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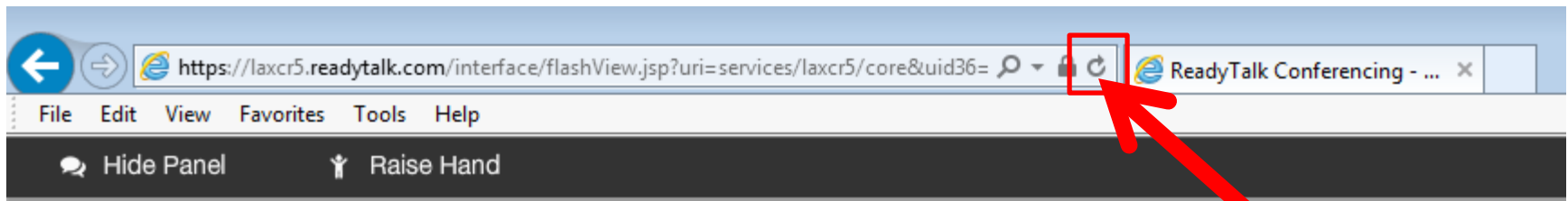
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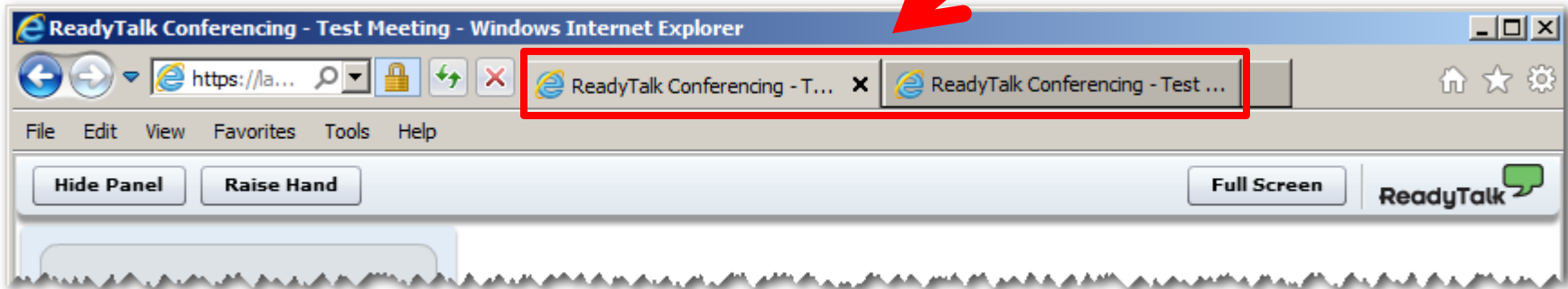


F5 Key
Top Row of Keyboard



**Location of Buttons**

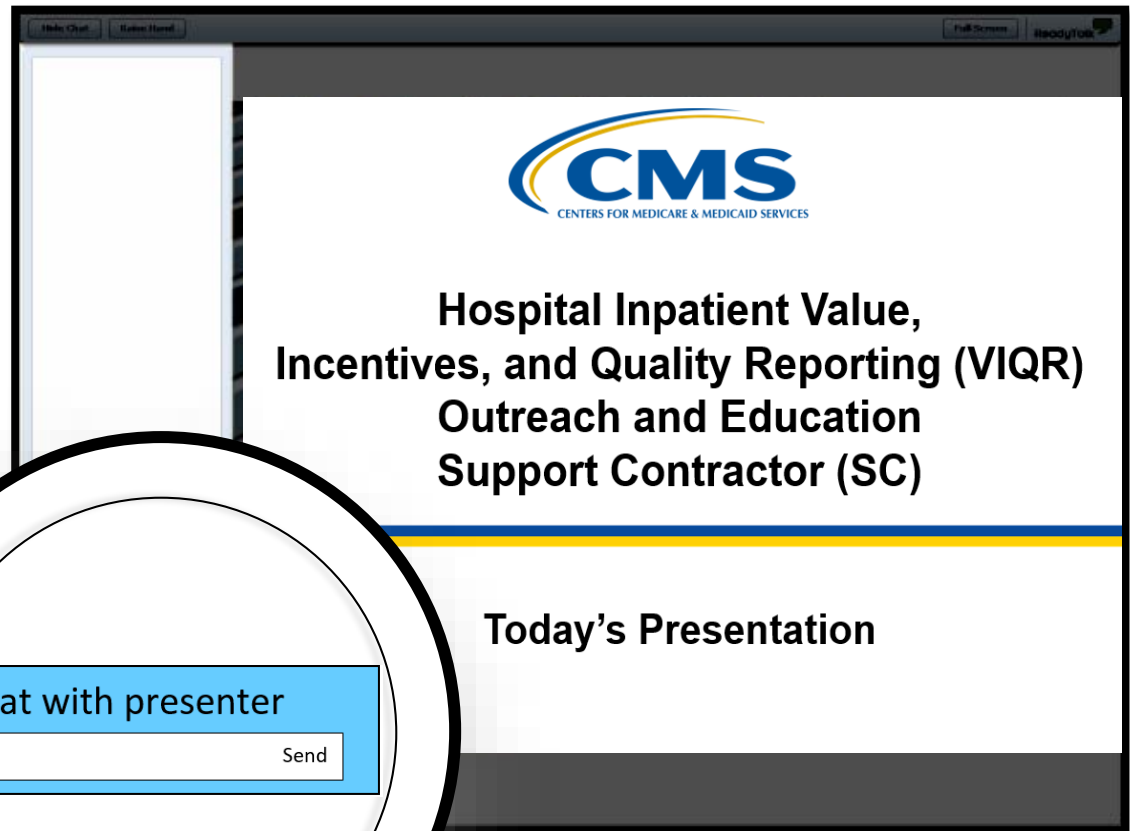Refresh

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Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today's Presentation

