

Moving the HCAHPS Needle



Executive Summary

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the national standard for collecting patients' perceptions of their hospital experience, a relatively small but hugely important and expensive aspect of the overall healthcare picture. Early on, HCAHPS served as a focusing mechanism that sparked considerable improvement by positioning patient experience as a key element of overall quality. Despite the time, energy, and money devoted to HCAHPS at a national level, scores plateaued around 2017 – years before the onset of the pandemic – perhaps because many organizations had started to focus on scores more than the behaviors and outcomes that scores were meant to reflect. It's time to take a broader view of HCAHPS through the lens of elevating experience in everyday practice. This nSight highlights 6 key points:

1. Recency effects are real. Three-quarters of HCAHPS mail surveys are returned 44 days after discharge. By then, overall rating scores have dropped to 71% compared to an overall rating of 78% associated with surveys returned 10 days after discharge.
2. A complementary approach makes sense. Compared to 'real-time' instruments used to gauge inpatient experience, HCAHPS tends to capture a smaller proportion of people under the age of 58 (i.e., Gen X, Millennials, and Gen Z). Using both approaches will yield more, and more diverse, voices.

3. In terms of scores, [nationally publicly-reported data](#) indicates that the pandemic set HCAHPS back almost a decade. Looking at the benchmark data for HCAHPS surveys administered by NRC Health tells a similar story: The average overall rating in 2022 (71.1%) is at a level not seen since 2014.
4. There are bright spots. While most organizations have seen big pandemic-associated hits to HCAHPS, about 26% (757 of 2,937) have demonstrated measurable improvement post-Covid, and some of these were actually declining pre-Covid.
5. Realizing the [Power of 'Doing' Human Understanding](#)[®] while taking a [Fundamentals First](#) approach sets the stage for moving the HCAHPS needle. In terms of tactics, our data shows that cultivating comments, engaging in purposeful Nurse Leader Rounding, automating discharge calls, and accelerating service recovery are direct paths to marked improvement.
6. It's not about checking the box. Actively demonstrating that patient experience is a priority – as evidenced by all leaders and care providers making an effort to create exceptional experiences – is the common factor in success stories from three organizations.



A strong first step would be to put **'How are you doing?'** on equal footing with **'How did we do?'**.



HCAHPS in brief

Ten HCAHPS measures are publicly reported on the Centers for Medicare & Medicaid Services (CMS) [Care Compare](#) website, where they are also summarized via star ratings:

- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Communication about medicines
- Cleanliness of hospital environment
- Quietness of hospital environment
- Discharge information
- Care transition
- Overall rating of hospital
- Willingness to recommend the hospital

