

Welcome!

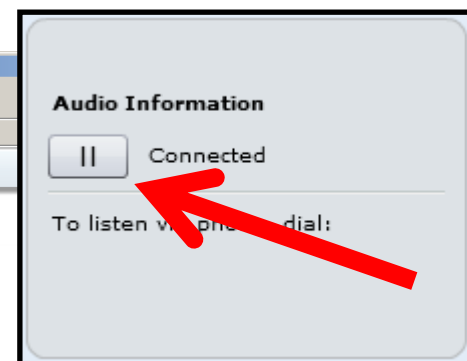
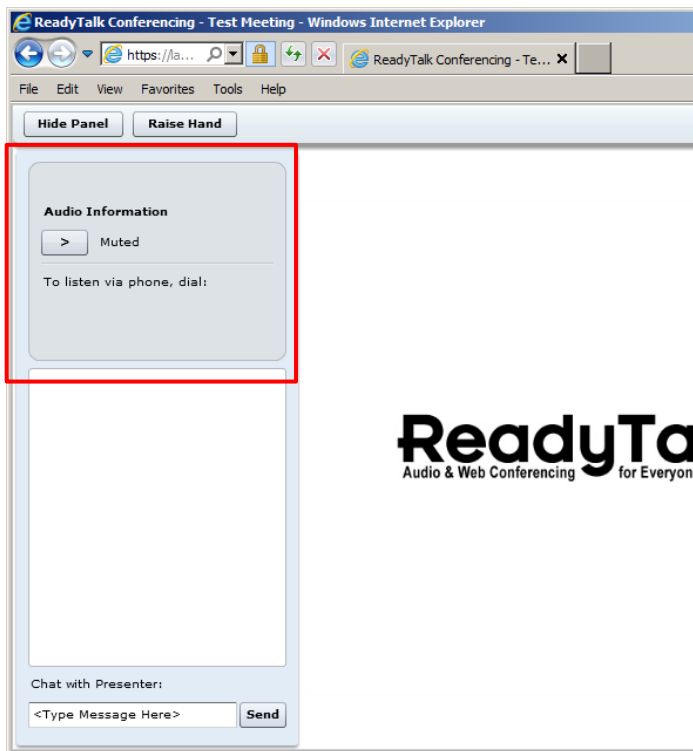
- **Audio for this event is available via ReadyTalk Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



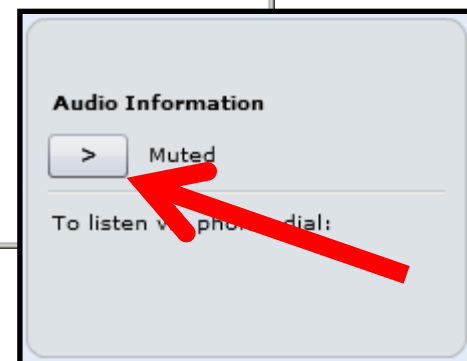
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Pause button
- Wait 5 seconds
- Click Play button



Step 1

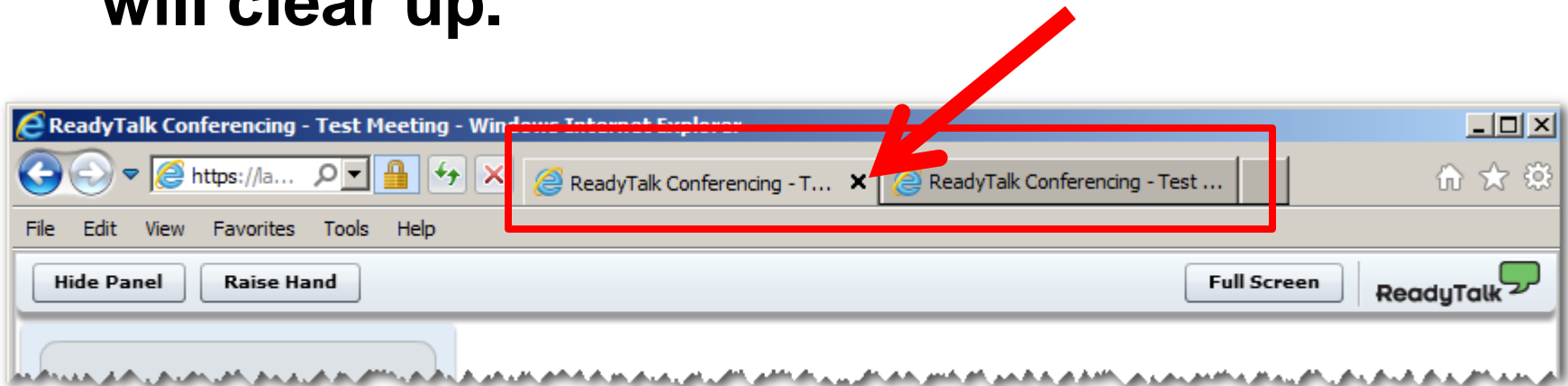


Step 2

Location of Audio Controls

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



The screenshot shows a web browser window with the CMS logo at the top. The main content area displays a presentation slide titled "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB" dated November 18, 2014, 10 a.m. & 2 p.m. ET. The slide lists three speakers: Candace Jackson, RN, Hospital IQR Support Contract Lead; Cindy Cullen, Mathematica Policy Research; and Bethany Wheeler, BS, Hospital VBP Program Support Contract Lead. To the right of the slide, the names and titles of the speakers are listed: Donna Isgett, Sr. Vice President Corporate Quality and Safety, McLeod Medical Center; and Amanda Molski, Quality Coordinator Memorial Hospital, Sweetwater County. In the bottom-left corner, there is a "Chat with Presenter" section with a text input field labeled "Type questions here." and a "Send" button.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Specifications Manual, Version 4.4a,
Changes & Hospital VBP Program
Improvement Series: MSPB**

November 18, 2014, 10 a.m. & 2 p.m. ET

**Candace Jackson, RN, Hospital
IQR Support Contract Lead**

**Cindy Cullen, Mathematica
Policy Research**

**Bethany Wheeler, BS
Hospital VBP Program Support
Contract Lead**

**Donna Isgett, Sr. Vice President
Corporate Quality and Safety
McLeod Medical Center**

**Amanda Molski, Quality
Coordinator Memorial Hospital
Sweetwater County**

Chat with Presenter:
Type questions here.



Using HCAHPS Reports to Your Advantage

Tom Ross, MS

Director of Quality and Safety, H. Lee Moffitt Cancer Center

Henrietta Hight, BA, BSN, RN, CCM, CDMS, CPHQ

PCHQR Support Coordinator

Inpatient Value, Incentives, and Quality Reporting (VIQR) Support Contractor (SC)

June 25, 2015

Purpose

The purpose of this presentation is to discuss how to access, review, and use your hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient reported metrics to your hospital's advantage.

