Improving the Patient Experience

An Analysis of HCAHPS Survey Data – Going Beyond Correlation

Causation Modeling®

The Performance Management Group LLC

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5 Frequent PX Missteps Holding Back Your HCAHPS Scores

1. **Misstep 1: Mistaking Correlation for Causation**

Most patient experience reports rely on correlation coefficients to identify key drivers of "Likely to Recommend." Correlation evaluates association—not causation—and often ranks items based on **statistical coincidence** rather than true predictive power.

2. **Misstep 2: Overemphasis on Provider Behavior**

Too often, patient experience strategies default to improving provider communication—training clinicians to speak with more empathy, sit at the bedside, or use scripted language. This causes many hospitals to miss the deeper operational drivers that shape the patient's real-world experience.

3. **Misstep 3: Ignoring the Impact of Response Levels**

Within each survey item lies a spectrum of performance levels—"Always," "Usually," "Sometimes," and "Never"—each of which has a different impact on patient perception. Standard driver reports rarely distinguish between "Always" and "Usually" scores. And… "Usually" scores can sometimes hurt your HCAHPS ratings more than you realize.

4. **Misstep 4: PX Strategy Not Tied to Insights**

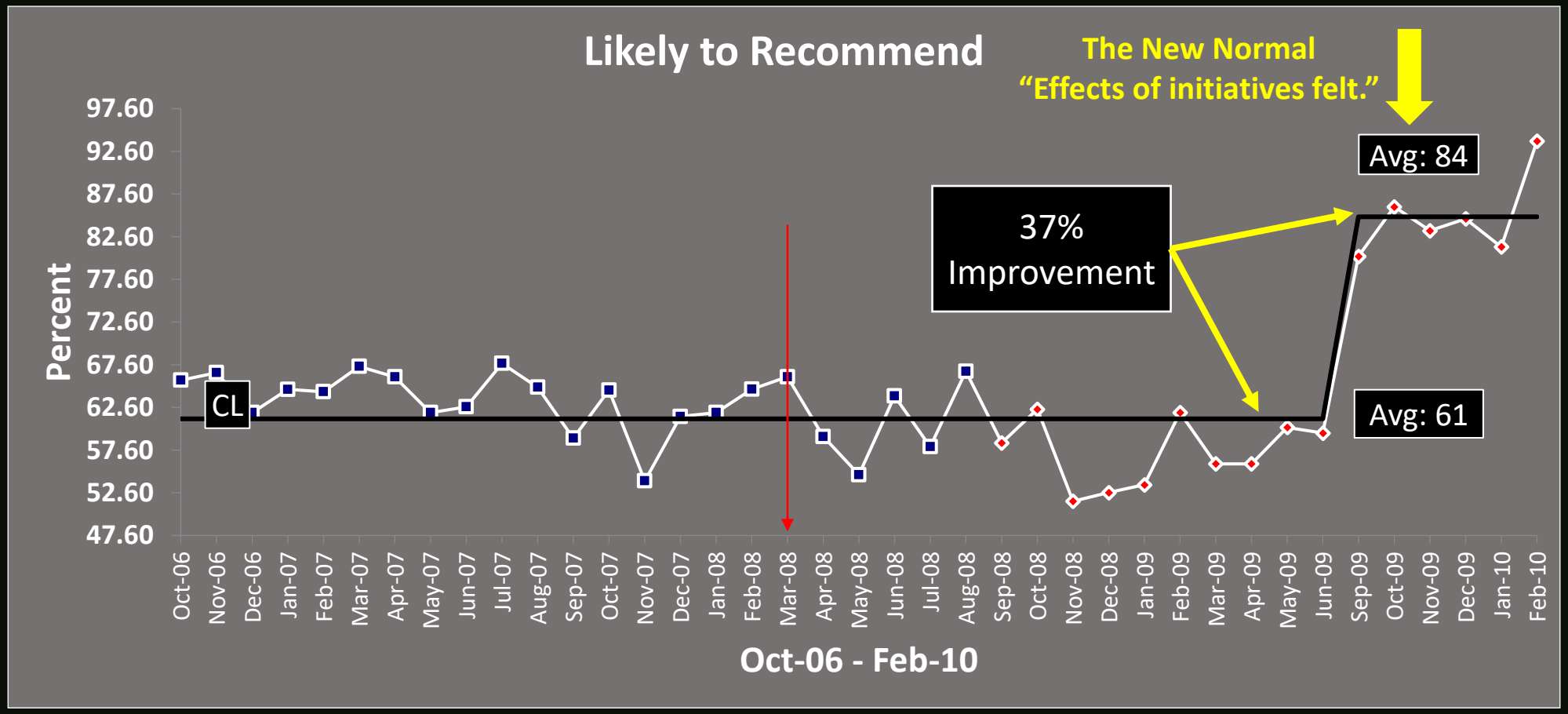
Many health systems receive detailed PX survey data, but few know how to translate that data into actionable objectives and key results. Without integrating databased insights into the org's PX strategies they remain unused—or worse, misapplied.

5. **Misstep 5: No Follow-Up or Ownership**

Even the most accurate analytics lose their value if there's no structured plan to act on them. Without accountability, timelines, or defined outcomes, patient experience efforts stall or fade out completely.

