# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>HOW HCAHPS SCORES ARE DEVELOPED</td>
<td>4</td>
</tr>
<tr>
<td>HOW TO ANALYZE AND IMPROVE YOUR HCAHPS SCORE</td>
<td>6</td>
</tr>
<tr>
<td>1. NURSE COMMUNICATION COMPOSITE SCORE</td>
<td>7</td>
</tr>
<tr>
<td>2. DOCTOR COMMUNICATION COMPOSITE SCORE</td>
<td>9</td>
</tr>
<tr>
<td>3. STAFF RESPONSIVENESS COMPOSITE SCORE</td>
<td>11</td>
</tr>
<tr>
<td>4. CLEANLINESS SCORE</td>
<td>13</td>
</tr>
<tr>
<td>5. QUIET SCORE</td>
<td>14</td>
</tr>
<tr>
<td>6. PAIN MANAGEMENT COMPOSITE SCORE</td>
<td>16</td>
</tr>
<tr>
<td>7. MEDICATION COMMUNICATION COMPOSITE SCORE</td>
<td>18</td>
</tr>
<tr>
<td>8. DISCHARGE INFORMATION COMPOSITE SCORE</td>
<td>20</td>
</tr>
<tr>
<td>9. CARE TRANSITIONS COMPOSITE SCORE</td>
<td>21</td>
</tr>
<tr>
<td>10. OVERALL RATING OF THE HOSPITAL</td>
<td>22</td>
</tr>
<tr>
<td>11. WILLINGNESS TO RECOMMEND</td>
<td>23</td>
</tr>
</tbody>
</table>
INTRODUCTION

Today's healthcare environment is no place for the timid. C-suite leaders need to be innovative, courageous and adaptable so your organization is financially sound, compliant with ever-changing regulations, a top-quality clinical care provider, good at recruiting and retaining top employees and able to deliver an excellent patient experience. That’s a pretty daunting list. Leading under these constraints can be full of challenging twists and turns that require you to modify and adopt new performance improvement strategies and even shift your entire organizational culture.

One of the biggest adjustments in recent years has been the move to adjust reimbursement to reward quality instead of quantity and to directly involve your patients in the assessment of the care you’re providing via the HCAHPS patient satisfaction survey. Each day, more than 8,400 discharged patients fill out this survey, and more than three million have been returned and the results published for consumers’ review. Because of this increased focus on the patient experience, healthcare organizations are implementing a wide variety of initiatives designed to raise their HCAHPS scores and therefore protect or improve their payment rates in today’s value-based and performance-driven environment. It’s critical that you understand and implement strategies and processes that can move your organization from one that’s rated average or good, to one that’s a consistent “top-box” performer.

We’ve observed that in the years since HCAHPS was implemented that high-performing HCAHPS organizations tend to share several important qualities: committed leadership, engaged and collaborative staff at all levels, inclusion of patient-centered care as a core cultural value, alignment of best practices across the organization, and excellent performance measurement and reporting tools.

Yet, while your care team no doubt understands the importance of good financial performance and its linkage to high HCAHPS scores, they are primarily interested in doing their best to make their patients happy and healthy. For them, patient satisfaction is about alleviating human suffering and providing compassionate care to people who may be undergoing the most frightening experience of their lifetime. And in fact, the recruitment and development of employees who work hard to provide the human healing touch is critical, because the patient experiences that correlate most highly to overall patient satisfaction and willingness to recommend your hospital share one common thread - the personal touch.

As John F. Kennedy once said, “efforts and courage are not enough without purpose and direction.” You have many approaches to choose from that can raise patient satisfaction scores. This white paper was written to help you analyze your current HCAHPS composite and individual scores; assess your strengths, weaknesses and opportunities; and present actionable programs designed to boost those scores, and in the process, improve both your patients’ experience and the hospital’s financial performance.
HOW HCAHPS SCORES ARE DEVELOPED
There are eleven HCAHPS items which are publicly reported on the government’s Hospital Compare website. Seven of those measures are composite scores, which means they are based on more than one question in the survey. Composite scores are intended to increase the reliability of the measure and help consumers quickly review patient experience information. Two measures are individual items, i.e. based on just one question, and two are defined as global items, i.e. those that capture patients’ overall impressions of hospital quality and their satisfaction level.

The two individual items ask patients about their perception of the cleanliness and quietness of their rooms, and the two global items ask for patients’ overall rating of the hospital and whether they would recommend it to family and friends.

