HCAHPS and Why They Matter!

We’ve heard a lot about Press Ganey scores and the importance of enhancing the patient experience. So what’s with all the emphasis on the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)? Why are HCAHPS so important to UTMB? What’s the big difference between the HCAHPS and Press Ganey scores?

Beyond ensuring the quality of clinical care we offer is outstanding, the total patient experience must be a positive one if UTMB wants a reputation for outstanding service and maintaining patient loyalty. The feedback we receive from the patients who have been hospitalized at UTMB is an important first step.

In the style of Tina Turner, What’s Press Ganey Got to Do With It?

For a number of years, we’ve contracted with Press Ganey to support our patient satisfaction measurement and reporting. They work with more than 10,000 health care organizations nationwide, including 50% of all U.S hospitals. This data is then analyzed and forwarded to participating hospitals that subscribe to Press Ganey’s services.

Hospitals use the Press Ganey data for internal use to judge not only the quality of service being provided in different hospital departments, but also to compare their overall hospital performance to other hospitals within the Press Ganey database.

However, until HCAHPS there was no uniform national standard for collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally.

In addition to managing our Press Ganey satisfaction survey for the emergency department, clinics and inpatient settings, we’ve also contracted with Press Ganey to submit our HCAHPS data every month to CMS to ensure we are in compliance with CMS mandates.

An Abbreviated History of HCAHPS

In 2002, the Centers for Medicare and Medicaid Services (CMS) asked the Agency for Healthcare Research and Quality (AHRQ) to develop an instrument to measure patient perceptions of care. The result, HCAHPS, was the first national, standardized, publicly reported survey of patients’ perspectives of hospital care. This measurement is used to publicly report hospital performance (quality of care as perceived by patients) and is designed to provide consumers with information that might be helpful in choosing a hospital.

Since all hospitals must use the same survey, the HCAHPS data offers the consumer an “apples-to-apples” comparison of hospitals. The first public reporting of HCAHPS results occurred March 2008 and is available at www.hospitalcompare.hhs.gov. Hospital results are refreshed on a quarterly basis. Participating hospitals will receive a “preview report” of their results prior to each public report. You can view a timeline for HCAHPS public reporting here. Continued on other side

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How do HCAHPS differ from Press Ganey?

Press Ganey compares us only to other Press Ganey clients, even distinguishing comparisons by size of hospital. We’ve been setting targets and tracking our performance against Press Ganey benchmarks in our UTMB Key Performance Indicator (KPI) scorecard. HCAHPS compares us to all hospitals participating in the Medicare program, both on a state and national level—including the best of the best. We have a lot of room for improvement!

How is the survey designed?

The HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The instrument asks patients to rate the frequency of events during their care (never, sometimes, usually or always). The survey addresses the following:

- Communication With Doctors
- Communication With Nurses
- Responsiveness of Hospital Staff
- Pain Control
- Communication About Medicines
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment
- Discharge Information
- Overall Hospital Rating
- Likelihood to Recommend

While Press Ganey offers a finer, more diagnostic level of detail in the survey results to measure and drive change, HCAHPS does not drill down to very specific aspects of the questions (e.g. the registration process). If we were to use HCAHPS alone, we would likely have to supplement the survey by probing with patients what their communication requirements are and remaining aware of patient expectations in key populations that we serve.

HCAHPS is factored into Value Based Purchasing; Press Ganey is Not

Value Based Purchasing (VBP) is a payment reform under which hospitals and other providers are economically incented based upon their performance against quality measures. Value-based purchasing brings together information on the quality of health care, including patient outcomes and health status, with data on the dollar outlays going towards health.

In calculating a VBP score for each hospital, CMS wants hospitals to exhibit a high and consistent performance. Originally, HCAHPS was optional, then reporting became mandatory if we wanted to retain our entire Medicare prospective payment, and now starting in Federal Fiscal Year 2013 (October 1, 2012), we will be paid for how well we perform.

For FY2013, CMS has proposed to hold back 1% of hospital payments (for UTMB Health, the total of “at risk” reimbursement under CMS equals more than $700,000 at risk in this first year alone, climbing up to $2 million in four years). A major portion of this at-risk pool of earnings is tied to core measures and HCAHPS satisfaction.

Under the Value Based Purchasing component, hospitals will be able to “earn back” their payment at an incentive rate determined by the percentile ranking of their total VBP score. The total VBP score will be based on a hospital’s scores from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (which will account for 30% of the VBP score) as well as its scores from the 17 clinical process of care measures that have been identified for inclusion in the Value Based Purchasing program (which will account for 70% of the VBP score). In FY 2014: outcome measures will be added.

