

# Performance Insights: Health Care Improvement Trends

New analyses of five-year Overall Rating trends and year-over-year change on individual HCAHPS and Press Ganey survey items show consistent improvements in patients' perceptions of their care experience.

## Executive Summary

Despite ongoing uncertainties in the health care industry, the quality of care being delivered continues to improve, which is a testament to caregivers across the industry who have made the reduction of patient suffering a top priority. Medical progress has made many previously untreatable conditions treatable, and some even curable. And while financial pressures are relentless and delivering state-of-the-science care is a constant challenge for providers, quality measures of all types show steady improvement across the United States.

To gain insight into the patient experience improvement trajectory, Press Ganey researchers analyzed five-year performance trends (2013 to 2017) for the HCAHPS Overall Rating global measure, as well as year-over-year performance on individual HCAHPS and Press Ganey survey items from 2015 to 2016. They then identified the top drivers of improvement, and looked at how hospitals in the Press Ganey database performed on these drivers from one year to the next and the impact that performance had on their likelihood to achieve top-box scores on the Overall Rating measure.

Among the findings, the analyses showed the following.

- Over the past five years, the percentage of patients giving their hospital top-box scores for Overall Rating has increased steadily.
- From 2015 to 2016, providers, in aggregate, improved on nearly every HCAHPS measure, with some providers showing greater improvement than others on certain measures.
- During this period, most health systems stayed in the same quartile of performance for Overall Rating from one year to the next, and approximately 15% moved up to a higher quartile.
- The top drivers of performance on the Overall Rating measure included patients' perceptions of nurse courtesy (quantitative and qualitative measures) and teamwork.
- Of the health systems that showed improved performance on all three top drivers from 2015 to 2016, 86% also increased their Overall Rating top-box scores.

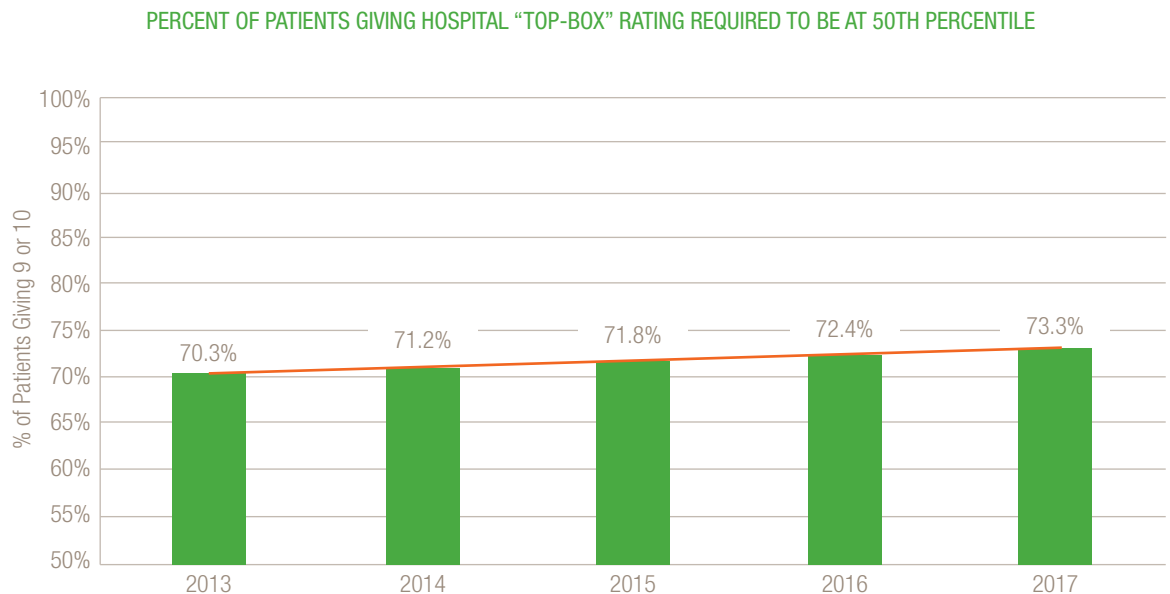
Taken together, the findings indicate that hospitals and health systems are continuing to raise the bar on the experience of care they deliver despite the many challenges facing the health care industry. They also offer insight into the specific types of improvement that are most likely to drive performance in patients' global ratings of their care.

