Can't Get No Satisfaction?

HCAHPS and The Impact of Linens

By Deri Ross Pryor

There is a looming change on the healthcare horizon: HCAHPS, Hospital Consumer Assessment of Healthcare Providers and Systems. What is it? HCAHPS is a patient survey and "is the first national, standardized, publicly reported survey of patients' perspectives of hospital care."[1] Why does it matter? The results can have a significant impact on hospitals depending on their results.

The development of HCAHPS began in 2002 when the Agency for Healthcare Research and Quality (AHRQ) partnered with the Department of Health and Human Services in an effort to accurately and consistently measure how hospitals were performing based on patient satisfaction. The Center for Medicare and Medicaid Services (CMS) began implementing the survey in 2006; in 2008, the first report of collected results was published. (Hospital data can be found at www.hospitalcompare.hhs.gov.) In 2009, CMS began requiring hospitals to report their HCAHPS results in order to receive their full Inpatient Prospective Payment System (IPPS) amount.

HCAHPS -

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience (HCAHPS Fact Sheet).

Looking forward, in October 2012 the HCAHPS will be one of the key factors used to "calculate value-based incentive payments in the Hospital Value-Based Purchasing program."[1] The Hospital VBP is an incentive program for hospitals to receive or lose compensation based on their overall quality of patient care. The evaluation for payment is broken down into two components; 70% is based on the clinical process; the remaining 30% is based on patient experience, the entirety of which comes from the results of the HCAHPS. In other words, hospitals with negative results will not get the same amount of money as those who do well, "and by 2013, hospitals will face penalties for negative clinical outcomes, such as high readmissions rates and hospital acquired infections".[2] Also beginning in 2013, CMS will begin imposing "financial penalties in what it deems 'excess admissions' compared to expected levels for 30-day readmissions for heart attack, heart failure, and pneumonia patients."[3] While this latter penalty is not related to HAIs or negative feedback on a HCAHPS, it is apparent that CMS is increasing its surveillance on hospital performance.

While medical outcomes are the most obvious focus of patient stays, their overall experience is not a factor that can be ignored. If patients feel they were not treated well, or were generally uncomfortable during their stay, it will show up in the survey. The survey itself is a comprehensive tool of twenty-seven questions that covers all aspects of a patient's stay, from communication with both medical and non-medical staff to pain management and hospital cleanliness. The survey is administered to random sample of qualifying patients over eighteen years of age that have stayed at least one night. While this project was implemented by CMS, the survey is not limited to Medicare or Medicaid reciepents. The actual survey can be found here: http://www.hcahpsonline.org/surveyinstrument.aspx

The survey is sent between forty-eight hours to six weeks after discharge, and can be done by mail, telephone, mail with telephone follow up, or active interactive voice recognition (IVR). Hospitals may use additional surveys or questions beyond the core HCAHPS questions, but these must be administered separately and are subject to CMS standards and approvals.

The Survey – 27 Questions

- 6 Summary Measures
  - ✓ Communication with nurses
  - ✓ Communication with doctors
  - ✓ Staff responsiveness
  - ✓ Pain management
  - ✓ Communication about medicines
  - ✓ Discharge information
- Cleanliness and quietness
- Global – overall hospital rating

At the heart of the incentive behind this survey is measuring how well a facility takes care of its patients. The bottom line is this: all facets of hospital care impacts patient outcomes. It is this concept that makes this survey relevant to the laundry and linen industry.

In the Fall 2011 *ALM Journal*, an article on quality addressed this issue:

> According to the World Health Organization (WHO), the most common cause of infection-related hospital deaths is due to nosocomical infections, which "are infections acquired during hospital care which are not present or incubating at admission." Of the many causes for such infections, hospital linens are listed as part of the problem. [4]

Treating hospital-acquired infections (HAI's) costs hospitals upwards of $5 billion annually. In 1991, it was estimated that two million patients acquired HAI's annually, with 90,000 associated deaths reported.[5] The cost of treating these infections combined with the loss of incentive payments through CMS will compound the loss of revenue. In this struggling economy, hospitals will be carefully evaluating the cause of HAI's and taking drastic steps to reduce their culpability. If hospital linens are perceived to be the problem, the impact it would have on the companies or departments that provide these services could be far-reaching

HCAHPS Survey Participants

- 18 years old at time of admission
- Admission must include one overnight stay
- Non-psychiatric diagnosis at discharge
- Non-publicity patients excluded
- Patients with foreign address excluded
- Patients discharged to hospice/SNF not included

If there is any question that patients notice or care about the environmental factors -- including linens -- during their stay, consider the following comments gathered by hospital consultants:

> "I had a surgery but it was not that bad. Then one night the IV popped out of my arm all over everything and I am trying to hold it close. That was Friday night. I didn't realize until I went home Sunday morning that I had the same stained pillow case. The same sheets for two and a half days."
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> "During that whole week, I didn't even have my teeth brushed, and even the bloody sheets weren't changed. Can you imagine being there and not feeling well and having that going on?"
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> "For five days nobody washed my back and I laid in those dirty sheets."[6]

Regarding patient hospital experience, Eugene C. Nacey, a consultant for Environmental Services based in Pittsburgh, Pennsylvania, says "Perception is everything." He also warns against complacency; having a contract with a hospital is no guarantee that it will be renewed once it runs out.[7] Since linens and other textiles are such an integral part of a patient's stay – a typical patient will use between 15 to 20 pounds of linen for an inpatient stay per day – it makes sense that it has such an impact on the perception of their care.[7]

While the HCAHPS itself cannot single out linens as an issue, hospitals have begun utilizing investigative measures, including outside consulting firms, to sniff out any glaring problems that contribute to a negative outcome. It is this part of the process that may point to linens as a factor that needs improvement. This enforces the growing need for the laundry and linen industry to see itself as a partner in healthcare and not as simply a provider of a disembodied service. As hospitals begin to self-evaluate, the laundry and linen industry must do the same, taking a customer-centric approach, asking what is important to the customer and striving to be knowledgeable about the changing landscape in healthcare.

The lesson we can take from this is that CMS is pushing for "patient-centered approaches to care." When seen from this angle, it becomes apparent that everyone involved in the healthcare industry, from medical staff to maintenance and everyone in between, contributes to patient outcomes. If we keep this objective in mind, it becomes easier to make sure that every decision made is the right one.

Sources

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