Using HCAHPS Reports to Your Advantage

Presentation Transcript

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June 25, 2015
2 p.m. ET

Oniel Delva: Hello, everyone and thank you so much for joining us for today's webinar event. My name is Oniel Delva and I am going to serve as your virtual training host for today's event. And, before we get started with today's session, I'd like to cover some brief housekeeping items that will help you to know how today's event will operate and how you can interact with our presenters during the course of today's session.

Now, the audio portion for today's event is available via Internet streaming, and what that means is that no telephone line is required in order to hear the audio portion of today's event. But, you do need computer speakers or headphones to listen to the streaming audio presentation. Now, if for some reason you are not able to stream the audio for today's event, we do have a limited number of telephone lines available. So, please send a Chat message to us and let us know, so that we can make sure that you receive the information available if required for you to dial in for today's event.

Now, as mentioned a moment ago, we are streaming the audio for today's event via the computer and the Internet. So, if at any time if the audio starts to break up or if it suddenly stops, you can click the pause button that is located in the upper left-hand corner of your screen under the information or audio information section. Once you click the pause button you can wait five

seconds or so and then click the play button and the audio will then continue. Also, if you are hearing an echo currently, echoes are typically caused due to multiple connections to a single event. So, if you are hearing an echo right now, please check to make sure that you are currently not – you don't have an extra tab or an extra window open that's running the same event. If so, please close the extra tabs or extra windows and the echo will stop.

Lastly, as mentioned, we are once again streaming the audio for this event, so it's in the listen only mode. But, that does not mean that you can't submit questions to our presenters during today's session. You'll notice on the left side of your screen there is the Chat section, the Chat window, and at the bottom there is a "Chat with Presenter" box along with the "Send" button. Simply type your question to our presenter in that Chat window and click the "Send" button. And throughout the course of today's event, as time and resources allow, our presenters will be able to provide answers to selected questions. So, please remember at any time you have the ability to access that "Chat with Presenter" feature.

And that would do for my introduction, and without further ado, I'd like to turn it over to Henrietta Hight to start today's webinar. Henrietta?

Henrietta Hight: Thank you very much Oniel. Welcome to today's webinar entitled *Using HCAHPS Reports to Your Advantage*. My name is Henrietta Hight. I am a Project Coordinator with the PPS-Exempt Cancer Hospital Quality Reporting Program. Today's webinar regarding HCAHPS has been developed for the group of cancer hospitals participating in the PPS- Exempt Cancer Hospital Quality Reporting Program, referred to as [the] PCHQR program. The information presented is focused on the needs of the PCHQR program participants. I would like to start the webinar with some information about our guest speaker, Tom Ross. Many of you know Tom. To give a little bit of an idea, Tom Ross is the Director of Quality and Safety at H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida. Other positions he held at Moffitt include Facilitator of Clinical Leadership Council, Pharmacy CQI Coordinator, and Pharmacy Supervisor. Tom's responsibilities include oversight coordination and training in the fields of safety, quality, and performance improvement. Tom received his Bachelor of Science degree in Pharmacy and his Master of Science degree in Hospital Pharmacy

Administration from the University of Wisconsin in Madison. So, we look forward to hearing from Tom.

HCAHPS data submission became a CMS measure for the PCHQR program starting in October 2014. So, to date, there have been three HCAHPS data submissions for the PPS-Exempt Cancer Hospitals. HCAHPS is still a new measure for the PCHQR program. The following information is for participants who are probably new to HCAHPS reporting.

Now, as a reminder, looking at the list of registrants for today's webinar, there appeared to be registrants who are not associated with the PCHQR program. We welcome your interest in the HCAHPS topic. At the same time, please remember, for example, if you are an IPPS Hospital participating in the Inpatient Quality Reporting Program, we will not be able to address any questions associated with your program, such as Hospital Value-Based Purchasing. Also, if you are a – let's say seasoned, experienced HCAHPS submitter, you may or may not find that the information presented meets your needs. We have a lot of information to cover in this hour, so let's get started.

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. The objective for today's webinar would be by the end of the webinar participants will be able to: access their HCAHPS reports on the *QualityNet Secure Portal*; next, compare their HCAHPS *QualityNet* reports to the vendor reports; discuss the Centers for Medicare and Medicaid Services' (CMS') sampling methodology; and then, utilize the patient-reported metrics for what we call strategic planning.

