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# Introducing the CAHPS Child Hospital Survey

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**Speakers**

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**Moderator**

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## Carla Zema

*Zema (opening), Slide 1*

Hi, welcome everyone, to today's Webcast. It's presented by the AHRQ CAHPS User Network. My name is Carla Zema and I'm with the User Network and we are so excited to be able to bring you the CAHPS Child Hospital Survey. We're going to provide you with lots of great information about the survey and we have two great hospitals who are here to share their experiences on how they use the survey.

*Zema (opening), Slide 2*

I'm just going to take a few minutes just to kind of orient people in case you're not as familiar with the CAHPS program and just kind of knowing that sometimes the program is larger and people only see one slice of it. CAHPS actually stands for the Consumer Assessment of Healthcare Providers and Systems. It's an entire program. It's funded by the Agency for Healthcare Research and Quality.

And it is the goal of this program to develop standardized surveys and products as well as administration and everything that goes with the surveys, the protocols, guidance on analyzing, it includes the CAHPS database. So again, it's a very broad program centered around surveys that assess patients' experiences with care and they cover both ambulatory and facility-based care.

*Zema (opening), Slide 3*

So all CAHPS surveys are designed around a core set of principles. So all CAHPS surveys contain information that focuses on aspects of quality for which the consumer is the best and only source of information. So there are maybe lots of things that we want to ask patients or know from patients but we really focus the content of the survey on things for which you can't get that information anywhere else.

And we don't ask things of patients for which the patient is not the best source of information. So a great example is something about technical quality. Patients aren't the best source of knowing whether they got high levels of technical quality but they are the best sources of information on whether they could access the system

or whether their provider -- how well their provider communicated with them. And so those are the kinds of things that you're going to see across all CAHPS surveys.

CAHPS surveys don't measure satisfaction, per se. They measure patients' reports and ratings of their experiences. So what's the difference between reporting on experience? Well, your satisfaction level with anything varies with your expectations. And so you and I may have the very same experience but I may be more satisfied than you are because my expectations were different.

And so we don't want to actually measure peoples' satisfaction, we want to measure what actually happened. And so we want them to report on their experiences because that we can improve upon. That's much more objective and so those are -- that's kind of, again, a foundational principle that all CAHPS surveys are designed against.

We base all of the questions, the surveys, the items, the protocols on a very rigorous development process. And one of our speakers today is going to go into more detail about the lengthy process that goes into developing each of our surveys.

And finally, and most importantly, all of our surveys and services and all of our related products are in the public domain. They are available free of charge to you.

*Zema (opening), Slide 4*

So again, I mentioned that CAHPS is actually a family of surveys. We have facility surveys, the hospital survey, we have surveys on hemodialysis, nursing homes. And then we have a whole group of surveys that are based on assessing ambulatory care.

And so, you may be familiar with our CAHPS Health Plan Survey, our Clinician & Group Survey but today, we're going to focus on the facility survey and we're going to focus specifically on the hospital survey.

All of our surveys also -- I shouldn't say all of them -- most of our surveys have an adult version and a child version. And so, again, within, for example, the CAHPS Health Plan Survey, there is an adult version, a child version. The CAHPS Hospital Survey is very unique in that there's a lot of differences between the adult and child around how they're implemented that exist for the hospital survey that don't exist for any of the other CAHPS surveys. And I am going to kind of touch on those.

*Zema (opening), Slide 5*

So I will talk about the CAHPS Consortium a lot. Again, it's a program that's funded by AHRQ. There are two grantees. One is RAND, one is Yale. Since the start of CAHPS in 1995, we've had different grantees but we've always had RAND and we've always had Yale and they provide, again, a lot of that expertise that drives that very rigorous scientific process behind all of our CAHPS products and services.

We have the CAHPS User Network which is sponsoring this Webinar and that is administered through a contract, through Westat. And then we oftentimes have other government and private stakeholders, depending on the survey. So for example, CMS is our federal partner and part of the Consortium. For this survey, Boston Children's Hospital is one of the private stakeholders that is considered part of the Consortium in terms of the development of this survey. And so our Consortium may expand depending on the specific survey or product that we're talking about.

*Zema (opening), Slide 6*

So just to kind of give you a little bit of background on the development of the child survey, many of you may be familiar with the adult version of the survey that is implemented by CMS. This survey was actually developed through CHIPRA. And CHIPRA is the Children's Health Insurance Reauthorization Act of 2009.

And I oftentimes hear the word CHIPRA used many different ways. We're kind of talking about the high-level CHIPRA program. It's administered through a partnership between AHRQ -- a different part of AHRQ than the

AHRQ that does CAHPS -- and CMS. Again, this is the Medicaid side of the house of CMS. So AHRQ and CMS partner together for the CHIPRA program.

And one component of the CHIPRA program is the Pediatric Quality Measures Program. And the goal of that program is really to identify a core set of measures for voluntary -- and I've highlighted voluntary there, we're going to talk about why that makes a difference in just a moment -- the voluntary use of quality measures, of standardized quality measures for Medicaid and SCHIP programs. And again, this is on the Medicaid side.

Another goal of the program was to develop new measures to identify where there's gaps in measurement of these pediatric quality measures, not only for the state and SCHIP programs but also more broadly, for lots of different health care stakeholders, payers nationally. So a lot of expertise was put into identifying not just the core set but also kind of where there's gaps.

And it is through that process that it was determined that there was a gap in terms of measuring children's experiences of care in hospitals. And so we were so thrilled to kind of partner through CHIPRA to have the development of the CAHPS Hospital Survey for children. And so, within CHIPRA, there are several different centers of excellence that develop quality measures and we were so pleased to partner and have Boston Children's Hospital as one of those centers that led the development of this survey.

