



The Impact of COVID-19 on HCAHPS and why Hospitals Should Care

Front-line healthcare workers showed exceptional heroism during the COVID-19 pandemic. As healthcare systems were pushed to the brink, clinicians went well above and beyond to save lives while protecting themselves and their loved ones. It was an unprecedented time that brought unprecedented challenges. The impact of those challenges are reflected in falling patient satisfaction scores.

Recent reports by Leapfrog found “statistically significant declines” in the average number of patients who “gave the most favorable responses for nine of the 10 HCAHPS [Hospital Consumer Assessment of Healthcare Providers and Systems] measures.”¹ The biggest declines were in staff responsiveness, communication about medicines, and hospital cleanliness. Each of these areas is directly aligned with patient safety and outcomes. Previously, Leapfrog had reported a significant decline in performance around “preventable hospital-acquired infections” during the pandemic.²



Pre-Pandemic

Prior to the pandemic **73%** of patients surveyed said they were “very satisfied” with the level and quality of communication with their providers.

During the Pandemic

During the pandemic, that number dropped to just **60%** while the number of patients saying they were “not satisfied at all” actually tripled.³

It is completely understandable why patient satisfaction was negatively impacted at a time when hospitals were struggling with a lack of personal protective equipment, supplies, ventilators and other critical needs. At the same time, they were dealing with a lack of front-line clinicians, not to mention space needed to treat so many infected individuals.

While the height of the pandemic has passed, research shows that there has been a shift in the perception of care quality in our country as evidenced through lower “likelihood to recommend” scores across the board.⁴ The number of patients saying they would “definitely recommend” a hospital to others fell 4.5% while the number of patients rating their hospital experience a 10 out of 10, where 10 is the best and zero is the worst, fell by 4%. Not surprisingly, emergency departments had the largest declines in scores.

¹ <https://www.fiercehealthcare.com/providers/leapfrog-group-patients-are-reporting-more-potentially-dangerous-hospital-experiences>

² <https://www.fiercehealthcare.com/providers/leapfrog-group-patients-are-reporting-more-potentially-dangerous-hospital-experiences>

³ <https://www.reliasmedia.com/articles/147877-hcaps-other-satisfaction-scores-may-suffer-from-covid-19-effects>

⁴ <https://www.beckershospitalreview.com/patient-experience/covid-19-influenced-decrease-in-patients-likelihood-to-recommend-services-survey-finds.html>

IT'S TIME TO GET BACK ON TRACK

Although we're still dealing with COVID variants, hospitals and health systems are well on their way to post-pandemic recovery. But it's a recovery that's likely to take some time. The latest National Hospital Flash Report shows that while margins are rising, they're still "significantly lower" than before the pandemic at just -0.09% from January to June 2022.⁵ Median operating margins are down 49.3% from June 2021, and operating EBITDA margins were down 35% compared to June

2021. And while expenses are slowing decreasing, they're still 7.5% higher than June 2021.

The bottom line is that hospitals and health systems have a long road ahead of them to achieve long-term financial viability. Since HCAHPS scores can generate value-based incentive payments, providers should reboot their quality improvement strategy. Following are three ways **to do just that**.

The problem for hospitals isn't just about filling jobs; inadequate nursing levels are implicated in an increase in adverse events, medication errors, and in-hospital mortality.⁹ It's a matter of patient safety and quality outcomes.



Patient Safety

Staffing shortages continue to plague hospitals; nearly a quarter have reported shortages at a critical level.⁶ The impact is substantial. An article in U.S. News & World Report says that staffing shortages are now the nation's top patient safety concern.⁷ Greater stress on existing clinicians has led to "soaring burnout levels" that research shows can lead to medical errors and patient harm.⁸ When entire departments have to close or when hospitals have to shutter certain services because of a lack of staff, patients may not be able to get timely access to the care they need.

Even prior to the pandemic, clinicians were reporting stressful work environments, lack of good management, and burnout as top reasons for leaving their jobs. When clinicians leave, those remaining have to take on heavier workloads, which compounds stress levels and can lead to even higher rates of turnover.