So, first let's address the first presentation objective. We will be spending the next few minutes looking at how you access the HCAHPS reports by way of the *QualityNet Secure Portal*. Logging into the *QualityNet Secure Portal*, HCAHPS reports are accessed on the *QualityNet Secure Portal*. And, while we are here, a few reminders: you need to have an active *QualityNet Secure Portal* account to access the *QualityNet Secure Portal*. And there are a couple of things to remember about this: there is this – I would say–there is the 60-day period to keep your account in *QualityNet* active; you must access the

Secure Portal or log into it at least once every 60 days; and, you also need to change your password at least every 60 days. So, it's a good idea to put like a reminder on your calendar to go into *QualityNet* and log in. You don't have to do anything. And also, remind yourself to change your password so that your account does not go inactive. If your account goes inactive, you are going to have to get in touch with the *QualityNet* Help Desk. Also, while we are on this topic we have a report that shows for the PPS-Exempt Cancer Hospitals, the status of their security administrators, and, there are three hospitals, PCHs, that appear to have no security administrator currently active on *QualityNet*. So you will be getting a – if you haven't already gotten it, an email from us to help you take care of that issue. You need to have at least one security administrator active in *QualityNet*.

So, when we are getting ready to log on to *QualityNet*, another – a couple of other things – I call it a three strikes and you are out, like a baseball game. If you log in to *QualityNet*, you'll say – you put in your username and password. If you get a message that either your username or password is not correct, you need to log out, you know, you are not – have to log in again, yet. If you try a second time and you still get that message that the username and/or password are incorrect, I would strongly encourage that you not try a third time. After that second attempt, come all the way out of *QualityNet*, come all the – close it down completely and come back in because. [If] you try a third time and you get the message that your username or password are not correct, your account is going to be locked, and again, you are going to need to get in touch with the *QualityNet* Help Desk. So now, once you have logged in to the *QualityNet* – I mean, if you are using the *QualityNet Secure Portal*, you will see a list of programs that you can select, one in this case, since we are talking about the PCH, the PPS-Exempt Cancer Hospital Quality Reporting program. You can take your mouse and click on that selection. If you are an experienced *QualityNet* user, some of what I am about to show you, you already know. For some of you, it's new to you, and for some of you, it's a review.

So, once you have gotten to the homepage or the main page for *QualityNet* – because we are going to be looking at the steps that will take you to your HCAHPS reports, you are going to click where it shows up there on the bar, there encircled in a red box. You are going to click on the selection *My*

Reports, and then again, you are going to have to – you are going to select *Run Reports*. You'll see there are some choices here: *Run Reports*, *Search Reports*, and *Analytics Reports*. Right now, we are going to click *Run Reports* because we want to – we are going to request a report from the system.

Okay next step, part of which you are going to need to do is indicate the program – *Report Program* and the *Report Category*. Now, we are talking about the PCHQR program and we are talking about the HCAHPS report for the PCHQR program. Right now, the HCAHPS reports are housed not under PCHQR program, but IQR program. So that's a little bit confusing. Just remember that you want to select IQR under Report Program and then the Report Category. When we put this together, the red box that is encircling EHR Hospital reporting, it shouldn't be encircling the EHR, it should be encircling the next selection, which is your HCAHPS Warehouse Report, that red box kind of maybe slipped up a little bit. And then you are going to select *View Report*. Give it a little bit of time because you know, you'll watch the circle going around and just be patient. Once the HCAHPS reports have loaded, you have a choice of five different reports for HCAHPS.

The one – the reports that we are – the report that we are going to be focused on today is the HCAHPS Data Review and Corrections Report. So, what you will do is, you will click on this report and next, for those of you – all of you – you are really probably only associated – or you only have an account in *QualityNet* for your specific hospital for your specific PCH. So, "Provider" within the required field should pre-fill for you has been cut off a little bit, but just above this the provider field is the "State" field. So, for you it should fill in with your appropriate state. You'll notice that "Discharge Quarter," that's not going to pre-fill for you. You are going to have to select the "Discharge Quarter" for which you want to run your HCAHPS reports. And this "Submitter" field, it's a dropdown of choice. It simply gives you the ability to select, for instance, which vendors you want to run the reports for. All of you, all the HCAHPS who are all using the same vendor, Press Ganey. So, if you were to select – click on the "Submit" button, it would either say "All" or Press Ganey, and you really don't even have to make a choice. Okay, because the program knows it's Press Ganey that is your vendor, then you are going to click at the bottom that encircled in red is the *Run Report* button. Okay, the next screen that will open – Okay.

If you look down at the bottom, this is where you have a choice, okay? You can either say you want to "Cancel," you want to get out of this function, or you can either select *Run Same Report*. You could run the report, the HCAHPS report, using different criteria so to –such as a different discharge quarter. Or, if you want to run a new report, it would take you back to that initial – that previous screen, two screens back, to where you could indicate I want to run a totally different report.

