

Mastering the New HCAHPS

Learning Guide– What Leaders Need to Know



Mastering the New HCAHPS

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Understanding the Why

HCAHPS
The Hospital –
Consumer
Assessment of
Healthcare Providers
and Systems Survey



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"Change is **good**,
you go **first**."

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Victim or Volunteer?

"It's not that people **mind change**,
they **mind being changed**."

– Ken Cade

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Every Adversity...



"Every **adversity**, every **failure**,
every **heartache** carries with
it the **seed of an equal or
greater benefit**."

– Napoleon Hill

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Every adversity...

Meef
Marcia Hendricks, CEO



Marcia's Silver Lining List

- 1 In a pandemic, **caregivers rise to the occasion**
- 2 Hospitals discovered they can **look after sicker patients** better than they thought
- 3 **Telehealth**
- 4 Patients prefer **go to local community hospitals** for COVID care

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My Personal Silver Lining List

- Zoom **Dinner Parties**
- Work from **Home**
- Spring Cleaning in **April**



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At the minimum
let's see these changes
as a **WAKE UP CALL**
to serve our patients
better!

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What's driving these changes...

CMS introduced these changes to...

- Improve **response rates**
- Encourage **real-time feedback**
- **Respond to lobbying** from American Hospital Association (AHA) and Beryl Institute
- More **accurately reflect the patient experience** and supports hospital **improvement efforts**

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Understanding Why (cont'd)

HCAHPS, 2025

WORDING CHANGE

Responsiveness of Hospital Staff

BEFORE	NOW
"During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?"	"During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?"
	REMOVED FROM HOSPITAL ENVIRONMENT

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"You *won't* stay 5 Star, or be *on your way* to 5 Star, unless you get *these changes right*."

— Brian Lee, CSF, HF

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HCAHPS 2025 Decoded

Perspective – CMS HCAHPS 2025 Changes

- **In late 2024, The Centers for Medicare & Medicaid Services (CMS)** have announced several significant updates to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, effective for patient discharges beginning January 1, 2025
- **These changes were aimed to enhance the survey's effectiveness**, improve response rates, and better capture patient experiences. Below is an outline of the key modifications:

The following 8 facts concisely summarize changes to HCAHPS:

FACT #1

Survey Questions Reorganized

29 survey questions, now 32 survey questions

- Organized into 11 Domains
- CMS limiting the number of supplemental survey questions to 12

FACT #2

Survey Completion

- Surveys can now be completed online (and phone or mail)
- Family members, loved ones, caregivers can fill out the survey as a proxy on the patient's behalf
- Spanish speaking patients must access a Spanish survey

FACT #3

Survey Questions: Previously deleted – Pain Care

- *"During this hospital stay, did you have any pain?"*
- *"During this hospital stay, how often did hospital staff talk with you about how much pain you had?"*
- *"During this hospital stay, how often did hospital staff talk with you about how to treat your pain?"*
- **Reason for removal:**
 - Pain management questions were removed due to concerns about their potential to inadvertently promote overprescription of opioids
 - CMS now encourages hospitals to address pain as part of broader care coordination and communication efforts

Recommendation: Keep measuring and improving

FACT #4

Survey domains newly deleted: Transition of Care

- *"The hospital staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left the hospital."*
- *"When I left the hospital, I had a good understanding of the things I was responsible for in managing my health."*
- *"When I left the hospital, I clearly understood the purpose of taking each of my medications."*

Recommendation: Keep measuring and improving

HCAHPS 2025 Decoded (cont'd)

Survey Questions Moved – Hospital Environment – Quiet at Night

- “During this hospital stay, how often was the area around your room quiet at night?”
- This question was incorporated into the new “Restfulness of Hospital Environment” domain category

Recommendation: Keep measuring and improving

Wording Changed: Responsiveness – Call button use

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

Replaced with:

- “During this hospital stay, when you **asked for help right away**, how often did you get help as soon as you needed?”

