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## HCAHPS- Hardwiring Your Hospital for Pay-for-Performance Success

**Presented by:**  
Quint Studer  
and Brian Robinson



Point, Click, Learn:

**StuderGroup®**  
Webinar Series

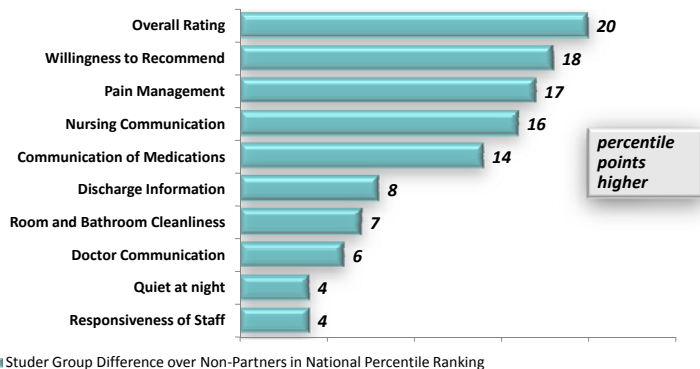


## Webinar Objectives

- ▼ How your HCAHPS results will impact your organization's reimbursement in the era of health reform
- ▼ Why HCAHPS results are a quality metric, not just a patient satisfaction metric
- ▼ How to identify the clinical outcomes you most need to focus on to improve HCAHPS results—and overall quality of care
- ▼ Why ED performance is directly connected to HCAHPS results
- ▼ Why “nurse communication” is the single most critical composite on the HCAHPS survey
- ▼ Tactics you can implement right now that have a powerful positive impact on HCAHPS results and on your entire organization.

## Studer Group Partners Outperform the Nation across HCAHPS Composites

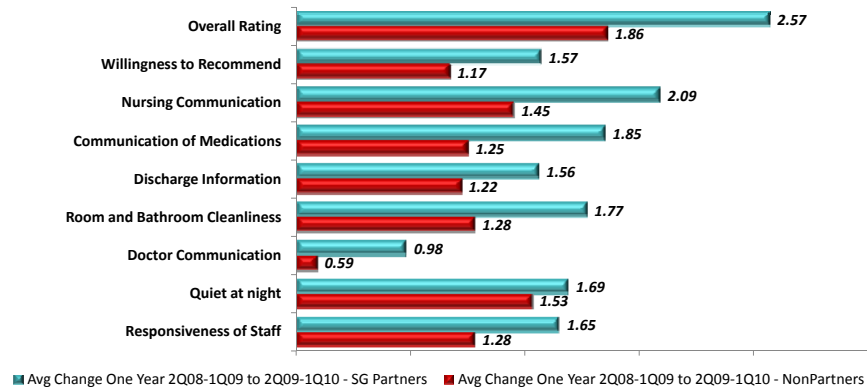
**Studer Group Difference over Non-Partners  
in National Percentile Ranking**



Source: The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Oct 2007 and non-partners for each composite; updated 3.11.11 using 2Q09-1Q10 CMS data

## Studer Group Partners Outpace the Nation in HCAHPS Improvements

Average Change in Top Box Results in One Year  
Studer Group Partners vs. Non Partners

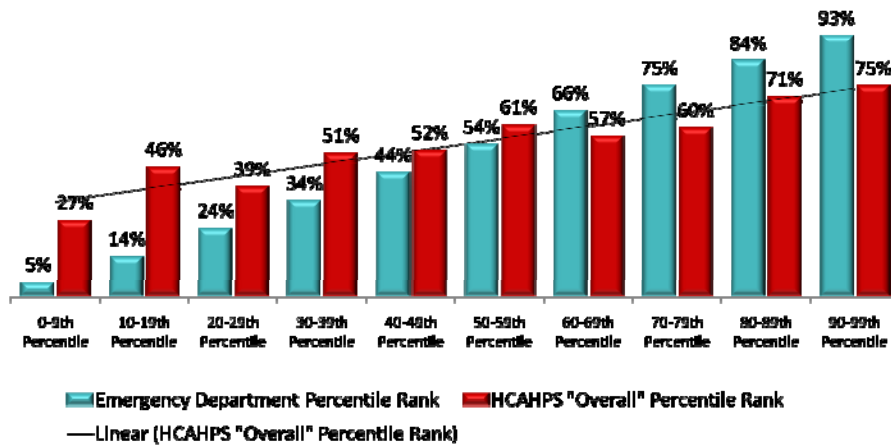


Source: The graph compares the change in one year in "top box" results achieved by Studer Group partners vs. non-partners. Change is from 2Q08-1Q09 to 2Q09-1Q10. The "top-box" is the most positive response to HCAHPS survey questions.



