

April 3, 2008

Dear Friends and Colleagues,

Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS, for short) is the government's way of sharing information about patients' opinions of the care they received in the hospital.

<u>www.hospitalcompare.hhs.gov</u> takes you to an easy-to-use and easy-to-understand website that reports information on approximately 30 clinical and 10 comfort parameters for hospitals nationwide. HCAHPS is one way we evaluate how we are doing in serving our patients.

The most recent HCAHPS information is about nine months old. The calculations, which include comparisons with other hospitals, require time to collect, collate and validate. In addition to HCAHPS data, NCH makes use of more current performance data that we update periodically.

Despite the lag time on HCAHPS information, the data are critical in helping us answer three key questions:

• Where do we do well? Where do we need improvement? How are we going to change?

In addition, since HCAHPS data are available to everyone—patients, families, caregivers—we take the results seriously, try to learn from them, and act on areas that require improvement.

In terms of the most recent posting, as you would expect, we show strong performance in heart attacks, pneumonia and congestive heart failure, among other areas. These good results don't mean that we can afford to relent in constantly working to upgrade all areas of the hospital. One such upgrade will come this spring, when we implement computer physician order entry (CPOE) in both ERs and later in both hospitals. With so many medical conditions to be aware of and more than 6,000 commonly-used medicines, we need the CPOE to help everyone. And with its built-in reminders, this new system will improve the process and safety.

The HCAHPS report indicated that NCH can improve in several comfort areas, including "quietness at night" and "getting help to patients promptly." This gets to the importance of communication with patients, families and colleagues to improve satisfaction levels.

To improve communication, we have asked colleagues to propose role-play scenarios, where one colleague will pretend to be a patient and another will model behavior and scripts that aim to increase efficiency and effectiveness in patient service. These "role play" encounters will be videotaped and then shared, so all of us can learn and improve. A few of our nursing units, under the guidance of Sue Graziano and others, have already had success. With time, these new behaviors will become natural habits. As the habits take hold, we will receive more positive feedback from patients, which will fuel improvement and higher assessment scores.

So while assessing the information is important, even more important is implementing a plan to improve. No one ever got better by just measuring. Commitment and then action are the keys to ensuring improvement. If we use the data to improve, we can make even more of a difference everyday in the lives of those we serve.

Respectfully,