Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Improving the Patient Experience of Care

Questions and Answers

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Moderator

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The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

Jennings American Legion Hospital

Question 1: **Slide 67. Does nurse leader rounding also occur in addition to charge nurse rounding?**

Brooke Hornsby: At this time, our rounds at Jennings American Legion Hospital only include the charge nurse making rounds on patients. Our nurse leaders round on employees only, but we hope to add leader rounding in the near future.

Question 2: **Who schedules the follow-up appointments prior to discharge at Jennings American Legion Hospital?**

Allison Fields: We have our unit secretaries in the department call the physician's office and have the patient scheduled. We pass this information along to the patient on discharge; so, that way we can ensure that they keep those appointments.

Question 3: **Slide 68. What classified a patient as a high-risk patient at discharge?**

Brooke Hornsby: Our case management does a risk assessment on our patients; the risk assessment comes from eQHealth Solutions.

Question 4: **Who makes the discharge phone calls to high-risk patients?**

Brooke Hornsby: We have multiple departments that call back to the patients. For example, the cardiology department calls back congestive heart failure patients and the respiratory department calls back pneumonia patients.

Question 5: **Slide 69. What is the hospital medicine program?**

Allison Fields: Our hospital medicine program relates to our hospitalists we have here at the hospital 24/7; they work in conjunction with our primary care physicians.

Question 6: **Wondering if Jennings American Legion Hospital tried to customize their electronic health record (EHR)-generated report to include information that was missing rather than reverting to a paper report?**

Brooke Hornsby: Yes, we did; however, our EHR vendor was unable to allow us to customize our report.

Question 7: **Is the plan for certified nursing assistants (CNAs) to participate in bedside shift report with registered nurses (RNs) or separately (i.e., off-going to ongoing)?**

Brooke Hornsby: Our CNAs perform separate bedside shift report, reporting off to each other, CNA to CNA.

Question 8: **Did you have any issues with adding information to the EHR after switching back to a paper tool for your bedside shift reporting?**

Allison Fields: No, we did not. We added information on paper and as we received feedback from the staff, we were able to make changes. The bedside shift report is a Word document, which allows us to edit, as needed.

Quality Insights Quality Improvement Network (QIN)-Quality Improvement Organization (QIO)

Question 9: **Slide 27. You mentioned leadership rounds. Would you be able to define leadership?**

Dawn Strawser: The hospital can define who to include on the leadership rounds, but ideally, the C-suite needs to be included. Even if they all can't be there; if they can get a schedule and at least one of them be present on the leadership rounds, it really is ideal for the patients to see that the C-suite is involved. In addition to the chief executive officer, chief financial officer, chief medical officer, and the chief operating officer, you can include the director of quality, patient safety officer, and nurse managers. It would be great if you could set up a schedule, maybe four people in the rounds at one time, but mainly, try to get the C-suite involved.

Question 10: **Slide 29. You mentioned sharing data with all levels of staff within the organization. Do you have any ideas of how to educate different levels of staff on the HCAHPS Survey data?**

Dawn Strawser: Yes. Usually the nursing floors have an area where they post education information for their nurses. Posting the trend for that specific floor, you can compare to other floors. You can compare to the whole hospital. But the floors really need to see what their specific HCAHPS scores are. You can share results during staff meetings or post results in various areas, also.

Webinar attendees also shared their insights:

Attendee Comment #1
All the strategies described can be done at even the largest hospitals. While larger hospitals have challenges, they also have more resources.

Attendee Comment #2
Another way to share information with staff: We have several town hall meetings quarterly where our senior leadership team presents hospital updates; they share quality scores in comparison with goals, along with satisfaction scores in comparison with goals. All hospital employees are expected to attend one meeting each quarter.

Attendee Comment #3
Our health system has a large hospital (over 600 bed) and a smaller hospital (under 100 bed). There are definitely different barriers. I create a monthly Patient Experience Scorecard that is shared monthly, as well, with all leaders and is presented at multiple meetings, including internal planning meetings and board meetings.

Attendee Comment #4
We have a quality data mart where we share all of the HCAHPS Survey scores by unit.

Question 11: **From working with your hospitals, do you have any recommendations that a larger hospital might take to improve HCAHPS Survey rates since there may be different barriers between a smaller and a larger hospital?**

Dawn Strawser: Yes. That's a great question. A lot of the strategies I've presented can be done with larger hospitals. Basically, you take it floor by floor. See what's working on one floor and spread that to another floor. The plan-do-study-act cycles to see what's working, what's not, and just make sure that everybody knows what their scores are. And you can make it a healthy competition, too, with comparing units to each other.

CMS

Question 12: **Are HCAHPS Survey data anonymous?**

Dr. William Lehrman: Yes. The data reported to CMS are de-identified. So, CMS has no way to identify who the patient was or whose survey was submitted to us.