*Zema (opening), Slide 7*

And so I want to spend a few minutes of time to kind of differentiate the adult version with the child version. I think the number one question that came in in terms of the things that you wanted to know on this Webcast is kind of when is it going to be tied to payment, when is CMS going to implement it. And that's coming from the adult version.

So the adult version was developed with the CAHPS Consortium in partnership with CMS on the Medicare side. The child version, as I just explained, was developed through the partnership with CHIPRA with AHRQ and the CMS Medicaid center, the division within CMS. And they are different.

In terms of dissemination and TA, the CMS Medicare division disseminates, provides technical assistance for the adult survey through the HCAHPS online Web site. They have their own technical assistance, whereas the dissemination and technical assistance for the child version of the survey is actually done through the CAHPS Consortium. So you would go to the AHRQ CAHPS Web site to get the survey. If you have questions, you can use our TA. And so that's one major difference. And that's kind of tied to the next line which is national implementation.

The adult survey is nationally implemented through the Medicare side of CMS. The results are reported through the Hospital Compare Web site. There is currently no counterpart for national implementation for the child version, nor are there currently any plans for that.

And the reason is, I'm going to go back to remember when I said that implementation of the core measures and the measures within CHIPRA are voluntary. And so CMS on the Medicaid side does not really implement quality measures in the same way that the Medicare side does. So there is not a counterpart.

And so when we're asked by users, when is CMS going to implement that, the first thing we do is just kind of say, well, it's very different on the adult version because the adult version is obviously driven by Medicare, which is payment that does not really involve children. Children are not a population that are affected by Medicare.

And so, again, no national implementation, no CMS requirements. CMS is certainly very supportive of the survey. It's part of the CHIPRA program but it's just a little bit different in terms of how that gets operationalized.

*Zema (opening), Slide 8*
So we have a great lineup of speakers today. And I'm going to kind of try to end mine because I want to get to them. They've got all the important things. We are joined by Dr. Mark Schuster and he leads the CHIPRA -- I'm going to get the name wrong, Mark, so I'm going to allow you to do the official name of your center -- but out of Boston Children's Hospital. And that is the group that took the lead in the development of this survey. And we are so pleased that he is able to join us to tell us a lot of detail around how the survey was developed.

Barbara Burke is joining us from the Ann & Robert H. Lurie Children's Hospital of Chicago. And she's going to share with us their experiences with administering the survey. And then Zoë Vecchio and Sandra Schultz will join us and tell us about the experience of CHOC Children's Hospital in Orange, California.

And so we know that you guys love to hear from the users and so they've got some great, great expertise and experiences to share with you. Again, my name is Carla Zema. I'm with the CAHPS User Network and I'm happy to be here moderating for you today.

*Zema (opening), Slide 9*
Just a couple of logistics. If you cannot hear the sound from your computer, you're welcome to join us by phone. The number is on the screen. If you have trouble with your connections, your slides aren't moving, you can hit F5 to refresh, you can log out, log back in. You can use the Q&A feature at any time to ask questions.

*Zema (opening), Slide 10*
And if you'll notice, at the bottom of your screen, there is a little icon that says Q&A and if you click on that, a little box is going to pop up. Then you just type your question in and hit Submit. We encourage you to submit questions as you're going along, as you're hearing something, go ahead and submit the question. We're going to have a formal question-and-answer period after all of our speakers have presented.

*Zema (opening), Slide 11*
Yes, you can download these slides because there's some great information in the slides. Again, there is an icon right at the bottom of your screen where you can -- that says Download Slides and you can download the version directly from the console.

*Zema (opening), Slide 12*
There are also a number of event materials that are available and you can click on the Resources icon and you'll find a link to where you can download the surveys. The surveys themselves are actually available, some overviews of the surveys and some resource materials about the surveys that you can take with you and links to how to get them if you need to get them in the future.

*Zema (opening), Slide 13*
And with that, I am actually going to turn it over to Mark Schuster who is going to tell you about the development of the survey. Great to have you, Mark.

**Mark Schuster**
Hi, thank you so much, Carla. That was a really wonderful overview of the CAHPS Consortium.

*Schuster, Slide 14*
So I'm going to talk to you about Child HCAHPS, in particular, and I am first going to talk a little bit more about the Pediatric Quality Measures Program which Carla introduced, then I'll focus on the development of the Child HCAHPS Survey. Then I'm going to give a brief summary of our national field test results and then I'll talk about our next steps.

*Schuster, Slide 15*
So the Pediatric Quality Measures Program, which again Carla introduced, was established by AHRQ and CMS. The part that we're talking about was started in 2011. And the goal was to develop pediatric quality measures that would be in the public domain. They'd be available to purchasers, providers, and consumers. The idea was

that we could really use a lot more pediatric quality measures to give hospitals and consumers and providers choice in what they might want to use for their various purposes.

And to do this, AHRQ and CMS established seven centers of excellence around the country and we were lucky enough to become one of them. We are the Center of Excellence for Pediatric Quality Measurement and we are based in Boston Children's Hospital.

And one of our assignments was to develop the Consumer Assessment of Healthcare Providers and Systems Hospital Survey -- Child Version. That's the official name; we call it Child HCAHPS because it takes a lot less time.

*Schuster, Slide 16*

And I also wanted to remind us about patient experience measurement, which really covers aspects of care that patients value. And obviously, in the case of Child HCAHPS, it's parents and patients.

And it's aspects of care that patients can directly observe. So we don't ask how well the anesthesiologist performed during surgery. And it's aspects of care for which patients are generally the best source of information. So we don't ask whether the antibiotic that was prescribed was the most appropriate, although actually more and more parents are pretty well informed. But we go to things where parents or patients are generally the best source of information.

*Schuster, Slide 17*

So I want to talk about our development process. We started, as one often does, with a literature review. We reviewed over 1,300 articles and abstracts. And we also looked to existing measures -- existing adult measures and existing child measures from any place we could find. And of course, we had the Adult HCAHPS as a foundation.