What can we do?

In order to meet the requirements of HCAHPS as a minimum standard, we must achieve consistency at several levels:

- Treat every patient you encounter the way you want your family treated. Do this every day!
- Listen to patients and tailor your care and service to their unique needs while maintaining practice standards.
- Practice AIDET. Health care institutions that have used AIDET have seen an increase in their patient satisfaction scores
  - Acknowledge the patient
  - Introduce yourself and others
  - Duration – let patients know how long they should expect to wait
  - Explanation procedures, medications and after care
  - Thank patients for choosing UTMB Health
- Follow policies be thorough and consistent as you deliver care and as you communicate to hand work off to another person or department in the Health System, so that no patient’s needs fall through the cracks.
- Engage in proactive conversation with the patient to empower the patient and/or family member to tell us if there is something we can do to correct a problem or improve their experience in real time, on the spot. Sometimes patients just want someone to listen to them!
- Remember: All work affects patient care! Staying the same will not keep us where we need to be since every hospital in the country is working hard on these measures!
Attention Clinicians – Important Information about Quality Measures

As you are aware, UTMB is in stage 1, which requires successfully capturing and reporting of objectives, menu objectives, and clinical quality measures (CQM). Eligible Professionals (EP) and hospitals must report on the care provided to all patients in specific quality measures:

- EPs must report from the table of 44 CQMs, which includes 3 Core, 3 Alternate Core, and 38 additional CQMs depending on the EP’s patient population. UTMB has programmed the 6 core and alternate core and 8 others to date.
- Eligible hospitals must report all 15 CQMs required. Two of these measures target emergency department throughput processes, 7 focus on the care of patients with ischemic stroke, and 6 focus on the care of patients with venous thromboembolism (DVT).

This communication focuses on the following hospital and EP quality measures (click on the link for detailed information):

**Hospital Quality Measures**
- Care of patients with venous thromboembolism (DVT)

**EP Quality Measures**
- 1) Adult Weight Screening and Follow-up
- 2) Asthma Assessment and Treatment

Thank you for your efforts in helping to achieve the goals set for stage 1.

Several clinics offer extended hours

Several UTMB clinics have started offering evening hours and met with success! Most of the participating clinics are able to accommodate approximately six to eight patients per evening, wrapping visits up around 6:00 – 7:00 p.m. Clinics currently offering extended hours must function with limited staffing during these later hours, and therefore cannot accept walk-in appointments. Overall, patients have expressed satisfaction with the flexibility of after-work appointments.

**Friendswood Adult and Pediatrics Associates** began extended hours about one year ago. They are open on Thursday evenings, until around 6:30 p.m., with two physicians who alternate the evening clinic.

**Dickinson Family Medicine** offers extended hours on Monday evenings until 7:00 p.m.

**Alvin Pediatrics** is open on Tuesday evenings until 6:00 p.m.

**Texas City Pediatrics** is open Thursday evenings until 7:00 p.m.

**League City Pediatric Associates and Family Health** has been open late on Tuesday evenings until 7:00 p.m.

Primary Care Pavilion to Re-Open in Early 2012

Approximately 60,000 square feet of clinical space will return to full operation in early 2012 as a major component of the Primary Care Pavilion on Harborside Drive re-opens. Clinics returning to the renovated site include: Family Medicine, Internal Medicine, Orthopedics, Pediatrics, Psychiatry, Radiology and Student and Employee Health. The Primary Care Pavilion was heavily damaged in Hurricane Ike, and crews have been working to renovate the facility to be re-opened for patients. The remaining 40% of the building will be used for administrative and faculty offices and will be renovated in the future.
State and local officials joined the UTMB community on Wednesday, October 19, for the official ceremony celebrating the demolition of the old Jennie Sealy Hospital building. The building will be demolished to make way for the new Clinical Services Wing and hospital tower that the UT Board of Regents approved in August after years of planning and negotiating.

Bob Scott, UTMB Senior Workforce Development Consultant, got the crowd energized and signaled the firing of confetti cannons by Dr. David Callender, State Representatives Craig Eiland and Larry Taylor, Mayor Joe Jaworski and John Kelso.

Following the ceremony, attendees took time to enjoy the beautiful day and grab a bite to eat on the John Sealy Plaza. These are exciting times for UTMB Health!

