# HCAHPS Primer (Nursing)

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Mr. X was preparing for discharge from the hospital. He had a left toe amputation and was being discharged with instructions to change the dressing daily. The discharging nurse asked him if he had any questions regarding his care and he replied, “I don’t have any questions.” Ten days later, Mr. X was in the Emergency Room with Sepsis. His wife stated, “he didn’t know he was supposed to change his toe dressing every day.”

- Can you analyze where discharge instructions and education went wrong during the discharge process?
- What do you think the impact could be on this patient’s perception in their experience of care?

I. Introduction: The Value in HCAHPS

Value-Based Purchasing has become a reality and HCAHPS is here to stay. Healthcare providers have received a lot of information over the past few years about patient outcomes, preventable readmissions, core measures, care transitions, healthcare associated infections and the list goes on. With all of the task-oriented requirements needed to address each of these, is there any time reserved for healthcare professionals to develop a relationship and have meaningful interactions with patients? The truth is it is more critical now than ever before. One might say, “I’ve always made time to get to know my patients. Why has this become so important now?”

It’s all about Excellence in Healthcare Quality!

A primary focus of the Affordable Care Act is to ensure that Medicare beneficiaries receive quality care. This focus transcends to all recipients of healthcare delivery as well as across the care continuum. The Affordable Care Act, under section 3001(a)(1) moves healthcare from a payment for services reimbursement model to a pay-for-performance model where reimbursement is based on hospital performance in several key areas. A Value-Based Purchasing system promotes the delivery of quality health care, while empowering patients to become more engaged in the care they receive so they can make informed decisions regarding their own health care. This level of engagement demands healthcare providers who are able to effectively interact with patients and develop trust.


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Hospitals participating in the Value Based Purchasing Program have experienced a specific percentage reduction in Medicare reimbursement over the past few years. It began as a 1% reduction for Fiscal Year 2013 and has increased each year. In Fiscal Year 2017, for example, hospitals will experience a 2% reduction in the amount of reimbursement or payment and this 2% reduction will be in effect for all subsequent years.²

**So what does this really mean for my hospital?**

The amount of reimbursement a participating hospital receives or "earns back" from this 2% will depend on how well they perform in certain quality measures, including HCAHPS³. This illustrates the level of importance CMS (Centers for Medicare and Medicaid Services) places on the experience a patient receives while in the hospital.

One of the primary themes in the Affordable Care Act positions the patient not only as a recipient of care but also a consumer of care. We know what the term “consumer” means outside of a hospital environment, however, a pay-for-performance framework brings awareness to health care providers that patients are customers and they have a choice. With increasing transparency in reporting quality of care, patients can make more informed decisions about who will provide their care and where they wish to receive care.

Organizations who participate in the Medicare program report their quality metrics to CMS, which then publishes the data on the Medicare.gov website called “Hospital Compare” (https://www.medicare.gov/hospitalcompare/search.html) for consumers to view. This level of transparency empowers patients and families when making healthcare choices.

**II. Patient-Centered Care**

For patient-centered care to become a reality, it is important to recognize the obvious - it is ALL about the patient. Considering the demands of our time and the many tasks that have been placed upon healthcare providers, patients can unintentionally fall lower on the priority list. Nurses begin their day receiving report and are ready to conquer the day with every great intention. Then, unplanned interruptions and other requests begin to pour in, making it difficult to put every patient first while completing the demands of the day. However, in times like these nurses must be mindful in how they respond to each and every patient and situation.

A patient-centered, consumer-driven model of care requires healthcare providers who are responsive to the needs of all patients⁴.

III. HCAHPS

One of the components of Value-Based Purchasing is known as “HCAHPS.”

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national, standardized survey of hospital patients providing metrics on the quality of care from a patient’s perspective. HCAHPS (pronounced “H-caps”) provides a standardized way of collecting and reporting metrics about the patient experience of care\(^5\).

Key points\(^6\) on HCAHPS to consider:

- Allows for valid comparisons locally, regionally, and nationally\(^7\)
- Random sampling of recently discharged patients about important aspects of their hospital experience
- To receive full reimbursement, participating healthcare organizations must achieve certain benchmarks or standards for an episode of care
- To make it even more challenging, the threshold continues to increase as organizations find better ways to improve patient satisfaction.