We also interviewed experts and stakeholders who were invested in the field, who know a lot about the field or who are invested in child health. And then AHRQ submitted a *Federal Register* Notice for the project to seek input from anyone who might want to give us domains that they recommended we consider or give to us their own surveys that they would like us to review.

After we'd done all that, we put it together and came up with a focus group protocol. We did eight focus groups in three cities around the country. They were in English or in Spanish and two of them were with adolescents. The survey is for parent or guardian or caregiver to respond to but we also wanted to get the adolescent perspective on the experience of care.

And after we'd done the focus groups, we put together a draft survey then we put it through a cognitive interview process. And that was incredibly valuable. That's where we have people take the survey in front of us and then they can tell us what they're thinking as they answer each question, what they thought the question meant. We can ask questions as they go along. It was very, very informative.

We did them in four cities around the country in English and Spanish. We did 94 full cognitive interviews and 25 additional partial interviews as we refined and refined the survey.

And then we did a pilot test in eight hospitals. We had over 2,000 surveys returned. And that was really useful for seeing if there were certain items, certain questions that people were skipping, if there were two items that were extremely highly correlated that seemed to be picking up very much the same concept. If there was variation, if we were getting different responses for individual items, suggesting that there was different experiences around the country.

And also, if there were ceiling effects, meaning, was everybody giving the highest score, was there no room to move. We took all that information and revised the survey further. And then we did our national field test, which I'm going to talk about more on the next slide.

But after the national field test was done and we did further revisions, we did end user cognitive testing which was really showing parents how we might present results and getting their input. And that was very helpful for coming up with labels -- short little terms to use to describe the concepts in our various measures.

*Schuster, Slide 18*

So our national field test, it was in 69 hospitals in 34 states. We had over 17,000 surveys returned. They were done by mail or telephone and it included a variety of types of hospitals. There were 36 percent of them were free-standing children's hospitals, 41 percent were hospitals within a hospital and 23 percent were general hospitals.

*Schuster, Slide 19*

The final survey, after we'd gone through all these processes, includes 39 patient experience and rating items. We have 11 screeners; and a screener is where -- so if we're going to ask an item about did anyone discuss side effects of medications with you, we first asked whether your child received any medications. So that if your child didn't, then you skip the item about discussing side effects. We have 11 demographic and descriptive items and then we have an open-ended item where parents can, just in free text, tell us anything else they'd like to tell us.

*Schuster, Slide 20*

So we took those 39 items, the 39 patient experience and rating items, and developed them into 18 single-item and composite measures. And a composite is where we put together several items that conceptually go together and then we can present a score for the composite, the several items together, which makes it easier to process this much information when you're a consumer or anybody trying to go through all the material.

We also categorized the measures into five overarching groups. And this also came out of the end user testing so that when the measures are presented, the results are presented, they can be in five groups. So this also just facilitates going through the material and being able to look at what you're most interested in or get a sense of what's coming out of the Child HCAHPS Survey.

And the five groups are -- Communication with Parent, Communication with Child, Attention to Safety and Comfort, Hospital Environment, and Global Rating.

*Schuster, Slide 21*

And I wanted to describe some of our items and response options. So here are the three main response options.

So we have a four-point scale. An example of an item is, "During this hospital stay, how often did providers keep you informed about what was being done for your child?" And the answer options are: Always, Usually, Sometimes, Never.

For a three-point scale item, we have, "A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?" with the options being: Yes, definitely; Yes, somewhat; and No.

And then for a hospital rating item, we say, "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?" And it goes from 0 to 10. And that's the only item where we have that kind of a scale.

*Schuster, Slide 22*

And when we go to report these, we use what's called a top-box score method which is where we give the percentage who answered the -- what's called the top-box score, the highest option. So it's Always; it's Yes, definitely. And for the hospital rating item, we combine 9 and 10 together for the top-box score.

*Schuster, Slide 23*
So I wanted to go through our measures now. I'm going to go through all 18. And here we have the top-box score. And what I have here is the average of the 69 hospitals' top-box scores in our national field test. And Keeping you informed about your child's care, the top-box is 72 percent. And this is a composite. And so I wanted to show you the composite to illustrate what I had mentioned before.

*Schuster, Slide 24*
There are two items in this composite. One is the item I read before about keeping you informed. And then there's a screener. Tests in the hospital can include things like blood tests and X-rays. "During this hospital stay, did your child have any tests?" And the item that leads to is -- so if they say yes to the screener, then they answer, "How often did providers give you as much information as you wanted about the results of these tests?" And the top-box score on these two items is 76 percent and 68 percent and then you see the average across the two of them is 72 percent for the composite score.

*Schuster, Slide 25*
And other measures under the grouping, Communication with Parent, include communication between you and your child's nurses and your child's doctors, communication about medicines, privacy, keeping you informed in the ER, and preparing for discharge.

*Schuster, Slide 26*
And then we have Communication with Child -- how well nurses and how well doctors communicate with your child and involving teens in their care.

We do have several items that are only asked when parents have a teen. And just to get at some of the special issues related to teenagers.

*Schuster, Slide 27*
And then Attention to Safety and Comfort -- preventing mistakes and helping you report concerns. Then we go into pain, responsiveness, and helping your child feel comfortable. It's not clicking as well as it was. There it goes.

*Schuster, Slide 28*
Hospital environment-- cleanliness and quietness.

*Schuster, Slide 29*
And then we have the overall rating and whether you would recommend the hospital to family and friends.

*Schuster, Slide 30*
So I wanted to get a little deeper into the results. So on a prior slide, I showed the hospital rating and that was -- the top-box score was 75 percent and you can see that on this graph on the red dotted line in the middle. What you have here on the x-axis, on the horizontal axis, is all 69 hospitals that were in our national field test.

