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WHITEPAPER

Nurses' Guide to Positively Impacting HCAHPS Scores

More than ever, the pressure is on for hospitals to provide high-quality care with an emphasis on patient satisfaction. Being on the front line, nurses are well aware that they must be mindful that how they provide care and service to patients impacts their facility's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. Of the 32 questions in the survey, three deal with pain management — an area where nurses can use compassion and tools like an instant topical anesthetic to help provide a positive experience for their patients. Higher patient satisfaction can lead to improved HCAHPS scores, which is the goal of every hospital as it strives to maintain market share and avoid losing Medicare reimbursement or being penalized for low HCAHPS scores.

Quint Studer of Studer Group notes, "HCAHPS is a game changer. It will transform the way hospitals do business ... Merely getting good scores should never be the first goal. I'm saying they must set out to make the quality of care they provide the absolute best it can be — always. Do that and the scores will take care of themselves."

HCAHPS OVERVIEW: MEASURING THE PATIENT PERSPECTIVE

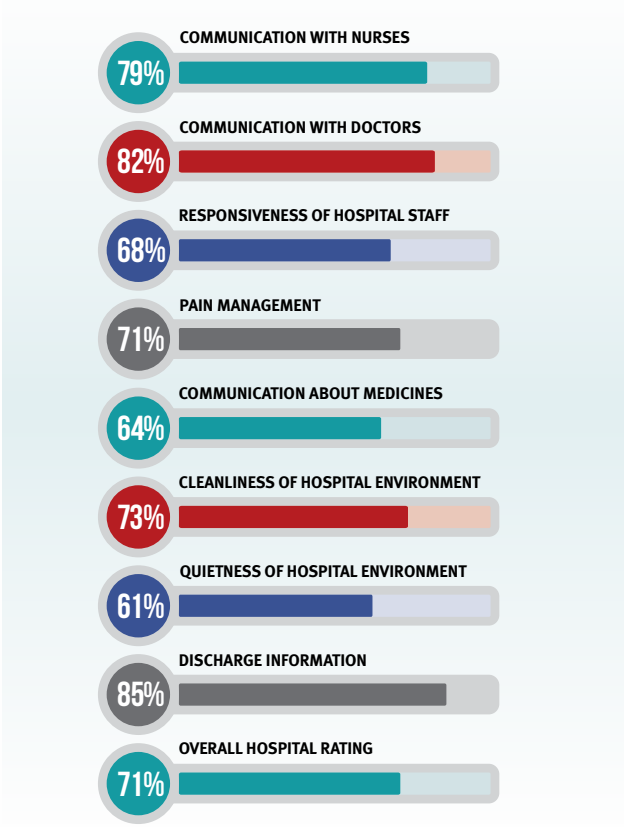
In use since 2006, the HCAHPS is a quantitative tool designed to evaluate the qualitative relationship between patients and staff. Patients' perspectives on their hospital care are measured by answers to 32 survey questions. The survey is broadly intended for patients 18 years or older at the time of admission and who experienced at least one overnight stay in the hospital as an inpatient.

Nine key topics are covered: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes.

HOW DOES YOUR HOSPITAL COMPARE?

PERCENT OF HOSPITALS RECEIVING "TOP BOX" SCORES

Measured by patients responding that their needs were ALWAYS met with regard to:



PERCENT OF PATIENTS RESPONDING THAT THEY WOULD ALWAYS RECOMMEND THE HOSPITAL – 71%

Summary of HCAHPS Survey Results - October 2012 to September 2013 Discharges. www.hcahpsonline.org. Centers for Medicare Medicaid Services, Baltimore, MD. Originally posted July, 2014. Survey response rate = 28%.

Most questions require an “always,” “usually,” “sometimes” or “never” response. Facilities receive higher reimbursement rates from the Centers for Medicare and Medicaid Services (CMS) if they have a higher percentage of patients whose needs are “always” met. As a result, more and more health care organizations are striving to establish a “culture of always,” where every employee feels accountable for patient satisfaction.

It’s quite easy for patients and the media to discover which hospitals provide a positive experience for their patients and which don’t. The HCAHPS results, posted on http://www.medicare.gov/hospitalcompare, allow consumers to make objective comparisons between hospitals based on patients’ perspectives of care. As more flexibility is being incorporated into health care plans, educated patients will have the choice to patronize hospitals with higher HCAHPS scores.

PERCEPTION OF PAIN CAN BE REALITY

Pain management plays a huge role in patient satisfaction. In the HCAHPS survey, patients are asked the following questions relating to how well their pain was managed:

- **During this hospital stay, did you need medicine for pain?**
- **During this hospital stay, how often was your pain well controlled?**
- **During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?**

Choices for patient response to the pain management-related questions are “always,” “usually,” “sometimes” or “never.”

Nurses know that a lot is riding on managing patients’ pain, from the prospective of both a compassionate caregiver and a hospital employee. If each patient had the same level of pain tolerance, same level of pain or perceived pain and no fear of impending pain, pain management would be easy. Of course, that’s not the case.