**Raising the Bar**

The safety, quality and experience of health care in the United States is improving. In a recent report released by the U.S. Department of Health & Human Services, hospital-acquired conditions (HACs) dropped 21% from 2010 through 2015, reflecting a cumulative total of 3.1 million fewer adverse events over the five-year period compared to the number that would have occurred if rates had remained steady at the 2010 level.<sup>1</sup> The agency estimated that nearly 125,000 fewer patients died in the hospital as a result of HACs and that approximately \$28 billion in health care costs were saved due to the reduction in HACs during the five-year period.

Patients' perceptions of the care they are receiving is also improving. An analysis of performance on the HCAHPS Overall Rating global measure from 2013 to Q1 2017 showed that the percentage of patients giving their hospital top-box ratings has increased by about 0.6 percentage points per year (Figure 1). This means that, from a relative perspective, standing still—maintaining flat performance levels year over year—is analogous to going backward. For example, hospitals that were at the 50th percentile in 2013 would only be at the 35th in today's benchmark if they maintained their 2013 performance because the threshold at which percentile points are earned has risen.

**Figure 1**



The parallel improvement in safety, quality and patient experience is not a coincidence. A growing body of literature demonstrates the interdependency of these care considerations. For example, the findings from new cross-domain analyses by Press Ganey show positive associations between patient experience measures and safety and quality outcomes, including lower rates of many HACs and fewer readmissions, as well as financial performance.<sup>2</sup>

Because moving the needle in any one of these areas influences performance directly or indirectly in all of them, the widespread improvement in quality creates constant pressure for providers to continually get better in each of these areas or risk losing their competitive positioning. That is why leaders of many provider organizations frequently ask, “Who is improving, and how are they doing it?”

To help answer these questions, researchers compared 2015 and 2016 performance on HCAHPS measures in hospitals nationwide. The results of these analyses illustrate the magnitude of improvement seen across the patient experience measures as well as patterns of change—that is, what aspects of the care experience are improving, and by how much.

As illustrated in Figure 2, the largest improvements in 2015 and 2016—with increases in top-box ratings of approximately 1 percentage point—were seen for the global Overall Rating measure and four specific items: whether staff asked if patients would have the help they needed post discharge, their perceptions about how well nurses explained things, their perceptions about how well nurses listened, and bathroom and room cleanliness. Attributes related to physicians also improved, although less markedly.

Figure 2

YEAR-OVER-YEAR CHANGE IN MEETING NEEDS

	Patient Need	Measure	Average Top-Box Change	
Clinical Excellence	Pain	Pain well-controlled	-0.2%	
		Discharge Preparation	Staff discuss post-discharge help	0.9%
	Info re symptoms/problems to look for		0.3%	
	Understand how to manage health		0.3%	
	Caring Behaviors	Courtesy	Nurses treat with courtesy/respect	0.6%
Doctors treat with courtesy/respect			0.2%	
Inform		Nurses expl in way you understand	0.8%	
		Doctors expl in way you understand	0.5%	
		Tell you what new medicine was for	0.5%	
		Staff describe medicine side effect	0.6%	
Responsiveness		Call button help soon as you wanted	0.5%	
		Toileting help soon as you wanted	0.4%	
Personalize		Nurses listen carefully to you	0.8%	
		Doctors listen carefully to you	0.4%	
Empathy		Choice	Staff do everything to help with pain	0.3%
			Staff take preferences into account	0.7%
Operational Efficiency		Environment	Cleanliness of hospital environment	0.8%
	Quietness of hospital environment		0.6%	
Global	Rating	Rate hospital 0–10	1.1%	
	Loyalty	Recommend the hospital	0.6%	

Of all the measures, the HCAHPS question for how often pain was controlled was the only item to show a performance decrease from 2015 to 2016. The other pain-related questions, including the HCAHPS question of whether the staff did everything they could to help with pain, showed moderate increases.

Looking specifically at the HCAHPS and Press Ganey survey items that have been identified previously to be key independent drivers of top-box performance on the global Overall Rating measure—how well the staff worked together, nursing communication, nurse courtesy and room cleanliness<sup>3</sup>—improvement was achieved across all of them.