And what you see is the percentage, the top-box score on the overall rating item for each of those hospitals. And what we found here is that there was significant variation across the hospitals, which is important for measures that you include in this kind of survey. And a significant number were above the average and a significant number were below the average, although all of them have room to move. All of them have room to try to do better.

*Schuster, Slide 31*
So here we have a more colorful graph. What we've done is we've taken all 18 measures and looked at how many are statistically significantly above the average. And those are the greenish color. And then we have the blue which is for each hospital, how many are at the mean. And then the red are how many are below the mean. So, again, across the horizontal x-axis, we have all 69 hospitals. And I'm going to take you through a few slides to try to illustrate what I've just said.

*Schuster, Slide 32*

So on the far left, outlined is a hospital that has three of its measures out of the 18 are at the mean and 15 are significantly below the mean.

*Schuster, Slide 33*

And then we have a hospital that has two measures that are significantly above the mean, nine that are at the mean, and seven that are below the mean.

*Schuster, Slide 34*

And then the hospital that did best has 16 above the mean in green and two at the mean in blue. And so what we're finding is that some hospitals are generally better and some are not as good as others. But none have all of their measures always above or always below the mean. There's a real mix across them.

And so there's a lot that hospitals can learn from each other in trying to improve when it comes to specific grouping, specific measures.

*Schuster, Slide 35*

So our next steps, we are now on the AHRQ Web site. Everybody can download this survey and the support materials -- Carla has mentioned this as well -- and can use the survey. It's out there ready to be used.

We are going through the National Quality Forum process that I realize many of the listeners are familiar with. We were unanimously voted up by the technical panel and we've gone through the next phase after that which is the CSAC phase. And then we are now awaiting for the board review and vote. And hopefully that'll go well and then that'll be close to the end of the process at NQF. NQF has a very thorough, involved process.

NQF also has -- supports a thing called the Measures Application Partnership, often abbreviated as the MAP. And what they do is they advise CMS, they try to give input to CMS on what measures they would recommend considering for, in this case, the Child Core Set. And they included Child HCAHPS in the three priority measures, the three measures they picked out as the highest priority for CMS to consider for including in CMS's Child Core Set.

And we are also trying to do some further study with Child HCAHPS and data collection techniques in trying to find ways to make it easier for parents to respond. So we are currently doing a study of using email as a way of reaching people, using overnight mail and also giving honoraria for completing the survey.

And we are also just starting up another approach, which is using a tablet and instead of doing this after discharge, the family would fill out the survey, the parent or guardian would fill it out on the day of discharge while they're waiting for discharge. The items would be on a tablet and also there are earphones to help people who might have greater challenges in reading the survey and they can fill it out on the tablet. The discharge items in the survey would still be saved for after discharge so that parents can respond to them after they have actually experienced the discharge. And those would be done by the usual approach of email, phone or possibly other approaches as well. Ultimately, in the future, something like text messaging might be an option as well. And I think I left out snail mail, regular mail.

So the discharge items would be done afterwards but the tablet might make it a lot easier for many parents and a more diverse group of parents to be able to respond. So we are testing all of these right now, so we don't have results yet but we hope to in the future.

So that's really it from what I wanted to report. But I also am happy to answer questions later.

*Zema, Slide 36*

Great. Thank you so much, Mark. And again, a lot of great questions coming in for Mark. Please continue to send them in using that Q&A icon at the bottom of your screen.

And with that, I want to turn it over to Barbara Burke who's going to share their experiences with using it at the Ann & Robert Lurie Children's Hospital of Chicago. Barbara.

### Barbara Burke

*Burke, Slide 37*
Thank you so much, Carla.

*Burke, Slide 38*
It is such a pleasure to be here with everyone and share with you a little bit about our journey using Child HCAHPS, specifically a little bit about us, how we onboarded Child HCAHPS and what we've been doing and seeing improvements with. And then like all of you, we're on this continuous journey to improve. So we'll share some of our next steps as well.

*Burke, Slide 39*
So back on June 9, 2012, we had a pretty historic move for our hospital. We had been in our previous location for 130 years. We were known as Children's Memorial Hospital. And on that special day, we moved to our new location and became Ann & Robert H. Lurie Children's Hospital of Chicago.

We're a free-standing pediatric hospital and academic medical center. We're the teaching hospital for Northwestern University. And by volume, we are the largest pediatric provider in our region. We have 288 licensed beds, 10 outpatient centers, 11 outreach partner hospitals, 12 research centers, and 70 pediatric specialties. We're very privileged to be on the U.S. News & World Report Best Children's Hospitals honor roll.

We're also very proud of the fact that we were the first children's hospital in the country to earn Magnet Accreditation for Nursing Excellence. And again, like all of you, we are on a journey with patient and family-centered care.

*Burke, Slide 40*
So shortly after we moved into our new location, we had an opportunity to create our Center of Excellence. And the point really was to align three key areas -- patient safety, clinical quality, and patient-family experience -- so that we could achieve the best possible outcomes.

Our vision in the Center of Excellence is to foster innovative, passionate, and empowered leadership to achieve exceptional outcomes through high-value personalized care. And our mission is really that we want to cultivate a culture and enable our staff to achieve those six domains of health care quality as outlined by the Institute of Medicine, which is safe, effective, patient-centered, timely, efficient, and equitable care.

So we had this great opportunity, it's a beautiful new hospital, we have the Center of Excellence. And so within my department of patient experience, we really wanted to be able to look back at where we've been but also where we needed to go.

*Burke, Slide 41*
So about 15 years ago, almost, with our help from our patients and families, our providers, our staff, we developed seven service principles that really were the must-haves for us. They outlined how we were going to engage and serve our families. We embedded that into our culture, including our core competencies and it's part of our annual performance evaluations.

