California leads the U.S. on many measures of health care quality, however HCAHPS performance is an exception. Since the launch of the HCAHPS survey, California hospitals have ranked below the national average on all survey domains, with Quiet at Night as the biggest challenge. HCAHPS anchors California to bottom quartile in overall performance.

### Strategy Matters

1. **Timing Matters: Speed Things Up**
   Patients receiving surveys sooner after discharge are more likely to respond AND give higher scores. Send your discharge list to your survey vendor daily if possible, weekly at the latest. The vendor should administer the survey immediately to optimize return rates and scores.

2. **Sample Size Matters: Boost Sample Size**
   The larger the sample, the more reliable the information and greater the power for analyzing results to inform improvement. It is best to survey all eligible discharges (aka census), particularly for small and medium-sized hospitals.

3. **Language Matters: Speak the Patient’s Language**
   Use the patient’s preferred language in the survey. It has been demonstrated that patients who prefer to communicate in Spanish are less likely to respond to the HCAHPS survey, but are more likely to give higher ratings. Failure to capture patient’s preference has negative effects on HCAHPS. Hospitals should provide vendors with information on the preferred language of discharged patients and, in turn, expect that vendors administer the survey in the preferred language.

4. **Survey Methods Matter: Mail vs. Phone**
   Consider telephone as a second-wave approach for patients who did not respond to initial mail-in survey. Obtain patients’ cell phone numbers, as many patients no longer own landline phones. Phone surveys may generate higher response rates with populations that are limited-English proficient, have lower literacy levels, or experience barriers such as an unsteady mailing address.

5. **Vendor Matters: Optimize Vendor Relationship – Contract for Success**
   Expect your vendor to have expertise and effective solutions for improving both HCAHPS performance and response rates. Require minimum response rates and incentivize higher returns as part of the vendor contract. If considering a change in vendors, inquire about the HCAHPS performance and response rates of the hospitals they serve.

6. **Tell Your Patients Their Opinions Matter**
   - Go out of your way to convey to the patients - in their preferred language, using oral and written communication at various points of contact - that your hospital is actively interested in receiving patient input on the quality of care. Patients should feel invited and empowered to share their opinions and perspectives throughout their stay.
   - Publicly highlight improvements that have been made based on previous patient/family feedback.
   - Inform patients that they may receive a survey after discharge, and that the hospital is eager to hear about their experience. Follow your vendor's lead to avoid communicating in a way that introduces bias or exerts influence on the patient’s HCAHPS responses.
What We Learned from Experts & High Performing Hospitals

- **Engage** the workforce. Help staff understand the links between patient experience and healing, reputation, and revenue. An engaged workforce is vital to success in patient experience, safety and quality of care.

- **Segment** scores and response rates by service line and unit, as well as by patient demographics such as race, ethnicity and preferred language to help identify problem areas and unmet patient needs.

- **Provide feedback** in real time. Make HCAHPS scores and patient comments available to the workforce as soon as possible after discharge.

- **Capture ‘Verbatim’** patient responses in mail or phone surveys. They are powerful and convincing complements to the quantitative data. Read or play the phone survey recordings at leadership and unit staff meetings.

- **Incentivize progress** by connecting unit-level and organizational HCAHPS results to performance goals.

- **Implement Leader Rounding** with both patients and staff. It will help build relationships with patients, identify opportunities for improvement, address barriers, and boost staff morale. Vendor representatives can sometimes accompany leaders on the rounds and provide additional input/recommendations.

“A LITTLE EMPATHY GOES A LONG WAY”

Leaders at a high performing hospital recently set out to boost HCAHPS scores on one of their low-performing units through implementing Weekly Empathy Huddles. The intervention was designed to help staff keep the patient’s perspective at the center of all they do through regular, structured exploration of empathy-related issues in patient care. After only one quarter of implementing regular Empathy Huddles, the HCAHPS scores on the unit improved significantly, while unit staff reported greater effectiveness in connecting with patients, families and co-workers.

**Reference:**
The Beryl Institute Research Report: Evaluating the Effectiveness of Empathy Huddles on HCAHPS Scores, Saint Luke’s Hospital, Kansas City, MO

“Quiet at Night” Scores Too Low?

We know that excessive noise negatively impacts patient rest and healing, yet California hospitals are persistently rated 11 percentage points lower than the national average on the HCAHPS Quiet at Night domain. HQI has resources to help.

The Journey to a Quiet Night Toolkit contains best practices for noise reduction, abatement, and maintaining a quiet therapeutic environment. Download the toolkit from the HQI website at www.hqinstitute.org

The QuietNight™ Mobile App is a new generation mobile tool designed to measure noise in patient recovery areas and provide guidance when noise levels are moving to unacceptable levels.

Available free of charge on iTunes for Apple iOS mobile devices.

Contact HQI for further information or assistance with improving the patient experience.