Recommendation: Keep measuring and improving

FACT #5

No Changes in 6 Domains

- Communication with Nurses
- Communication with Doctors
- Communication about Medicines
- Discharge Information
- Overall Rating
- Recommend the Hospital

Recommendation: Keep measuring and improving

FACT #6

New Survey Questions: Restfulness of Hospital Environment

- “During this hospital stay, how often were you able to get the rest you needed?”
- “During this hospital stay, how often was the area around your room quiet at night?” (from previous survey)
- “During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?”

Recommendation: Become educate and get started improving

• New Survey Questions - Care Coordination

- “During this hospital stay, how often were doctors, nurses and other hospital staff informed and up to date about your care?”
- “During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?”
- “Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?”

Recommendation: Become educate and get started improving

• New Survey Question - Information About Symptoms

- “Did doctors nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?”

Recommendation: Become educated and get started improving

HCAHPS 2025 Decoded (cont'd)

FACT #7
Timeline

- Survey collection period **extended to 49 days**
- Survey Questions Changes effective **January 1, 2025**
- CMS data for Star Ratings in Q1/25 are **required by Q3**
- New questions counted for Star Ratings effective **January 1, 2026**
- VBP incentives/penalties become effective **2027**
 - **Until October 2025: 10 HCAHPS measures:**
(Communications with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Communication about Medicines, Cleanliness of Hospital Environment, Discharge Information, Care Transition, Overall Hospital Rating, and Recommend the Hospital)
 - **January, April, and July 2026: 8 HCAHPS measures:**
(Communication with Nurses, Communication with Doctors, Communication about Medicines, Cleanliness of Hospital Environment, Quietness of Hospital Environment, Discharge Information, Overall Hospital Rating, and Recommend the Hospital)
 - **October 2026 and forward: 11 HCAHPS measures:**
(Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, Communication about Medicines, Discharge Information, Cleanliness of Hospital Environment, Information about Symptoms, Overall Hospital Rating, and Recommend the Hospital)

Restfulness of the Hospital Environment: Rest Assured

Perspective- Restfulness of the Hospital Environment

Why was Restfulness added to HCAHPS?

The Centers for Medicare & Medicaid Services (CMS) decided to add this dimension after extension research and feedback from patients and healthcare providers.

- **Patient Feedback:** Surveys consistently showed that noise and interruptions were top complaints during hospital stays
- **Research on Healing:** Studies have demonstrated a strong link between restful sleep and improved patient outcomes, including faster recovery times and reduced readmissions
- **Holistic Care Philosophy:** CMS wants to encourage hospitals to view patients' experiences as more than just medical interventions. Restfulness is a cornerstone of holistic care

HCAHPS Survey Questions – Restfulness of the Hospital Environment

- *"During this hospital stay, how often were you able to get the rest you needed?"*
- *"During this hospital stay, how often was the area around your room quiet at night?"* (from previous survey)
- *"During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?"*

Background to Restfulness Questions

- These questions ask patients to report how often the care environment in and around their room supported restful comfort
- It focuses on their ability to sleep and rest during their hospital stay, considering factors such as noise levels, medical interruptions, and overall comfort
- Creating a quiet, healing environment is essential for promoting adequate rest
- Noise from hallways—including conversations, medical equipment, and meal deliveries—as well as external sounds like construction, traffic, and sirens, all contribute to a patient's sound environment
- Note, some of the most disruptive noises may originate from within the patient's own room



DO IT Recommendations:

1. Create a Restful Environment:

Help patients personalize their space with items from home, to make the hospital environment more comfortable, such as:

- Earplugs
- An eye mask
- White noise device
- Or a favorite blanket

2. Create a Multidisciplinary 'REST ASSURED' Team:

Utilize these tools provided and brainstorm effective ways to successfully implement them into your unit's culture and protocol.

- See C-Tool "Rest Assured Team Charter"

3. Educate Patients with Rest Guide:

Give patients educational information guide upon admission on rest/sleep improvement measures, and available items to help them rest.

- See C-Tool "Patient Rest Orientation Guide"
- See C-Tool "Patient Rest Education Guide"

Restfulness of the Hospital Environment: Rest Assured (cont'd)

4. Cluster Care Activities:

Plan and coordinate medication administration, assessments, personal care and vital monitoring in one visit, if possible, to minimize rest disruptions.

