

The **Star Struck Factor** **in Survey Mastery™**



Brian Lee CSP, HoF

Mastering the Core
Competencies of
Patient Experience
Survey Ratings and
Improvement

HCAHPS 101

HCAHPS Defined

- The **H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems Survey
- HCAHPS survey asks discharge patients 29 questions about their recent hospital stay
- The survey contains 19 core questions
- Publicly reported on <https://www.medicare.gov/care-compare/> and additional results can be found on HCAHPS Online <https://hcahpsonline.org/>
- HCAHPS Fact Sheets:
https://hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_march_2021.pdf

HCAHPS Domains Under Value-Based Purchasing

1. Communication with Doctors
2. Communication with Nurses
3. Responsiveness of Hospital Staff
4. **Pain Management (discontinued in 2019/2020)**
5. Communication about Medicines
6. Cleanliness and Quietness
7. Discharge Information
8. Transition of Care
9. Overall Rating
10. Recommendation to Others

Recommendations:

1. Keep measuring.
2. Keep improving.

DO IT Recommendations:

1. Become patient experience survey literate.
2. Make patient experience survey literacy a priority goal for everyone.
3. Use the CLS Patient Experience Reporting Protocol Guide for a system to implement.

Recommendations:

When rounding, ask:

1. Did we adequately control your pain?
2. Please provide additional information about your concerns with pain control.



*HCAHPS 101 (cont'd)***DO IT Recommendations:**

1. Invite every employee/caregiver to complete an HCAHPS Survey and share their compiled results along with your patients.
2. Ask your survey vendor to add back the pain questions as “optional”, so you can continue to be sensitive to this priority concern and continuously improve the patient’s comfort.
3. When producing patient experience survey reports, always show top box and percentile rank and rolling year to date.
4. Take advantage of the Custom Learning Systems’ HCAHPS Breakthrough Leadership™ Webinar Series as a comprehensive source of improvement knowledge, best practices, and tools.
5. Access the HCAHPS Hospitalist Certification Course that condenses the CLS HCAHPS Breakthrough Leadership™ Webinar Series into eight targeted webinars.

HCAHPS Overall Rating “Yelp” Factor**Question:**

Ever wonder why it’s so hard to move the needle on the Overall HCAHPS question?

Caution!

1. For this reason, avoid focusing solely on the Overall or Willingness to Recommend question for improvement.
2. Do not ignore the “missing questions”.

Introducing CareSay Snapshot™**DO IT Recommendations:**

1. Consider asking your survey vendor to provide you with a supplementary “PERS-YELP” like survey to capture patient perspective on missing HCAHPS questions.
2. An option is to take advantage of the CLS CareSay Snapshot™ Survey Tool.

The Integrity Factor in Patient Experience Surveys

Question:

Why won't patients tell you how they honestly feel about you while they're under your care and control?

CAHPS® Surveys

- Consumer Assessment of Healthcare Providers and Systems surveys
- Conducted by CMS certified vendors
- Scientifically validated research method
- Questions pre-tested for bias
- Required an “N” – number of 25 for quarter (+ or – 3.5%) to be a representative sampling

What is Top Box?

- Indicates how often patients selected the most positive response category when asked about their hospital experience i.e. percentage of surveys that scored 4 out of 4 or “Always”, percentage of surveys that scored 9 out of 10
- The higher top box, the better

What is Percentile?

- Percentile for HCAHPS is the top box score compared to all others that are reporting
- The higher percentile, the better

Source: <https://hcahpsonline.org/> and <https://www.cms.gov/>

What HCAHPS does not survey?

- Observation Beds
- Behavioral Health
- Out of State/International
- Swing Beds

DO IT Recommendations:

1. Ask your survey vendor to break down your reports by these four categories.
2. If your Swing Bed is a significant volume factor, then consider adding on a Swing Bed CAHPS equivalent survey.
3. Invite every employee/caregiver to complete an HCAHPS Survey and share their compiled results along with your patients.
4. When producing patient experience survey reports, always show top box, percentile rank, and rolling year to date.

Perception = Deception!