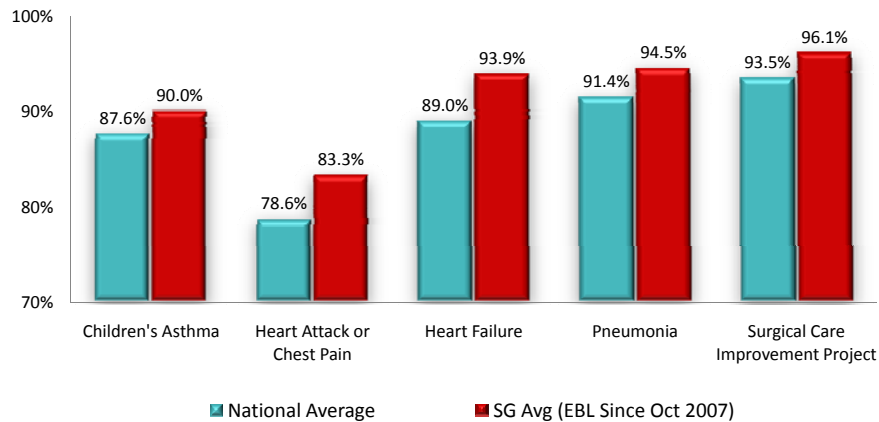
## As Hospital's ED Percentile Ranking Increases, So Does Its HCAHPS "Overall" Percentile Ranking

Relationship: ED and HCAHPS "Overall" Percentile Rankings

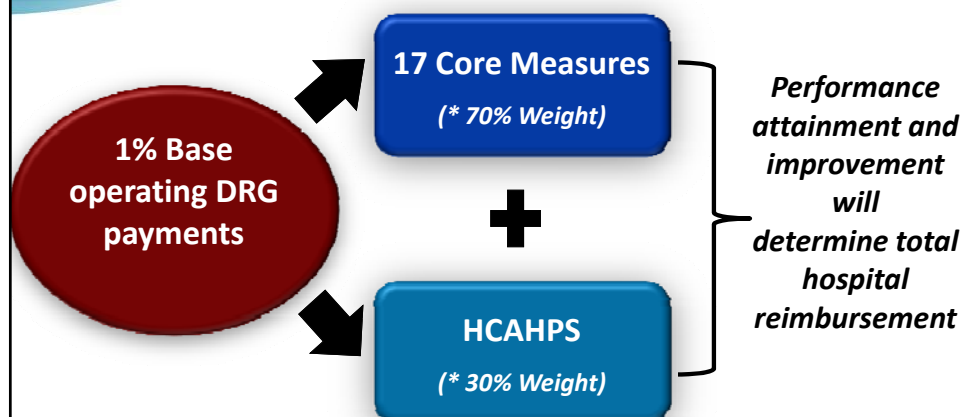


## Studer Group Partners Perform Better Than the Nation in All Core Measures

Studer Group Partners vs. National Average in Compliance with Evidence-Based Clinical Core Processes



## Value Based Purchasing FY 2013: Proposal



**Notes:**

- Implementation FY 2013 (October 2012)
- \*Value Based Purchasing Program proposed rule 1.7.11