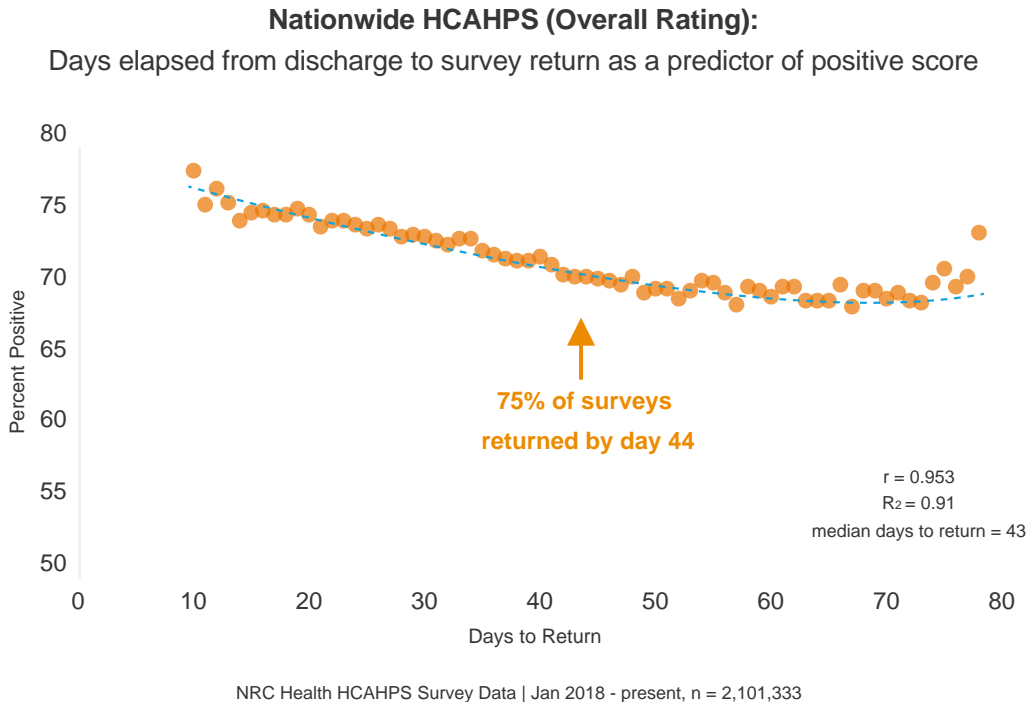
Except for 'Willingness to recommend', these measures also compose the CMS Person & Community Engagement Domain, which factors into the Hospital Value-Based Purchasing program to incentivize both achievement and improvement. Accordingly, HCAHPS is important in terms of gathering and acting upon patient feedback as well as organizational reputation and financial stability.

CMS uses the phrase 'HCAHPS never rests' when describing plans to make HCAHPS more inclusive and representative. Beginning with January 2025 discharges, these plans involve new modes of survey administration, allowing patient proxies to complete the survey, extending the data collection period, limiting the number of supplemental items, and attending to language differences.

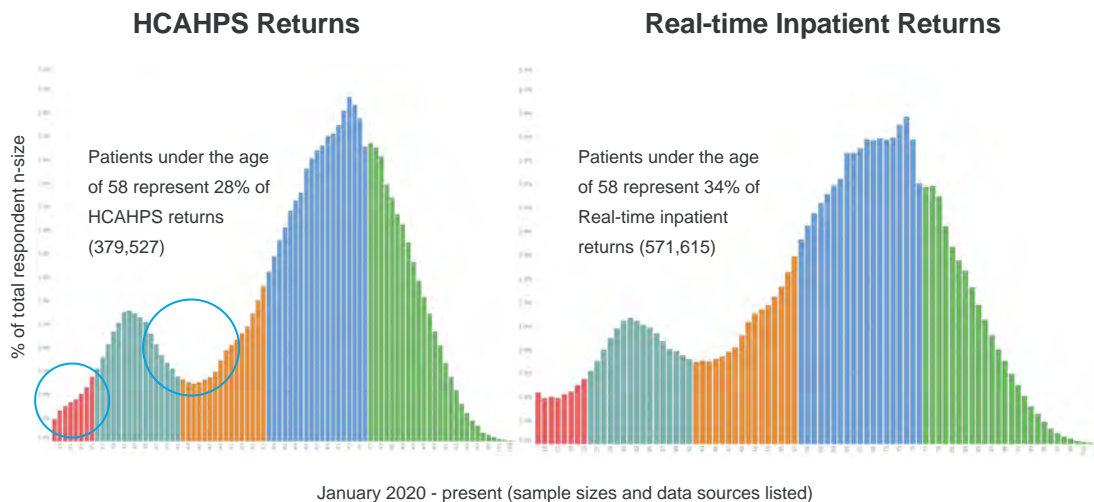
HCAHPS caveats

Narrow Scope. Inpatient care is important and expensive but, given the bandwidth associated with HCAHPS, it can sometimes feel like one survey has become the primary reflection of patient experience. It is important to remember that HCAHPS focuses on a set of hospital experience measures, and essential to recognize that the care experience entails much more than what happens in any care setting. We advocate creating opportunities to learn what matters to patients before, during, after, and beyond care with an eye toward strengthening relationships with patients and staying relevant for consumers.