Agree upon “Healing time periods” i.e. late afternoon, early evening when sleep, napping and rest is encouraged.

See CLS Webinar – Quiet at Night – the Quiet Revolution.

5. Manage Pain and Discomfort:

Ensure that any pain or discomfort is well-managed.

Caregivers should advocate for adjustments in medications if necessary and monitor the patient’s comfort levels.

See CLS Webinar – Pain Care – Compassionate Pain Care.

6. Practice Relaxation Techniques: Teach patients relaxation techniques such as:

- Deep breathing
- Meditation, or
- Listening to calming music to help them unwind and prepare for sleep

See CLS HACHPS Webinar – Pain Care – Compassionate Pain Care.

7. Encourage Patient Engagement:

Encourage patients to let staff know they need a quieter environment or specific times for rest and communicate their needs and discomforts to caregivers during:

- Hourly rounding
- Leader Rounding and
- Bedside report

See C-Tool – The How- Tos of Patient Engagement.

8. Utilize Sentence Starters:

To make it easier for patients and family to better understand and accept this information, for example:

- “We encourage family and visitors to support your rest by...”
- “We know how important sleep is for healing, so if you need earplugs, an eye mask, or other comfort items, just ask...”

See C-Tool – Restfulness Sentence Starters.

9. Caregiver Education:

Educate caregivers on the Importance of restfulness

- **Schedule a one-hour Inservice** on restfulness Education to familiarize caregivers with the new HCAHPS Survey questions, and provide timely relevant, education

Care Coordination: The Art of Seamless Care

Perspective on Care Coordination

Why was Care Coordination added to HCAHPS?

- **Care coordination is the process of organizing patient care activities** and sharing information among all participants involved in a patient's care
- **The goals of care coordination** are:
 - meet patients' needs and preferences
 - improve health outcomes
 - reduce health care costs

HCAHPS Survey Questions – Care Coordination:

- 1. *“During this hospital stay, how often were doctors, nurses and other hospital staff informed and up to date about your care?”*
- 2. *“During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?”*

Background to Care Coordination Questions:

- These questions ask patients and their family members or support persons about how often they were updated during their hospital stay
- Hospitals use various strategies, such as hourly rounding and bedside shift report, along with tools like whiteboards and daily care plans, to keep patients informed
- However, frequent changes in patient status, care settings (e.g., unit transfers), and personnel (including shift changes) can make consistent communication challenging
- Additionally, unclear roles among support persons or family can further complicate efforts to provide clear and coordinated updates



DO IT Recommendations:

1. **Improve communication and collaboration** between doctors, nurses, and other care team members through:
 - Structured huddles
 - Interdisciplinary rounds and handoffs
 - Bedside report
2. **Educate caregivers** on the Importance of Care Coordination:
 - **Schedule a one-hour Inservice** on the Art of Seamless Care to educate and familiarize caregivers with the new HCAHPS Survey questions and provide timely relevant, skills, and best practices

See cTool – “Care Coordination Workshop Agenda, Care Coordination “The Art of Seamless Care”.

Care Coordination: The Art of Seamless Care (cont'd)

3. **Give priority attention to keep patient and their family engaged** in ongoing clinical goals, via these 3 must-have best practices:

- Nurse Leader Rounds
- Bedside Shift Report
- Hourly Rounding

See CLS Webinar “Communication with Nurses: Relationship-Based Nurse Communication”™.

- Be sure to make **teach-back** a pillar of your unit clinical culture

See cTool – Teach Back.

4. **Encourage real-time questions** to ensure that the patient has an opportunity to ensure their concerns are identified.

Use care coordination tools to keep everyone informed and aligned like:

1. Whiteboards
2. Care plans, and
3. Patient portals

See cTool – Guide to Care Coordination Tools and How They Work.