One great way to address these issues is by leveraging Advanced Practice Providers (APPs) such as physician assistants (PAs) and nurse practitioners (NPs). In most hospitals, physicians are only onsite and available during morning rounds. Once gone, it can be challenging to get in touch with them. APPs, on the other hand, are on the floor or in the ward throughout the day. This helps alleviate stress of overworked clinicians by giving them an always-available resource, making jobs easier. And better work-life balance can reduce burnout and lower turnover. It can also improve provider-patient engagement and enhance the patient experience—all of which benefits the hospital's HCAHPS scores.

¹ <https://www.kaufmanhall.com/sites/default/files/2022-07/KH-NHFR-July-2022.pdf>

² <https://www.aha.org/lettercomment/2022-03-01-aha-provides-information-congress-re-challenges-facing-americas-health>
<https://www.usnews.com/news/health-news/articles/2022-07-28/staff-shortages-choking-u-s-health-care-system>

³ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4688-7>

⁴ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4688-7>

IMPROVE CONTINUITY OF CARE

Research shows that patients who receive optimal continuity of care have “better healthcare outcomes, higher satisfaction rates, and the health care they receive is more cost-effective.”¹⁰ Yet, achieving continuity of care in and between care settings—inpatient, outpatient, community—can be challenging.¹¹

Organizations can achieve significant progress toward improving care continuity by partnering with multispecialty hospitalist experts. Providers benefit through improved patient flow, increased patient satisfaction, and a better focus on benchmarks and KPIs—all without adding work to existing staff.¹²

Observation medicine

Each day, clinicians face the difficult decision of when to admit patients, when to send them home, and when to keep them in observation. So often, the choice is made to keep the patient in observation whether it is warranted or not. Since patients in observation are typically located throughout the system, there is often ambiguity around who owns the patient, making the decision even more challenging. This can impact patient satisfaction due to necessarily longer hospital stays, greater costs and, potentially, poorer outcomes.

One approach that is gaining traction is creating a central observation unit (COU) where all patients in observation can be cared for in a single location by a consolidated team of observation medicine experts. Research shows that COUs lead to shorter lengths-of-stay (LOS) and reduced costs.¹³

Partnering with a hospitalist provider group can help by supplying high-quality advanced practice providers (APPs) to manage the unit.



¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4979920/>

¹¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777855>

¹² <https://www.beckershospitalreview.com/hospital-management-administration/3-ways-outsourcing-clinical-services-helps-the-bottom-line.html>

¹³ <https://pubmed.ncbi.nlm.nih.gov/23019185/>

Success Story

University of Maryland Charles Regional Medical Center (UM CRMC) is a 98-bed medical center with 373 medical staff delivering compassionate, award-winning care to Charles County and the surrounding communities for more than 80 years. UM CRMC is a partner hospital of Adfinitas Health and all of the medical center's physicians and APPs are employed by Adfinitas.

Dana Levy, MSN, RN, is Chief Nursing Officer at UM CRMC and credits Adfinitas providers with the high level of job satisfaction among her nursing staff at the medical center. "Adfinitas providers are the kind of people you can always call and freely have any conversation," she says. "They are engaging and easy to talk to."

Dr. Ivelisse Michel has been the lead Adfinitas hospitalists at UM CRMC for the ten years Levy has been there. "Dr. Michel leads by example and tries to model behavior that she expects from the providers," Levy says. "For example, she will work nights and weekends to best understand the experience her providers face during the off shifts, and will not ask her staff to do things she is

not willing to do herself." Levy says this is important because the hospital's nighttime staffing and resources can be very different from daytime.

Levy says one of the things she appreciates most about Adfinitas is that they match each provider's strengths to the roles and areas in which they're placed. She says they have a great team mentality. "It's never 'us versus them.'" Levy says she appreciates that Adfinitas providers are so willing to collaborate with her nurses. "They are much more engaged and always take the time to talk with the nurse."

Levy says that when Adfinitas assigns providers to a specific area, the providers get to know the nurses in that area, which helps increase rapport. That, in turn, reflects positively on the patient experience.

Levy also appreciates that Adfinitas providers conduct multidisciplinary rounds every day where they welcome and listen to nurses' suggestions—and that means all nurses, including bedside nurses, case management nurses, and palliative care nurses. This team-centered care approach is important for the success of the patient's plan of care.

In addition to great physicians, Levy says Adfinitas has "phenomenal nurse practitioners" as well. She says both the NPs and the physicians are great advocates for patient care and very patient centered. "They are very forward-thinking and always prioritize the needs of the patient." When nurses are confident that their duty of patient advocacy will be recognized, they experience a greater sense of job satisfaction.