## What Will Value-Based Purchasing Mean for You?

**17 Clinical Process  
Core Measures**

**HCAHPS**

HCAHPS COMPOSITES AND QUESTIONS			
	Composite	Question Summary	Response Scale
8 Value Based Purchasing Measures	<b>Nursing Communication</b>	Nurse courtesy and respect	ALWAYS, Usually, Sometimes, Never
		Nurses listen carefully	ALWAYS, Usually, Sometimes, Never
		Nurse explanations are clear	ALWAYS, Usually, Sometimes, Never
	<b>Doctor Communication</b>	Doctor courtesy and respect	ALWAYS, Usually, Sometimes, Never
		Doctors listen carefully	ALWAYS, Usually, Sometimes, Never
		Doctor explanations are clear	ALWAYS, Usually, Sometimes, Never
	<b>Responsiveness of Staff</b>	Did you need help in getting to bathroom? <sup>2</sup>	Yes No (screening question)
		Staff helped with bathroom needs	ALWAYS, Usually, Sometimes, Never
		Call button answered	ALWAYS, Usually, Sometimes, Never
	<b>Pain Management</b>	Did you need medicine for pain? <sup>2</sup>	Yes, No (screening question)
		Pain well controlled	ALWAYS, Usually, Sometimes, Never
		Staff helped patient with pain	ALWAYS, Usually, Sometimes, Never
	<b>Communication of Medications</b>	Were you given any new meds? <sup>2</sup>	Yes, No (screening question)
		Staff explained medicine	ALWAYS, Usually, Sometimes, Never
		Staff clearly described side effects	ALWAYS, Usually, Sometimes, Never
	<b>Discharge Information</b>	Did you go home, someone else's home, or to another facility? <sup>2</sup>	Own home, Someone else's home, Another facility (screening question)
		Staff discussed help need after discharge	YES, No
		Written symptom/health info provided	YES, No
	<b>Cleanliness and Quietness of Hospital Environment</b>	Area around room kept quiet at night	ALWAYS, Usually, Sometimes, Never
		Room and bathroom kept clean	ALWAYS, Usually, Sometimes, Never
	<b>Overall Rating</b>	Hospital Rating Question	0 to 10 point scale (percent 9 and 10 reported)
Willingness to Recommend will continue to be reported but not included in VBP formula		Willingness to Recommend	DEFINITELY YES, Probably Yes, Probably No, Definitely No

## 17 Core Quality Measures Value Based Purchasing FY 2013: *Proposal*

### Core Quality Measures Selected

- ▼ 3 Heart Attack (Aspirin; Fibrinolytic w/i 30 min's; PCI w/i 90 min's)
- ▼ 3 Heart Failure (Dx instruct; LVS func; ACEI or ARB for LVSD)
- ▼ 4 Pneumonia (P/I-Vac; culture in ED w/o anti; CAP immuno pt)
- ▼ 7 Surgical Care: Infection and Improvement
  - ▼ Proph anti w/i 1 hr of incision
  - ▼ Proph anti selection-surg
  - ▼ Proph anti Dx w/i 24 hrs of surg
  - ▼ Cardiac pts-6AM post-op serum glucose
  - ▼ Beta blocker prior to arrival if received during period
  - ▼ Recommended Venous Thromboembolism proph ordered
  - ▼ Venous Thromboembolism proph w/i 24 hrs prior and post

## What's the possible risk?

### Hospital Profile:

- 376-bed hospital
- 32 bed ED
- Inpatient Revenue:  
\$630 million
- Payor mix:  
45% Medicare

### Impact:

- 1% impact – base operating  
DRG payments = **\$2,835,000**
- 30%\* attributed to HCAHPS  
performance = **\$850,500**  
potential risk
- 70%\* attributed to Core  
Measure performance =  
**\$1,984,500** potential risk

\*Value Based Purchasing Program proposed rule 1.7.11.



Pay for  
Performance is  
Here

**Now\***

*\*Performance Period is  
July 1, 2011- March 31, 2012*

### **VBP *Proposed* Calculation of Performance: Reimbursement**

- ▼ **Baseline period:** July 1, 2009 – March 31, 2010
- ▼ **Performance period:** July 1, 2011 – March 31, 2012
- ▼ **Hospital performance:** the higher of an achievement score in the performance period or the improvement score as compared to the score in the baseline period
- ▼ To incentivize HCAHPS consistency points will be added in determining total performance.

## Value-Based Purchasing *Proposal* - FY2014

### Hospital Acquired Condition Measures (FY 2014)

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Pressure Ulcer Stages III and IV
5. Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)
6. Vascular Catheter-Associated Infections
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Manifestations of Poor Glycemic Control

### Mortality Measures (FY 2014)

1. Mortality -30-AMI: Acute Myocardial Infarction (AMI) 30-day Mortality Rate
2. Mortality -30-HF: Heart Failure (HF) 30-day Mortality Rate
3. Mortality -30-PN: Pneumonia (PN) 30-day Mortality Rate



