Framework

Subject matter experts in rural health recommend a systems-based framework to translate HCAHPS data into patient and employee satisfaction. The Baldrige Performance Excellence Framework (see figure below) is widely accepted as the standard for organizational performance excellence and is an important blueprint for managing quality initiatives in rural hospitals.

![Baldrige Performance Excellence Framework](image)

Without using a framework to provide a comprehensive systems approach, hospitals often struggle to:

- align leadership
- conduct meaningful strategic planning
- assess customer needs
- measure progress; review relevant information to fix problems
- engage and motivate staff
- streamline processes
- document outcomes
Without a framework, hospitals may successfully carry out some of these essential components, but then may be thwarted by breakdowns in other component areas that are not managed effectively. Meaningful work must be done in all these component areas to maximize a hospital’s chance of achieving long-term excellence in major undertakings. Following the Baldrige Framework is a useful formula for achieving sustainable quality excellence in rural hospitals, which will invariably increase a hospital’s patient and employee satisfaction, if fully implemented.

The following bulleted sections offer readers tips on how to incorporate the Baldrige Framework into performance improvement initiatives that utilizes HCAHPS data to drive patient and employee satisfaction.

**Leadership**

- Engage and align key hospital leaders (CEOs, CFOs, CNOs, CIOs, and performance/quality directors) in the importance, need and outcomes of hospital performance improvement initiatives, such as the participation and reporting of HCAHPS
- Define what excellence in safe, quality care means to the leadership team, staff, and patients
- Convey a unified message on the importance of participating in a process improvement initiative to staff using HCAHPS scores as a tool to measure and monitor excellence in safety and quality
- Support staff on managing change effectively; noting that a dip in productivity may occur while new changes are being implemented as a result of performance improvement activities

**Strategic Planning**

- Convey a unified message on the importance of participating in a process improvement initiative to all hospital and medical staff
- Clarify roles and responsibilities within the process improvement initiative
- Demonstrate a convergence between mission (what we believe), operations (what we do), and budget (what we prioritize) to build excellence in safe, quality care
- Identify opportunities for improvement based on HCAHPS data
- Celebrate high HCAHPS scores, but assure that existing processes that resulted in the high scores are sustainable
- Develop a process improvement initiative to address low HCAHPS scores
- Establish communication feedback loops to monitor progress made by performance improvement initiatives and address process breakdowns
Focus on Patients, Customers and Communities

- Engage rural physicians as influential community opinion leaders to help drive performance improvement initiatives that increase patient satisfaction scores, as a key HCAHPS measure is “communication with the physician”
- Assess provider satisfaction on an ongoing basis and listen to suggestions for process improvements
- Minimize dissatisfaction from providers, staff and patients by addressing the conflict immediately; conversely reinforce satisfaction from providers and patients by acknowledging exemplary behaviors immediately
- Employ diverse methods of communication (community meetings, focus groups, community surveys, social media, etc.) with residents in the service area to identify perceptions of care and opportunities for improvement
- Collaborate with other types of organizations (public and private) in the community to build customer trust and loyalty

Measurement, Feedback and Knowledge Management

- Analyze HCAHPS data, as opposed to just collecting and reporting data
- Train hospital staff to turn HCAHPS data into information and information into action
- Implement a measurement framework, such as a Balanced Scorecard for setting targets, measuring progress on strategic goals, and sharing information for continuous improvement
- Maintain a limited number of goals the hospital will address at one time and make the goals relevant and understandable to all within the organization to build teamwork and accountability
- Measure and monitor performance improvement goals at least quarterly; allow for mid-course corrections in strategies as this fuels continuous process improvements
- Communicate progress on the HCAHPS performance improvement initiatives organization-wide to drive a culture of transparent communication and accountability

Focus on Staff and Culture

- Recognize that all staff are the core of the organization and staff satisfaction is correlated to patient satisfaction
- Become the employer of choice; low staff turn-over can be a major contributor to financial success and patient loyalty
- Measure organizational culture through tools such as staff satisfaction surveys and compare these results to HCAHPS scores to identify any discrepancies
• Create a culture of safety where all staff understand the values, beliefs, and norms in an organization and demonstrate behaviors that reflect a culture of ongoing performance improvement
• Provide ongoing staff skill building and education on customer service and activities that improve safety and quality of care
• Ensure that staff are adaptable and change-ready, as adopting a culture of performance improvement requires flexibility and patience from staff and leadership