Chat with presenter

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# Improving the Patient Experience of Care

# March 27, 2018

# Speakers

- **Rita J. Bowling, RN, MSN, MBA, CPHQ,** Project Director, KEPRO BFCC-QIO

- **Allison Fields, RN, BSN,** Clinical Educator, Jennings American Legion Hospital

- **Stephanie Fry,** Analytic Director, BFCC-ORC

- **Wendy Gary, MHA, CSA, CMQ/OE,** Director, BFCC-ORC

- **Brooke Hornsby, RN, MSN,** Chief Nursing Officer, Jennings American Legion Hospital

- **Elena Krafft, MPH, CHES,** Outreach Specialist, KEPRO BFCC-NCC

- **William Lehrman, PhD,** Social Science Research Analyst, Government Task Leader for the HCAHPS Survey, Centers for Medicare & Medicaid Services (CMS)

- **Stephanie Smart, RN, BSN,** VP Nursing, Chief Nursing Officer, WVU Medicine, United Hospital Center

- **Dawn Strawser, RN, BSN, CPHQ,** Network Task Lead for Quality Improvement Through Quality Reporting Programs, Quality Insights QIN-QIO for DE, LA, NJ, PA, and WV

- **Phyllis Theriot, MT (ASCP), CIC,** Clinical Systems Improvement, Jennings American Legion Hospital

### Moderator

**Bethany Wheeeler-Bunch, MSHA,** Project Lead, Hospital Value-Based (VBP) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

# Purpose

This presentation will provide an overview of activities and best practices for improving the patient experience of care. CMS will present an overview of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. Representatives from Jennings American Legion Hospital, along with the WVU Medicine, United Hospital Center, will share their experiences improving HCAHPS Survey rates in their hospitals. The Quality Insights Quality Innovation Network (QIN)-Quality Improvement Organization (QIO) will offer improvement strategies. Additionally, teams from the Beneficiary and Family Centered Care (BFCC)-QIO, BFCC Oversight & Review Center (ORC), and BFCC National Coordinating Center (NCC) will present an overview of the Beneficiary Satisfaction Survey, trends from the survey, and experiences and knowledge gained from hearing directly from the patients.

# Objectives

Participants will be able to:

- Recall the background of the HCAHPS Survey and Beneficiary Satisfaction Survey.

- Begin initiatives and activities to improve the patient experience.

- Identify tools to achieve measurement goals.

**William Lehrman, PhD**
Social Science Research Analyst
Government Task Leader for the HCAHPS Survey, CMS

# The HCAHPS Survey: Background

# The Name of the Survey

- Official name:

  CAHPS® HOSPITAL SURVEY

- Also known as **Hospital CAHPS®** or HCAHPS

  (Hospital Consumer Assessment of Healthcare Providers and Systems)

-  Pronounced *"H-caps"*

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

# 4 Objectives of HCAHPS

- Standardization permits **meaningful comparisons** across hospitals

- A **common metric** for patient experience of care

- New **incentive** for **quality improvement**

- Enhances **public accountability**

# The Method of HCAHPS

- Ask patients (survey)

- Collect in standardized, consistent manner

- Adjust and analyze data

- Publicly report hospital results

- Motivate improvement in quality of care

# Evolving Scope of HCAHPS

- When first implemented, hospital participation in HCAHPS was fully **voluntary** (2006).

- *… Then,* it *was* included in ***pay-for-reporting*** (Hospital Inpatient Quality Reporting [IQR] Program) for inpatient prospective payment system (IPPS) hospitals (2007).

  o   2% of Annual Payment Update (APU) at risk

- *… Then,* it was included in Hospital Value-Based Purchasing (VBP) ***pay-for-performance*** program for IPPS hospitals (2012).

  o   *Patient Protection and Affordable Care Act of 2010; Section 3001(a)*

# Composition of HCAHPS Survey

HCAHPS contains **32 items**:

- **Items 1–25**:

  - Core of HCAHPS (25 questions)
  - Beginning of survey; do not alter; keep together.

    - 21 substantive questions
    - 4 "screener" items

- **Items 26–32**:

  - "About You" (7 questions)
  - Place later; keep together; do not alter.

