

The HCAHPS Imperative for Creating a Patient-Centered Experience

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Baptist Leadership Group's HCAHPS White Paper

The Baptist Leadership Group (BLG) is often asked by health care organizations what they can do to achieve sustainable improvement in their Hospital Consumer Assessment of Health Providers and Systems Survey (HCAHPS) results. In particular, we hear:

- What strategies have the most impact for rapid improvement of HCAHPS?
- How can my organization become consistent in processes and, ultimately, outcomes?

HCAHPS is more than just a patient experience survey. It is a call to action for healthcare leaders and staff to achieve patient-centered excellence by placing patients at the center of our work – every patient, every time.

We have authored this whitepaper to provide you an overview of HCAHPS, the survey, and its implications for value based purchasing. Ultimately, we are setting the stage for the tremendous impact it will have on your organization, and our industry as a whole, with the mandate that our work is centered on our patients and the care we deliver – from the boardroom to the bedside.

Consider this a primer on the practical, actionable tools, techniques and resources that will immediately impact the patient experience and your scores. The content is based on our years of “road testing” processes, tools, and tactics at our “living laboratory”— our parent health system, Baptist Health Care in Pensacola, Florida. Our content is also informed by our work coaching healthcare organizations across the country. Our clients on average perform nearly 25 percentile points above the national average on HCAHPS surveys. This is evidence that our tools and techniques, when executed consistently and with good form, will lead to improved patient perceptions’ of their health care experience, and ultimately drive HCAHPS scores.

Why does HCAHPS Matter?

There are endless reasons to make HCAHPS a priority in your organization.

- First and foremost, improving the patient experience is the right thing to do and has been proven time and time again to improve financial outcomes. For example, amidst the chaos of the 2009 national economic meltdown, our parent, Baptist Health Care, had their best financial year ever and also maintained world-class patient service results.
- Second, with value-based purchasing coming into play, the financial impact of ignoring or subordinating focus on the patient experience and HCAHPS will be devastating for healthcare organizations.

In this churning and evolving healthcare environment, leaders are more challenged than ever before. We're responsible for more lives at a time when the healthcare industry faces soaring costs, falling reimbursement rates, rigorous standards of quality, workforce shortages and more informed patients. While we are 100% committed to improving the patient experience, we sometimes become distracted. Competing priorities exist in every organization. Expense management targets have to be met, employees must be satisfied and engaged, and strategic plans must be executed to reach organizational goals. But having key processes in place, and the discipline to get them done, diminishes the distractions of competing priorities. The patient remains at the center of what we do, no matter what obstacles we face.

In many ways, the Centers for Medicare and Medicaid Services (CMS) has put a stake in the ground relative to the patient experience by introducing the HCAHPS survey, and placing a high level of importance on its results. For many years, CMS has held healthcare organizations accountable for Core Measures, which means healthcare leaders must focus on best practices in caring for patients with heart failure, pneumonia, heart attacks, and surgical procedures (to name a few). Yet from a patient's perspective, it is very difficult to know the purpose and relevance of making sure if they have heart attack symptoms, they received aspirin on arrival at the hospital or PCI within 90 minutes of arrival.

With the HCAHPS survey, CMS is saying leaders are now responsible for the quality of the hospital experience based on patients' perceptions. It is much easier for patients to understand how nurses and physicians communicated with them, whether they responded quickly to their needs, or whether they were provided with medication information.

CMS has essentially created a new expectation in healthcare. We must exhibit the behaviors and actions measured on the HCAHPS survey, and success is defined across

the board as *Top Box* - the highest rating possible for each item on the survey. Top Box performance is now the minimum standard for the patient experience, and we must excel in an era of **Always** and **Never** -- defined by executing key behaviors or conditions for an optimal experience. **Always** treat me in a way that displays respect and courtesy, and **Never** harm me with, for example, a fall risk, or a hospital acquired infection.

Over time, the demands of HCAHPS have changed. Originally, HCAHPS was optional, then it became mandatory, next we began receiving payment for reporting, and now starting in Federal Fiscal Year 2013 (October 1, 2012), we will be paid for how well we perform (www.hcahps.org).

Top Box is the Minimum Standard in the Patient Experience

- Always
- Yes
- 9's and 10's
- Definitely Recommend

As it currently stands, we will either be rewarded to "win back" or lose 1-2% of Medicare dollars (over the next five years according to the current proposal for Value Based Purchasing). While this may represent a smaller segment of your total operating revenue, it is a certainty that healthcare is continually going to be pushed to do more with less. The dollars that 'pay for performance' represent fund wheelchairs, staffed hours, IV pumps (the ones that always disappear) and more. So while improving the patient experience has always been fundamentally the "right" thing to do, it is now the key to our financial well-being.

So, in order to meet the requirements of HCAHPS as a minimum standard, we must achieve consistency at several levels:

- Consistency in the behavior of every staff member or leader a patient encounters (and of course across every shift and day of the week)
- Consistency in our processes across the continuum of care
- Consistency in our handoffs with every discipline that supports the patient's care, because every single person that works in our hospitals and health systems is mission-critical in some way to supporting patient care

Example HCAHPS Evaluative Questions

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always
- Top Box

Global Rating Questions

22. Would you recommend this hospital to your friends and family?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
- Top Box

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
 - No
- Top Box

OVERALL RATING OF HOSPITAL

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- 0 Worst hospital possible
 - 1
 - 9
 - 10 Best hospital possible
- Top Box

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HCAHPS Overview & Timeline

HCAHPS, the nationwide hospital survey, was implemented nationally in 2006 and went live with public reporting in March of 2008. Intended to increase hospital accountability and incentives for quality improvement across the country, the survey gives an “apples to apples” comparison of patients’ perspectives on inpatient hospitalizations (www.hcahps.org).

The HCAHPS initiative is one of CMS’ Quality Initiatives. Along with clinical measures (Heart Attack, Heart Failure, Pneumonia, Surgical Care Improvement Project) and mortality measures (Heart Attack, Heart Failure, Pneumonia), the patient experience is now a vital indicator of hospital performance (www.hospitalcompare.hhs.gov).

HCAHPS Objectives

- Standardized survey allows meaningful comparisons across hospitals for public reporting
- Increases hospital accountability and incentives for quality improvement
- Enhances public accountability
- Measures and publicly reports patients’ perspectives on their inpatient care

Basic HCAHPS Information

- Beginning with July, 2007 discharges, HCAHPS was included under the pay-for-reporting measures; non-reporting hospitals’ annual payment updates from Medicare are reduced 2% under market basket (Footnote: Market Basket is a fixed-weight index used to adjust CMS payments for inflation and other cost increases and decreases (Source: CMS.gov))
- Goal is to complete 300 surveys annually; if hospitals are unable to obtain 300 completed surveys, available results are still publically reported but those with fewer than 100 surveys are indicated as to be used with caution
- Hospital-level results will be adjusted as needed for patient mix, non-response, mode effect and lag time (this final list of adjustments has not been released) in order to facilitate an “apples to apples” comparison
- Ongoing 12 month rolling reporting period; data submitted to CMS quarterly based on Monthly samples.

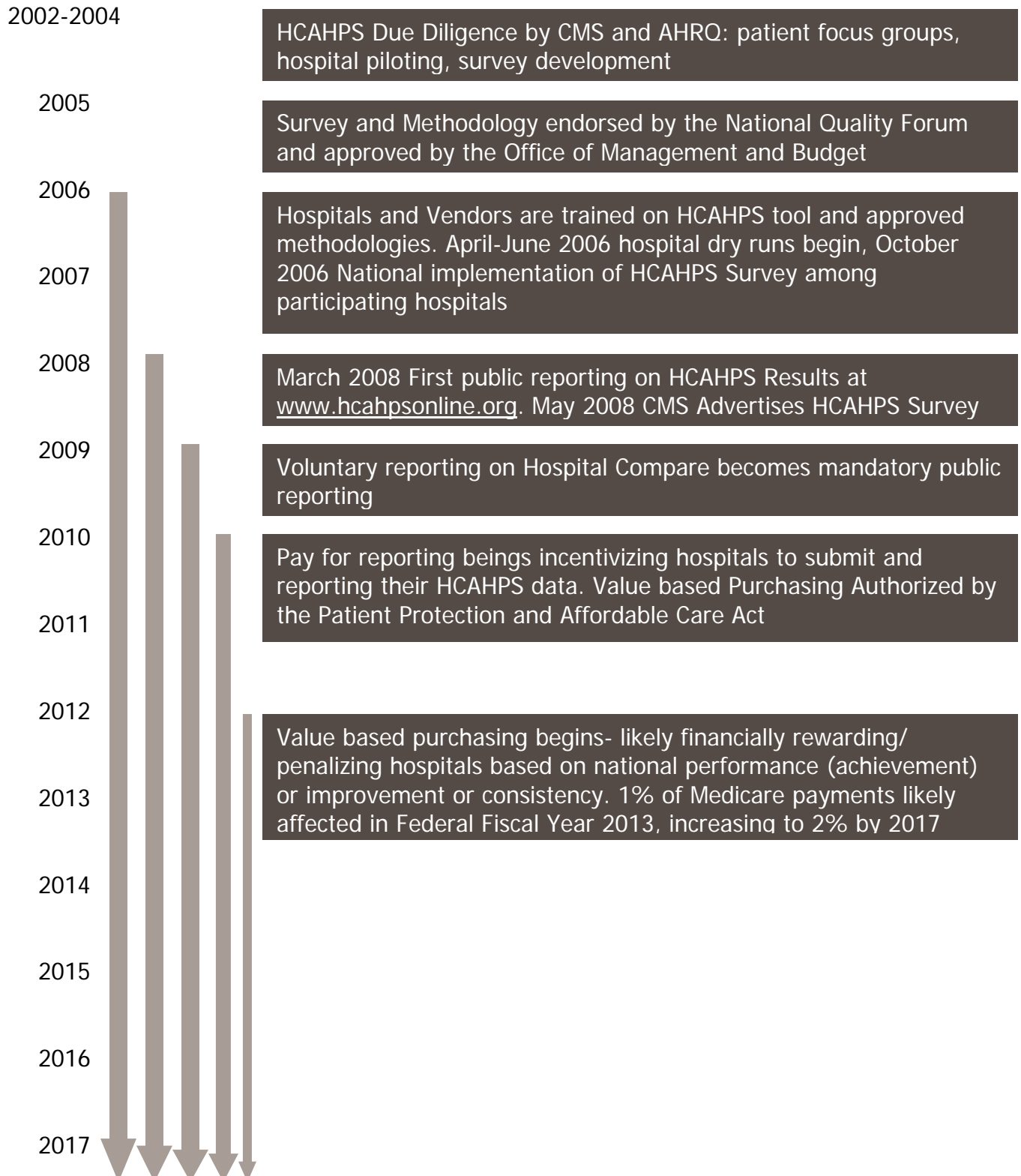
The data is being used for improvement efforts, to provide a comparison among hospitals and *help consumers choose a hospital.*

