

Guidelines: Communication with Patients about the HCAHPS Survey

**Communicating with Patients about the HCAHPS Survey
Key Words We Can Use, and Those We Cannot
Centers for Medicare & Medicaid Services HCAHPS Quality Assurance Guidelines V6.0**

The HCAHPS survey and its administration protocols are designed to produce standardized information about patients' perspective of care that allows objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve quality of care while enhancing accountability in healthcare by increasing transparency.

Hospitals self-administering the HCAHPS survey (without using a survey vendor) must meet the Self-administering Hospital Minimum Survey Requirements. Survey vendors and hospitals administering the HCAHPS survey for multiple sites must meet the Survey Vendor Minimum Survey Requirements.

Studer Group® recommends discussing this with the corporate compliance officer to ensure alignment with the protocols. CMS carefully developed the HCAHPS survey and its administration protocols to achieve the following outcomes:

- To increase the likelihood the patients respond to the survey, HCAHPS should be the first survey patients receive about their experience of hospital care (for more information see Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys below)
- To ensure that responses to the HCAHPS survey are based on the patient's own experience of care, proxies are never permitted to respond to the survey
- To ensure that the patient's responses are unbiased and reflect only his or her experience of care, hospitals and survey vendors (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS survey items; which are described in more detail below in Communicating with Patients about the HCAHPS Survey

According to HCAHPS guidelines certain types of promotional communications (either oral or written) are not permitted since they may introduce bias in the survey results. Hospitals/Survey vendors are not allowed to:

- Attempt to influence or encourage patients to answer HCAHPS questions in a particular way
- Imply that the hospital, its personnel or agents will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses, or indicate that the hospital is hoping for a given response, such as a "10" or an "Always"
- Inpatients should not be given any survey during their hospital stay or at the time of discharge
- Ask patients to explain why they did not rate a hospital with the most favorable rating possible
- Offer incentives of any kind for participation in the survey
- When asking non-HCAHPS survey questions should avoid using HCAHPS-like response categories (for instance, "Always, Usually, Sometimes and Never"

- It is permissible for patients to be asked about their experience during their hospital stay and during discharge calls. However, such questions should not resemble HCAHPS items or their response categories. The following are examples of questions that are **not** permissible:
 - *'Did the nurses always answer your questions?'*
 - *'On a scale of 0 to 10, how would you rate your hospital stay?'*
 - *'Is there a way we could always have clear communications regarding your needs?'*

Based on experience from the field, Studer Group© shares the following additional suggestions:

- Staff members should never say that they hope for, wish for, or expect that patients/family members will give them a particular rating (9-10) or respond "yes, definitely" or "very good" in the survey.
 - **Do not use** words such as "Our goal is for you to definitely recommend our hospital to your family and friends." (This emphasizes that we expect a certain rating and that we want something from the patient. In addition we are asking them to justify their opinions.) It is better to focus on the clinical care such as "Our goal is to provide you with the best care possible."
- **Staff can ask for feedback about anything that did not meet the patient's expectations as long as the scale itself is not mentioned. Do not use** a rating scale in any rounding or discharge calls. We want to identify opportunities for service recovery or for improvement opportunities but these should not be attached to any kind of rating question. This opens the door for patients to "rate" care and not only is it unfavorable, it also could be seen as unintentionally biasing any future questions. Hospital staff should welcome feedback of all kinds, especially suggestions for improvement and recognition but it is better to focus on the clinical care such as "If at any time we don't meet your expectations, please let us know so that we may improve in the future."
- **Staff should not imply that raises, incentives, promotions, etc. are in any way based upon the results of your surveys--and by implication the patient's ratings.** Ensure all staff have been trained on these compliance guidelines and never use words such as "The scores you provide will determine which unit receives a bonus at the end of the year." or "The staff (or I) might get a raise if our scores are high enough." While this may not seem plausible to some, there are examples of this still in practice and care must be taken to ensure staff do not unwittingly bias the survey results.

Studer Group© recommends that campaigns that focus on survey scales such as "Strive for Five" are not the best option and **if used**, should only be used internally with staff to communicate INTERNAL goals. While not a violation of HCAHPS guidelines because the scale is different, we again recommend focusing on the clinical care goals, NOT the scale.

It is best to focus on words such as "your feedback will be used to guide our future quality improvement efforts and also to recognize our staff." Key words are to reduce patient anxiety, increase compliance with recommended treatment and improve clinical quality outcomes and care delivery. Key words are not about attaining goals or achieving a particular score.

Within the above framework of communication guidelines, it is possible to craft a message for patients and family members that will help you to identify service recovery opportunities during the patient's stay and inform them about the survey process to increase survey response rates.

For example, key words might be something like "we are always looking for ways to improve our care and we welcome your suggestions for improvement". Or, "While you are here, we would like the opportunity to improve your experience and to address any problems or concerns that you have. We use patient satisfaction surveys to listen to patients and

families as well. You may receive one in the mail after your stay with us. We hope that you'll complete it and let us know how we are doing". (You should not show a survey of any kind to the patient – this is about the care, not the survey.)

Connect back to the why. The focus of HCAHPS is to provide the best experience for the patient. Why? Patients who have a great experience trust their provider and care team. That leads to less anxiety, better compliance and ultimately, better clinical outcomes. Using HCAHPS results to focus our improvement efforts will support our goal to provide the best care possible for patients.

Reference: HCAHPS Program Requirements March 2011 Centers for Medicare & Medicaid Services