

HCAHPS ROADMAP



A Journey to Excellence

What is HCAHPS?

- **Hospital Consumer Assessment of Healthcare Providers and Systems**
- **HCAHPS is our patient satisfaction survey.**
- **A company called JL Morgan receives a list of all patients who have stayed overnight at our hospital. They call these patients randomly and survey them about the care they received while in our hospital.**

What do they ask about?

- **Nurse Communication**
- **Doctor Communication**
- **Responsiveness of Staff to their needs**
- **Pain Management**
- **Communication about medications**
- **Discharge Instructions**
- **Hospital Environment (clean and quiet)**
- **Overall Rating**
- **Willingness to Recommend our hospital to others**

Why is this important?

- **HCAHPS information is publicly reported information about our hospital. It can be seen by anyone who has internet access. This reflects on our reputation as a hospital.**
- **HCAHPS results play a very important role in how much insurance companies pay us for our services.**

Measure Description	Baptist South	Flower Hosp	CCH	
Patients who reported that their nurses always communicated well	76%	78%	75%	83%
Patients who reported that their doctors always communicated well	84%	84%	81%	86%
Patients who reported that they always received help as soon as they wanted	60%	63%	58%	74%
Patients who reported that their pain was always well controlled	70%	71%	68%	73%
Patients who reported that their room and bathroom were always clean	61%	69%	62%	71%
Patients who reported that staff always explained about medicines before giving it to them	62%	62%	54%	70%
Patients who reported that the area around their room was always quiet at night	66%	70%	65%	68%
Patients at each hospital who reported that yes, they were given information about what to do during their recovery at home	82%	83%	77%	83%
Patients who gave the hospital a rating of 9 or 10 on a scale from 0 to 10	70%	75%	59%	64%
Patients who reported that they would recommend the hospital to family and friends	73%	81%	58%	65%

OUR scores are a direct reflection
of the care that **WE** provide.

Our Goal:

100%

What can I do to help?

- **ALWAYS** be aware of patients around you, and go the extra mile to extend your help to them.
- **ALWAYS** smile, and have a positive attitude.
- **ALWAYS** communicate well. AIDET is a good tool for communication.

Tips on AIDET:

- Knock before entering room & ask for permission to come in
- **A**-Acknowledge everyone in the room
- **I**-Introduce yourself and give a little background (I've been a nurse for __ years, etc.)
- **D**-explain the duration of whatever is at hand. (If you're doing an initial assessment, you may want to say "this will take about 30 minutes." If patient is going to radiology for CT, you may want to say, "you will be gone for about 25 minutes," etc.)
- **E**-Explain what will be taking place
- **T**-Thank the patient for allowing you to care for them.

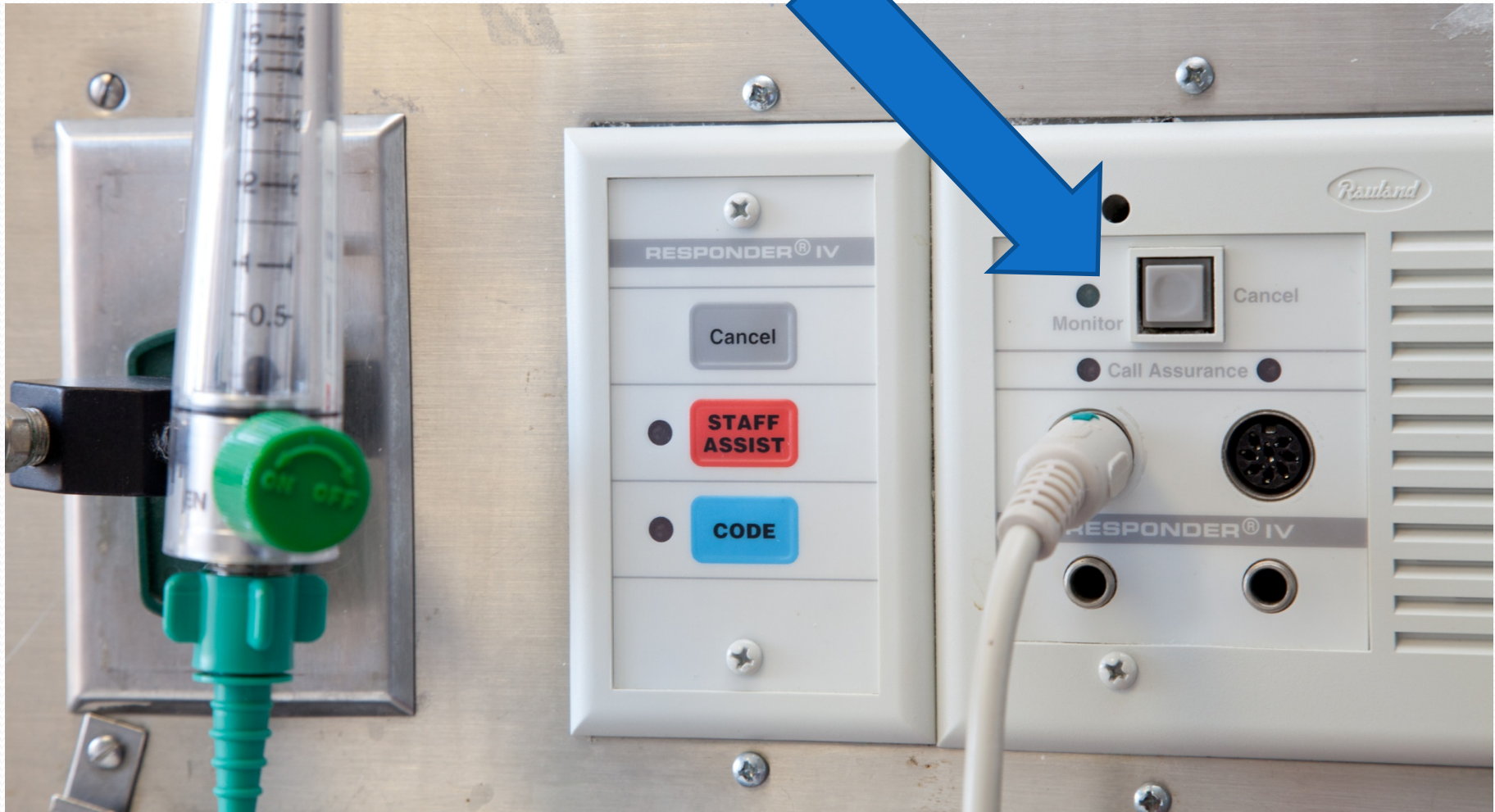
**“How often did you get help as soon as you needed it?”
We want to hear to be “Always!” In order to show our patients that our
team cares about them, we have created a “No Pass Zone.”**