Results are publicly reported as “top-box,” “bottom-box” and “middle-box” scores. In brief, the “top-box” is the most positive response to HCAHPS survey questions, and requires an “always” answer to six composites. The “bottom-box” is the least positive response category for HCAHPS measures. These hospitals are receiving too many low scores on composites and willingness to recommend hospital. The “middle-box” describes intermediate responses to survey items. In order to see large gains in HCAHPS scores, your hospital needs to implement tools that move from middle-box to top-box scores so you achieve what is known in shorthand as an “always” culture.

Though it’s obvious that you should place a very high priority on getting top-box scores since these are used by the government in value-based purchasing formulas, the bottom-box scores are also important, since these can provide visibility into your organization’s internal deficiencies and help prioritize strategies and initiatives aimed at raising those scores. Providers focused on raising their HCAHPS scores and delivering an excellent patient-centered care experience find that setting up continuous touchpoints in patient care increases engagement and boosts satisfaction levels across the board. Celebrating successes large and small is essential to maintaining that momentum of improvement. Moving from bottom-box to middle-box should be celebrated as a victory as much as moving from middle- to top-box.

**THE SEVEN COMPOSITES SUMMARIZE THESE PATIENT SATISFACTION INDICATORS:**

1. How well nurses communicate with patients
2. How well doctors communicate with patients
3. How responsive hospital staff are to patients’ needs
4. How well hospital staff help patients manage pain
5. How well the staff communicates with patients about new medicines
6. Whether key information is provided at discharge
7. How well patients understood the type of care they would need after leaving the hospital
HOW TO ANALYZE AND IMPROVE YOUR HCAHPS SCORE
In this section, we define each of the eleven measures described above, and describe actionable initiatives that have been proven to help you raise that particular score.

1. NURSE COMMUNICATION COMPOSITE SCORE

It’s a fact proven over and over in multiple studies that nursing care is the single biggest factor influencing how patients rate the hospital. A patient’s perception of nursing care is about more than clinical outcomes; it also takes into account how well, or poorly, the perceived level and quality of communication was from the nurses. As its name suggests, this metric ONLY measures communication.

This measure is used to assess the percentage of adult inpatients who reported how often (“Never,” “Sometimes,” “Usually,” “Always”) their nurses communicated well. The score is measured based on these three survey questions (exact wording and their respective number in survey):

- During this hospital stay, how often did nurses treat you with courtesy and respect? (Q1)
- During this hospital stay, how often did nurses listen carefully to you? (Q2)
- During this hospital stay, how often did nurses explain things in a way you could understand? (Q3)
USE NURSE-PATIENT ROUNding SCRIPTs

Over the last few years, patient rounding has been adopted as an evidence-based best practice for enhancing the nurse-patient relationship and improving patient safety and satisfaction. Rounding is at its essence is about communication and engagement. It is a systemized process of information gathering through questioning and observation. While nurse rounding on patients is not a new practice, it is now a priority program in many leading hospitals because of its proven positive impact on patient satisfaction and experience results.

If you have moved away from paper-based rounding tools, your digital rounding tool should include pre-loaded scripts, which help standardize the process and improve communication. The scripts should reinforce dedication to the patient and the prioritization of good care. Consider these rounding script questions:

- How is your pain?
- Are you comfortable in your hospital bed?
- Do you need to use the restroom?
- Do you have everything you need within reach?
- Have you had a rapid response when you pushed your call bell?
- I will be back again in/at (tell when). Can I do anything for you before I go?

Also, explain to patients why rounding is occurring and let every new patient know what they can expect. Patients like to know when their nurse will return, and that information can add to a positive impression. Some hospitals hand out a “welcome card” to each patient after admission which explains the what, when, why and how of rounding.

COACH NURSES ON EFFECTIVE AND COMPASSIONATE COMMUNICATION

Patients can't judge their nurses clinical abilities, because they often don't understand what’s happening. But they certainly can, and do, judge nurses on their interactions. While we're not all born with great communication skills, it is something that can be learned with practice and with training programs, if necessary. Tips to improving nurse communication include making eye contact, showing you’re listening by repeating key words back to the patient, being respectful of privacy concerns and fears, and being patient with those who struggle to communicate. Proactive information sharing and good communication techniques help manage patient expectations, reduce their fears and build a bond of trust. One good approach is to set up a monthly training meeting where staff share best practices, role play patient interactions, and discuss how to communicate more effectively and compassionately.
IMPLEMENT BEDSIDE CHANGE OF SHIFT REPORTING