# 11 Publicly Reported HCAHPS Measures*

**7 Composite Measures**

o Communication with nurses

o Communication with doctors

o Staff responsiveness

o *Pain management*\*

o Communication about medicines

o Discharge information

o Care transition

**2 Individual Items**

o Cleanliness of hospital environment
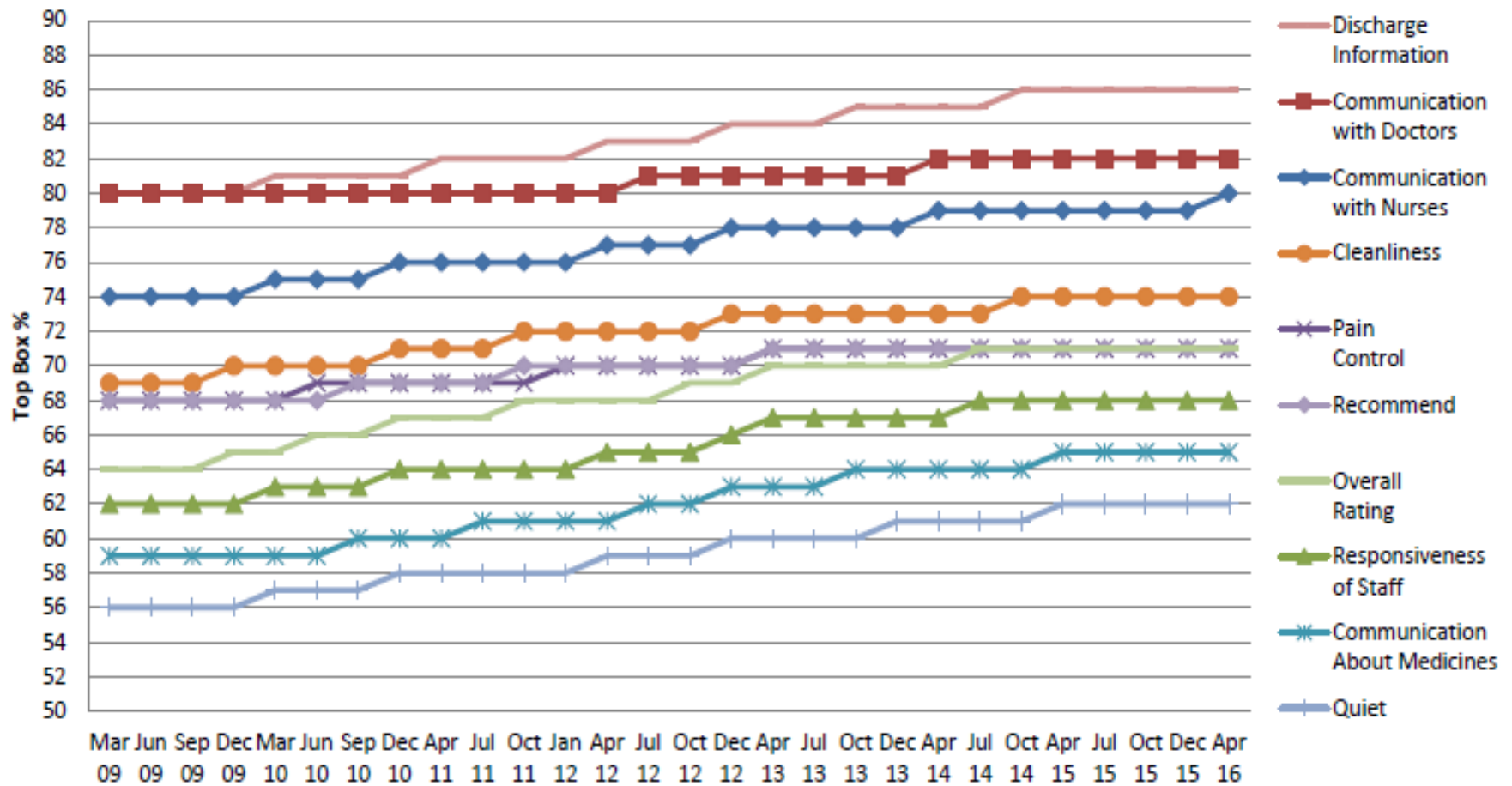
o Quietness of hospital environment

**2 Global Items**

o Recommend hospital

o Overall hospital rating

\*Pain management reported until December 2018, then removed.

# Trends of HCAHPS Measures



HCAHPS Top-Box Scores, 2009 to 2016

# HCAHPS Never Rests

- April 2018 scores based on more than 3.0 million completed surveys from patients at 4,364 hospitals.

- Every day more than 8,200 patients complete the HCAHPS Survey.

- HCAHPS is a component of the Hospital VBP Program and Hospital Compare Overall Star Ratings.

- HCAHPS used in CMS's Comprehensive Care for Joint Replacement Program.

# More Information on HCAHPS

- Registration, applications, background information, reports, and HCAHPS *Executive Insight*: [www.HCAHPSonline.org](www.HCAHPSonline.org)

- Submitting HCAHPS data: [www.QualityNet.org](www.QualityNet.org)

- Publicly reported HCAHPS results: [www.medicare.gov/hospitalcompare](www.medicare.gov/hospitalcompare)

# HCAHPS Website

**HCAHPS information available:**

- *www.HCAHPSonline.org*
- State and National **Summary** table
- HCAHPS "top box" and "bottom box" percentiles for HCAHPS measures
- Patient-level **Correlations** of HCAHPS measures
- HCAHPS **Hospital Characteristics** Comparison Charts
- HCAHPS **Star Ratings**
- **"What's New"** and frequent updates
- Bibliography of published research from the HCAHPS Project Team

**Dawn Strawser, RN, BSN, CPHQ**
Network Task Lead for Quality Improvement Through Quality Reporting Programs
Quality Insights QIN-QIO for DE, LA, NJ, PA, and WV

# Improving the Patient Experience

# Quality Insights

- Quality Insights is a Quality Innovation Network (QIN)-Quality Improvement Organization (QIO).
- QIN-QIOs are healthcare quality improvement specialists funded by CMS to work with providers, beneficiaries, and the community to meet healthcare quality goals targeting fee-for-service Medicare beneficiaries.
- We focus on national and local quality priorities.

# QIN-QIO: Quality Insights

- Five-year contract with CMS under its 11th Scope of Work (SoW)
- Includes Delaware, Louisiana, New Jersey, Pennsylvania, and West Virginia
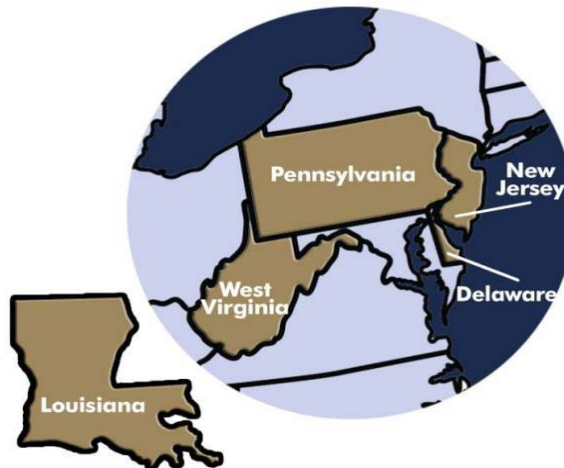
# QIN-QIO Program Approach to Clinical Quality

The **National Quality Strategy** was initiated in March 2011 by the US Department of Health and Human Services (HHS) and Agency for Healthcare Research and Quality (AHRQ).



