UNDERSTANDING YOUR DATA
When HCAHPS Dimensions Seem Misaligned to Overall Rating

Have you ever found yourself looking at the HCAHPS Dashboard,
wondering why your Overall Rating is doing well, and your
other dimensions are not, or vice versa?

We're here to guide you! PRC provides the following considerations and insights to bring clarity when you find your scores in this scenario.

Considerations

WHAT TIME PERIOD AND SAMPLE SIZE ARE YOU VIEWING?

It is important to be mindful of the 'n' size when viewing data. PRC generally recommends samples of 50 or more per reporting view. If you are looking at a smaller number of surveys, the data are valid, but scores may vary more. Sample sizes with fewer than 50 can still provide you with helpful information, though looking for *directional trends* across time on smaller sample sizes is recommended. For more significant decisions such as action planning and/or goal setting, it is recommended you look at larger sample sizes across broader time periods such as quarterly or annual data points. It is wise to *look at your data frequently* and *base the report you are looking at on quarterly or annual data points* (i.e. a weekly report of your quarter-to-date score).

HOW ARE YOU TRENDING ACROSS TIME *FOR EACH MEASURE INDIVIDUALLY*?

- For Overall Rating, is your score stable, increasing, decreasing, or inconsistent across time?
- For an individual dimension, is your score stable, increasing, decreasing, or inconsistent across time?

While we cannot necessarily expect *the same score* for overall rating as another measure, when an aspect of care correlates highly with the overall rating, we can anticipate the scores *moving in the same direction* as one another across time. Your key drivers indicate the individual measures that most strongly influence how patients assess their overall experience for your area. Therefore, if you look at questions that are your key drivers compared to the overall measure, you should see them moving in the *same direction* as one another over time, even if the exact percentage score for them is not a match. This is most evident when viewing year-to-year trending.

SCENARIO

Unit A's key driver, Nurse Respect, is scoring 85% Always for year-to-date. The unit's Overall Rating is 75% (9-10 responses) so far this year. Both measures have improved 2-3% since last year. They are not scoring the same top box percentage, and we should not expect them to. However, they are moving in the same direction; in this case, they are improving. This is the directional relationship we anticipate seeing between a key driver and the overall measure.

Insights

HCAHPS DOES NOT MEASURE ALL ASPECTS INFLUENCING PATIENT PERCEPTIONS

For years, PRC has conducted key driver analyses on patient perception data collected, to identify what most influences patient perceptions of the overall experience. Across the majority of service lines and settings, Teamwork Between Doctors, Nurses and Staff and Overall Safety show as the top key drivers of overall experience for patients. The HCAHPS survey does not include measures of teamwork nor safety; however, when a patient answers the Overall Rating question, he/she may very well be factoring in these components of their experience. Some organizations have chosen to include teamwork and safety measures in their inpatient survey, after the HCAHPS questions. This provides the opportunity to see if teamwork and safety trump HCAHPS measures in overall perceptions. Even in these analyses including both HCAHPS and Loyalty (Excellent to Poor scale) measures, teamwork and safety often bubble to the top as most important to the overall experience. Therefore, if you see Overall Rating doing well, and other dimensions not, or vice versa, keep in mind teamwork and safety impact overall perceptions but are not among the other HCAHPS dimensions.

DIFFERENT MEASURES CAN YIELD DIFFERENT RESULTS

Overall Rating is a broad measure to which patients think about multiple facets of their experience from start to finish--registration, nurses, doctors, responsiveness, care transitions, etc. While the individual dimensions often correlate highly with one another and with the overall rating, they do remain separate measures; some are more specific, while others such as the Overall Rating are broader. Each focus on different aspects of the stay. Therefore, we should not expect necessarily for all measures to score at the same level nor show the same color against the threshold values.
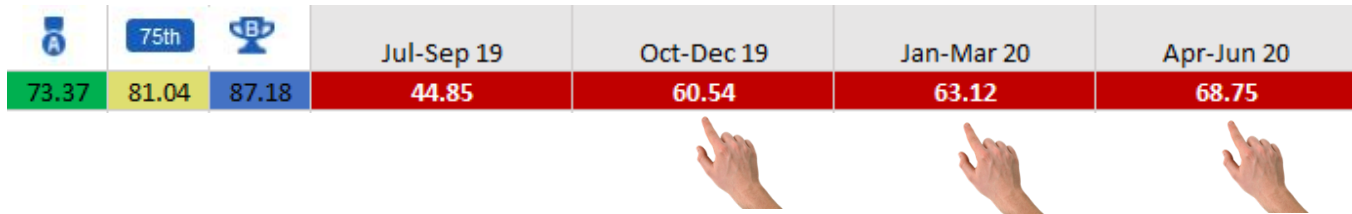
THRESHOLDS ARE NOT ALL THE SAME