“No Pass” zone!

When you are in the patient care area and you see a call light blinking, stop to see if you can help the patient. You can say, “I’m Jane from (your department), is there something I can do for you?” You may be able to help them. If not, tell the patient that you will get help for them. Go to the desk and let someone know what the patient needs. This will show our patients that we care about them and that we are all willing to help.

Click here to cancel!!

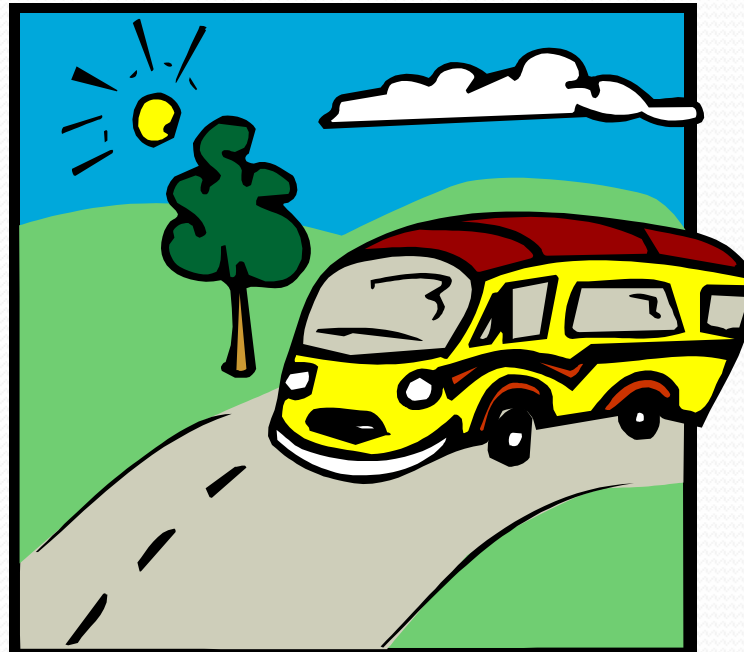




Every experience your patient has during his stay factors into his overall evaluative perspective of our hospital.

Ultimately, did he get quality care from people he felt like cared for him?

If the patient perceives that he received excellent care, he DID receive excellent care!



**Our journey to excellence is beginning!
Don't miss the bus!**

Our scores will be posted in public areas of the hospital so that we can watch them rise!

HCAHPS Sample Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2021)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**
1 Never
2 Sometimes
3 Usually
4 Always
2. **During this hospital stay, how often did nurses listen carefully to you?**
1 Never
2 Sometimes
3 Usually
4 Always

3. **During this hospital stay, how often did nurses explain things in a way you could understand?**

- 1 Never
2 Sometimes
3 Usually
4 Always

4. **During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?**

- 1 Never
2 Sometimes
3 Usually
4 Always
9 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- 1 Never
2 Sometimes
3 Usually
4 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- 1 Never
2 Sometimes
3 Usually
4 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- 1 Never
2 Sometimes
3 Usually
4 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- 1 Never
2 Sometimes
3 Usually
4 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- 1 Yes
2 No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- 1 Never
2 Sometimes
3 Usually
4 Always
12. During this hospital stay, were you given any medicine that you had not taken before?
- 1 Yes
2 No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- 1 Never
2 Sometimes
3 Usually
4 Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- 1 Own home
 - 2 Someone else's home
 - 3 Another health facility → If Another, Go to Question 18
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- 1 Yes
 - 2 No
17. 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?
- 1 Yes
 - 2 No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. 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 0 Worst hospital possible
 - 1 1
 - 2 2
 - 3 3
 - 4 4
 - 5 5
 - 6 6
 - 7 7
 - 8 8
 - 9 9
 - 10 10 Best hospital possible
19. Would you recommend this hospital to your friends and family?
- 1 Definitely no
 - 2 Probably no
 - 3 Probably yes
 - 4 Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
- 1 Strongly disagree
 - 2 Disagree
 - 3 Agree
 - 4 Strongly agree

21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- 1 Yes
- 2 No

24. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

25. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

26. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

27. Are you of Spanish, Hispanic or Latino origin or descent?

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Puerto Rican
- 3 Yes, Mexican, Mexican American, Chicano
- 4 Yes, Cuban
- 5 Yes, other Spanish/Hispanic/Latino

28. What is your race? Please choose one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

29. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Russian
- 5 Vietnamese
- 6 Portuguese
- 7 German
- 9 Some other language (please print):

Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS.

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE STATEMENT ABOVE MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

Sample Standard Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-29 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement. [OPTIONAL: You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.