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Disclosure Policy

Quint Studer has disclosed that he does not have any relevant financial relationships with any commercial interests related to the content of this educational event.
HCAHPS - Hardwiring Your Hospital for Pay-for-Performance Success

Presented by: Quint Studer

Note: These slides have been updated to reflect the April 29, 2011, CMS Released HVBP final rule, required under the Affordable Care Act and applied under Medicare’s inpatient prospective payment system.
Webinar Objectives

- How your HCAHPS results will impact your organization’s reimbursement in the era of health reform
- Why HCAHPS results are a quality metric, not just a patient satisfaction metric
- How to identify the clinical outcomes you most need to focus on to improve HCAHPS results—and overall quality of care
- Why ED performance is directly connected to HCAHPS results
- Why “nurse communication” is the single most critical composite on the HCAHPS survey
- Tactics you can implement right now that have a powerful positive impact on HCAHPS results and on your entire organization.
Studer Group Partners Outperform the Nation across HCAHPS Composites

**Studer Group Difference over Non-Partners in National Percentile Ranking**

- Overall Rating: 22 percentile points higher
- Willingness to Recommend: 21 percentile points higher
- Pain Management: 17 percentile points higher
- Nursing Communication: 14 percentile points higher
- Communication of Medications: 14 percentile points higher
- Discharge Information: 10 percentile points higher
- Quiet at night: 8 percentile points higher
- Room and Bathroom Cleanliness: 6 percentile points higher
- Doctor Communication: 5 percentile points higher
- Responsiveness of Staff: 5 percentile points higher

Source: The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Jul 2008 and non-partners for each composite; updated 5.17.11 using 3Q09-2Q10 CMS data
Studer Group Partners Outpace the Nation in HCAHPS Improvements

Average Change in Top Box Results in One Year
Studer Group Partners vs. Non Partner

- Overall Rating: 1.79
- Willingness to Recommend: 0.92
- Communication of Medications: 1.2
- Responsiveness of Staff: 1.12
- Quiet at night: 1.24
- Nursing Communication: 1.14
- Room and Bathroom Cleanliness: 1.23
- Discharge Information: 1.08
- Doctor Communication: 0.91

Avg Change One Year 3Q08-2Q09 to 3Q09-2Q10 - SG Partners

Source: The graph compares the change in one year in “top box” results achieved by Studer Group partners vs. non-partners. Change is from 3Q08-2Q09 to 3Q09-2Q10. The “top-box” is the most positive response to HCAHPS survey questions.
As Hospital’s ED Percentile Ranking Increases, So Does Its HCAHPS “Overall” Percentile Ranking

Relationship: ED and HCAHPS “Overall” Percentile Rankings

- Emergency Department Percentile Rank
- HCAHPS "Overall" Percentile Rank
- Linear (HCAHPS "Overall" Percentile Rank)
Studer Group Partners Perform Better Than the Nation in Core Measures

Heart Failure
- Heart failure pts given discharge instructions: 89.1% vs. 82.0%
- Pneumonia pts whose initial blood culture was performed prior to the admin of the first Hosp dose of Antibiotics: 89.8% vs. 92.5%

Pneumonia
- Pneumonia pts given the most appropriate initial antibiotic(s): 93.6% vs. 92.8%
- Surgery pts who were given an antibiotic at the rt time: 97.5% vs. 92.5%

Healthcare-Associated Infections
- Surgery pts who were given the rt kind of antibiotic to help prevent infection: 97.4% vs. 95.1%
- Surgery pts whose preventative antibiotics were stopped at the rt time: 95.0% vs. 92.8%
- Heart surgery pts whose blood sugar is kept under good control in the days rt after surgery: 96.3% vs. 91.8%

SG Partners | SG Non-Partners
Studer Group Partners Perform Better Than the Nation in Core Measures

Surgical Care Improvement
- Surgery pts who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery. SG Partners: 93.6%, SG Non-Partners: 89.3%
- Surgery pts whose doctors ordered treatments to prevent blood clots after certain types of surgeries. SG Partners: 94.3%, SG Non-Partners: 90.3%
- Pts who got treatment at the rt time to help prevent blood clots after certain types of surgery. SG Partners: 92.4%, SG Non-Partners: 88.9%

Heart Attack
- Heart attack pts given fibrinolytic medication w’in 30 minutes of arrival. SG Partners: 91.0%, SG Non-Partners: 86.4%
- Heart attack pts given PCI w/in 90 minutes of arrival. SG Partners: 51.0%, SG Non-Partners: 45.6%
Value Based Purchasing FY 2013

1% Base operating DRG payments

12 Core Measures (* 70% Weight)

HCAHPS (* 30% Weight)

Performance attainment and improvement will determine total hospital reimbursement

Notes:
• Implementation FY 2013 (October 2012)
*Value Based Purchasing Program proposed rule 1.7.11
What Will Value-Based Purchasing Mean for You?