Recency Effects. A nationwide view of HCAHPS reveals that 75% of mail surveys are returned 44 days after discharge (median = 43 days). By then, overall rating scores have dropped to 71% compared to an overall rating of 78% associated with surveys returned 10 days after discharge. Facilitating more timely returns can be beneficial on many levels.



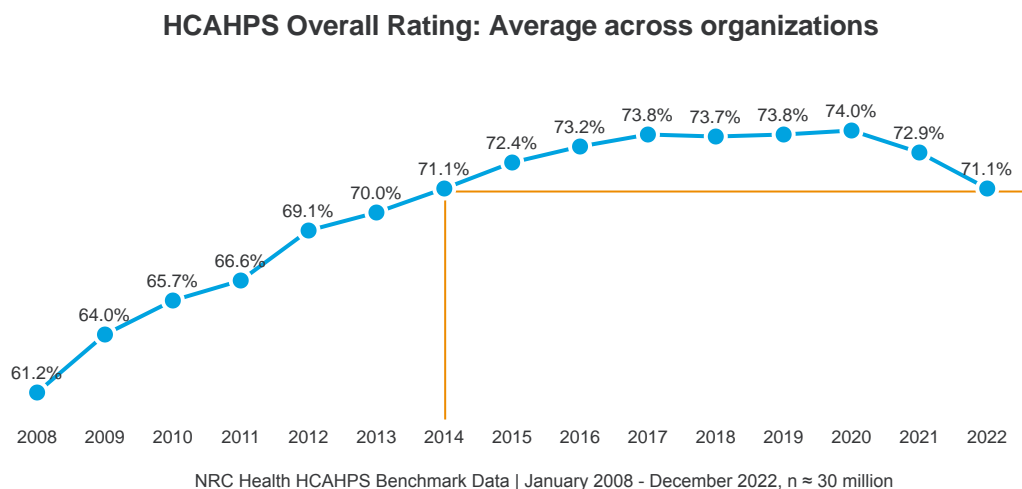
Missing Voices. Compared to 'real-time' instruments used to gauge inpatient experience, HCAHPS tends to capture a smaller proportion of people under the age of 58 (i.e., Gen X, Millennials, and Gen Z). Complementing HCAHPS with a 'real-time' approach will bring in more, and more diverse, voices. Moreover, expanding the frame and addressing what matters to younger patients can generate both loyalty and revenue.



Only Scores. Perhaps the biggest limitation with HCAHPS is not the instrument itself, but how some people use it. As noted in our 2023 Experience Perspective, focusing on scores – rather than the behaviors and outcomes they are meant to represent – can derail progress. A barrage of red numbers and trendlines demotivates care providers and makes patient experience seem like intractable bad news. Leaders can drive meaningful, positive change by attuning to comments as well as rallying the organization around a small set of meaningful actions that drive scores.

