

## **USE OF PATIENT EXPERIENCE INFORMATION IN HOSPITALS: A SURVEY OF HOSPITAL QUALITY LEADERS**

### **INTRODUCTION**

This survey examines how hospitals use HCAHPS and other patient experience information, including how the data are collected, analyzed, reported, and used to make decisions. You have been identified as the person within your hospital with primary leadership responsibility for patient experience. You are welcome to confer with colleagues who may be able to assist you in answering questions that are outside of your scope of responsibility or knowledge.

Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

## COLLECTING PATIENT EXPERIENCE DATA

(1) The core HCAHPS survey contains questions in the following domains:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medicines
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment
- Discharge Information
- Care Transition
- Overall Rating of Hospital
- Willingness to Recommend Hospital

In the last 12 months, has your hospital included any supplemental questions on the HCAHPS survey regarding the following topic areas? (Please mark 'yes' or 'no' for each topic)

Topic Area	Yes	No
a. Admission process		
b. Amenities, such as food service or parking		
c. Billing		
d. Emotional and/or spiritual support		
e. Involvement of friends and family		
f. Patient safety		
g. Physical surroundings, such as comfort of room, lobby, or layout		
h. Teamwork		
i. Topics tailored to specific service lines or departments		
j. Other (please specify _____ )		

(2) In the last 12 months, did your hospital include questions asking for open-ended comments on your HCAHPS survey?

Yes

No

(3) In the last 12 months, which of the following sources of patient experience information did your hospital use? (Please mark 'yes' or 'no' for each source of information)

	Yes	No
a. Patient surveys other than HCAHPS		
b. Complaints/grievances		
c. Unsolicited patient or family letters		
d. Comment cards		
e. Focus groups or interviews		
f. Post-discharge phone calls		
g. Rounding on patients to ask about their experiences		
h. Patient or family advisory councils		
i. Monitoring social media (e.g., Facebook, Twitter)		
j. Monitoring online reviews of your hospital on third-party websites (e.g., Yelp, Angie's List, Better Business Bureau, etc.)		
k. Other (please specify _____ )		

**IMPROVING PATIENT EXPERIENCE**

(4) In the last 12 months, did your hospital work to improve patient experience in any of the following HCAHPS domains? (Please mark 'yes' or 'no' for each domain)

	Yes	No
a. Communication with Nurses		
b. Communication with Doctors		
c. Responsiveness of Hospital Staff		
d. Pain Management		
e. Communication about Medicines		
f. Cleanliness of Hospital Environment		
g. Quietness of Hospital Environment		
h. Discharge Information		
i. Care Transition		
j. Overall Rating of Hospital		
k. Willingness to Recommend Hospital		

(5) Other than the domains you marked in question 5, are there any other patient experience topic areas that your hospital has worked to improve in the last 12 months?

Yes, please specify \_\_\_\_\_

No

(6) In the last 12 months, did your hospital examine your HCAHPS performance in any of the following ways? (Please mark 'yes' or 'no' for each item)

	Yes	No
a. By domains such as those listed in Question 5		
b. By individual questions within domains		
c. By individual departments, units or service lines		
d. By patient characteristics (e.g., gender, age, disease type, language spoken)		
e. Other, please specify _____		

(7) Does your hospital have specific, measurable targets for your hospital's performance on HCAHPS?

Yes

No

(8) In the last 12 months, did your hospital evaluate your current HCAHPS performance in any of the following ways? (Please mark 'yes' or 'no' for each item)

	Yes	No
a. Compare to scores of other hospitals		
b. Compare to hospital-defined target score (e.g., a specific percentage of top-box scores)		
c. Compare to prior performance		
d. Other (please specify _____ )		

(9) In the last 12 months, what kinds of activities has your hospital pursued to improve patient experiences of care? (Please mark 'yes' or 'no' for each activity)

	Yes	No
a) Promoting culture change		
b) Frequently rounding on patients		
c) Improving staff / workforce recruitment and retention policies		
d) Reducing the number of patients assigned to each nurse		
e) Training focused on improving staff communication skills		
f) Training focused on improving physician communication skills		
g) Providing scripts for staff communication with patients		
h) Reducing noise		
i) Making improvements to physical space		
j) Making improvements to parking		
k) Making improvements to food service		
l) Making improvements to patient education (e.g., supplemental educational materials delivered on paper, online or via in-room television regarding treatment or follow-up care)		

(10) How much do you disagree or agree that each of the following improves HCAHPS scores?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a) Promoting culture change					
b) Frequently rounding on patients					
c) Improving employee recruitment and retention policies					
d) Reducing the number of patients assigned to each nurse					
e) Training focused on improving staff communication skills					
f) Training focused on improving physician communication skills					
g) Providing scripts for staff communication with patients					
h) Reducing noise					
i) Making improvements to physical space					
j) Making improvements to parking					
k) Making improvements to food service					
l) Making improvements to patient education (e.g., supplemental educational materials delivered on paper, online or via in-room television regarding treatment or follow-up care)					

## REPORTING PATIENT EXPERIENCE INFORMATION

- (11) How frequently do each of the following individuals in your hospital receive reports containing information on patient experience?

