



# Patients' Experiences in Washington CAHs: HCAHPS Results, 2015

Michelle Casey, MS; Tami Swenson, PhD; Alex Evenson, MA  
University of Minnesota

## KEY FINDINGS:

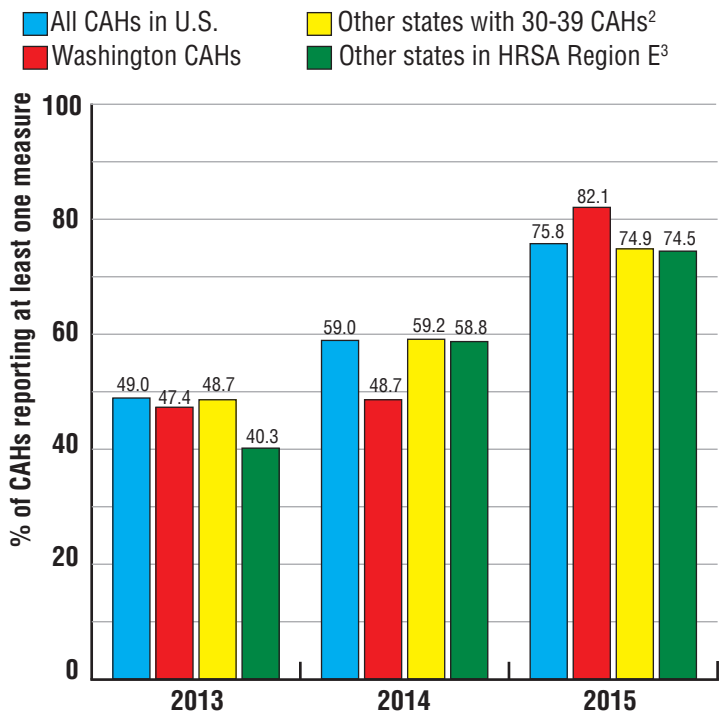
- The HCAHPS reporting rate of 82.1% for Washington CAHs in 2015 was higher than the national reporting rate of 75.8% and ranks #23 among 45 states that participate in the Flex Program.
- Compared with all other CAHs nationally, Washington CAHs scored significantly lower on 4 HCAHPS measures and did not have significantly different performance on the remaining 7 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 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

Figure 1. CAH Participation in HCAHPS<sup>1</sup>, 2013 - 2015



1. Percentage of CAHs in each state or group of states reporting HCAHPS data.  
 2. Group includes states with 30-39 CAHs: CA (34), GA (30), IN (35), MI (36), MS (31), MO (36), ND (36), OH (33), OK (34), SD (38)  
 3. HRSA Region E includes AK (13), CO (29), ID (27), MT (48), ND (36), OR (25), SD (38), UT (11), WY (16)



**Table 1. Number of Completed HCAHPS Surveys and Response Rates for CAHs Nationally and in Washington, 2015**

	Total CAHs reporting	Number of completed HCAHPS surveys			HCAHPS survey response rates		
		< 100	100-299	≥ 300	< 25%	25-50%	> 50%
<b>US</b>	1,010	559	375	76	175	812	23
<b>WA</b>	32	18	10	4	7	25	0

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**

This study used data publicly-reported to Hospital Compare by CAHs for discharges during calendar year 2015. 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.