HCAHPS and the pandemic

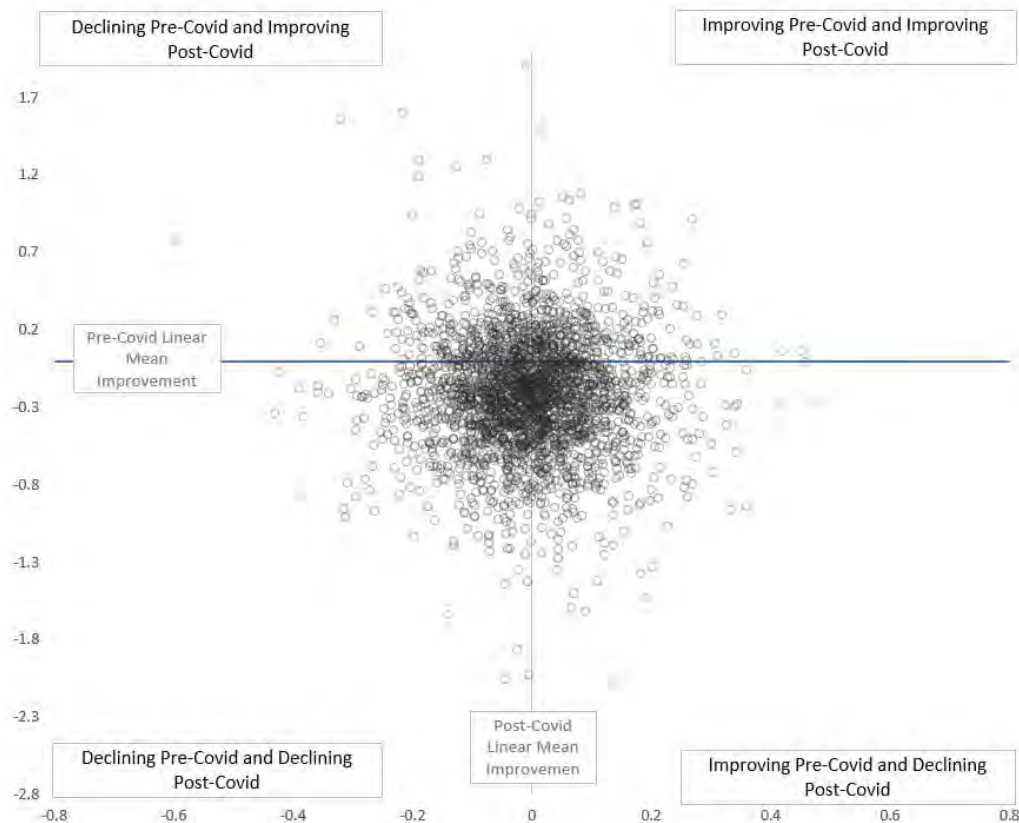
Early on, HCAHPS served as a focusing mechanism that sparked considerable improvement by positioning patient experience as a key element of overall quality. After years of substantial gains, improvement plateaued around 2017 – years before the onset of the pandemic – and dropped precipitously when Covid took hold. In other words, the picture might not have been beautiful before the pandemic but, in terms of scores, national publicly-reported data indicates that Covid set HCAHPS back almost a decade. The benchmark data for HCAHPS surveys administered by NRC Health tells a similar story: The average overall rating in 2022 (71.1%) is at a level not seen since 2014.



Bright spots

Each of the nearly 3,000 circles in this scatterplot represents a hospital. The picture that emerges details the extent of the damage Covid inflicted on the HCAHPS landscape – the great majority of organizations are under the horizontal '0' line – along with some clear bright spots. While most organizations have taken big pandemic-associated hits to HCAHPS, about 26% (757 of 2,937) have demonstrated measurable improvement post-Covid, and some of these, represented in the upper-left quadrant, were actually declining pre-Covid.

HCAHPS Overall Rating: Average across organizations



Data are aggregates of CMS quarterly linear mean scores adjusted for CMS's reporting time lags. The graph plots average quarterly improvement – slope of the line for linear mean composite scores – prior to Covid (2008 to 2020) along the horizontal axis, while quarterly improvement 'post-Covid' (2021 and beyond) is plotted along the vertical axis.

How can health organizations move in the right direction?

In every reporting period since 2007, the HCAHPS composite measures of 'Communication with Nurses' and 'Communication with Doctors' have been the #1 and #2 key drivers of Hospital Rating.¹ Initiatives geared toward improving communication would do well to focus on treating every patient as a unique person. Our nSight on [The Power of 'Doing' Human Understanding](#)

shows that, at a behavioral level, patients see this as Connect with me, Listen to me, and Partner with me.

The Fundamentals First approach outlined in our [2023 Experience Perspective](#) sets the stage by recognizing that moving forward with sustainable progress requires three interrelated bodies of work: generating alignment around the scope and importance of experience, prioritizing human connections, and focusing on the frontline. Moreover, it is essential to reinforce that experiences are created at every moment a patient, family member, or person on the frontline interacts with a health organization. Accordingly, success depends upon demonstrating a commitment to Human Understanding, not just 'checking a box'.