Process Management and Quality Reporting
• Harvest best practices and lessons learned from others engaged in HCAHPS-driven performance improvement initiatives
• Develop lean and efficient business and financial processes
• Continually improve clinical quality and safety processes based on the HCAHPS quality measures
• Maximize technology capabilities to improve efficiency and quality
• Maintain communication feedback loops

Outcomes and Impact
• Regularly document and assess outcomes and impact from HCAHPS process improvement initiatives. Share this information transparently with all staff
• Benchmark both internal and external outcomes
• Report the progress of the process improvement initiative to third party payors and the community at-large

Using tools, such as HCAHPS to drive patient and staff satisfaction requires dedication of leadership and the mobilization of the health care workforce to make safety and quality of care a top priority. Such dedication, will result in improved health outcomes, increased patient and employee satisfaction and an overall reduction in health care costs.

Case Studies
The Center has identified two examples of small rural hospitals that have been successfully utilizing HCAHPS data to drive patient and employee satisfaction. The hospital CEOs were asked to create a power point presentation outlining the HCAHPS process their facility uses (the mode, methodology, etc); to identify any tools or resources they have found to be beneficial for translating HCAHPS data into performance improvement initiatives; and document the outcomes as a result of their participation in using HCAHPS to drive patient and employee satisfaction. This criteria is documented in the power point slides below.
Case Study 1

USING HCAHPS TO DRIVE PATIENT AND EMPLOYEE SATISFACTION

Lance W. Keilers, MBA, CAPPM
March 19, 2013

HCAHPS Survey Topics

- Communication with doctors and nurses
- Responsiveness of hospital staff
- Cleanliness and quietness of hospital environment
- Pain Management
- Communication about medications
- Discharge information
- Overall rating of the hospital
- Rating of willingness to recommend hospital
Who’s Reporting?

- Nationally, 38% of CAHs reported HCAHPS data for 2010 discharges (2008 it was 34%)
- Most CAHs report HCAHPS data in addition to inpatient measures; some also reported outpatient measures
- One-third of the 505 CAHs with HCAHPS data for 2010 discharges had response rates of 40% or more
- The average rate for all hospitals (CAHs and non-CAHs) reporting HCAHPS data for 2010 was 33%

How much is being reported?

- CMS recommends that each hospital obtain 300 completed HCAHPS surveys annually*
  - 27% of reporting CAHs had 300 or more completed surveys
  - 54% had between 100 and 299 completed surveys
  - 19% had less than 100 completed surveys

Many small rural hospitals will not meet this expectation due to low volumes
Partnership = Success

- BMH partnered with the Rural Wisconsin Health Cooperative in 2010
- RWHC contracted to send out the surveys and tabulate the results. Prior to that it was handled in-house
- Our partner******

Mary Jon Haage
Assistant Director Programs & Services
Rural Wisconsin Health Cooperative
380 Independence Lane, Sauk City, WI 53583
(v) 800-225-2531 (f) 800-896-4233
mihauge@rwhc.com
www.rwhc.com

Rural Wisconsin Health Cooperative
HCAHPS Program

- Practical
- Web based
- Real time reports
- Data and trending slides
- Other areas of surveys:
  - Outpatient
  - Emergency Department
  - Ambulatory Surgery
  - Hospital Departments, i.e.: Lab, Radiology, Therapy
Communication with Nurses

2012

Communication with nurses.
Combined responses from three questions regarding how often nurses communicated well with patients.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>9%</td>
<td>37%</td>
<td>37%</td>
<td>23%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>9%</td>
<td>35%</td>
<td>37%</td>
<td>23%</td>
</tr>
</tbody>
</table>

2011

Communication with nurses.
Combined responses from three questions regarding how often nurses communicate well with patients.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>22%</td>
<td>37%</td>
<td>37%</td>
<td>17%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>23%</td>
<td>35%</td>
<td>37%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Communication with Doctors

2012

Communication with doctors.
Combined responses from three questions regarding how often doctors communicated well with patients.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>9%</td>
<td>37%</td>
<td>37%</td>
<td>23%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>9%</td>
<td>35%</td>
<td>37%</td>
<td>23%</td>
</tr>
</tbody>
</table>