This is another initiative that has been linked to improved HCAHPS patient satisfaction scores. The goal of nurse bedside change of shift reporting is to ensure an efficient and safe handoff of care between nurses by involving the patient and family. When shift reports are given at the bedside, patients and family members share in the information exchange, ask questions and hear directly from the nurse about their plan of care. Bedside shift change reports show patients and families that the care providers are working effectively as a team, and this can also serve to strengthen the relationship between nurses. Hospitals who have implemented this program have observed more effective information sharing with patients, increases in patient satisfaction, and improved nurse morale. Many hospitals find that a flexible rounding tool such as MyRounding is helpful for organizing and standardizing these reports.

A Texas hospital reported a 108% increase in its nurse communication score after implementing the MyRounding mobile rounding tool. Nurses found that eliminating paper-based data collection methods allowed them to resolve issues more rapidly and gain greater visibility into the patient’s daily experience and feedback.

2. DOCTOR COMMUNICATION COMPOSITE SCORE

Certainly, patients want their doctor to have superior clinical skills, and their satisfaction levels are greatly influenced by their treatment and recovery outcomes. But you might be surprised at how highly patients also value the communication and interpersonal skills of their physician. Good patient-physician communication is a central component in perceptions of high-quality care. In turn, it can be helpful for leadership to understand what motivates their doctors to work on their communication skills; one hospital found that interest increased when doctors were shown the link between patient satisfaction, complaints and malpractice.

As with the nurse communication composite, the doctor communication score measures the percentage of adult inpatients who reported how often (“Never,” “Sometimes,” “Usually,” “Always”) their doctors communicated well. It is based on these three questions:

- During this hospital stay, how often did doctors treat you with courtesy and respect? (Q5)
- During this hospital stay, how often did doctors listen carefully to you? (Q6)
- During this hospital stay, how often did doctors explain things in a way you could understand? (Q7)
COMMUNICATION SKILLS TRAINING

Effective doctor-patient communication is associated with better patient outcomes, including satisfaction with their care, higher compliance with treatment, and improved health outcomes. Patients judge the quality of their care based in part on their doctors’ verbal and non-verbal behavior, such as listening skills. In fact, improved listening skills most strongly impact the doctor communication composite score.

There are a number of physician training programs and workshops that focus on core healthcare communication skills: engaging, empathizing, listening, educating patients about diagnosis, prognosis and treatment; and enlisting patients in mutually agreed-upon treatment plans. Programs may include coaching sessions that involve review of patient visits and discussions about ways to enhance communication and create a better patient-physician connection.

SCRIPTING DURING PHYSICIAN ROUNDING WITH PATIENTS

When doctors round on patients, they have a wonderful chance to positively influence the patient experience. Mobile rounding tools that include pre-made scripts for the doctor are a good way to ensure that the patient-doctor interaction is positive and mutually beneficial.

Here are some rounding and scripting tips for doctors:

- As a show of courtesy and respect, knock before entering the patient’s room.
- Make eye contact and acknowledge everyone in the room. First impressions matter!
- Employ a warm, friendly and reassuring manner.
- Introduce yourself to the patient, explain your role in his or her care.
- Greet patients by name and shake hands if possible.
- Use open-ended questions and listen to responses.
- Convey empathy via verbal and non-verbal behavior. (“I’m sorry this has been troubling you.... “)
- Close the loop on identified issues by explaining that you will follow up to make sure problems mentioned are resolved (which could mean involving other care team members).
3. STAFF RESPONSIVENESS COMPOSITE SCORE

An engaged and motivated workforce is critical to creating an environment conducive to high patient satisfaction perceptions. Leadership should include frontline staff in developing, testing, and integrating initiatives designed to improve the patient experience.

The staff responsiveness composite score measures the percentage of adult inpatients who reported how often the hospital staff was responsive to their needs. This score is based on two questions. One asks patients (“Never,” “Sometimes,” “Usually,” “Always,” “I never pressed the call button”):

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (Q4)

The second question asks patients (“Never,” “Sometimes,” “Usually,” “Always”):

- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Q11)

INITIATIVES THAT CAN IMPROVE THIS SCORE

ROUNDING/HOURLY ROUNDING

There is plenty of data on rounding outcomes that conclusively shows that rounding results in substantial reduction in the use of call lights. Furthermore, rounding has been found to greatly reduce the incidence of patient falls, which are often linked to patient’s ill-advised efforts to get to the bathroom themselves without waiting for assistance. For example, hospitals using a mobile rounding tool have seen a 37 percent reduction in the use of call lights, and a 52 percent reduction in patient falls. When call light presses decrease, your team gains the bandwidth to respond to a higher percentage of presses more rapidly. This leads to better patient safety outcomes and a greater perceived responsiveness level.

