Flex Monitoring Team
STATE DATA REPORT
January 2016

Patients' Experiences in Vermont CAHs: HCAHPS Results, Q2 2014 - Q1 2015

Michelle Casey, MS; Peiyin Hung, MSPH; Alex Evenson, MA
University of Minnesota

KEY FINDINGS: VERMONT

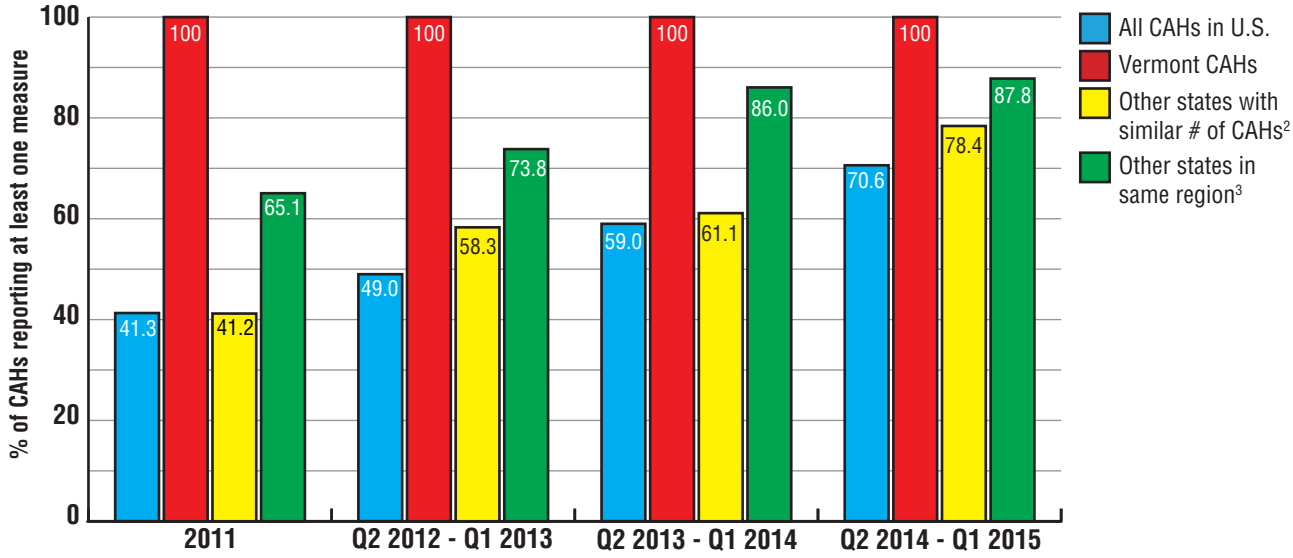
- The HCAHPS reporting rate of 100% for Vermont CAHs between April 2014 and March 2015 was greater than the national reporting rate of 70.6% and ranks #1 among 45 states that participate in the Flex Program.
- Compared with all other CAHs nationally, Vermont CAHs scored significantly higher on 0 HCAHPS measures, significantly lower on 2 measures, and did not have significantly different performance on the remaining 9 measures.

BACKGROUND

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national, standardized survey of patients' perspectives of hospital care. It was developed by the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services (CMS) to complement other hospital tools designed to support quality improvement. The survey is administered to a random sample of adult patients following discharge from the hospital for inpatient medical, surgical, or maternity care.

Eleven HCAHPS measures are publicly-reported on Hospital Compare. Seven are composite measures that

Figure 1. CAH Participation in HCAHPS[1], 2011-Q1 2015



1. Percentage of CAHs in each state or group of states reporting HCAHPS data.
2. Group includes AL (4), HI (9), MA (3), NM (9), SC (5), VA (7)
3. HRSA Region includes MA (3), ME (16), NH (13), NY (18), PA (13), VA (7), WV (20)

Figure 2. State Rankings of HCAHPS Participation Rates for CAHs, Q2 2014 - Q1 2015