12 Clinical Process Core Measures

HCAHPS
<table>
<thead>
<tr>
<th>Composite</th>
<th>Question Summary</th>
<th>Response Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Communication</td>
<td>Nurse courtesy and respect</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Nurses listen carefully</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Nurse explanations are clear</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Doctor Communication</td>
<td>Doctor courtesy and respect</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Doctors listen carefully</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Doctor explanations are clear</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>Did you need help in getting to bathroom? ²</td>
<td>Yes Yes (screening question)</td>
</tr>
<tr>
<td></td>
<td>Staff helped with bathroom needs</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Call button answered</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Did you need medicine for pain? ²</td>
<td>Yes No (screening question)</td>
</tr>
<tr>
<td></td>
<td>Pain well controlled</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Staff helped patient with pain</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Communication of Medications</td>
<td>Were you given any new meds? ²</td>
<td>Yes No (screening question)</td>
</tr>
<tr>
<td></td>
<td>Staff explained medicine</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Staff clearly described side effects</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>Did you go home, someone else’s home, or to another facility? ²</td>
<td>Own home, Someone else’s home, Another facility (screening question)</td>
</tr>
<tr>
<td></td>
<td>Staff discussed help need after discharge</td>
<td>YES Yes</td>
</tr>
<tr>
<td></td>
<td>Written symptom/health info provided</td>
<td>YES Yes</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>Area around room kept quiet at night</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td></td>
<td>Room and bathroom kept clean</td>
<td>ALWAYS, Usually, Sometimes, Never</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>Hospital Rating Question</td>
<td>0 to 10 point scale (percent 9 and 10 reported)</td>
</tr>
<tr>
<td></td>
<td>Willingness to Recommend</td>
<td>DEFINITELY YES, Probably Yes, Probably No, Definitely No</td>
</tr>
</tbody>
</table>

Willingness to Recommend will continue to be reported but not included in VBP formula.
12 Core Quality Measures
Value Based Purchasing FY 2013

Core Quality Measures Selected

- 2 Heart Attack (Fibrinolytic w/i 30 min’s; PCI w/i 90 min’s)
- 1 Heart Failure (Dx instruct)
- 2 Pneumonia (Culture in ED w/o anti; CAP immuno pt)
- 7 Surgical Care: Infection and Improvement
  - Proph anti w/i 1 hr of incision
  - Proph anti selection-surg
  - Proph anti Dx w/i 24 hrs of surg
  - Cardiac pts-6AM post-op serum glucose
  - Beta blocker prior to arrival if received during period
  - Recommended Venous Thromboembolism proph ordered
  - Venous Thromboembolism proph w/i 24 hrs prior and post
What's the possible risk?

Hospital Profile:
- 376-bed hospital
- 32 bed ED
- Inpatient Revenue: $630 million
- Payor mix: 45% Medicare

Impact:
- 1% impact – base operating DRG payments = $2,835,000
- 30%* attributed to HCAHPS performance = $850,500 potential risk
- 70%* attributed to Core Measure performance = $1,984,500 potential risk

*Value Based Purchasing Program proposed rule 1.7.11.
Pay for Performance is Here

Now*

*Performance Period is July 1, 2011 - March 31, 2012
**VBP Proposed Calculation of Performance: Reimbursement**

- **Baseline period:** July 1, 2009 – March 31, 2010
- **Performance period:** July 1, 2011 – March 31, 2012
- **Hospital performance:** the higher of an achievement score in the performance period or the improvement score as compared to the score in the baseline period
- To incentivize HCAHPS consistency points will be added in determining total performance.
Value-Based Purchasing - FY2014

**Hospital Acquired Condition Measures (FY 2014)**
1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Pressure Ulcer Stages III and IV
5. Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)
6. Vascular Catheter-Associated Infections
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Manifestations of Poor Glycemic Control

**Mortality Measures (FY 2014)**
1. Mortality -30-AMI: Acute Myocardial Infarction (AMI) 30-day Mortality Rate
2. Mortality -30-HF: Heart Failure (HF) 30-day Mortality Rate
3. Mortality -30-PN: Pneumonia (PN) 30-day Mortality Rate
Value-Based Purchasing - FY2014

Patient Safety Indicators (FY 2014)
- PSI 06 – Iatrogenic pneumothorax, adult
- PSI 11 – Post Operative Respiratory Failure
- PSI 12 – Post Operative PE or DVT
- PSI 14 – Post Operative wound dehiscence
- PSI 15 – Accidental puncture or laceration
- IQI 11 – Abdominal aortic aneurysm (AAA) repair mortality rate (with or without volume)
- IQI 19 – Hip fracture mortality rate
- Complication/patient safety for selected indicators (composite)
- Mortality for selected medical conditions (composite)
HCAHPS Fundamentals and Tactics
As Hospital’s ED Percentile Ranking Increases, So Does Its HCAHPS “Overall” Percentile Ranking
The Fundamentals: What You Must Know to Improve Your HCAHPS Results

- Nurse Leader Rounding
- AIDET<sup>SM</sup> – Key Words
- Post Visit Calls
Nursing Communication: The Most Bang for Your Buck

The Nursing Communication Composite is the one most highly correlated with overall hospital rating.