BETTER HEALTH
BETTER CARE
LOWER COSTS

NATIONAL QUALITY STRATEGY
Better Care. Healthy People/Healthy Communities. Affordable Care.

## Priorities

- Make care safer

- Ensure each person and family is engaged as partners in care

- Promote effective communication and coordination of care

- Promote the most effective prevention and treatment practices

- Work with communities to promote wide use of best practices of enable healthy living

- Make quality care more affordable

## Foundational Principles

- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

# Quality Improvement Through Quality Reporting Programs

- Learning and Action Network
  - 176 facilities
  - Ambulatory Surgical Centers (ASCs), critical access hospitals (CAHs), inpatient psychiatric facilities (IPFs), acute care hospitals, PPS-exempt cancer hospitals (PCHs), etc.
- Provide targeted technical assistance to providers and CMS quality reporting programs
- Provide an online portal for sharing, spreading, and sustaining quality improvement work through healthcare education, training modules, and collaboration tools in partnership with the Pittsburgh Regional Health Initiative (PRHI)

# What is the HCAHPS Survey?

- **H**ospital
- **C**onsumer
- **A**ssessment of
- **H**ealthcare
- **P**roviders &
- **S**ystems

*Hospital Compare* on *Medicare.gov*

# Fiscal Year (FY) 2020 Value-Based Purchasing

Person and Community Engagement (25%)

- HCAHPS Survey dimensions:
  - o Communication with nurses
  - o Communication with doctors
  - o Responsiveness of hospital staff
  - o Communication about medicines
  - o Cleanliness and quietness of hospital environment
  - o Discharge information
  - o 3-item care transition
  - o Overall rating of hospital

# Communication with Nurses

- Leadership rounds
- Purposeful rounding
  - Pain
  - Potty
  - Position
  - Placement
- Use teach-back
- Active listening
- Anyone wearing scrubs is a "nurse"

# Communication with Doctors

- Introductions
- Communicate delays with patient and patient's family
- Share the questions with the physicians
- Hold physicians accountable for results

# Responsiveness of Hospital Staff

- Proactive communication
- Focus on employee satisfaction
- Empower all staff to "make it right"
- Share data openly with all levels of organization
- Cell phones
- "No Passing" zone

# Communication About Medicines

- Teach-back
- Pharmacy involvement
- Medication cards/sheets
- Caregiver involvement

# Cleanliness and Quietness of Hospital Environment

Cleanliness

- Ask patients when leaving the room if the room meets their cleanliness standards and if they would like anything else cleaned.

- Reinforce cleanliness by emptying waste baskets multiple times a day, offering to change sheets, etc.

- Make all staff accountable for the appearance, not just environmental services.

- Include environmental services on unit cross functional teams.

- Increase frequency of non-daily cleanings (e.g., washing walls, waxing the floor).

# Cleanliness and Quietness of Hospital Environment

Quietness

- Provide patients with a welcome kit with ear plugs and eye covers that emphasizes, "We want you to have a good night's sleep."

- Fix squeaky wheels on carts, oil door hinges, avoid overhead announcements, dim lights, turn down phone ringers.

- Utilize "secret shoppers" to monitor noise levels at night.

- Use key words with actions: "Shutting door for privacy to reduce noise level and disturbance."

# Discharge Information

- Effective medication education and reconciliation
- Follow-up appointments made prior to discharge
- Use of discharge folders
- Post-visit calls

# 3-Item Care Transition

- Improve communication with patients before and after discharge.

- Improve communication with other providers.

- Pre-discharge: education, medication reconciliation, discharge planning, arrange follow-up appointments.

- Post-discharge: phone calls, hotlines, home visits, follow-up with ambulatory provider.

- Bridging: transition coach, physician continuity across settings, patient-centered discharge instructions.

# Overall Rating of Hospital

# We are ALL the Patient Experience

Video:

[https://www.youtube.com/watch?v=iBLQnThJ6w0](https://www.youtube.com/watch?v=iBLQnThJ6w0)

# Additional Resources

- [HCAHPSonline.org](HCAHPSonline.org)
- [HCAHPS: Patients' Perspectives of Care Survey](HCAHPS: Patients' Perspectives of Care Survey)
- *[From the Bedside: Purposeful Rounding Essential to Patient Experience](From the Bedside: Purposeful Rounding Essential to Patient Experience)*

# References

- Mackoff, B.L. (2010). *Nurse Manager Engagement: From Theory to Practice.* San Francisco: Jones & Barlett.

- Studer Group (2010). *Nurse Leader Handbook: The Art and Science of Nursing Leadership.* Fire Starter Publishing.

- Studer, Q. et al. (2010). *The HCAHPS Handbook: Hardwire Your Hospital for Pay-for-Performance Success.* Gulf Breeze, FL. Fire Starter Publishing.

**Stephanie Smart, RN, BSN**
VP Nursing, Chief Nursing Officer
WVU Medicine, United Hospital Center

# (Purposeful) Hourly Rounding

# WVU Medicine
# United Hospital Center



- Private, not-for-profit
- 292 licensed beds
- 158 active medical staff
- 1,970 active employees
- 150 volunteers
- $256 million annual operating budget
- $45 million annual uncompensated care

- 13,907 annual admissions
- 54,672 emergency department visits
- 1,073 births
- 15,976 outpatient surgeries
- 3,956 inpatient surgeries
- 88,556 home health/hospice visits

**WVU**Medicine

**UNITED HOSPITAL CENTER**

# Demographics

Service areas include:

- Medical surgical
- Medical oncology
- Radiation oncology
- Maternal/child
- Emergency
- Critical care
- Behavioral health
- Operative
- Acute dialysis

- Clinical laboratory
- Diagnostic services
- Cardiovascular (PCI)
- Cardiopulmonary with rehabilitation
- Home health
- Hospice
- Wound care
- Pain management

# Just Say HELLO



"HELLO" is our platform for hourly rounding.

