Improving Patient Satisfaction: Assessment and Evaluation of VNA Health Care's HHCAHPS Performance

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Background: Medicare and Medicaid patients receiving home healthcare are randomly chosen to complete a standardized, federally-required satisfaction survey called the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS). The survey is sent to patients either while receiving home healthcare services or after discharge from their home health agency. Two key indicators within the survey, which home healthcare agencies use to measure patient satisfaction are "Overall Rating of Care" and "Likelihood of Recommending". Both measures are falling below current goals set by VNA HealthCare, Inc. (VNAHC) and require focused attention and improvement. Therefore, it is important to determine which variables related to patient satisfaction influence these results as well as identify areas of opportunity for VNAHC to enhance these outcomes.

Objectives: (1) To evaluate current VNAHC HHCAHPS survey results in order to identify critical gaps in care, related to patient satisfaction. (2) To provide best practice recommendations and strategies to improve VNAHC patient ratings for "Overall Rating of Care" and "Likelihood of Recommending".

METHODS

This study was conducted in two parts: 1) Quantitative analysis of VNAHC HHCAHPS survey results. 2) Qualitative assessment using VNAHC employee interviews.

HHCAHPS Survey Review: Randomly selected VNAHC HHCAHPS surveys (n=200) were reviewed and assessed to determine which patient care variables were significantly associated with "Overall Rating of Care" and "Likelihood of Recommending." 22 questions from the survey and two location variables were analyzed using bivariate logistic regression to assess which were most associated with a score of 9 or 10 on "Overall Rating of Care."

Employee Interviews: In-depth, open-ended phone interviews were conducted with VNAHC field clinicians and clinical administrators (n=20) to assess current practices in three domains: 1) Communication; 2) Continuity of Care; and 3) Medications/Side Effects. Questions in each domain were designed to evaluate provider behavior and perception of care related to patient satisfaction.

PARTICIPATING SAMPLE

Survey Review

Services received: 90.7% nursing, 55.2% physical therapy, 19.7% home health aid, 9.8% occupational therapy, 6.0% case management by a social worker, and 0.5% speech therapy.

Employee Interviews

Employee profile: Participants fell into one of three categories, each of which have significant patient interaction

(1) Directors: Individuals with high level, strategic view
(2) Clinical Supervisors: Managers with clinical experience
(3) Field Clinicians: Nurses, occupational therapists, physical therapists, social workers, speech therapists, specialty group and home health care aides.

Sample regions: Study participants represented all three VNAHC service regions within Connecticut: Hartford, Waterbury, and Central.

FINDINGS

Aggregate Survey Analysis: The 17 non-demographic questions from the HHCAHPS survey were analyzed in an initial review to compare VNA performance to state and national averages. Additionally 5 categories scores, two global: "Overall Rating of Care" and "Likelihood of Recommending", and three composite categories: 1) "Care of patients"; 2) "Communications"; 3) "Specific care issues" were also analyzed. VNAHC's scores in all five categories increased between 2011-2012 and were higher than Connecticut and national averages (Table 1). However, VNA scored consistently low on 3 particular questions related to communication, continuity of care, and medications/side effects.

FINDINGS (cont.)

Statistical Survey Analysis: 24 independent variables were analyzed using bivariate logistic regression to determine whether they were associated with overall ratings to care. Statistically significant findings from the models determined that patients were likely to rate VNAHC with a score of 9 or 10 (best score possible) if (Table 2):

1) The provider talked with the patient about pain
2) Patients perceived that the provider listened carefully
3) The provider thoroughly discussed current medications that the patient was taking

Qualitative Analysis: (1) Communication: Clinicians strongly encouraged patients to contact them should any issues arise and to ask questions. They felt this area could improve if other modes of communication such as text/email were fused into the delivery of care. (2) Continuity of Care: Inefficient and incorrect transfer of patient information can alter the patient experience. Many clinicians would like to implement forums for team meetings and cross-disciplinary care review. (3) Medications/Side Effects: Clinicians strived to review medications with patients during every home visit, yet felt this was not always achieved. They advocated increasing the use of 'side effect' language using patient handouts.

RECOMMENDATIONS

(1) Improve the Transition of Patient Information between Hospitals and Providers: This can be achieved by working with hospitals to develop follow-up care plans prior to discharge from inpatient care (e.g. Naylor Model).

(2) Develop Protocols and Procedures for VNAHC Inter-Provider Communication: This can be achieved by integrating well-defined situation-based protocols to facilitate the exchange of patient information in real-time between the various care organizations and providers.

(3) Implement a Medication / Side Effect Provider and Patient Knowledge Program: This can be achieved by implementing a formal medication and side-effect training module required for all providers.

Table 1: Aggregate VNAHC HHCAHPS Results

	2011			2012		
	VNAHC	CT	NAT'L	VNAHC	CT	NAT'L
Overall Rating of Care	81%	85%	85%	86%	85%	86%
Likelihood of Recommending	77%	82%	80%	81%	82%	80%
Care of Patients	83%	87%	88%	89%	88%	88%
Communications	82%	85%	85%	85%	84%	85%
Specific Care Issues	78%	81%	83%	85%	83%	84%

Table 2: Unadjusted Associations between Study Variables and Overall Rating of Care

Characteristics	n[a]	% With High Rating of Care	p-value[b]	OR (95% CI)
Provider talked about pain			0.018	
No	33	69.7		1.00
Yes	156	86.5		2.80 (1.17, 6.69)
Provider listened carefully			<0.001	
Sometimes	5	40.0		1.00
Usually	31	67.7		3.15 (0.45, 21.9)
Always	158	88.6		11.67 (1.83,74.6)
Someone discussed new medications			0.006	
No	18	61.1		1.00
Yes	166	86.1		3.96 (1.39,11.25)

[a] Numbers may not sum to total due to missing data.
[b] p-value for χ^2 test or Fisher's exact test.

LIMITATIONS

1) (Quantitative) Due to time constraints, it was not feasible to include all available patient satisfaction surveys into our study. Therefore, our sample size was relatively small (n=200) compared to the total possible number of surveys (n=1,400).
2) (Qualitative) A convenience sample of VNAHC employees was identified via recommendations of supervisors who perceived specific employees as responsible and potentially responsive. Failure to obtain a randomized sample may have resulted in sample bias.