**Hospitals with More Room to Improve, Improve More**

To understand which hospitals made the greatest performance gains from 2015 to 2016, researchers divided the hospitals into four quartiles according to their 2015 performance on the HCAHPS Overall Rating measure, with the first quartile representing the group starting with the lowest performance in 2015.

As Figure 3 indicates, the hospitals with the highest percentage of top-box scores (a rating of 9 or 10) for the Overall Rating item had the most modest changes from 2015 to 2016, while the other three quartiles showed clear and consistent improvement. Of these, the bottom quartile showed the most marked improvement in 2016.

Figure 3

CHANGE BASED ON 2015 HCAHPS\*

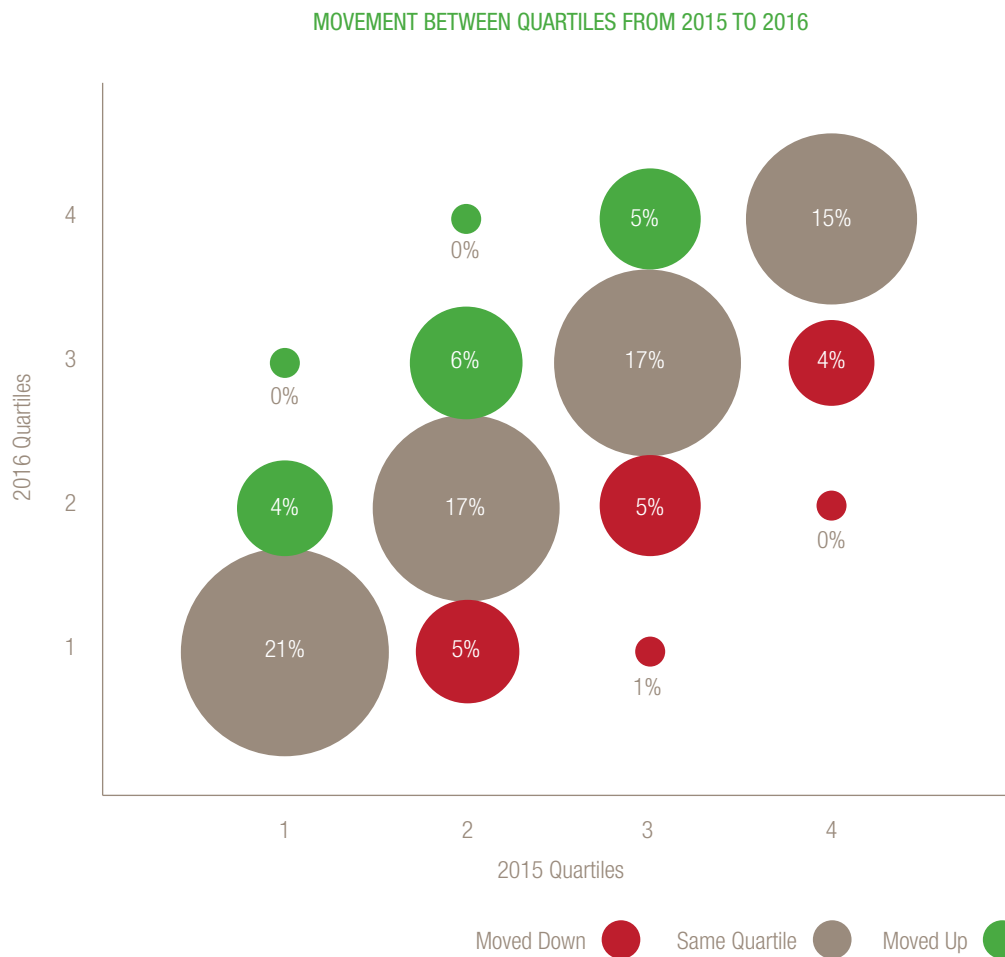
	Patient Need	Measure	Bottom Quartile	2nd Quartile	3rd Quartile	Top Quartile
Clinical Excellence	Pain	Pain well-controlled	0.0%	-0.2%	-0.2%	-0.6%
		Discharge Preparation	1.1%	0.9%	1.0%	0.5%
	Discharge Preparation	Info re symptoms/prob to look for	0.3%	0.3%	0.5%	0.1%
		Understand how to manage health	0.5%	0.5%	0.4%	-0.2%
		Understand purpose of taking meds	0.9%	0.9%	0.8%	0.2%
Caring Behaviors	Courtesy	Nurses treat with courtesy/respect	1.0%	0.6%	0.5%	-0.1%
		Doctors treat with courtesies/respect	0.4%	0.3%	0.1%	-0.1%
	Inform	Nurses expl in way you understand	1.4%	0.9%	0.7%	0.1%
		Doctors expl in way you understand	0.7%	0.6%	0.5%	-0.1%
		Tell you what new medicine was for	1.1%	0.4%	0.5%	-0.3%
		Staff describe medicine side effect	1.0%	0.8%	0.6%	-0.6%
	Responsiveness	Call button help soon as you wanted	1.2%	0.5%	0.1%	-0.1%
		Help toileting soon as you wanted	1.1%	0.5%	0.1%	-0.5%
	Personalize	Nurses listen carefully to you	1.3%	0.9%	0.8%	0.1%
		Doctors listen carefully to you	0.6%	0.5%	0.4%	-0.3%
	Empathy	Staff do everything help with pain	0.8%	0.4%	0.4%	-0.4%
Choice	Staff take preferences into account	0.9%	0.7%	0.9%	0.0%	
Operational Efficiency	Environment	Cleanliness of hospital environment	1.4%	0.6%	0.8%	0.1%
		Quietness of hospital environment	1.0%	0.7%	0.7%	0.0%
Global	Rating	Rate hospital 0–10	2.2%	1.2%	1.0%	-0.2%
	Loyalty	Recommend the hospital	1.3%	0.6%	0.5%	-0.3%