Hospital Value-Based Purchasing (VBP) Program

The Value-Based Purchasing (VBP) program rewards acute care hospitals with incentive payments for the quality of care provided in the inpatient hospital setting.

The VBP Program

- Designed to make the quality of care better for hospital patients
- Designed to make hospital stays a better experience for patients
- Adjusts payments to hospitals under the Inpatient Prospective System (IPPS) based on the quality of care they deliver
- Encourages hospitals to improve quality, efficiency, patient experience, and safety of care that Medicare beneficiaries receive during acute care inpatient stays
- Is funded by reducing participating hospitals FY 2021 base operating Medicare severity diagnosis-related group (MS-DRG) payments by 2%

DO IT Recommendations:

1. If you are a PPS hospital subject to Value-Based incentives, set a goal to eliminate penalties in the next 12-18 months and earn bonus payments as you progress to 5 Star.
2. If you are a Critical Access Hospital (CAH), be aware that your competing tertiary hospitals are all driven to maximize their penalties, maximize their bonuses by improving their scores.
3. Be aware that there is still a risk that VBP may be applied to CAHs.
4. If you are part of an Accountable Care Organization (ACO), there are already penalties and incentives tied to the patient experience.

Key CAHPS® Surveys

1. Home Health and Hospice CAHPS.
2. Emergency Department Patient Experience with Care (ED PEC) survey (final decision pending).
3. Outpatient and Ambulatory Surgery (OAS-CAHPS) Survey (final rule pending).

DO IT Recommendations:

1. If you are not currently using the ED-CAHPS survey but rather your vendor's own ED tool, you may want to ask them to convert – make sure they provide you with a streamlined model format.
2. If you are not currently using your vendor's own Ambulatory Surgery survey tool, you may want to ask them to convert to the OAS CAHPS model.
3. Check with your survey vendor about the multiple survey options that may be relevant to you and improving your patient experience.


Clinician & Group CAHPS (CG-CAHPS) Survey

CG-CAHPS Survey

1. Asks patients to report on their experiences with providers and staff in primary care and specialty care setting.
2. There are 3 versions and 5 main categories that may be relevant to you and your clinic patients:
 - 6 month 3.0 (English and Spanish)
 - 12 Month Adult Survey 2.0 (Adult and Child)
 - Patient-Centered Medical Home 2.0 (PCMH) – Adult and Child
 - Visit Survey 2.0 – Adult and Child
 - Accountable Care Organizations (ACOs)
3. Mandatory for:
 - Medical practices with more than 100 providers
 - Pioneer ACOs and Medicare Shared Savings Program ACOs are required to participate in annual CG-CAHPS data collection as part of the ACO CAHPS program


Non CG-CAHPS Surveys

- Be aware that many **patient survey vendors offer their own non-CG-CAHPS Surveys**
- While they vary in the type of questions asked, they are **similar in their intent** to gain patient feedback




Clinic Internal Survey

- Many clinics have chosen to conduct their own **"internal" surveys**
- The challenge with this option is the survey questions **may be biased and even self serving**
- They **cannot be benchmarked** against other clinics
- The key question to ask – "do survey results provide **actionable data for improvement?**"



CG-CAHPS Public Reporting Chartbook Database


- To learn more about the CG-CAHPS Survey, visit **AHRQ website:**
<https://cahpsdatabase.ahrq.gov/CAHPSIDB/CG/about.aspx>
- Public access to **3,000 medical practices** (voluntary reporting)
- Note – this data is typically **a year old**



CG-CAHPS Survey Mode Options

CMS currently requires clinics that are mandated to complete the **CMS Survey** to their survey vendor, to adhere to the following methodology:

- **Mail only**
- **Telephone only**
- **Mixed mode:**
 - Mail and telephone
 - Email and mail
 - Email and telephone
- **Texting** is an option only
- Or **Tablets** at the time of visit



Source: <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>

DO IT Recommendations:

1. Clarify the type of survey methodology currently being used by your clinic.
2. If the survey format is the following, we recommend conducting a Request for Proposal (RFP) to choose a CG-CAHPS vendor.

