The Quest for Better HCAHPS Scores:
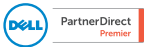## Technology Is Key for a Better Patient Experience

"Patient satisfaction will be an increasingly important parameter that will affect who will be rewarded or penalized. This growing financial impact of HCAHPS is pressing healthcare leaders to explore ways to improve their scores."

— Andrew A. Brooks, M.D., Chief Medical Officer at TigerText

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Hospital care quality under more scrutiny than ever before

The hospital marketplace has always been competitive, but federally mandated performance measures that track U.S. hospitals' performance on everything from medication errors to infection rates to overall patient satisfaction place hospitals under intense scrutiny from both the federal government and the public. Originally launched by the Centers for Medicare and Medicaid Services (CMS) in 2006, data collected from the **Hospital Consumer Assessment of Healthcare Providers and Systems** (HCAHPS) survey instrument measure patients' satisfaction with their hospital care at a specific healthcare institution.

According to a fact sheet published by CMS in August 2013, 2,421 hospitals publicly reported HCAHPS scores based on 1.1 million completed patient surveys in March 2008. By July 2013, however, the number of participating hospitals jumped by more than 62%, with 3,928 hospitals publicly reporting HCAHPS scores based on 3.1 million completed patient surveys.[2]

This increase reflects in part the potential monetary rewards hospitals can incur from HCAHPS participation. All U.S. hospitals that receive Medicare and Medicaid dollars for inpatients — officially called IPPS hospitals in CMS lingo — are required to participate in HCAHPS or face potentially severe monetary penalties[3]. (CMS-certified Critical Access Hospitals serving rural areas can participate in HCAHPS voluntarily, though current federal policy does not offer financial incentives for them to do so.)

On average, about 8,000 randomly selected patients complete HCAHPS surveys nationwide every single day — translating to around 3 million completed patient surveys per year.[1] That gives the U.S. hospital industry 3 million opportunities to improve patient satisfaction — and even small, incremental changes can make a big impact on HCAHPS scoring.

Raising the stakes: HCAHPS star ratings
The public can review hospitals' current HCAHPS scores at medicare.gov/hospitalcompare. Starting in April 2015, CMS will begin adding star ratings to hospitals based in part on HCAHPS scores. Star ratings will range from 1 to 5, with 5 being the highest possible rating[4]. **These ratings make HCAHPS scores far more accessible to consumers who may have trouble interpreting the current standard of percentile comparisons between hospitals**. Numerous private insurers also already issue their own star ratings based in part on HCAHPS data.

What does all of this mean for hospitals? Consumers can and do choose hospitals based in part on institutions' HCAHPS scores, making the survey a significant potential driver of hospital revenue. Hospitals with high HCAHPS scores don't just earn a feather in their cap that they can include in their marketing materials, however — they also receive higher reimbursements from Medicare and Medicaid as part of the federal government's Value-Based Purchasing Program. Many private insurers also use HCAHPS scores when calculating reimbursement rates for specific hospitals.

With that in mind, higher HCAHPS scores not only have the potential to drive more patient traffic to a hospital, they also mean **patients will pay more for the services they receive at high-scoring hospitals**. This gives hospitals tremendous financial incentive to do everything they can to boost their HCAHPS scores.

What makes a good HCAHPS improvement strategy?
There are three major areas for hospitals to consider when formulating their HCAHPS improvement strategies, as follows:
1. Improving the overall patient experience
2. Addressing specific components of the HCAHPS survey instrument
3. Ensuring privacy and regulatory compliance

A sound strategy encompasses all three of these areas, allowing for the greatest potential upside in both the incremental, category-based HCAHPS improvements and the overall patient experience score. The key to greatest success in all three areas lies in a technology strategy that improves operational efficiency and quality-measure compliance while also redirecting hospital staff focus from burdensome paperwork back to the patient.

1. Greater patient engagement means targeting the overall patient experience.

What exactly does the HCAHPS survey instrument — and the HCAHPS score itself — mean to the average consumer? While there are 32 different questions included in the survey instrument covering topics ranging from the quietness of patient rooms to pain control to staff responsiveness, the final two questions in the survey likely present the greatest opportunity for hospitals to improve their patients' overall reported satisfaction. Those two questions are summarized as follows:

- On a numeric scale of 0 to 10, with 0 being the worst possible score and 10 the highest, how would the patient rank the hospital based on his or her stay experience?
- On a numeric score of 1 to 4, with 1 meaning "definitely no" and 4 meaning "definitely yes," would the patient recommend this hospital to his or her friends and family?

While many other aspects of the HCAHPS survey measure specific touchpoints within a patient stay — such as how long it took a nurse to answer a call button — the final two survey questions present hospitals with an opportunity to compete on intangibles, like how the hospital environment made patients and their families feel emotionally. Did they feel at home? Were they comfortable? Did the hospital provide detailed medical information, personalized patient support or even entertainment options that helped make patients' hospital stays more meaningful?