HCAHPS is correlated with important clinical outcome measures. For example, hospitals that do well on the 'responsiveness of staff' measure have fewer falls and other safety events. Higher scores on the 'doctor and nurse communication' composites are linked to lower malpractice claims. If we remove the barriers our clinicians and staff face in providing care, they can focus on their patients and improve outcomes in the process.

Patient experience surveys should be viewed as early warning systems. The scores may tell us where we are doing well and where we have room for improvement, but they do not tell us how to fix the problems patients identify in their responses. After receiving their HCAHPS results, many people ask me if they should do another survey to identify more detailed intervention strategies. The answer is 'no'! Instead, it is critically important to go beyond scores and take a deep dive into patient comments and service alerts to identify the details of negative experiences and potential solutions that patients often share in their comments.

It's also critical to collaborate closely with staff to collect their ideas for improvement and with patient and family advisor/partners to design effective solutions. These co-design partnerships help us avoid ineffective interventions – which can be expensive on many levels – and implement solutions that are most likely to make a positive difference. In the wake of the pandemic, it is gratifying to see renewed attention on the fundamentals of alignment and buy-in, human connection, and frontline focus. All of these support better nurse communication with patients, the key composite to achieving a 9 or 10 score on the overall rating item.

Susan Edgman-Levitan, PA

Principal Investigator, Yale/Harvard CAHPS Consortium
Executive Director, John D. Stoeckle Center for Primary
Care Innovation, Massachusetts General Hospital

Four proven tactics

Cultivate Comments. Organizations can learn and improve by attuning to qualitative feedback – going beyond scores. We drew a random sample of approximately 100,000 comments left by HCAHPS respondents since 2021 and found that the top 5 drivers of negative overall hospital rating

were Doctor/Physician, Emotional Support, ICU/CCU, Nurse/Nurse aide, and Respect to Patient – people who had negative feedback related to any of these themes were between 200% and 250% more likely to downgrade the Overall Rating item. The associated comments point to specific reasons why.

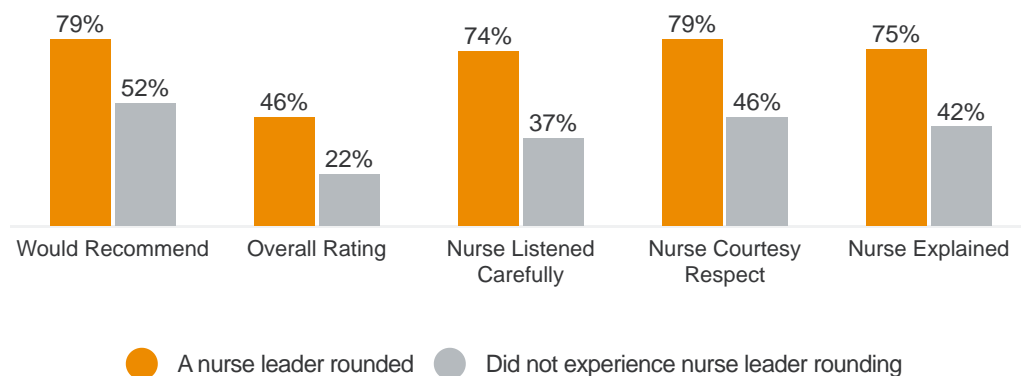
This kind of feedback adds depth and dimension to the numbers, humanizes experience, and often surfaces practical solutions that can improve care. NRC Health’s new Natural Language Processing (NLP) capabilities focus attention on themes and subthemes that highlight alerts and opportunities for improvement as well as opportunities for praise and recognition that are vital to keeping care teams energized and engaged.

