

Value-based purchasing

HCAHPS: How the OR's scores affect your whole organization

Fiscal year 2013 will be a milestone for hospital reimbursement. That's the year Medicare's proposed new hospital value-based purchasing program starts. Under value-based purchasing, a portion of hospitals' DRG reimbursement will be based on their performance on quality metrics, including patient perceptions of the quality of care (PPQC). (See March 2011 *OR Manager*.)

Patient perceptions of quality are measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. HCAHPS scores are already publicly reported on Medicare's Hospital Compare website (www.hospitalcompare.hhs.gov), but "value-based purchasing will transition providers from HCAHPS pay-for-reporting to pay-for-performance," says Karen Cook, RN, a coach at the Studer Group and coauthor of *The HCAHPS Handbook* (Studer Group, 2010).

The first measurement period for value-based purchasing starts July 1, 2011, putting PPQC high on hospital administrators' priority list. Some OR managers might dismiss their service line's ability to affect PPQC, but savvy ones know they play a significant role in HCAHPS scores.

"HCAHPS is about the patient's experience with the hospital, including time in the OR," says Christina Dempsey, BSN, MBA, RN, CNOR, senior vice president, operational and clinical consulting for Press Ganey.

Effects of patient satisfaction

Cook says benefits of PPQC include reduced malpractice claims, improved nurse and physician retention and recruitment, and higher volume as patients recommend the hospital.

Although the proposed value-based purchasing program doesn't plan on including the recommendation question in HCAHPS, it is still important financially. Cook says hospitals that don't score well on HCAHPS may see dwindling numbers of patients, and physicians moving to better practice environments. "Reimbursement is important, but it's not where the biggest financial impact is going to come," she says. "It will be patient and physician referral."

Personal experiences

Research has also linked PPQC to quality, but patients tend to focus more on their personal experiences in the hospital. "Patients assume they are going to have quality clinical care; they can't evaluate that," says Cook. "How often nurses listen carefully, respond in a timely manner, and meet patient needs is our patients' perception of quality."

Patients say the nonclinical experience is twice as important as clinical reputation in choosing a hospital, according to an article in the *New England Journal of Medicine*. The authors speculate patients may not understand clinical quality.

Millie Langan, RN, director of perioperative services at Centerpoint Medical Center in Independence, Missouri, agrees, saying, "You have to help people understand what the numbers mean. It's important to put the information in context."

Validity of perception scores?

Some question the validity of folding PPQC scores into pay-for-performance. A *HealthLeaders Media* article reports there are regional differences in patient attitudes and filling out surveys. Press Ganey surveys, which include the HCAHPS questions, have found the likelihood that patients would recommend a hospital ranged from 68% to 73%, depending on geographic location. Size of hospital makes a difference. Those with 50 or fewer beds do better.

William Sullivan, DO, JD, an emergency physician who blogs, says that because most doctors' ratings are in the low 90s on a 100-point scale, even small shifts will cause large changes in percentile. He also objects to the leverage patients will have, worrying that "doctors are being coerced into giving patients whatever they want, regardless of medical appropriateness."

"It's not about giving patients what they want regardless of medical appropriateness," counters Dempsey. "It's about giving patients what they need in ways they understand and communicating in ways that show their providers understand their needs, establish a connection with them, and actually care about them."

Whether tied to reimbursement or not, "great customer service is something we should be doing anyway," says Marianne Brennan, BS, RN, CNOR, administrative director of perioperative services at Saratoga Hospital, Saratoga Springs, New York.

Raising HCAHPS scores

How can OR managers increase HCAHPS scores?

"Preadmission, preop, and postop are where the patient is awake and can truly impact the scores," says Dempsey. "For the OR, we have to make sure we're communicating well with families because they have a significant impact on the patient's perception as well."

Communication is the biggest HCAHPS survey area the OR affects. And communication with nurses is the area that most correlates with overall satisfaction and willingness to recommend a hospital.

"Patients don't separate their experience in preadmission testing, the OR, and ED from their total experience," says Cook. "If any interaction is not to a patient's satisfaction, if things weren't explained, it's going to affect their overall perception and satisfaction scores. Every single interaction is important."

Poor handoffs can dent scores

Dempsey says poor handoffs in surgical services can put a dent in communication scores. Tools such as SBAR (Situation, Background, Assessment, Recommendation) help staff not to omit anything essential. Face-to-face reports are preferred, but telephone or fax can be used "as long as there is opportunity for information to be given and questions asked," she says.