Search Reports is probably what you are going to be looking at right now in the steps that we are following. It takes you to the next screen where you see a list of any reports you have asked for. Now, this is a copy of my screen, and you can tell I've been busy asking for all kinds of reports, all kinds of HCAHPS reports. Okay, something to remember – as it says in the bullets to the left: the report run times will vary depending on the data complexity and the number of users that are asking for or requesting reports. Like you say, especially when you are getting to a data submission deadline period, there are going to be people all across the country – hospitals, PCHs, Inpatient Psychiatric Facilities, all kinds of people asking for reports. So, you may find that you ask for the report – you'll see that various topics for HCAHPS Data Review and Correction Report to the left, one looks like a little file folder. That means that that report that I requested is in the queue. In other words, it's in line to be presented to you, to be completed. So while you are waiting for a report to run, I mean, you don't have to sit and wait and look at the screen. You can go ahead – you can log out of *QualityNet*. The report will continue to work on itself and then you can log back in. You can go off and work on something else; you can go have a nice long coffee break. Okay, I've seen some reports take more than an hour to run, okay? The Inpatient Quality Reporting program has a report called the Facility, State, and National Report that sometimes will take more than an hour to run. I ran some HCAHPS reports a couple of days ago, and they ran within 10 minutes. So that's good. That's good.

Viewing reports – Okay, the green checkmark in the left hand column gives you your status, and when you see the green checkmark, it means your report is completed and it's available for you to view. If you click on the magnifying glass within that red box over to the right, that gives you the ability to view the report. And, just remember to use the – if you are using the magnifying

glass to view the report, you have to click "Allow Pop-up." If you got your system set up so that it doesn't allow pop-ups, you are not going to be able to view the report. Okay, here is a sample of an HCAHPS Data Review and Corrections report. You'll notice that it's a very detailed report. It's the total, in this case, a total of 39 pages – lots of good information. You'll notice it gives you – you can see at the top there: discharge year; discharge month; the number of eligible discharges you had; the sample size survey mode; and, it says here, "mail only." And you know, last time I looked at everybody's reports, all of you are doing the "mail only" mode of surveying. And then, it also shows the type of sampling that you are doing.

Okay, if you want to download your report so you can save it to your computer, so you can share it with the team members, who – let's say – maybe don't have a *QualityNet Secure Portal* account, you are – you can download the report by clicking the green button. And this is a time saver – the "Favorite Function." This is something I have to admit: I've been using *QualityNet* and the *Secure Portal* well; I don't want to say how many years, but, this – the "Favorite Function" – is one I just discovered a while ago. The "Favorite Function" allows you to create – like a folder, and, you can name your folder like – HCAHPS reports. And, you can keep all those HCAHPS reports that you've run for the different quarters to get them to this one folder. So, it's easily for – easy for you to find. Okay, and then you can name your folder to differentiate – if you want it – break it by quarters [or] whatever. But it's a good time saver, a shortcut, and I bet even experienced users of the *QualityNet Secure Portal* have overlooked this function, just like I did. So, what you do is, you create a folder for your report. You name your report or your folder, and then, next time, when you come back into *QualityNet*, what you can do is, you don't have to search reports again. You can just go over to that tab that's entitled "Favorite." You click on your "Favorite" tab and then it will show you the folder that you have your HCAHPS reports saved to; or you may end up down the road creating other folders. So, that's just a quick overview of how to use [the] *QualityNet Secure Portal* and how to get to your HCAHPS reports.

And now I am going to ask Tom to share some of the Moffitt's experiences using an HCAHPS vendor. Tom?

Tom Ross:	Thank you, Henrietta. So a couple of months ago Henrietta contacted me and said, "Have you been able to access your HCAHPS reports?" And at that point, I'd not been able to. So they walked me through the process. You know, the most – the first thing we learned is that we have to have the permissions to access the HCAHPS report added to our profiles, and your system administrator can do that. And then the second thing that we learned is really getting – looking under the IQR, as Henrietta showed you.

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So, as Henrietta noted, all 11 PPS Exempt Cancer Hospitals are using Press Ganey for their HCAHPS, and every month Terry Patton and Karen Levy for the Patient Experience Program send me, as the Director of Quality, our HCAHPS report from Press Ganey. So now they access my report from the CMS *QualityNet* site.

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And I was surprised that the numbers were different. So we started looking into the reasons why they are different, and I think this will vary across the different centers. But we have a high enough discharge volume that we figured out that we only needed to sample about 50 percent of our patients to meet, more than meet the requirements, which Henrietta will discuss later. So we have the HCAHPS report questions which are embedded in our regular Press Ganey Outpatient Patient Satisfaction Survey. We also don't survey anybody more frequently than every 90 days, and that's to avoid –in the cancer population, as you know, we have the people on amino therapy and chemotherapy who come back quite frequently. So what we do is like 50 percent of our HCAHPS surveys.