HCAHPS Timeline

Years

Key HCAHPS Events

*Source www.hcahps.org



About the HCAHPS Survey

HCAHPS Survey Instrument

The HCAHPS survey instrument contains a total of 27 questions. The first 22 items represent the core and screener questions. These core questions either roll up to six composites or are reported individually (see table below). The final five are demographic questions used for patient-mix adjustments and to support congressionally-mandated reports.

The survey includes:

Six Summary Measures/Composites	<ul style="list-style-type: none"> • Nurse communication • Doctor communication • Responsiveness of hospital staff • Pain management • Communication about medicines • Discharge information
Two Individual Measures	<ul style="list-style-type: none"> • Cleanliness of hospital environment • Quietness of hospital environment
Two Outcome Measures	<ul style="list-style-type: none"> • Overall rating of hospital • Willingness to recommend hospital
Five Demographic Questions	<ul style="list-style-type: none"> • Health Status • Educational level completed • Ethnicity/Race (2 items) • Language

Hospitals may use the HCAHPS tool as a stand-alone survey or combine with hospital-specific items. If combined with other questions, HCAHPS questions 1-22 must begin the survey. Presently, Spanish, Chinese, Vietnamese and Russian are the English-alternatives offered for the HCAHPS survey.

Survey Rating Scales

The HCAHPS survey asks the respondents to rate the various domains based on how frequent the patient perceived the measured action to take place, or if the action took place. The response options are:

- Never
- Sometimes
- No
- Yes

- Usually
- Always

Furthermore, the outcome measures have different response scales.

Overall Rating	Willingness to Recommend
- 0: Worst Hospital Possible	- Definitely No
- 1	- Probably No
- 2	- Probably Yes
- 3	- Definitely Yes
- 4	
- 5	
- 6	
- 7	
- 8	
- 9	
- 10: Best Hospital Possible	

So far, CMS has decided to primarily report the top box results of the two global questions (% 9 or 10, % "Definitely Yes"), the domains (% "Always", % "Yes"), and the two individual questions pertaining to the Hospital Environment (% "Always").

Who is included in HCAHPS samples?

- Patients 18 years or older at time of admission
- Include patients of all payer types (not just Medicaid)
- Admission includes at least one overnight stay in the hospital
- Non-psychiatric patients (defined by MSDRG) as principle diagnosis at discharge
- Alive at time of discharge

Who is excluded from HCAHPS samples?

- "No-Publicity" patients
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address
- Patients discharged to hospice care
- Patients who are excluded due to state regulations

To avoid duplication, CMS requires that family members from the same household not be surveyed in the same month, and a patient can only be surveyed once per month.

Bottom line, inpatient units are the focus of the HCAHPS survey initiative.

Modes of Administration

Mail only
Telephone only

Mixed (mail and telephone)
Active Interactive Voice Response (IVR)

Pay for Performance

Although value based purchasing was included in the 2010 Patient Protection and Affordable Care act, at this point it is premature to speculate on the final calculations and structure of the pay for performance system. It is safe to say, however, that HCAHPS is no longer a pilot and value based purchasing is a reality.

While much speculation exists in terms of the plans for value based purchasing, there are common themes that have emerged:

- Performance on all measures will count (with a likely exclusion of Would Recommend)
- All participating hospitals will be impacted
- Value based incentives will reflect performance on CMS core measures and HCAHPS
- Two likely factors will influence payments: performance relative to national ranking, and improvement in scores over time

The program is growing. Home Health HCAHPS has already been introduced to the industry, and provider surveys are in development. (Sources: www.hcahps.org, HCAHPS Quality Assurance Guidelines v6 and www.hospitalcompare.hhs.gov).

Creating Alignment in Measuring Patient Perceptions

Creating patient-centered excellence is not dependent on a particular survey product. It is the combination of committed senior executives, an accountability system with measurable outcomes, continuous leadership development and an engaged workforce. The result is consistency, standardization and deployment of the tools and processes place the patient at the center of the culture. Last but not least, sustained performance rests on the ability to effectively execute and maintain change throughout the organization.

Accordingly, patient experience measurement tools offer a variety of advantages to better understand opportunities to monitor performance and drive improvements. However, without effective deployment and monitoring of these tools and processes to enable patient-centeredness, performance and operational excellence gains will be inconsistent at best.

HCAHPS vs. Patient Satisfaction Measurement

HCAHPS

In some ways, HCAHPS is the equivalent of the Joint Commission. It is the established minimum standard for healthcare organizations. As we discussed in Chapter 1, the expectation is that doctors and nurses "always" communicate with patients and family members in a way they understand, and that staff "always" provide help as soon as the patient desires. The HCAHPS questionnaire addresses patients' perceptions of care relative to the frequency and consistency of behaviors. In essence, HCAHPS seeks to measure *how often* key behaviors occur rather than *how well* hospitals perform those behaviors.

There are drawbacks to the HCAHPS survey as a stand alone measurement tool to monitor complaint resolution, address the needs of family and friends, and support patients' emotional needs (to name a few). Yet despite these limitations, there is no question that HCAHPS is taking the spotlight. With proposed Value Based Purchasing coming into effect in FY2013 and the rise of transparency, hospitals performance on HCAHPS (along with quality measures) will have significant financial, managed care and community image implications.

Although it is possible to use only the HCAHPS Survey, national survey vendors add tremendous value by administering the survey and reporting the data. Their technology allows hospitals to receive regular reports accompanied with Percentile Rankings. Strictly participating in HCAHPS and relying on Hospital Compare for reporting will not give hospitals timely access to critical patient experience monitoring data, nor the ability to

“drill down” into results. Additionally, a sole HCAHPS survey will typically only propel an organization to achieve the minimum standard for the patient experience.

Measuring Patient Satisfaction/Loyalty

Patient experience survey vendors pick up where HCAHPS leaves off. Traditional patient satisfaction and loyalty surveys measure the experiential quality of the healthcare experience (vs. HCAHPS perceptual quality). Survey tools like that of HealthStream, Press Ganey, NRC+Picker and PRC, establish a means for measurement across the entire hospital, and inclusion of key disciplines that impact the patient experience (beyond nursing and physicians). The ability to leverage survey intelligence has a broader reach than the HCAHPS survey.

National survey vendors also add value through their databank of hospital performance, enabling percentile rankings and segmentation (e.g., benchmarks by hospital size, location).

Using a stand-alone inpatient patient satisfaction and loyalty survey without participating in HCAHPS puts hospitals at financial risk and jeopardizes community image perceptions, since results will not be transparent through Hospital Compare. (Patient experience measurement for emergent and outpatient care settings are still best captured through satisfaction and loyalty survey tools.)

Survey Tools	Dimensions Measured	Scales
HCAHPS Measures: <i>Perceptual Quality</i> <i>How often?</i>	<ul style="list-style-type: none"> ▪ Nurse communication ▪ Doctor communication ▪ Responsiveness of hospital staff ▪ Pain management ▪ Medication communication ▪ Discharge information ▪ Environment Items: Cleanliness & Quietness ▪ Outcomes: Overall Rating and Advocacy 	<ul style="list-style-type: none"> ▪ Always ⇄ Never ▪ Yes ⇄ No ▪ Best ⇄ Worst ▪ Definitely Yes ⇄ No
Typical Patient Satisfaction Measures: <i>Experiential Quality</i> <i>How well?</i>	<ul style="list-style-type: none"> ▪ Admissions/Intake/Scheduling ▪ Room ▪ Meals ▪ Nurse Care ▪ Physician Care ▪ Tests, Treatment and Procedures ▪ Visitors & Family ▪ Discharge ▪ Personal Issues ▪ Loyalty 	<ul style="list-style-type: none"> ▪ Very Good ⇄ Poor ▪ Excellent ⇄ Poor ▪ Very Satisfied ⇄ Very Dissatisfied

HCAHPS and Supplemental Items - A Happy Medium

The more recent development in the patient experience measurement field (and the approach BLG recommends) is an integrated tool that incorporates patient satisfaction

items and HCAHPS. Most national survey vendors offer integrated survey questionnaires that measure experiential and perceptual quality.

