



Nation's Hospital Report Card Spurs High Performance

Cooper Green Mercy Makes the Honor Roll in Patient Satisfaction

By Barbara Ravage

Huberta Mayfield-Howe was right on the money when she recommended that Cooper Green Mercy Hospital become an early adopter of the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) survey, the first national standard for the collection and public reporting of data on patient satisfaction.

As Director of Human Resources for the Birmingham, Alabama, hospital, Ms. Mayfield-Howe was already deeply involved in a quality improvement process with a strong emphasis on patient satisfaction. "She came to me and said, 'Here is something that CMS is about to do. I think we ought to look at this because eventually everybody's going to have to do it,'" recalls Cooper Green Mercy's CEO and Medical Director Sandra Hullett, MD, MPH. Both saw it as a learning experience that dovetailed with the hospital's ongoing effort to provide outstanding care and service to its community.

Dr. Hullett acknowledges that some hospitals might have been reluctant to participate in the nominally voluntary program because the results might cast them in a bad light. "If it did," she says, "we were prepared for that because the whole point is to improve."

Cooper Green Mercy signed on, and it paid off. As measured by HCAHPS, the hospital's rating was consistently well above the

state and national averages in ten measures of patient satisfaction, from good communication by doctors and nurses (99% and 95%, respectively) to pain control (96%), discharge information (98%), and whether patients would recommend the hospital to friends and family (98%).

The 148-bed facility has seven ambulatory care clinics within the hospital itself and two off-site community health clinics. HCAHPS is limited to patients who have spent a minimum of one night in the hospital, so even though it was a useful tool, says Ms. Mayfield-Howe, it did not capture the experience of many people Cooper Green Mercy serves. To obtain a more comprehensive view from the patient perspective, the survey was adapted and expanded to include Cooper Green Mercy's large outpatient population.

Darryl Webb, Director of Customer Service, translates the data into real-world goals in monthly reports for department heads and

CONTINUED ON NEXT PAGE

The University HealthSystem Consortium recently conducted its 2008 *Patient Experience Benchmarking Project* to identify strategies that result in an exceptional patient care experience, to understand what organizational changes are being implemented and sustained to achieve those results, and to highlight the approaches that significantly affect patient satisfaction scores. The project built on previous UHC benchmarking studies of customer satisfaction and patient- and family-centered care. Published findings will be available late Fall 2008. *Deliverables are proprietary to UHC members and program participants (staff from those hospitals can view materials on UHC's website).*

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section managers. "We know the things that we're doing well—and we certainly want to do them even better—but where we know there is room for improvement, we want to implement action plans."

One weakness revealed by HCAHPS was the timely response to requests for help using a bedpan or getting to the bathroom. Even though the hospital's 69% score is above the state and national average, it indicates staffing needs on some inpatient units, which has prompted additional support staff in recent months.

On the outpatient side, surveys revealed that "staff courtesy" left room for improvement. That sounded an alarm for Darryl Webb. "It takes months to find a customer," he says, "but only seconds to lose one." Working with the director of education, he revamped the customer service training required for all employees. Senior managers were the first to go through the new program. "We're working on our attitudes and our courtesy to each other—our patients and our coworkers—from the top down," says Mayfield-Howe. Next will come middle managers, then staff. "It will be incorporated into the new employee orientation package right up front to let people know that courtesy is something we value in this organization."

The goals of quality improvement and customer satisfaction continue to motivate both administration and staff at Cooper Green Mercy. "Our numbers are at the top and we can't go down, so we have to continue improving to maintain our high standards," notes Dr. Hullett.

More on HCAHPS

The Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) Survey is the product of an alphabet soup of public-

private partnerships with the shared goal of transparency, accountability, and quality improvement in hospital care. It began with the Centers for Medicare & Medicaid Services (CMS), which requested that the Agency for Healthcare Research and Quality (AHRQ) develop a survey instrument. AHRQ worked in collaboration with the Hospital Quality Alliance (HQA), and a draft of the survey was reviewed by the National Quality Forum (NQF), a not-for-profit organization, of which NAPH is a member. The NQF was created to develop and implement a national strategy for health care quality measurement and reporting. In 2005, after recommended changes were made, NQF endorsed HCAHPS.

Collection of data began in October 2006. The first quarterly report was issued in March 2008, covering the reporting period of October 2006–June 2007, and HCAHPS results were posted on the *Hospital Compare* website (www.hospitalcompare.hhs.gov). In addition to providing information in an accessible manner to health care consumers, *Hospital Compare* as a whole and the HCAHPS component were designed as incentives for hospitals to improve quality of care.

According to CMS, "HCAHPS is a core set of questions that can be combined with customized, hospital-specific items to produce information that complements the data hospitals currently collect to support internal customer service and quality-related activities."

The 27-question survey remains a work in progress, subject to extensive and ongoing consumer testing and evaluation. Currently available in English, Spanish and Chinese (with plans to expand the language options), it can be conducted in writing or over the phone. It covers such issues as communication with doctors and nurses, responsiveness

of hospital staff, cleanliness and quietness, pain management, discharge information, overall rating of hospital, and recommendation of hospital to others.

According to Liz Goldstein, Director of the Division of Consumer Assessment and Plan Performance at CMS, about 2,500 hospitals joined the initial round of data collection. That number has grown to around 3,900. Most acute care hospitals and many critical access hospitals are now collecting HCAHPS data, she says.

Although HCAHPS is voluntary, a number of incentives ensure participation. Since July 2007, hospitals relying on IPPS (inpatient prospective payment system) face a 2% reduction in their annual Medicare payments if they do not report HCAHPS data. These rules do not apply to critical access hospitals, but they are eligible to report. Moreover, the Joint Commission has announced that although HCAHPS data will not be used to meet ORYX requirements (the Joint Commission's performance measurement and improvement requirements), it will be included in Quality Check, a comprehensive online guide to U.S. health care organizations. ❏

New NAPH Publication "HCAHPS Survey: Patient Perspectives of Care" is available at www.naph.org. This research brief examines issues related to patient satisfaction.

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