Trend Analysis – Likely to Recommend

A Business Case in Patient Experience – Creating a new Normal

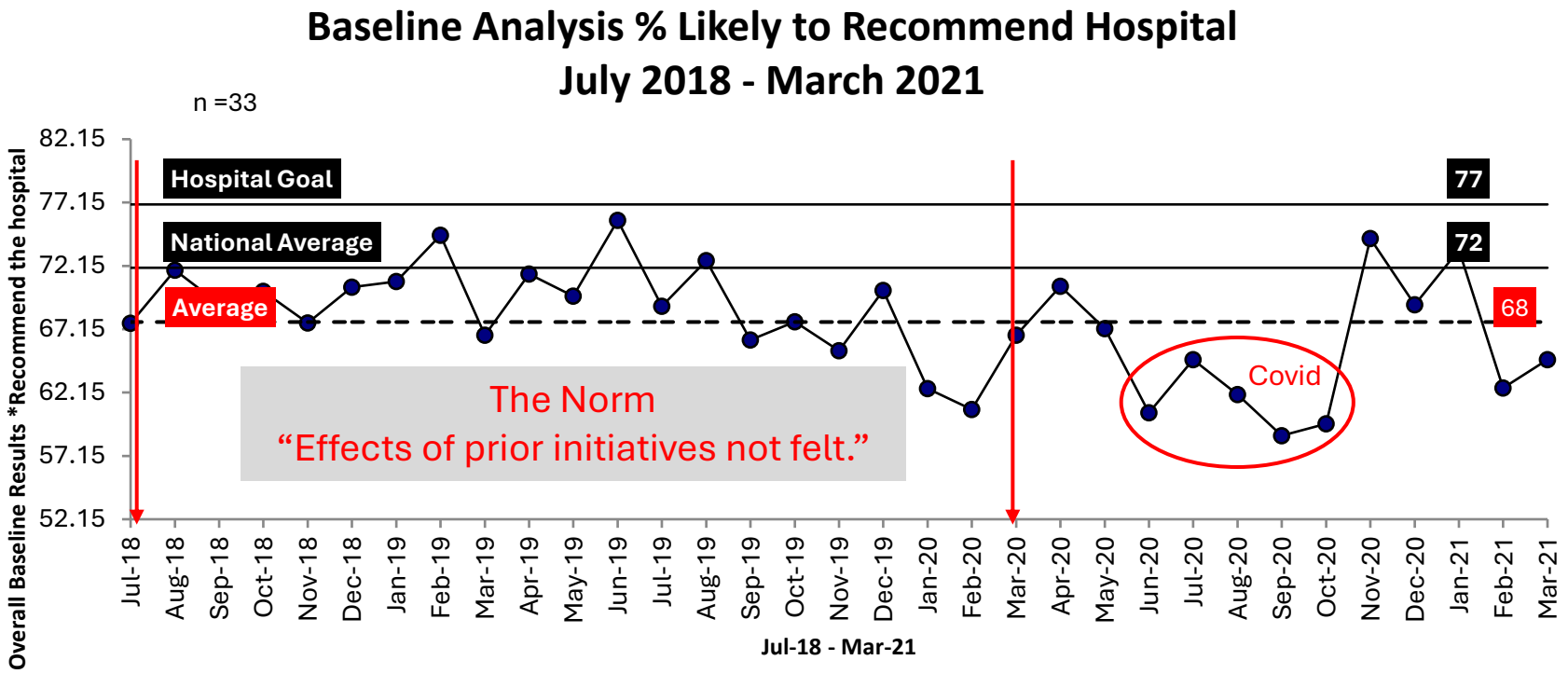


Analysis:

HCAHPS scores for "LTR steady increase from September of 2009 to February 2010, improving nearly 38% in 5 months. The Standard LTR scores also shifted favorably culminating in a high score of 93.8%.

Trend Analysis – Likely to Recommend

A Business Case in Patient Experience – Large Metropolitan Facility



Analysis:

- The average percent top box score for the 33 months from July '18 to March '21 is 69%.
- The score falls 3pts below the national benchmark average of 72 and 8 points below our desired goal of 77.
- Scores for Jun '20 – Oct '20 represents a mini-shift in the average score due to Covid.
- There are no fundamental shifts, trends or patterns in the performance data.

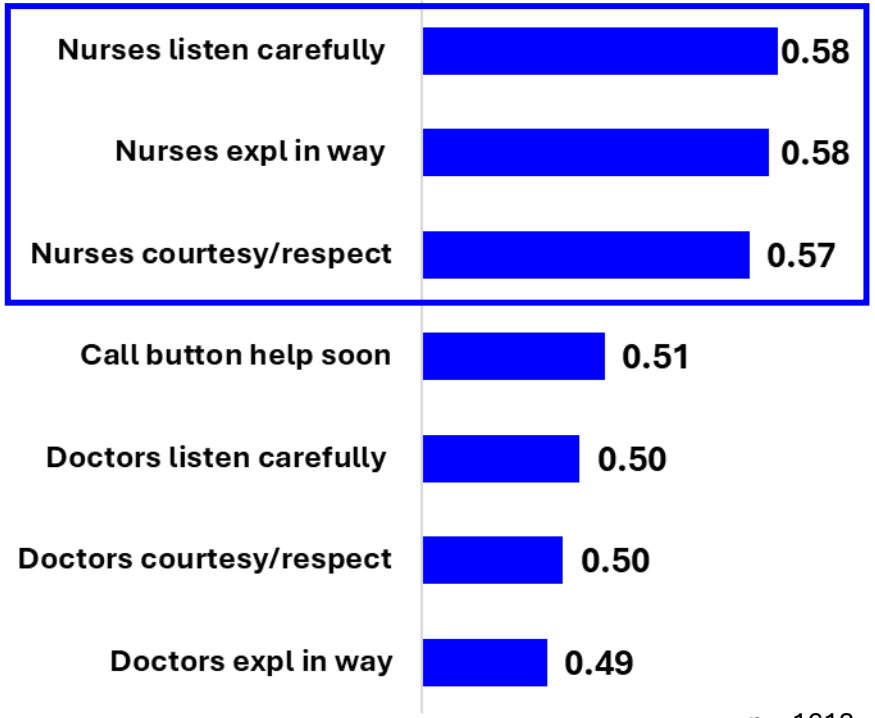
Conclusion:

Over the 33-month period, patient experience initiatives have caused no favorable shifts to a new normal, trends or lasting improvements in "Likely to Recommend" ratings.

Comparative Analysis – Generic Driver Report vs Causation Model

Overcoming Misstep 1: Mistaking Correlation for Causation

Generic Driver Report – Correlation Model:
Importance to patient likelihood to recommend.



n = 1612

TPMG Driver Report – Causation Model:
Importance to patient likelihood to recommend.

n = 1612

Analysis:

- For the top 3 drivers, the **Causation Model®** prioritizes the operational aspects of the care experience **(Call Button, Hospital Quietness & Cleanliness)**, over the behavioral aspects **(Nurse Expl, Dr's & Nurses Listening)** of the care experience.

Conclusion:

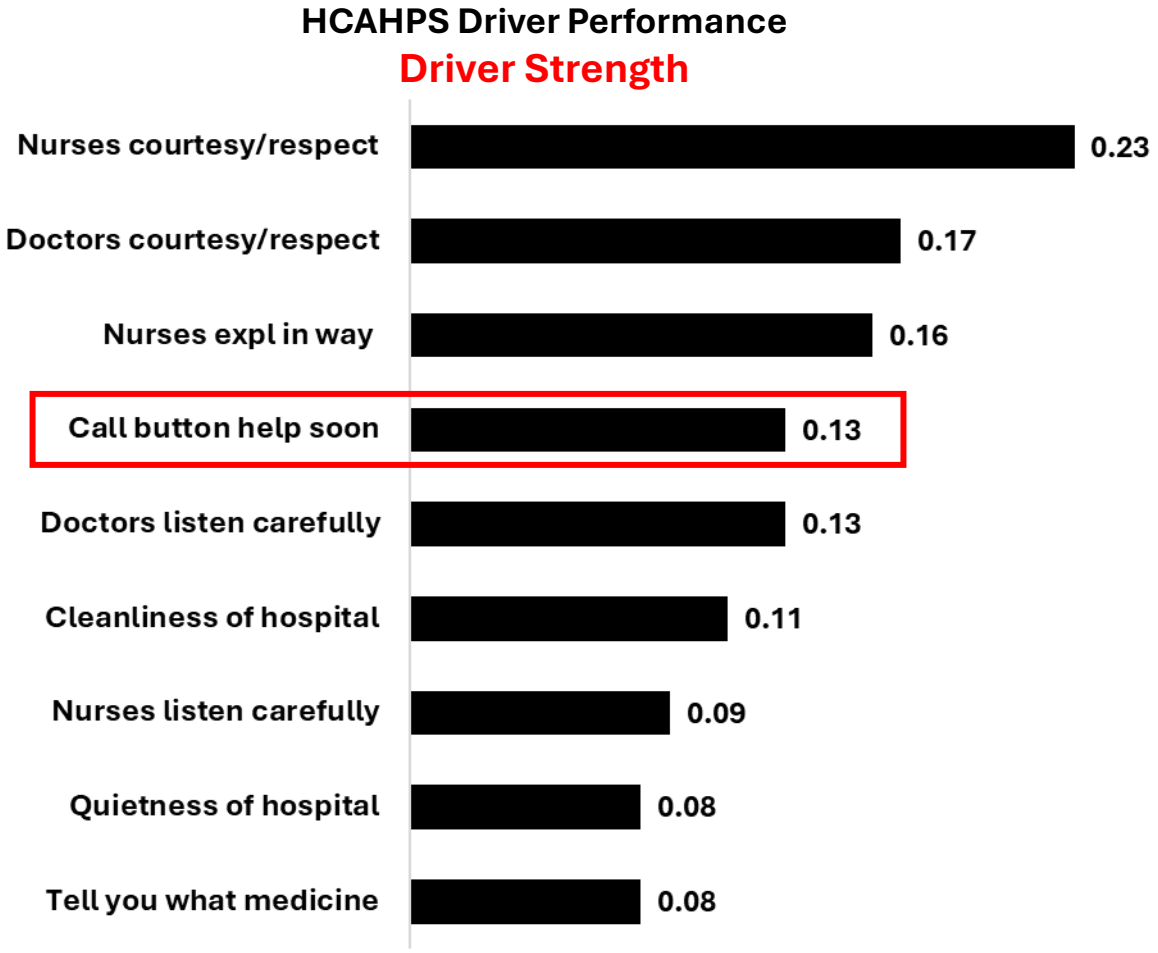
Causation Modeling® often reveals systemic issues have a greater **potential** impact on "Likely to Recommend" than provider behaviors. Patients expect respect, yes—but they remember whether someone helped them to the bathroom on time. If health systems continue to overlook these operational pain points, they'll continue to miss out on substantial improvements in HCAHPS performance.