Objectives


Participants will be able to:

- Access their HCAHPS reports on *QualityNet Secure Portal*
- Compare their HCAHPS *QualityNet* reports to their vendor reports
- Discuss Centers for Medicare & Medicaid Services' (CMS') sampling methodology
- Utilize the patient reported metrics for strategic planning

Using HCAHPS Reports to Your Advantage

ACCESSING THE HCAHPS REPORTS VIA THE QUALITYNET SECURE PORTAL

Log in to the *QualityNet Secure Portal*



The image shows the QualityNet Secure Portal login page. At the top left is the QualityNet logo. To its right is a red-bordered box containing the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. Under "My QualityNet" are links for "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", and "ESRD Facilities". On the left side, there is a "QualityNet Registration" section with a list of links: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", and "Inpatient Psychiatric Facilities". On the right side, there is a yellow box with a notice about the Secure Portal being intermittently unavailable from June 18-20. Below this is a "QualityNet News" section with a link to "Hospital VBP and Hospital IQR Program MSPB Measure HSR Review and Correlation Information".

QualityNet

Log in to QualityNet Secure Portal (formerly MyQualityNet)

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

Secure Portal may be intermittently unavailable June 18-20

The QualityNet Secure Portal may be intermittently unavailable from 12 p.m. EDT on Friday, June 18, through 12 p.m. EDT on Saturday, June 20, to allow for system upgrades. This may affect submissions to the data warehouses and use of QualityNet applications.

QualityNet News

[Hospital VBP and Hospital IQR Program MSPB Measure HSR Review and Correlation Information](#)

Select the PCHQR Program



Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

End Stage Renal Disease Quality Reporting Program

Ambulatory Surgical Center Quality Reporting Program

PPS-Exempt Cancer Hospital Quality Reporting Program

Inpatient Hospital Quality Reporting Program

Inpatient Psychiatric Quality Reporting Program

Outpatient Hospital Quality Reporting Program

Physicians Quality Reporting System / eRx

Quality Improvement Organizations

Click “My Reports”


CMS.gov | **QualityNet**

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ **My Reports ▾** My Tools ▾

Home

Welcome

QualityNet Secure Portal Provided by Center for Clinical Standards and Quality (CCSQ), Centers for Medicare and Medicaid Systems. Providers, vendors supporting providers, support contractors, and other participating in CCSQ Quality Reporting Programs can access data exchange and submission tools, measures tools, scoring support tools, and reporting services in this portal.



QualityNet News

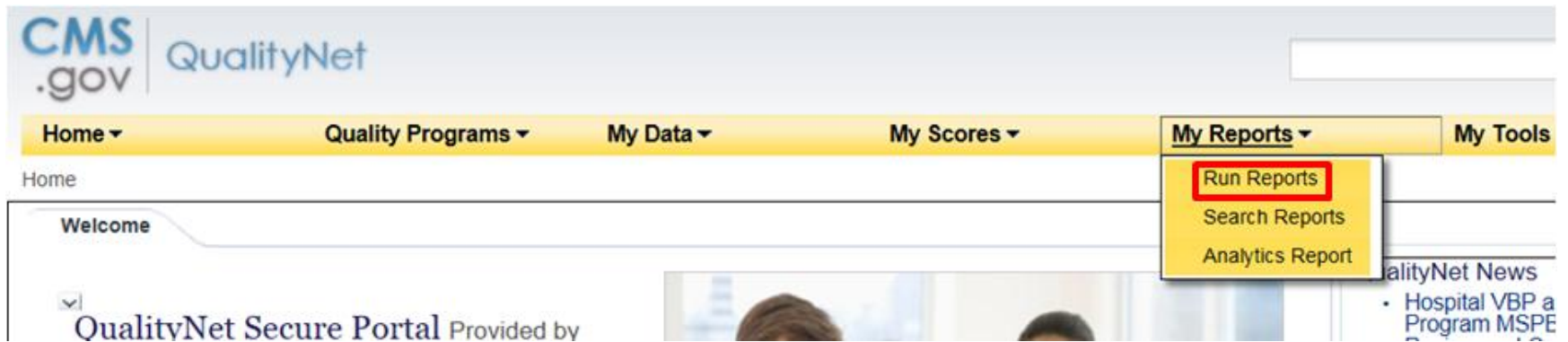
- Hospital VBP and Hospital Program MSPB Measure Review and Correction
- Targeted sample of hospitals for FY 2017 selected
- Hospital VBP Program Standardized Mortality 90 measures HSRs

[More News.....](#)

Announcements from Q Team

- Secure Portal may be unavailable June 18-
- Maintenance downtime for June 11

Select “Run Reports”



Next Steps

1. Under **[Report Program]**, select **IQR***.
2. Under **[Report Category]**, select **HCAHPS Warehouse Feedback Reports**
3. Click **'View Reports'**
4. Give the system time to gather the report data.

* It is important to select IQR and not PCHQR at this point.

CMS.gov QualityNet

Home Quality Programs My Data My Scores My Reports My Tools

My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: IQR

Report Category: EHR Hospital Reporting - Feedback Reports

VIEW REPORTS

Report Category. Use the arrow keys to select one value from the dropdown list.

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

The HCAHPS Data Review and Corrections Report

The screenshot shows the CMS QualityNet interface for generating HCAHPS reports. The top navigation bar includes links for Home, Quality Programs, My Data, My Scores, My Reports, and My Tools. The breadcrumb trail indicates the user is in 'My Reports > Run Reports'. The main content area has tabs for Start, Run Report(s), Search Report(s), and Favorites. The 'Run Report(s)' tab is active, showing a workflow: Select Program, Category and Report (highlighted in blue), Report Parameters, and Confirmation. Below this, a section titled 'Select Program, Category and Report' provides instructions and two dropdown menus: 'Report Program' (set to 'IQR') and 'Report Category' (set to 'HCAHPS Warehouse Feedback Reports'). A 'VIEW REPORTS' button is present. A 'Search Report' link is also available. A table lists available reports, with the first row, 'HCAHPS Data Review and Correction Report', highlighted with a red box. The table has two columns: 'REPORT NAME' and 'REPORT DESCRIPTION'.

Report Program
IQR

Report Category
HCAHPS Warehouse Feedback Reports

VIEW REPORTS

[Search Report](#)

REPORT NAME	REPORT DESCRIPTION
HCAHPS Data Review and Correction Report	The HCAHPS Data Review and Correction report displays a frequency dist Perspective on Hospital Care Survey.
HCAHPS Hospital Authorizing Vendor to Upload Data	The HCAHPS Hospital Authorizing Vendor to Upload Data report displays I data. The report includes authorized transmission information.
HCAHPS Warehouse Data Submission Detail Report	The HCAHPS Data Submission Detail report displays detailed file informati
HCAHPS Warehouse Provider Survey Status Summary Report	Summary of HCAHPS Warehouse provider survey submission status per D accepted).
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements dat Program.

Run Your Report

CMS.gov | QualityNet

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾

My Reports > Run Reports

*** Provider:**
FL - MOFFITT CANCER CENTER ▾

*** Discharge Quarter:**
10/01/2014 - 12/31/2014 ▾

Submitter:
▾

*** Report Format:**
PDF ▾

Note: Data submitted and processed during the review and correction period is summarized nightly and should be available the next day after processing is complete.

CANCEL RESET **RUN REPORT**

What Next?

CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾

ly Reports > Run Reports

Start **Run Report(s)** Search Report(s) Favorites

✔ Select Program, Category and Report ✔ Report Parameters Confirmation

Report Submitted

Thank you. Your report request has been submitted for processing.
Processing time may vary due to the number of current requested reports.
To run the same report with different parameters, click RUN SAME REPORT.
To run a new report, click RUN NEW REPORT.
To search and view submitted reports, click SEARCH REPORTS.
To make this report a Favorite, click SEARCH REPORTS.
To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT **SEARCH REPORTS**

[Search Reports]

- Report run times vary based on:
 - Data complexity
 - Number of users
- While reports run you can:
 - Log out & log back in
 - Reports still run
 - Work on something else

CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾

My Reports > Run Reports

Search Reports

Select to search saved reports. This selection will disable the Show Reports dropdown filter.

Search for reports you have run ☐ Search Saved Reports

Search Report Name:

Requested Date: 12/24/2014 to 06/22/2015















Show Reports: ALL ▾

RESET SEARCH REFRESH REPORT STATUS

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
	06/22/2015 10:55:59	HCAHPS Data Review and Correction Report			
	06/16/2015 10:59:18	HCAHPS Data Review and Correction Report		0.106	
	06/16/2015 10:59:14	HCAHPS Data Review and Correction Report		0.105	
	06/16/2015 10:59:06	HCAHPS Data Review and Correction Report		0.1062	
	06/16/2015 10:55:18	HCAHPS Data Review and Correction Report		0.1042	
	06/16/2015 10:55:15	HCAHPS Data Review and Correction Report		0.107	
	06/16/2015 10:55:10	HCAHPS Data Review and Correction Report		0.1059	
	06/16/2015 10:50:18	HCAHPS Data Review and Correction Report		0.1059	
	06/16/2015 10:50:12	HCAHPS Data Review and Correction Report		0.1071	

Viewing Reports

- The **green checkmark** indicates that your report is completed and available for viewing.
- Click on the **magnifying glass icon** to view a report.
 - To view the report via the magnifying glass you have to “ALLOW POP UPS.”

Search Report Name		Requested Date		Show Reports			
<input type="text"/>		<input type="text" value="11/14/2014"/>	<input type="text" value="05/13/2015"/>	<input type="text" value="ALL"/>	<input type="button" value="RESET"/>	<input type="button" value="SEARCH"/>	<input type="button" value="REFRESH REPORT STATUS"/>
STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION		
	05/13/2015 15:51:14	Hospital Reporting - Submission Detail Report					
	05/13/2015 15:35:07	HCAHPS Data Review and Correction Report		0.106			
	05/13/2015 15:30:12	HCAHPS Data Review and Correction Report		0.036			
	05/13/2015 15:05:47	Hospital Reporting - Submission Detail Report		2.2232			
	05/13/2015 14:59:22	Hospital Reporting - Population and Sampling Summary Report		0.0076			
	05/13/2015 14:59:12	Hospital Reporting - Provider Participation Report		0.1377			

Sample Report:

HCAHPS Data Review and Corrections Report

Report Run Date: 05/13/2015

Page 1 of 39

HCAHPS Data Review and Correction Report

Provider:

Discharge Quarter: 10/01/2014 - 12/31/2014

Provider ID:	Provider Name:
NPI	
Discharge Year	2014
Discharge Month	10
Data As Of ¹	04/09/2015 03:27
Last File Submission Date ²	03/23/2015 15:33
Last Batch ID Processed ³	171456
Eligible Discharges	741
Sample Size	397
Survey Mode	Mail only
Determination of Service Line	V.31, V.30, V.29, V.28 V.27, V.26 or V.25 MS-DRG codes
Type of Sampling	Proportionate Stratified Random Sample

Point of Origin for Admission or Visit	Valid Value	Frequency	%
Nonhealthcare Facility Point of Origin	1	0	0.00%
Clinic or Physician's Office	2	386	97.23%
Transfer from a Hospital (Different Facility)	4	11	2.77%
Transfer from a SNF, ICF or ALF	5	0	0.00%
Transfer from another Health Care Facility	6	0	0.00%
Court/Law Enforcement	8	0	0.00%
Information not available	9	0	0.00%
Transfer from one distinct unit of the hospital to another distinct unit of the same hospital			

Click to Download

Start Run Report(s) **Search Report(s)** Favorites

Search Reports

Search for reports you have run. ☐ Search Saved Reports

Search Report Name **Requested Date** **Show Reports**

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
	06/22/2015 10:55:59	HCAHPS Data Review and Correction Report			
	06/16/2015 10:59:18	HCAHPS Data Review and Correction Report		0.106	
	06/16/2015 10:59:14	HCAHPS Data Review and Correction Report		0.105	
	06/16/2015 10:59:06	HCAHPS Data Review and Correction Report		0.1062	
	06/16/2015 10:55:18	HCAHPS Data Review and Correction Report		0.1042	

ACTION. Click to Download a report HCAHPS Data Review and Correction Report

Organize and Save Your “Favorite” HCAHPS Reports

- Click the **yellow star** icon to save your reports to “Favorites.”
- Rename your reports to differentiate, as appropriate.

The screenshot shows the CMS.gov QualityNet interface. The top navigation bar includes links for Home, Quality Programs, My Data, My Scores, My Reports, and My Tools. The 'My Reports' section is active, showing a 'Search Reports' tab. Below the search bar, there is a table of reports. The table has columns for STATUS, DATE REQUESTED, REPORT NAME, LAST DOWNLOADED, SIZE (MB), and ACTION. The first row is highlighted, and a red box is drawn around the yellow star icon in the ACTION column. A tooltip is visible next to the star icon, stating: 'ACTION. Click to Add a report as FavoriteHCAHPS Data Review and Correction Report'.

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
	06/22/2015 10:55:59	HCAHPS Data Review and Correction Report			
	06/16/2015 10:59:18	HCAHPS Data Review and Correction Report		0.106	
	06/16/2015 10:59:14	HCAHPS Data Review and Correction Report		0.105	
	06/16/2015 10:59:06	HCAHPS Data Review and Correction Report		0.1062	

Report Favorites Cont.

Create a folder for your reports.

The screenshot shows a web application interface with three tabs: 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Favorites' tab is active. Below the tabs, there is a text input field for 'Favorite Name' and a checkbox labeled 'Search Saved Reports'. Below this, there are two options: 'Save To Existing Folder' and 'Save To New Folder', separated by 'OR'. The 'Save To Existing Folder' option has a dropdown menu currently showing 'Select'. The 'Save To New Folder' option has an empty text input field. At the bottom of the dialog, there are two buttons: 'CANCEL' and 'SAVE FAVORITE'. The background of the application shows a list of reports with columns for 'Report Name', 'Request', and 'Date', with several rows visible.

View Your “Favorites”

- Log into the *QualityNet Secure Portal*.
- Click the **Favorites** tab.