In today's technology-centered world, one of the ways patients and their families can feel most at home in the hospital environment is to see firsthand that the hospital is as digitally connected and sophisticated as the world outside the hospital. For example:

- Does the hospital have Wi-Fi?
- Are the televisions up-to-date flat-screens or outdated tube models?
- Do doctors and nurses access records quickly and efficiently on tablets, smartphones and other hand-held devices, or are they lugging around clunky laptops or even shuffling files full of paperwork?
- Can patients find their way around the hospital easily, or do they have to stop constantly and ask random passersby for directions?
- Do patients, family members or staff have to transport paperwork — like prescriptions, test orders, federally or state-mandated questionnaires, or other documents — around the hospital themselves, or can those items be sent anywhere in the hospital system electronically at the touch of a button?
- Can visiting family members easily find exactly where their loved ones are in the hospital by checking a kiosk or viewing a monitor, or do they have to find a staff member to look it up for them?
- Can patients and visitors bring their own electronic devices — laptops, smartphones, tablets — and use them on-site? Is the public Wi-Fi network both secure and easily accessible?
- When it's time for patients to eat, can they select and order the food they want at the touch of a button without having to juggle paper menus, nurse call buttons or landline phones that are cumbersome to handle when hooked up to numerous IVs and monitors?
- Can patients access the entertainment they've grown accustomed to at home — such as on-demand movies, popular Netflix® TV series and children's programming — or even educational programming about their specific medical diagnoses?
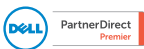
If a hospital answers "no" to any one of these questions, then that hospital needs to re-evaluate its technology capabilities as they relate to the core patient experience. The technology to address all of the above situations is not only readily available, it's something most Americans have come to expect everywhere they go.

Technology solutions for these and other patient-engagement problems include:

- **Robust, secure hospitalwide Wi-Fi networks** that offer both public access and restricted bandwidths for staff use
- **Customized, Wi-Fi-enabled tablet computers** that can be secured against theft via unique hospital barcoding systems, magnetized anti-theft strips and bolted-down cases that place tablets within easy reach of hospital beds (for example, on ergonomic, movable patient bed trays)
- **Wi-Fi-enabled touch-screen kiosks** placed in strategic locations that can provide customized, end-to-end "**You are here: Where are you going?**"-type digital mapping technology to help patients and families navigate hospital campuses
- **Digital menu apps** fed onto patient-issued tablets, touch-screen kiosks and the hospital's public Wi-Fi network that make it simple and easy for patients and their families to order food for personal delivery whenever and wherever they want
- **Customized visual and audio entertainment and patient-education options** that can be targeted to patients' personal preferences — including age, sex, medical diagnosis and specific hospital ward. For example, patients in maternity and mother/baby care can access on-demand videos and audio recordings on infant care, soothing lullabies, relaxation sounds for laboring mothers, etc.
- **Secured staff tablets that provide direct mobile access to hospitals' Electronic Medical Record (EMR) systems**, allowing doctors and nurses to present test results like X-rays and MRI scans face to face at the patient bedside rather than from across the room at a light board

Although the above solutions do not address a specific component of the HCAHPS survey instrument, they do feed into a patient's overall hospital experience, which is measured by the instrument's final two questions. By modernizing their technological environments in a patient-centered way, hospitals mirror the outside world while making some of the most frustrating parts of many hospital stays smoother and more patient-friendly.

2. Targeted technology solutions provide incremental improvements on specific HCAHPS criteria.
"If a hospital wants improved [HCAHPS] scores, building a culture of improvement will be the framework for attaining the optimal patient experience."
— Carol Geffner, Ph.D., President, Newpoint Healthcare Advisors[5]

The HCAPHS survey instrument's 32 questions include several that ask for specific details about patients' hospital experiences — among them:

- How quiet patients' rooms were
- Whether doctors, nurses and other hospital staff communicated with patients in a courteous, respectful manner
- Whether doctors, nurses and other hospital staff listened to patients and explained things in a way patients could understand
- Whether patients' pain was well-controlled
- Whether patients received complete, understandable explanations for any treatments and/or medications they were given
- Whether patients received detailed, easy-to-understand discharge instructions

All of the above patient-satisfaction criteria have the potential to be improved through better use of technology. Not only that, implementation of improved healthcare technology — both at the bedside and throughout hospital staff workflows — also has the potential to improve both patient safety and outcomes, which CMS also rewards with financial pay-for-performance incentives under the Value-Based Purchasing Program.

"Two overall measures of hospital performance, the overall rating of the hospital and willingness to recommend the hospital, had strong relationships with better technical performance in processes of care related to pneumonia, [congestive heart failure], myocardial infarction, and for surgical care."