Everyone gets the same survey, but 50 percent are designated as official HCAHPS, and what that means is, if they do not reply within the first 21 days, we re-mail those. And so, by sampling a 50 percent, it's a bit of a cost containment strategy. And then the last part about the sampling methodology is that all the data is included in the Press Ganey report, you know, as Henrietta will explain when she talks about the sampling [of] only official HCAHPS data sent to CMS.

The second thing that causes some differences in the data is the "date received" versus the "date of discharge." Press Ganey, in their report, it's by the "date received," so when you see, for example, April 1st through June 30th, it means that the survey came back on those dates. The CMS report is based upon the "date of discharge." The next thing that causes some differences in the report is that it's risk-adjusted on the CMS side, but not on the Moffitt or Press Ganey side.

The third thing, the fourth factor actually, is the report period. We received the reports monthly from Press Ganey and then the data is broken into [the]" last three months" and then the "last 12 months to date" versus (and) CMS [where] we are getting quarterly reports that are separated out monthly. And the last factor is, you can mimic a lot of the changes for similarities using InfoEdge.

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So, all that being said, with the help of our Press Ganey vendor we were able to run a comparison. What this slide shows you is the 50th percentile scores in the different domains for Press Ganey versus what's reported in CMS, and so what you can see is that there is a great similarity, but not exact scores. So, for example, in "Communication about Medicine," the Press Ganey data that we see was 63.7 while it was 64 for CMS. So what I concluded was my sample will be smaller because we are sampling 50 percent of official HCAHPS, and while not identical, the data that I see from Press Ganey should be mimicked by what we see in the CMS report. So I have a pretty strong confidence after seeing this, and I thank Kerry Payton for helping me with this, that what we see in CMS or what we see in HCAHPS will then be reflected into the CMS. So to me it's really a quality check to be sure my data transmitted correctly and is accurate.

So at this point I am going to turn it back to Henrietta to talk about sampling methodology.

Henrietta Hight: Thank you, Tom. Okay, let's just spend a few minutes looking at the sample methodology utilized for the HCAHPS. And again what we are going to be looking at in the following slides is just to provide some highlights regarding HCAHPS sampling methodology. As indicated on the slide, if you really want

to get a full review of the HCAHPS sampling methodology, the HCAHPS online website has some fantastic training materials. They have three slides that go into great detail with example case studies. I looked at all of them. I mean they are long. I mean, I think they are like 150 slides plus per presentation, but they really are very, very good. Okay, you probably are very familiar with this, but the steps of the sampling process: number one, identify the population: in other words, all patient discharges; second step, identify initially eligible patients; third step, remove exclusions; fourth step, perform de-duplication; fifth step, define your HCAHPS sample frame; and then number six, draw the sample.

Now, what you are saying – in front you, Tom Ross developed this flow chart – I think it's a fantastic illustration of the steps to follow in sampling. And then, with each step, some of the bullets to illustrate what you need to think about. So, as he shows in this slide, first you look at your initial population, that first box. Then, you are going to identify your initially eligible patients and, in the bullets there, it indicates the criteria that will identify your initially eligible patients. Then, the third box is removed your exclusions, so, in other words, the patients who are ineligible. Examples of these would be "no publicity patients," "court or law enforcement patients," "patients discharged to hospice," or "patients discharged to a nursing home," "patients excluded due to state regulations."

Then your next step is to perform your de-duplication; that's including de-duplication by household and de-duplication by multiple discharges, as Tom referred to their process. They don't re-survey the same patient within the same 90 day period. According to HCAHPS, it's after consecutive months. You don't re-survey the same patient within the same month. But that patient could be re-surveyed for a subsequent discharge in a subsequent month and then, some of your sampling requirements include obtaining at least 300 completed HCAHPS surveys in a rolling four quarter period. And then, so that you know, the thought that, if you have more than 300 surveys that you've received, you want to continue to do the same. You don't want to stop. And then, talking about what's on the right, again some very important thoughts to keep in mind. You want to include patients unless there is positive evidence that a patient isn't eligible when you are looking at your initially eligible patient population. Also, U.S. territories or the Virgin Islands, Puerto Rico,

Guam, those areas that are, let's say, U.S. territories, they are not excluded. They are not considered to have a foreign home address.

I think we can continue talking about removing exclusions – Removing exclusions you are looking at your ineligible patients. And again, I think you are familiar with this. We talked about the "no publicity" patients and your "deceased patients," because the patient needs to be alive at the time of discharge in order to complete the survey. They don't allow – HCAHPS does not allow what they call a proxy respondent, let's say a family member. This is one that I tried to find more information on and maybe some of you will have it: "patients excluded due to state regulations." I went back – I went through and through a lot of HCAHPS material. I couldn't find an example of a state regulation. I can kind of guess, but I can't – couldn't find one. If you remember to submit your exclusion documentation to your vendor with – when requested, in this case [to] Press Ganey for the PCHS and Press Ganey must retain documentation that verifies all exclusions and ineligible patients.