The advantages of this approach are a more holistic understanding of the hospital experience, the availability of external benchmarks, and web-based reporting. The disadvantages are cost and length of the survey tool (as hospitals are required that the HCAHPS questions make up 27 items on each survey).

Despite added cost, this tool enables organizations to monitor all of the aspects of care that are most influential in driving HCAHPS improvements. Integrated survey tools facilitate a clearer line of sight to performance improvement for employees and the ability to positively impact HCAHPS results.

Important Considerations

Regardless of an organization's survey tool or vendor, in order to achieve a greater positive impact on the patient experience BLG recommends several critical practices for patient experience measurement and intelligence:

1. Deploy the tools and processes required to drive service and operational excellence. Make certain that accountability systems are in place to drive consistency, standardization and immediate course correction.
2. Establish a patient experience survey program that enables:
 - a. Monthly reporting
 - b. Valid unit level results
 - c. Percentile rankings
3. Create organizational goals for improvement across all areas surveyed that cascade in a meaningful way in order to engage all employees in patient centered excellence.
4. Communicate patient experience data monthly in a way that is easy to understand and generates constructive dialogue about improving the patient experience.

Evaluating Vendor's Support of Your HCAHPS Success

If your organization is considering re-alignment of your patient experience surveys with your current vendor or considering changing vendors, the following table is intended to give you a "scoring" system. Define weights for the evaluation criteria and through a due diligence process of vendor evaluation, assess each vendor "apples to apples" to make certain you are receiving the greatest return for your survey investments.

Evaluation Criteria	Vendor A	Vendor B	Vendor C
Alignment <ul style="list-style-type: none"> • Goals • Performance 			
Questionnaire <ul style="list-style-type: none"> • Length • Depth • Alignment to HCAHPS 			
Reporting Methodology <ul style="list-style-type: none"> • Receive vs. Discharge • Speed of access • Reporting Tools 			
Additional <ul style="list-style-type: none"> • Database • Vendor Support 			

Case Study

Baptist Health Care (BHC) recently engaged with a new patient experience vendor -- HealthStream Research -- to create greater alignment and focus around driving and sustaining top-tier HCAHPS performance results. This decision was made for two reasons:

1. Feedback on key touch points in the patient experience, and the subsequent measures for leader accountability, are very important for improvement. Focusing *only* on the HCAHPS survey cannot provide this scope of information and intelligence.
2. BHC needed a patient experience measurement that was comprehensive, yet not a 60 question survey

BLG partnered with the senior team at BHC to identify key additional questions that would build on the HCAHPS survey. Our approach followed some key steps:

- We conducted discussion groups with leaders where we reviewed the HCAHPS questionnaire and solicited input regarding key experiences that are not captured in the HCAHPS survey
- We reviewed our patient feedback to identify top priorities with our existing surveys
- We distilled several key touch points in the patient experience beyond the HCAHPS items:
 - Food Services – quality of food and courtesy of staff
 - Response to concerns during stay
 - Accommodations and comfort of visitors
 - Tests and Treatment: explanations given and courtesy of staff
 - Admission courtesy
 - Discharge Process
 - Safety
 - Care was coordinated
- We worked with HealthStream to select valid questions that capture the key touch points that were identified in our due diligence as follows:
 - also have a national database for comparisons
 - had the highest correlations to Overall Rating on the HCAHPS survey

Sample HCAHPS Plus Items:

- How satisfied were you with the courtesy with which your family and friends were treated by hospital staff?
- How often did the registration staff treat you with courtesy and respect?
- How satisfied were you with the coordination and teamwork of all the staff that took care of you?

The end product was a survey tool containing an additional 12 items beyond the HCAHPS questions (providing us with 30 key patient experiences to measure and improve).

With this revised focus on HCAHPS, BHC began to align the organization with two important stakeholders:

1. Our staff and leaders

We kicked off our new HCAHPS focus and vendor at our monthly all-leader Fire Starter meeting. The goal was to create awareness and begin cascading the patient survey changes through cascade learning kits that all leaders must share with each of their employees. Our Service Teams are also working on employee-based events to create buy-in and momentum around the enhanced measurement process.

2. Our patients

For many years, our patients have been accustomed to receiving a mail survey. Our leaders and staff began using Words that Work™ and poster communications to ensure patients are aware of the new phone survey. We are also communicating that their feedback continue to be critical to our organization. An example patient communication:



We Want to Know!

Baptist Hospital has partnered with HealthStream Research™ to conduct Patient Satisfaction surveys.

Following your stay or services with us you may receive a telephone call from HealthStream Research™, this call will only take a few minutes and your feedback will be used by **Baptist Hospital** to continually provide excellent patient care.

Patients are randomly selected and if you are chosen please complete the survey.

Questions

If you have any questions about the survey process or your stay with us, please contact us at **850.434.4011**.



Understanding the Patient's Point of View

Before organizations dive into the execution of supporting systems, processes and tactics that deliver HCAHPS success (e.g., best practices), it is important to lay some groundwork. First and foremost, you will not be successful until you understand patients' perceptions and how they can be very different from your perceptions, namely that of the care provider.

If you want to go from Usually to Always, No to Yes, Good Hospital to Best Hospital, Probably Yes to Definitely Yes, you must close a fundamental gap that exists -- between what the patient expects and their actual experience.

In 2009, according to Solucient, the average length-of-stay for acute care hospitals (those of us accountable for HCAHPS performance) was 4 ½ days. That represents 108 hours, or 6,480 minutes. To be fair, 4 ½ days is a long time for healthcare workers to be consistent in their delivery of care to their patients in the world of Always. But the good news is that *every other* hospital participating in HCAHPS is held to the same high standard.

So think about 4 ½ days in your own life. Chances are that this seems like a small period of time, even a nanosecond in the busy and complicated lives we lead. And what is our common reference for *quiet at night*? Our own home. What about *responsiveness*? Well, we have drive-thru fast food restaurants, minute clinics for our sore throats and earaches, and broadband wireless internet that delivers information instantaneously. Think about *pain control*? Most of us never even think about it because we live our day-to-day life pain-free.

How about *cleanliness*? HCAHPS asks patients the following question: "During this hospital stay how often were your room and bathroom kept clean?"

Always,
Usually,
Sometimes,
Never.

How can we achieve Always, when many of our patients don't step foot in the bathroom? How can we achieve Always when housekeeping typically allocates 15 minutes to cleaning each room – a whopping 1% of a 24 hour period? Yet the point remains, we now have an expectation that we will Always keep a patient's room clean.

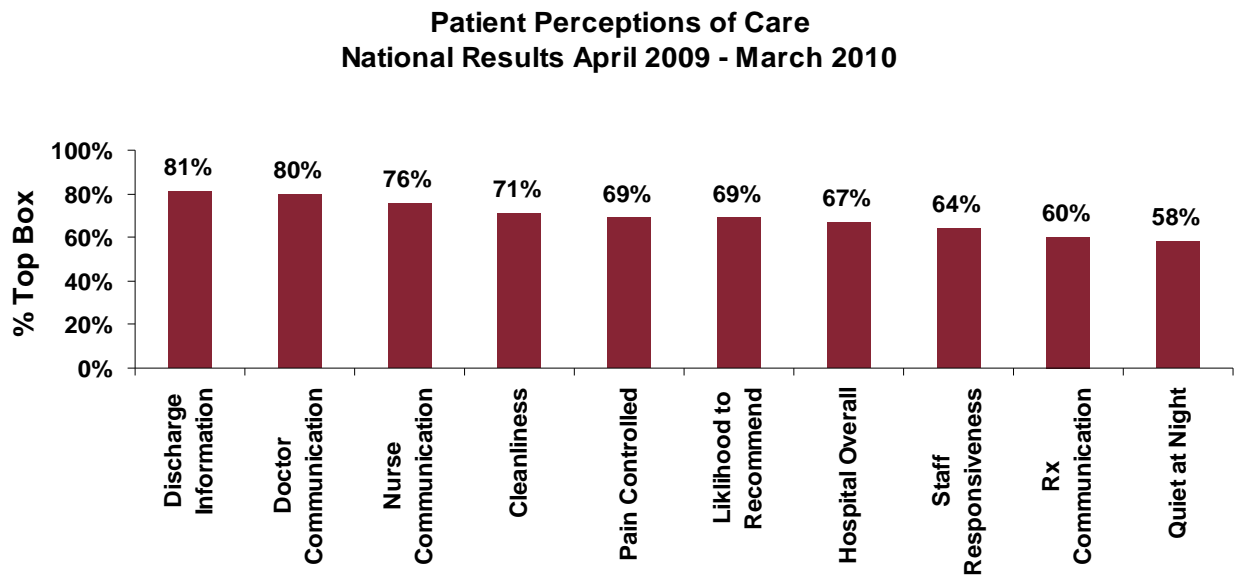
In order to be effective, we must take a different view of our traditional "us" focused operations. Cleanliness now requires several key contributions: setting patients' expectations for cleanliness, 'managing up' the work we do to keep rooms clean every day, and *every person* - not just housekeeping - on our payroll who enters a patient's

room must consider themselves an owner of cleanliness and organization. So when a physical therapist enters the patient's room and sees an empty pizza box at the bedside, he can support success for this item on the HCAHPS survey by picking it up and throwing it out.

Sound difficult? The truth is that although the processes are simple, without accountability you will get inconsistent results at best.