— Isaac et al. in Health Services Research, 2010

Streamlining hospital staff communications in a patient-centered manner reaps both emotional and clinical benefits, resulting in better-informed patients and a more cohesive staff.

Examples of technology solutions that can achieve both include:

- **Sharing diagnoses, test results and other essential medical information** with patients and relevant staff digitally, in real time, via secure mobile apps on either secured, hospital-issued devices or the patients' own devices
- Allowing patients to check in to the hospital or for surgery digitally via touch screen, and/or using the hospital's secured patient barcode system to ensure the right patients check in for the right procedures
- Using touch-screen kiosks, flat-screen monitors or personal digital tracking devices that allow families to monitor exactly where their loved ones are in the hospital or during surgical or other procedures via a private, unique patient ID
- Creating a secure, text-based communication system that allows both patients and staff to communicate with one another via mobile devices, eliminating the need for noisy pagers, beepers and PA announcements that disrupt hospital peace and quiet and can also cause staff confusion
- Allowing all relevant members of hospital staff — from physicians to IT professionals to nurses, administrative assistants and orderlies — to engage in pre-launch device and application testing, to help ensure any new technology platforms merge seamlessly with established clinical care workflows
- Eliminating patient room whiteboards that are often not kept up-to-date, and replacing them with digital feed screens that are cued into nurse call systems (such as Vocera®, NaviCare® or other common systems), keeping patients and staff informed of current staff assignments in real time
- Incorporating patient discharge materials into hospitals' secured, customized mobile-app system, allowing patients to view materials on either hospital-issued devices or their own devices
- Using a single, securely mounted tablet device attached to each patient's bed that patients can use to call nurses, request copies of their medical records, enter pain-management requests, send/receive staff questions and answers, order food, select entertainment options, view test results and receive discharge information
- Enabling "tap-and-go" systems, which allow nurses and other medical support personnel to switch their active EMR desktops from the nurses' workstation to a computerized cart on wheels, wall-mounted PC, tablet or smartphone with just a quick scan of their security badges.

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All of the above technology solutions allow hospital staff and patients to communicate in a more dynamic, engaged and streamlined manner than can ever be achieved with paper files, telephones, pagers or even carried laptops. By making patient EMRs both mobile and interactive, medical information and identification data travels with each patient — and staff can access it whenever and wherever patient care requires.

Integrating EMR data with nurse call programs not only makes it easier for patients to communicate with their care staff, it also reduces the chance of record mix-ups, medication errors and other critical staff miscommunication problems that put patients at risk. Moving staff call and communication systems from an audio basis to a text/visual basis also cuts down on loud disruptions that can negatively impact patients' stays, while making those communications more trackable — e.g., to ensure that every single patient request is responded to in an appropriate time frame.

While using technology is one of the most effective ways to create a more patient-centered environment, the more hospital systems become integrated, the more potential there is for patient information to become compromised. This brings about the third and possibly most critical component of HCAHPS improvement strategy: ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance of all technology systems and hardware that touch the patient.

3. HCAHPS and HIPAA: Merging portability with privacy

In today's age of big hackers and bigger security breaches, keeping patient information safe and secure is more important than ever. Before undertaking any kind of wide-reaching technology strategy to enhance patient engagement and improve HCAHPS scores, hospital administrators must also ensure any IT vendor(s) they work with have a strong track record of developing and rolling out software solutions that are fully HIPAA-compliant from end to end. HIPAA compliance begins with secure asset conversion and destruction (paper patient files, old hardware, old software and required backup archives, etc.) and continues on an ongoing basis once any new system is up and running.

Some key elements to consider when evaluating healthcare IT vendors include:

- Wi-Fi encryption capabilities
- Document destruction and disposal capabilities
- Hardware destruction and disposal capabilities
- Conversion capabilities
- Secure network administration standards and capabilities
- Robust software-development partnerships
- Dedicated in-house experts on HIPAA policy and respective compliance regulations
- Ongoing tech support capabilities (preferably multiple on-site, full-time project managers devoted to each major client)

Conclusion

With so much potential revenue riding on hospitals' HCAHPS scores, the time to leverage technology for better patient engagement is now. Hospitals that make these investments early will gain an edge in an increasingly cutthroat hospital market — while those that don't will be left behind.

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[2]Center for Medicare and Medicaid Services. HCAHPS Fact Sheet, August 2013. HCAHPS Online. http://www.hcahpsonline.org/files/August%202013%20HCAHPS%20Fact%20Sheet2.pdf.

[3]Center for Medicare and Medicaid Services. Hospital Quality Initiative: HCAHPS: Patients' Perspectives of Care Survey. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html.

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[6]Issac et al. The relationship between patients' perception of care and measures of hospital quality and safety. Health Services Research 45:4 (2010): 1024-1040. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910567/.