Question 13: **How are the composite HCAHPS measures computed? What methodology is used to combine the multiple questions into one result? Is it a simple sum of numerators divided by sum of denominators or is there some other formula used?**

Dr. William Lehrman: There are seven composite measures in HCAHPS, which are comprised of two or three separate items in the survey. So, for the separate items in the composite, say, Communication with Nurses, each item is equally weighted. We combined the number of the four response options for most items (from "Never" to "Always"). And we combined those to get the score. Each item in the composite has equal weight, and then we combined those across all patients in the hospital to create the score for each of the composite measures. I believe there's some information on the HCAHPS website; more detailed information about how to calculate scores. Or you can write to the HCAHPS technical assistance help desk for more information on that, as well. For technical assistance, contact the HCAHPS Project Team at hcahps@hcqis.org or (888) 884-4007.

Question 14: **Could you please repeat what you said about the Pain Management measure? Did I hear you correctly say that the measure will continue to be reported until December of 2018?**

Dr. William Lehrman: Yes. That's correct. The Pain Management measure will be publicly reported through the October 2018 *Hospital Compare* refresh. That means they will be in *Hospital Compare* until we refresh the website again in December 2018. So, the original Pain Management composite measure will be on *Hospital Compare* into December of this year. At that point, it will be removed from *Hospital Compare*.

Question 15: **How can we receive HCAHPS scores by unit? Do you have any ideas on that, Dr. Lehrman?**

Dr. William Lehrman: Yes. We get this question a lot. I'd like to reemphasize that HCAHPS is a hospital survey. Survey results are meant to reflect care in the **entire** hospital. Some hospitals, using their own data, break results down by ward or floor, even individual practitioner, doctor, or nurse. That has lots of risks because the HCAHPS Survey questions are about the **entire** hospital experience. And, especially when we're talking about doctors and nurses, we don't differentiate "doctor this" or "doctor that" in HCAHPS Survey questions. It's about **all** doctors, **all** nurses.

Hospitals can, if they sample enough, create enough data for a ward or a floor to get reliable results. The *CAHPS® Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 13.0*, located on the HCAHPS website at http://www.hcahpsonline.org/globalassets/hcahps/quality-assurance/2018_qag_v13.0.pdf, contains information about sampling methods that can be used to get valid scores for wards, floors, or some unit within a hospital. But essentially, you have to have enough sample to get reliable results for some kind of unit within the hospital, like a ward or a floor.

Beneficiary and Family Centered Care (BFCC) Oversight & Review Center (ORC)

Question 16: **Slide 75. Do hospitals get feedback from the Beneficiary Satisfaction Survey?**

Stephanie Fry: The survey data are really intended for the internal quality improvement processes. On slide 75, you can see the way we drew that continuum is that the data go back to the BFCC-QIOs so that they can adjust how they interact with beneficiaries and family members; and also, so CMS can help from its perspective in terms of the structure of the program. They do not go out to hospitals directly, but rather we work through the BFCC-QIOs to ensure that the highest possible quality of patient-centered interactions are happening with beneficiaries and family members.

Question 17: **Are Beneficiary Satisfaction Surveys only for certain areas?**

Stephanie Fry: The surveys are administered or provided to beneficiaries across the country. On slide 79, which followed our slides, you saw the different service areas for the BFCC-QIOs. And so, we do survey beneficiaries all the way across the country.

Question 18: **What is the time frame for the Beneficiary Satisfaction Survey? Specifically, I'm trying to determine if billing would have any impact on the patient's perception.**

Stephanie Fry: Regarding the surveys, we try to do as close to real-time surveying as we possibly can. And so, at the end of each month, we sample from among all closed cases. Therefore, for some beneficiaries, the time frame could be up to a full month before they receive their surveys. And for other people, the time would be possibly within a week of their case being closed. It just depends on where they fall in that month time frame. But it is a pretty quick process from the time the case is closed to the time the survey is sent.

Wendy Gary: I just want to add that a billing issue may generate an appeal or a complaint to the BFCC-QIO; then that beneficiary would become eligible for the survey if he or she (1) agrees to it and (2) was eligible, based on our eligibility criteria. And then, the beneficiary was selected or sampled into the survey sample.

KEPRO BFCC National Coordinating Center (NCC)

Question 19: **How do we obtain the education on appeal?**

Elena Krafft: To request additional information and education on the appeal process, you can contact Elena Krafft at Elena.Krafft@bfcc3.hcqis.org. You may also submit your request on the BFCC-NCC website at http://qioprogram.org/contact-beneficiary-and-family-centered-care-national-coordinating-center.

The following questions were researched and answered by subject-matter experts after the live webinar.

Question 20: **Family members fill out the survey frequently even though there is a statement at the top that the patient should fill out the survey. Has CMS considered adding a question at the beginning of the survey asking if the patient or other is filling out the survey? Family is not present 24/7 and this is a frequency metric.**

Dr. William Lehrman: The HCAHPS Survey is designed for the patient who experienced the hospital care to complete. The survey states, "You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient." However, CMS is studying whether to permit other persons (proxy respondents) in the future.

Question 21: **How does the Healthcare Navigation Program work?**

Elena Krafft: The BFCC-QIOs have initiated the Healthcare Navigation Program in the areas that they serve to help Medicare beneficiaries coordinate their healthcare, connecting them and caregivers with resources, and providing support to better understand the healthcare system. The program is designed for people who are Medicare Fee-for-Service patients with complex healthcare needs. For more information, please visit the Healthcare Navigation Program web page on the BFCC-QIO website at http://qioprogram.org/healthcare-navigation-program.

