

Introduction

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures the patients' perception of care during hospitalization and was originally implemented in 2006 by Centers for Medicare and Medicaid Services (CMS) (HCAHPS, 2017a).

The eight HCAHPS survey dimensions under the Person and Community Engagement domain are:

- communication with nurses,
- communication with doctors,
- responsiveness of hospital staff,
- communication about medications,
- hospital cleanliness and quietness,
- discharge information,
- care transition, and
- overall rating of the hospital (CMS, 2017).

A value-based purchasing (VBP) program was initiated by CMS to financially reward acute-care hospitals for quality of care, excellent clinical practices, and patient experience (CMS, 2017).

There are four VBP domains: Clinical Care, Safety, Efficiency and Cost Reduction, and Person and Community Engagement. Each domain has a relative weight of 25% for fiscal year 2019 (CMS, 2017).

In 2010, the Patient Protection and Affordable Care Act (PPACA) mandated hospitals to participate in the VBP program (PPACA, 2010).

The significance of this project is related to the reimbursement at stake depending on HCAHPS survey results which is 2% of the estimated total base operating Medicare Severity-Diagnosis Related Group (MS-DRG) payments for all participating hospitals (CMS, 2018).



Problem

Limited strategies are guaranteed to increase HCAHPS scores; therefore, it is important for organizational leaders to understand the key drivers to ensure the best patient experience, to provide quality care, and to optimize financial incentives (Davidson et al., 2016).

Purpose

The purpose of this project was to measure the impact of a standardized discharge packet on two orthopedic units in an acute hospital in the following HCAHPS domains: communication with nurses, communication about medications, discharge information, and care transition.

Methods

This quality improvement project was conducted on two inpatient, orthopedic units in an acute hospital setting in east Tennessee.

Study participants were patients between 18 - 75 years of age, English Speaking that met the HCAHPS inclusion criteria (HCAHPS, 2017b).

Patients were excluded from the study if they did not speak English, were outside the age parameters, or met the HCAHPS exclusion criteria (HCAHPS, 2017b).

The planned Intervention was a standardized discharge folder with correlated HCAHPS labels. It was a folder within a folder concept. This allowed the medication folder that was placed inside the discharge folder to be removed for review with primary care physician.

All 28 full-time nurses were educated in the classroom on the purpose of the study, the standard discharge packet, the teach-back process, and the discharge checklist prior to the implementation.

Top box scores = percentage of patients responding with the highest possible response category per each Likert scale.

Data Collection

Exempt status granted by the associated University and Hospital Institutional Review Board (IRB).

The project implementation period was from October 1st to November 30th, 2018.

Data collection procedure included an internal tool—discharge checklist and external tool—HCAHPS survey.

Descriptive statistics was used for the data analysis using Excel program, Independent T-test, & SPSS 24.0

Results

- The sample sizes for the implementation period were small for both units (Table 1). Also, three discharge checklists were without names and five survey barcodes were missing which reduced the final sample size further.
- The national response rate is 28% on HCAHPS surveys (Brown, 2018). The overall hospital response rate for Unit A was 17.6% and for Unit B was 35.1%. The study population response rates for Unit A was 11.5% and for Unit B was 13.5%.
- 75 nurse floaters worked on Unit A and B during the study period. 56 floaters were trained real-time by the nurse leader instead of receiving classroom training by the project coordinator.
- 80% of the nurse floaters worked on Unit A and 20 % worked on Unit B.
- Teach back method was a new way of explaining the discharge instructions. The addition of a new folder and the expectation of performing teach back method may have overwhelmed the nursing staff when reviewing discharge instructions with the patient.
- Unit B offers more extensive education than Unit A; therefore, they may have had additional instructions which could potentially have impacted the results.
- Unit B had one nurse primarily doing the discharge teaching which may have impacted the HCAHPS scores.
- Unit A only showed improvements in one question “Staff talk about help when you left”; however, Unit B rendered improvements in 7 out of 10 questions (Tables 2 & 3). Therefore, the results suggest that the standardized discharge folder positively impacted the HCAHPS scores on Unit B.