2011

Communication with doctors.
Combined responses from three questions regarding how often doctors communicated well with patients.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>22%</td>
<td>37%</td>
<td>37%</td>
<td>17%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>23%</td>
<td>35%</td>
<td>37%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Responsiveness of Staff

2012

Responsiveness of hospital staff
Combines responses from 2 questions regarding how responsive hospital staff were with patients.
(n=173)
- Never: 79.5%
- Sometimes: 15.6%
- Usually: 4.9%
- Always: 0.9%

2011

Responsiveness of hospital staff
Combines responses from 2 questions regarding how responsive hospital staff were with patients.
(n=45)
- Never: 60.0%
- Sometimes: 20.0%
- Usually: 10.0%
- Always: 10.0%

Pain Control

2012

Pain Control
Combines responses from 2 questions regarding how often pain was controlled.
(n=22)
- Never: 4.5%
- Sometimes: 40.0%
- Usually: 45.5%
- Always: 10.0%

2011

Pain Control
Combines responses from 2 questions regarding how often pain was controlled.
(n=54)
- Never: 10.0%
- Sometimes: 20.0%
- Usually: 55.6%
- Always: 15.1%

RWHC
Affordable and effective services to healthcare organizations since 1979.
Communication about Medicines

2012

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>14%</td>
<td>20%</td>
<td>72%</td>
<td>4%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>4%</td>
<td>17%</td>
<td>85%</td>
<td>4%</td>
</tr>
</tbody>
</table>

2011

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>12%</td>
<td>12%</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>5%</td>
<td>13%</td>
<td>77%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Cleanliness of Hospital

2012

<table>
<thead>
<tr>
<th>Environment</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>16%</td>
<td>55%</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>3%</td>
<td>36%</td>
<td>62%</td>
<td>9%</td>
</tr>
</tbody>
</table>

2011

<table>
<thead>
<tr>
<th>Environment</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access</td>
<td>15%</td>
<td>43%</td>
<td>42%</td>
<td>1%</td>
</tr>
<tr>
<td>All Facilities</td>
<td>3%</td>
<td>26%</td>
<td>72%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Quiet of Hospital Environment

2012

Critical Access (n=2294):
- Never: 8%
- Sometimes: 27%
- Usually: 31%
- Always: 34%

All Facilities (n=6598):
- Never: 6%
- Sometimes: 30%
- Usually: 38%
- Always: 26%

2011

Critical Access (n=1291):
- Never: 5%
- Sometimes: 32%
- Usually: 39%
- Always: 24%

All Facilities (n=5006):
- Never: 10%
- Sometimes: 35%
- Usually: 38%
- Always: 27%

Discharge Information

2012

Critical Access (n=639):
- No: 14%
- Yes: 86%

All Facilities (n=1582):
- No: 14%
- Yes: 86%

2011

Critical Access (n=681):
- No: 16%
- Yes: 84%

All Facilities (n=1606):
- No: 13%
- Yes: 87%

RWHC
Affordable and effective services to healthcare organizations since 1979.
0-10 Rating

2012

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?

2011

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?

Would You Recommend?

2012

Would you recommend this hospital to your friends and family?

2011

Would you recommend this hospital to your friends and family?
Percentage - Always

2012

2011

Percentage - Usually

2012

2011
Top Box 2012

<table>
<thead>
<tr>
<th>Mark</th>
<th>2010-Q4</th>
<th>2010-Q2</th>
<th>2011-Q2</th>
<th>2011-Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>1</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>2</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>5</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

2011

<table>
<thead>
<tr>
<th>Mark</th>
<th>2011-Q1</th>
<th>2011-Q2</th>
<th>2011-Q3</th>
<th>2011-Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22</td>
<td>2</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>11</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>14</td>
<td>17</td>
<td>18</td>
</tr>
</tbody>
</table>

Why should CAHs report HCAHPS?

- MBQIP
  - Phase 1: Hospital Compare pneumonia and heart failure measures (2011-2012)
  - Phase 2: Hospital Compare outpatient AMI/chest pain measures, outpatient surgical measures (if applicable) and HCAHPS (2012-2013)
  - Phase 3: Pharmacist CPOE/24 hour verification of medication orders and outpatient transfer communication measures (2013-2014)
    ** As of June 2012, over 1000 of the 1328 CAHs had signed MOUs for MBQIP!!