UTMB Works Wonders in the South Pole

Not many people know that UTMB was an integral part of the recent safe evacuation of an American researcher from South Pole on October 17. In late August, the researcher suffered a stroke and the story made national headlines after she was forced to wait nearly six weeks to be evacuated for care. Harsh weather conditions prevented any planes from landing during the region's winter period.

Dr. R. Glenn Smith, Professor and Chair ad interim for UTMB’s Department of Neurology, and several key members of the Access Center demonstrated incredible dedication and commitment to aiding Raytheon Polar Services Co. (the logistical support contractor for the National Science Foundation in Antarctica), via our telemedicine network by facilitating direct communication with various specialists for professional consults. The team also helped arrange for the patient’s safe transport to a physican’s care in New Zealand, where she is now recovering.

UTMB was subcontracted in 2001 by Raytheon to provide specialty medical services to patients among the three thousand NSF researchers and support personnel who work and live in the three scientific stations that function year-round in Antarctica—Amundsen-Scott (South Pole), McMurdo, and Palmer—plus those staffers who operate two ice-breaker research vessels. Since then, patients in Antarctica have seen UTMB’s specialist physicians in fields including cardiology, dermatology, neurology, neurosurgery, ophthalmology, oral surgery, orthopaedics, urology, and vascular surgery, among others.

A very special thank you to Dr. Smith, the Access Center and everyone involved in this endeavor: Thank you for helping UTMB Health to work wonders!

UTMB Residents Volunteer at “Wings Over Houston”

UTMB Health’s Aerospace Medicine residents oversaw both First Aid tents at this year’s “Wings Over Houston,” held October 15 & 16 at Ellington Airport. A total of 125 volunteers donated their time to the endeavor, treating 67 patients, mostly with heat related and soft tissue injuries, one heart attack, one broken ankle and one defibrillator firing. Thank you, volunteers, for helping keep everyone safe and healthy at this event!

UHC Elevators are Operational!

As of October 21, all patients and visitors to the UHC parking garage will be able to use the two new modernized elevators and lobby! Additional improvements will be performed after this date such as replacing interim lobby lighting and seating. These additional improvements will have minimal user impact.

Check out the latest issue of the IMPACt newsletter to learn about the numerous Breast Cancer Awareness Events held at UTMB Health this October.
Congratulations to UTMB Police Chief Tom Engells, who received the inaugural University of Texas System Police Chief of the Year Award.

Congratulations to the thirty-two nurses from Labor & Delivery, Antepartum, and the Neonatal Nurseries took the National Certification Corporation (NCC) certification exams for Inpatient Obstetrics and Neonatal Intensive Care!

“I would like to express my heartfelt thank you for the care my mother received at UTMB this past week. She is an 86 year old patient of Dr. Aakash Gajjar who performed surgery on her Tuesday, September 27. After surgery, she was assigned to room J9A-5. Her nurses were Margaret Kamore and Lillian (sorry, I do not remember her last name). These two nurses combined with the excellent work of Dr. Gajjar made my mother’s recovery quick and downright pleasant. Their professionalism, pleasant personalities, and compassion towards my mother were exceptional. Others who provided friendly and respectful services were the nutritionist, Donald Dillon, and two sweet cleaning ladies, Lucy Cisneros and Sharon Webb.

It is rare that I take time out from a busy schedule to compose a note of thankfulness for individual people, but these two nurses made a big difference in our world. They turned a scary recovery period into a pleasant and friendly experience. I know mom will receive a survey letter from UTMB in the mail shortly and she can’t wait to fill it out. But in addition, I wanted to send this note directly to you so you can see firsthand how exceptional your staff is. In the topsy-turvy world we live in these days, what a pleasant environment they create for surgical patients. I know—I stayed with my mom 24/7.

“Bessie Martinez (Environmental Services) was wonderful cleaned everything really well!” Friday Focus also featured Bessie in the August issue of the Health System Focus newsletter—she continually receives wonderful compliments from our patients. Thank you, Bessie!

Sharon Antoine (Environmental Services) did a great job cleaning their room and you were always very friendly.

Winnie Richards, Doris Ballard and Maria Flores (all from Environmental Services) recently received Certificates of Recognition from the Department of Healthcare Epidemiology for their contributions of time, commitment and hard work to ensure the safety of UTMB Health System patients and health care workers.

Yvonne Jacobo and Danielle Payne (ICSU) always explained everything well and always answered any my questions.

Drs. Daniel Beckles, Vincent Conti and John Russell were all very courteous and attentive to my feelings. They worked well together.

“When I was discharged I had to ride medical transportation home and they did not show up I got hysterical and cried and Kelsi Burleson and Ms. Norma Delpin, who stayed way after she was off, made every effort to try to get me home I’m thankful to those ladies.”

