



The HCAHPS Redesign Test Executive Summary

PREPARED BY:

Bill McInturff, Partner
Bill@pos.org

Micah Roberts, Partner
Micah@pos.org

Research Objectives

- The primary objective was to identify the measures of patient experience that most highly correlate to hospital stay ratings as currently measured by HCAHPS and determine what, if any, revisions could be made to further strengthen the existing survey instrument.
- We employed qualitative and quantitative data-gathering techniques among recently hospitalized adults in order meet this primary objective.
- The quantitative research was conducted online as a pilot test of using an online methodology to conduct a survey covering hospital stay experiences.

- Sixteen 1-on-1 interviews with recently hospitalized adults.
- An N=500 online survey of recently hospitalized adults testing proposed survey changes to HCAHPS.
- Two N=500 online surveys:
 - The current HCAHPS survey;
 - A revised questionnaire incorporating HCAHPS questions along with revised and new questions.

Key Finding #1

- 87% of Americans have access to a computer/laptop or a smartphone.
- This project demonstrates the HCAHPS survey can be successfully administered online.
- This work suggests that careful testing should be done next as part of incorporating an online option to complete the HCAHPS survey.

Key Finding #2

Our findings suggest there should be additional exploration around the following measures:

- Confidence in doctors and nurses,
- Patients needing to feel heard and wanting to have input on their care,
- Efficiency and communication in the team-based care patients receive,
- Efficiency and communication in the admission and discharge processes.

Key Finding #3

- The HCAHPS survey is a strong, well crafted survey for evaluating hospital ratings.
- New items though on the new survey rank higher in frequency than the items they replaced on the HCAHPS survey.
- Items on the new survey correlate better or as well in predicting overall satisfaction with the hospital stay as the items they replaced on the HCAHPS survey.

Key Finding #4

The new survey accomplished the following:

- It reduced the number of experience questions asked from 20 to 18.
- It was administered online in only 8.5 minutes, a statistically significant 1.3 minutes less than the HCAHPS survey.
- It was even stronger than the HCAHPS survey in predicting satisfaction with hospital stay and recommendation of the hospital to friends and family.

The following are some of the new questions tested on the new survey that scored particularly well:

Frequency:

- During this hospital stay, how often did the doctors, nurses and staff work together to provide you timely, efficient care?
- During this hospital stay, how often did you receive accurate updates about the timing or any delays in your care plan?
- During this hospital stay, how often did you understand your care plan clearly?
- During this hospital stay, how often was medication you were prescribed before you were admitted to the hospital administered on time?

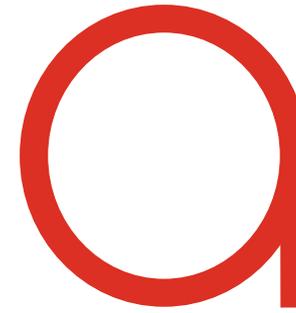
The following are some of the new questions tested on the new survey that scored particularly well:

Agree/Disagree:

- When I left the hospital, I clearly understood the purpose for taking each of my medications.



Which of the two sets of questionnaires are more highly correlated with the overall rating of hospital stay?

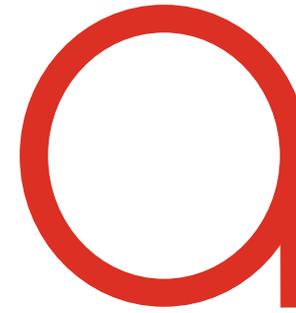


The new questionnaire worked better in terms of experience questions' correlations with rating of hospital stay.

- The average correlation for FAH is +.15 on rating of hospital stay and +.16 on hospital recommendation compared to HCAHPS.
- There are 13 experience questions with correlation scores $>.50$ in FAH, compared to 7 in HCAHPS.



Which of the two sets of questionnaires are more predictive of overall rating of hospital stay?



The new survey consists of questions that are more consistently predictive of rating of hospital stay.

This is consistent in the correlation analysis and the drivers models, both with individual and factor groupings.

Conclusions

- We successfully tested the HCAHPS survey using an online platform.
- We confirmed the importance of doctors and nurses to listen, show courtesy and show respect.
- We identified important experiences that were reported more frequently than existing measures being taken.
- Efficiency of care is a leading experiential factor that drives perceptions about hospitals.
- Wait times, discharge wait times, and understanding reasons for wait times are important factors driving hospital ratings and recommendation likelihood.



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TURNING QUESTIONS INTO ANSWERS

Bill McInturff
Partner

Phone: (703) 836-7655
Email: Bill@pos.org

Micah Roberts
Partner

Office: (703) 226-9651
Email: Micah@pos.org