Table 1
Patient Population Selection Criteria

Unit	Total Discharge Checklist Completed per Unit		Total HCAHPS Surveys Completed per Unit	
	N	%	N	%
Unit A	104	25	12	11.5
Unit B	74	29	10	13.5

Note. HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems. N = Sample Size.

Table 2
Mean and Standard Deviation of HCAHPS Scores During Baseline Period and After Implementation of Standardized Discharge Folder - Unit A

Questions	Baseline Period January 1, 2018			Implementation Period October 1, 2018 - November 30, 2018			P Value
	N	Mean	SD	N	Mean	SD	
Nurses treat you with courtesy and respect	151	81.46	38.99	12	75.00	45.23	.586
Nurses listen carefully to you	150	72.67	44.72	9	55.55	52.70	.371
Nurses explain in way you understand	151	72.18	44.96	9	44.44	52.70	.077
Tell you what new medicine was for	74	79.73	40.47	10	20.00	42.16	<.001
Staff describe medicine side effects	75	42.67	49.79	10	20.00	42.16	.143
Staff talk about help when you left	107	90.65	29.24	11	100.00	0.00	.001
Info re: symptoms/prob to look for	104	91.35	28.25	11	90.91	30.15	.961
Hospital staff took preferences into account	147	41.50	49.44	12	16.67	38.92	.057
Good understanding managing health	148	43.24	49.71	12	16.67	38.93	.043
Understood purpose of taking meds	133	57.89	49.56	11	27.27	46.71	.060

Note. HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems. N = Sample Size. SD = Standard Deviation.

Table 3
Mean and Standard Deviation of HCAHPS Scores During Baseline Period and After Implementation of Standardized Discharge Folder - Unit B

Questions	Baseline Period January 1, 2018 - September 30, 2018			Implementation Period October 1, 2018 - November 30, 2018			P Value
	N	Mean	SD	N	Mean	SD	
Nurses treat you with courtesy and respect	264	90.15	29.85	10	100.00	0.00	<.001
Nurses listen carefully to you	264	82.20	38.33	9	88.89	33.33	.606
Nurses explain in way you understand	263	83.27	37.99	9	66.67	50.00	.352
Tell you what new medicine was for	157	81.53	38.93	6	100.00	0.00	<.001
Staff describe medicine side effects	157	54.14	49.98	5	0.00	0.00	<.001
Staff talk about help when you left	229	95.63	20.48	10	90.00	31.62	.407
Info re: symptoms/prob to look for	228	94.74	22.38	10	100.00	0.00	.459
Hospital staff took preferences into account	261	50.57	50.09	9	66.67	50.00	.369
Good understanding managing health	262	56.87	49.62	10	60.00	51.64	.845
Understood purpose of taking meds	239	66.53	47.29	10	70.00	48.30	.820

Note. HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems. N = Sample Size. SD = Standard Deviation.

Limitations

- There were 75 float nurses that were trained real-time on the discharge packet, teach-back method, and discharge checklist by the nurse leader or designee instead of the project coordinator.
- The nurse leader altered the inclusion criteria for about one week until she received clarification from the project coordinator; therefore, the number of participants may have been different.
- The number of patients receiving the discharge packet that completed the HCAHPS survey was a small sample size for both units.
- The external vendor delayed raw data file information to the hospital patient experience coordinator for several weeks.

Implications for Research and Practice

Since there was a small sample size, it is recommended that the project be replicated for a longer period of time by rolling out the discharge intervention to other nursing units.

Some alternative study options would be to have a targeted discharge nurse completing all of the discharge instructions, to involve a pharmacist in the discharge medication teaching process, and to evaluate a discharge call-back program in coordination with the standardized discharge folder.

References

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