“Shannon Jackson (Morrison Food Services) delivered my son’s food - We was amazing! He took such good love or my boy! Thanks Shannon!”

“Tarra Schram-Blair (Pediatrics) was wonderful - She made my son very comfortable and relaxed him when he was nervous! Very motherly - which is comforting to me. If all the staff of UTMB had her attitude! Thanks to Tarra for everything”

“Dr. Olga Swanson (Pediatrics) is a wonderful doctor and took very good care of me!”

“I would like to let you know about the wonderful doctor’s visit my son experienced at your Pediatric Specialty Center at Bay Colony. My son had an on-going dry cough which would not go away, so I decided to take him in to see a doctor early one morning without an appointment.

He saw Dr. John Kelley, who was very thorough and asked a lot of questions to assess his cough. Dr. Kelly tested him for strep and the results came back negative. Dr. Kelley brought in Dr. Christine Turley, who also examined my son. They both discussed their findings and determined the best medications for my son. I was asked to bring him back in two weeks for a follow-up appointment.

I was very impressed by the dedication, thoroughness and quality of service provided by both these two great doctors. I came home and raved about our experience to my husband. If we gone to any another practice, the doctor who examined my son would have probably just taken a guess at the cough and prescribed some medication and been done with it. However, at UTMB Bay Colony Pediatrics clinic, I did not get that! Instead, I felt like these two doctors did their best to find the cause of the problem and try to remedy it.

Yesterday to my delightful surprise, I got a follow-up call from Dr. Turley personally. She also wanted to know when my son would be coming in for an important follow-up visit. Unfortunately, as my husband just lost his job and our insurance ended, I had to cancel Kyle’s follow-up appointment.

Dr. Turley let me know about the CHIP | Children’s Medicaid program and told me she would have a UTMB social worker call me so that I may possibly get Kyle on CHIP. This was so helpful—we had no idea about the program! That same day I received the call from the UTMB social worker, and she too was also very helpful and informative.

I would definitely recommend this clinic to any parent and feel confident taking my two kids there as I feel the doctors at this clinic care for their patients, love and enjoy what they do!

I want to thank Dr’s Turley and Kelley for their caring and thorough professionalism in the treatment of my son. Please let them know they make a positive difference in people’s lives.”

Dr. Ben Raimer, UTMB senior vice president for Health Policy & Legislative Affairs, has been named by Health and Human Services Commission Executive Commissioner Thomas Suehs as a medical community representative to the Interagency Council for Addressing Disproportionality.

Gov. Rick Perry has appointed Dr. Elizabeth “Betty” Protas, dean of UTMB’s School of Health Professions, to the Statewide Health Coordinating Council.

Other positive mentions:
Joan Travis (Post Partum); Tamara Thomas (PP); Lela Chaney, Doris Boxley (all PP); Steven Carrio and Annie McCarthy (Surgery); Erica Zamora (CT/Vascular Surgery); John Snider, Kaylin Winther, Diane Sieckoe, Cleo Douglass, Dr. Kelly Stephenson (ACE Unit); Erica Parsons, James Valdez and Kevin Finley (Morrison’s Food Services); Bertha Archibald (Post Partum); Lisa Moore.
**Ambulatory Clinics Team Begins Certification Training**

by Beth Quigley, Practice Manager

In preparation for the rollout of revenue cycle Epic applications, several members of the Ambulatory Clinics team journeyed to Epic “Intergalactic” Headquarters in Verona, Wisconsin this month to begin training as certified users of the practice management packages, Cadence/Prelude.

For three full days, attendees were trained as end users on the new patient scheduling and registration packages which will replace Invision in April 2013. To receive Epic certification, individuals must attend three courses, pass a proctored exam for each course and complete both a Cadence and Prelude project. When finished, participants will have invested 68 hours in the classroom, plus extensive hours studying, working in the online practice environment and completing comprehensive projects. The team agreed the first class was excellent and they are excited about the positive difference Cadence and Prelude will make to our outpatient clinic operations and patients!

Attendees included Linda Shin and Beth Quigley from Clinics Administration; Orson Wells, Jamie Holmes-Rozier and Craig Sims from Clinics Education and Training; Darla Mattes and Tammy Leonard from Clinics IS; and Lynette Pullen from the Regional Maternal Child Health Program. Other UTMB attendees to the initial Cadence training were members of the IS team Chris Lignon, Marilyn Moy, Larry Thompson and Karen Welsh.