Question 22: **How do you plan for the sustainability of the patient experience initiatives at your respective institutions?**

Brooke Hornsby: At Jennings American Legion Hospital, we do ongoing monitoring to ensure compliance and accountability, which eventually establishes hardwiring. We have also incorporated these initiatives that we discussed here into orientation agenda.

Question 23: **I am a patient. When I fill out an HCHAPS Survey, there are comment fields. When I fill out comments, I never get feedback or know my issue was addressed. What value do the comments have?**

Dr. William Lehrman: The official HCAHPS Survey has no open-ended comment spaces, so the comment fields you saw were probably added as supplemental items by the hospital, which CMS allows. However, supplemental items, including comments, are not submitted to CMS. I understand that some patients make a copy of their completed HCAHPS Survey, including their responses to supplemental items and any comments, and then send the survey directly to the hospital, requesting a response to their comments.

Question 24: **I thought the Pain Management questions were replaced with Communication About Pain?**

Dr. William Lehrman: Yes. That is correct. HCAHPS Surveys for patients discharged in January 2018 and forward contain the new Communication About Pain items, not the original Pain Management items.

Question 25: **Our patient satisfaction is poor on side effects of medications given in the hospital. How can we improve this other than giving a handout?**

Brooke Hornsby: At Jennings American Legion Hospital, we have involved a clinical pharmacist who goes to patients' rooms and educates.

Question 26: **How are some hospitals breaking down the results by ward/floor/doctor/nurse if the results are truly de-identified?**

Dr. William Lehrman: HCAHPS Survey data submitted to the CMS data warehouse are de-identified. That is, no information about the patient's identity is submitted except a randomized patient identification number that only the hospital or its survey vendor (not CMS) can decode. However, when hospitals collect HCAHPS Survey data, they may have internal methodologies that connect the patient's survey to other patient information, such as the ward, attending nurses, physicians, etc. As noted, this information is not submitted to CMS.

CMS strongly cautions against the disaggregation of HCAHPS Survey results and their association with individual providers, as stated in *CAHPS® Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 13.0,* (pp. 23–24):

> CMS emphasizes that HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. **CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others**. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Question 27: **Why are the individual questions combined? "Quietness" and "Cleanliness" measures: what is the correlation?**

Dr. William Lehrman: Four HCAHPS measures are comprised of just one HCAHPS Survey item: Cleanliness of Hospital Environment, Quietness of Hospital Environment, Hospital Rating, and Recommend the Hospital; the other measures are composites comprised of two or three items. Each of the single-item measures is reported separately on *Hospital Compare*, as both box scores and HCAHPS Star Ratings.

However, for the Hospital VBP Program, which is a hospital payment program, CMS combines the "Cleanliness" and "Quietness" measures to create one measure (or dimension, as it is called in the Hospital VBP Program): Cleanliness and Quietness of Hospital Environment. (See the Fiscal Years 2018–2023 Measures web page on *QualityNet* at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775522697.) The reason for combining these two measures is to make the Cleanliness and Quietness of Hospital Environment dimension similar to the other Hospital VBP Program HCAHPS dimensions, which are composite measures comprised of two or three HCAHPS questions (except for Hospital Rating, which is a single-item measure.)

NOTE: The measure, Recommend the Hospital, is not used in the Hospital VBP Program because of its strong correlation with Hospital Rating.

More information on how HCAHPS scores are calculated for the Hospital VBP Program can be found on the HCAHPS website at (direct link) http://www.hcahpsonline.org/globalassets/hcahps/vbp/hospital-vbp-domain-score-calculation-step-by-step-guide-february-2018.pdf.

The correlation of Cleanliness of Hospital Environment and Quietness of Hospital Environment is .27, which is positive and significant, but among the lower intercorrelations of HCAHPS measures, all of which can be found on the HCAHPS website at (direct link) http://www.hcahpsonline.org/globalassets/hcahps/summary-analyses/patient-level/july-2015--june-2016-discharges.pdf.

Question 28: **What is no passing zone?**

No Pass Zone means that no staff member walking through the hallways should pass a patient's room if an alarm is going off or a patient call light is on; that staff member can ask the patient about the assistance needed. The care of the patient is everyone's responsibility. Even if you may not be able to help, you can address the patient and get help from another staff member.

Question 29: **Slide 36. Where can I get this video?**

You can access the *We Are ALL the Patient Experience* video at https://www.youtube.com/watch?v=iBLQnThJ6w0.

Question 30: **Will there be another composite question that will replace the Pain Management questions?**

Dr. William Lehrman: Yes. The three new pain questions that were added to the HCAHPS Survey for patients discharged January 2018 to replace the original Pain Management questions will be used to create the new Communication About Pain measure. Scores on this new measure will be available to hospitals on their *Hospital Compare* Preview Report, beginning in October 2019; the new measure will be publicly reported on *Hospital Compare*, beginning in October 2020.