Engage in Nurse Leader Rounding. Purposeful rounding, as opposed to rounding for accountability – a box-checking exercise – can definitely move the needle. As an example, Nurse Leader Rounding is an evidence-based best practice in which unit/department-level nurse leaders visit patients to:

- Demonstrate strong, visible leadership
- Ensure that patients’ needs are met with attention to both comfort and safety
- Address concerns, complaints, or disappointments
- Observe and address issues with the room/space/environment
- Solicit recognition/praise that can be shared with staff

When completed effectively and consistently, Nurse Leader Rounding is linked to better management of patient expectations, stronger employee engagement, improved patient experience, and improved personalization and quality of care. NRC Health’s research links Nurse Leader Rounding to positive HCAHPS performance.

Impact of Nurse Leader Rounding

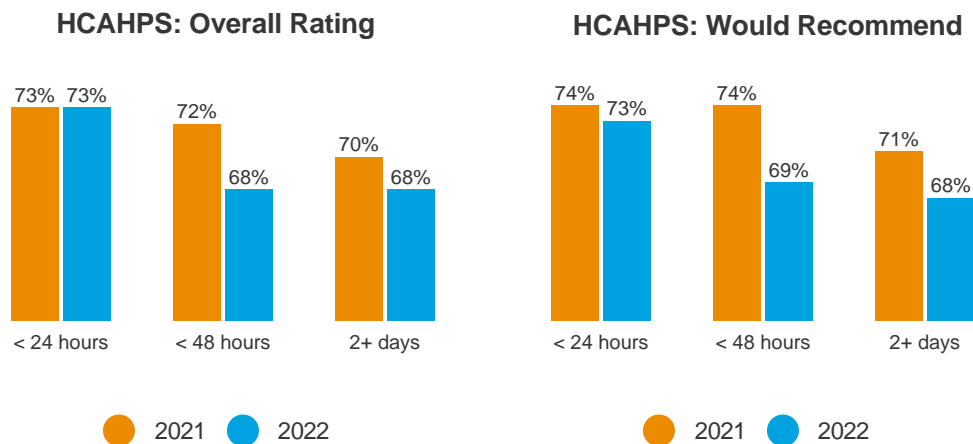


NRC Health Experience Data | July 2021 - June 2022, n = 77,656

Automate Discharge Calls. After transitioning out of the hospital, some patients may be unsure how to handle medications, treatment protocols, and/or follow-up visits. NRC Health uses an automated platform with Interactive Voice Recognition technology to reach out to 100% of patients within one day of discharge. In addition to saving staff time and directing resources to patients who

express a need for clinical support, this approach has a direct effect on perceptions of Nurse Communication: A recent [case study](#) at McLeod Health shows that 83% of patients who interacted with the automated system gave a top-box score vs 76% of those who did not.

Accelerate Service Recovery. Service recovery means addressing patient concerns with empathy and, as our data shows, the quicker the better. When this is done well, health organizations can regain a patient's trust and earn their loyalty. Indeed, accelerated service recovery has gained importance over the past year: In 2021, overall rating and willingness to recommend were higher if service recovery was completed within 2 days; In 2022, both global HCAHPS measures suffered if service recovery was not completed within 24 hours. NRC Health makes alert management easier and more reliable by utilizing NLP to identify the small number of comments that signal clinical or service issues. Our service recovery workflow tools automatically notify appropriate team members about the need for follow-up.



NRC Health HCAHPS Data | January - December 2021, n = 493,405 | January - December 2022, n = 437,590

Success stories

We reached out to leaders at three organizations to talk about demonstrated improvement in HCAHPS despite the perfect storm associated with the pandemic. Each organization is leveraging different strengths and strategies, proving there's no one-size-fits-all approach to success. While these organizations differ in size, location, and patient population, all three leaders spoke about the importance of alignment and buy-in, the first Fundamental. In short, patient experience is a tangible priority at the organizational level – all care providers are involved in creating exceptional experiences.



“It’s not the flavor of the month; it’s consistency.”