Our organization also adopted a result-sharing program to financially recognize our staff for their work towards achieving these patient experience goals. But even with all those efforts, we were still unchallenged with those pervasive trends that we really couldn't get our arms around.

Part of that certainly was the usability of the survey data we had at the time. And then also we really needed to help people understand that patient-centered care is quality and it's important. And then, of course, in a very high level, we all know the changing landscape of health care.

And while that value-based payment model, as Carla described in the beginning, does not apply to us or our pediatric patients, it's still really important for us to understand what's happening as far as accountability. And so we always want to be ready and prepared.

*Burke, Slide 42*

So we were thrilled when we heard about Child HCAHPS. And certainly as an academic medical center, research is so important to us. And the fact that this was specific to a pediatric population was wonderful, it's approved by such a great group, highly respected group, AHRQ, CMS and the CAHPS Consortium.

And with the Child HCAHPS and bringing that on board, it really helped create a sense of urgency for us that allowed us to use that data to help get improvements here in our organization and advance our coaching model which we brought on board about two years ago, almost.

But again, using Child HCAHPS has really helped us advance that. So I'm going to share a bit about those successes with you.

*Burke, Slide 43*

So I'm very privileged today that I'm really showing the work of my team. So I have a wonderful nurse leader and patient-family experience that leads these efforts along with a patient-family experience consultant.

So they conduct weekly family rounds on four acute care floors. And our nurse manager whose name is also Barbara, she track that information very simply, but she does use a paper and pencil model. We're not at an app IT piece yet. But she reviews that data that she gets from rounding also with our survey data from HCAHPS with those leadership teams.

And using our coaching model, the frequency of how often she reviews that information really depends on their progress towards goals. So, of course, the folks are doing really well. She has much less frequent check-ins with, but she's always available. And those areas that are really challenged by meeting goals are met with frequently, on a weekly basis usually.

She coordinates nursing retreats and family experience education sessions. And that also depends on the needs of those units, which is great. Sometimes it's a quick 45-minute, let's talk about a case or a scenario. And she's also conducted very in-depth four-hour family-centered care sessions.

She facilitates family engagement focus groups across all of our units so that we have families here hospitalized in real-time. We're hearing from them about their needs and priorities and how we're doing addressing them. And we have a family advisory board and a more newly established parent e-advisors that she works closely with.

And then lastly, she conducts observations and facilitates improvement workgroups using a variety of tools that include performance improvement methods.

*Burke, Slide 44*

Over the past year, again, and more recently, thanks to this newer data we've been able to get from Child HCAHPS, she has really targeted formalized nurse leader rounding. So we were doing rounding, but it wasn't always as focused as it needed to be. And using Child HCAHPS data enabled us to pick out those couple of priorities that really matter to our families and focus on them.

So she developed training with those nurse leaders and did observation and developed a tracking model for them as well.

And in order to support those efforts, she developed what I think is really innovative, it's called the Acute Care Engagement call. And that's a call that's done every single weekday, it lasts usually about seven minutes. And

the purpose of that call is to have another opportunity to track those rounding efforts and trends that we get from them.

So on that call, each of those unit's nursing leaders share and report out on their nurse leader rounding from the day before, what families they met with, what were the issues and what they did about them to address them. And then we also have additional participants like support services and patient relations so that we can help out as well.

And then Barbara, our nurse leader, tracks all of the data that she gets in the ACE calls and sends out a monthly report to us so that we can all see how we've been doing and who needs our help.

*Burke, Slide 45*
And this is just an example of that report as you can see.

I will point out the column percentages of family seen. So our acute care floors have a goal that they want to see 80 percent of their families every day. And I'm happy to report that you can see they're averaging in November 86 percent, which is great.

*Burke, Slide 46*
Here's another example of how our efforts with nurse leader roundings have been impacting those two key priorities. So what you're looking at here are families' responses to three questions we have on Child HCAHPS Survey. And they are how staff helped with pain, if nurses are listening carefully, and the third question is a custom question that we added that asks families did a nurse leader visit with you or round with you during your stay.

And I think what we see, which is really rewarding, is that we focused on those priorities, given that data, and we see that as we continue to focus on nurse leader rounding, families perceptions are that in fact, we are focusing nurse leader rounding. They're hearing from us and we've seen some really nice improvement and sustainability especially when the nurse listened carefully.

We did see a little improvement as you see there with pain. But we have not sustained those gains. But that's okay, we know there's other things that we can be doing. But again, we think this is really important because that data we've gotten from Child HCAHPS has really helped us see gains.

*Burke, Slide 47*
So our next step, we want to continue to use that survey data to target our key drivers. It's been really helpful and people understand the links there. We always hope to further engage our physicians. And one way we're looking at doing that is to leverage our family-centered rounding process, especially around those complex, multi-layered themes of care coordination and communication and also, pain management.

And then we're always looking to find ways to include our families and really partner with them. So we are looking at things like family panels where they come and they speak out their experience. We do what's called "families as faculty" so we do have some parents that come and that participate in our orientations with our staff but there's definitely an opportunity to do that more with other areas.

And then also, we really want to encourage and increase participation of our parents on some of our improvement teams. Their voice is so important and we want them at the table. So we really are excited to continue to use the data that recently has been really helpful from Child HCAHPS. Thanks so much.

**Carla Zema**

Great. Thank you so much, Barbara. And I know that our users love to see the data behind what you've done and so it is so incredible to see those awesome results. And I thank you for sharing the results for the pain because, again, as most of the people that are in improvement know, they do go up and down. And it was such a great example of kind of an ongoing process of how you're using data to kind of really manage what you're doing from an improvement perspective. So thank you for that great example.

*Zema, Slide 48*

I'm going to turn it over now to CHOC Children's where Sandra and Zoë are going to tell us about their experience with the survey and a little bit different take on some of the ways that they've used the data.

