

Background

The Beryl Institute defines patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures performance in patient experience for hospitals nationwide. Maryland hospitals do not perform strongly in HCAHPS compared to most other states. For years, Maryland has incentivized improvement through the Quality Based Reimbursement (QBR) Program. To understand methods to improve, the HSCRC and MHA formed a Learning Collaborative of patient experience leaders in the state to share key learnings to improve HCAHPS performance for hospitals across Maryland.

Key Learnings

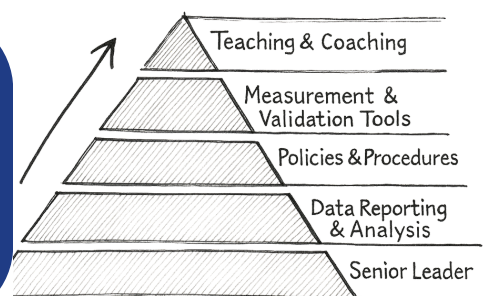


1 Quality and Safety Indicator

National data from Press Ganey and NRC Health shows the synergies between improvements in HCAHPS and improvements in quality outcomes. HCAHPS performance is also linked with employee engagement and their ratings of safety.

2 Groundwork Needed

Improvement takes time. For lasting improvements in HCAHPS, hospitals should make Infrastructure investments like hiring a dedicated Chief Experience Officer, data reporting strategy, and process measurement tools to set up sustained performance.



3 Identifying Trends Using Statewide Data

Data driven decisions should be used to promote best practice adoption in the appropriate care setting as a part of cycles of learning. The learning collaborative looked for trends in state-wide HCAHPS in service lines, geographic location, size of hospital and patient demographics.

Next Steps

Implement
Maryland Hospital
HCAHPS Dashboard

The MHCC and HSCRC will publish a quarterly HCAHPS dashboard using patient level HCAHPS results from hospitals. Value for monitoring state performance, stratifying hospital results for comparison, and linking performance to best practices

Continue To
Meet Quarterly
To Share
Best Practices

The Learning Collaborative will continue to meet quarterly to share best practices and learn faster together.

Consider
Expanding Best
Practice Incentives

Consider incentives for adopting specific supplemental questions on the survey or for adoption of best practices.

Best Practice Highlights

 **PressGaney**

Improve ED Experience

Patients admitted through the ED rate their inpatient experience lower than those admitted directly. The two key drivers for ED Likelihood to Recommend scores are the patient's perception that staff worked together to care for them and that the staff cared for them as a person. Communication improves scores with long ED Wait times.

 **nrc**
HEALTH

Maryland Consumer Drivers

HCAHPS Likelihood to Recommend scores are based on three consumer drivers - trust, relevance, and experience. Maryland patients rank reliability as the most important factor for establishing trust. Reliability means a patient's confidence in accessibility of services and coordination of care.

 **Frederick Health**

Treat Dissatisfaction as Harm

Frederick Health shifted its view of harm to include service failures. This transition meant using the same process improvement tools for patient dissatisfaction as used for patient harm. Results of initial pilots using this approach show some HCAHPS question scores improving by as much as 17 points compared to the previous two quarters.

 **Adventist HealthCare**

Hourly Rounding

At Shady Grove Medical Center, hospital leadership have achieved their highest HCAHPS scores in five years through focusing on hourly rounding. Through improved measurement using an electronic rounding platform and regular coaching of nurse leaders, Adventist saw the biggest improvements in HCAHPS scores on the units where more hourly rounding visits took place.

 **JOHNS HOPKINS MEDICINE**

ED Communication Tools

At Howard County Medical Center, ED Likelihood to Recommend Scores declined significantly after patients were in the ED longer than 9 hours. Leaders added technology to improve patient communication, using event messaging indicating where they were in the care process.

 **UNIVERSITY of MARYLAND MEDICAL CENTER**

Interdisciplinary Bedside Rounds

UMMS is standardizing Interdisciplinary Bedside Rounds (IBR) as a core tactic to improve HCAHPS scores. The systems has created standard work for IBR and found that performing IBRs positively correlated with improvements in physician and nurse communication scores and patient-perceived frequency of rounding.

 **MedStar Health**

Patient Experience Summit

MedStar launched an annual Human Experience Systemwide Summit to educate and train leaders on improving HCAHPS scores.

 **GBMC HEALTHCARE**

Simplified Data Sharing

GBMC distributes a straightforward internal snapshot and unit specific infographic sheet to simplify key drivers for improvement and unit specific patient experience comments.