Are we there yet?

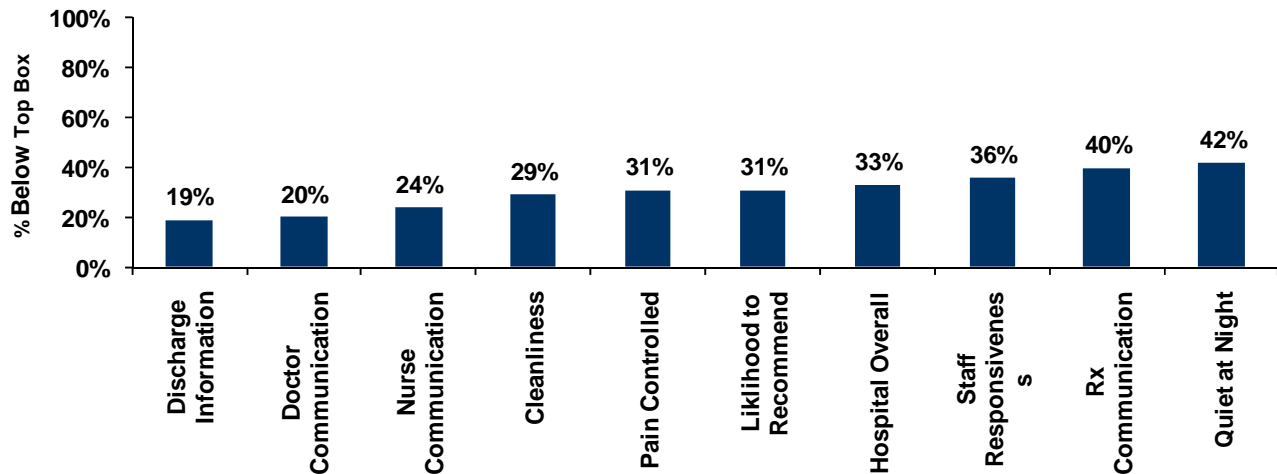
So far as a nation, we have received 8.8 million surveys across nearly 4,000 hospitals (www.hcahps.org, March 2011). The chart below shows national averages for "top box" performance for all hospitals participating in the HCAHPS survey.



We perform best at Discharge Information, with 81% of patients reporting "Yes", they received information on what to expect after leaving the hospital. But it's not far-fetched to assume that 100% of healthcare organizations give 100% of their patients instructions and information at the time of their discharge, right? Ironically, healthcare's best performing HCAHPS dimension still illuminates that there is a fundamental disconnect between how we perceive our discharge processes and how patients receive the information we are giving them. Delivering discharge instructions and information to patients, for us, is a standard part of our job. But think about the meaning of the word "discharge" to our patients. Have we stopped and reflected on what the patients expect and how we deliver?

Let's take a look at some more data about how patients perceive the care that we give them. This chart shows the national averages of HCAHPS results that are below Top Box.

**Patient Perceptions of Care
National Results April 2009 - March 2010**



It is important to point out what this graph also tells us--that 20% of the time we have poor doctor communication, 24% of the time we do not 'always have good nurse communication'. Alarmingly, between 36% and 42% of the time, we are not responsive, do not communicate about medications, and don't maintain quiet at night.

Now, just about every hospital is MUCH quieter at night than during the day. So from our perspective, relative to our understanding of hospital operations, we are always *quiet at night*. However, the patient expectation is *how often* was the hospital quiet at night (Always, Usually, Sometimes, Never)? Remember back to the average length of stay of 4 ½ days. Know that our patients' reference for quiet at night is their home. No "shush" campaign in the world will ever meet our patients' expectations for quiet at night because the reality is that we can never be as quiet as their home. So we must set the expectation with patients about what quiet at night means in a hospital. It doesn't mean we guarantee that we won't wake them up, or that they will never hear sounds created by us as we provide care to other patients.

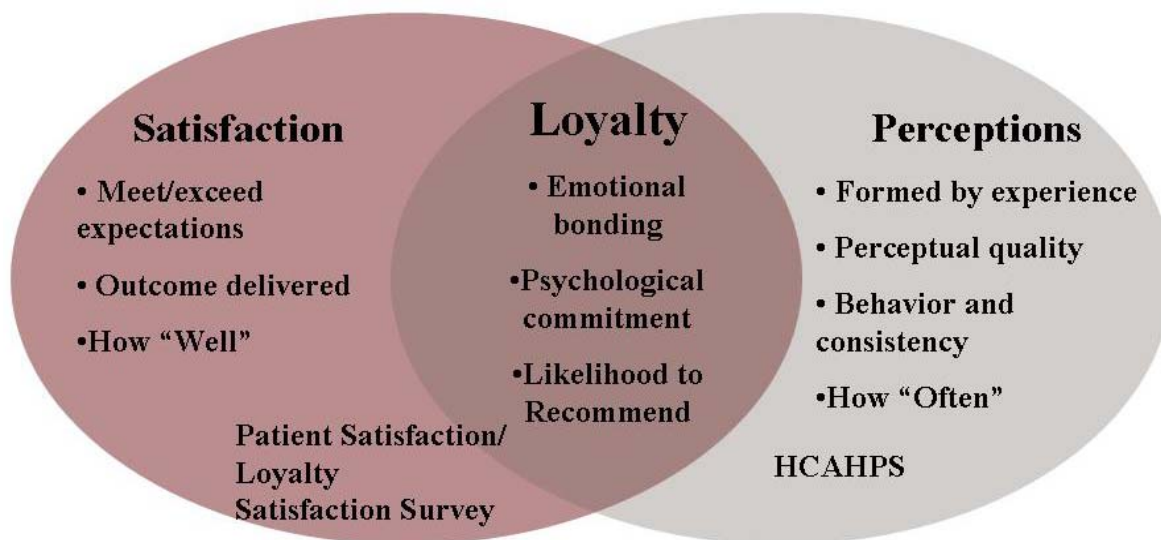
We can all agree that these national averages are not good enough. Hospitals across the country have responded. According to the past two years of publically reported scores, 67% of hospitals are either improving (56%) or not changing in their level of performance (11%). Based on this movement, the HCAHPS database is becoming more aggressive. In fact, the average score for the Overall Hospital Rating question has shown

a statistically significant increase (at the 95% confidence level) over the past two years. Ultimately, this means if you are not getting significantly better with HCAHPS - you are not keeping up — which is the same as getting worse.

The Patient Experience

Hospitals and health care professionals across the U.S. are increasingly concerned with improving patient safety, quality of care, and the patient experience. HCAHPS is the patient experience measurement that “counts” from a value base purchasing and transparency perspective. But patient satisfaction surveys as addendums to HCAHPS can add significant value to your organization in understanding performance on key patient experience “touch points” not included in the 22 HCAHPS items.

The Patient Experience: 3 Components



Patient Satisfaction

Patient satisfaction measures how well we meet patients’ expectations or “how satisfied” they are as a result of their visit/stay, how well the outcomes they expected were delivered (clinically and experientially). It is typically assessed by how well we performed **as a team of caregivers**: Excellent, Very Good, Very Satisfied. Patient satisfaction is your WOW opportunity.

Patient Perceptions

Patient Perceptions are formed by the experience of being in the hospital and the consistency with which we satisfied them (or did things well). Performance based on perceptions is directly influenced by the individual employee, therefore *each encounter is critical*. It is assessed by how often we were consistent with behaviors.

Essentially, it is not enough to satisfy patients here and there, but we have to be consistently satisfying patients at every interaction, by every employee.

Patient Loyalty

You achieve patient loyalty when you satisfy patients **and** do well in meeting their perceptions and expectations on a consistent basis. Patient loyalty is never achieved through a “smile” campaign or guest relations program. It is fundamentally a result of how we care for and treat people during their hospital stay. We can create loyal patients, even though they may leave our hospital with a difficult outcome -- like losing a loved one, or receiving a life-threatening diagnosis. Our own health system, Baptist Health Care, and our partner hospitals across the country have shown that it is possible to achieve lasting HCAHPS improvements by systematically communicating with patients to understand their needs, set expectations and consistently follow through with key behaviors that drive patient-centeredness.

Key HCAHPS Take-A-Ways

As you work toward driving significant results for your organization with HCAHPS performance, there are a few “non-negotiables” that you need to consider:

1. **Diagnose before you treat.** In order to have a disciplined approach to improving HCAHPS scores, you first have to understand your performance strengths and gaps with patient perceptions of care. Which units are high, middle of the road and low performing? Which domains and questions are high and lowest performing? What is improving versus decreasing? What are the key areas that are driving HCAHPS performance? These questions will help you focus on strengths that you want to reinforce and gaps that you need to close.
2. **Know what you want to accomplish.** What is the goal for your hospital? Goals for your organization should be set in measurable, time-bound plans. For instance, XYZ hospital will achieve the 70th percentile in Overall Rating with a stretch goal of the 80th percentile by the end of the year. Correspondingly, each leader’s goals should “cascade” to align their success to the overall hospital’s success.
3. **Build leaders’ skills.** Provide your leaders with training that equips them to be successful achieving their HCAHPS goals. For instance, providing training on purposeful patient rounding, discharge calls, etc. We do not want to make “assumptions” that our leaders know how to effectively perform many of the tools and tactics that are industry best practices—nor that they are doing it everyday.
4. **Get data to the people who can influence the outcome.** When it comes to the HCAHPS survey (or most of our performance targets), we rely on our front line employees to help deliver success. When a patient receives your HCAHPS surveys, they are rating the front line staff- the nurses who cared for them, the environmental services worker that cleaned their room, and the case manager who supported their discharge. Leaders have the responsibility of sharing the results with staff in a meaningful way to help align their behaviors.
5. **Communicate on an ongoing basis.** The power of communication cannot be underestimated. We must communicate urgency to improve HCAHPS, specifically:
 - Your actual HCAHPS results (at least monthly)
 - Expectations for behaviors
 - Accountability for results
6. **Use data to define action.** Many times, we play the role of a firefighter in healthcare (ok- maybe not at your organization, but it happens). Using data to define action makes sure your actions align to the best decision support tools we have for the patient experience -- HCAHPS and satisfaction surveys. When we are reactionary to “noise” or the “squeaky wheels get the attention” we can lose sight of having a disciplined plan to improve performance.
7. **Follow up to assess impact.** In order to know if you are effective at driving results, you must evaluate your performance after you adopt, reinforce best practices, and focus on consistency of tools and tactics.

