



Executive Summary

- 1. The current HCAHPS survey is a strong, well-crafted instrument for evaluating hospital stay ratings. HCAHPS is correctly focused on:**
 - The interactions people have with doctors and nurses,
 - Effective communication including doctors and nurses listening carefully and explaining things clearly,
 - Promptness of response from nurses.
- 2. There is room though to strengthen HCAHPS by adding items important to patients. 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.
- 3. A revised survey instrument demonstrates the HCAHPS survey can be enhanced with measures on efficiency, communication and wait times. Importantly these new survey questions:**
 - Rank higher in terms of frequency than the items they replaced.
 - Correlate better or as well at predicting overall satisfaction with the hospital stay as the items they replaced.
 - Allowed the overall survey length to be reduced.
- 4. These new measures were highly correlated to overall hospital stay ratings and recommendation.**

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?

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

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?
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- 5. This iterative research regimen has produced consistent and important findings about fundamental ways to strengthen the HCAHPS survey:**
 - 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 used.
 - Chief among these - efficiency of care is a leading experiential factor that drives perceptions about hospitals.
 - Wait times in general, wait times for discharge specifically, and understanding reasons for wait times overall during the care experience are important factors driving hospital ratings and recommendation likelihood.

Methodology

- A total of 16 one-on-one in-person interviews of recently hospitalized adults consisting of 8 men in Jacksonville, FL and 8 women in Atlanta, GA. These interviews each took 45 to 60 minutes to complete and were meant to help the research team and the Federation of American Hospitals better understand patients' experiences, how their experiences related to their overall satisfaction, and how well the questions posed by the HCAHPS described their experiences.
- An online survey of N=500 recently hospitalized adults nationwide. This survey tested the importance and frequency of current and proposed new measured for the HCAHPS survey.
- Two concurrent online surveys of N=500 recently hospitalized adults each that would test the current HCAHPS survey and a slightly modified version of the HCAHPS survey as informed by the first two phases of this research. This final phase was meant to provide a fair test of the current HCAHPS survey (as modified to be administered online) and compare it to a redrafted survey.
- **Statement of limitations:** This study had limitations. First, as a result of the modality and approach of the administration of this survey, the respondent population may differ in characteristics from that of respondents of the HCAHPS. Unlike the current HCAHPS survey, these surveys were administered online among randomly selected recently hospitalized adults and used opt-in online panels which may not draw the same respondents as HCAHPS' mail and phone surveys randomly selecting known recent hospital patients. Second, this study was intended as a pilot with a focus on returning a rapid cycle evaluation and proof-of-concept. As such it contended with smaller sample sizes and did not rigorously validate the language used in the newly proposed questions. However, our study's findings indicate positive changes that can be made to strengthen the HCAHPS questionnaire.