And then, just a few words about the telephone and the IVR data survey or the survey mode, if you are using, and looking again at your reports, I didn't see that any of the PCHs either using the telephone or the active/interactive voice response survey administration mode. But, if you are – remember you – it requires five telephone calls or five IVR calls be attempted at different times until you get a response; different times of the day, different days of the week, and different weeks. And the five telephone or IVR caller attempts must span more than one week, eight or more days.

And then a little bit about response rates, we did some research on what was the – what were the differences in response rates and what CMS is looking for or what CMS requires. It doesn't require – recommends, excuse me. CMS recommends, does not require, targeting or looking at aiming for a response rate of at least 40 percent. And so we did some research and this is based on a 2008 report. Okay the response rate varies. So that for mail only, it's only using the mail approach, and that's what a lot of you were doing, the response rate is 33 percent. Phone only is 27.3 percent. Mix mode, which is a combination of mail and phone, is 36.6 percent. Your active IVR is the lowest. It's 17.9 percent. So it ends up being an overall response rate of 27.7 percent. And then, we also looked at the response rate there, the varying by side – I

mean, state, excuse me. And this is based on 2010 discharges. It's interesting. The lowest response rates were a 25 percent; Washington D.C. had 25 percent, New Mexico 26 percent. The highest response rates – the highest response rate was 43 percent; 43 percent for South Dakota and 43 percent for Michigan. We said it may be, you know, people in the Midwest. I don't know. So anyway, that's interesting. So think of that as you are looking at your HCAHPS survey.

So, those are some sampling quality control thoughts to complete our discussion of the HCAHPS sampling. Remember, all patients should have an opportunity to be selected. Samples must include discharges from each month in the 12 month reporting period. And then, months are defined as calendar months not 30 day periods and patients are eligible to be included in the sample frame in consecutive months. So, I think that takes care of the HCAHPS sampling.

And now, I am going to turn the presentation over to Tom. We are all looking forward to your thoughts and experiences with using HCAHPS as part of strategic planning. Thank you, Tom.

Tom Ross: Thanks, Henrietta. It was interesting when we looked at our response rates. They were running about 37 percent. And when we drilled into it a little bit, when you look at your reports from CMS, they actually tell you how many days post-discharge it was from when the survey was mailed to when the patient responded. And we had about the same response rate for the official HCAHPS as we did for our non-official HCAHPS, despite the second mailing, but it appears the second mailing triggered people to respond. When you looked at – out around day 40 and 50, we saw a second blip in our numbers coming back. So, not enough to draw any statistical conclusions, but it was interesting.

So, next slide please.

So, how do HCAHPS scores relate to our quality and safety, and first of all, readmissions? HCAHPS questions related to discharge information, the overall, and the willingness to recommend are associated with lower 30 day risk standardized hospital readmission rates. And, I am never hearing from Tom Lee that he recommended that if you are going to pick one metric to

lookout from HCAHPS to reflect your institution he was (inaudible) to recommend. The second correlation that seemed to (inaudible) is mortality with – when you have higher patient satisfaction scores independently associated with lower hospital inpatient mortality. The third thing, which we are going to spend quite a bit of time on, is looking at the big picture to use the HCAHPS result along with other information, such as employment surveys, to obtain the holistic viewpoint of your staff and patient experience because obviously each one greatly affect the other. And [the] last part is to certainly use our HCAHPS results, not just as a patient experience or satisfaction, but rather as part of the central part of your quality and safety improvement efforts.

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So, it was interesting when we were developing this presentation, one of the things that stuck with me was that "culture eats strategy for breakfast" and we said right away, that is a Peter Drucker quote, and we Googled and Googled and Googled, and everyone attributes it to Peter Drucker. But, no one really knows if it was Peter Drucker, so that tends to be a question mark. But the message takeaway, as we all know is, the feel and actions here in the organization are going to augment or de-rail any strategy.

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So, these are the basic building blocks at the people and quality level – I refer to them as "qualitarians." We certainly need to build a culture of patient-centered care. You are familiar with that; engaging the staff at all levels, including those closest to the process, focusing on the culture, creating partnerships, such as the patients of family-centered care. One of my favorite things I found true over the years is that the currency of administration is attention. So, committee and leadership time in attention to the effort. And then, of course, the PDCA lean six sigma that the ongoing measurement reporting and re-measurement to see accomplishing what you want to.

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And once again, don't take your HCAHPS numbers in a vacuum, but rather look at other things, other types of patient surveys. There are certainly times

when you need more than HCAHPS in certain issues, and that's where your focus groups and advisory councils kind of come into play. Written comments – more and more I am numbers person, but more and more I am finding the value of reading the comments or hearing the things that are being said to patient relations. Your patient relations department gets compliments and complaint letters, and they are looking for areas – not only opportunity, but also time, to pat the staff on the back. A couple of weeks ago our chief medical officer sent an all user email with positive comments received during the last round of surveys, and I thought that was really a great message for the center.