Supporting Measurement Strategies

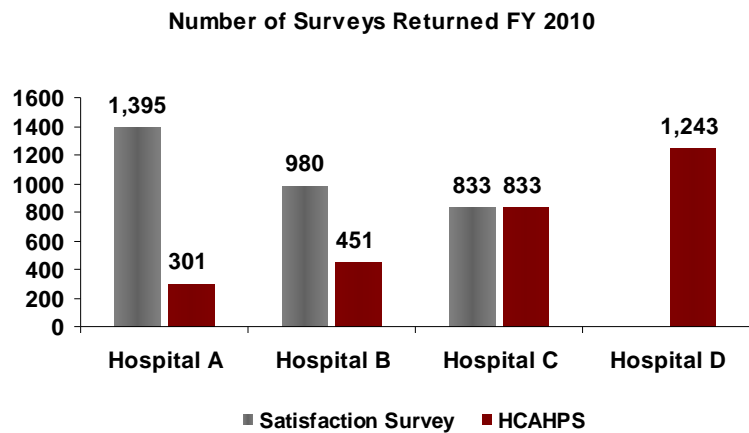
When it comes down to the bottom line, we have to know our goal for improvement, make sure our hospitals have good, solid measurement methodologies, and connect our leaders and staff to performance results.

1. Knowing your goal for improvement is critical because it sets the stage for what you want to accomplish, and is a platform to create urgency throughout the organization. It also provides the baseline against which you measure and analyze results -- because there must be line-of-sight to achieving your goal.

2. If you truly want to make gains in your HCAHPS results, you need to receive the **highest levels of data quality**. Many times organizations survey only the minimum number of patients (e.g., 300 returned surveys for acute care hospitals per year and 100 returned surveys for critical access hospitals). Or, there is a greater emphasis on satisfaction or loyalty surveys than HCAHPS.

The flaw in both scenarios is that you are not receiving optimal quality data to analyze and report out. Ultimately, you want to

establish parity in sampling, and have equity in the number of patients receiving the HCAHPS survey and patient satisfaction/loyalty surveys/items. For instance in the figure above, Hospitals A and B are focusing their survey efforts (based on numbers of surveys returned) on measuring patient satisfaction items, as opposed to surveying at the minimum of 300 or close to the minimum. Hospitals C and D have a greater focus on HCAHPS. Hospital C in particular has equity in the number of HCAHPS surveys returned versus the patient satisfaction survey. Hospital D is solely focused on the HCAHPS survey.



The benefit of focusing your survey investment around HCAHPS is that you have higher quality unit-level data on a monthly basis, which offers your organization several key advantages and clear alignment to performance priorities.

Connecting your leaders and staff to performance is vital to driving improvement. Ultimately, the staff members of your hospital are the ones evaluated on the HCAHPS survey, and it is up to your leaders to align and ensure optimal staff behaviors so they

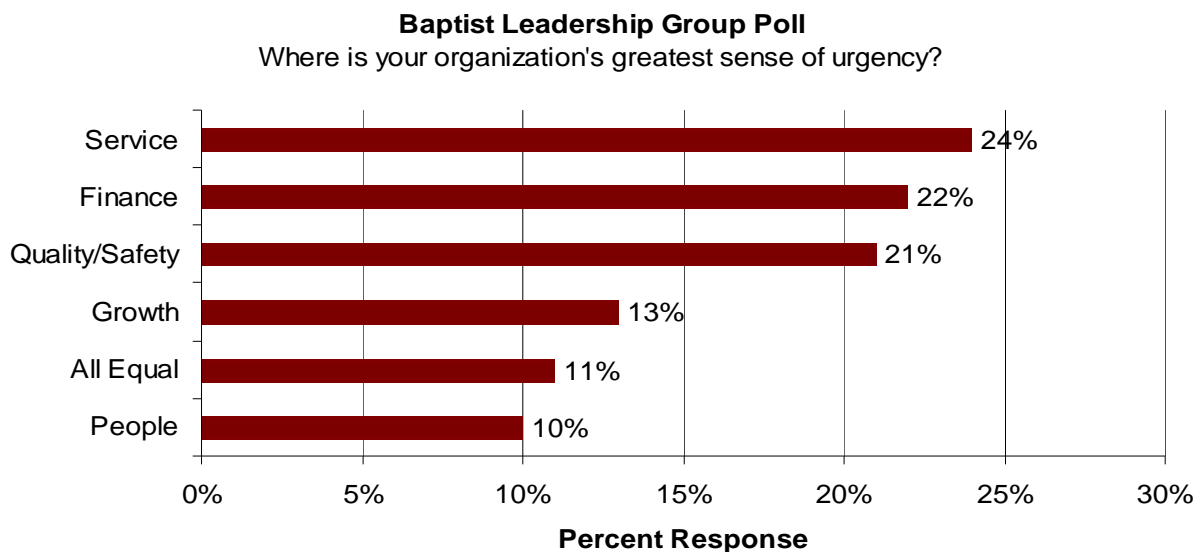
receive improved perceptions of care by your patients. In order to create this connection you must:

- Provide unit level data for all HCAHPS Dimensions
- Show both your percent Top Box and Percentile rankings for the HCAHPS dimensions and items
- Review results on a monthly basis

The Role of Leadership

Leaders are ultimately the drivers of organizational change, whether it is HCAHPS improvements, employee engagement, or achieving profitability. Your success will be limited unless HCAHPS performance is a priority, and leaders and staff are held accountable for behaviors and strategies that make the patient experience better.

At Baptist Leadership Group, we recently polled 300 healthcare employees and leaders we asked “where is your organization’s greatest sense of urgency?” (People, Service, Quality, Finance, Growth or “all equal”). As you can see from the chart below, “people” ranked last.



This is indicative of one of the greatest challenges we face in healthcare. We often overlook our People, those responsible for the daily work of driving results in Service, Quality and Financial. How can a healthcare organization achieve world-class service, the quality outcomes our patients expect, and financial results that allow us to live our mission, without the aligned, focused work of the “boots on the ground”- our leaders and our employees?

So how should you go about engaging staff? Most organizations use employee surveys and other feedback mechanisms. And it is critical that you listen to and act upon employee input. However, we have to create urgency, provide feedback, and involve employees in plans to drive improvement in the department. The following represent some initial opportunities for leaders to better capture and align staff to improving your results.

1. Connect to the heart – of your leaders and staff

First, create a shared vision of success for your organization, inspire alignment, energize leader and employee actions and set the stage to hold people accountable for achieving your desired HCAHPS results. The following are several ideas for you to connect to the hearts of your workforce:

- Create a compelling vision and communicate that the future of your health care organization in today's competitive environment depends on loyalty.
 - loyalty of staff which is closely tied to the care delivered
 - loyalty of physicians to choose one surgical suite or hospital over a competitor
 - loyalty of a patient and their family to make you their hospital of choice
- Help every employee in your organization embrace an attitude of "every patient, every time"
- Every job is mission critical
- Inspire a culture of excellence which aspires to patient centered excellence
- Strengthen leaders relationships with and trust in staff - the very people that deliver care at the bedside
- Develop staff to become "owners" of the organization, realizing that the success and future of "their" organization is directly related to the care they provide their patients every day
- Help staff understand that efforts made to improve a patient's perception of care is not about "being nice" or "treating patients like a customer"

2. Connect to the mind - using data to drive decisions

Use data to drive decisions and create transparency. Understand and act on what your data is telling you at the senior leader, leader and front line staff level. Here are some thoughts to get you started:

- Make certain that front-line staff -- those being evaluated by the patients -- have access to the data and understand that what patients are saying is important to their success
- Share key patient survey data with staff and make them owners of the actions that improve patients perception of care; in the spirit of transparency, leaders and staff can identify together the strengths and opportunities to improve
- Share best practices strategies and tactics that will help staff achieve success
- Use the data as the measure of success, communicate progress towards achieving targets in a consistent, predictable process
- Reward and recognize those units/staff that have been key players in achieving results
- Coach staff on agreed upon actions when necessary

3. Set expectations so your employees and leaders know the path

- Communicate how service excellence strategies work together to achieve extraordinary results; continuously focus on results and opportunities for improvement
- Become change agents in these rapidly evolving times by creating a dissatisfaction with the status quo
- Articulate the vision enthusiastically, and then help influence staff to support that vision
- Understand and communicate what is important to the patient and the employee's role in providing quality patient care; *what is important* to our patients is not necessarily known by or obvious to a health care worker
- Help staff understand that accomplishing the "tasks" necessary to provide good patient care is important, but that alone does not have the greatest impact on a patient's perception of the care they receive; for example, a health care team may spend time on tasks related to monitoring technology to assure "quality clinical care," but they forget about the quality of the patient experience.

