



FIVE WAYS TECHNOLOGY HELPS IMPROVE YOUR HCAHPS SCORES



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Introduction

Hospitals have been collecting patient satisfaction data for decades. Whether the information was used internally to measure performance, or published publicly for brand promotion within the community, these scores have always held value in healthcare. However, they are scrutinized and valued even more now that there are financial incentives tied to them. With the introduction of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey in 2006, patient satisfaction metrics were standardized across the nation. Reporting requirements went into effect in 2008, and scores now influence annual payment updates for the Inpatient Prospective Payment System (IPPS), as well as the Value-Based Purchasing program.¹ In this eBrief, we'll look at five ways technology can help you positively influence your patient satisfaction scores.



1 Heed the call button

On the HCAHPS survey, responsiveness of hospital staff is one of the nine topic areas in which patients are asked to provide feedback about their hospital experience. Since public reporting first began in March 2008, the average national response of 'Always' to these questions has moved from 60 percent to 70 percent.² This is encouraging and demonstrates positive improvement. However, with the average high of 80 percent (South Dakota) and average low of 53 percent (the District of Columbia), there is still room for improvement.³

During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I never pressed the call button

HCAHPS survey question number four ⁴

Using software to streamline the call process can help increase response times. If calls for

assistance are sent to a central nursing station, there are additional steps needed to track down the correct nurse, nursing assistant, or other staff member, relay the message, and respond back to the patient. These middle steps can be cut out of the process by sending requests directly from the patient's call button to the correct caregiver's mobile device, whether it is a Wi-Fi phone, smartphone, pager, voice badge, or tablet. Using software to route call button requests puts patients directly in contact with the person they need for assistance. The caregiver receives relevant context and can call back for clarification, if needed.

Example: nurse call request for bathroom assistance



Patient presses nurse call request for bathroom assistance.



The request is routed to the nursing assistant's Wi-Fi phone.



Nursing assistant acknowledges the request and calls the pillow speaker to let the patient know she is on her way.



Patient feels reassured and receives timely assistance.

2 Nix the noise

The first year HCAHPS data was published, 'quietness of the hospital environment' received the lowest average national rating of all categories at just 54 percent.⁴ This number has risen to 62 percent for the July 2017 to June 2018 reporting period, but it remains among the lowest ranked categories on the survey.³ These low rankings, coupled with research showing how important rest is to the healing process, have prompted hospitals to try everything from making sure laundry and meal cart wheels don't squeak, to signage reminding visitors and staff that 'Silent hospitals help healing' (also known as Shhh campaigns).

During this hospital stay, how often was the area around your room quiet at night?

- □ Never
- Sometimes
- □ Usually
- □ Always

HCAHPS survey question number nine 4

Much of the noise that bothers patients, however, is

generated by technology: IV infuser pumps, ventilators, overhead announcements, etc. While the alarms on patient monitoring equipment should never be disabled to protect patient safety,⁵ hospitals can take steps to reduce the frequency of these alarms. Programming device parameters to trigger alerts only when an actionable threshold is reached is one way to reduce false positive alarms that disrupt patient rest and staff efficiency.

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Another method to reduce noisy hallways is to support mobile device notifications, which provide a quieter environment on multiple fronts. First, by routing patient alarm notifications directly to the appropriate staff, faster response means less noise duration. Also, by integrating monitoring equipment alarms with staff assignment systems, nurse call notifications can go straight to the appropriate patient care provider's mobile device, eliminating the need for overhead paging to track staff down.

Mobile devices also enable texting. Secure text messaging among staff members is a discreet form of communication because sensitive information is not being spoken and potentially overheard, as it may be with nurse badges. This reduction in hallway conversations means less disturbance for patients, as well. Since both overhead paging announcements and hallway conversations are likely to disturb patient sleep more than 70 percent of the time, reducing these sources of noise can make significant improvements in the perceived quietness of the environment.⁶

"We used to use phones to call and ask for beds to be moved. When a text is sent there's not the noise of someone talking on the phone and walking down the hall. It's an efficient method that is also more discreet."

Chris Hunsinger Telecommunications Technician PinnacleHealth System

> There is a greater than 70 percent probability that hallway conversations and overhead paging announcements will wake a patient, no matter what stage of sleep they are in.⁶

3 Alleviate communication pains

For patients in pain, every minute matters. From the moment they hit the nurse call button until pain treatments begin to take effect, a patient and his or her loved ones are anxious and can become increasingly unhappy. There are multiple points in the process when interruptions can create delays, and many of them relate to communications.

The first step is ensuring that a patient receives a fast response when hitting the nurse call button, which was discussed in section one. A good system will route alerts directly to the primary nurse. It will also provide a method of escalating the request to another care provider if the patient's primary nurse is unavailable.

After the patient has been able to communicate the request, an existing order in the patient's chart might allow the nurse to bring and administer pain relief right away. If, however, there is no order, or a patient has reached the limit for the prescribed medication, the nurse must consult with the patient's physician. In this instance, an efficient communication system can significantly speed up the process.

How secure messaging enhances patient care

Read how the University of Utah Health is using integrated communication technologies to improve communications among staff and save time.