# Patients want…

- Kindness
- Communication
- Connection
- Empathy
(put yourself in their shoes)

How can we make sure our patients get what they need and want?

# HELLO

# HELLO (cont.)

Clinical staff are responsible to make sure hourly rounding is accomplished. You can help too by connecting with your patients!

# Patient Perception

Perception is often different than our actual intent.

- Patients may perceive us as "cranky", "grumpy," or "rude" when we may simply be concentrating.

- Make sure to always smile and be friendly when interacting with patients and visitors (e.g., hold doors, use elevator etiquette, offer to help).

- Make eye contact and say hello to visitors as you pass them in the hall.

- When someone looks "lost" offer to give directions or take them to the department they need.

- Overflowing trashcans and extra linens laying around can make an area seem "dirty," even if it's not.  Empty trashcans as needed and straighten rooms with rounds.

# Hello

## Hello

Introduce yourself to the patient and their family members. Explain your title and how you will be assisting in their care.

- Demonstrate kindness by presenting a warm, welcoming attitude. Smile!

# Explain

## Explain

Explain in plain terms what you will be doing with the patient.

- Patients and families fear the unknown.
- "I don't know," by itself, is not an acceptable answer. Instead say, "I don't know, but let me find out for you."

# Learn

**Learn**

Teach patients any new education that relates to what you will be doing.

- Also, learn about your patient. Make a connection. Talk to the patient.

- "Where are you from?" is an easy way to start a conversation to make a connection.

# Listen

## Listen

Give patients and their family members the opportunity to ask questions. Listen to their concerns and provide assistance to meet their needs.

- Again, make a connection.

# Offer

## Offer

Before leaving the room, ask the patient if there is anything you can do for them or get the nursing staff for help.

# **Things Like…**

- Placing the bedside table close to the patient so they can reach it.

- Getting more pillows or a warm blanket for them.

- Cleaning up their space-throwing away trash.

- Telling them you will get the nursing staff for them, if they need something you cannot do.

# The 5Ps of Hourly Rounding

# Pain and Potty

- **Pain and Potty** may not be a need that you can help the patient with, but you can offer.
- If the patient does confirm they need to use the restroom, notify the nursing staff.

# Position

**"Is there anything I can do to make you more comfortable?"**

- Re-arrange pillows.
- Offer extra blankets.
- Again, they may need something you do not have clinical training to perform; when this happens, find a member of the nursing staff and alert them of our patients' needs.

# Possessions

**"Are all of your personal items you need within reach?"**

Tidy the room. Offer to throw away trash or place get well cards, gifts, or flowers on shelves.

# Plug-Ins

## "Is everything plugged in that needs to be?"

- If you notice that something is unplugged or is beeping, notify the charge nurse.

- Also, **always** communicate with the patient that you will be notifying the charge nurse and someone will take care of it very soon. It's all about perception.

# Results

| INPATIENT HCAHPS "Top Box" | FY 2019 VBP Achievement Threshold (AT) | PG 60th | 2015 | 2016 | 2017 | 2018 YTD |
|---|---|---|---|---|---|---|
| Rate Hospital 9 - 10 | 70.85% | 75.3% | 73.6% | 70% | 71.2% | 77.3% |
| Communication from Nurses | 78.69% | 81.4% | 82.5% | 76% | 79.4% | 82.3% |
| Response of Hospital Staff | 65.16% | 69.0% | 66.3% | 64% | 62.3% | 66.4% |
| Communication from Doctors | 80.32% | 82.4% | 80.4% | 79% | 81.7% | 81.9% |
| Hospital Environment | 65.58% | 68.5% | 67.4% | 66% | 66.8% | 65.2% |
| Communication About Medicines | 63.26% | 66.1% | 60.7% | 61% | 63.1% | 67.9% |
| Discharge Information | 87.05% | 88.8% | 87.8% | 84% | 83.0% | 81.5% |
| Care Transitions | 51.42% | 55.6% | 50.4% | 47% | 47.2% | 58.5% |
| HCAHPS Number of Surveys | | | 429 | 603 | 669 | 66 |

**Yellow and green are above payment penalty.**
**2017 & 2018 data based on internal Press Ganey reports.**

| | |
|---|---|
| 🟩 | Above PG 60th Percentile |
| 🟨 | Above FY 2019 VBP AT |
| 🟥 | Below FY 2019 VBP AT |

# Conclusion

It is everyone's responsibility to meet the needs of our patients. That includes giving them kindness, communication, and a connection with us.

> *"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."*
> *- Maya Angelou*

Our goal at United Hospital Center is to make our "people" **feel** safe and a part of our family. We should treat them as we would our own child, mother, grandparent, sibling… *How do you like to be treated?*

**Brooke Hornsby, RN, MSN**
Chief Nursing Officer, Jennings American Legion Hospital
**Allison Fields, RN, BSN**
Clinical Educator, Jennings American Legion Hospital

# Jennings American Legion Hospital: Patient Perception

# Jennings Hospital

# Results

Improvement in top box scores from Quarter (Q)4 2015 – Q3 2016 to Q4 2016 – Q3 2017:

- Nurse communication from 84% to 87%
- Communication about medicines from 72% to 76%
- Discharge information from 90% to 92%
- HCAHPS Summary Star from 4 to 5

# Transparency

- Orientation: The COO goes over HCAHPS and sets expectations including AIDET (acknowledge, introduce, duration, explanation, thank you).