Baptist Leadership Group's 5 Keys to Patient-Centered Excellence



The keys to creating a great culture are straightforward, but the discipline and internal expertise can be challenging. In our own experiences at Baptist Health Care and with our partners you must address each of the keys to achieve patient-centered excellence.

1. Hardwire Systems of Accountability – Accountability requires a “maniacal” commitment to both philosophical and behavioral tools and practices that support accountability.
2. Continuously Develop Great Leaders – In order to achieve desired successes for any organization, leaders must be equipped with tools to improve their own personal performance and the level of performance of their staff. Developing a system for regular leadership development ensures leaders receive new skills, but also creates a framework for accountability to use and actively apply those skills.

3. Commit to Service Excellence – Our patients and families do not have the knowledge to judge the quality of clinical care; therefore, how they are *treated* drives their perception of the care they have received. Service Excellence cannot be a canned program or flavor of the month. It must be a way of life.
4. Select and Retain Great Employees- It is important to select individuals that reflect the organization's commitment to patient-centered excellence. Selection should be rigorous, so each employee can be engaged and empowered to make a difference (and ultimately be set up for success in the organization)
5. Create a Great Culture– How will you know when you have created a great culture? When you see it every day, every patient, every employee, every interaction. Great cultures are ones with everyone behaving like owners. Without a patient-centered culture, it is impossible for a healthcare organization to place every patient at the center of care every time.

Diagnosing for HCAHPS Excellence

As healthcare leaders we tend to agree that we are using at least some (or all) of them to create accountability and achieve outcomes. Yet, many organizations are not achieving world-class results.

This is incredibly frustrating because in healthcare we all work so very hard. The challenge between work effort and outcomes represents a fundamental gap in executing tactics and techniques with “good form” and doing so consistently across the entire organization. Based on our experience, when they are embedded across an organization, and executed with discipline and consistency, performance gains are sustained over time to create high performing hospitals.

We tend to self-study through books, conferences, and trade papers. We execute as well as we can to try to make a difference for our patients. The result is typically inconsistent, because while YOU are working diligently in the areas you represent (whether it is Admissions, ED, Nursing operations), is everyone else as equally committed at the senior leader, leader and staff levels? The reason why many “home grown” or “grass roots” initiatives flounder is because the organization lacks a “blueprint” to improve performance that permeates the organization from the Senior Team down the front lines, as well as accountability to keep the organization focused.

So how do you know where to start to close the gaps? How do you know where you are doing the right thing and have success, and where the gaps are that need your immediate focus?

For us, Assessments are a critical diagnostic tool. They are particularly supportive of organizations when:

- They are not sure where to start
- A new CEO, Senior Team Member, or Leader joins or advances in an organization and needs to develop a plan for service and operational excellence
- There are limited resources for coaching services
- They have tried tools and best practices like Rounding or Scripting, but have not sustained or hardwired the practice
- Scores have been stagnant or inconsistent

Many Tools Exist for Patient-Centered Excellence

- | | |
|---------------------------------|------------------------------------|
| • Purposeful Rounding | • Discharge Phone Calls |
| • Words that Work™ | • Hourly Rounding |
| • Reward and Recognition | • Baldrige Criteria |
| • Selecting the best employees | • Service Mapping |
| • Daily Line-up®, Bright Ideas™ | • Executive Coaching and Alignment |
| • Managing Productivity | • Measurement |
| • Coaching | • Leader Goals and Evaluations |
| • Performance Management | |

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BUT with all the tools, what is the right mix for your organization’s unique journey to HCAHPS Improvement?

So where do you begin? In order to be successful and have a systematic approach to achieving lasting HCAHPS results, you first must have a bonafide methodology to understand your baseline. This will help you focus on maximum impact opportunities to drive lasting HCAHPS success. We cannot overemphasize the importance of a good methodology and approach. Without it, you are relying on intuition and anecdotal inputs for how to improve your scores. For example, we worked with a senior leader team from a major health system in South Florida, who received a capital request in the hundreds of thousands of dollars to put flat screen TVs in every patient room. The unscientific analysis of their HCAHPS data led them to believe this would somehow drive their scores, when in fact their true gaps were in consistent execution of rounding techniques and patient-centered communication. On balance, a much less expensive fix!

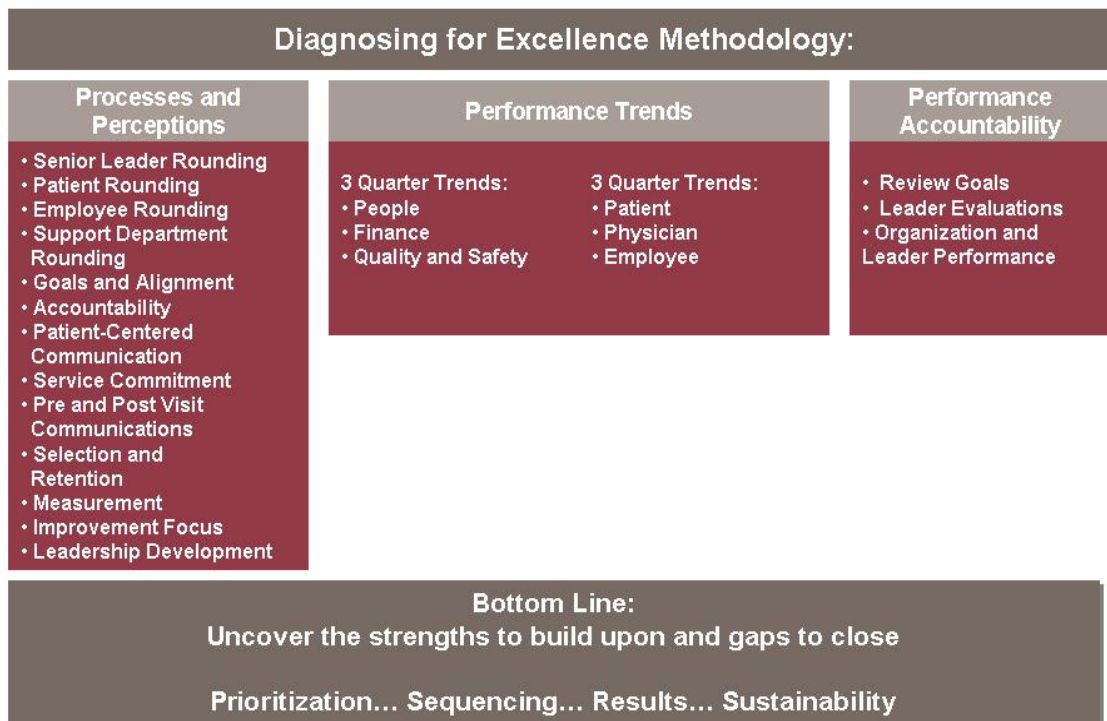
Baptist Leadership Group's approach to assessing and diagnosing these organizational performance strengths and gaps evaluates what organizations are doing, and how well they are doing it by uncovering where there are gaps between the expectations – of patients, of employees, of physicians – and their actual experience. We focus on whether there is consistent execution of best practices, and evidence-based tools and tactics designed to bridge those gaps, as well as leader alignment to organizational goals.

Methodology Considerations

Here are some considerations to engage all levels of the organization in contributing to identifying opportunities to improve performance.

Make sure your organization's burning platform informs your Assessment methodology. Some examples include, improving HCAHPS scores to create security for Value Based Purchasing; dissatisfaction with the organization's culture; external environment forces effecting profitability or staff engagement to improve overall quality. Burning platform(s) should be established through dialogue with the organization's CEO and senior leaders.

The graphic below depicts BLG's Diagnosing for Excellence Methodology that identifies key organizational strengths and gaps customized to our assessment partners' burning platforms. In addition to the methodology components, there are important considerations for timing, sequencing, and advocating when the Assessment plan is created.



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Timing

Based on this urgency, establish a methodology plan that is sensitive to the timing (e.g., finalizing the findings prior to budget season, prior to a board meeting). It is important to formalize a deadline for your findings and to be disciplined about managing the “moving parts” to fulfill the scope of the project with the highest levels of quality.

Sequencing

Based on targets for completing an assessment, we build the plan backwards and sequence data collection, discovery and input, analysis, and reporting. Understanding the organization’s overall calendar helps manage the moving parts in alignment with other organizational initiatives and obligations. For example, you may want to hold on pursuing any surveys or focus groups if the Joint Commission is in town. Or, create a timeline that can take advantage of using recent employee survey results, instead of re-surveying.