Option	Survey Methodology
5	Non-CG-CAHPS
6	Clinic internal survey
8	Not doing a survey

The Long-Term Care Q4 Survey Basic



CMS.gov Centers for Medicare & Medicaid Services
<https://www.medicare.gov/care-compare/>

Find & compare nursing homes, hospitals & other providers near you.

Where do you live?
 ZIP Code: State: Search



Nursing Home Star Rating
 Nursing Home Compare: Oct 2019 – Dec 2020

Overall rating: ★★★★★ (Average)

Health inspections: ★★★★★ (Below average)
 Staffing: ★★★★★ (Above average)
 Quality of resident care: ★★★★★ (Below average)

The Challenge: not does measure the Resident Experience

More stars are better.
 *The number of cases/patients is too low to report a star rating.
 Source: <https://www.medicare.gov/care-compare/>



The Resident Experience
Nursing Home CAHPS – NH CAHPS
<https://www.ahrq.gov/cahps/surveyguidance/nh/index.html>

AHRQ Agency for Healthcare Research and Quality

CAHPS Nursing Home Surveys

- **Long-Stay Resident Survey.** An in-person structured interview for long-term residents.
- **Discharged Resident Survey.** A questionnaire for recently discharged short-stay residents.
- **Family Member Survey.** A questionnaire that asks family members about their experiences with the nursing home.

The Challenge: lengthy & not well accepted



Introducing... **CoreQ**
<http://coreq.org/>

Getting to the core of customer satisfaction in skilled nursing and assisted living.

What is **CoreQ** ?


- CoreQ is a set of **five measures** for skilled nursing care centers (SNCC) and assisted living (AL) communities
- Developed by a team including, Nicholas Castle, Ph.D., the **American Health Care Association/National Center for Assisted Living (AHCA/NCAL)**
- **National Quality Forum (NQF)** endorsed all five CoreQ measures

SNCC Long-Stay Residents x 3 Questions


1. In recommending this facility to your friends and family, **how would you rate it overall?**
2. Overall, how would you **rate the staff?**
3. How would you rate the **care you receive?**

The Long-Term Care Q4 Survey Basic (cont'd)

SNCC Short-Stay Discharge
+ one additional question
 Questions 1-3 +
 1. How would you rate how well your discharge needs were met?



Assisted Living Resident
+ one additional question
 Questions # 1-3 +
 1. Overall, how would you rate the food?



CAREQ Customer Satisfaction Vendors



Vendor Name	Contact Name	Email	Vendor Name	Contact Name	Email
Advanced Health	Ann Chavakis	achavakis@advancedhealth.com	Charmelle LLC	Patricia Brown	pbrown@charmelle.com
Star	Neil Leung	neil@starq.com	Global Services, Inc.	Kevin Kell	kkell@globalservices.com
Star-Blue Center	Reba Kark	rkark@starblue.com	Qualtrics	Neil Henderson	neil@qualtrics.com
Statpro, Carolina Blue	Tom Jones	tomjones@statpro.com	Research.com	Phyllis Cook	phcook@research.com
Star Services	Shou Marat	smarat@starservices.com	Survey	Yvonne Lee	yvonne@survey.com
Carlisle	Frank Fernandez	fran@carlisle.com	Survey, Strategic	Michael Ross	ross@surveystrategic.com
Global Services	Richard Green	rgreen@globalservices.com	Survey Logic, Alliance	Colleen Miller	cmiller@surveylogic.com
Survey, Health, Inc.	Way Peterson	wpeterson@survey.com	Survey Services	Liz Anderson, PhD	liz@survey.com
The Care Alliance Group, Inc.	Frank Teraviva	frank@teraviva.com	Survey, Inc.	Michael Johnson	mjohnson@survey.com
HL Services	Scott Hammond	shammond@hl.com	Survey Systems	Spencer Patterson, PhD	spencer@surveysystems.com
Healthcare Systems, Strategic	Andy Hill, MBA	ahill@healthcare.com	Survey, Inc.	John Green	john@survey.com
Statpro	Nancy McAvoy	nmacvay@statpro.com	Survey & Analytics, Inc.	Chris Kelly	ckelly@survey.com
Health Analytics, LLC	Benji Rubin	benji@healthanalytics.com	Survey	Adam Higgins	ahiggins@survey.com
HL Customer Service	Rob De Jong	rdj@hl.com	SurveyLogic	Joseph Shurtwell	jshurtwell@survey.com
Logistics, Care Systems	Scott Swanson	swanson@logistics.com	Survey, Z-Scale	Lisa Walker	lwalker@survey.com
Management Services	Jennifer Wilson	jenwilson@ms.com	Survey, Locus	Mark Thomas	mthomas@survey.com
Survey Services, Strategic	Jeff Sykes	jsykes@survey.com	Survey, Locus	Andie Morrison	amorrison@survey.com
Survey, Health Services, Inc.	Ryan Sparks	rsparks@survey.com			
HL, Health	Paul Kuylen	pkuylen@hl.com			
Statpro	Paul Ryan	pryan@statpro.com			
Professional Services	Julian Powell	jpowell@professional.com			
Statpro					