The HCAHPS results are posted on the CMS “Hospital Compare” website, which allows consumers to make comparisons between hospitals, and compare individual hospitals to state and national averages/benchmarks. The availability of this publicly reported data creates a competitive landscape.

**AND no one knows which patients will respond to the survey!! So…**

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\(^7\) *Id.*
Healthcare organizations, across the care continuum, must ensure their staff possesses the communication skills and the interpersonal competence necessary to develop patient relationships that result in a positive patient experience.

“So why is HCAHPS so important and why this much discussion around Performance Driven Outcomes?”

To begin, we must consider the impact of how performance is linked to quality of care and the role of the patient experience. CMS has incorporated a pay-for-performance model centered around:

- Quality
- Voice of the Customer
- Outcomes
- Transparency

To accommodate the changing landscape, healthcare organizations are transforming how they care for patients and the services they provide. For example, many organizations have:

- hotel-like amenities that include gourmet-style menu selections
- hiring world-renown chefs
- room service-style food service
- flat screen TV’s
- complimentary alternative service lines
- lobbies that resemble hotels
- and much more

These are very appealing to consumers; however, they don’t replace the relationship and aspects of a patient-centered care experience that engage the patient in all aspects of care.

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A trusting relationship between a healthcare provider and the patient is the foundation for
highest levels of engagement. This means higher quality of care and better patient outcomes!

It is important to remember that all representatives of a healthcare organization play a vital role in
the experience of care. But the patient plays the leading role in their experience of care.

Patient-centered care, means first impressions matter!

Let’s consider several ways in which a patient experience can begin:

• A patient arrives to the parking garage and meets the security guard,
• A patient arrives at the front door and meets the valet,
• A patient sitting down to meet the admissions representative who takes their initial information.

The patient experience also exists as they are escorted down the hallway in a wheelchair, or
when they have entered the outpatient lab.

Simple acts such as saying “hello,” or smiling when walking down a hallway, or assisting
patients and visitors who seem to be lost can make a difference in the overall impression of an organization. And yes...

First impressions matter!

It is essential for healthcare providers to understand and identify patient expectations regarding the
care they receive up front and at time of admission. Communicating to the patient what they
should expect from providers of care during their hospital stay and likewise relaying patient
expectations back to the healthcare team lays the foundation for a positive patient experience. The
patient experience consists of how they perceive their care and involving the patient in their
plan of care from the first day.

There is a small window of time to establish trust and build a relationship with patients. It is well
known that nursing spends more time with patients than any other healthcare provider. Therefore,
nurses can play the most critical role in how a patient experience is defined.

One negative encounter can impact a patient’s entire length of stay.
Every patient encounter, every time matters!!

A patient may have two providers who are delivering the same technical aspects of care, however, there can be two different outcomes related to perception and how care was delivered.

To illustrate this concept, take a look at the scenario below:

**Patient Data:**
A 23-year-old female with no past medical history arrives to the ER at 5 am with complaints of chest pains. This patient had no previous history of encounters in a hospital setting.

**Scenario:**
Two ER nurses were in the room; one performing an assessment while the other nurse attempted IV placement. While IV attempts were made without explanation or education to the patient, both nurses began discussing how easy their night was and they had no difficult patients at any point in their shift. They went on to discuss fun plans they had scheduled for their day off.

The increasingly anxious patient looked over at her arm and saw streams of blood flowing onto the sheets and the floor. Suddenly, she became distraught and verbalized her anxiety about seeing large amounts of blood. The nurse explained to her, “Oh this happens sometimes...” and went on with securing the IV.

**Outcome:**
This patient felt the nurses were dismissive to her concerns and created a perception that they were uncaring and incompetent.

In reviewing this situation, what could have been done differently to yield a different outcome?