When implementing a rounding program, ensure that staff understand the reason for the program, and receive ongoing training to reinforce its value and its link to your patient-centered culture. Share positive results, such as reduced patient falls, with staff so they feel actively involved in effecting good outcomes, and are recognized and rewarded for their efforts.

SET EXPECTATIONS

Keeping your patients in the loop and engaged about their care helps staff to effectively manage expectations. Most people are very forgiving and understanding about delays and unexpected events, as long as someone tells them about it! So, if the doctor is running late, set up a system so that staff knows and can inform the patient of this delay. Using of a rounding tool that allows staff to customize scripts and question sets at the point of care is one good solution to help you implement this initiative.
NO-PASS ZONES

Hospitals are sensory-saturated places, with beepers, pages, alarms, lights, and conversations all going on at the same time. It can be tempting to ignore alarms if that patient is not an employee’s direct responsibility. Staff may assume “someone else” will take care of that patient. These behaviors can and have led to negative, even fatal, patient outcomes.

One successful initiative that was developed to address this problem is known as the “No Pass Zone.” The goal is to provide quick and effective responses to patient’s needs. Staff are taught that patient care is everyone’s responsibility and that they should respond to alarms and patient call lights when walking the hallways, and should not continue past the patient’s room without helping or summoning help. This initiative has expanded to include the many patient safety issues that can be better managed when a culture exists that asks everyone to be responsible for patient safety.

A hospital in California saw a 5.9% increase in staff responsiveness when using MyRounding, a tool that increases staff accountability and rounding frequency.
4. CLEANLINESS SCORE

Patients’ perception of the cleanliness of their environment is more complex than you might think. They view cleanliness as a marker of safety and quality. If they see, or smell, something that makes them uneasy, patients feel stressed and can react negatively to their inpatient experience. Because patients expect everyone involved in their care to help keep their area clean (not just the environment of care staff), it’s important to reinforce with all staff (even doctors) that cleanliness is an organization-wide priority.

There is just one specific question in the HCAHPS survey dealing with cleanliness, so this score is not calculated as a composite. This measure is used to assess the percentage of adult inpatients who reported how often (“Never,” “Sometimes,” “Usually,” “Always”) their room and bathroom were kept clean.

- During your hospital stay, how often were your room and bathroom kept clean? (Q6)

INITIATIVES THAT CAN IMPROVE THIS SCORE

EOC ROUNDING

Environment of care (EOC) rounding is intended to enhance the quality of your organization’s patient care by ensuring a safe and clean patient environment. EOC rounds are a great way to engage with each patient and ensure that EOC workers know what will make patients feel safe. EOC scripts can help make this process more effective, by providing a systemized approach to inform patients what specifically is being done to keep the patient’s environment safe and clean.

Rounding platforms that have issue management tools can help standardize how your staff responds to concerns raised, and enable them to close the loop so that patients see that their concerns about cleanliness are resolved. EOC rounds help staff leaders make the connection between patient satisfaction and their environment of care.

PATIENT SURVEYS

A good way to assess patients’ expectations with regard to cleanliness is to ask them! A simple survey tool is invaluable for querying new patients to find out what “clean” means to them. For some, knowing the bathroom cleaning schedule is important. Other patients notice whether and how often trash bins are emptied, if room equipment looks clean, or whether floors are shiny or scuffed up. Once surveys are completed, nurses or floor leaders can collaborate with EOC staff to make sure they focus on the areas of greatest concern to that specific patient.

TENT CARDS

Simple printed cards are an inexpensive and effective tool to let patients know that their room has been cleaned even if they were out of their room.
5. QUIET SCORE

There’s probably no way to provide a quiet environment like the patient would enjoy at home, because hospitals are busy places with round-the-clock activities. However, there are a number of ways to minimize the noise and help patients get the rest they need so they heal faster and feel better about their experience.

As with the cleanliness score, this is an individual score based on one question. It measures the percentage of adult inpatients who reported how often (“Never,” “Sometimes,” “Usually,” “Always”) the area around their room was quiet at night.