## Value-Based Purchasing *Proposal* - FY2014

### Patient Safety Indicators (FY 2014)

- ▼ PSI 06 – Iatrogenic pneumothorax, adult
- ▼ PSI 11 – Post Operative Respiratory Failure
- ▼ PSI 12 – Post Operative PE or DVT
- ▼ PSI 14 – Post Operative wound dehiscence
- ▼ PSI 15 – Accidental puncture or laceration
- ▼ IQI 11 – Abdominal aortic aneurysm (AAA) repair mortality rate (with or without volume)
- ▼ IQI 19 – Hip fracture mortality rate
- ▼ Complication/patient safety for selected indicators (composite)
- ▼ Mortality for selected medical conditions (composite)

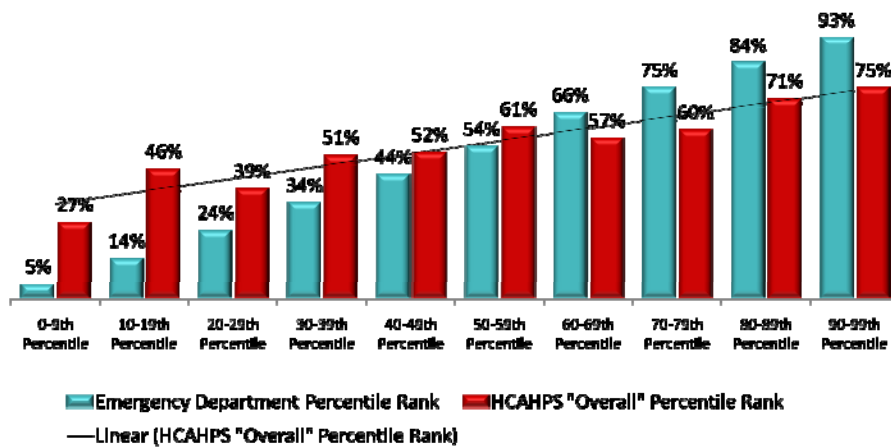




## HCAHPS Fundamentals and Tactics

### As Hospital's ED Percentile Ranking Increases, So Does Its HCAHPS "Overall" Percentile Ranking

Relationship: ED and HCAHPS "Overall" Percentile Rankings



## The Fundamentals: What You Must Know to Improve Your HCAHPS Results

- ▼ Nurse Leader Rounding
- ▼ AIDET<sup>SM</sup> – Key Words
- ▼ Post Visit Calls

Chapter Two: HCAHPS Handbook; The Fundamentals: What You Must Know to Improve Your HCAHPS Scores; pgs 23-44



## Nursing Communication: The Most Bang for Your Buck

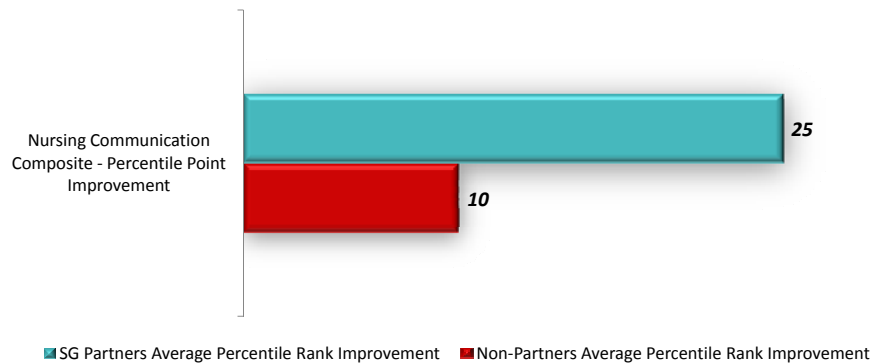
*The Nursing Communication Composite is the one most highly correlated with overall hospital rating.*

1. *During this hospital stay, how often did nurses treat you with courtesy and respect?*
2. *During this hospital stay, how often did nurses listen carefully to you?*
3. *During this hospital stay, how often did nurses explain things in a way you could understand?*