Cautionary Note:

- *Staff visits met needs/Staff worked together impact each other as well as likelihood to recommend.*

Potential Impact Analysis

Overcoming Misstep 2: Overemphasis on Provider Behavior



Analysis:

- **The Importance of Driver Strength:**

The Causation Model® uses the driver strength to calculate an LTR **weighted performance gap** that reflects:

1. How far off the hospital is from the goal in a particular domain.
2. How much that domain matters in explaining "Likelihood to Recommend."

- **Watch for Moderate Driver Strength + High LTR Performance Gap**

"**Call button help**" has a moderately strong **Driver Strength (0.13)** and high **LTR Performance Gap (0.80)**, giving it a solid **impact rating (0.90)**.

Conclusion:

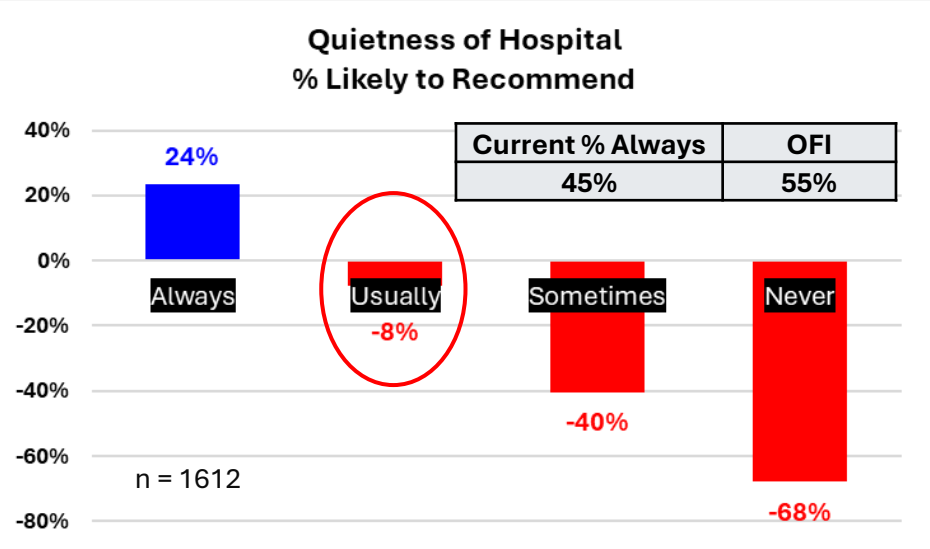
Top 3 Priorities on which to Focus – Potential Impact Score:

- Call button help soon as wanted - 0.9
- Quietness of environment - 0.8
- Cleanliness of hospital environment – 0.7

These are where the most improvement bang-for-buck lies.