- COO reports HCAHPS results at every level—from the leadership team to performance improvement teams, medical staff, and the governing board.

- Multiple areas are surveyed, including emergency departments, ancillary departments, outpatient surgery and clinics, for a hospital-wide focus.

# Bedside Shift Reporting

- Team of frontline staff developed a standardized report sheet for use during shift report.

- Team trialed on one unit to perfect the flow.

- Once finalized, staff was educated and process launched.

- Team performed ongoing monitoring by direct observation.

- Bedside shift reporting is now expanding to certified nursing assistants (CNAs) and other departments including handoffs at the bedside.

# Report Sheet

| Code Word: | Patient Sticker | | | | Daily Notes |
|---|---|---|---|---|---|
| Isolation/Infection | Contact | Droplet | Airborne | Reverse | Have I protected my pt from infection? |
| Diagnosis | | | | | |
| From/Discharge to: | Home | Nursing Home: | | | |
| Consults | | | | | |
| History | | | | | |
| Allergies | | | | | |
| Code | Full / DNR | | | | |
| Mobility/Fall | Fall Risk - Y / N | | Indep | Partial | Total | Is pt awake enough to get up? |
| BSG | ACHS | | | | |
| Diet/Nutrition | | | | | |
| Neuro | | | | | |
| Cardiac/ Vitals | Tele- | | | | |
| Resp | O2-  NEB-  Cont  Pulse Ox | | | | |
| GI | | | | | |
| GU | Foley- | Dialysis- | I&O- | | |
| Skin | | | | | |
| | Braden: | Pressure Ulcer/Wound- | PUP Change Date: | | |
| IV | Change date: | | Line/caps | | |
| Antibiotics/Meds | | | | | |
| | Home Meds: | | | | |
| Pain/Interventions | | | | | |
| PT/Speech | consult sent: | | | | |
| DVT | | | | | |
| Radiology | | | | | |
| Labs | | | | | |
| Pt/Family questions | | | | | |
| Daily Goal | | | | | |

# Monitoring Results

| 4Q17 | | | | Totals | |
|---|---|---|---|---|---|
| **OB** | **T2** | **T3** | | *3Q17* | *4Q17* |
| **100** | **100** | **97.7** | New orders reviewed before entering the room if applicable | **93.2** | **99.1** |
| 35 | 28 | 43 | *numerator/denominator* | *96* | *106* |
| 35 | 28 | 44 | | *103* | *107* |
| **80.0** | **96.4** | **95.5** | Woke patient up for report | **90.3** | **90.7** |
| 28 | 27 | 42 | *numerator/denominator* | *93* | *97* |
| 35 | 28 | 44 | | *103* | *107* |
| **100** | **96.4** | **93.2** | Positioned to look at the patient and talk to and with the patient during report. | **93.2** | **96.3** |
| 35 | 27 | 41 | *numerator/denominator* | *96* | *103* |
| 35 | 28 | 44 | | *103* | *107* |
| **100** | **96.4** | **97.7** | Scripting used correctly to introduce and involve the patient | **94.2** | **98.1** |
| 35 | 27 | 43 | *numerator/denominator* | *97* | *105* |
| 35 | 28 | 44 | | *103* | *107* |
| **100** | **100** | **100** | All items discussed using Report Sheet | **100** | **100** |
| 35 | 28 | 44 | *numerator/denominator* | *103* | *107* |
| 35 | 28 | 44 | | *103* | *107* |
| **100** | **89.3** | **75.0** | Checked all IV's/fluids, wound dressings, abnormals | **87.4** | **86.9** |
| 35 | 25 | 34 | *numerator/denominator* | *90* | *93* |
| 35 | 28 | 44 | | *103* | *107* |
| **77.1** | **100** | **95.5** | Updated Dry Erase Board in the room before leaving | **90.3** | **90.7** |
| 27 | 28 | 42 | *numerator/denominator* | *93* | *97* |
| 35 | 28 | 44 | | *103* | *107* |

# Charge Nurse Rounding

- Team created 24/7 permanent charge nurse positions for medical surgical units.

- Charge nurses met quarterly to review HCAHPS and other quality measures.

- Team empowered charge nurses to round on all patients.

- The rounds were based on previous HCAHPS results (e.g., quietness at night, pain).

# Discharge Information

- Discharge folders are given.
- Patients are educated by multiple caregivers regarding their diagnosis.
- Follow-up appointments are made prior to discharge.
- High-risk patients are called back multiple times after discharge.

# Other Contributing Factors

- Outpatient pharmacy
- Hospital medicine program
- Strong primary care
- Hospital-based clinics

**Quality Improvement Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

**BFCC ORC** Beneficiary & Family Centered Care
Oversight & Review Center

**Stephanie Fry**
Analytic Director, BFCC-ORC
**Wendy Gary, MHA, CSA, CMQ/OE**
Director, BFCC-ORC

# Overview of the BFCC ORC Satisfaction Survey

# BFCC ORC

Why we exist

- Help CMS understand how well the BFCC-QIO program is meeting the needs of Beneficiaries & families

What we do

- Collect information from Beneficiaries & families about their experiences with the help they received from the BFCC-QIO
- Support the BFCC-QIO to provide more Beneficiary & family-centered help

# BFCC ORC Satisfaction Survey

# Survey Sample

Surveys are sent to beneficiaries who received BFCC-QIO services.

- The **Quality of Care Complaint** is a formal process where BFCC-QIOs review medical records to assess concerns about the quality of care or services and send determination letters to beneficiaries with results.

- **Immediate Advocacy** is a voluntary process where BFCC-QIOs contact practitioners to quickly resolve a verbal complaint about quality of care or services.

- The **Discharge Appeal** is a process where BFCC-QIOs review the medical records to determine if a Medicare beneficiary is ready to leave a healthcare setting.

