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

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.
Using HCAHPS Reports to Your Advantage

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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
Select the PCHQR Program

Choose Your QualityNet Destination

Please select your primary quality program to reach the right login 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”
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.
The HCAHPS Data Review and Corrections Report
Run Your Report

[Image of the CMS QualityNet website interface showing a page for running reports with fields for provider, discharge quarter, submitter, and report format]
What Next?

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.
• 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
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.”
Sample Report:  
HCAHPS Data Review and Corrections Report

Report Run Date: 05/13/2015

HCAHPS Data Review and Correction Report
Provider:
Discharge Quarter: 10/01/2014 - 12/31/2014

<table>
<thead>
<tr>
<th>Provider ID:</th>
<th>Provider Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI</td>
<td></td>
</tr>
<tr>
<td>Discharge Year</td>
<td>2014</td>
</tr>
<tr>
<td>Discharge Month</td>
<td>10</td>
</tr>
<tr>
<td>Data As Of¹</td>
<td>04/09/2015 03:27</td>
</tr>
<tr>
<td>Last File Submission Date²</td>
<td>03/23/2015 15:33</td>
</tr>
<tr>
<td>Last Batch ID Processed³</td>
<td>171456</td>
</tr>
<tr>
<td>Eligible Discharges</td>
<td>741</td>
</tr>
<tr>
<td>Sample Size</td>
<td>397</td>
</tr>
<tr>
<td>Survey Mode</td>
<td>Mail only</td>
</tr>
<tr>
<td>Determination of Service Line</td>
<td>V.31, V.30, V.29, V.28 V.27, V.26 or V.25 MS-DRG codes</td>
</tr>
<tr>
<td>Type of Sampling</td>
<td>Proportionate Stratified Random Sample</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DATE REQUESTED</th>
<th>REPORT NAME</th>
<th>LAST DOWNLOADED</th>
<th>SIZE (MB)</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>06/22/2015 10:55:59</td>
<td>HCAHPS Data Review and Correction Report</td>
<td></td>
<td></td>
<td>📁 Click to Download</td>
</tr>
<tr>
<td>✔️</td>
<td>06/16/2015 10:59:18</td>
<td>HCAHPS Data Review and Correction Report</td>
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<td>0.106</td>
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</tr>
<tr>
<td>✔️</td>
<td>06/16/2015 10:59:14</td>
<td>HCAHPS Data Review and Correction Report</td>
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<tr>
<td>✔️</td>
<td>06/16/2015 10:59:06</td>
<td>HCAHPS Data Review and Correction Report</td>
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<td>0.1062</td>
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</tr>
<tr>
<td>✔️</td>
<td>06/16/2015 10:55:18</td>
<td>HCAHPS Data Review and Correction Report</td>
<td></td>
<td>0.1042</td>
<td>📁 Click to Download</td>
</tr>
</tbody>
</table>
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.
Create a folder for your reports.
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?

<table>
<thead>
<tr>
<th>Sampling Methodology</th>
<th>Moffitt/PG</th>
<th>CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS questions are embedded in the Patient Satisfaction Survey</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Discharges surveyed no more frequently than every 90 days</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>50% of surveys designated as “Official HCAHPS” with second wave mailing at Day 21</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>All data included</td>
<td>Only “Official HCAHPS” sent to CMS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Received vs. Date of Discharge</th>
<th>Date Received</th>
<th>Date of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Adjusted</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Periods</th>
<th>Received Monthly/Reported Quarterly and Annually</th>
<th>Received Quarterly/Reported Monthly</th>
</tr>
</thead>
</table>

| Customizable                                                                       | Yes, with InfoEdge                                      | No                                         |

6/25/2015
PG’s Database Mirrors Hospital Compare

PG vs. April 2015 Public Reporting* HCAHPS Scores

<table>
<thead>
<tr>
<th>Category</th>
<th>PG</th>
<th>50th PG</th>
<th>CMS 50th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Hospital Rating</td>
<td>70.9</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>72.5</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>79.4</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>81</td>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>65.5</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Pain Management</td>
<td>71.6</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Pain Management</td>
<td>63.7</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Cleanliness of Environment</td>
<td>73.3</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>Readiness of Environment</td>
<td>58.7</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>86.3</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>Care Transition</td>
<td>52.6</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>
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%20Intro_Training_Slides_Session_II.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.