David Riddle, CPXP, Administrative Director, Patient Experience, Harris Health System, TX

Harris Health hosts a monthly PEERS (Patient Experience Engagement Resources and Strategy) meeting in each hospital led by their Chief Nursing Officers. During these meetings, leaders share ideas to improve HCAHPS scores, high-performing unit leaders help those who are struggling, and participants develop action plans that outline steps to

improve. Improvement plans point to best practices that are expected of leaders and can be customized per care setting, such as 'commit to sit'. David notes, "It's all about consistency. Leaders are encouraged to implement the practices that we know work, and we provide the resources to support them." The PEERS meetings are collaborative, drive accountability, spark interest in patient experience, and ramp up engagement. David says, "Everyone knows how important patient experience is. People are there to help each other. It's not just nurses or doctors. It's a multidisciplinary approach."



"We have a great culture."

Renee Sauter, Manager, Valley Experience at Westfields Hospital & Clinic, WI

When asked about HCHAPS performance, Renee focused on the warm learning environment: "We created a nurse residency program, where new nurse graduates train alongside experienced nurses. New nurses feel supported, it's safe to ask questions, and learn the ropes." In addition, Renee describes actively engaged senior leadership. The hospital's President and Chief Nursing Officer are clear about expectations and role model what they expect of others. They round, connect with staff, and get to know them personally. The organization's guiding principles, See Me, Hear Me, Know Me, and Partner with Me apply to patients and colleagues, and mirror Connect with me, Listen to me, Partner with me – the behavioral signs of Human Understanding. New employees are introduced to Westfields' culture right away. They know that every role is important. "We all contribute to caring for patients", Renee shares. "At Westfields, you feel appreciated. You know that you are valued. We have fun! It feels good to contribute to a place like this."



"A patient's experience is along the entire continuum. They see us as one system."

Aiyana Johnson, MSW MPH, Chief Experience Officer, San Francisco Health Network, CA

Because the majority of San Francisco Health Network's patients are admitted through the Emergency Department, leaders reasoned that feedback from the ED could serve as a proxy for how patients felt about the entire system. By assessing scores and cultivating comments from NRC Health's real-time patient feedback solution, it became clear that pain points boiled down to wait time, accessibility of appointments, and care transitions, including the discharge process, honoring patient preferences, understanding medications, and knowing what to do when you get home. Aiyana recalls, "Our insight was that these are not inpatient issues; they are system issues. Rather than approaching improvements as an inpatient initiative, we are looking at wait times, access, and care transitions throughout the continuum of care. I'm engaging partners in primary care, specialty care, and outpatient areas to look at ways to align the experience wherever you receive services." Additionally, San Francisco Health Network engages patients to provide input and co-design experiences. Patient feedback has informed decisions throughout the system like signage, furniture in waiting areas, and Covid visitation policies. "Engaging patients has always been important to us," Aiyana shares. "They are our consumers. No one is in a better position to tell us how our services and experiences really 'felt' than the people who actually receive care here." Lastly, Aiyana points to the importance of leadership: "Our leaders truly believe that they are here for patients; they want to improve and make the experience consistent for them."

Bottom Line

Covid was an exogenous shock that was detrimental to the patient, family, and care team experience at most health systems, a reality reflected in HCAHPS scores at a national level. Changing the trajectory requires clear-eyed recognition that, while retrospective surveys certainly have their purpose and place, elevating experience requires a fresh approach that sees experience as extending beyond the care setting, recognizes the importance of experience on both sides of the stethoscope, and prioritizes human connection and health equity. A strong first step would be to put 'How are you doing?' on equal footing with 'How did we do?'. By focusing on Human Understanding – treating every patient, family member, and co-worker as a unique person – as well as leveraging the Fundamentals, employing a small set of proven tactics, and learning from success stories, health organizations can move the HCAHPS needle in the right direction.

¹ <https://www.hcahpsonline.org>. Centers for Medicare & Medicaid Services, Baltimore, MD. Accessed June 1, 2023.

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