- During your hospital stay, how often was the area around your room quiet at night? (Q8)

INITIATIVES THAT CAN IMPROVE THIS SCORE

SET SOUND STANDARDS

Noises both inside and outside the patient room include beeping monitors, maintenance activities, conversations, phones, pagers, and moving hospital carts. It can all add up to an uncomfortable cacophony that makes for an unhappy patient. One of the best ways to address this challenge is to measure it and decide on an acceptable noise level maximum. Using a decibel (dB) meter, measure the sounds levels at specific areas of the hospital several times a day. Noise levels that spike 30 dB or more above a set “floor” can be very distracting and startling to patients, so that’s a good goal to include in a sound abatement initiative.

Since your hospital’s ambient noise level is different than other facilities, set your own internal standards for acceptable and unacceptable noise. Do a floor by floor, or unit by unit, assessment, as some areas are naturally louder than others. Assess whether your standards are on target by tracking patient quiet scores.

INVEST IN SOUND REDUCTION EQUIPMENT

While you can’t create a completely soundproof environment, there are a number of ways to reduce sound distractions. Do your staff use noisy carts that rattle when pushed or have loud and squeaky wheels? Start a maintenance initiative to fix carts by changing wheels, rearranging equipment on the carts to reduce rattles, or adding padding to cart shelves and drawers. Take a look at door bumpers in patient rooms, and fix them so doors don’t slam closed. Ask care teams to close patient’s doors partway, especially at night, to reduce noise levels. Install thicker carpeting in adjacent waiting areas and upgrade patient rooms with acoustic ceiling tiles. When purchasing new equipment, include sound reduction solutions on purchase requirements.
INSTALL NOISE WARNING SIGNS

Excessive noise, as we've described, is often due to visitors and even staff talking louder than necessary or squeaky medical equipment that's being moved between rooms. To address this, install silent noise warning signs on key hospital floors or areas. These signs light up when your preset audible limits are exceeded. The best location for placing these signs will depend on the layout and acoustics of the particular area; the nurse station is a popular choice because it’s a busy area visible to staff and visitors alike. In addition to alerting staff and visitors to excess noise, one of the best benefits of such a system is that it reminds everyone to watch their voices and keep the noise level down.

INCLUDE QUIET QUESTIONS IN EOC AND NURSE ROUNding SCRIPTS

Rounding by nurses and EOC staff offers a perfect opportunity to find out if the environment is too noisy. Add a question on sound levels to rounding scripts. It might say something like this: “One of our goals is to provide you with a quiet environment so you can rest and recover. Have we met this goal, and if not, what sounds are most annoying/bothersome to you?”
6. PAIN MANAGEMENT COMPOSITE SCORE

Other than nurse communication, patients’ perception about pain control is the area most likely to influence whether they recommend your hospital or give it a high overall rating. Developing processes that proactively address pain expectations and provide measurable pain management improvements can significantly improve your HCAHPS pain scores and your global scores too. When developing pain management initiatives, keep in mind this note from CMS, that, “the questions on the HCAHPS survey are intended to evaluate patients’ experience of their pain management. HCAHPS pain management results are not designed to judge or compare appropriate versus inappropriate provider prescribing behavior.”

This is a composite measure based on responses by adult inpatients about their assessment of how often (“Never,” “Sometimes,” “Usually,” “Always”) their pain was controlled.

These two questions address pain control:

- During this hospital stay, how often was your pain well controlled? (Q13)
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (Q14)

INITIATIVES THAT CAN IMPROVE THIS SCORE

USE STAFF ROUNDS WITH PATIENTS TO ASSESS PERCEPTIONS OF PAIN

Focus on questions that allow frontline staff to assess patients’ pain tolerability overall, including how pain interferes with sleep, adequacy of pain control and whether the patient can perform daily activities. Implement a rounding program that educates patients about their medications and explains their potential side effects. Add a teaching tool to nurse and/or doctor rounding which includes communicating the specific pain care plan to every patient. Sample rounding questions that are effective at getting to pain control satisfaction include:

- Do you feel that your pain has been adequately controlled during your stay?
- Are you comfortable?
- Have you been repositioned frequently enough for your comfort?
- Do you have questions or concerns about your medications that we can help you with?
ADJUST PROCESSES AND CULTURE TO PRIORITIZE PATIENT COMFORT

At one hospital, leadership was challenged with improving their hospital’s performance on the HCAHPS pain control measure. They developed a pain management team with a stated mission of understanding that each and every patient had the right to have their pain assessed and managed. The team developed policies and procedures to address pain management expectations. For example, after admission, nurses discuss the patient comfort goals with patients and their families. Based on feedback, new patient-controlled analgesia (PCA) and patient-controlled epidural analgesia (PCA) pumps were purchased to improve pain management. The team focused on pain as a measure of comfort and reduced anxiety, and involved both the EOC staff and nurses in asking patients if there was anything they needed after cleaning the room and if they were comfortable. The result was a significant climb in pain management HCAHPS scores.
7. MEDICATION COMMUNICATION COMPOSITE SCORE

Your patients are anxious, overwhelmed and often in pain. Even though staff might believe they have clearly communicated important information about medications, this conversation is often misunderstood or lost in the anxiety of the situation.