CoreQ Questions™


For more information about CoreQ, visit <http://coreq.org/>

Or contact a vendor

Other Options Include:

- Resident experience survey vendors using their own proprietary content
- LTC operators utilizing their own survey tool
- Not using a survey tool, but relying on
 - Resident and Family Interviews
 - Leader Rounding
 - Complaints & Service Recovery
 - Caregiver Feedback
 - Resident and Family Advisory Council



DO IT Recommendations:

- If the survey format is the following, we recommend conducting a Request for Proposal (RFP) to choose a credible vendor.

Survey Methodology
An internal survey
Not doing a survey

- Make sure whatever model you embrace it can be benchmarked with other similar provider organizations.

Internal Support Services Scorecard

Question:

What is the role of your Internal Service Departments in improving the patient experience?


Key Internal Services


Ancillary Departments:

- Admitting
- Business Office
- Dietary
- Environmental Services
- Laboratory
- Physical Therapy/PT
- Pharmacy
- Security
- Behavioral Health
- CCU
- Engineering/
Maintenance
- Internal Transport
- Pharmacy
- Radiology
- Physical Therapy
- Valet Parkers



The How To's...

- Surveys conducted quarterly
- Using Survey Monkey or 
- Completed by Managers/Supervisors representing their caregivers
- Scale of 1 to 5
- Any rating of 3 or less activates a face-to-face meeting between the "internal customer" and service provider
- Service leaders set improvement goals in a manner like external surveys



DO IT Recommendations:

1. Engage your internal services leaders to improve the overall patient experience by measuring their service quality and providing them with feedback to continuously improve.
2. A very practical tool is the CareSay Internal Services Scorecard™.

You're Being Watched... Social Media & The Voice of the Patient

Questions:

1. How well does your hospital and providers perform?
2. What does your contractors/employees say about your hospital?

DO IT Recommendations:

1. Assign ownership to an individual or department to monitor your status on social media, with the goal of achieving 5 Star rankings on those websites that are important to and valued by your patients.
2. Consider utilizing a commercial vendor i.e. Birdseye to continuously monitor, integrate, and improve your online ratings and reputation.
3. Consider using the Custom Learning Systems' CareSay™ automated Google reviews tool to build a 4+ Star rating.
4. Give equal attention to monitoring your reputation with key career recruitment websites i.e. Indeed, and Glass Door, etc.

18 ways the world **rates and reads** about your **Hospital and Provider Care** on the **World Wide Web**

www.besthospitaladvisor.com
www.caring.com
www.caredash.com
www.familyassets.com
www.google.com
www.healthgrades.com
www.healthcare4pp.com
www.healthcarecomps.com
www.medicalrecords.com
www.quantros.com (CareCher® Awards)
www.rafemds.com
www.topdoctors.com
www.vitals.com
www.webmd.com
www.wellness.com
https://whynotthebest.org
www.yelp.com
www.yellowpages.com
www.zocdoc.com







Note – There are Online Reputation Management Services...