In recent decades, pain origin and perception models have taken into account not only the biological source of pain, but also the psychosocial factors that potentially impact the perception of pain. The gate control theory of pain purports that a mechanism of the substantia gelatinosa located in the dorsal horn of the spinal cord ‘opens and closes’ in a way that allows a patient to feel, or not feel, pain. Robert J. Gatchel, PhD, ABPP, suggests that negative behavior and emotions increase sensory input and open the gate to pain, while efforts to reduce stress and anxiety close it.

By using best nursing practices and evidenced-based medicine, pain can be treated. It is now considered the fifth vital sign and per Medicare/Medicaid guidelines, must be addressed with each patient.

THE ART OF PAIN MANAGEMENT

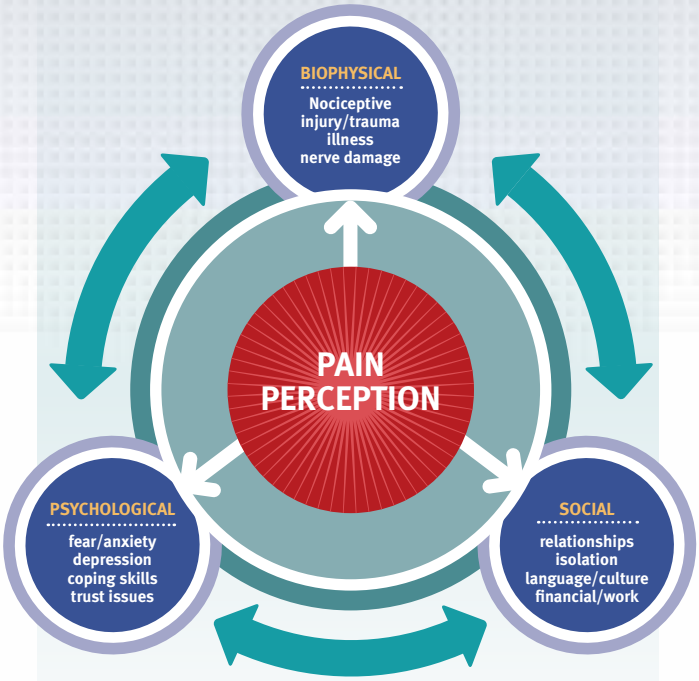
As the primary pain evaluators in hospital settings, nurses know that the quickest and most effective way to begin pain management is through communication. With good communication, most pain can be eliminated or at least, lessened.

Dr. AnnMarie Papa, vice president and chief nursing officer at Einstein Medical Center Montgomery, offers the following suggestions to open lines of communication:

1. The nurse should acknowledge the patient's feelings. Understand and convey that you understand the patient is experiencing pain or is nervous about a procedure. In my experience, even with patients facing treatment for serious illnesses, people are often more afraid of a needle stick or IV start than the treatment itself.

2. Assure the patient he or she is not alone. Many patients are terrified and in agony when they come to a hospital. It goes a long way when a nurse shows compassion and lets patients know that they are experiencing a common reaction to pain and the unknown.

BIOPHYSICAL AND PSYCHOSOCIAL IMPACT ON PAIN PERCEPTION



Good communication, coupled with an effective pain management tool, produces results that benefit both caregiver and patient. Gebauer's Pain Ease® is an instant topical anesthetic skin refrigerant approved to temporarily control the pain associated with needle procedures and minor surgical procedures. It is non-drug, non-flammable and can be used by any licensed health care practitioner without the order of a physician.

When topically applied to intact skin, minor open wounds or intact oral mucous membranes, Pain Ease creates an instantaneous cooling effect on the surface of the site by immediate evaporation of the product. The coldness decreases the nerve conduction velocity of the C fibers and A-delta fibers that make up the peripheral nervous system. This interrupts the nociceptive (stimuli to the brain giving rise to sensations of pain) inputs to the spinal cord. This process temporarily numbs that area. The fast evaporation rate is created by Pain Ease's chemical blend and its unique delivery system.

IMPORTANT RISK AND SAFETY INFORMATION FOR GEBAUER'S PAIN EASE

Published clinical trials support the use in children three years of age and older. Do not use on large areas of damaged skin, puncture wounds, animal bites or serious wounds. Do not spray in eyes. Over spraying may cause frostbite and freezing may alter skin pigmentation. Use caution when using product on diabetics or persons with poor circulation. Apply only to intact oral mucous membranes. Do not use on genital mucous membranes. The thawing process may be painful and freezing may lower resistance to infection and delay healing. If skin irritation develops, discontinue use. CAUTION: Federal law restricts this device to sale by or on the order of a licensed health care practitioner.

SUMMARY

As the saying goes, first impressions are the most lasting. Because nurses are on the frontline at hospitals, they are often a patient's first — and most lasting — impression of a hospital. By making a small change, like using Pain Ease as part of their pain management routine, nurses can increase patient satisfaction. Pain Ease is not a drug and can be used by any licensed health care practitioner without the order of a physician. It is versatile, simple to explain to patients, easy to administer and instantly relieves pain. If nurses can help the patient feel like a partner in his or her own treatment by opening up the lines of communication and reducing the pain with the use of an instant topical anesthetic, patients will be inclined to remember the care and the relationship when it comes time to fill out the HCAHPS survey.

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