- Placing focus on the patient
- Avoiding personal conversations in front of the patient
- Explaining the procedure prior to task delivery
- Providing reassurance to the patient

Patients define nursing competence in the way they understand it.⁹

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IV. Measuring Up – How patient experience is measured

The HCAHPS survey is administered through a random sample of adult patients between 48 hours and six weeks after discharge. One important note - this survey is **not** restricted to Medicare beneficiaries.\(^{10}\)

HCAHPS results are based on four consecutive quarters of completed surveys. Value-Based incentive payments began with discharges in October 2012 under PPACA. This survey can be administered via mail, telephone, mail with telephone follow-up, or active interactive voice recognition. The HCAHPS survey asks 32 questions about the patient’s recent hospital stay and the care they received. The survey instrument asks patients to rate how often certain events occurred during their stay, using the responses of “never”, “sometimes”, “usually” and “always.” Organizations may elect to add additional survey items, however CMS questions must remain intact.\(^{11}\)

For additional information on data collection, analysis and methodologies, please visit: [www.hcahpsonline.org](http://www.hcahpsonline.org).

The 32 questions included in the HCAHPS survey are categorized into seven Composites, two individual items and two global items\(^{12}\):

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<th>Seven Composites:</th>
<th>Individual Items:</th>
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<td>Cleanliness of hospital environment</td>
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<td>Communication with doctors</td>
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<th>Global Items:</th>
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<td>“Overall rating of hospital” – 0 to 10 scale</td>
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<tr>
<td>“Recommend this hospital” – 4 point scale</td>
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Let’s take a look at the HCAHPS Domains...

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\(^{10}\) HCAHPS. Available at http://hcahpsonline.org/home.aspx

\(^{11}\) Id.

\(^{12}\) Id.
1. Communication with Doctors

The results are displayed as the percentage of patients who reported their doctors “Always” communicated well. This is defined on the survey as doctors who explained things clearly, listened carefully, and treated the patient with courtesy and respect. Nurses may feel this is completely out of their control. However, there are many ways nurses can positively impact communication with doctors.13

Take a look at the scenario below:

A large academic organization has been rated below the 20th percentile in the domain “Communication with Doctors”. The practice was for medical residents and interns to round in the early morning often waking patients before breakfast just so they could get prepared for later rounding with the attending physician.

Nurse leaders approached the medical staff to collaborate on a process of rounding together. After much discussion, residents agreed to meet with the nurse caring for the patient just prior to 7:00 am shift change instead of waking patients. They discussed vital signs, lab results, any pertinent changes in condition and readiness for discharge, which helped prepare them for attending rounds. Later, the nurse also rounded with the attending physician and team helping him/her gain insight into the plan of care.

This collaborative approach resulted in patient satisfaction ratings improving to the 80th percentile within a few months.

This scenario represents a collaborative team approach that began with nurses taking the initiative!

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2. Communication with Nurses

The results are displayed as the percentage of patients who reported their nurses “Always” communicated well. This is defined on the survey as nurses explained things clearly, listened carefully, and treated the patient with courtesy and respect.¹⁴

These questions go to the heart of patient perception and whether the care they received met their expectations. Note key words: Courtesy, Respect, Listening, Explaining.

Patients come to the hospital with hopes of getting better. They may feel insecure, frightened and alone with great uncertainty about their outcome. They may have been given limited information about their condition before a nurse meets them for the first time during triage or admission process.

Let’s take a look at one example of how first impressions can set the stage for a patient experience:

A 55-year-old female patient saw her physician in his office for a follow up visit after routine blood work. He noted she had critically low WBC’s and wanted to admit her to the hospital that same day. Her admitting nurse had experienced a very busy day with multiple admissions. Upon entering the patient’s room, the nurse begins sighing and talking about her hectic day. It is apparent she is having difficulty with the equipment. The patient attempts to explain to the nurse that she is very anxious about why she is being admitted while her nurse works with a machine. The nurse voices her frustration with the equipment and states that she will have to go get another one. Meanwhile, it’s shift change and the nurse never returned.

Would this patient respond positively to their experience?

In contrast, let’s look at another example of how first impressions can make a difference:

A 63-year-old male arrives to his new room on an 8th floor med/surg unit. He is hopeful, but uncertain of his prognosis. His new nurse arrives and welcomes him to his room. She provides a thorough orientation to the room, the unit and initiates her admission assessment. She includes him in developing his plan of care.

Key point: The nurse identifies what his expectations are in the care he will receive and in turn, the patient feels he is included and an active participant in his care.

Which patient do you think will feel that they have been adequately cared for?

Perception matters!