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So, staff experience certainly affects the patient experience and they are correlated. And so, there are a number of different tools out there. We actually just used the tool from the University of Texas focused on patient safety and the cultural safety and the procedure area. But, one of the most widely used is the AHRQ Survey of Patient Safety Culture, linked in the presentation for you. But, you can use your own embedded survey assessment tool to raise awareness about safety to diagnose the current status or culture, identifying strengths and areas for improvement. But, for trends, see the cultural impact of patient safety interventions and conduct and internal and external comparisons.

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So, the approach that we've actually taken is for about, I think it's been three cycles now, we've been using the Moorhead Company Employee Engagement. And, actually, it started with employee satisfaction that became employee engagement. And, Press Ganey liked what they were doing and wanted actually a bigger holistic view of the culture, and Press Ganey purchased what's now the Employee Engagement Survey. And, it's interesting that people answer the questions and we have about an 80 percent internal response rate on our Culture of Employee Engagement Survey. And, if you look at some of the questions here – now remember, this is a safety survey that uses the words "cares," "helps clients and patients," work well together," "cares," "patients' care," "customer service," "recommended this

organization." I mean that's a direct mirror of the HCAHPS survey, providing the best care of service with sufficient time.

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In addition to the core questions, we were allowed to pick five from this list and add into this. So, this really gives us, if you will – each year with your employee engagement survey, it gives us a culture of safety survey at the same time. But, once again, we see "quality of care," "respect," "making suggestions to improve," "comfortable raising concerns," and "communication;" so once again, a holistic view of the culture, of the people providing the care that your patients experienced.

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This is an interesting one. *Unit Analysis, To Do Or Not To Do?* And, the second bullet in here is, "CMS does not review or endorse these HCAHPS scores or intra-hospital comparisons, as they are unreliable and there is a large sample size and they are they collected at the ward, floor, or individual level." That being said, I think that we spend a lot of time doing unit analysis and looking for best practices – looking for links we've used in as far as finding the – there are sensitive indicators and so, I really think, it's a great chance to find which units are doing something that other ones can learn from to develop priorities in conjunction with input and from the staff. And one of the things we are talking about is, how transparent do we want to do their metrics. And we aren't there yet, but we are actually talking about developing a patient experience safety dashboard that's posted, not just in the staff – launched for the staff to see, but for the patients and visitors to see. So, that's something that we are considering.

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So, I think this is a real learning opportunity here. Our focus was on setting improvement priorities. The current CMS analysis demonstrates the pretty strongest drivers of overall rating are nurse communication, pain management, and responsiveness of the staff. And so, really this is what we look for. We look for that high correlation index that's in our patient satisfaction and HCAHPS surveys.

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So one area I wanted to drill into today was about pain measures and management.

So, next slide please.

It's interesting. I describe this as what I call the Cancer Patient Pain Gap. And, when you look at – this is our recent data from our HCAHPS survey. In the red box, our overall score for pain management is very good at 78.0 percent, and you can see different groups that were in the 80 and 90th percentile. When you look at the question "Staff do everything to help with the pain," we were 86.4 percent, which is even higher. And then, however, if you look at "how well pain is controlled," we are at 69.5 percent.

So the question is this, how can we improve that, because people think we are doing everything to help but their pain still wasn't as well controlled. And obviously, part of that is the cancer patient population, but we still don't want to leave it unlooked at.

So, next slide please.

Our palliative care service, which we refer to as Supportive Care Medicine, has come up with a concept, and I give full credit to David Craig, Pharm. D. on the team, and Sarah Thirlwell , RN, who is the nurse on the team. Sarah's neighbor is a calculus professor and she Sarah was talking about how we measure pain every four to eight hours, and we look at the time points of worst score, and then, with the support of her team, as saying from the time we are involved, how quickly can we decrease the pain that the patient experiences and virtually get them by the day of discharge. And, he said well we can't really look at the straight points. We have to think of the continuum over time. So, what Sarah did. She took at least 21 patients and she measured their pain every two hours – her and the nurse colleagues. And, what they looked at was the severity of the pain in the left axis over the course of time on the y – I mean the pain score in the y axis and the time on the x axis.

Next slide.

And so, the concept is to integrate that curve of data point that you have and look at the area underneath the curve. And, they took a look at 21 patients the day before they were seen by Supportive Care Medicine, the mean area under the curve are – if you – All the pain experienced by the patient was 71.3 and then, by the day of discharge, they were able to decrease that down to 46.3, which meant less pain over less time, and it was a mean change in the area of pain experienced of negative 22 percent. So, I just thought for those – kind of a novel way of looking at addressing the pain gap.