Championship

It is critical for Assessments to be driven by the CEO or a CEO-appointed member of the senior team. This executive is the senior sponsor of the assessment process and findings. Operationally, we find it serves organizations well to select a high performing leader to serve in this role by making certain the methodology “fits” the organization. This person is also responsible for managing and executing the day-to-day responsibilities

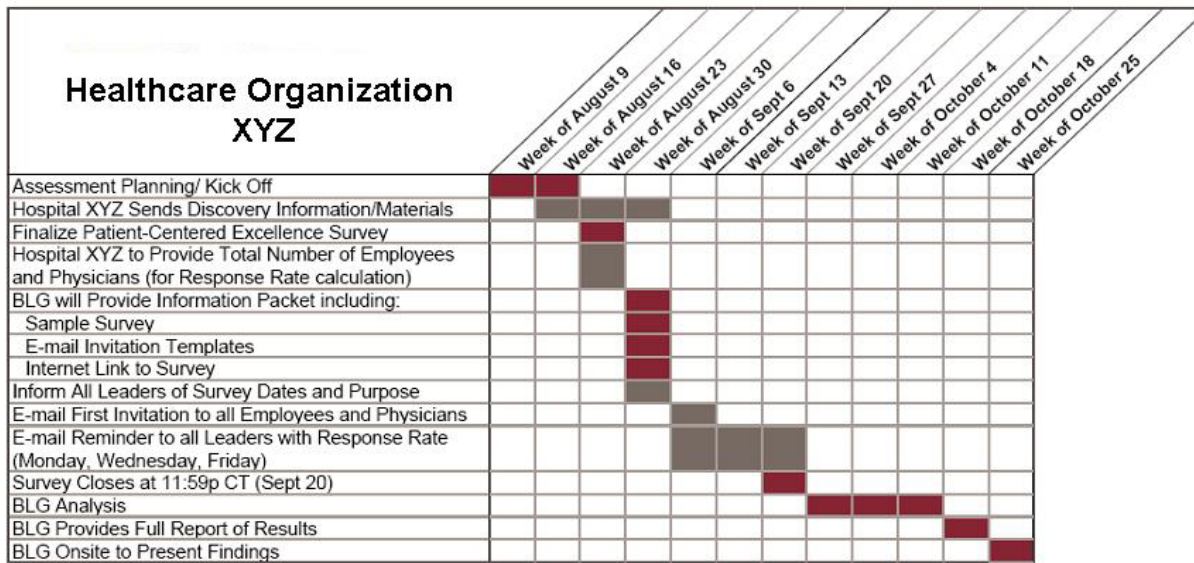
of the work. Often it is appropriate to delegate or pull in additional resources to support data collection and analysis.

We sometimes find that organizational dynamics make it a challenge to find “unbiased” champions, or create a methodology that is not influenced by agendas. If this is true for your organization, please contact Baptist Leadership Group so we can evaluate opportunities to support your needs.

Assessment Timeline

The following represents a sample roadmap from a 350 bed hospital in the Midwest:

Diagnosing for Excellence Assessment Timeline



BLG Action ■
XYZ Action ■

Assessment Inputs and Analysis

Balance your inputs and analysis to look at processes, perceptions, and outcomes through performance trends. Here are a few suggested questions to ask:

- **Processes-** What tools and tactics have been deployed to date? For each, where is there consistent use, absence of use, and inconsistency?
- **Perceptions-** How do your Senior Leaders, Leaders and Front Lines perceive the organization? In particular, what do they believe is the organization’s commitment to the patient experience? What is working well? What barriers exist?

- **Performance Trends-** What are your outcomes across HCAHPS/Satisfaction, Quality, People and Finance? From an HCAHPS standpoint, how does your organization perform nationally relative to other hospitals in your vendor's database. How do you perform locally on national hospital comparison websites? What are your high, middle and low performing departments? Do you sustain improvements or see inconsistencies?
- **Performance Outcomes-** How are leaders held accountable for achieving organizational outcomes? Does each leader who influences HCAHPS performance have at least one goal tied to HCAHPS outcomes? Do leader evaluations hold leaders accountable for producing positive improvements in HCAHPS?

Sample Assessment of Perceptions and Processes

Based on our work with our own health system, Baptist Health Care, and our work with our clients across the country we have created our own Patient-Centered Excellence Survey™ (PCES).

The Patient-Centered Excellence Survey is a tool to identify performance strengths and gaps in an organization's patient-centered excellence management strategy. The questions focus on consistent and accountable execution of best practices that are critical drivers of:

- Long-term profitability
- Patient satisfaction and HCAHPS
- Employee Engagement

This tool has been developed to obtain precise feedback from all levels of the organization (Staff, Leaders, Senior Leaders, Medical Staff, Board Members). Questions were designed to measure overall behaviors. The specific wording on items are sometimes modified to represent the viewpoint of the respondent (e.g., staff have different viewpoints and ability to rate behaviors than senior leaders) and sometimes perceptions of behavior are asked across all areas uniformly. The following represent sample questions from PCES and show the measurement approach.

Staff	Leader	Senior Leader
Your organization's patient satisfaction scores are openly communicated throughout the organization	Your organization's patient satisfaction scores are openly communicated throughout the organization	Your organization's patient satisfaction scores are openly communicated throughout the organization
Staff in your department have the opportunity to create patient communication scripts	Your department works together to create patient communication scripts	Your leaders and staff work together to create patient communication scripts
Your immediate supervisor rounds on you on a monthly basis (e.g., asking what is working well, recognition for others, opportunities for improvement)	You round on your direct reports on a monthly basis (e.g., asking what is working well, recognition for others, opportunities for improvement)	Your leaders round on direct reports on a monthly basis (e.g., asking what is working well, recognition for others, opportunities for improvement)
Positive feedback is shared with staff as a result of your immediate supervisor rounding on patients	You share positive feedback with staff as a result of your rounding on patients	Your leaders share positive feedback with staff as a result of rounding on patients
Always	Usually	Sometimes
	Cannot Answer	Rarely
		Never

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It is important to understand Perceived Commitment and if urgency permeates the entire organization (from Senior Leaders to Staff). This intelligence can pinpoint specific gaps in an organization's level of alignment, as well as support the development of action plans to close alignment gaps.

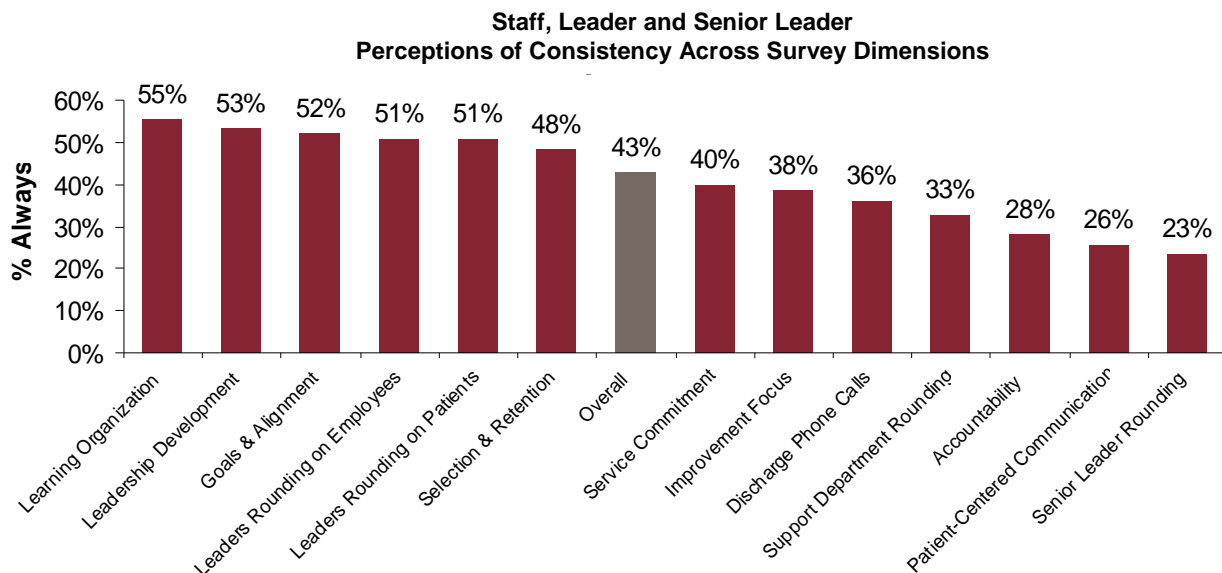
For instance, Rate how committed (on a scale of 1-5 with 5 being highest) you believe:

- The Senior Leaders are to improving the patient experience
- The leaders (directors and managers) are to improving the patient experience
- The staff are to improving the patient experience
- The physicians who practice here are to improving the patient experience

Perceived Commitment to Improving the Patient Experience				
Scale: 1 (lowest) - 5 (highest)				
Respondents	Senior Leader Mean Score	Management Mean Score	Staff Mean Score	Physician Mean Score
All	4.44	3.87	3.53	3.60
Senior Leaders	4.67	4.25	3.75	3.06
Directors	4.25	3.59	3.36	4.21

The Patient-Centered Excellence Survey is designed to measure consistency of execution of key behaviors. For the organization below, they average 43% always in their perceptions of organizational performance.

Participants feel they are most consistent with being a learning organization that develops leaders. Additionally, Goals and Alignment was rated third most consistent with 52% always- the challenge is that Accountability was rated third worst in terms of consistency (with 28% Always). Use of key behaviors with Senior Leader Rounding and Patient-Centered Communication. These less consistent dimensions represent a big challenge that this organization needs to address because the senior leaders must visibly show commitment and alignment to improving the patient experience and achieving HCAHPS targets. Additionally, the front lines need to be engaged and accountable for consistent patient-centered communication strategies built-around gaps identified in the HCAHPS survey for their specific units and departments.



Looking at the following table, organizations can identify the source of perceived inconsistencies in the organization. For this organization, the entire leader group mostly has significantly more favorable perceptions of the level of consistent execution and the front lines have statistically significantly less favorable perceptions. This represents a big disconnect where the leaders are likely not creating urgency or sharing HCAHPS results with the staff. Or, this likely may an indication that the leaders are disconnected from the front lines.