The last outcome any hospital organization wants is a medication error caused by lack of clear communication. Sadly, readmissions due to medication errors are a big and expensive challenge in healthcare today. It’s estimated that unplanned readmissions cost $17.4 billion annually and more importantly, 1.5 million Americans are injured every year from medication errors, resulting in added medical costs totaling $3.5 billion, according to research by the Institute of Medicine.

This composite measure is based on responses by adult inpatients about their assessment of how often (“Never,” “Sometimes,” “Usually,” “Always”) the medical staff communicated well about new medications.

These two questions address pain control:

- During this hospital stay, how often was your pain well controlled? (Q13)
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (Q14)

INITIATIVES THAT CAN IMPROVE THIS SCORE

PATIENT ROUNDING

When staff rounds regularly on patients, they can reinforce the importance of properly taking medications and explore whether the patient is experiencing discomfort which could be due to medication side effects. Nurses or physicians doing patient rounds might ask:

- “Do you have any questions or concerns about your medications?”
- “How are you feeling?”
- “Since you received your first dose of your ________ medicine, do you have any questions or concerns?”

You may also want to provide a printout of the patients’ medications and have a space on the page for patients to jot down questions they want to ask at their next rounding session.
THE TEACH-BACK METHOD

This program is easy to implement and effective at reducing medication errors. It helps your care providers reinforce why taking medication correctly is so important to patient comfort, healing, and positive results. It also engages patients in their own care. Teach-back is sometimes known as the Ask3/Teach3 method, asking the following three questions, and teaching back the answer.

- What is the name of that medication? (This medication is called __________)
- Why do you need to take it? (It was prescribed for your ______ condition)
- What are the possible side effects of the medication? (The potential side effects are ______)

When care teams ask patients to tell them about their medications and why they need to take them, communication is improved on this very critical issue, and most importantly, errors linked to medication communication breakdowns can be reduced.

POST-VISIT PHONE CALLS

A few positive phone calls post-visit can help raise patient satisfaction scores for both doctor and medication communication. Telephone calls can prevent adverse events related to medication errors, which means higher quality of care and increased patient satisfaction. In one study, it was found that patients who received a post-visit phone call from a call nurse within 72 hours of their discharge had a 33% lower readmission rate.

A 42% increase in the HCAHPS medication communication score was gained after a hospital implemented a MyRounding program that included nurse leader rounds with patient and families, leadership rounds with staff, and discharge phone calls.
8. DISCHARGE INFORMATION COMPOSITE SCORE

Negative events post-discharge are not uncommon, with one survey reporting that nearly 20% of patients experienced a negative experience after leaving the hospital. These include adverse drug events, falls, nosocomial infections, and procedure-related complications. This statistic underlines the importance of a care continuum approach, i.e. care that doesn’t stop when the patient leaves your hospital. High-performing HCAHPS hospitals provide education and information to ensure that patients and their families know what to do and what problems to be on alert for once they get home.

This measure assesses the percentage of adult inpatients who reported whether (“Yes” or “No”) they were provided specific discharge information.

It is based on the following two questions:

- 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? (Q19)
- 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? (Q20)

INITIATIVES THAT CAN IMPROVE THIS SCORE

PARTNER/FAMILY EDUCATION

If patients’ homes are two or more hours from the hospital, it’s important to ensure that they return to the hospital only when symptoms truly warrant the trip. Otherwise, they can be unnecessarily frightened and anxious, and the hospital will incur unneeded costs. One good approach to reduce such recall visits is to spend time prior to discharge educating key family members about how to provide the needed care at home, what symptoms call for a return visit, and sharing information on local resources that could provide help.

DISCHARGE PHONE CALLS

Phone calls help staff close the loop on care and provide a chance to assess patient health and any symptoms they might report. One study on patients with chronic heart failure concludes that when healthcare staff consistently call patients to monitor their health, the outcome is reduced readmission rates, lowered number of days spent in the hospital, and higher patient satisfaction scores.