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"We needed a solution we could integrate into our workflows that was cost-effective, easy to implement, and more importantly, easy for our clinicians to use. Spok was the best fit."

Dr. Michael Strong Chief Medical Information Officer University of Utah Health



Example: nurse call request for pain medication



Patient in pain calls for nurse.



Nurse notifies physician that a new prescription is needed. Physician enters orders remotely.

Nurse is able to quickly deliver pain relief.

Instead of using overhead paging to reach the physician, which creates additional hallway noise and requires time to call back for more information, giving staff access to the full directory allows a patient's nurse to quickly locate the correct provider's contact information to reach out directly. In addition, giving staff a secure texting solution means the nurse can send the physician actionable information about the patient and the request right away. If the case is straightforward, the physician may enter orders right away, enabling treatment to progress rapidly. If the physician wants more information than is available in the patient's chart and the nurse's request, he or she can call the nurse directly to confer. In either scenario, receiving detailed, actionable information can save a lot of time for providers, and most importantly, for the patient in pain.

"In contrast to just a call-back number, physicians using the [secure texting] app now get enough information to go into the EMR and fulfill a request, saving the time and hassle of calling someone to get more detailed information."

Greg Walkup Director, IT Department Sentara Healthcare

4 Impress the patient

When technology works well, most people fail to notice because operations are simply efficient. When communications and processes do not work smoothly, however, people notice, and are more likely to remember their negative experiences over any positive ones.⁷ Miscommunications or a delayed knowledge transfer may not always directly impact the quality of care a patient receives, but perception is reality. Poor coordination can cast a negative pall over the entire inpatient experience, and even outweigh many positive encounters.

For this reason, all of the communication efficiencies already mentioned can play an important role in patient perceptions: nurse call responsiveness, quieter hallways, and efficient communication among providers to coordinate care such as pain management. There are other situations where timeliness and ease of communication can influence patient perceptions, as well. For example, once a test has been ordered, how long does it take for a phlebotomist to arrive and draw blood, or for a member of the transport team to bring the patient to the imaging department for a scan?



Behind the scenes, a robust directory with contact details and up-to-date on-call information for all staff and affiliated medical professionals will support automation of many of these types of workflows. For example, once a test has been ordered, software can automatically trigger a message directly to a phlebotomist or transporter's mobile device with the pertinent details for fast response.



Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

HCAHPS survey question number eighteen 4

Another use of communication technology can be to complete the testing circle and notify ordering providers that results are available. At many hospitals the current reporting process for both radiology and lab results is a manual one involving phone tag, paper documentation, and EHR (electronic health record) documentation. There is potential for a lot of wasted time with these manual processes, as well as risk for the patient if there are critical test results that need attention guickly. One way to improve the reporting process is with a critical test results notification solution that can deliver results directly from the laboratory information system (LIS) and the picture archiving and communication system (PACS) to an ordering provider's mobile device. By integrating these systems with the EHR and automatically populating a patient record with test results, administrative time spent tracking dictations, maintaining a document log, and making phone calls can be significantly reduced. In addition to helping providers save time, patients will appreciate faster care. In critical situations, of course, faster care can mean better outcomes. But if results are normal and a patient can be discharged, reducing wait time and getting to go home sooner can mean happier patients.





5 End on a high note

After a patient is deemed ready for release, impatience can settle in if the discharge process takes too long. There can be multiple causes for delay, and one of the common culprits is slow communication among clinicians on a care team regarding discharge approval and followup care planning. Patients with complex medical cases, such as those who have one or more chronic conditions, often have care teams with multiple specialists. Tracking them all down individually for discharge approval via phone or overhead paging can be slow, noisy, and a waste of time for the coordinating provider. In this situation, software that supports sending a message from the patient's EHR to the entire care team on their mobile devices can streamline the process. In particular, a secure texting app that pulls information from the staff directory, including on-duty/on-call status and contact preferences (smartphone, pager, email, etc.), makes it easier for a provider to coordinate discharge approval and instructions, and can cut significant amounts of time. This means that patients can be approved for release and go home sooner, reducing their wait time and ending the patient stay on a high note.

Would you recommend this hospital to your friends and family?

- □ Definitely no
- □ Probably no
- □ Probably yes
- □ Definitely yes

HCAHPS survey question number nineteen 4

"When we have a bed change, the discharged patient needs to be transported, and the room needs to be cleaned...There's a whole team involved, and it's a coordinated effort. [Sending] messages to Wi-Fi phones and/or pagers has made the process much smoother."

Chris Hunsinger Telecommunications Technician PinnacleHealth System

Summary

Patient satisfaction is a complex web of perception that includes the quality of care, pain management, food options,

friendliness of staff, and many other elements. Due to hospitals' concentrated efforts to address patient satisfaction measures, scores on the HCAHPS survey have increased since the first reporting period and the national top-box score average for 'Overall Hospital Rating' has moved from 63 to 73 percent.² While this change is admirable, it still leaves room for improvement. If you are looking for additional ideas to improve your hospital's HCAHPS scores, consider the role of staff communications and the technologies mentioned here that can give you faster nurse call response, quieter hallways, and more efficient care coordination. Patients and staff alike will give you a thumbs up.

References

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