**Initial Population**
- All patient discharges

**Identify Initially Eligible Patients**
- All patients – regardless of payer
- 18 yrs or older at admission
- Includes at least one overnight stay
- Non-psychiatric MS-DRG/principle dx
- Alive at time of discharge

**Remove Exclusions – Ineligible Patients**
- "No-Publicity" patients
- Court/Law enforcement patients
- Patients with a foreign home address
- Patients discharged to hospice
- Patients discharged to nursing homes and SNFs
- Patients excluded due to state regulations

Include patients unless there is positive evidence that a patient is ineligible

Missing or incomplete MS-DRG, address, and/or phone number does NOT exclude a patient

NOTE: US Territories of Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are NOT excluded

**Perform De-Duplication**
- De-Duplication by household. Include only one pt per household in a given month. Id by using address or telephone number.
- De-Duplication by multiple discharges. Include patient only once in the sample for a given month. Patients ARE ELIGIBLE to be included in the sample in consecutive months.

To reduce respondent burden hospital/vendor is required on a monthly basis to de-duplicate eligible patients within the same calendar month.

**Sampling Requirement**
- Obtain at least 300 completed HCAHPS surveys in a rolling four-quarter period.
- If unable to obtain 300, sample all eligible discharges
- If >300 continue to sample, do not stop. Continue to sample every pt in the sample. The full protocol for each mode of administration must be completed. Submit the entire sample.

Why 300? Statistical precision of the ratings to meet reliability criterion. This ensures that the reliability for the publicly reported measures will be 0.80 or higher.

Calculate sample size based on target of 335 completes to ensure attaining 300 completes most of the time.
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
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:
    o Less representative data
    o 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)

<table>
<thead>
<tr>
<th>Mode</th>
<th>Mail Only</th>
<th>Phone Only</th>
<th>Mixed</th>
<th>Active IVR</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33.0%</td>
<td>27.3%</td>
<td>36.6%</td>
<td>17.9%</td>
<td>27.7%</td>
</tr>
</tbody>
</table>

• 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. [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
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.

• 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.
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


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

(Source: http://www.hcahpsonline.org/Files/Report_April_2015_Corrs.pdf)
Using HCAHPS Reports to Your Advantage

PAIN MEASURES AND MANAGEMENT
# The Cancer Patient “Pain Gap”