5. **Establish clear and achievable time frames for follow-ups and updates**
 - That the care team can reliably meet or exceed
 - While occasional delays due to hospital operations may occur, communication should be framed in a way that reassures patients rather than creating unnecessary concern or a perception of unsafe care
 - Thoughtful messaging can help manage expectations while maintaining trust and confidence in the care team

HCAHPS Survey Questions – Care Coordination:

- 3. “Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care **after you left** the hospital?”
- 6. **Ensure that caregivers or family members are present during discharge** care discussions to increase their understanding of the patient’s health concerns and care at home.
- 7. **Inquire about the patient’s concerns about returning home:**
 - Some patients experience anxiety related to leaving the hospital.
 - Address stated and unstated concerns
 - Involve caregivers and family members in this conversation

Prepare the patient and family by asking questions such as:

- What concerns you most about going home?
- What questions do you have about what to do when you go home?
- What questions can I answer for you before you go home?
- What information may I provide that will help you feel confident going home?

Care Coordination: The Art of Seamless Care (cont'd)

8. Discharge planning by involving patients and families earlier:

- Providing clear instructions, and following up after discharge
- Offer patients and family members a discharge packet that is well organized, clearly labeled, and easily understood
- Review the packet with them so that the patient and family members know where to find key information after they have left the hospital

9. Provide patients and family with a contact information sheet

- That can be used after the transition to the home, rehabilitation unit, nursing home, etc.
- The contact information sheet can be used to facilitate the conversation about whether the patient will have the help he or she needs when leaving the hospital

The contact sheet should include:

- Whom the patient should contact if he or she has concerns
- Community resources, since patients may need help beyond traditional care
- Phone numbers that can be used to reach a member of the health care team (e.g., 24-hour hotline)
- Contact information for the patient's local providers for follow-up appointments
- Begin go home conversations well before discharge. Information shared on the day of discharge may be forgotten

10. Sentence Starters:

To make it easier for patients and family to better understand and accept this information, for example

- "Our team is working together to ensure you receive the best care by..."
- "To keep you informed, we will update you regularly about..."

See cTool – Care Coordination Sentence Starters.

11. Charter a Seamless Care Team:

Create a multidisciplinary "Seamless Care" team.

Utilize these tools provided and brainstorm effective ways to successfully implement them into your unit's culture and protocol.

See cTool – Seamless Care Charter.

Information About Symptoms: Healing Signals

Perspective- Information about Symptoms

- **Information about Symptoms** is a new individual question item on the HCAHPS 2025 Patient Survey
- **This question has been added** to directly assess how well hospital staff educate patients and caregivers about managing symptoms after discharge

Why Was Information About Symptoms Added to HCAHPS

- **Focus on Patient Safety:**
 - Educating patients about symptoms can prevent complications, unnecessary readmissions, or emergency visits
- **Promote Proactive Care:**
 - Equips patients with the knowledge to better manage their recovery effectively, helping with independence and better health outcomes
- **Addressing Gaps in Communication:**
 - Previous surveys lacked a direct measure of symptom management education, despite its critical role in care transitions

HCAHPS Survey Question – Information about Symptoms

- *“Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?”*




DO IT Recommendations:

1. Standardize the Discharge Process
 - **Use Symptom Checklists:** Provide caregivers with detailed checklists of common symptoms related to the patient’s condition
 - **See C-Tool – Patient Discharge Symptoms Checklist**
 - **See C-Tool – Respiratory Illness Symptoms Checklist**
 - **See C-Tool – Reviewing a Symptoms Checklist with Patients at Discharge**
2. Communicate Clearly and Simply
 - **Teach-Back Method:** Ask patients to repeat the information in their own words to confirm understanding
 - **See C-Tool “Teach Back”**
3. Involve the Entire Care Team
 - **Doctors:** Focus on high-level expectations
 - **Nurses:** Reinforce education by explaining symptom management during bedside interactions and discharge
 - **Pharmacists (if applicable):** Address symptoms related to medications, such as side effects
4. Leverage Educational Tools
 - **Written Instructions:** Include a clear section in discharge instructions about symptoms to watch for, categorized as “normal” vs. “urgent.” Visual aids or infographics for common symptoms.
 - **See C-Tool – Developing Written Instructions for Patient Education**

Information About Symptoms: Healing Signals (cont'd)