# Survey Domains: Process

- Beneficiary-centered communication
- Courtesy and respect
- Access and responsiveness

# BFCC ORC Satisfaction Survey in Context
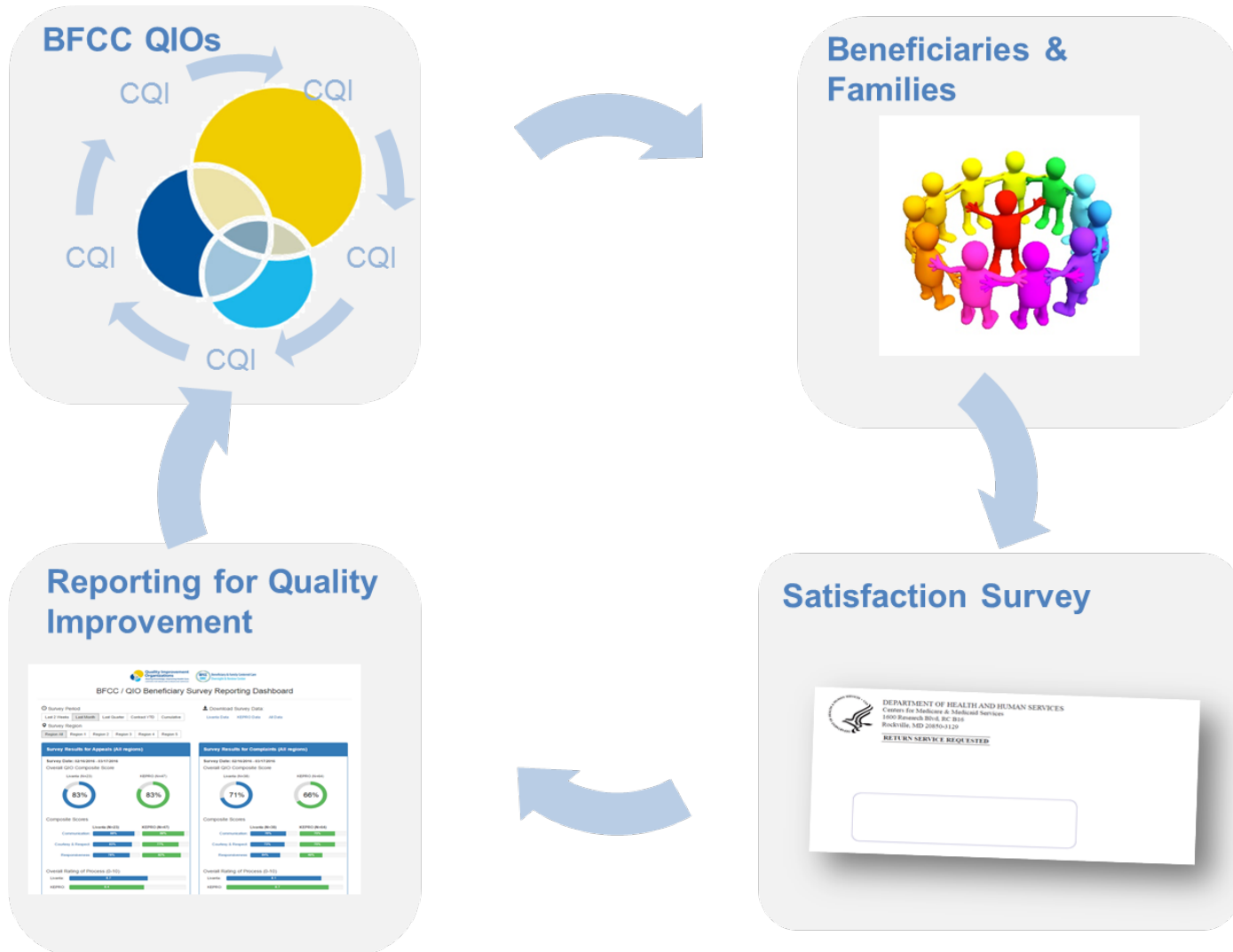
**Elena Krafft**, **MPH, CHES**
Outreach Specialist
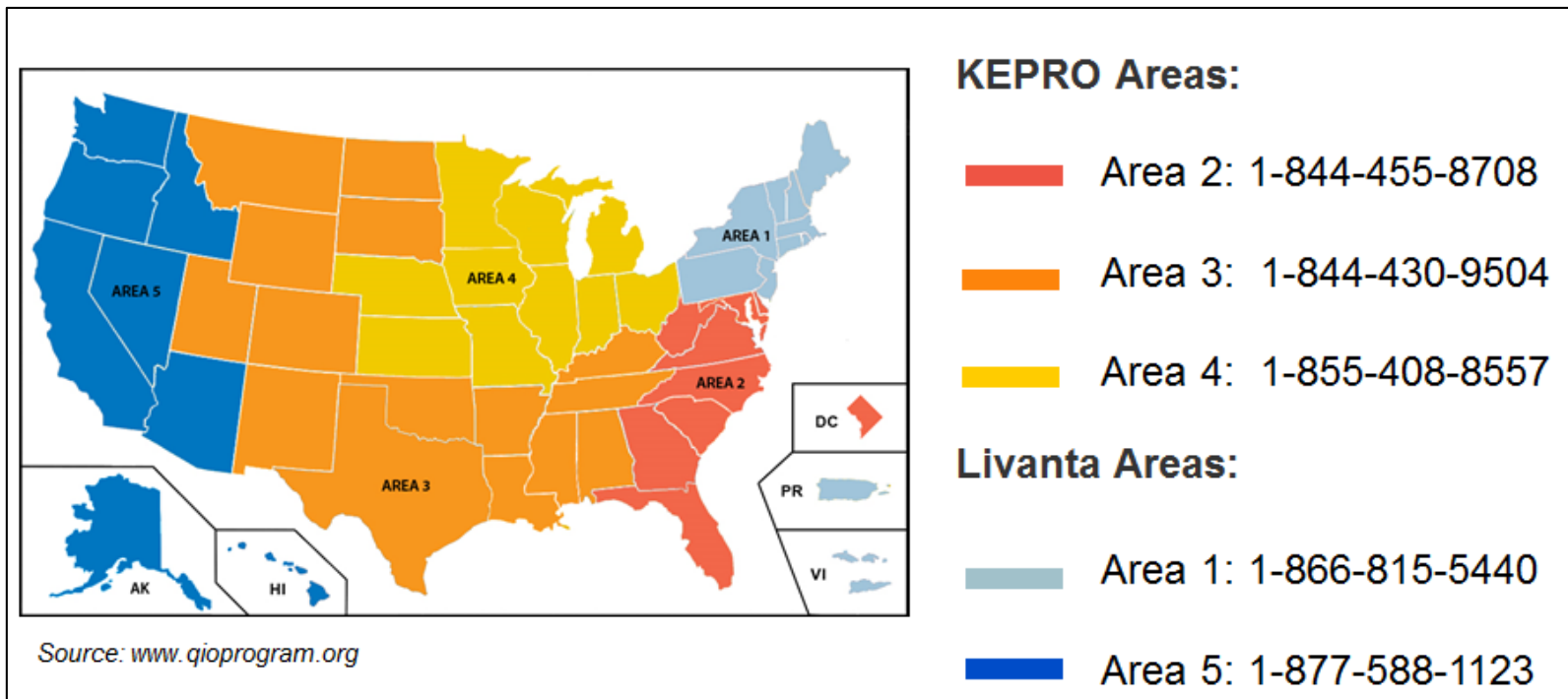KEPRO BFCC-NCC