The Impact of HCAHP Performance Levels on Recommend Behavior

Overcoming Misstep 3: Ignoring the Impact of Response Levels

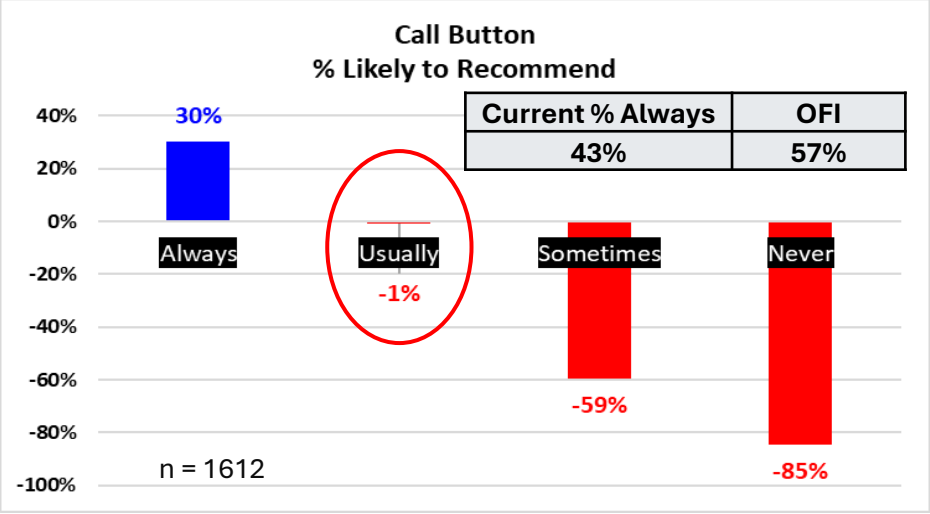


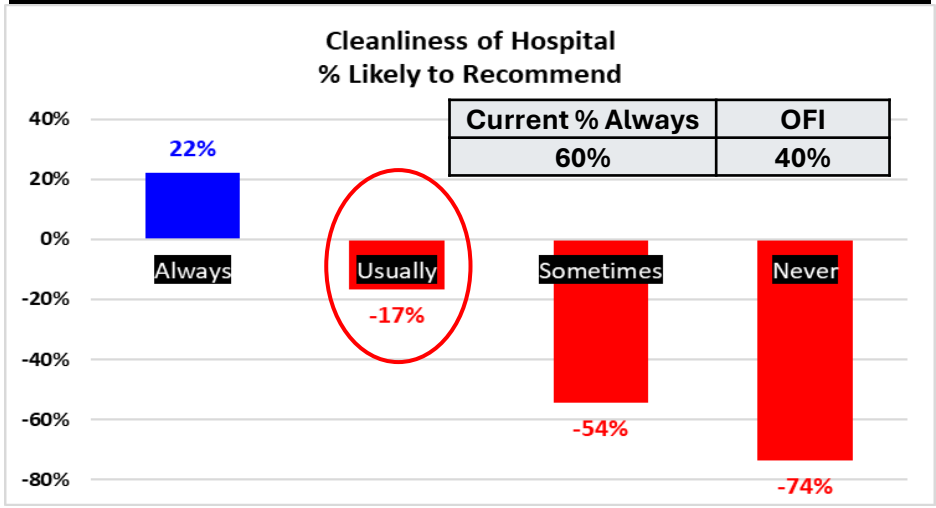
Analysis:

- Each driver **rewards** recommendations only when the **always performance level** is reached.

Conclusion:

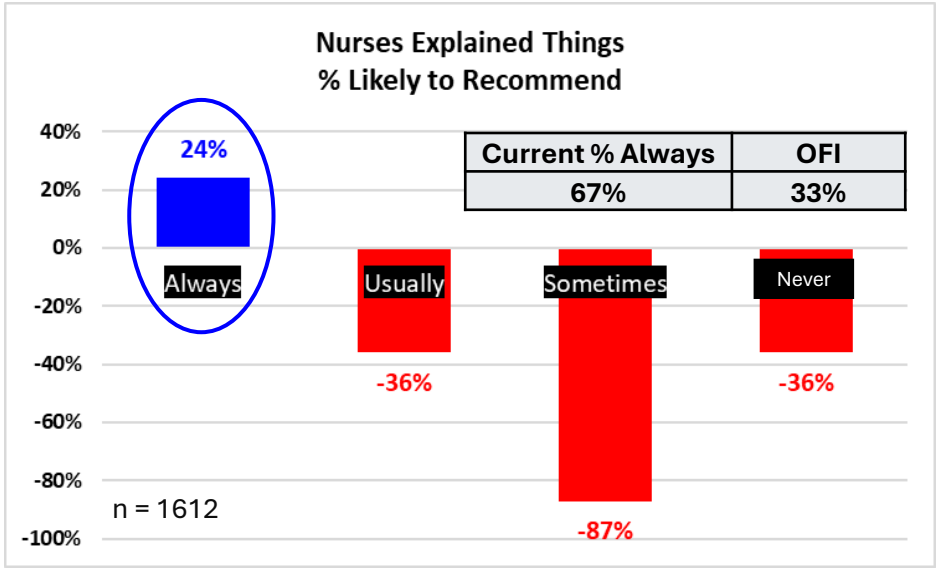
Standard driver reports rarely distinguish between "Always" and "Usually" scores. "Usually" scores can sometimes hurt HCAHPS ratings more than you realize.
Causation Modeling® determines not only which drivers matter, but which levels of performance reward or penalize the likelihood of recommendation.