\*Quartiles denote the lowest starting performance to the highest starting performance.

Even though the patterns reflected overall improvement for quartiles one through three, most hospitals maintained their relative standing in the industry. This can be seen in Figure 4.

While nearly 70% of hospitals maintained the same quartile of percentile ranking in 2015 and 2016, approximately 15% moved up and 14% moved down. These findings indicate that, even if year-to-year aggregate changes might be small for many measures, individual hospitals can and do move markedly in either direction relative to their competition.

Figure 4



### Drivers of Overall Rating Improvement

To determine which care behaviors or attributes exert the greatest influence on top-box Overall Rating performance, researchers assessed the relative impact of each HCAHPS and Press Ganey survey item (at the patient level) on Overall Rating in 1.6 million inpatient surveys received in 2015. This analysis was achieved using a driver index that incorporated two pieces of information: how correlated the item is to the 0–10 Overall Rating (“Correlation”) and the degree to which achieving a top-box score on that item was related to the likelihood of a patient giving the hospital an Overall Rating of 9 or 10 (“Top-Box Ratio”). The resultant composite score reflects the strength of the association.

Figure 5 shows the 10 survey items that were most strongly associated with top-box Overall Rating performance.

Figure 5

ASSOCIATION WITH OVERALL RATING PERFORMANCE

Driver Rank	Survey Item	Correlation	Top-Box Ratio	Driver Index
1	Nurses treated you with courtesy/respect (CMS)	0.57	3.08	87
2	Staff worked together to care for you (PG)	0.69	2.38	79
3	Friendliness/courtesy of the nurses (PG)	0.58	2.27	65
4	Skill of the nurses (PG)	0.59	2.2	63
5	Nurses listened carefully to you (CMS)	0.59	2.2	63
6	Attention to special/personal needs (PG)	0.62	1.97	61
7	Response to concerns/complaints (PG)	0.65	1.86	61
8	Nurses' attitudes toward requests (PG)	0.6	2.04	60
9	Staff did everything to help with pain (CMS)	0.55	2.2	55
10	Nurses kept you informed (PG)	0.62	1.93	58

Sample size: 1.6 million surveys received Jan. 1, 2015 through Dec. 31, 2015

To better understand the relationship between the top drivers and year-over-year improvement in patients' perceptions of their overall care experience, researchers looked at the 2015 and 2016 performance of all hospitals in the Press Ganey inpatient database on the top three drivers and on Overall Rating (Figure 6). In total, 42% of the organizations improved performance in all three of the top drivers. Of note, when organizations improved in all three of these top drivers, the likelihood that they also improved their percentage of top-box Overall Rating scores was 86%. The median increase was 2.54 percentage points for this group.

