

The Gift of Feedback: Child HCAHPS

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Instruments to measure and assess patient experience are widely used in US hospitals. The Centers for Medicare and Medicaid Services (CMS) implemented a standardized survey, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), for adult hospitals in 2006, and public reporting of HCAHPS results commenced in 2008. Widespread adoption of the adult HCAHPS tool has been facilitated by federal policy. The Deficit Reduction Act of 2005 and the Patient Protection and Affordable Care Act of 2010 created incentives for acute care hospitals to participate in HCAHPS. Hospitals subject to the Inpatient Prospective Payment System must collect and submit HCAHPS data to receive full reimbursement. In 2012, Hospital Value-Based Purchasing linked a portion of Inpatient Prospective Payment System hospital payment from CMS to a set of quality metrics. HCAHPS data are the basis for the Patient and Caregiver Centered Experience of Care/Care Coordination metric, which is 25% to 30% of a hospital's Total Performance Score. Also, since 2008, adult hospital HCAHPS scores are publicly reported based on 4 consecutive quarters of surveys on the CMS *Hospital Compare* Web site (www.medicare.gov/hospitalcompare). In 2015, CMS added HCAHPS Star Ratings to the Hospital Compare Web site to present data in a format that is increasingly familiar to consumers and patients.¹

Other instruments, such as the Promoting Healthy Development Survey, Press Ganey surveys, and the National Research Corporation Picker Pediatric Inpatient Survey, are used to measure and assess pediatric experience.² The Child HCAHPS, funded

by the Agency for Healthcare Research and Quality and CMS, has been available since October 2014.³ In their report, "Variation in Family Experience of Pediatric Inpatient Performance: Analysis of Child HCAHPS" in this issue of *Pediatrics*, Toomey and colleagues share the largest study of pediatric inpatient experience to date.⁴ The national field test analysis included an impressive review of >17 000 surveys by parents of children hospitalized at 69 hospitals in 34 states over a 15-month period (2012–2014). Whereas "public reporting" and "pay for performance" associated with Adult HCAHPS (and future Child HCAHPS) may invoke anxiety or uncertainty, Child HCAHPS feedback should be considered a valued change agent to drive quality care and patient safety.

Child HCAHPS surveys can be a vehicle to motivate quality improvement efforts and to enhance care coordination and discharge planning. Toomey et al report variation in hospital performance and room for improvement in family experience of inpatient pediatric care. There is certainly room for improvement on the safety front; the lowest reported average top-box measure was the safety metric of "preventing mistakes and helping you report concerns" (55%, Always). Adult studies have shown that quality improvement efforts can improve HCAHPS scores.^{5,6} Child HCAHPS survey questions provide the foundation for interventions and Plan-Do-Study-Act cycles, which are at the core of quality improvement efforts using the Institute for Healthcare Improvement's Model for Improvement.⁷ Child HCAHPS surveys measure feedback related to hospital discharge readiness, returning

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to regular activities, discussing new medications, side effects, and getting information in writing about symptoms to look for after leaving the hospital. Through focused improvement efforts, Child HCAHPS survey data have the potential to improve the discharge process and decrease hospital readmissions.

Common provider criticisms of patient satisfaction scores include the following: “the data doesn’t apply to us, we are busier, etc” and low survey response rates. Toomey et al’s national field test of child HCAHPS had a response rate of 17.7%, near industry standards for pediatric experience surveys.⁴ After 10 years of use, Adult HCAHPS has a response rate of 30% or 8500 surveys completed daily.⁸ Response rate is yet another improvement target for pediatric experience surveys. Children’s hospitals vary in size, freestanding versus hospital or ward within a hospital, and tertiary or quaternary centers care for more complex patients. Child HCAHPS considers these variables by measuring and adjusting for the case mix variables: child’s age and global health status, as well as respondent age, education, relationship to child, and language of preference. Without these case mix adjustments, differences between scores could be due to case mix differences rather

than true differences in quality of care. This allows for more accurate benchmarking data and comparing “apples to apples.”

The significant variation in scores reported by Toomey et al is not surprising. More important is the room for improvement across all domains of inpatient experience, which should inspire quality improvement efforts. With a focus on communication, safety, medications, and discharge education, the gift of patient- and family-experience feedback will allow for overall better outcomes. With Child HCAHPS, children’s hospitals have a validated, tested tool to drive quality improvement efforts and a platform for future public reporting and pay for performance.

ABBREVIATIONS

CMS: Centers for Medicare and Medicaid Services

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

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