CARE COORDINATOR

Care coordinators work with the patient, physician and health care team to ensure a high level of care continues to occur after patients transition back into the community. Some such programs deploy nurses who are good at patient education to serve as care coordinators. They educate the patient on their discharge arrangements and requirements, which could include everything from transportation needs to outpatient therapy or a stay at a skilled nursing facility.

A hospital that implemented a multi-pronged rounding program using the MyRounding platform enjoyed a 26% increase in its composite discharge information score.
9. CARE TRANSITIONS COMPOSITE SCORE

Patients undergoing transitions from the hospital are often very vulnerable — they may have functional losses due to a stroke or other serious health event, continued post-treatment pain, anxiety, or confusion. Patients and their family members/caregivers can find themselves unprepared for what happens after the transition and unsure of what they should do to successfully complete the care transition.

Lack of competent transition systems can negatively impact patient safety and perceived quality of care. This in turn may lead to undesirably high rates of readmission, which can cause your hospital to lose up to one percent of eligible Medicare reimbursement payments. Data on readmission penalties shows that in 2014, 2,225 hospitals were penalized for a total of about $227 million.

The frequent lack of transition preparedness was a main driver for developing this measurement tool. Known as the Care Transition Measure (CTM), it assesses the percentage of adult inpatients who responded (“Strongly Agree,” “Agree,” “Disagree,” “Strongly Disagree”) to each of these three questions:

- 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. (Q23)
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (Q24)
- When I left the hospital, I clearly understood the purpose for taking each of my medications. (Q25)

---

INITIATIVES THAT CAN IMPROVE THIS SCORE

CARE TRANSITIONS PROGRAMS

Often used on patients with complex ongoing needs, a care transition program provides education and support designed to build the individual’s confidence in his or her ability to correctly self-manage care. Typically, a transition coach is part of this program, and his/her role is to educate about self-care and help the individual and the family caregiver become more confident. Care transition programs usually focus on four areas - medication self-management, use of the personal health record, timely primary care/specialty care follow up, and awareness of red flags that indicate a worsening condition, with training on how to respond. Regular follow-up discharge phone calls are often part of a comprehensive care transitions program.

MEDICATION EDUCATION VIA ROUNDOING WITH PATIENTS AND FAMILIES

Patients who receive medication education feel more confident in their ability to properly take their medication(s), understand the purpose and are aware of possible side effects. Rounding with patients and their families is emerging as an evidence-based best practice in improving medication outcomes. This is because rounding is specifically designed to increase levels of engagement and communication between individuals and their care teams. Rounding allows your care team to carefully listen to patients and families to ascertain whether they understand their medications, and if this seems to be a problem, to implement a medication education program both prior to and after discharge.
PERSONAL HEALTH RECORDS

Care teams need to make sure that the patient’s personal health record is completed prior to discharge and that patients and family members who will be providing transition care have a copy of this record. It includes key information:

- A medication record that provides space to list the name of the medication, dosage, how often, reason why and whether it is a newly prescribed medicine
- A list of the patients’ health conditions, red flags for each, and action steps for each condition
- Health care provider information
- Family caregiver information
- Living will/advanced directive status
- Questions for the doctor
- Allergies

When care transitions are linked to MyRounding’s mobile rounding solution, one hospital saw a 4.3% increase in its composite care transition score.

10. OVERALL RATING OF THE HOSPITAL

This measure is known as a ‘global’ measure, as it takes into account the many different influencers that patients use to assess their overall rating of the hospital during their inpatient stay. It is really a reflection on all the other composite and individual scores that we have already described. So, focusing on obtaining excellent results on those measures will tend to raise this score as well.

Patients have 10 boxes to choose from, each given a unique number. Patients rate the hospital on a scale from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible. A “highly-satisfied” score is either a 9 or a 10. The survey question reads as follows:

- 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? (Q21)

INITIATIVES THAT CAN IMPROVE THIS SCORE

LEADERSHIP AND PATIENT Rounding

Leadership rounding is an activity wherein executives, managers and even board members purposefully walk through the hospital talking to staff members and to patients. It is intended to help leaders see what’s really going on at the frontlines of care, and gather actionable information that can improve patient quality, safety and satisfaction outcomes. It is one of the best ways to promote better teamwork and communication by making the organization into one connected team working toward patient-centered goals. Leaders who regularly get out of their executive suite get more reliable (and sometimes unvarnished negative) information, hear about innovative ideas from their staff, and learn who to recognize and reward for outstanding performance.