<table>
<thead>
<tr>
<th>Domains and Questions</th>
<th>n</th>
<th>Previous % Nov-Jan</th>
<th>Current % Feb-Apr</th>
<th>Percentile Rank</th>
<th>Percentile Rank</th>
<th>Percentile Rank</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate hospital 0-10</td>
<td>738</td>
<td>85.2%</td>
<td>83.6%</td>
<td>93</td>
<td>98</td>
<td>96</td>
<td>62</td>
</tr>
<tr>
<td>Recommend the hospital</td>
<td>735</td>
<td>90.8%</td>
<td>89.8%</td>
<td>97</td>
<td>99</td>
<td>97</td>
<td>69</td>
</tr>
<tr>
<td>Comm w/ Nurses</td>
<td>744</td>
<td>82.7%</td>
<td>83.6%</td>
<td>84</td>
<td>93</td>
<td>89</td>
<td>62</td>
</tr>
<tr>
<td>Nurses treat with courtesy/respect</td>
<td>740</td>
<td>89.2%</td>
<td>90.7%</td>
<td>86</td>
<td>96</td>
<td>93</td>
<td>77</td>
</tr>
<tr>
<td>Nurses listen carefully to you</td>
<td>743</td>
<td>79.5%</td>
<td>80.5%</td>
<td>79</td>
<td>89</td>
<td>83</td>
<td>62</td>
</tr>
<tr>
<td>Nurses expl in way you understand</td>
<td>743</td>
<td>79.5%</td>
<td>79.7%</td>
<td>80</td>
<td>88</td>
<td>85</td>
<td>46</td>
</tr>
<tr>
<td>Response of Hosp Staff</td>
<td>677</td>
<td>74.9%</td>
<td>77.3%</td>
<td>91</td>
<td>98</td>
<td>97</td>
<td>92</td>
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<tr>
<td>Call button help soon as wanted it</td>
<td>646</td>
<td>74.4%</td>
<td>75.4%</td>
<td>90</td>
<td>98</td>
<td>97</td>
<td>85</td>
</tr>
<tr>
<td>Help toileting soon as you wanted</td>
<td>422</td>
<td>75.4%</td>
<td>79.1%</td>
<td>90</td>
<td>97</td>
<td>97</td>
<td>90</td>
</tr>
<tr>
<td>Comm w/ Doctors</td>
<td>742</td>
<td>85.3%</td>
<td>86.7%</td>
<td>87</td>
<td>95</td>
<td>94</td>
<td>77</td>
</tr>
<tr>
<td>Doctors treat with courtesy/respect</td>
<td>739</td>
<td>91.2%</td>
<td>91.6%</td>
<td>84</td>
<td>94</td>
<td>91</td>
<td>46</td>
</tr>
<tr>
<td>Doctors listen carefully to you</td>
<td>741</td>
<td>94.4%</td>
<td>84.8%</td>
<td>83</td>
<td>93</td>
<td>89</td>
<td>69</td>
</tr>
<tr>
<td>Doctors expl in way you understand</td>
<td>737</td>
<td>80.4%</td>
<td>83.9%</td>
<td>89</td>
<td>96</td>
<td>94</td>
<td>69</td>
</tr>
<tr>
<td>Hospital Environment</td>
<td>741</td>
<td>72.5%</td>
<td>69.4%</td>
<td>71</td>
<td>84</td>
<td>87</td>
<td>77</td>
</tr>
<tr>
<td>Cleanliness of hospital environment</td>
<td>737</td>
<td>79.3%</td>
<td>77.2%</td>
<td>72</td>
<td>86</td>
<td>83</td>
<td>69</td>
</tr>
<tr>
<td>Quietness of hospital environment</td>
<td>735</td>
<td>65.7%</td>
<td>61.6%</td>
<td>63</td>
<td>73</td>
<td>79</td>
<td>46</td>
</tr>
<tr>
<td>Pain Management</td>
<td>596</td>
<td>77.4%</td>
<td>78.0%</td>
<td>91</td>
<td>96</td>
<td>95</td>
<td>85</td>
</tr>
<tr>
<td>Pain well controlled</td>
<td>594</td>
<td>67.3%</td>
<td>69.5%</td>
<td>87</td>
<td>91</td>
<td>91</td>
<td>85</td>
</tr>
<tr>
<td>Staff do everything help with pain</td>
<td>595</td>
<td>87.4%</td>
<td>86.4%</td>
<td>91</td>
<td>97</td>
<td>95</td>
<td>62</td>
</tr>
</tbody>
</table>
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.

6/25/2015
## Measurement of Pain: Point vs. Overall

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

<table>
<thead>
<tr>
<th></th>
<th>PRE Day of Consult</th>
<th>POST Day of Discharge</th>
<th>% Change in Mean AUC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean AUC</td>
<td>STD</td>
<td>Mean AUC</td>
</tr>
<tr>
<td>N = 21</td>
<td>71.3</td>
<td>32.2</td>
<td>46.3</td>
</tr>
</tbody>
</table>

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

Our Mission
Contribute to the prevention and cure of cancer

Our Vision
Transform cancer care through service, science and partnership

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

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.

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

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.

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

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

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

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
Example: H. Lee Moffitt Cancer Center

- Florida Orchestra gives free concert (12/2014)

- Moffitt opens lounge for adolescent, young-adult (AYA) cancer patients
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
Some Great Resources

- HCAHPS Publications by the HCAHPS Project Team
  April 14, 2015
  [http://www.hcahpsonline.org/Files/Bibliography_April_2015.pdf](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
  - 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
  - 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

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.

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://fmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:
https://fmc.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
CE Credit Process: Existing User
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