Approximately 17% of the hospitals did not improve on any of the top three drivers. Only 29% of those that showed no improvement in the top three drivers saw an increase in their Overall Rating scores. In this group, the median top-box Overall Rating percentage actually declined by 1.33 percentage points in 2016.

These data provide a road map to meaningfully improving the patient experience by identifying areas in which improvement will likely have the greatest influence on global experience measures.

Figure 6

YEAR-OVER-YEAR PERFORMANCE IN OVERALL RATING DRIVERS

Nurses Treat with Courtesy/Respect (CMS)	Staff Worked Together Care for You (PG)	Friendliness/Courtesy of the Nurses (PG)	Improved Overall Rating	Median Overall Rating Improvement	Proportion of Total
●	●	●	86%	2.54	42%
●	●	●	69%	1.32	5%
●	●	●	67%	1.20	11%
●	●	●	66%	0.48	6%
●	●	●	60%	0.40	6%
●	●	●	51%	0.12	7%
●	●	●	41%	-0.29	5%
●	●	●	29%	-1.33	17%

## How to Get There from Here

The most valuable road maps are those that provide sufficient detail and guidance to address the question, “How do we get from where we are to where we want to be?”

Best practices from successful organizations can go a long way toward informing the health care improvement road map in this regard. An analysis of the best practices of 2016 Press Ganey Guardian of Excellence award winners identified commonalities across these high-performing organizations.<sup>4</sup>

Consistent with the findings of the analyses presented here, teamwork and nursing-sensitive behaviors were top priorities, as were communication, accountability, High Reliability, transparency, shared decision making and care coordination.

The importance of teamwork, in particular, was reflected by a high rate of adoption and perceived effectiveness of multidisciplinary unit-based councils. Among the award-winning organizations that reported using the shared governance model, the practice received a 100% efficacy rating. By providing a framework for staff and leadership to share in responsibility, problem solving and authority, multidisciplinary unit-based councils give everyone in the unit a voice in the way patients are cared for and how staff are treated, and the practice encourages accountability and ownership of patient care outcomes on the unit.

Additional best practices reported by the award winners included rounding (hourly, nurse leader, nurse manager, multidisciplinary), transparency of patient experience data, safety culture assessment, and interventions that promote caregiver coordination (huddles and SBAR communication), patient-centered communication and shared decision making with patients.

## Conclusion

The analyses in this report confirm that, consistent with improvement trends in care safety and quality over the past five years, patients' perceptions of the care they receive is improving as well, providing further evidence supporting the interrelationships between and among these various care attributes.

To continue improving, organizations must commit to actively learning and implementing best practices, and holding themselves accountable for continually raising the performance bar. Given the important interrelationships between the patient experience of care and safety, quality and financial outcomes, flat performance in any one area increases the risk of falling behind in all of them.

Health care organizations seeking to make swift and steady performance improvement should take their lead from top-performing systems by adopting evidence-based best practices for improving all aspects of the patient care experience, particularly those that have been identified as having the most influence on global performance ratings.

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<sup>1</sup> National Scorecard on Rates of Hospital-Acquired Conditions 2010 to 2015: Interim Data From National Efforts To Make Health Care Safer. Content last reviewed December 2016. Agency for Healthcare Research and Quality, Rockville, MD. [www.ahrq.gov/professionals/quality-patient-safety/pfp/2015-interim.html](http://www.ahrq.gov/professionals/quality-patient-safety/pfp/2015-interim.html).

<sup>2</sup> “Achieving Excellence: The Convergence of Safety, Quality, Experience and Caregiver Engagement.” Special Report. 2017, Press Ganey Associates, Inc.

<sup>3</sup> “Consumerism: Earning Patient Loyalty and Market Share.” 2015, Press Ganey Associates, Inc.

<sup>4</sup> “Award-Winning Organizations: The Secret to Their Success.” Feb. 2017. Industry Edge, Press Ganey Associates, Inc.

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