**Sandra Schultz**

*Schultz, Slide 49*

Thank you, Carla. Just a quick highlight of CHOC Children's, we are a 262-bed freestanding children's hospital. And much like Barbara, we have multiple approaches to address our survey data. But we're really going to focus today and discuss our transition to Child HCAHPS and our approach to physician engagement which is something we've all identified as important and that we needed to do.

And once again, I am Sandra Schultz and I'm the manager of customer service here at CHOC Children's Hospital.

*Schultz, Slide 50*

So today, I will talk about our transition to Child HCAHPS.

*Schultz, Slide 51*

Boston Children's approach to developing this survey made sense to us. We liked their methodology and their eight dimensions of patient and family-centered care which is also our model of care here at CHOC Children's.

Our vendor, which is NRC, informed us that many others were transitioning for benchmarking. This was key for us as we wanted to make sure NRC had enough children's hospitals so that we can have comparative data, so we can see how we compare against our peers.

We also have a Best Place to Receive Care Team, which is our service excellence committee. We wanted to start early to get familiar with the change in the survey questions, in order to start education and develop strategy.

So we implemented our Child HCAHPS Survey in July of 2014. But it was important for us to align and prepare our organization for the up-and-coming standardized tool for public reporting. We really wanted to get on board and start educating, doing some training, look at the survey questions, and really start implementing some changes.

*Schultz, Slide 52*

So our approach to our physician engagement -- in the past, the survey has always been a source of frustration to many of our physicians. I think we've always had those challenges where they challenge the N size, some of the questions, the methodology, those non-believers. And those have always been a big challenge for us as our physician groups.

So this time around, we really -- Zoë and I wanted to -- our goal was really to involve and align our physicians with our patient and family experience initiatives. We really wanted to get them on board and be a part of this journey with us.

So part of that journey was to really give them the tools that they needed to understand the patient experience surveys. So we developed quarterly patient experience physician reports, specialty reports that could be shared at division meetings.

But we took it a step further and we also developed physician-specific reports so they can see how physicians were -- how they were scoring among their peers, among themselves. So this was something that we've never really done in the past, but we started including them.

So now, I'm going to turn it over to Zoë Vecchio who is our Director of Service Excellence here at CHOC Children's.

### Zoë Vecchio

*Vecchio, Slide 53*

Thanks, Sandra. Sandra and I have kind of been partners in crime on this journey and as she mentioned, we do a lot of things to really focus our patient and family experience. And we recognized that the survey is one part of the pie and that there are many other ways including rounding, our family advisory council, to get information.

And so we found that our biggest obstacle, typically, is our physicians. So our goal was to take on the biggest group, the biggest challenge and see if we could get them aligned and we felt the rest would fall into place. And we've seen some great successes with this approach.

The first thing we did was enlist some key physician champions. So we approached two physician leaders and defined what a champion looks like. And they expressed their concerns about the survey, so we figured we needed to educate them first so that they could be champions for us.

We addressed concerns and frustrations early and often, so we partnered with our vendor, NRC, to come on site and include key leaders and physicians and really spend time going over the survey methodology, including how they sample, what is a valid N size because we wanted to eliminate that -- I'll call it an excuse more than a frustration -- once and for all. And we wanted to say, "We recognize, this is one piece of the pie of our experience, but let's take it as a clue to dig further."

We took our show on the road and met with physician groups to share that same information. And slowly but surely, the N size gripe has been replaced with what do we do with this data and how can we move the needle, which is a beautiful thing.

We worked to make the data meaningful and involve physicians in really improving the patient and family experience. We worked with physician groups to provide feedback at the group and physician level to explain what key drivers are. We did find with physicians that they'll go straight to the lowest-scoring question and want to move it from an F to an A. And if it's not a key driver, why are we spending our time there? So there was a lot of education that went on.

But I think the thing we're most excited about is we piloted a program to shadow physician visits. And the way we rolled that out is we met with them one-to-one to go over the survey and their data, asked them if there was anything that they felt was a strength or that they wanted to work on. And then we would shadow their visits, ask for direct feedback from the patients and family following the visit and give real-time feedback to them.

Partially, we think there's a little bit of a Hawthorne effect that their scores did go up because they were being watched. But I think, also, they started becoming more conscious about how they were showing up as clinicians. And there were some great discussion following our final report of what's really working in our clinical encounters and what can we learn from each other.

With these groups that we shadowed, we continued to monitor progress and really celebrate successes -- so if individual physician scores went up or they went up as a group, and then look at areas where we had a key driver that wasn't improving.

We also have a very formal recognition program here called Travelling Trophy where we recognize physicians for their excellence in their patient-family experience survey scores. And I cannot even tell you, we've had

physicians show up in tuxedos ready with speeches to come and accept their award and the high on that lasts much longer than the trophy because we take it away from them the next quarter.

*Vecchio, Slide 54*
I just wanted to show one of our groups. We work with a gastroenterology team and their division chief was very unhappy with their scores. They were sustained, lower scores. So we went through a program and you can see the different points where we interacted with the team.

Initially, we went through a data review. We did our shadowing and feedback. We already saw scores improve after the initial data review and then we created a final summary and I will say, even today, that these scores are sustained. So we've done this now with two different groups and we'll be moving on to work with our neurology teams shortly.

*Vecchio, Slide 55*
Going forward, our ongoing CAHPS patient experience efforts include -- initially, when we moved over in July, we did not want the key drivers to show up because the N size is low and they would be volatile. So we didn't want groups jumping into the reporting tool and seeing a key driver that changed the next month. And so we worked with our vendor and now we're ready to put key drivers up. Frankly, they're very aligned with what we experienced with our previous survey -- listen carefully, explain things understandably, all of those things that probably a lot of us, hospital employees, have seen for a long time.