Using HCAHPS Reports to Your Advantage

USING A VENDOR: H. LEE MOFFITT'S EXPERIENCE

HCAHPS Reports: Vendor's and Hospitals' Are Different

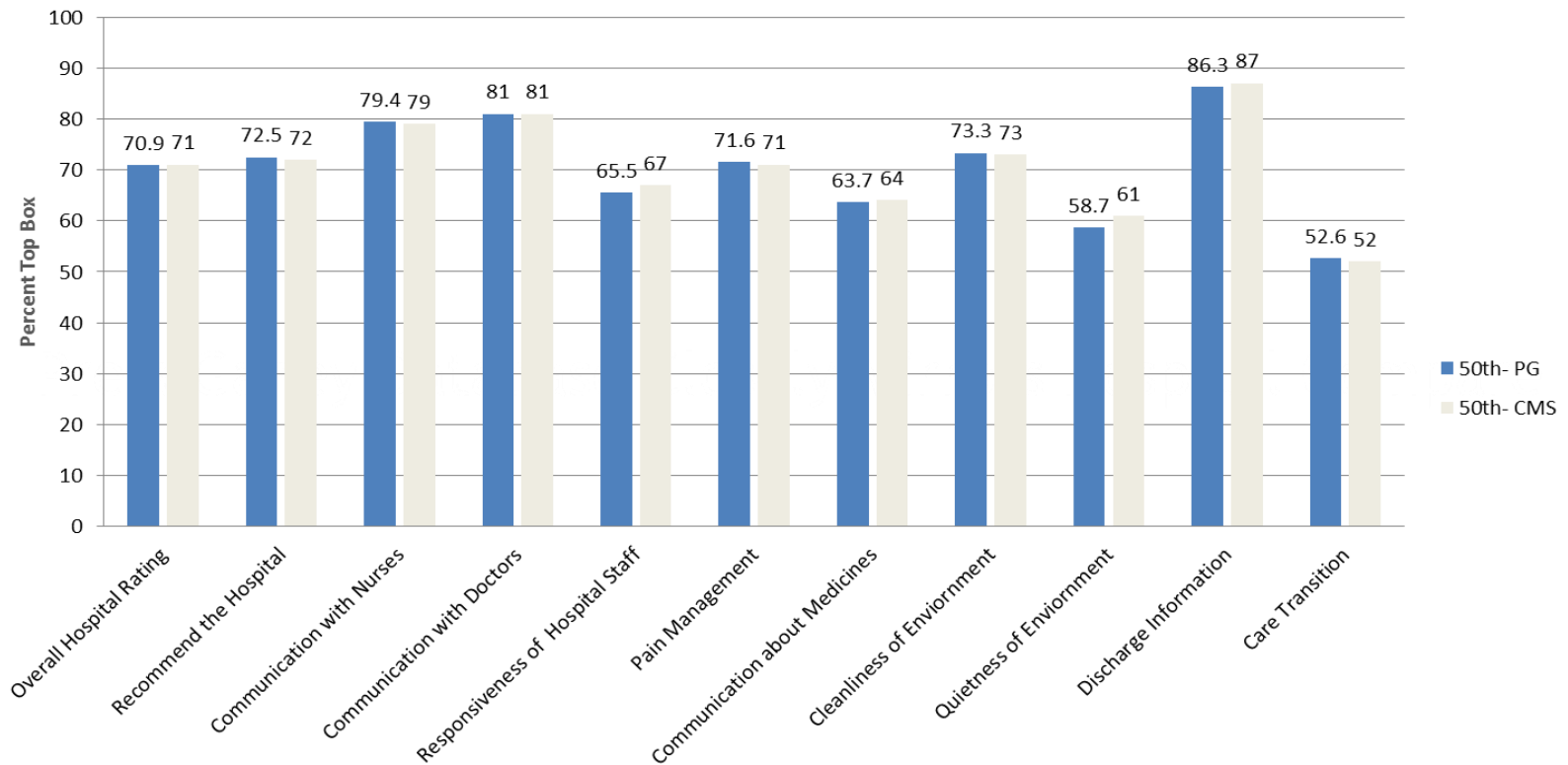
- All 11 PPS-Exempt Cancer Hospitals (PCHs) use the same HCAHPS vendor, Press Ganey (PG).
- PG's reports differ from the CMS' Hospital reports.

Why Are There Differences Between PG's and CMS' Reports?

Moffitt/PG	CMS
Sampling Methodology	
HCAHPS questions are embedded in the Patient Satisfaction Survey	None
Discharges surveyed no more frequently than every 90 days	None
50% of surveys designated as "Official HCAHPS" with second wave mailing at Day 21	None
All data included	Only "Official HCAHPS" sent to CMS
Date Received vs. Date of Discharge	
Date Received	Date of Discharge
Risk Adjusted	
No	Yes
Report Periods	
Received Monthly/Reported Quarterly and Annually	Received Quarterly/Reported Monthly
Customizable	
Yes, with InfoEdge	No

PG's Database Mirrors *Hospital Compare*

PG VS. APRIL 2015 PUBLIC REPORTING*
HCAHPS SCORES



Using HCAHPS Reports to Your Advantage

SAMPLING METHODOLOGY

HCAHPS Sampling Methodologies

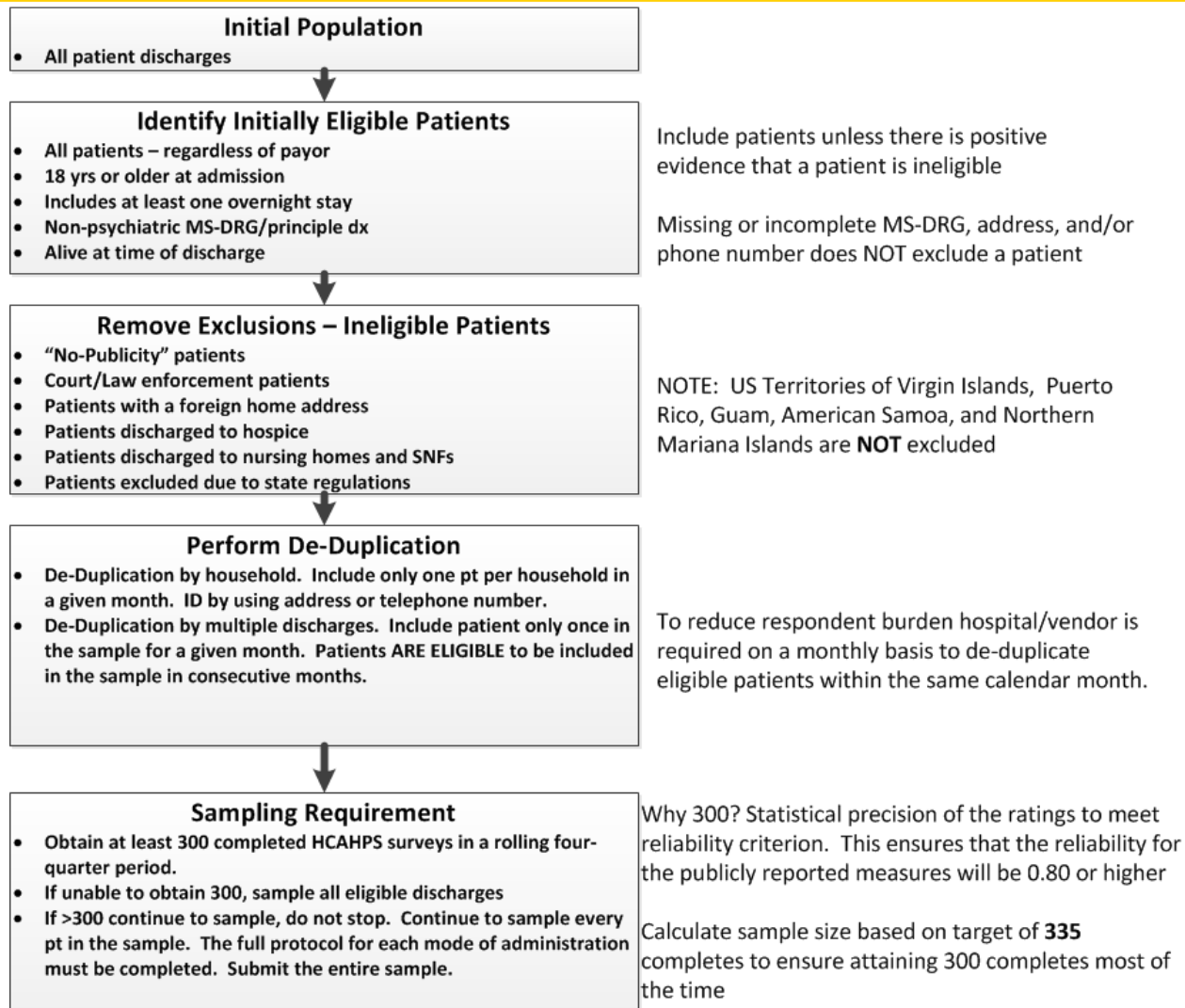
For full review of the HCAHPS sampling methodologies, please see the following links at the HCAHPS Online website:

- http://www.hcahpsonline.com/Files/March_2015_HCAHPS_Intro_Training_Slides_Session_I.pdf
- http://www.hcahpsonline.com/Files/March_2015_HCAHPS%20Intro_Training_Slides_Session_II.pdf
- http://www.hcahpsonline.com/Files/March_2015_Update_Training_Slides.pdf

Steps of the Sampling Process

1. Identify the Population (All Patient Discharges)
2. Identify Initially Eligible Patients
3. Remove Exclusions
4. Perform De-Duplication
5. Define HCAHPS Sample Frame
6. Draw Sample

Steps of the Sampling Process Cont.



Remove Exclusions– Ineligible Patients

- Maintain a count of all exclusions for each category including;
 - No Publicity patients
 - Deceased patients
 - Newborns
 - Patients excluded due to state regulations
- Submit exclusion documentation to vendor (PG) when requested
- Vendor (PG) **must retain** documentation that verifies **all exclusions** and **ineligible** patients

Telephone/IVR Requirement

Reminder:

- Telephone/**Active Interactive Voice Response (IVR)** Survey Administration requires that:
 - Five telephone calls or five IVR calls be attempted at different:
 - Times of the day
 - Days of the week
 - Weeks within the six weeks (42 calendar days) after initiation of the survey (initial contact)
 - The five telephone or IVR call attempts must span more than one week (eight or more days)

RESPONSE RATES

- CMS recommends (does not require) targeting a response rate of at least 40%.
 - Lower response rate typically associated with:
 - Less representative data
 - Some evidence that response rates may be related to patient care experiences

Source: Mode and Patient-mix Adjustment of the CAHPS® Hospital Survey (HCAHPS), April 30, 2008

- Response rates vary by mode of delivery (2008 report)

Mail Only	Phone Only	Mixed	Active IVR	Overall
33.0%	27.3%	36.6%	17.9%	27.7%

- Response rates vary by State (2010 Discharges)
 - Lowest 25% (DC = 25% & NM = 26%)
 - Highest 43% (SD & MI)

Source: Summary of HCAHPS Survey Results. [hcahpsonline.org/HCAHPS Executive Insight](http://hcahpsonline.org/HCAHPS%20Executive%20Insight). [Public Reporting Period].Centers for Medicare & Medicaid Services, Baltimore, MD. Month, Date, Year the page was accessed.

Sampling Quality Control

- All patients should have an opportunity to be selected.
- The same sampling methodology must be maintained throughout the quarter.
 - e.g., Sample rates should only be adjusted quarterly, not weekly or monthly, to reach the goal of 300 completed over a 12-month period.
- Sample must include discharges from each month in the 12-month reporting period.
- Months are defined as calendar months, not 30-day periods.
- Patients are eligible to be included in the sample frame in consecutive months.

Using HCAHPS Reports to Your Advantage

STRATEGIC PLANNING

Connection to Quality and Safety

- **Readmissions**
 - HCAHPS questions related to discharge information, “Overall” rating, and “Willingness to recommend” are associated with lower 30-day risk-standardized hospital readmission rates after adjusting for clinical quality.
- **Mortality**
 - Higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates.
- **The Big Picture**
 - Use HCAHPS results, along with other information, to obtain a complete picture of the patient and staff experience in the organization.
- **Quality and Safety Improvement Efforts**
 - Include HCAHPS results as part of your quality and safety improvement efforts, not just a measure of customer service.

Source: Health Care Leader Action Guide to Effectively Using HCAHPS
Health Research & Educational Trust (HRET) in Partnership with AHA March 2012
Available at: http://www.hpoe.org/Reports/HPOE/health_care_leader_action_guide_to_effectively_using_HCAHPS.pdf

Strategic Planning Lesson 101

“Culture Eats Strategy for Breakfast”

Peter Drucker?

<http://articles.bplans.com/culture-eats-strategy-for-breakfast/>

Build a Foundation for Success

- **Build** a culture of patient-centered care.
- **Engage** staff at all levels.
- **Focus** on organizational culture.
- **Create** partnerships with patients and clinicians.
- **Commit** leadership time.
- **Establish** performance measurement, reporting, and monitoring.

Combine HCAHPS with Other Sources of Patient Experience Feedback

- Other sources of patient experience feedback include:
 - Patient surveys (other than HCAHPS)
 - Follow-up phone calls after discharge
 - Patient compliments and complaints
 - Patient and family advisory councils
 - Letters
 - Focus groups
- Look for areas of strength and opportunities for improvement.

Staff Experience Affects Patient Experience

- The quality of the patient experience is correlated to the quality of the staff experience.
- Assess the quality of your staff experience by using data from staff comments and surveys.
 - e.g., Agency for Healthcare Research and Quality's (AHRQ) Survey of Patient Safety Culture – Information available at: <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/index.html>
- Health care organizations can use the AHRQ survey assessment tool to:
 - Raise staff awareness about patient safety
 - Diagnose and assess the current status of patient safety culture
 - Identify strengths and areas for patient safety culture improvement
 - Examine trends in patient safety culture change over time
 - Evaluate the cultural impact of patient safety initiatives and interventions
 - Conduct internal and external comparisons

Embedded Culture of Safety Survey: PG Employee Engagement

Core questions of the PG survey include the following questions that are answered on a five-level Likert Scale ranging from *Strongly Agree* to *Strongly Disagree*:

- This organization **cares** about its clients/patients.
- Employees in my work unit **help clients/patients** even when it's not part of their job.
- The person I report to **cares** about quality improvement.
- Physicians and staff work well **together**.
- This organization makes every effort to deliver safe, error-free care to patients.
- Patient safety is a priority in this organization.
- This organization **cares** about quality improvement.
- Employees in my work unit make every effort to deliver safe, error-free care.
- Employees in my work unit follow proper procedure for **patient care/customer service**.
- I would **recommend this organization** to family and friends who need care.
- I get the tools and resources I need to **provide the best care/service**.
- I have sufficient **time** to provide the best care/service.