## Nurse Leader Rounding Impacts Patients' Perception of Nursing Quality

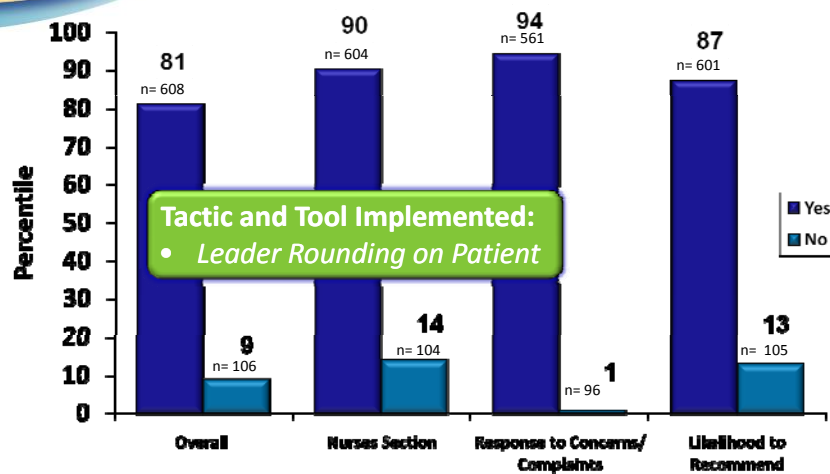
Increase in Percentile Ranking for HCAHPS Composite Nursing Communication Following Implementation of Nurse Leader Rounding



Note: When Studer Group Partners implement nurse leader rounding, they improve by an average of 25 percentile points for the Nursing Communication composite.



## Leader Rounding on Patients “Did a Nurse Manager Visit You During Your Stay?”



Source: Arizona Hospital, Total beds = 355, Employees = 4,000, Admissions = 10,188; updated 2Q2010



## Rounding with Patients and Families

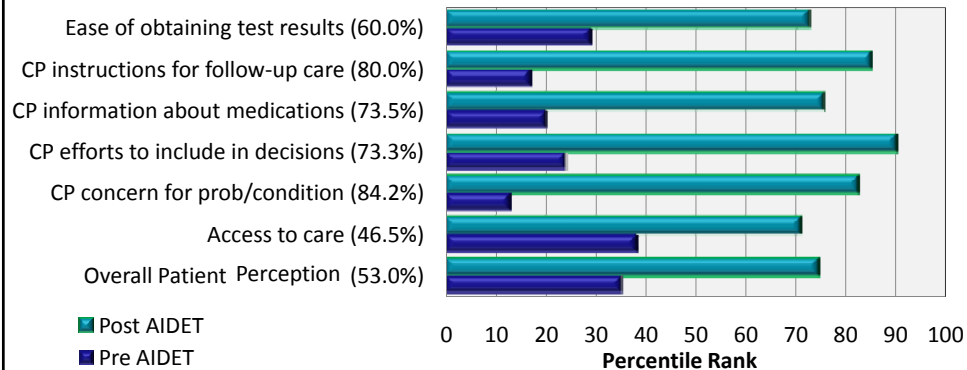
<b>Align Questions to Fit Desired Outcomes of the Organization</b>	<b>Set expectations/Validate Behavior</b>
	<b>Identify patient and family needs</b>
	<b>Document needs</b>
	<b>Give instructions on what to do if they do not get the care they expect</b>
	<b>Explain any post visit calls or surveys</b>
	<b>Recognize and Coach Staff</b>

## Studer Group Five Fundamentals AIDET<sup>SM</sup>

<b>A</b>	<b>Acknowledge</b>
<b>I</b>	<b>Introduce</b>
<b>D</b>	<b>Duration</b>
<b>E</b>	<b>Explanation</b>
<b>T</b>	<b>Thank You</b>

## AIDET<sup>SM</sup> – Impact on Safety and Quality

Change in Percentile Ranks



Source: Oklahoma University; OUP Hematology/Oncology Clinic & Infusion Center; 10 providers & 22 staff, take care of 15,000 clinic visits & 10,000 chemotherapy infusions per year



## Studer Group Five Fundamentals AIDET<sup>SM</sup>

Focus on the  
“A & I” to show  
courtesy and  
respect by all  
physicians, nurses  
and staff.

Focus on the  
“E” to explain  
medications and  
diagnosis.