- Value Based Purchasing
  - 30% HCAHPS
Why should CAHs report HCAHPS? (Cont.)

- On average, CAHs have significantly higher ratings on HCAHPS measures than all US hospitals*
- For all ten HCAHPS measures, CAHs had higher average scores than non-CAHs*
- Value Based Purchasing demonstrations will continue to evolve to include rural providers

*Policy Brief #30
Critical Access Hospital Year 7 Hospital Compare Participation and Quality Measure Results
Michelle Casey, MS, Bridget Barton, MPH, Polzin Hung, MSFPH, and Ira Mazaovic, PhD
University of Minnesota Rural Health Research Center

Why did BMH report?

I. It is the right thing to do!
II. It improves quality of care
III. It engages the staff and physicians on patient care issues
IV. It encourages the hospital to focus on quality patient care
V. It involves the board of directors
VI. It reveals patient’s perceptions of the hospital environment and quality of care provided
Lessons Learned

1) Process: Data collection from admission to discharge is compared monthly using HCAHPS.
2) Data Reality: Seeing data on paper is often different than the image we have of it.
3) The staff have used the data as a teaching tool with all providers.
4) Results are reviewed and in-service programs are developed to address specific patient care issues. The goal is to improve care.

Lessons Learned (Cont.)

5) Suggestion boxes were created to encourage feedback from patients as well as staff.
6) Early wins included provider involvement with quality care in the hospital and letting the patients know that the staff was listening to them.
7) Scores have improved and community members now request the hospital for Swing bed and other services.
8) HCAHPS will keep the staff on their toes and keep them engaged with the patients in the future to meet their needs.
Staff Comments about HCAHPS

- “Patients thought more about the attitude of those taking care of them than they did about the care they were receiving.”
- “Some of our early wins I think were getting the providers involved with quality and making patients feel like they are listened to.”
- “I personally believe that HCAHPS will keep us on our toes and keep us in touch with the consumer in the future; and their wants and needs and how they perceive things.”

Case Study 2

Driving Performance with HCAHPS

Mary Ellen Pratt
CEO
St. James Parish Hospital
HCAHPS Process

- Why Press Ganey
  - Current (real-time data)
  - Comparative database (largest in country)
  - Solutions (evidence based practices)
  - Advisors (report interpretation support)

HCAHPS Process

- Since 2006 (7 years)
- Mail
- Semi-annual Reports
- Current response rate 23%

"You can't manage what you don't measure"
Managing HCAHPS Performance

- On-boarding
- Analysis
- Communication
- Execution of best practices
- Accountability
- Reward and Recognition

On-Boarding

- Hiring
  - Peer interviews
  - Behavioral-based interview questions
- Orientation
  - CEO message
  - HCAHPS
- Standards of Performance
  - Appearance
  - Communication
  - Privacy/Confidentiality
  - Commitment to co-worker
  - Commitment to patients
  - Safety
- Monthly progress
- Report summary

---

**Analysis**

**Performance**

**SATISFACTION (Dec 2012)**

- Overall Rating: 89.2
- Satisfaction (Immediate): 93.2
- Satisfaction (Aggregated): 95.8
- Patient Recommendation: 88.2
- Emergency Department: 90.0
- Inpatient: 90.4
- Outpatient: 88.6

---

**Communication**

- Press Releases
  - Monthly
  - Focus areas:
    - Quietness
    - Medication Communication
    - Focus on Family
    - Making It Count
    - The Good, the Bad, the Ugly (Comments)
  - 1015 Rule
Press Releases
- Monthly
- Focus areas:
  - Quietness
  - Medication Communication
  - Focus on Family
  - Making It Count
  - The Good, the Bad, the Ugly (Comments)
  - 10/15 Rule
Press Releases
- Monthly
- Focus areas:
  - Quietness
  - Medication Communication
  - Focus on Family
  - Making it Count
  - The Good, the Bad, the Ugly (Comments)
  - 10:15 Rule

Communication
- Service Excellence
- Press Release
- Make it Count
- Please, no more P’s!