We're going to continue with the physician shadowing. We're now getting requests. So it's become a popular thing. And we see this as a great opportunity to really understand the lives that our physicians are living. I think the double benefit is they've felt that somebody from, quote, administration came and watched some of their challenges. But also to provide feedback and help them improve their scores.

And I think some of the work we do with our teams is -- the survey is a wonderful tool to give us information. But if we continue to keep our focus on the patient and family experience as defined by our patients and families, we'll continue to see those scores increase.

So thank you. And that's all for our presentation for today

**Carla Zema**
Great. Thank you, both, so much. I love your example because we always get questions about the provider engagement -- how do you get the docs on board, how do you give them feedback? And so that's a great, great example of some of the work that you've done to engage your providers. And I love that they're coming to you now asking for your help and support. So that is a great sign. We have a lot of great questions coming in.

**[SLIDE 56 SKIPPED]**

*Zema, Slide 57*
And remember, if you want to ask a question, just look for that Q&A icon in the bottom of your screen and a little box will pop up that you can just type in your question.

*Zema, Slide 58*
Just to kind of go over, there are -- because this survey is supported by the AHRQ CAHPS Consortium, all of this information is available on the Web site. There is a link directly to the CAHPS Child Survey. You can kind of get a broad overview of the surveys. All CAHPS surveys are available in both English and Spanish. And we have sample notification letters, telephone scripts, things that help support the administration of the survey.

Things that are not out there yet, but will be coming. I know a lot of you have asked about the fielding guidance. We are finalizing that information, the analysis guidance. And the reason is because a lot of time, there are modifications that are made to how the survey is fielded for field test purposes and what actually gets recommended for the final protocol. Analysis guidance and support, there's a whole CAHPS analysis program

to help you analyze your data in SAS and calculate the composite measures. There is a document that is not listed there that talks you and walks you through all of the composite measures, what items are in there to give you all of that detailed information. And that's all available on the CAHPS Web site.

*Zema, Slide 59*
If you do not get email updates from the CAHPS team and you would like to, you can just go to the AHRQ Web site and in the upper right corner, there's an email update and you can sign up for emails to be on the CAHPS listserv.

We send messages, maybe once, maybe twice a month. So we promise to not overload your inbox. But you'll get lots of great information about the CAHPS program changes, resources that come out. We have a lot of different resources that may be helpful to you.

*Zema, Slide 60*
So with that, I'm going to jump into our questions for our speakers. And the first one, I'm going to jump over to Mark and we had several different questions that asked about comparisons with the adult survey. And so, Mark, can you talk a little bit about how you approached using the adult survey to inform the child survey and especially kind of where there are differences?

**Mark Schuster**
Sure, thanks. So we very much viewed Adult HCAHPS as the foundation of what we were doing. We understood the importance of harmonizing Child and Adult HCAHPS and we also were working directly with the CAHPS Consortium that had developed Adult HCAHPS.

And so we were building on what had been done. But we also have a survey where the person filling out the survey is not the person who has been hospitalized. It is the parent or other guardian reporting on their own experience interacting with the health care system and reporting on their child's experience.

So necessarily, we had to do things that were not identical to Adult HCAHPS. Also, we added items that were very specific to the needs of children in the pediatric setting. So an example of an item that we added was during this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age? That's the kind of item that actually came out of discussions in the focus groups, the kind of things parents were concerned about and wanted us to try to address.

**Carla Zema**
Thank you. This question is for Barbara. Can you tell us what a patient e-advisor is?

**Barbara Burke**
Oh, I'd be happy to. Thanks for the question. So a parent e-advisor is our online advisory group. So we got a wonderful idea from Mott Children's Hospital in one of our calls with them about how they were trying to engage more families in a really easy way.

And so we developed an online group and we use a vendor that helps us organize this list and we send out questions to them and it's all online. And so we've been really excited about that. We've been able to sign up about 300 families.

**Carla Zema**
Great, thank you.

**Barbara Burke**
Yes.

**Carla Zema**
And now a question for Sandra or Zoë. How did you identify the physician -- because again, none of the items on the survey are necessarily physician-specific. And since there are many physicians that see the child during their care, how did you actually kind of attribute or identify the physician?

**Zoë Vecchio**
It's a good question. And that was something that we involved our physicians in so that our process for identification was thorough. So we are a teaching hospital, so we have residents and we have rotating hospitalists.

But in the end, you have an attending physician. And sometimes it was multiple physicians. What happens is before our record goes out, we have a two-week delay before our report goes to the vendor where we use kind of an attribution theory in our medical record area. And they make sure that we've assigned it to the physician who has spent basically the most time.

But when it came to residents, we don't have residents names populate. It goes back to the attending, which I think became a very important conversation that was the same for NPs. That the attending is ultimately responsible for the residents. So there was some resistance at first of my scores might be lower because I have a lot of residents.

The other thing that we would do sometimes is use data to respond. And we would pull a physician that we knew had a huge resident load and spoke no Spanish, for example, and show that they were a higher-scoring top performer physician consistently. So if one can do it, that shouldn't necessarily be our barrier or our excuse.

**Carla Zema**
Great, thank you.

*Zema, Slide 61*
We're going to continue with question and answer but I just want to take a moment. You're going to, in a few minutes, see an evaluation survey on your screen. That's very, very important to us. It really helps inform future events. So please take a few moments before you leave to fill that out.

After the Webcast, if you have questions, again, there is free technical assistance through the CAHPS User Network. We can be contacted by email, phone. Please visit the CAHPS Web site, and that's on your screen as well, because we really kind of base these on user input, we base the subjects of the Webinars and the format of them. So it's very important to us.