For example:

Automated  Reviews



- Triggered by either a **4 or 5 star rating**
- Generates an **email/text google request**



Physician Star Ratings impact volume and revenues. says Aaron Clifford of **binaryfountain**

Their study concluded physicians:

- Who had a **3-star rating** on review sites had on average **2% new patient volume**
- With **4.5 stars or higher** had **17% new patient revenues**



Source: www.healthcaremedia.com August 31, 2018



You're Being Watched... Social Media & The Voice of the Employee

Question:

If you were fresh out of any medical school, what minimum star rating would you need to see in a potential employer to submit your application?



DO IT Recommendations:

1. Monitor relevant employment/recruitment websites as closely as your patient experience websites.
2. Assign your HR/OD/Marketing Department ownership for engaging your frontline champions to help create a 5 Star employee rating.

The Star Struck Factor & Patient Opinion

Medicare Launches 'Care Compare' to Streamline Use Of Eight Health Care Quality Comparison Tools 

1. Physicians and clinical professionals
2. Hospitals
3. Nursing homes, including rehabilitation services
4. Home health services
5. Hospice care
6. Inpatient rehabilitation facilities
7. Long-term care hospitals
8. Dialysis facilities

December 2, 2020



Wait, there's still more!

CMS Hospital Overall Quality Stars Rating Program (July 2016)



Hospitals with 25-99 completed surveys are reported but do **not get stars** (Jan 1, 2018)



Wait, there's still more!

Hospital Overall Star rating are based on 64 measures divided into 7 categories:

- Mortality (7 questions)
- Safety of Care (8 questions)
- Readmission (8 questions)
- Patient Experience (11 questions)
- Effectiveness of Care (18 questions)
- Timeliness of Care (7 questions)
- Efficient Use of Medical Imaging (5 questions)

Source: <https://www.medicare.gov/hospitalcompare/search.html> July 27, 2018




There's more!

CMS Hospital Patient Experience Stars Rating Patient Experience Reporting Program (April 2015)




CMS Patient Star Ratings:
(Based on 3,462 hospitals received HCAHPS Star Ratings in October 2020 for discharged from January 2019 and December 2019)

Star Rating	No. of Hospitals	Percentage
★	90	3%
★★	564	16%
★★★	1,478	43%
★★★★	1,064	31%
★★★★★	266	8%

Source: www.hhs.gov/ohr/medicare/medicare-star-ratings dated October 30, 2020



ReputationManagement.com

Study of 4800 US Hospitals

Improving your online reputation



Raises HCAHPS Scores 17% Higher

Hospitals with weak online reputation



HCAHPS Scores 3 times more likely to fail

Source: www.reputation.com June 15, 2017



DO IT Recommendation:

Set a 3-year goal to earning a 5 Star online reputation with key social media that influence your market.

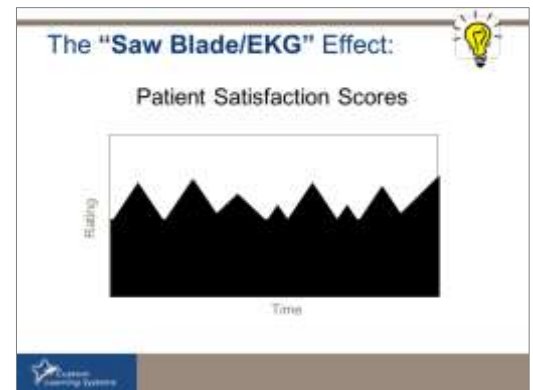
How To Read Patient Experience Reports

Making the voice of your patient the ultimate reality check!

Recommendation:

How to format and report your patient experience survey reports:

1. Always share top box and percentile rank.
2. Always share most recent quarter and rolling year to date report.
3. Always share verbatim comments and engage caregivers to read out loud in the tone of voice intended.



DO IT Recommendations:

1. Key data to always review: N = number, top box, and percentile rank.
2. Make the review of patient experience survey verbatim comments a standard staff meeting agenda SOP.
3. For paper/digital surveys, rotate reading out loud patient feedback in the tone of voice intended.
4. For audio feedback, simply playback the actual patient voice recording.