Keeping families informed

Families aren't asked to complete the HCAHPS survey, but their experiences can influence how the patient answers the questions.

"One of our top patient satisfaction strategies is keeping families up to date," says Langan. In her facility, the waiting area staff obtain a contact phone number for the family, so the OR circulating nurse can call every hour with updates. Postanesthesia

Inside HCAHPS

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a national, publicly reported tool developed by the Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ). Voluntary data collection started in 2006, with the first public reporting in 2008.

CMS proposes to include patient perception of quality of care as measured by HCAHPS in Medicare's new hospital value-based purchasing program. A draft rule for the value-based purchasing program VBP program, required by the Affordable Care Act of 2010, was issued in January 2011.

Most hospitals contract with an outside vendor to administer the 27-question HCAHPS survey. The survey includes all patients who meet the reporting criteria, not just Medicare beneficiaries.

Survey results are posted each quarter, so most hospitals supplement HCAHPS with other patient satisfaction measures, such as feedback from postop visits to inpatients.

care unit (PACU) nurses notify families if recovery is prolonged.

At Massachusetts General Hospital (MGH) in Boston, volunteers staff the surgical waiting area with an OR nurse liaison on the day shift. On other shifts, the volunteer obtains updates from the OR nurses, says Lisa Morrissey, MBA, RN, CNOR, nursing director of the operating room.

Saratoga Hospital has a pager system for families and private areas in the waiting room. "Our PACU nurse makes hourly rounds (in the surgical waiting area), Brennan says. "We also have a sign telling families they will receive the updates."

Some hospitals are tapping into more sophisticated technology to keep families informed. Nashville, Tennessee-based HCA Inc has implemented an electronic board in waiting areas showing patients' status, says Stephanie Davis, MS, RN, CNOR, assistant vice president for surgical services. Family members receive a random number so they can track their loved one. Data points include when the patient went into the OR, when the incision was made, when the incision is being closed, and when the patient went to PACU.

A common source of family distress and dissatisfaction are delays. "The more accurate we can be on how long surgery will take the better," says Davis. "But surgery isn't an exact science, which makes keeping families up to date so important."

Collaborate with colleagues

Davis advises collaborating with the rest of the hospital "so you are following the same initiatives and guidelines." Helen Vialpando, BSN, RN, director of surgical services at Physicians Regional Medical Center Collier Boulevard (PRMC) in Naples, Florida, and Kathleen Bove, MSN, RN, director of surgical services at sister facility Physicians Regional Medical Center Pine Ridge, co-chair the system's patient satisfaction committee.

Morrissey says staff involvement with patient satisfaction starts during the job interview. "When we hire people, we emphasize the importance of responsiveness and communication so we are setting the expectations up front."

Keep it simple

Vialpando warns against making PPQC too complicated. "We keep it very simple." Based on HCAHPS and Press Ganey reports, she says, "We work on one thing at a time so staff don't feel overwhelmed." For example, the OR's "one thing" is keeping patient families updated. Vialpando receives daily reports on that area but advises not overloading staff with too much data. "We go over our rating each week, and each quarter we go over it in more detail."

Areas of decline and improvement are posted for staff to see.

"If I can get it down to something simple and provide feedback they can understand and incorporate into their practice, I'll be more successful than if I try to manage at my level with only statistics," says Vialpando.

Another way she engages the staff is by having them take the HCAHPS survey. "I tell them to answer it as if they were a patient." She shares the scores, and the group talks about why certain areas aren't ranked high.

Items to work on

When Saratoga Hospital fell to the 15th percentile in Press Ganey, Brennan and Terry Bedard, BS, RN, unit director of same-day surgery and endoscopy, used the nominal group process to improve PPQC. Participants included same-day surgery and OR nurses, the sterile processing manager, and the hospital CEO and CNO.

What do patients really think?

Since the HCAHPS survey doesn't specifically ask about surgery, it's important to find other ways to obtain feedback from patients about care they received.

"That feedback is critical," says Stephanie Davis, MS, RN, CNOR, of HCA Inc. "We might think we did a great job, but their (patients' and families') perception might be different."

One way to ensure feedback is to have OR nurses visit patients after surgery. Perioperative managers at Centerpoint Medical Center in Independence, Missouri, round on 5 postop inpatients each week and see them within 24 hours.

