

# Overall Ratings

## COMMUNICATION

We must uncover opportunities to create consistency across this continuum. We must also address that although it feels commonplace for us to work with patients in the hospital, for them each touch point is a unique and uncertain experience.

Patients crave an “Excellent” experience across the continuum of care. While HCAHPS affords us the opportunity to evaluate consistent practices that are important, certain “drivers” of patient loyalty are not included in the survey.

**The top three drivers of patient loyalty are the degree to which patients can rate Excellent on the following items:**

**Overall Level of Safety**

**Overall Teamwork Between Doctors, Nurses, and Staff**

**Staff’s Courtesy & Friendliness**

Additionally, we now know that workforce engagement is integral to HCAHPS success. Recent research has uncovered that for every one point improvement in employee experiences at VA Medical Centers, there was a one-half point improvement in patient experience scores. Also, PRC’s national nurse engagement study uncovered statistically significant correlations between nurse engagement and every HCAHPS domain.

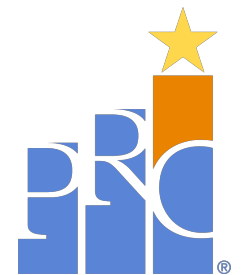
**Professional Research Consultants’ Key drivers in Employee Engagement Include:**

**Communication Between Departments**

**Your Level of Trust in Senior Leadership**

**The Staffing in Your Department to Handle the Workload**

**The Level of Training You Have Received in Order to do Your Job Effectively**



**PRC**  
EXCELLENCE  
ACCELERATOR

POWERED BY:  
HEALTHCARE  
EXPERIENCE  
FOUNDATION

# Overall Ratings

## PROCESS

### Outpatient Physician Offices

Many inpatient admissions originate from a scheduled visit with a patient's physician who then admits a patient directly. It is important now more than ever before since many physician offices are part of health systems for us to ensure the highest levels of alignment and consistency in instructions from the physician's office and the actual hospital experience. While sometimes hospitals and physician offices feel like two separate entities and are not accountable to one another, ensuring an excellent experience is the goal. Doing everything possible to collaborate minimizes confusion and ensures the patient is the focus and has a seamless transition to and from the hospital. Communicating HCAHPS performance, performance on admissions, and adjunct HCAHPS items across the continuum is a great way to showcase and celebrate wins or illuminate gaps when handoffs occur. Additionally, communicating about and demonstrating the hospital's patient-centered management strategy to create HCAHPS (and other) successes sends a powerful message to the physician's office staff.

### Emergency Care

The hospital stay (as referenced in HCAHPS) begins with the Emergency Department for many patients. While the average length of stay may be 4.5 days, a patient's memory of hospitalization frequently begins with the ED as the front door. Hospitalizations and emergencies are a significant encounter in a patient's life; an unexpected emergency visit of x+ hours (depending on your own emergency department's length of stay) is a scary and worrisome experience for the patient and their loved ones. Most hospitals rely on the Emergency Department for the bulk of their inpatient volume. Neglecting the Emergency Department in any HCAHPS performance improvement strategy will fail to create the best possible results for your organization.



# Overall Ratings

## Emergency Care (continued)

According to PRC, there are large discrepancies in how well patients rate HCAHPS questions based on whether they were admitted through the ED (with the exception of OB Patients).

It is important to keep Emergency Department leaders informed of the organization's HCAHPS performance and the breakdown of HCAHPS performance for patients who were admitted through the ED and those who entered via inpatient admissions. Many organizations set goals for improvement on HCAHPS for patients admitted through the Emergency Department to create line of sight and accountability for the handoffs that occur. It is also important for the Emergency Department staff to be aware of the HCAHPS items (as well as their ED satisfaction/experience survey items) so they know how patients are holding the organization accountable.

## HCAHPS Overall Rating By Admission Source

|                | ER Admit | Non-ER Admit |
|----------------|----------|--------------|
| <b>OB</b>      | 77.7%    | 77.7%        |
| <b>Med</b>     | 71.9%    | 73.8%*       |
| <b>Surg</b>    | 75.9%    | 80.1%*       |
| <b>Overall</b> | 72.9%    | 78.4%*       |

\* Indicates Statistical Significance at  $p < .001$



PRC  
EXCELLENCE  
ACCELERATOR

POWERED BY:  
HEALTHCARE  
EXPERIENCE  
FOUNDATION