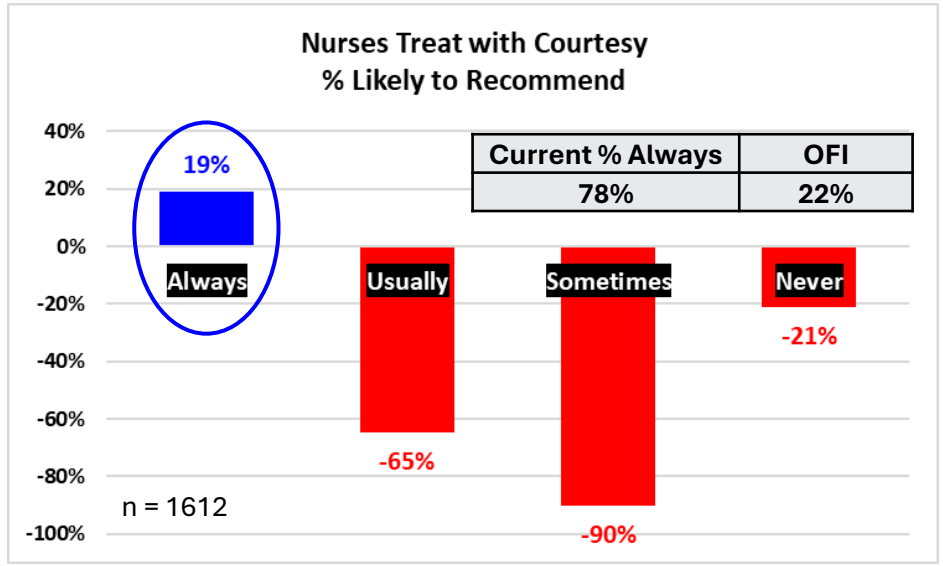


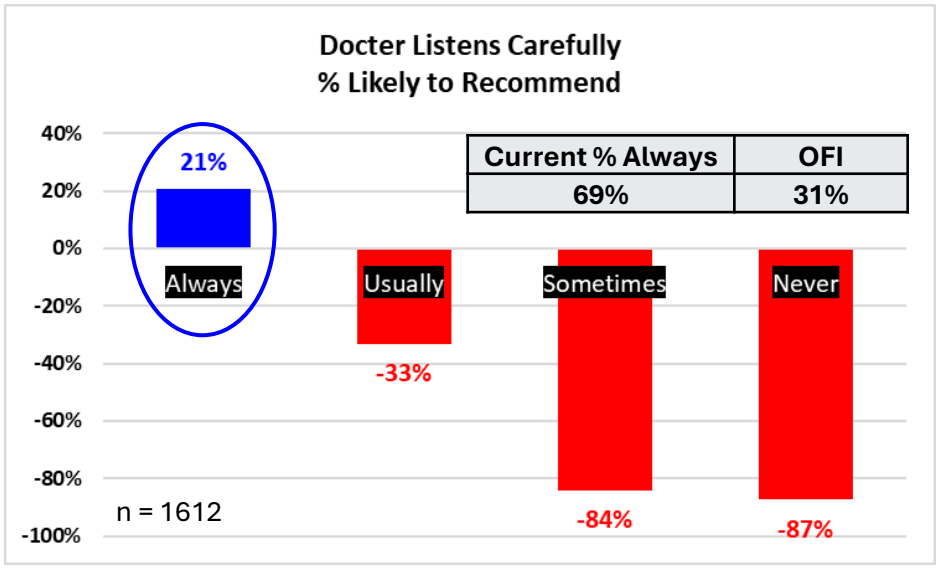


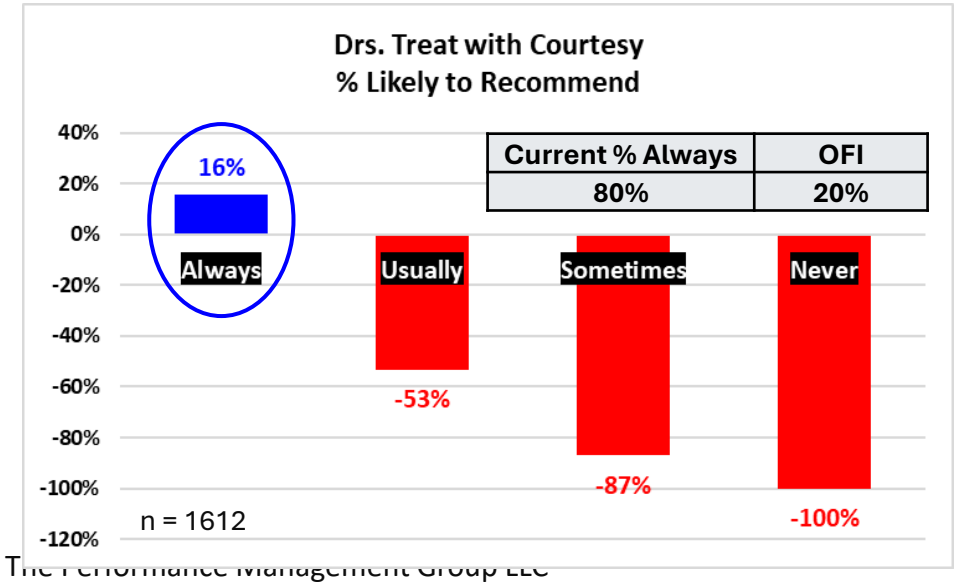
The Impact of HCAHP Response Levels on Recommend Behavior

Overcoming Misstep 3: Ignoring the Impact of Response Levels









Analysis:

- Drivers **reward** recommendation behavior when the **always performance level** is reached.

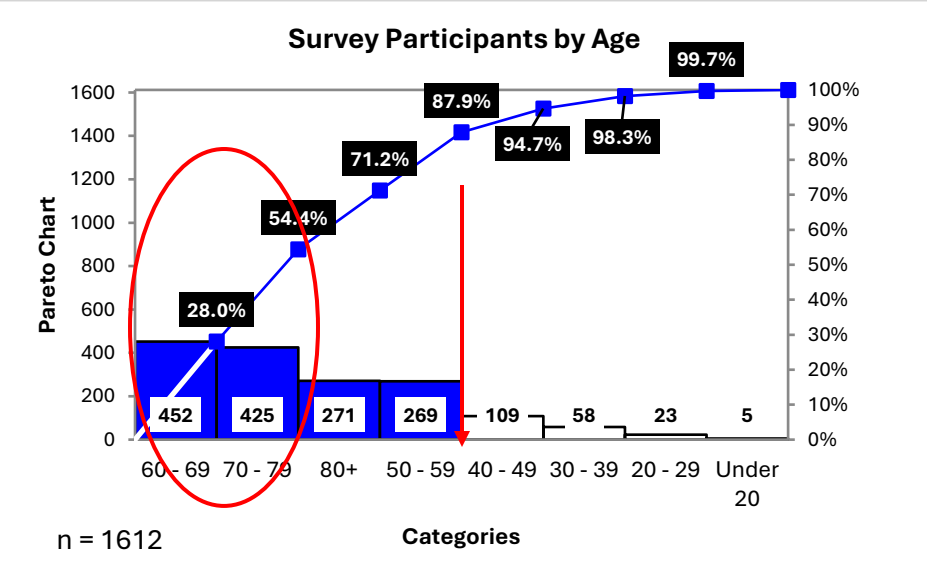
Conclusion:

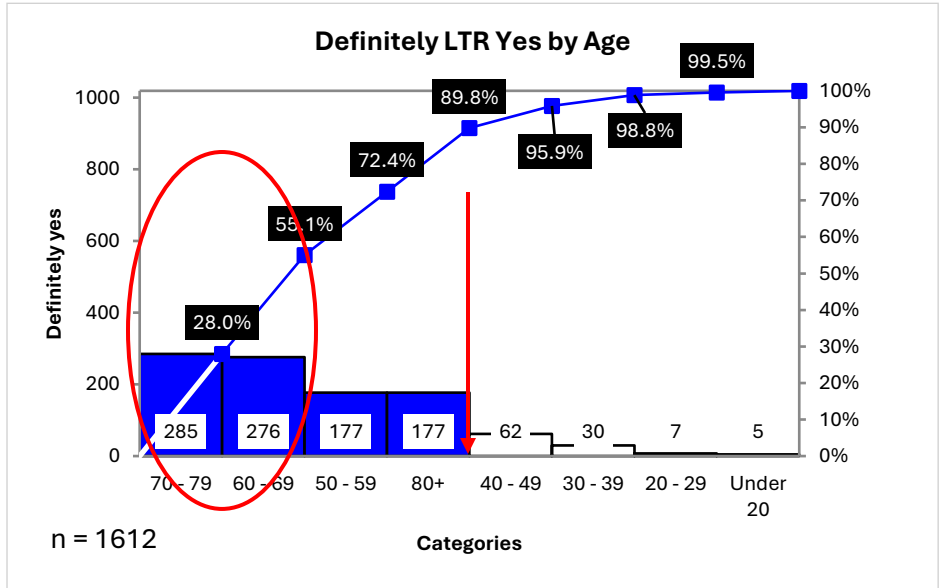
The voice of the patient exclaims the hospital must be perfect for a recommendation; performance **less than always** can harm HCAHPS ratings.

Most vendors tend to ignore these nuances, reporting aggregate scores without revealing the true behavioral thresholds that reward or punish patient satisfaction.

Special Notes - Demographics

Insights by Age and Gender



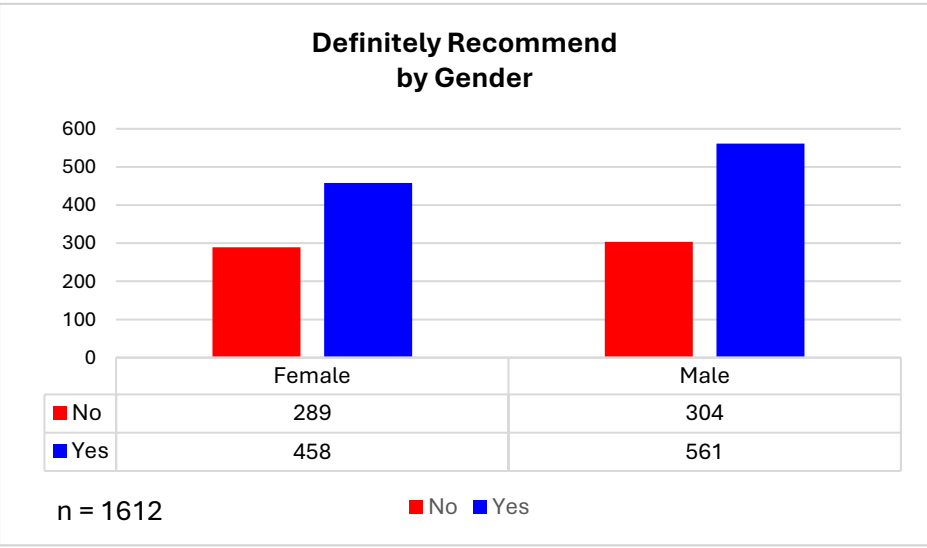


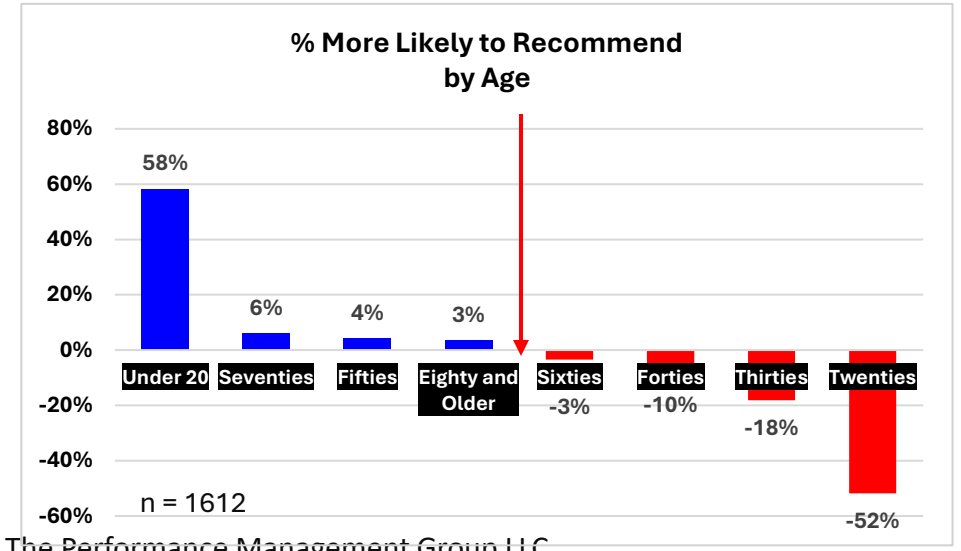
Analysis:

- ~ 90% of the respondents are 50 + years.
- ~ 90% of recommenders are between 50 + years.
- Females are slightly no more likely to recommend than females.
- Respondents under 20 years are 58% more likely to recommend, in 70s are 6% more likely, 50s are 4% more likely, and 80+ are 3% more likely.