When leaders round on patients, they reinforce the fact that your hospital is truly committed to patient safety and a positive patient experience. It’s a can’t-miss initiative that will bear fruit in the form of higher staff morale, better patient care and improved HCAHPS scores.
11. WILLINGNESS TO RECOMMEND

The final measure is known informally as the ‘would recommend’ score. As with the overall hospital rating score, this is a global measure that reflects the results of other care domains. The logical result of care that patients rate very highly is a greater likelihood that they would recommend that hospital to family and friends.

The survey assesses the percentage of adult inpatients who responded (“Definitely no,” “Probably no,” “Probably yes,” “Definitely yes”) to this question:

- Would you recommend this hospital to your friends and family? (Q22)

POST-DISCHARGE PHONE CALLS

The post-discharge phone call is still one of the top best practices found to improve the patient experience. Phone calls can reduce medication errors and lower readmission rates. One study focusing on chronic heart failure patients found that follow-up calls decreased average number of hospital days over six months, as well as increased patient satisfaction levels. When post-visit calls were routinely made, the “likelihood of recommending” score increased substantially, in some cases from the 56th percentile to the 98th percentile.

ROUNDING

Let’s briefly touch on how rounding can improve staff engagement and morale and therefore positively affect global patient satisfaction scores. It’s a sad fact that disengaged staff often leads to inferior financial performance and lower-than-desired patient satisfaction scores. Improved engagement occurs with a solidly-designed and regularly-followed rounding process that includes several key factors:
Staff are held accountable for rounding goals
Leaders are regularly involved in patient and staff rounding
Staff have real input into the rounding goals and processes
Rounding results in a greater understanding by staff of what drives patient satisfaction
Staff feels that their feedback and thoughts are important to leadership

**A PATIENT-CENTERED CULTURE**
Making patient care the center of your organization’s culture increases the likelihood that patients will be highly satisfied with their care and willing to recommend your hospital to friends and family. There are lots and lots of studies showing that a committed patient-centered culture with a dedicated leader champion is correlated with higher HCAHPS scores. Note the word ‘committed’ in that last sentence.

High-performing hospital organizations don’t view patient-centered care as an initiative to be introduced for a limited time period and then discarded. Leadership must strive to embed a culture of patient satisfaction into the core of their organization, so that staff approach each and every challenge with this thought in mind: “How can we do a better job so our patients feel safer and very happy with their care?”

**PHYSICIAN REPUTATION MANAGEMENT PROGRAMS**
People go online to do many things, including reading customer reviews about a new local restaurant or posting a comment complaining about the service at a hotel where they recently stayed. And whether it seems fair or not, many people use the internet to search for doctors and to both review and write ratings. This is why healthcare organizations need to have a proactive approach for monitoring and managing their staff doctors’ online reputations.

It might seem like an irritating waste of time, but helping your staff physicians take charge of their reputation protects your overall organization as well. At the very least, ask your doctors to take a few minutes to complete a LinkedIn profile using positively-worded information about their background, experience, and specialized skills. This particular website ranks highly in Google searches, so a LinkedIn profile will turn up towards the top of a Google list when patients are searching online for physicians. Some doctors and hospitals go further, engaging the services of companies who specialize in positive physician reputation management, using software tools that allow monitoring and management of online patient reviews.
About MyRounding

The MyRounding application is a cloud-based, HIPAA-compliant platform used by hospitals, clinics and practices to collect quality, safety, satisfaction and other audit and compliance data for analysis and reporting - as well as help organizations capture larger federal reimbursement revenues. When applied and used in patient settings for daily and hourly patient rounding, the MyRounding application has led to increases in HCAHPS scores by over 33%. Beyond patients, the application can easily be configured by local administrators to create custom surveys and audits. The application is highly customizable and very easy to use. From hand hygiene audits to family rounds, to recommended practices, the MyRounding application is used by hospitals in a variety of ways.

• Individualized dashboard gives you visibility and accountability into daily rounding activity
• Instant trending reports at every user level
• Preloaded scripts and question sets that can be customized
• Continued implementation and optimization support
• Track, assign and manage issues
• Available on any mobile or desktop device

SET UP A DEMO:

We'd love to share how MyRounding can help your organization.

Online: www.myrounding.com/demo
Call: 877-503-9226
Email: info@myrounding.com