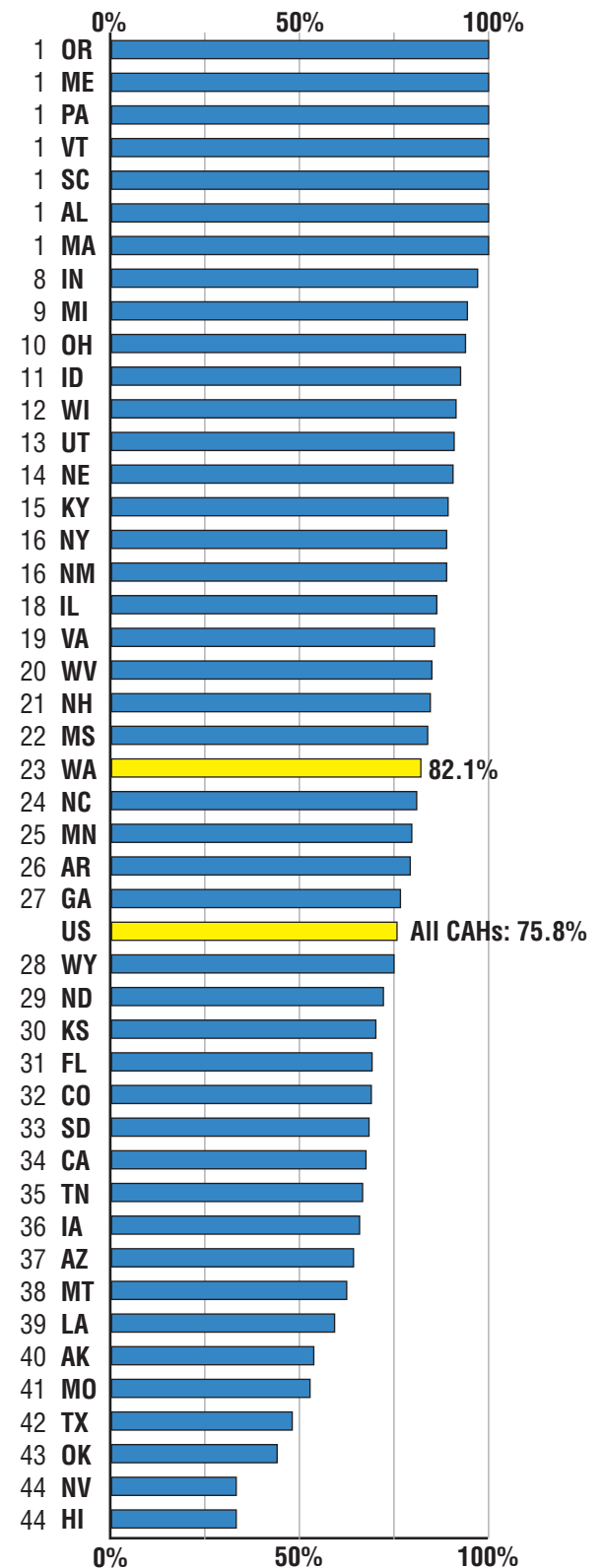
**RESULTS**

Figure 1 (previous page) compares participation rates in HCAHPS over time among four groups of CAHs: those in Washington, all CAHs nationally, those located in other states with a similar number of CAHs, and those located in the same HRSA geographic region as Washington. The HCAHPS reporting rate of 82.1% for Washington CAHs was higher than the national reporting rate of 75.8%.

Figure 2 ranks the states by their CAHs' respective HCAHPS reporting rate for 2015. Washington's rate was ranked #23 of the 45 states that participate in the Flex program.

Table 1 shows the number of completed HCAHPS surveys per CAH in Washington 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

**Figure 2. State Rankings of HCAHPS Participation Rates for CAHs, 2015**



## Patients' Experiences in Washington CAHs: HCAHPS Results, 2015

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, Washington's CAHs scored significantly higher on 0 of 11 HCAHPS measures and significantly lower on 4 measures (Table 2).

**Table 2. HCAHPS Results for CAHs in Washington and All Other States, 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:	
	Washington (n=39) <sup>1</sup>	All Other States (n=1293)
Composite 1: Communication with Nurses	80.3	83.4
Composite 2: Communication with Doctors	82.0	85.7
Composite 3: Responsiveness of Hospital Staff	70.9	76.2
Composite 4: Pain Management	72.9	73.9
Composite 5: Communication about Medicines	67.9	69.2
Composite 6: Discharge Information	88.2	87.7
Composite 7: Care Transitions	54.5	55.6
Question 8: Cleanliness of Hospital Environment	77.5	80.0
Question 9: Quietness of Hospital Environment	61.9	67.2
Question 21: Overall Rating of Hospital	72.2	75.5
Question 22: Willingness to Recommend Hospital	71.6	73.9

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

For more information on this study,  
please contact Michelle Casey at  
[mcasey@umn.edu](mailto:mcasey@umn.edu)



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.