- We know you’re thinking it! You already know all about the 4 Ps (Pain, Pressure, Position, Personal Needs), but you’re probably wondering, “When do I have time to make sure they’re all at their P’s?”

- Well, we aren’t asking that you make extra trips into the room. However, we do want you to make sure they’re at their P’s during the counter times you are already in the patient’s room! By asking the 4 Ps (Pain, Pressure, Position, Personal Needs) you are allowing the patient to feel safer and more comfortable. Counting for the patient’s safety (few cases) and making it less likely patients have to return to the call bell.

- Count the times you are leaving the room.

- Takeaways:
  1. Getting Pain
  2. Mitigating Needs
  3. Giving Needs
  4. Getting Information
  5. Doing Assessment
  6. Checking Arteries
  7. Uniting Call
  8. Navigating
  9. Championing
  10. Meeting Patient.

- Questions, Comments, or Concerns: Email: communication@hshs.org

Communication
- Service Excellence
- Press Release
- The Good, the Bad, the Ugly

- Please read this summary of our most recent comments (page 2 also found on the Intranet under Patient Satisfaction). We want you to feel you have all of the tools you need (the good, the bad, the ugly) to test this 6-month survey strong! We’ve also added some suggestions that could have possibly turned a first-persons upside down!?
- Press Releases
  - Monthly

Focus areas:
- Quietness
- Medication
- Communication
- Focus on Family
- Making it Count
- The Good, the Bad, the Ugly (Comments)
- 1015 Rule

---

CEO Town Hall Presentations
Education on HCAHPS

---

Service Excellence Town Hall
September, 2011
Communication

Service Excellence

Join us for our first 5-MINUTE COMMENT HUDDLE as discussed in this week’s Town Hall Meeting!

We will quickly review patient comments from January and February. All Departments are welcome!

- WHERE: Friday March 8th
- WHERE Acute Nurses’ Station
- TIME: 7:00am - 7:05am

Schedule Your Own Monthly Huddles too!
“Is there anything else I can do for you, I have time.”

“How may I help you?”

“I am closing this door/curtain for your privacy.”

---

Execution

- Scripts

---

Execution

- AIDET

---

Service Excellence

PRESS RELEASE

A I D E T

- Acknowledge
  - Acknowledge the patient by name.
  - Smile and make eye contact.
  - Think about how you would like to be approached if you were a patient.

- Introduce
  - Tell the patient your name and what your role is (if the situation increases, the patient's confidence levels).
  - Introduce yourself to family members.
  - Think about how you could recruit them about yourself that would help them feel confident in the care they are receiving.

- Direction
  - Let the patient know what they can expect to happen and when.
  - Let them know what they will happen and how long they will take.
  - When they are expected to get test results.
  - When they can expect to see physicians and nurses.
  - Expected next steps.

- Thank
  - Thank your patients and their families for their time and trust.
  - Tell them that you hope they will choose us in the future.

---

Suggestions, Comments or Concerns? Email service excellence@stjames.org
**Execution**

- **Hourly Rounding**
  - Commitment contract
  - Rounding Logs
  - Bedside Card
  - Communication Boards
  - 4 P's

**In order to help us remember “key questions” for patients,** **Hourly Rounding will include an assessment of the 4 P's:**

- Pain
- Position
- Potty
- Personal Needs

---

**Execution**

- **Admit kit Note pads**
- **Thank you Cards**
  - Place or Charton admission
  - Signed by all care givers
  - Mailed at discharge
- **Follow-up phone calls**

---

We just wanted to say thank you for letting us care for you. We really hope you received the quality, compassionate care that we strive for each day through our mission. You are a valued friend of the St. James Parish Hospital Family and we hope that you will choose us for your future needs.

In the next few weeks, you may be requested to answer survey questions about patient satisfaction. If so, we ask that you give us your honest opinion about your recent visit. We use your feedback to continuously improve our hospital to best serve you.

Sincerely,
Your Family at St. James Parish Hospital
Mystery Shoppers
Executive/Manager Rounding
Hospitalist Incentive Pay
Performance Evaluations

Performance Evaluation Behavioral Standards: Service

- Attitude
- Other/Cultural Sensitivity
- Customer Focus

Accountability

Wows
Secret Word Winners
Thank you notes

Reward and Recognition

Press Release
Congratulations to...

Linda Naquin
Bibliography