**A**

**Acknowledge**

**I**

**Introduce**

**D**

**Duration**

**E**

**Explanation**

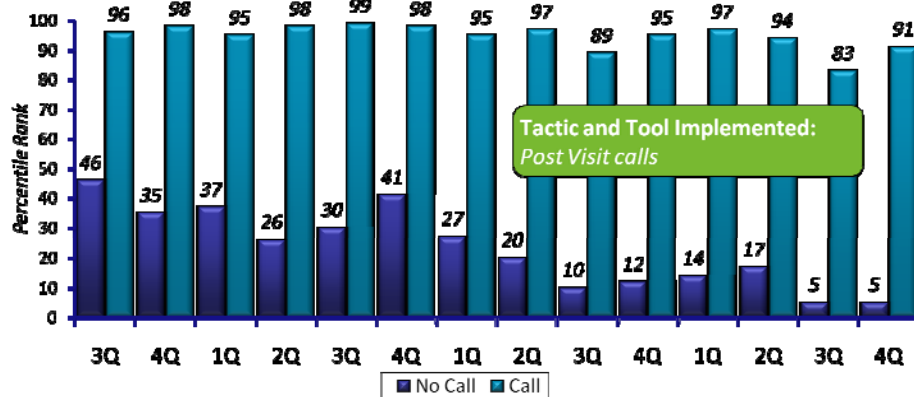
**T**

**Thank You**



## Post Visit Calls: Clinical Quality

### Instructions to Care for Yourself at Home



Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 4Q2010

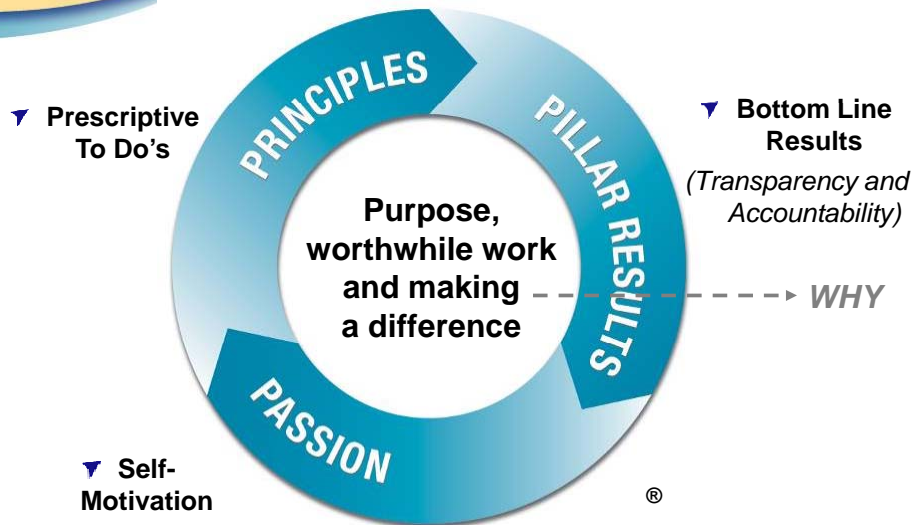
## Post-Visit Phone Call Sample

Empathy and Concern	"Mrs. Smith? Hello. This is <name>. You were discharged from my unit yesterday. I just wanted to call and see how you're doing today..."
Clinical Outcomes	<p>▼ "Do you have any questions regarding your medications or any possible side effects? Have you filled your prescription yet?"</p> <p>▼ "How is your pain now compared to when you were in the hospital?"</p> <p>▼ "We want to make sure we do excellent clinical follow-up to ensure your best possible recovery. Do you know what symptoms or health problems to look out for...?"</p> <p>▼ "Do you have your follow-up appointment?..."</p>
Reward and Recognition	<p>▼ "Mrs. Smith, we like to recognize our employees. Who did an excellent job for you while you were in the hospital?..."</p> <p>▼ "Can you tell me why Sue was excellent?..."</p>
Service	"We want to make sure you received excellent care. How were we, Mrs. Smith?..."
Process Improvement	"We're always looking to get better. Do you have any suggestions for what we could do to be even better?..." (could add in questions regarding quality indicators such as hand washing, ID band check, etc.)
Appreciation	"We appreciate you taking the time this afternoon to speak with us about your follow up care. Is there anything else I can do for you?..."

*“Always bring it back to  
values . . . ”*

*Quint Studer*

## Healthcare Flywheel®

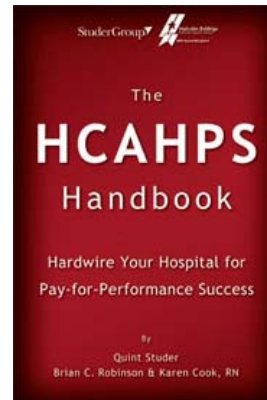


## The HCAHPS Handbook

Hardwire Your Hospital for Pay-for-Performance Success

Studer  
**Fire Starter**  
PUBLISHING

“This book shares the essential tactics proven to dramatically improve, and sustain, HCAHPS results and position your hospital to maximize reimbursement.”



[www.studergroup.com/HCAHPS](http://www.studergroup.com/HCAHPS)

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