"It has been very successful, as patients enjoy seeing the people who took care of them in surgery," says Karen Cook, RN, of the Studer Group. "It really shows they care and allows them to potentially identify any opportunities for improving the surgery experience."

OR or PACU nurses at Physicians Regional Medical Center Collier Boulevard in Naples, Florida, make rounds on all postop patients the day after surgery.

"We ask patients how we could do better," says Helen Vialpando, BSN, RN, director of surgical services. The rounding nurses also respond to patient problems they might encounter.

Examples: How ORs can affect HCAHPS responses

Here are examples of how the OR can affect a patient's response to HCAHPS questions.

The questions are in 4 categories:

- **Eight dimensions:** communication with doctors and nurses, cleanliness of hospital, responsiveness of hospital staff, pain management, communication about medications and discharge information, and quietness during the night. These are included in CMS's proposed value-based purchasing.

- **Hospital discharge**
- **Overall rating of hospital**
- **Demographics.**

Each question has 4 responses to choose from: never, sometimes, usually, and always.

Communication

Each HCAHPS question is asked about nurses and doctors:

- *During this hospital stay, how often did nurses treat you with courtesy and respect?*
- *During this hospital stay, how often did nurses listen carefully to you?*
- *During this hospital stay, how often did nurses explain things in a way you could understand?*

OR example: The OR at Physicians Regional Medical Center Collier Boulevard in Naples, Florida, holds open houses for other hospital staff. Staff who attend learn more about what happens in surgery so they can answer patient questions. For instance, a lab technician drawing blood can reassure a woman's concern that she will be cold in surgery by telling her she will receive a warm blanket.

Cleanliness

- *During this hospital stay, how often were your room and bathroom kept clean?*

OR example: Although this question is about the patient's room, conditions in the OR and waiting area can influence the response.

Massachusetts General Hospital has a team to tackle clutter and needed cleaning. Staff members call a designated number to request service.

HCA Inc has an educational tool kit for OR cleaning for its 163 hospitals and 105 surgery centers. The evidence-based kit includes a cleaning schedule, what products

to use, cleaning and inspection checklists, and a sample policy. "We have vendors, family members, patients, and many others who are in the perioperative area from time to time. It has to be the most pristine area of the hospital," says Stephanie Davis, MS, RN, CNOR, of HCA Inc.

Pain management

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

OR example: Complaints about pain control decrease when nurses explain the surgical procedure. Have staff point out actions for control pain. For instance, the nurse might say, "You look uncomfortable. Let me adjust your bed to make you more comfortable." A preop or OR nurse might say, "Because we are doing surgery on your knee, you are going to have some pain. We will do our best to help control that. That's one of the reasons you will have epidural anesthesia: It will help control your pain after surgery."

The group identified 100 items to work on and organized them into groups of 10. Participants voted on what to start on. For instance, a simple change was giving warm blankets to patients in the OR. If a surgery has to be canceled, every effort is made to give the patient the new date before the patient leaves the hospital. Saratoga also introduced a service recovery program that includes vouchers for the gift shop or cafeteria. All the hard work has paid off: Press Ganey scores have been maintained for several years at 97% to 98%.

What lies ahead?

The comment period for value-based purchasing ended on March 8, 2011. The final rule is expected in 2011, but the initial 9-month measurement period to determine reimbursement starts July 1, 2011, and ends March 31, 2012. Incentive-based payments begin

for the fiscal year starting October 1, 2012. Value-based purchasing payments will be funded by a 1% reduction in base operating DRG payments, with this doubling by 2017.

Value-based purchasing scores will be “based on either achievement of performance standards or improvement over previous scores,” Dempsey explains. “You can do well in either way and receive the reimbursement.” Not doing well in both categories will mean a reduction in reimbursement. Starting in 2013, 1% of reimbursement will be withheld to pay for the program, with more held back based on performance each year until the full 2% withhold in 2017.

“A large percentage of hospitals stand to lose money,” says Dempsey. “The question is how much.”

As HCAHPS becomes a measure for reimbursement, look for more pressure to improve results. Surgical services can push those scores higher. If you’re not where you want to be, Brennan says, don’t get discouraged. “You’ll get there eventually, just put one foot in front of the other.” ♦

—Cynthia Saver, MS, RN

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