Next slide.

So what matters to patients?

And go to the next slide.

It's interesting, across the cancer centers we have the experience that, in general, our inpatient scores are very high and therefore age gap scores tend to be high. And our outpatient satisfaction, which we still – most of us haven't gone into a CG CAHPS or a PQRS CAHPS survey yet, tend to be lower in the percentile rank. So, Karen Levier, Director of Patient Experience, and Terry Payton took a deep dive into the data, and this is the area that they saw room for improvement: it was communicating information, empathy, and coordination of care. So, you can see here a percentile rank across all facilities' "Efforts to include you, the patient's in decisions about your, the patient's treatment," or 43rd percentile; "Degree to which your care was well coordinated" only 19th; "Staff concerned to keep your family informed," in the middle; "Staff sensitivity to the personal difficulties and inconvenience that your condition of treatment can cause," 20th; and about 20 also for "Emotional needs" and "Information given about the goals about the length and nature of your wait." And once again, this is Outpatient data, but I think the concept is valid on the Inpatient side, as well.

So, next slide please.

So, a focus group and team came together and we've always had one mission since I have been at Moffitt, 26 years now, to "Contribute to the prevention and care of cancer," and our vision statement has changed slightly to

"Transform cancer care through service, science, and partnership." And, now we've added "Our Promise To Compassionate Connected Care."

Next slide please.

And, we came up – and I won't take the time to read the entire slide here, but the Moffitt promise is "World Class Care Begins with Me," and "As a Moffitt team member, my promise to you is PROMISE: Patients and Family First, respect, Ownership, Making the Difference, High Care, Service, and Excellence. So, once again, I just wanted to give you – I think kind of [a] neat way that Karen and her team are leading us in this area.

Next slide please. And next slide.

So, what are some other ideas that have come out? Many of which I know we've talked about over the years as they align for dedicated cancer study centers, but certainly leadership rounding, patient safety rounds, hourly intentional rounding. This is more from a nurse colleague to speak on, but we found out that hourly rounding didn't do much, but we had hourly intentional rounding: "Do you need to use the restroom?" "Are you comfortable?" "Do you need anything to drink?" Three directed questions really did result in better improvements; bedside change of shift reporting: we have some areas we are actually doing a case management round with the family on a set basis on certain days of the week; patient and family advisory councils; post discharge phone calls is something that we haven't implemented across the board - we have seen improved readmission rates. Sleep aids, things like keeping noise down. One specific item that we mentioned in here is the Yacker Tracker, which is a stop light type, and it monitors the decibel levels in a unit. And so, when it's good, you are in green. When the voice starts to pick up, it changes to yellow. And then, when it gets loud, it goes to the red and it's a visual queue to the staff to bring the noise back down; patient-friendly daily medication schedule – giving the patients the medications which they are going to be taken at home – to get an (inaudible); and then, one that we really get a lot of success with, is the whiteboards in the room so people know who's their doctor, who is the resident, who is the physical therapist, when they are planning on having to go home, what time of the day some – my loved one or care provider can plan for that. So, I – we talked at various

forums on a number of these, but I think it all builds together as part of that culture.

So next slide, please.

So, one of the questions I think to ask when you go back and take a look at this is, "What has your team's experiences been with some of these HCAHPS improvement steps?" And this is from Michael Lepore, the PhD Director, Research Quality and Evaluation at Planetree: compassionate human interaction; access to meaningful information; the support and participation of family and friends; the healing environment; a lot of work, you know, has been going into things like Hudson Medicine music therapy. It's also helpful for the staff and support for the mind, body and spirit. So, spirituality, caring touch, integrative therapies, acupuncture, massage, healthy food and nutrition, not only for the patients, but also for the staff.

So, next slide please.

And there are a couple of links on here that Henrietta found, and it's interesting when you are working in an organization, sometimes you don't see the things you do. But, for example, in the cancer research building the Florida Orchestra setup – and gave a free concert. And, it was really an experience in one area that because of boundaries that there are not a lot of people who are in their 20s, late teens, 20s, and 30s that have chronic illnesses, but there is a cancer patient population that falls in that range. And so we've actually opened a lounge for our young adult patients who we call the Adolescents and Young Adults (AYA) that's specific for them, akin to a kind of hangout.

So we are at slide 57, Henrietta. I think at this point I am going to turn it back over to you.

Henrietta Hight: Thank you, Tom, and we are going to move to slide 58.

And, there are some quick HCAHPS updates for 2015. July 1st, which is hard to believe it's next Wednesday, the HCAHPS File Specifications version 3.7 takes effect. And then, also July 1st, is the data submission deadline for your HCAHPS for a quarter one 2015. Since you all are using a vendor, I am sure

they are already in. Then July 2nd through 8th is the Review and Correction Period for the first quarter data.