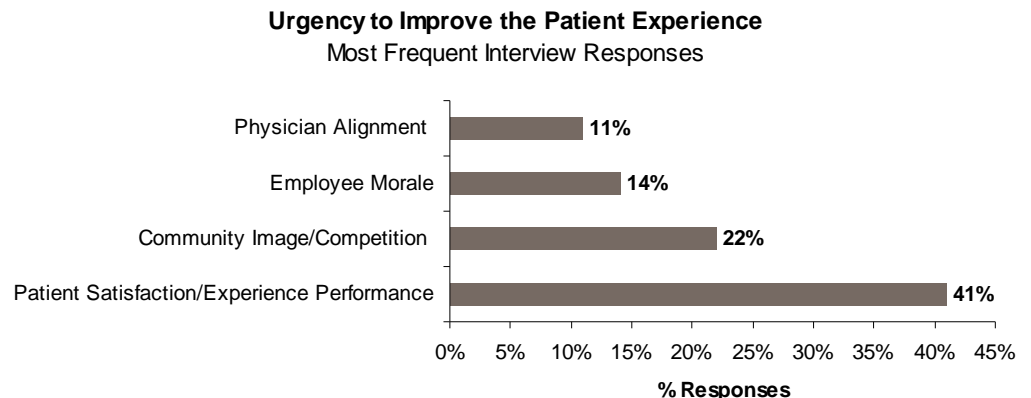
Dimension	Overall N=2,567	Staff N=1,832	Supervisor /Manager N=385	Director N=256	VP and Above N = 15
<i>Senior Leader Rounding</i>	3.80	3.70	4.16*	3.80	4.63*
<i>Leaders Rounding on Employees</i>	3.97	3.82	4.22*	4.09*	4.45
<i>Leaders Rounding on Patients</i>	4.29	4.18*	4.72*	4.60*	4.69*
<i>Support Department Rounding</i>	3.92	3.84*	4.17*	4.25*	4.00*
<i>Goals & Alignment</i>	4.24	4.14*	4.58*	4.42*	4.67*
<i>Accountability</i>	3.83	3.70*	4.29*	4.29*	4.28*
<i>Discharge Phone Calls</i>	3.88	3.83	4.36*	4.30	4.12
<i>Pre-Visit Phone Calls</i>	4.16	4.16	4.44*	3.78	3.51
<i>Patient Centered Communication</i>	3.99	3.93	4.26*	3.85	4.37*
<i>Service Commitment</i>	4.08	3.97*	4.46*	4.37*	4.59*
<i>Service Teams</i>	4.33	4.27	4.57*	4.26	4.65*
<i>Selection & Retention</i>	4.40	4.36	4.57*	4.38*	4.56
<i>Improvement Focus</i>	4.03	3.94*	4.34*	4.16*	4.64*
<i>Leadership Development</i>	4.47	4.38*	4.76*	4.71*	4.67
Overall	4.12	3.96	4.45	4.26	4.46

• indicates statistically significant differences in perceptions with 95% confidence

This survey information coupled with the holistic story of analyzing performance trends with HCAHPS, quality, employee and physician engagement, etc can illuminate key gaps to address in creating alignment in perceptions, as well as a prescriptive process and prioritization for improvements.

During the data gathering process, interviewing leaders (and especially senior leaders) will provide background on what has worked well in the past, where they perceive the biggest gaps, and importantly - what is their sense of urgency for improvement with HCAHPS. This

sense of urgency can become the organization's burning platform. In this particular instance, the bulk of senior leaders and directors feel previous HCAHPS and satisfaction performance



scores are their motivator. Second, they are fearful that their performance hinders community image and is driving patients to their competitor facilities. This information is invaluable to creating a common goal from the senior team to the front line staff.

Developing recommendations:

As you look at all of these inputs (or the ones that you can obtain), it is important to develop a plan for prioritizing your findings and recommendations. You don't want to make everyone feel they will be drinking from a fire hose, so prioritize the action steps, timeline and units/services that will be source of your focus. The following chart represents timing and sequencing of introducing (or revitalizing) existing best practices.

Project Plan	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
First Site Visit Kick Off: Senior Leadership Team	█											
Monthly Coaching		█	█	█	█	█	█	█	█	█	█	█
Executive Coaching for HCAHPS Urgency	█											
Performance Improvement & Measurement												
Leadership Needs Survey												
Assessment for Sustainability												
Coaching Measurement Team		█	█	█	█	█	█	█		█		
Introducing Patient Satisfaction Action Tool (PSAT)					█	█	█			█		
Accountability and Performance Management												
Determine Organization-wide HCAHPS Goal	█											
Cascading of goals to all levels of leadership		█										
Review HCAHPS goals for equity to organizational goal and peer-to-peer			█									
Introduce HCAHPS focused 90-day plans				█								
Leadership Development												
LD#1 Driving Performance via Leader Alignment to HCAHPS & Employee Rounding		█										
LD #2 HCAHPS Overview and Measurement Training					█							
LD#3 Patient Rounding, Words That Work & Standards of Performance					█							
LD#4 Interdepartmental Rounding and RELATE Training									█			
LD #5 Supporting Staff with Discharge Calls and Hourly Rounding												█
Physician and Employee Alignment												
Moments of Truth for Patient Perceptions				█								
Physician Speaking Engagements					█							
Refine and Adopt Performance Standards												
Standards Team		█										
Team Training		█										

When producing findings and recommendations for improvement, it is important to engage the senior team for commitment and buy-in so there is a shared voice of urgency and focus. We recommend to our partners that they share summary level Assessment findings and priorities with the leaders and staff. Since they gave their input into the process, we want them to be owners in the solution

BLG Partner Support

BLG supports both our coaching partners as well as organizations who solely want to pursue an assessment to help them build their roadmap, with a rapid diagnostic process. This involves several "inputs" from your organization:

- Completion of an Organizational Profile for discovery and inquiry
- 30 minute Senior Leader Interviews
- Performance in Patient, Employee and Physician Satisfaction and other key indicators for Quality, People and Finance
- Focus groups with employees, leaders and physicians
- Participation in the Patient-Centered Excellence Survey™ (PCES)

Assessment Methodology

The Patient-Centered Excellence Assessment Diagnosing for patient-centered excellence is a process of inquiry, analysis and reporting of findings and recommendations.

Inquiry and Analysis

Based on your unique Assessment Roadmap, a team of BLG coaches and researchers will:

- review your respective discovery profiles for each location
- travel onsite to the facilities for observation, focus groups and/or interviews
- review and analyze performance indicators (service, people, quality, finance)
- review and assess your performance management system

Report of Findings and Recommendations

The results of the Patient Centered Excellence Assessment will be coupled with your performance outcomes and organizational inquiry to provide your organization with a focused Report of Findings that will prioritize recommendations and a roadmap for maximizing your strengths and closing gaps.

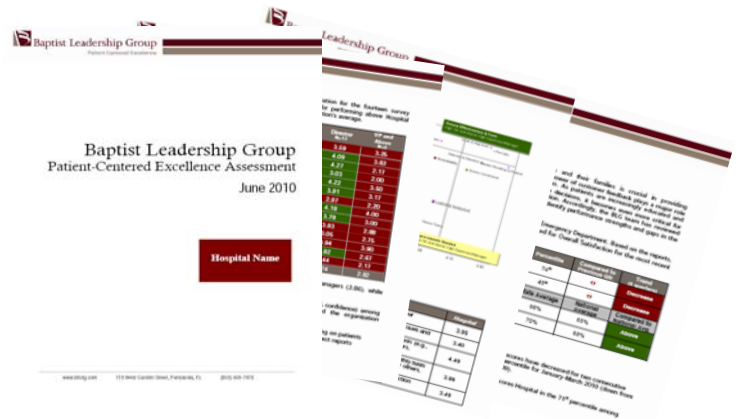
Assessment Deliverables

- Review of performance outcomes (People, Service, Quality, Finance) and relevant materials
- Evaluation of discovery and inquiry information

Assessing Variance

- Senior Leader Rounding
- Patient Rounding
- Employee Rounding
- Interdepartmental Rounding
- Goals/Alignment
- Accountability
- Service Teams
- Effective Communication
- Discharge Calls
- Pre-Calls
- Service Commitment
- Selection/Retention
- Measurement
- Leadership Development

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- Patient-Centered Excellence Survey™ (PCES) administered to all employees and physicians in your organization
- A performance report identifying your strengths and gaps
- Identification of your Priorities for Action
- Recommended next steps/interventions that are proven to drive patient-centered excellence

Ultimately, we will present a report of findings and travel onsite to facilitate discussion regarding our findings and recommendations for action.

Summary

It is important to understand HCAHPS from the patients perspective. Healthcare organizations must approach common, every day processes with a mindset that keeps the patient at the center of the work – every patient, every time. Leaders and staff must understand and manage what the patient sees, feels and experiences. To be successful, everyone must be an owner - from the senior team to the front line staff, from finance to nursing.

Remember to:

- Diagnose before you treat HCAHPS performance
- Build leaders' skills to execute best practices to drive HCAHPS performance (and give them skills to develop their staff)
- Put HCAHPS data in the staffs hands - they influence and drive your outcomes
- Communicate your HCAHPS scores on a monthly basis
- Use your monthly results to define action and the focus of staff every month
- Follow-up and assess the impact of your actions through patient rounding and your subsequent months performance

While HCAHPS (and patient satisfaction) can seem insurmountable, the behaviors and tools are quite simple. As leaders and healthcare professionals, we need to get back to basics, and leverage performance results to influence care at the bedside.

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