Embedded Culture of Safety Survey: PG Employee Engagement cont.

A hospital may include an additional five questions from the PG Survey Optional Questions list:

- The **quality of care** has improved during the past 12 months.
- The physicians at this organization **respect** the clinical staffs' knowledge and ability.
- Patient safety problems are addressed as they occur in my work unit.
- I can report safety mistakes without fear of punishment.
- Employees in my work unit report adverse events.
- I know the process **for making suggestions to improve** patient safety.
- In my work unit, we discuss ways to prevent errors from happening again.
- I feel **comfortable raising concerns** when I see something that may negatively affect patient care.
- **Communication** between shifts is effective in my work unit.

Unit Analysis – To Do or Not to Do

- Many hospitals generate internal reports demonstrating the performance of individual units or departments to:
 - **Determine** which units are creating a better patient experience and to learn from those units (best practices)
 - **Gain** internal insights by comparing unit performance, identifying differences, and utilizing frontline experiences and input
 - **Develop** priorities in conjunction with input from staff
 - **Consider** organization- and unit-specific improvement priorities
 - **Consider** how improvement in one area is likely to affect performance in other areas
 - How transparent they are going to be with their metrics; internally and externally to their customers?
- ***CMS does not review or endorse the use of HCAHPS scores for intra-hospital comparisons.***
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level.

Set Improvement Priorities

- Current CMS analysis demonstrates that the three strongest drivers of overall rating are:
 - Nurse communication
 - Pain management
 - Responsiveness of staff

(Source: Health Care Leader Action Guide to Effectively Using HCAHPS
Health Research & Educational Trust (HRET) in Partnership with AHA March 2012
Available at http://www.hpoe.org/Reports/HPOE/health_care_leader_action_guide_to_effectively_using_HCAHPS.pdf)

- Patient-level, inter-item correlations support quality improvement efforts by identifying "key drivers"

(Source: http://www.hcahponline.org/Files/Report_April_2015_Corrs.pdf)

Using HCAHPS Reports to Your Advantage

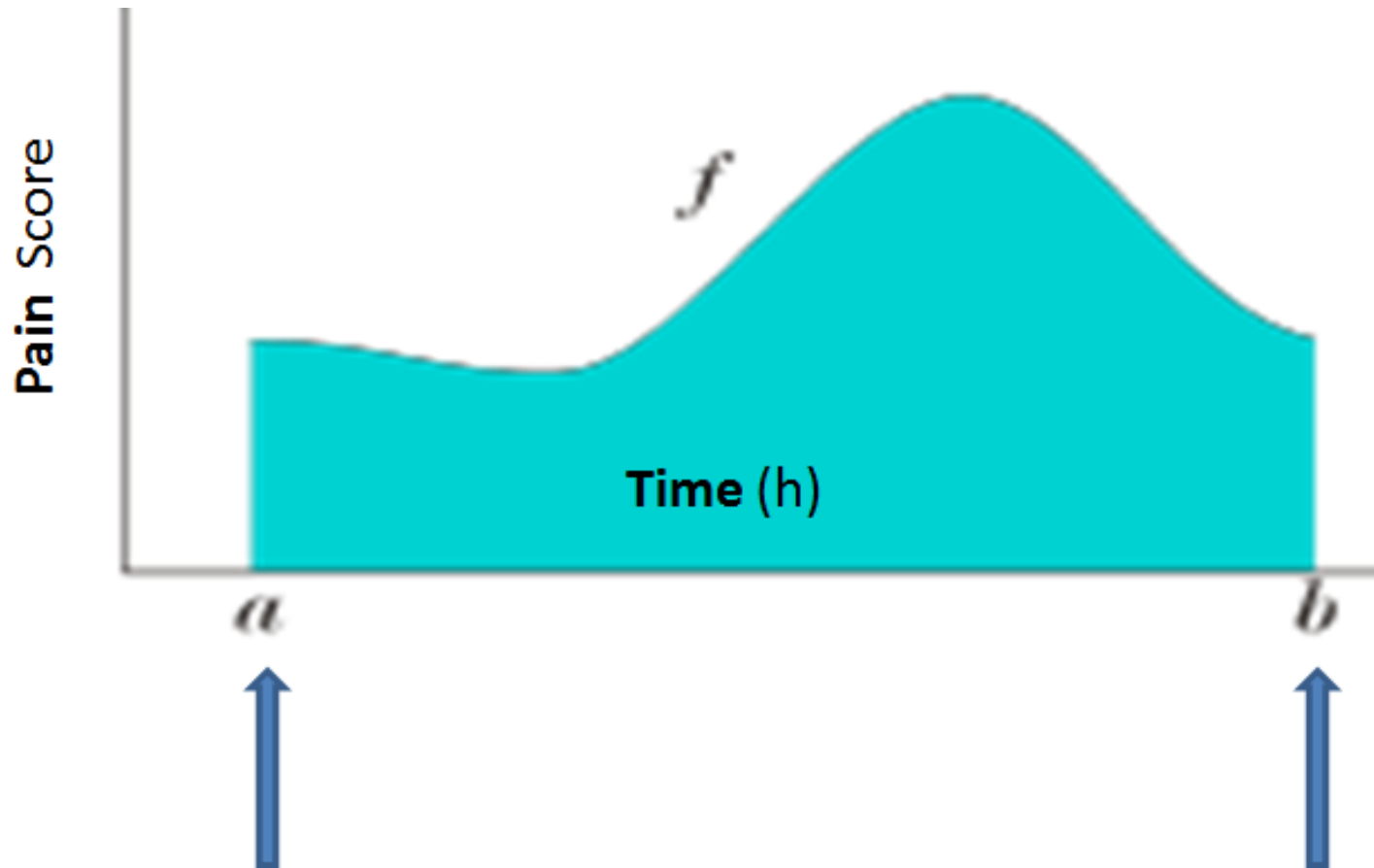
PAIN MEASURES AND MANAGEMENT

The Cancer Patient “Pain Gap”

		Your Top Box Score						
Domains and Questions	n	Previous % Nov-Jan	Current % Feb-Apr		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	738	85.2%	83.6%	▼	93	98	96	62
Recommend the hospital	735	90.8%	89.8%	▼	97	99	97	69
Comm w/ Nurses	744	82.7%	83.6%	▲	84	93	89	62
Nurses treat with courtesy/respect	740	89.2%	90.7%	▲	86	96	93	77
<i>Nurses listen carefully to you</i>	743	79.5%	80.5%	▲	79	89	83	62
Nurses expl in way you understand	743	79.5%	79.7%	▲	80	88	85	46
Response of Hosp Staff	677	74.9%	77.3%	▲	91	98	97	92
Call button help soon as wanted it	646	74.4%	75.4%	▲	90	98	97	85
Help toileting soon as you wanted	422	75.4%	79.1%	▲	90	97	97	90
Comm w/ Doctors	742	85.3%	86.7%	▲	87	95	94	77
Doctors treat with courtesy/respect	739	91.2%	91.6%	▲	84	94	91	46
Doctors listen carefully to you	741	84.4%	84.8%	▲	83	93	89	69
Doctors expl in way you understand	737	80.4%	83.9%	▲	89	96	94	69
Hospital Environment	741	72.5%	69.4%	▼	71	84	87	77
Cleanliness of hospital environment	737	79.3%	77.2%	▼	72	86	83	69
Quietness of hospital environment	735	65.7%	61.6%	▼	63	73	79	46
Pain Management	596	77.4%	78.0%	▲	91	96	95	85
Pain well controlled	594	67.3%	69.5%	▲	87	91	91	85
Staff do everything help with pain	595	87.4%	86.4%	▼	91	97	95	62

New Approach to Measuring Pain

Instead of single time-points of “worst score,” measure *Area Under the Curve (AUC)* for multiple time points on day of Supportive Care Service (SCS) consult and on day of discharge.