Now, a little bit of information on the use of the term, "correction." The word "correction," I think, was included in this for the IPPS hospitals that are participating in the Inpatient Quality Reporting Program because they are part of the Hospital Value-Based Purchasing Program. And, if you haven't had a chance, I mean, for the Hospital Value-Based Purchasing Program, the HCAHPS scores represent a major portion. And it's also because of the fact that it's tied to dollars. And so, the hospitals in the IQR program – I believe have been given the opportunity of having their data corrected. That does not apply to the PCHQR program because you all do not have Value Based Purchasing yet. October 7th is the data submission deadline for quarter two 2015 HCAHPS. Now, we are in the process of making a correction to the data submission deadline document that we posted online last year with all of the PCHQR data submission deadlines. We indicated that, with October 1st, it could just seem logical, October 1st. But as you look – if you look at the HCAHPS deadline, they do vary a bit from quarter to quarter and they are always on the first of the month. So, we will be posting that correction.

Next.

Then you may have also heard about this thing called the Star Ratings. That's coming soon for the IPPS hospitals that are participating in the Inpatient Prospective Payment System. Fthat group of hospitals added star ratings in April 2015 for patient discharges July 1, 2013 through June 30, 2014. And, the purpose of the HCAHPS Star Ratings is to provide the consumers who are going to Hospital Compare, a quicker and easier access to patient experience of care information coming from the HCAHPS surveys. And then, you can – the consumers are able to make a comparison of the hospitals in their areas. The star rating, you have a star rating for each of the 11 publically reported HCAHPS measures, plus – and there is a summary star rating. Now, more information regarding the star rating programs is available at that Website that you see. If you want to see how the star rating for the HCAHPS displays for one of the IPPS hospitals in your area, you can go to hospital compare and you can see. I've done it with – I am inTampa , so I did it with a few hospitals in the Tampa area, and it was very interesting. How these star ratings are

going to be implemented for the PPS-Exempt Cancer Hospital program, we don't know. We are kind of waiting to see, but, it might be good for you to come and get a sneak peek at how that looks and how it's going to function.

Okay, and then, before we leave, here are some great resources. There is that first bullet, you know, there are – the HCAHPS project team has put together a nice bibliography of articles that they have published. So this is really, you know, information from what I would call the HCAHPS subject matter experts. Then there is this resource called the *Healthcare Leader Action Guide to Effectively Using HCAHPS*: it's put together bya partnership between HRET, which is the Health Research and Education Trust and American Hospital Association. It is fantastic. At the end of it, there is an appendix with all kinds of reports, data analysis, case study tools for various hospitals. And then you have the Patient Center Strategy for HCAHPS improvement from Michael Lepore, again a very, very good slide presentation.

And now, we are almost running out of time, I am going to turn this over to Deb Price to review with you the continuing education approval process.

Deb Price: Thank you, Henrietta. Just wanted everybody to know that today's webinar has been approved for one continuing education credit by the boards listed in front of you. We now have a CE online certificate process. You can receive your CE certificate two different ways. If you registered for the webinar through ReadyTalk®, a survey will automatically pop up when this webinar closes. The survey will take you to the certificate.

The second way will be in 48 hours we'll be sending out an additional email to all participants. If there is anyone in the room with you that did not register, this is the way to send that link to them. This is what the end of the survey will look like that you will be seeing in a few minutes. The very bottom questions you can see, questions 10, 11, and 12. And then, in the right hand bottom, in a grey box, is [the] "Done" [button]. So what you do is, when you are done with the survey, just click "Done" and this box will open. What if you've already been taking our webinars and have been receiving the certificates? You would be considered an existing user. However, if you have had any problems receiving your certificate into your email account, please click on the "New User" link. And what I'd like you to do is register with

your personal email account, like Yahoo or Gmail, because what appears to be happening is people are using their hospital email account and the hospitals have firewalls that are stopping our automatic responses from entering into their computers. This is what the new user screen will look like. You put in your last name, your first name, your e-mail address, and a phone number. Again use the personal email account.

This is what the existing users screen look like. The user id name is your complete email address, not just the user, like "Dprice." It would be the entire email account and then whatever password you registered for. And finally, I am going to let Henrietta wrap-up the webinar for everybody.

Henrietta Hight: Well everyone, it looks like we are at the top of the hour. We really appreciate your participation in the webinar today. We have received several excellent questions. We will compile the questions, provide answers and then make them available to everyone. Thank you for participating in the webinar.

We welcome your questions and also we welcome your suggestions for future webinar topics. So we will close the webinar. We wish all of you a good rest of your day and again thank you.

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