Patient Experience Reporting Protocol Guide

Mission: To ensure everyone is always knowledgeable about patient experience perceptions.

- Goal:**
1. To engage everyone being able to read, understand, and interpret patient survey reports in order to continuously improve the patient experience.
 2. All employees would be personally aware of their patients/customers number 1 dissatisfier and intervene to eliminate it.

Create Your Own Protocol:

Job #1 for your Service Excellence Council.

DO IT Recommendations:

1. Schedule a special meeting of your Service Excellence/Patient Experience Council, Quality Performance Team, or Executive Team to review, modify, and design your own protocol.
2. Request your copy of the protocol from this presentation.

*“What gets **measured**, gets **treasured**.”*

- Brian Lee, CSP, HoF

How To Improve Patient Survey Response Rates

Recommendations:

1. Inform patients at admitting:
“We are a learning organization striving to improve and will be sending you a short survey after discharge asking you how we did and how to improve. Would you be kind enough to complete it?”
2. Anticipate patient objections:
“I understand that there have been times when I’ve been reluctant to answer these surveys myself because nothing ever seems to get done, so why waste your time! However, we at [Insert Your Facility Name] do take patient feedback very seriously.”
3. At discharge, the nurse asks:
 - *“We’re all committed to providing an excellent patient experience. May I ask a small favor of you?”* (Wait for a response)
 - *“When you receive an envelope (like this) from our patient survey provider, would you please complete and send it in?”* (Wait for a response)
4. Hand them an ugly colored sheet that asks and reminds the same thing.
5. Repeat #3 at the conclusion of your post discharge call.
6. Send a reminder letter/email from your CEO.
Note: To do this and be in compliance with HIPAA laws, you will need to request the patient to sign a waiver at admitting.
7. Poster reminders.
8. Clip a reminder card into discharge packet.

DO IT Recommendations:

1. Assign an owner or appoint a three-person task force to systematically implement the above 8 recommendations.
2. Request a copy of the “Improving Patient Experience Survey Response Rate” best practice tool from this presentation.

A Cautionary Note About In-house Surveys or No Surveys

DO IT Recommendations:

1. If you are not currently measuring patient/resident feedback for your significant volume service liens, we recommend immediate action.
2. Be sure to include the concept of “perception = deception” into your Service Excellence Workshop for all current employees and new hires.

Advanced Class – The Star Struck Factor

“Your people can’t care about what they don’t know about.”

- Brian Lee, CSP, HoF



DO IT Recommendations:

1. Assist your leaders and caregivers to grasp the importance of your star ratings to your patients/residents by encouraging them to share examples of how they make decisions in their own personal life using consumer allocated stars and comments.
2. Assign a team of leaders, caregivers, and/or volunteers to conduct a thorough internet search for ratings and comments about your services.
3. Use their findings to help craft a system methodology to monitor and improve public star ratings.
4. Consider engaging an internet reputation management service to help i.e. BirdEye.

Making a Business Case for a 5 Star Reputation



DO IT Recommendations:

1. Calculate your drive-by factor of a best guess volume of business for services you provide, that residents in your market area are choosing your competitor for.
2. Do something!

Board Policy Recommendations

Recommendation:

Begin every Board meeting with an agenda item “Inspiring Stories”.

DO IT Recommendations:

1. Develop a color-coded patient experience performance dashboard for the benefit of management, caregivers, Board Trustees to clearly illustrates your patient experience scores improvement, relative to goals.
2. Embrace a robust inclusive process that enables everyone to contribute to goal setting, to ensure broad based ownership.



Ignite the Patient Experience

The Patient Star Struck Factor



3 stars, patients **pack**,

4 stars is somewhat **slack**,

5 stars keeps & wins them **back**



– Brian Lee, CSP

The 5 Imperatives of a Frontline Ownership & Patient Advocacy



“Simple human presence is the cornerstone of compassion, and the foundation of what it means to be human”

– Marcus Engel