5. Empower Patients and Caregiver
 - **Encourage Questions** and include Caregivers
6. Follow Up Post-Discharge Calls
 - **Incorporate a** symptom management checklist to be referenced during post discharge calls with 48 hours to address any concerns
7. Focus on the Patient Experience
 - **Acknowledge the patient's specific concerns** about symptoms to build trust and confidence. Patients who feel genuinely cared for are more likely to remember and act on discharge instructions
8. Educate caregivers on the Importance of Symptom Education
 - **Schedule a one-hour Inservice** on Symptom Education to familiarize caregivers with the new HCAHPS Survey question, and provide timely relevant, education
9. Utilize Sentence Starters
 - **To make it easier for patients and family to better understand** and accept this information, for example
 - "As you recover at home, watch for any changes such as..."
 - "It's important to keep track of your symptoms and let your doctor know if..."
 - **See C-Tool – Information about Symptoms – Solution Starters**

Do or Do Not, There is No Try



Brian Lee

Do or Do Not, There is no TRY

Just Do It


AGENDA

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A quick social experiment...

"TRY" to stand up!

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**"Do or Do Not.
There is no TRY!"**

— Yoda, Grand Master of Jedi High Council

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What's My Point?



**"You *can't* build a reputation
on what you're *gonna* do."**

— Henry Ford

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Use it within
14 days
or **Lose it**


The **93%**
Factor

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Recommendation

**Don't Try..
Just DO IT!**

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**"All change fails
because of a
lack of urgency."**

— John Kotter, Professor

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PREVIOUS HCAHPS Measures (VBP)

1 Communication with Doctors	6 Cleanliness and Quietness
2 Communication with Nurses	7 Discharge Information
3 Responsiveness of Hospital Staff	8 Transition of Care
4 Pain Management	9 Overall Rating
5 Communication about Medicines	10 Recommendation to Others

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Do or Do Not, There is No Try (cont'd)

Mastering the NEW HCAHPS



1 Communication with Doctors	6 Cleanliness
2 Communication with Nurses	7 Discharge Information
3 Responsiveness of Hospital Staff	8 Care Coordination
4 Restfulness	9 Symptoms Information
5 Communication about Medicines	10 Overall Rating
	11 Recommendation

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Recommend Keep Improving



- 1 Pain Care
- 2 Transition of Care
- 3 Yelp **Overall** issues!

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Top 6 PRIORITY Domains



1 Communication with Doctors	6 Cleanliness
2 Communication with Nurses	8 Care Coordination
3 Responsiveness of Hospital Staff	
5 Communication about Medicines	

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Introducing: ruralratings.us/




   




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*"We are **dabbling at these things**,
but we have **not hardwired them**."*

— Jeremiah Dadrill, CFO



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DO IT Tool Kit



*"Hope, **dabbling**, and mentioning are **not** strategies."*

— Brian Lee, CSP, HOF

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AGENDA

Mastering the New HCAHPS™ DO IT Tool Kit

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Recommended DO IT Plan

- **Commit** to delivering a **5 Star Patient Experience**
 1. Download a copy and **this video** to be viewed by your:
 - Service Excellence **Council**
 - Service Excellence **Advisors**
 - **Executive and Leadership Team**
 2. Download today's **cTools**

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Recommended DO IT Plan

- Assign **Domain Champions** for the new survey domains
 - Restfulness of the Hospital Environment
 - Care Coordination
 - Information About Symptoms

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Recommended DO IT Plan

- Assign **Domain Champions** for the new survey domains
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Recommended DO IT Plan

- **Commit** to delivering a **5 Star Patient Experience**
 3. Consider requesting a **live virtual webinar briefing** via **Kevin** or **Rachel**, or book them through **Chelan**





Kevin Robbins Rachel Spalding Chelan MacMillan

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Recommended DO IT Plan

- **Commit** to delivering a **5 Star Patient Experience**
 4. Download a copy of **Mastering HCAHPS Leadership Series** and fully utilize all the tools that included:
 - Learning Guide
 - 23 Implementation Tools
 - 50+ Leadership Skills
 - Team DO IT Plan
 - CHPP Certification