Measurement of Pain: Point vs. Overall

Comparison of AUC Pain Scores documented by RN on Day of SCS Consult with Day of Discharge

	PRE Day of Consult		POST Day of Discharge		% Change in Mean AUC
	Mean AUC	STD	Mean AUC	STD	
N = 21	71.3	32.2	46.3	24.3	- 22%

Concept: Courtesy of Sarah Thirlwell, RN and David Craig, Pharm. D.
Moffitt Supportive Care Medicine Service

Using HCAHPS Reports to Your Advantage

WHAT MATTERS TO PATIENTS

Communicating Information, Empathy, Coordination of Care

Moffitt's Percentile Ranking Across All Facilities
(YTD 2015)

- Efforts to include you in decisions about your treatment 43%
- Degree to which your care was well coordinated among your doctors and other care givers 19%
- Staff concern to keep your family informed about what to expect from your condition and treatment (if appropriate) 42%
- Staff sensitivity to the personal difficulties and inconvenience that your condition and treatment can cause 20%
- Degree to which staff addressed your emotional needs 22%
- Information given about length and nature of wait 22%

GOAL > 50 %

Note: This is outpatient data, but concept valid to HCAHPS

Moffitt's Commitment to Positive Patient Outcomes

The Moffitt Promise:

World Class Care Begins with ME

Our Mission

Contribute to the prevention and cure of cancer

Our Vision

Transform cancer care through service, science and partnership

Moffitt Cancer Center is committed to providing excellent service; we believe each person can make a difference by delivering quality, connected and compassionate patient care.



Our Promise To
Compassionate Connected Care

Moffitt's Commitment to Positive Patient Outcomes_{cont.}

The Moffitt Promise: WORLD CLASS CARE BEGINS WITH ME

As a Moffitt Team Member My Promise to You

P

PATIENTS AND FAMILIES FIRST

I Promise to put you first and ALWAYS make you my priority. I will treat you as you want to be treated, and engage you actively in your care.

R

RESPECT

I Promise to care for you as a whole person. I will be attentive to you and respect your dignity and privacy.

O

OWNERSHIP

I Promise to share information with you and address your questions and concerns. I will through my words and actions communicate my commitment to superior care and service.

M

MAKE A DIFFERENCE

I Promise to be present. I will take action and exceed your expectations.

I

I CARE

I Promise to see who you are, hear what you say and support you. I will ALWAYS be there for you.

S

SERVICE

I Promise to create an exceptional customer experience. I will deliver accurate, compassionate, courteous, timely and coordinated service.

E

EXCELLENCE

I Promise to support innovation and cutting edge initiatives. I will provide safe, effective and seamless health care.

Using HCAHPS Reports to Your Advantage

NEW IDEAS AND MORE

Promising Practices

Promising practices identified by articles and case studies include but are not limited to:

- Leadership rounding
- Hourly intentional rounding
- Bedside change of shift reporting
- Patient and family advisory councils
- Post-discharge phone calls
- Sleep aids (e.g. headphones, ear plugs, soothing sound generators)
- ***Yacker Tracker***[®]
- Patient-friendly daily medication schedule and teaching cards on common new medications
- Communication tools for patients/families during their stay (e.g. notepads, white boards)

What's your experience with these practices?

What is Your Hospital Doing?

What has been your team's experience with some of these HCAHPS Improvement steps?

- Compassionate Human Interactions
- Access to Meaningful Information
- Support & Participation of Family, Friends
- Healing Environment
- Support for body, mind & spirit
 - Arts and Entertainment
 - Spirituality
 - Caring Touch
 - Integrative Therapies
 - Healthy Food and Nutrition

(Source: Patient-Centered Strategies for HCAHPS Improvement, Michael Lepore, PhD, Director, Research, Quality, and Evaluation, Planetree, May 8, 2013)

http://www.engagingpatients.org/wp-content/themes/magazine-basic/library/documents/npsf_Lepore_slides.pdf

HCAHPS Innovative Strategies – Arts and Entertainment, Healing Environment

Example: H. Lee Moffitt Cancer Center

- Florida Orchestra gives free concert (12/2014)
<http://www.tampabay.com/news/humaninterest/florida-orchestra-gives-free-concert-at-moffitt-cancer-center/2210952>
- Moffitt opens lounge for adolescent, young-adult (AYA) cancer patients
<http://www.tampabay.com/news/health/moffitt-opens-lounge-for-adolescent-young-adult-cancer-patients/2227638>

HCAHPS Updates for 2015

- **July 1** HCAHPS File Specifications Version 3.7 take effect
- **July 1** Data Submission Deadline (Quarter 1, 2015)
- **July 2–8** Review and Correction Period for First Quarter 2015 data
- **October 7** Data Submission Deadline (Quarter 2, 2015)
- **October 8–14** Review and Correction Period for Second Quarter 2015 data

Coming Soon – Star Ratings

- Initiative to add five-star quality ratings to *Hospital Compare* website
- HCAHPS Star Ratings added in April 2015 for Inpatient Prospective Payment System (IPPS) hospitals
(patient discharges July 1, 2013 through June 30, 2014=12 months)
- HCAHPS Star Ratings Purpose to provide consumers with quicker and easier access to patient experience of care information on *Hospital Compare*, allow consumers easier comparison of hospitals
- Star Rating for each of the 11 publicly-reported HCAHPS measures plus Summary Star Rating
- More information available at:
<http://www.hcahpsonline.org/StarRatings.aspx>

Some Great Resources

- HCAHPS Publications by the HCAHPS Project Team
April 14, 2015
http://www.hcahpsonline.org/Files/Bibliography_April_2015.pdf
 - *Bibliography of articles by the HCAHPS Team in healthcare publications*
- Health Care Leader Action Guide to Effectively Using HCAHPS
Health Research & Educational Trust (HRET) in Partnership with AHA March 2012
<http://www.hpoe.org/Reports>
[HPOE/health_care_leader_action_guide_to_effectively_using_HCAHPS.pdf](http://www.hpoe.org/Reports/HPOE/health_care_leader_action_guide_to_effectively_using_HCAHPS.pdf)
 - *In-depth discussion and Appendix of HCAHPS Improvement Resources – Reports, Data Analysis, Case Studies, Tools*
- Patient-Centered Strategies for HCAHPS Improvement
Michael Lepore, PhD, Director, Research, Quality, and Evaluation, Planetree
May 8, 2013
http://www.engagingpatients.org/wp-content/themes/magazine-basic/library/documents/npsf_Lepore_slides.pdf
 - *Slide set with easy-to-follow improvement steps and strategies*