**Carla Zema**
I'm going to continue, I have a question for Mark. Lots of questions about -- we have two great examples of this survey in a children's hospital. But what about hospitals that maybe have smaller pediatric units? Is there value of doing the survey? Is there officially a minimum number of discharges that you need to make the survey worthwhile? What would you say to a hospital that maybe had a smaller number of pediatric patients?

**Mark Schuster**
That's a really great question. So as I showed on the slide, we actually did do the national field test in all types of hospitals of various sizes including hospitals that are not children's hospital and hospitals that are not even a children's hospital within a larger hospital. We did do the testing at general hospitals.

For reliable comparisons, we recommend having 300 completed surveys over the course of the year. So if a hospital wants to be comparing itself to other hospitals, it is best if there are 300 surveys. But that doesn't mean that the survey isn't still useful for internal purposes, for quality improvement purposes even with a smaller number.

But there is no minimum number of hospital beds, pediatric beds required to use the survey. And certainly, any hospital that's already using a patient, a child, a pediatric patient experience survey for inpatients would -- there's no reason not to use this one. It's similar to the others in terms of the number of responses you would like to get.

**Carla Zema**
Great. Thank you. Question for Barbara. Can you elaborate a little bit on your Acute Care Engagement calls? Like, who did them? Who called? Were they done by the unit? And how did you get buy-in within your organization for this intervention?

**Barbara Burke**
Absolutely. Thank you, great question. So our Acute Care Engagement call was really the brainchild of -- Barbara Nash who is our Nursing Manager here. My department really leads the coaching efforts.

So they were thinking about what could they do to help support the efforts of these units that were rounding, but also truthfully have some accountability for another measure, make sure people were doing it. And she certainly realized that everyone's busy, people weren't going to want to meet on a daily basis. So the buy-in was created by saying to folks, we want to support you, you're going to have other leaders on the call. So if you're having issues, we can come up and support you in real time, and we're going to do it quick and efficiently so that we value your time and make it quick. And I think that really did get buy-in.

And I think because every day it's tracked, those issues are going out, they're getting support, again, in more real-time around issues maybe like food service. The managers are seeing that it is worth their time and investment. And so I think it's just a really great story of something that seems really a small thing to do but can have a lot of impact. Hopefully, that answers that.

**Carla Zema**
Great, thank you. A question for Mark; how did you come up with the five category groups that you talked about? And are those composite measures or how do they differ from the composite measures? Can you talk a little bit about those?

**Mark Schuster**
Yes. So the five groups came out of our end-user testing. We have 18 measures and some of them are just single items, some of them are composites. And the composites were put together based on conceptually working together and we did a lot of statistical testing on those as well.

And when we were going through the end-user testing, we were presenting these 18 measures to parents. And out of that process came the idea of 18 measures is a lot conceptually. And grouping them on a page in five groups just made it easier for people to kind of organize their thoughts about the measures.

So no, the five are not five composites. They are five groups. Each of which has measures under it and the measures under it can be single item or composite measures.

**Carla Zema**
Great, thank you. So there's really no score at the category level. It's really just kind of the measures that are in that category.

**Mark Schuster**
Exactly, yes. Composites wind up having a score. Individual measures have a score. But the groups are really almost a visual way to think about the measures. It's a way of putting them together, measures that fit together in a group. But correct, there is no score for that group.

**Carla Zema**
Great, thank you. We have time for one more question. I'm going to squeeze it in. And thank you, I know we're right at the top of the hour. If I could have Sandra and Zoë address this first and then Barbara, how did you transition to the HCAHPS tool from the tool that you were already using? And I guess, can you kind of comment on that experience?

**Barbara Burke**
Sure, about how we transitioned. So it was great. NRC, National Research Corporation, is also our survey vendor and so they were very involved in this. And so they were really helpful in just switching over our survey. So they helped inform us, educate us, much like you've heard from Sandra and Zoë about their experience.

And then we started using the new Child HCAHPS Survey at the beginning of the year. We looked at questions that we had asked, some of those priorities, just to see that there was alignment in it and it was really that easy for that that we just brought it on board.

**Carla Zema**
Great.

**Zoë Vecchio**
This is Zoë and Sandra. Very similar to Barbara. And I think NRC was really helpful. They created a crosswalk for us so that we could see questions that would still kind of roll over. And I saw one of the questions that came up -- did we see a big change in our rate hospital, would you recommend? And because that question is the same, we really didn't.

**Carla Zema**
Right.

**Zoë Vecchio**
But the crosswalk was helpful because we had workgroups that were working sometimes on specific questions with our previous survey. So it's a way for them to say, what do we need to roll into so that we still have a metric?

And we did a lot of, it's coming, it's coming, and this is why, and made sure that we got the actual survey and questions out there. And we're very happy that we transitioned when we did. We are a Magnet-designated hospital. And once our Magnet application comes up, they go back a certain amount of years looking at data and we knew we wanted that data to be consistent for our patient-family experience survey.

**Zoë Vecchio and Sandra Schultz**
So it was relatively painless.

**Zoë Vecchio**
It was very positive and well-received. I think they were anxious in wanting to get on board and move the organization in the direction that health care was going to go be going with HCAHPS. And so it was an opportunity and we took that opportunity and it went very well actually.

**Carla Zema**
Great, thank you so much. I want to thank all of our attendees for joining us today. I know there were a lot of questions that we didn't get to, some of them that we kind of pulled together. So if you have a burning question that you definitely want to get answered, please feel free to submit it through the CAHPS User Network and we will make sure that we get you a personal answer to your question. We will try to look at some questions and see if we can put some information to try address them more broadly.

But we thank you for joining us today. We are so very excited about the release of this survey. It has been long anticipated. And we're really, really excited to hear more user stories and experiences about it. And again, we look forward to working with you as you work with this new survey that's available.

I'd like to thank our speakers and the CAHPS User Network, and I welcome you to join us at a future CAHPS event. Thank you.