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Equally Valuable Education for

- **Emergency Department**
- **Outpatient/Ambulatory Surgery**
- **Long Term Care/Skilled Nursing**
- **Non-Clinical Leaders**

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DO IT Tool Kit (cont'd)


Recommended DO IT Plan

- Commit to delivering a 5 Star Patient Experience
 - Begin by viewing the next scheduled webinar:
 - Discharge Satisfaction Guaranteed
 - Or Utilize the webinar **On Demand feature**
 - At your team's convenience



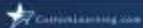
Recommended DO IT Plan

- Commit to delivering a 5 Star Patient Experience
 - Utilize the HCAHPS Learning System, **Implementation System**, including
 - 8 Steps **Coordination Checklist**
 - 30-minute **DO IT Plan Debrief**
 - Engagement **Planning Tool**
 - DO IT Master **Action Plan**
 - Tools and **Resources Summary**




Recommended DO IT Plan

- Commit to delivering a 5 Star Patient Experience
 - Utilize the Everyone's a Caregiver **HCAHPS Hospital of Choice™** micro-webinar system



Recommended DO IT Plan

- Request your Implementation Coordinator to monitor the HCAHPS Resources website, to download
 - Information About Symptoms **Healing Signals – July 10th**
 - Care Coordination **The Art of Seamless Care – August 14th**
 - Restfulness of Hospital Environment **Rest Assured – September 11th**



Recommended DO IT Plan

Utilize CLS targeted tools to focus on:

- Hospitalist/Provider Education **Hospitalist HCAHPS Certification Course**
- Targeted Domain Improvement Focus **LEAD Team Protocol**
- Instant Answers for Problem Solving **CLS AI**



Implementation cTools List

Click [Here](#) or Scan to access:



Rest-Assured cTools

1. [“Rest-Assured” Team Charter](#)
2. [Patient Rest Orientation Guide](#)
3. [The How-To’s of Patient Engagement](#)
4. [Patient Rest Education Guide](#)
5. [Restfulness Sentence Starters](#)

Seamless Care cTools

1. [Care Coordination Sentence Starters](#)
2. [Medication Education Teach Back](#)
3. “The Art of Seamless Care” Team Charter
4. Care Coordination Tools
5. Care Coordination Workshop Agenda

Healing Signals cTools

1. [Patient Discharge Symptoms Checklist](#)
2. [Developing Written Instructions for Patient Education](#)
3. [Respiratory Illness Patient Discharge Symptoms Checklist](#)
4. [Reviewing a Symptoms Checklist with Patients at Discharge](#)
5. [Symptoms Sentence Starters](#)
6. [Medication Education Teach Back](#)

Notes:

[illegible]

Participant Experience Feedback

Mastering the New HCAHPS

PLEASE PRINT

Date: February 28, 2025

[Click here](#) or scan the QR code to access this form online:


First and Last Name: _____

Organization: _____ City/State: _____

Department: _____ Position: _____

Business Phone: _____ Ext. _____

Email: _____ Cell: _____

1. There are approximately _____ number of employees in our organization.

2. For me, the **most valuable idea** I learned and intend to use is:

3. What I would tell others about the **quality of the speaker** and **value of the content**:

O.K. to quote me: ☐ YES ☐ NO

4. Presentation improvements I would suggest:

5. **On a scale of 1 – 5, this presentation:** (Met My Expectations) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Did Not)

I am interested in the following (please ☒ where applicable):

6. ☐ Yes, I'd like to participate in the **Mastering HCAHPS Leadership Series**

7. ☐ Yes, I'd like to register for **Information About Symptoms: Healing Signals** webinar (Release: July 10)

8. ☐ Yes, I'd like to register for **Care Coordination: The Art of Seamless Care** webinar (Release: August 14)

9. ☐ Yes, I'd like to register for **Restfulness of Hospital Environment: Rest Assured** (Release: September 11)

10. ☐ Yes, I'd like the **recording** of this webinar: **Mastering the New HCAHPS**

11. ☐ Yes, I'd like to speak to [Rhonda Stel](#) learning more access to the **Custom Learning System tools**