	Never	Annually	Quarterly	Monthly or more frequently	Not applicable
a. Board of trustees / board of directors					
b. Executives					
c. Department, unit, or service line managers					
d. Physicians					
e. Nurses					
f. Non-clinical staff					

- (12) Which patient experience measures are usually included in your hospital's reports to the following people? (Please mark all that apply for each group)

	HCAHPS: Overall rating and/or willingness to recommend	HCAHPS: Specific domains from core survey	Patient comments
a. Board of trustees / board of directors			
b. Executives			
c. Department, unit, or service line managers			
d. Physicians			
e. Nurses			
f. Non-clinical staff			



## YOUR PERSPECTIVE ON HCAHPS

(13) How much do you disagree or agree with each of the following statements?

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree
a. HCAHPS measures the domains of patient experience that are most important to my hospital.					
b. HCAHPS results accurately reflect the quality of patient experiences at our hospital.					
c. HCAHPS results are provided in a timely manner by our vendor.					
d. HCAHPS minimum sample size is large enough to meet my hospital's needs.					
e. HCAHPS respondents from our hospital are representative of the patients our hospital serves.					
f. It is useful to compare our hospital's HCAHPS scores to the scores of other hospitals.					
g. HCAHPS scores provide fair comparisons between hospitals.					
h. HCAHPS results provide information specific enough for use in quality improvement.					
i. My hospital has sufficient resources to use HCAHPS data for quality improvement.					
j. My hospital's priorities for HCAHPS performance have changed over time due to value-based purchasing.					

(14) In the last 12 months, to what extent have you encountered resistance to the use of HCAHPS for improving patient experience from the following individuals?

	No resistance	Some resistance	Moderate resistance	Strong resistance
a. Board of trustees / board of directors				
b. Executives				
c. Department, unit, or service line managers				
d. Physicians				
e. Nurses				
f. Non-clinical staff				

**PRIORITY GIVEN TO PATIENT EXPERIENCE AT YOUR HOSPITAL**

(15) Is patient experience included as an explicit element in your hospital's corporate goals, strategic plan, or mission statement?

- Yes
- No

(16) Within your hospital, how important is patient experience in comparison to other goals?

Other Goals	Patient experience is <b><u>less important</u></b>	Patient experience <b><u>is of the same importance</u></b>	Patient experience is <b><u>more important</u></b>
a. Patient safety			
b. Clinical quality			
c. Financial performance			
d. Other (please specify _____)			



**INCENTIVES, COMPENSATION AND ACCOUNTABILITY FOR PATIENT EXPERIENCE**

- (17) In the last 12 months, was your hospital’s performance on HCAHPS included on performance reviews or used to determine salary, bonuses or other financial compensation for any of the following individuals? Do not include gift certificates or other gifts in kind. (Please mark all that apply for each group)

	Performance Reviews	Salary, Bonuses or Other Financial Compensation	Neither
a. Board of trustees / board of directors			
b. Executives			
c. Department, unit, or service line managers			
d. Physicians			
e. Nurses			
f. Non-clinical staff			

- (18) Other than financial incentives, in which of the following ways has your hospital recognized or reward HCAHPS performance in the last 12 months? (Please mark ‘yes’ or ‘no’ for each type of recognition)

	Yes	No
a. Awards to individuals, including gift certificates or other prizes		
b. Awards to departments, units or service lines, including parties or social events		
c. Public recognition (e.g., postings in newsletters and billboards)		
d. Other (please specify _____)		

- (19) In the last 12 months, did your organization post patient experience results in the following places? (Please mark ‘yes’ or ‘no’ for each location)

	Yes	No
a. Locations within the hospital that are for staff only		
b. Internal hospital website or intranet		
c. Locations within the hospital that patients and families can see		
d. Hospital public website		
e. Other (please specify _____)		

- (20) Is there anything else you'd like to share with us regarding your hospital's experience with HCAHPS or the value of patient experience information for quality improvement?

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## ABOUT YOUR HOSPITAL

- (21) On average, how many staffed beds are currently in operation in your hospital?

- Less than 25
- 25 to 49
- 50 to 99
- 100 to 199
- 200-499
- 500+

- (22) How would you describe your hospital?

- Independent hospital
- Part of a health care system with one hospital
- Part of a health care system with more than one hospital
- Other, please specify

- (23) Across your hospital's entire book of business, approximately what percentage of patients is comprised of...?  
(Please provide your best estimate. Your entries should add to 100%.)

\_\_\_\_\_ % Medicare only patients

\_\_\_\_\_ % Medicaid only or Dual eligible (Medicare and Medicaid) patients

\_\_\_\_\_ % Commercially insured patients

\_\_\_\_\_ % Uninsured patients

## ABOUT YOU

This section should be completed by the person who provided the answers to the greatest number of questions on this survey.

- (24) What is your job title? \_\_\_\_\_
- (25) How long have you been responsible for patient experience data collection and improvement?
- Less than 1 year
  - 1 – 3 years
  - More than 3 but less than 10 years
  - More than 10 years
- (26) On average over the course of the past year, how much of your job focused on patient experience?
- All
  - Most
  - Half
  - Less than half
  - Very small part

(27) Do you also have direct responsibility for any of the following areas within your hospital? (Please mark all that apply)

- Quality improvement
  - Performance measurement
  - Patient safety
  - Risk management
  - Infection control
  - Patient education
  - Patient and family engagement
  - Patient advocate/Ombudsman
  - Marketing
  - Other (please specify)
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Did anyone else help you complete this survey?

- Yes
- No → Thank you for completing this survey!

(28) What is the job title or position of the other person or persons who helped you complete the survey?

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***Thank you for completing this survey!  
We appreciate your involvement in this important effort.***