

## Affecting HCAHPS Scores Through the Implementation of LEAN Principles

Today, over 3,700 hospitals report their HCAHPS scores to the general public. Designed to give patients a chance to voice their satisfaction with a hospital, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey is affecting both the hospitals that choose to report their scores and those that do not.

### What is HCAHPS?

Upon its creation in 2006, the HCAHPS survey was designed to be a publicly reported and nationally standardized survey for measuring patients' experience in their hospital. According to Centers for Medicare & Medicaid Services (CMS), its goals were threefold: "First, the survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Second, public reporting of the survey results creates new incentives for hospitals to improve quality of care. Third, public reporting serves to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment." While most hospitals collect surveys from their patients for internal use, HCAHPS represented the first survey that allowed for cross hospital comparison on a national level.

The HCAHPS survey asks patients 27 questions about their hospital experience, including:

- Communication with doctors and nurses
- Responsiveness of hospital staff
- Cleanliness and quietness of hospital environment
- Pain management
- Communication about medicines
- Discharge information
- Overall rating of the hospital
- Recommendation of the hospital

Hospitals are required to gather 300 HCAHPS surveys—which can be administered 48 hours to six weeks after discharge—to a random sample of adult patients across medical conditions. Participating hospitals may either use an approved survey vendor, or collect their own HCAHPS data (if approved by CMS to do so) via mail, telephone, mail *and* telephone follow-up, or Interactive Voice Recognition (IVR).

### Affects to Hospitals

Aside from the actual collection of patient reviews, perhaps the most obvious effects of the HCAHPS has been to challenge hospitals in the quality of care they provide. Where a patient used to choose their hospital based on proximity, that same patient may now determine that their local hospital's level of service is not sufficient for their needs. Thanks to the internet, each hospital's HCAHPS results are viewable at: <http://www.hospitalcompare.hhs.gov/Hospital/Search/Welcome.asp>. This can be a positive change for those few hospitals that score above average in their patient satisfaction. For the majority, however, it has meant that prospective patients can view the hospital's greatest weaknesses, providing hospitals with great incentive to score well.



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Since 2006, the collection of the HCAHPS has become a standard portion of the National Hospital Quality Inpatient Measures. These measures, developed by CMS and The Joint Commission (TJC), are designed to hold hospitals accountable and increase public awareness of quality levels. Though the HCAHPS is not a mandatory survey yet, it is a requirement for hospitals to receive their full Inpatient Prospective Payment System (IPPS) reimbursement. Since the majority of hospitals collect some federal funding, HCAHPS scores have been provided by 95% of hospitals receiving Medicare funding. Those few hospitals that do not submit HCAHPS results experience a 2% deduction in their IPPS payments.

### How can Process Improvement Techniques affect HCAHPS scores?

Many organizations believe that, because HCAHPS measures satisfaction rather than a process, it will be difficult to effect by applying process improvement techniques. In fact, many of the questions asked in the HCAHPS survey are directly related to the processes a hospital employs.

For example, HCAHPS asks patients if they felt their doctor “listened carefully to you”. How can hospitals affect how their patients feel about communication? Studies have shown that when doctors take 60 seconds at the beginning of an examination to simply listen to the patient, the patient feels the quality of service is much higher. This is a process. Taking 60 seconds to listen to patients and making this a standard procedure is process improvement. Again, HCAHPS asks whether a hospital did everything they could to help reduce pain. At first glance, this seems to be solely in the mind of the patient. However, hospitals can develop Standard Work and check sheets to ensure they are doing all they can. The important part of the patient’s perception of Standard Work is in communication. Nurses that are trained to say things like, “I am doing this to reduce your pain” will cause patients to have a higher perception of the quality of care provided. This kind of scripting relies heavily on staffing to be actively involved in reaching quality standards.



For management, the implications of the HCAHPS are somewhat different. Making changes across an entire organization requires dedicated individuals with a proven plan. Management must consider the scope of the implementation of projects and how it should be carried out. Identifying problem areas can often be as difficult as fixing them, but thanks to HCAHPS, executives can know where to start improving.

Given the public reporting of hospitals’ quality standards, many are using process improvement methodologies to achieve higher patient satisfaction. Those that do often find their patient satisfaction scores are well into the 90% range. Beyond satisfaction, process improvement is also helping hospitals reduce operating costs by reducing wastes, and by bringing the patient to center focus.



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