# BFCC-QIO Overview

# BFCC-NCC

- The Beneficiary and Family Centered Care National Coordinating Center (BFCC-NCC) serves as the support and training center for the BFCC Quality Improvement Organizations (QIOs).

- BFCC-NCC national initiatives include:
  - o The Beneficiary and Family Advisory Council
  - o National Outreach and Education
  - o Person and Family Engagement
  - o BFCC-NCC initiatives: http://qioprogram.org/beneficiary-and-family-centered-care-national-coordinating-center-initiatives

# BFCC-QIOs

- Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) work with CMS to help Medicare beneficiaries exercise their right to high-quality healthcare.

- BFCC-QIO services:
    - o Discharge appeals and service terminations
    - o Quality of care complaints
    - o Immediate advocacy
    - o Healthcare navigation

- More information: http://qioprogram.org/patients-caregivers

# BFCC-QIOs

Two BFCC-QIOs, KEPRO and Livanta, serve all 50 states, the District of Columbia, and three territories.



Source: www.qioprogram.org

**KEPRO Areas:**

- Area 2: 1-844-455-8708
- Area 3: 1-844-430-9504
- Area 4: 1-855-408-8557

**Livanta Areas:**

- Area 1: 1-866-815-5440
- Area 5: 1-877-588-1123

http://qioprogram.org/contact-zones

# Discharge and Service Termination Appeals

- Discharge appeal
  - Action taken by a Medicare beneficiary if they disagree with a provider's decision to discharge them from a hospital
- Service termination appeal
  - Action taken by a Medicare beneficiary if they disagree with a provider's decision to end skilled services
- Medicare beneficiaries can file an appeal by contacting the BFCC-QIO for their state.

# Quality of Care Complaints

- A quality of care complaint is a formal Medicare complaint submitted by a Medicare beneficiary or his or her representative when they have a concern about the quality of care received.

- Examples of quality of care concerns:
  - Receiving the wrong medication
  - Developing a hospital-acquired infection that was not treated
  - Receiving incomplete or no discharge instructions
  - Not receiving timely care

- A BFCC-QIO independent physician reviewer will review the medical record to determine if the beneficiary received the proper care.

- If proper care was not provided, the provider may be placed on a quality improvement plan for monitoring.

# Immediate Advocacy

- Immediate Advocacy is an informal process the BFCC-QIO uses to resolve a verbal complaint quickly. It can relate to services that accompany medical care.

- Examples of Immediate Advocacy:
  o Lack of communication by hospital staff
  o Failure to receive medical equipment
  o Difficulty getting a doctor's appointment

# Healthcare Navigation Program

- The Healthcare Navigation Program is helping Medicare beneficiaries coordinate healthcare in the following ways:
  - Connecting them with resources
  - Providing support to better understand the healthcare system
  - Eliminating barriers to timely care through a one-on-one relationship between the BFCC-QIO and the Medicare patient
- The program is designed for people who are Medicare fee-for-service (FFS) patients with complex healthcare needs.

**Rita Bowling, RN, MSN, MBA, CPHQ**
Program Director
KEPRO BFCC-QIO

# Beneficiary Satisfaction Survey Insights

# Internal Operations Recommendations

- Take advantage of beneficiary conversations as teachable moments.

- Review processes and expectations.

- Refer to Navigation Program.

- Maintain continuous person-centered communication throughout process.

- Continue collaborative communication with providers.

# Analysis of Survey Results

External Operations recommendations:

- Include the beneficiary in discharge planning early and daily in hospital stay.

- Give good explanations of what is happening and why.

- Give good explanations of an appeal.

- Refer to Navigation Program before discharge.

- Provide continuous person-centered communication throughout process.

- Continue collaborative communication with BFCC-QIO.

Improving the Patient Experience of Care

**Questions**

# Continuing Education Approval

This program has been pre-approved for 1.5 continuing education (CE) units for the following professional boards:

- **National**
  - Board of Registered Nursing (Provider #16578)
- **Florida**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

  **Please Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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