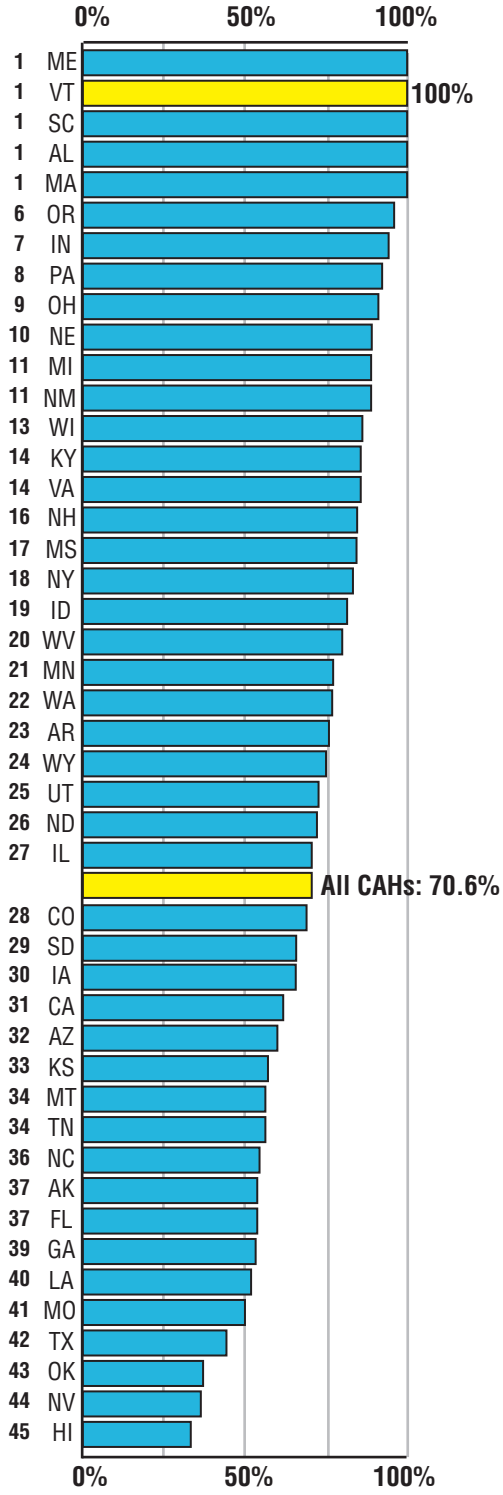


Table 1. Number of Completed HCAHPS Surveys and Response Rates for CAHs, Q2 2014 - Q1 2015

	Total CAHs reporting	Number of completed HCAHPS surveys			HCAHPS survey response rates		
		<100	100-299	≥ 300	< 25%	25-50%	> 50%
US	940	488	383	69	157	761	22
VT	8	2	3	3	1	7	0

address how well doctors and nurses communicate with patients, the responsiveness of hospital staff, pain management, communication about medicines, and patient understanding of their care when they left the hospital. These, along with two measures regarding the hospital environment, are reported in response categories of "always," "usually," and "sometimes/never." Additional measures address the provision of discharge information ("yes/no"), an overall rating of the hospital on a 1-10 scale ("high" = 9 or 10, "medium" = 7 or 8, "low" ≤ 6), and the patient's willingness to recommend the hospital ("definitely would," "probably would," and "probably/definitely would not"). CMS adjusts the publicly-reported HCAHPS results for patient-mix, mode of data collection, and non-response bias.

CAHs may voluntarily report HCAHPS measures to Hospital Compare. HCAHPS measures are a core improvement activity in the Medicare Beneficiary Quality Improvement Project (MBQIP).

APPROACH

For each HCAHPS measure, the percentages of patients reporting the highest response (e.g., "always") on each measure were summed and averaged across all reporting CAHs within a state and all other states. Two-sample t-tests were used to compare whether the mean scores on each measure are significantly different between CAHs in each state and all other CAHs.

RESULTS

Figure 1 (previous page) compares participation rates in HCAHPS over time among four groups of CAHs: those in Vermont, all CAHs nationally, those located in other states with a similar number of CAHs, and those located in the same HRSA geographic region as Vermont. The HCAHPS reporting rate of 100% for Vermont CAHs was greater than the national reporting

rate of 70.6%. Figure 2 ranks the states by their CAHs' respective HCAHPS reporting rate for Q2 2014 to Q1 2015. Vermont's rate was ranked #1 of the 45 states that participate in the Flex program.

Table 1 (previous page) shows the number of completed HCAHPS surveys per CAH in Vermont and nationally, in the three categories reported by CMS. CMS recommends that each hospital obtain 300 completed HCAHPS surveys annually, in order to be more confident that the survey results are reliable for assessing the hospital's performance. However, some smaller hospitals may sample all of their HCAHPS-eligible discharges and still have fewer than 300 completed surveys. Caution should be exercised in comparing HCAHPS results for states that have few CAHs reporting results and/or CAHs whose results are based on fewer than 100 completed surveys.

Compared to all other CAHs nationally, Vermont's CAHs scored significantly higher on 0 of 11 HCAHPS measures and significantly lower on 2 measures (Table 2).

Table 2. HCAHPS Results for CAHs in Vermont and All Other States, Q2 2014 - Q1 2015

Significantly better than rate for all other CAHs nationally (p<.05)

Significantly worse than rate for all other CAHs nationally (p<.05)

	Mean (average) for CAHs in:	
	Vermont (n=8)[1]	All Other States (n=1328)
Nurses always communicated well	79.9	82.7
Doctors always communicated well	82.0	85.1
Patient always received help as soon as s/he wanted	71.8	75.5
Pain was always well-controlled	69.3	73.2
Staff always explained about medications before giving them to patient	68.6	68.3
Yes, staff gave patient information about what to do during recovery at home	89.9	86.9
Patient "strongly agrees" that they understood their care when they left the hospital	55.9	54.7
Area around patient room was always quiet at night	53.8	66.5
Patient room and bathroom were always clean	77.5	79.6
They gave an overall hospital rating of 9 or 10 (high) on 1-10 scale	72.4	74.4
They would definitely recommend the hospital to friends and family	76.0	73.2

1. Rates without highlights were not significantly different from comparable rates in all CAHs nationally.

For more information on this study,
please contact Michelle Casey at
mcasey@umn.edu

Flex Monitoring Team
University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

This study was conducted by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions, and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.