In the busyness of tasks and demands on time, it is critical that we listen to our patients and avoid imposing our personal frustrations. Many organizations have implemented processes such as bedside shift reporting, whiteboards, shared governance councils, TeamSTEPPS to enhance communication between providers and patients. This can have a limited impact without a trusting and caring relationship.

Let’s take a look at the impact of respecting a patient’s final wishes:

A terminally ill patient expressed a final wish to a nurse that they would like to be baptized. Knowing there were very few days left for the patient to live, the nurse had to quickly become creative in responding to the patient’s request. She first learned more about the baptism practice of the patient’s faith and discovered that immersion was used. The nurse contacted physical therapy to see if one of the large whirlpool baths could be used for this purpose. The staff not only agreed but also worked with nurses to set the stage with music and candles. Many attended the baptism along with the patient’s family and friends. The patient was extremely grateful and afterwards became serene and pain-free. She passed away peacefully the next day.
3. Responsiveness of Hospital Staff

The results are displayed as the percentage of patients who reported that hospital staff were “Always” responsive to their needs. This is defined on the survey as the patient was helped quickly when he or she used the call button or needed help in getting to the bathroom or using a bedpan.  

So to a patient, what does quickly mean? What is Actual Elapsed Time vs Perceived Time?

Remember, it is about patient perception and it is important to understand patient expectations. A patient who is experiencing frequent diarrhea (e.g., C. Difficile) would have an urgent need for requiring immediate assistance.

What are perceived time differences between an uninformed patient and an informed patient?

There are 3 components to consider in Staff Responsiveness:

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16 Id.
How is a timely response defined and what are the patient expectations for responding?

Let's take a look into how a timely response can be defined by a patient:

A patient presses the call light and immediately hears a voice, “May I help you?”
The patient states, “My fluid pill has kicked in and I need to go to bathroom.”
The voice over the speaker states “I will have someone come in right away.”
What is this patient’s expectation? They will be watching the door expecting a nurse to come in at any moment.

Considerations:
- Should proactively planning for toileting be included in the plan of care for a patient receiving diuretic therapy?
- Would this be considered an urgent request?

4. Pain Management

The results for Pain Management are displayed as the percentage of patients who reported that their pain was "Always" well controlled. This is defined on the survey as the patient’s pain was well controlled and hospital staff did everything they could to help.17

Pain that is unmanaged can have a negative impact on the patient’s overall well-being and outcomes. An essential aspect of pain management is to include the patient in the plan of care. Setting realistic goals and expectations related to pain and pain management is an important first step. Healthcare providers are quite familiar with tools such as a white board. This can be quite useful in keeping pain goals and overall plans visible, as well as when the next pain medication is due. Patients will also need to understand what to do in cases of breakthrough pain. Maintaining trust and open lines of communication will be key for every healthcare provider.

Source: Creative Commons/James Palinsad

5. Communication About Medications

The results are displayed as the percentage of patients who reported that staff "Always" explained about medicines. This means the staff told the patient what the medicine was for and what side effects it might have before they gave it to the patient.\(^\text{18}\)

Examples of explanations could include:\(^\text{19}\):
- Printed information for patients
- medication packets/information sheets
- daily patient-friendly medication administration records
- include the rationale for taking medications, not just how to take

6. Discharge Information

The results are displayed as the percentage of patients who reported that they were given information about what to do during their recovery at home. This means the hospital staff discussed what the patient would need at home and the patient was given written information about symptoms or health problems to watch for during recovery.\(^\text{20}\)

Information a patient receives at time of discharge is important but the fact that they understand it is even more important. Patients could potentially still be in their recovery phase when they receive a survey. Will they be able to respond that they understood the signs and symptoms to report to their doctor?

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\(^\text{19}\) Id.

Sample Review:

A 60-year-old newly diagnosed congestive heart failure male patient is being discharged from the hospital. The discharging nurse handed him a very large packet and stated that those were his instructions for what signs and symptoms to report and who to report them to. She didn’t have time to go through the entire packet because she had 3 other discharges and 2 patients needing these beds.

From a patient’s perspective, how might this patient rate his care at time of discharge?