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?
Increase in Percentile Ranking for HCAHPS Composite Nursing Communication Following Implementation of Nurse Leader Rounding

SG Partners Average Percentile Rank Improvement: 25
Non-Partners Average Percentile Rank Improvement: 10

Note: When Studer Group Partners implement nurse leader rounding, they improve by an average of 25 percentile points for the Nursing Communication composite.
Leader Rounding on Patients
“Did a Nurse Manager Visit You During Your Stay?”

Tactic and Tool Implemented:
• Leader Rounding on Patient

Source: Arizona Hospital, Total beds = 355, Employees = 4,000, Admissions = 10,188; updated 2Q2010
## Rounding with Patients and Families

<table>
<thead>
<tr>
<th>Align Questions to Fit Desired Outcomes of the Organization</th>
<th>Set expectations/Validate Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify patient and family needs</td>
</tr>
<tr>
<td></td>
<td>Document needs</td>
</tr>
<tr>
<td></td>
<td>Give instructions on what to do if they do not get the care they expect</td>
</tr>
<tr>
<td></td>
<td>Explain any post visit calls or surveys</td>
</tr>
<tr>
<td></td>
<td>Recognize and Coach Staff</td>
</tr>
</tbody>
</table>
Studer Group Five Fundamentals
AIDET<sup>SM</sup>

A - Acknowledge
I - Introduce
D - Duration
E - Explanation
T - Thank You
AIDET\textsuperscript{SM} – Impact on Safety and Quality

Change in Percentile Ranks

Ease of obtaining test results (60.0%)
CP instructions for follow-up care (80.0%)
CP information about medications (73.5%)
CP efforts to include in decisions (73.3%)
CP concern for prob/condition (84.2%)
Access to care (46.5%)
Overall Patient Perception (53.0%)

Source: Oklahoma University; OUP Hematology/Oncology Clinic & Infusion Center; 10 providers & 22 staff, take care of 15,000 clinic visits & 10,000 chemotherapy infusions per year
Studer Group Five Fundamentals

AIDET<sup>SM</sup>

Focus on the “A & I” to show courtesy and respect by all physicians, nurses and staff.

Focus on the “E” to explain medications and diagnosis.

A Acknowledge
I Introduce
D Duration
E Explanation
T Thank You
Post Visit Calls: Clinical Quality

Instructions to Care for Yourself at Home

Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 4Q2010
# Post-Visit Phone Call Sample

<table>
<thead>
<tr>
<th>Empathy and Concern</th>
<th>“Mrs. Smith? Hello. This is &lt;name&gt;. You were discharged from my unit yesterday. I just wanted to call and see how you’re doing today…”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Outcomes</td>
<td>▼ “Do you have any questions regarding your medications or any possible side effects? Have you filled your prescription yet?”</td>
</tr>
<tr>
<td></td>
<td>▼ “How is your pain now compared to when you were in the hospital?”</td>
</tr>
<tr>
<td></td>
<td>▼ “We want to make sure we do excellent clinical follow-up to ensure your best possible recovery. Do you know what symptoms or health problems to look out for...?”</td>
</tr>
<tr>
<td></td>
<td>▼ “Do you have your follow-up appointment?…”</td>
</tr>
<tr>
<td>Reward and Recognition</td>
<td>▼ “Mrs. Smith, we like to recognize our employees. Who did an excellent job for you while you were in the hospital?…”</td>
</tr>
<tr>
<td></td>
<td>▼ “Can you tell me why Sue was excellent?…”</td>
</tr>
<tr>
<td>Service</td>
<td>“We want to make sure you received excellent care. How were we, Mrs. Smith?…”</td>
</tr>
<tr>
<td>Process Improvement</td>
<td>“We’re always looking to get better. Do you have any suggestions for what we could do to be even better?…” (could add in questions regarding quality indicators such as hand washing, ID band check, etc.)</td>
</tr>
<tr>
<td>Appreciation</td>
<td>“We appreciate you taking the time this afternoon to speak with us about your follow up care. Is there anything else I can do for you?…”</td>
</tr>
</tbody>
</table>
“Always bring it back to values . . . “

Quint Studer
Purpose, worthwhile work and making a difference

Prescriptive To Do’s

Bottom Line Results
(Transparency and Accountability)

Self-Motivation

PRINCIPLES

PILLAR RESULTS

PASSION

WHY

Healthcare Flywheel®

StuderGroup®
“This book shares the essential tactics proven to dramatically improve, and sustain, HCAHPS results and position your hospital to maximize reimbursement.”

www.studergroup.com/HCAHPS
How To Acquire CME Certificate

- You must take the survey before you can download your CME Certificate
- To take the survey, visit www.studergroup.com/webinar1
- After you submit survey, we will email you your certificate.

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