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

CE Credit Process: Survey

☐ No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

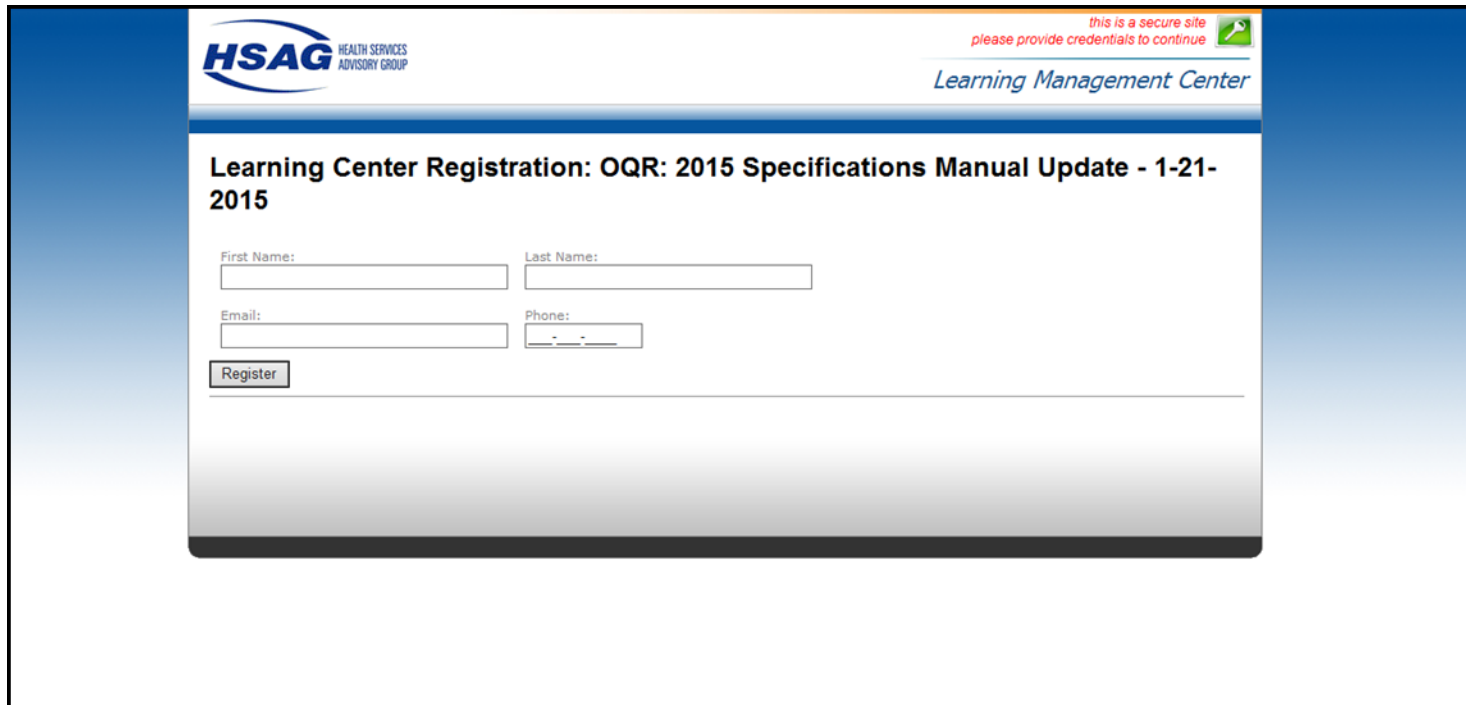
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User



The screenshot displays the registration interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading for the registration is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. A "Register" button is located below the "Email:" field. The entire form is set against a blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

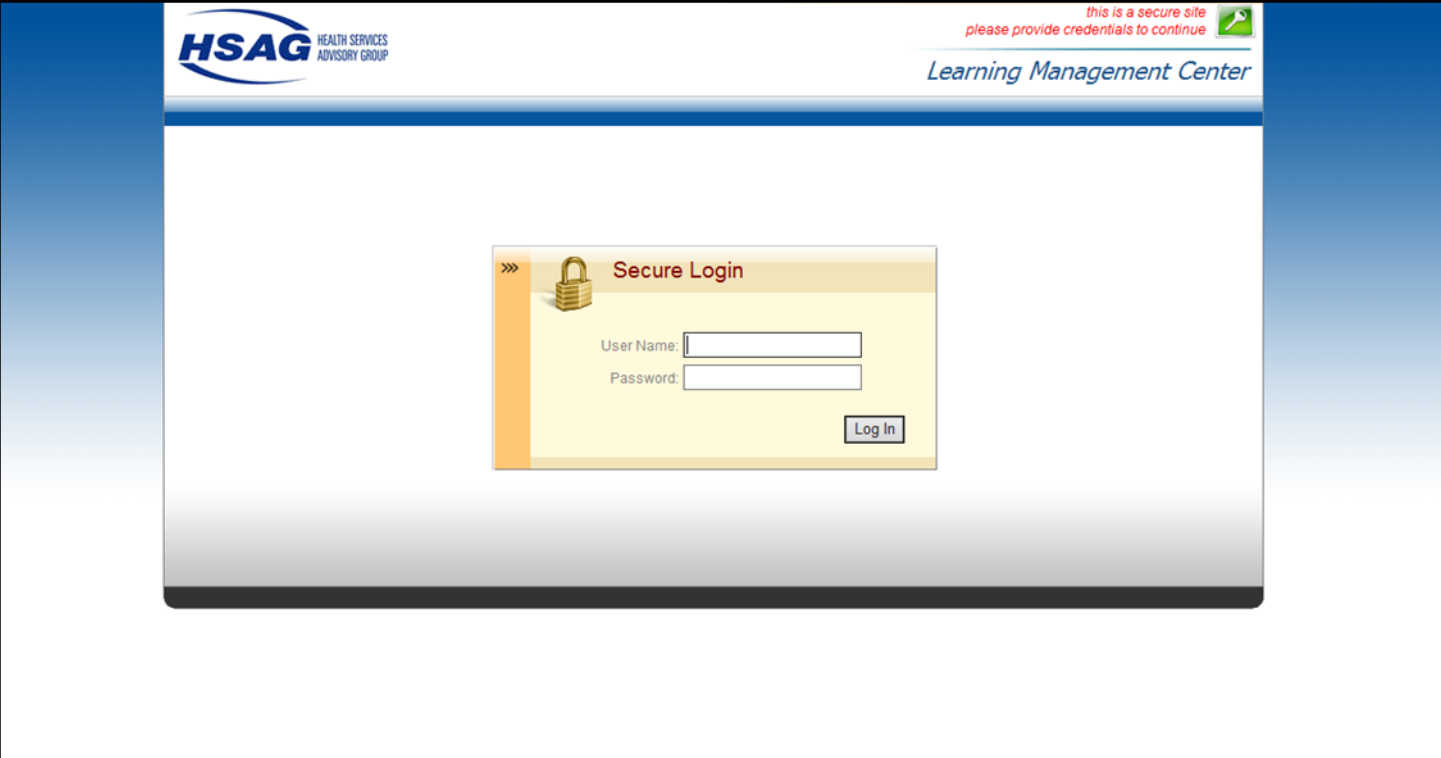
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

Learning Management Center

Secure Login

User Name:

Password:

Log In

QUESTIONS?

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-06232015-01