A 65-year-old newly diagnosed IDDM female patient is being discharged from the hospital. The discharging nurse has key information this patient will need after she is discharged. This nurse is quite familiar with this patient, who has previously demonstrated proficiency in diabetes management. The information the nurse provides included:

- physician is responsible for her care
- outlined next steps in simple language
- person that should be contacted for questions
- what should the patient watch for
- report and to whom
- schedule for medications and procedures

This patient was able to quickly locate the information for the nurse when questions were asked.

7. Care Transition

The results are displayed as the percentage of patients who reported that during their stay the staff took their preferences in deciding what their health care needs would be when they left the hospital. This means the patient had a good understanding of the things they were responsible for in managing their health and a clear understanding of the purpose for taking each of their medications.21

Transition of care, which includes discharge, is a critical step in the care continuum. This is an opportunity for healthcare providers to set patients up for success. It is well known that correlations exist between higher patient satisfaction rates with discharge planning and lowered 30-day readmission rates22. The nurse plays a key role in facilitating the discharge process and ensuring the patient receives the appropriate care. The questions contained in the Care Transition Domain help to address concerns and, with a better-engaged patient, yield improved outcomes.

22 William Boulding, PhD, Seth W. Glickman, MD, MBA, Matthew P. Manary, MSE, Kevin A. Schulman, MD, and Richard Staelin PhD, Am J Manag Care 2011; 17(1): 41-48
Examples of these questions include23:

- The 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.

V. HCAHPS Individual Items: Cleanliness and Quietness of Hospital Environment

Hospital cleanliness and quietness can truly make a difference, from first impression to the time they are discharged. The responsibility for the Cleanliness and Quietness of a hospital belongs to all hospital staff. Taking ownership of your organization is the first step in ensuring positive experiences for both patients and staff. This can be displayed by a nurse recognizing unclean restrooms or dirty floors, and ensuring it is taken care of as quickly as possible. A nurse can take ownership in ensuring a quiet environment by limiting unnecessary noise, such as staff talking and laughing in the hallway.

HCAHPS results for this domain are displayed as the percentage of patients who reported that their hospital environment was “Always” clean and quiet24. This means the patient’s hospital room and bathroom were kept clean and the area around the patient’s room was quiet at night. It is essential that the nurse communicate expectations of care during admission and that this is reaffirmed throughout a patient’s hospital stay.

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The following is a scenario that demonstrates the impact of patient perception and outcomes:

“As a L&D patient on three separate occasions, at the same exact hospital, I experienced a significant difference in the quietness of my LDRP stay on the 3rd delivery.

The admitting nurse explained to me during the admission process that the hospital valued patients’ time to themselves and knew that proper rest in a quiet environment was essential to one’s healing. She said after the baby was born, there would be as little distractions and interruptions as possible to encourage me to get plenty of sleep after delivering the baby.

That’s exactly what happened and I felt more relaxed, rested, and more confident in my ability to care for my child at discharge. Compared to the other two experiences, where middle of the night noise and interruptions were the norm, the third was quite different and ultimately had a positive impact on my physical health, recuperation, and experience.”

VI. HCAHPS Global Items

In addition to the composite items, there are also two global items that capture patients’ overall rating of the hospital. The two global items measure the overall rating of the hospital and whether they would recommend it to family and friends:

**Overall Hospital Rating**

This rating is shown as percentage of patients whose overall rating of the hospital was '9' or '10' on a scale from 0 (low) to 10 (high).

**Likeliness to Recommend**

It further asks the patient if they would be likely to recommend to their friends and family.

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VII. Making a Difference

What can I do to Make a Difference?

Understanding the basics to HCAHPS and the impact you can make is critical to making a difference. Knowledge is empowerment. A trusting relationship with a healthcare provider and a positive last impression can have a positive impact on the quality of care related to effective communication. The education they receive is essential to reducing their chances of returning to the hospital. Gaining a knowledge and understanding of your health organization’s HCAHPS scores and the target goals for your hospital is a great first step! Some organizations can even provide unit or department specific data!

You represent the front-line and can have a measurable impact on how a patient perceives the care they receive. Taking ownership in every patient encounter is a great way to begin building trust and patient engagement.

And just to make certain you didn’t miss this……

For additional information on this tool, please visit: hcahpsonline.org and sample survey here.