CMS has outlined what score you need to reach to be at the achievement threshold (50th percentile) and the benchmark threshold (roughly equivalent to the 95th percentile). On the HCAHPS Dashboard, PRC also shows a threshold in between, at the 75th percentile. The threshold value for one dimension does not match the threshold for another dimension. For example, the score you need in order to be at the achievement threshold for Nurse Communication is not the same score you need to be at the achievement threshold for the Overall Rating. The color indicated on your score for each dimension is

VBP Phone Adjusted Thresholds (FFY 2022)

		75th	
▶ Nurses	83.38	88.02	91.73
▶ Doctors	82.52	87.04	90.65
▶ Responsiveness	66.75	75.27	82.09
▶ Medicines	65.29	71.25	76.01
▶ Environment	71.16	78.91	85.11
▶ Discharge Info	88.82	91.50	93.65
▶ Care Transition	52.29	58.63	63.71
Overall Rating	73.37	81.04	87.18

tied to the threshold of that dimension. Therefore, "green" on one dimension does not mean *the same score* as another dimension in green. Green on two dimensions simply indicates you have reached the threshold specific to each dimension, even though the score on each may be different.

healthcare **differently.**
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DON'T BE BLINDED BY THE RED *OR YOU MAY OVERLOOK YOUR PROGRESS*

A	75th	🏆	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
73.37	81.04	87.18	44.85	60.54	63.12	68.75

When looking at the dashboard, our eyes often naturally get drawn to the red. It is important to redirect yourself to look deeper. When you see red, trend the dashboard over time, such as by quarter. Are the scores going up across time, down across time, or are they inconsistent with some quarters up and some quarters down? Even if all time periods happen to be in red, it is important to see the score movement. Improvement can and does happen even when scores are red; in fact, that is the only way to get out of the red, to be above the achievement threshold. Noticing this trend is a significant tool for you. If you are in red but see improvement, it is important to recognize staff for the impact they are making, and assess _how_ you are accomplishing the gain so you can keep repeating those behaviors and actions to maintain the improvement further. Likewise, when you see Overall Rating in red, and other dimensions above red, or vice versa, look at the scores associated with each dimension to gain further insight on what is really happening so you don't overlook improvements being made. If we are improving, and don't realize it by stopping at "we're in red", we may guide our team to stop doing the very things that are leading to improvement. The color has purpose, but knowledge of your scores and the direction they are moving provides opportunity for leading your team to success.

LAG TIME CAN MAKE AN IMPACT ON LIKELIHOOD TO RECOMMEND SCORES

While there is a strong correlation between the two global measures of Overall Rating and Likelihood to Recommend, there are important differences to consider as well. Overall Rating perceptions are most closely tied to the visit date PRC is contacting the patient about. When it comes to Likelihood to Recommend, perceptions are encompassed by more. While the most recent visit _contributes_ toward perceptions of Likelihood to Recommend, other factors such as insurance, physician referral, proximity to the hospital/practice, reputation, advertising, past visits, and what they hear from friends and family, also make an impact. Since Likelihood to Recommend perceptions are impacted by so many factors, one experience (good or bad), won't necessarily move the needle on this measure. Oftentimes, we see Overall Rating perceptions go up, with Likelihood to Recommend perceptions impacted months later. This can happen in either direction. Therefore, if you are looking at the scores on these two measures for the same time period, you cannot necessarily expect them to be scoring at the same level nor trending in the same direction for the same time period. Instead, you may likely see Overall Rating increase, and Likelihood to Recommend taking 3-6 months longer to reflect the improvement. Keep the course on excellent overall quality of care and improvement, and recommendations will follow.