Conclusion:

It is unclear how initiatives will differentiate themselves by these demographic characteristics.





The Objectives and Key Results

Overcoming Misstep 4: PX Initiatives Not Tied to Insights

Objective 1: Improve call light responsiveness to increase HCAHPS "Willingness to Recommend" score

- KR1: Increase "Call button help soon as wanted" HCAHPS average score from 3.2 to 3.8
- KR2: Improve "Call button help soon as wanted" **Always** performance rating from 43% to 67%*

Objective 2: Improve hospital quietness at night to support patient rest and wellness

- KR1: Increase "Quietness of hospital environment" HCAHPS average score from 3.3 to 3.9
- KR2: Improve "Quietness of hospital environment" **Always** performance rating from 45% to 70%*

Objective 3: Ensure cleanliness of hospital environment

- KR1: Increase "Cleanliness of Hospital Environment" HCAHPS average score from 3.4 to 3.8
- KR2: Improve "Cleanliness of Hospital Environment" **Always** performance rating from 60% to 80%

Analysis:

Many health systems receive detailed PX survey data, but few know how to translate that data into an actionable, enterprise-wide strategy.

Causation Modeling® helps by integrating the analysis directly into your patient experience initiatives through PX Objectives and Key Results (OKRs), journey mapping, and scorecards. OKRs turn abstract data into prioritized initiatives, with clear ownership and measurable goals.

Conclusion

Focus is placed on Top 3 objectives and key results to improve the overall **average performance** in conjunction with the proportion of patients who rate certain clinical, operational and behavioral aspects of the care experience in the **"Always"** category of performance.

* National Average

Integrated PX Initiative

Overcoming Misstep 5: No Follow-Up or Ownership

WBS	Tasks	Who	Start	End
1	**Analyze Survey Comments**	JS	1/2	1/11
1.1	Group Comments Into Themes		1/2	1/5
1.2	Account for the Frequency of Themes		1/5	1/8
1.3	Rank Themes by Frequency of Mentions		1/8	1/11
	Add, insert or delete more tasks here			
2	**Analyze Complaints**	JS	1/2	1/11
2.1	Group Complaints Into Themes		1/2	1/5
2.2	Account for the Frequency of Themes		1/5	1/8
2.3	Rank Themes by Frequency of Mentions		1/8	1/11
	Add, insert or delete more tasks here			
3	**Conduct Focus Groups**	JS	1/2	1/11
3.1	Schedule Date of Focus Group(s)		1/2	1/5
3.2	Research & Select 4 Patient Focus Groups		1/5	1/8
3.3	Draft Focus Group Questions		1/8	1/11
3.4	Prepare for Focus Groups		1/11	1/14
3.5	Conduct Focus Group Sessions		1/14	1/17
3.6	Interpret Focus Group Themes		1/17	1/20
3.7	Account for the Frequency of Themes		1/20	1/23
3.8	Rank Themes by Frequency of Mentions		1/23	1/26
4	**Conduct Solve Session**	JS	1/2	1/11
4.1	Priortize Themes		1/2	1/5
4.2	Conduct Root Cause Analysis		1/5	1/8
4.3	Brainstom and Design Solutions		1/8	1/11
4.4	Priortize Solutions		1/11	1/14
4	**Perform Kaizen Event(s)**	JS	1/2	1/11
4.1	Plan		1/2	1/5
4.2	Do		1/5	1/8
4.3	Check		1/8	1/11
4.4	Act		1/11	1/14

FAIR: A Causation-Driven Approach to Improving The Patient Experience

F – Focus

Focus begins with understanding **Causation Effect** of the levers that matter.

A – Accountability

Accountability means assigning ownership to the domains that are **Causal and Impactful**. If organizations are matrixed, accountabilities are shared.

I – Improvement

Improvement means we confidently prioritize interventions and direct resources to where they will produce the greatest positive impact to the patient experience.

R – Results

Results is the NEW NORMAL that systematically repeats and reproduces measurable gains in “Likely to Recommend” and generates greater value-based reimbursement.

Be Part of the Next Step – Complimentary Causation Analysis Study

Causation Modeling® – Proof It Works

Participate in a comparative analysis and a **Complimentary Proof of Concept** (POC). *We don't replace your survey partner*. We analyze your sanitized HCAHPS data using Causation Modeling®—then return a **Custom Insight Report** at no cost. The report will**:**

1. Provide custom review of your HCAHPS data.
2. Demonstrate driver impact based on **Causation Modeling.**
3. Reveal insights into how the **performance levels** influence patients' **Likely to Recommend** responses.
4. Tailor **Objectives and Key Results (OKRs)** based on the **FAIR®** model.
5. Give careful consideration to characteristics like, **"Language, Gender, Ethnicity, Level of Education."**

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