Patient experience is the top focus at UM CRMC and Adfinitas embraces this focus as well. Levy likes that Adfinitas is willing to "put some skin in the game." She says, "They have invested in data collection and do their own patient surveys." These surveys give patients the opportunity to name providers and nurses, and offer input on facility satisfaction issues, giving Adfinitas real-time feedback on how patients feel about their providers. Adfinitas then uses this feedback as part of its efforts to continually improve the patient experience.



¹ <https://www.kaufmanhall.com/sites/default/files/2022-07/KH-NHFR-July-2022.pdf>

² <https://www.aha.org/lettercomment/2022-03-01-aha-provides-information-congress-re-challenges-facing-americas-health>
<https://www.usnews.com/news/health-news/articles/2022-07-28/staff-shortages-choking-u-s-health-care-system>

³ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4688-7>

⁴ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4688-7>

USING THE RIGHT SURVEY TOOLS

In addition to partnering with hospitalist groups to retain quality of care and improve patient satisfaction, organizations should also reevaluate their patient satisfaction tools and survey methodologies. For example, as part of its partnership with UM CRMC, Adfinitas Health used the Qualitick method for patient satisfaction data collection and reporting. For decades, the healthcare industry has depended on, and been conditioned to, traditional post-visit patient surveying. Modes such as mail, phone, email, and, more recently, SMS text messages, have been employed to establish levels of patient care received. These methods were mostly employed for two main reasons: (a) there were no other viable modes, and (b) the industry became conditioned and comfortable in using them.

The ramifications of using these traditional methods are significant. They yield very low response rates, which impacts data accuracy, and which, in turn, impacts the ability to affect improvements. This major obstacle is compounded by the fact that it can then take weeks, and sometimes months, to receive collected data. Therefore, healthcare leaders are waiting a long time to receive very little data, effectively setting them up to fail before they begin.

To improve and attain superior HCAHPS scores requires a scientific approach, a method which can be replicated to produce desired results. The scientific approach is illustrated by the following simple model incorporating the Internal/External analysis.



The Qualitick Method includes:

Robust Reporting – The Qualitick real-time reporting is industry leading and provides medical leaders early warning alerts via email and/or SMS text, an in-depth dashboard for on-demand reporting and real-time analysis, individual real-time provider/nurse portals, and email push reporting capabilities to receive critical reports at your convenience.

Tablets are Provided, Supported, Tracked, and Warranted – Qualitick provides you surveying tablets as part of the program; we also remotely support, GPS track, and warranty the hardware. This means easy setup, and puts a lot less strain on your IT team to procure and support surveying hardware.

Dedicated Concierge Account Management – All Qualitick clients receive concierge account managers to support them for all their collection and reporting needs. No more calling random non-responsive people at call centers for support. Real responsive people, direct phone numbers, and emails.

Multiple Surveying Options – The Qualitick program is tailored to support different types of point-of-care surveying data- collection, and includes (but is not limited to):

Patient Satisfaction Surveys



Electronic Rounding, e.g. Nurse Leader Rounding - Safety Checks



Environmental Rounds



Patient Call-Backs



Employee Survey

The journey forward

According to an article in Becker's Hospital Review, "clinical departments that rely on external expertise can see improvements in patient flow and patient satisfaction scores due to the establishment of shared best practices and years of experience focusing on key metrics."

Adfinitas Health can help. Adfinitas is a team of hospitalists dedicated to the communities and hospitals we serve, providing innovative, customizable services and value-based, collaborative care with an unwavering commitment to client satisfaction. We pioneered the interdisciplinary team (IDT) model to improve the patient care environment. IDT models enable our experienced providers to create individualized care plans to support better patient outcomes. By facilitating efficient communication, we are able to achieve patient treatment goals and help reduce 30-day readmissions and the length of patient stays.

With more than a decade of experience managing high-quality, cost-effective hospitalist and post-acute programs, we are able to improve outcomes, increase productivity, and extend quality services in each partner hospital and post-acute care center. Our services include inpatient, critical care, observation, palliative care, inpatient rehabilitation, surgical co-management/assisting and pediatrics.

¹⁴ <https://www.beckershospitalreview.com/hospital-management-administration/3-ways-outsourcing-clinical-services-helps-the-bottom-line.html>



Learn more about Adfinitas Health by visiting
www.AdfinitasHealth.com