

CHART – Using the CAHPS Hospital Survey in California



Marsha S. Nelson , MBA, RN
President & CEO
California Institute for
Health Systems Performance



California Assessment and Reporting Task Force



Established in 2004 to develop a statewide hospital performance reporting system using a multi-stakeholder collaborative process.
Genesis from hospital discussions on data demands and public reporting initiatives.

Goals



- Select key aspects of hospital performance to measure and report
- Achieve consensus about a uniform, scientifically valid approach to measurement for all CA hospitals
- Collect and aggregate the data as defined and specified
- Confirm the validity of the measurements made
- Provide hospitals and clinicians with valid measures and benchmarking data on which to base quality improvement efforts.
- Report the performance on individual CA hospitals to consumers, purchasers, and health plans

Governance



- Multi-stakeholder Steering Committee
 - Hospitals
 - Purchasers
 - Health plans
 - Consumers
- Straw poll voting
- Consensus decision-making
- Lots of negotiation and compromise

Criteria for Prioritizing Candidate Measures



- Clinical and societal impact on disease or condition
- Potential clinical benefit from measuring and improving performance
- Balancing costs associated with quality problems with costs of measuring and improving quality
- Disparities
- Scientific acceptability
- Reasonable basis for choosing among providers
- Value to multiple audiences

Final Measure Set



- JCAHO core measures
 - Acute myocardial infarction (AMI)
 - Community-acquired pneumonia (CAP)
 - Heart failure
 - Maternity care
 - Surgical infection prophylaxis
- Risk-adjusted mortality – California models
 - AMI
 - CAP
 - Coronary artery bypass grafting (CABG)

Final Measure Set



- Patient experience – the H-CAHPS Survey plus nine
- Leapfrog's Four Leaps
- JCAHO developmental critical care measures
 - ICU mortality
 - Length of stay
 - Process measures – DVT, PU, VAP prophylaxis
- Nosocomial infection rates
- Nursing-sensitive performance indicators
- Appropriateness of percutaneous coronary interventions (PCI)

Enrollment



- 230 California hospitals
- 80% of acute care census
- Mainly larger hospitals
- Difficult for small and rural hospitals

Patient Experience



- Previous experience with patient surveying
- The H-CAHPS Survey as the core
- Desire for more questions
- Used data from CA Hospital Experience Survey to guide decision-making (200 hosp.)
- Balancing stakeholder needs/wants
- IOM domains of patient-centered care as a framework

Domains of Patient-Centered Care



- Respect
- Coordination of care
- Information and education
- Emotional support
- Physical comfort
- Involvement of family and friends
- Transition to home

CHART Patient Survey



- 36 questions
- The H-CAHPS Survey as the core (27 questions)
- 7 Picker questions (proprietary)
- 2 interpreter questions
- Covers 5 domains of patient-centered care
- Eliminated 2 domains to control length of the survey

Methodology



- Followed H-CAHPS specifications
- 2 wave mail-only methodology (no mode adjustment model)
- 3 month sample period for initial phase – December 1, 2005 through February 28, 2006
- Continuous monthly sampling starts in March 2006
- Goal of 300 completed surveys per hospital
- Survey in English, Spanish and Chinese
- Integrated into hospital's ongoing surveying

Implementation Challenges



- Licensing agreements for proprietary questions
- Vendor concerns and push-back
- Hospitals without vendors
- Hospitals joining late

Reporting



- Web-based public report September 2006
- Hospital specific
- Format and content under development
- Report by IOM domains or H-CAHPS domains?

Benefits



- Single data collection can be used for CHART and the H-CAHPS Survey
- Gives CA the uniqueness and robustness we want while minimizing survey burden on the hospitals

In Summary...



- Strengthened the working relationships among the stakeholder groups
- Can appreciate the different viewpoints of the stakeholders
- Consensus building must work to be successful
- Most of the work was accomplished in the meetings outside the meetings
- Looking forward to the results and the first report this fall