

# HCAHPS: The Patient's Perspective on Hospital Care

Kathleen Ream, Director of Government Affairs

The first national, standardized survey of patients' perspectives of hospital care, the CAHPS® Hospital Survey (better known as HCAHPS), has now been in the field for over a year, and results for over 2,500 participating hospitals were publicly reported for the first time in late March 2008.

HCAHPS has already caught the attention of many healthcare organizations and hospital administrators and it is quite possible that, armed with survey results for one or more hospitals, patients will soon be soliciting your advice.

The survey asks a random sample of discharged, adult patients across medical conditions about their experience of care (including communication with doctors) and rating of hospital. It was developed by researchers at the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services, who also oversee survey administration and public reporting.

Participating hospitals (and by 2009 nearly all acute care hospitals will participate, or risk losing significant government payments) must adhere to standardized survey administration protocols and submit to government review. Hospital-level scores will be publicly reported on the Hospital Compare website [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov), alongside the current clinical and mortality measures. Results are adjusted for survey mode (mail, telephone, etc.) and certain patient characteristics (self-reported health status, age, ER admission, etc.) to eliminate sources of potential bias.

The 27 items on the HCAHPS survey can be viewed at <http://www.hcahponline.org/surveyinstrument.aspx>. The official HCAHPS website, [www.hcahponline.org](http://www.hcahponline.org), houses a wealth of information about survey content, development and administration.

## Transfer for Appropriate Medical Treatment

On February 22, 2008, the Kentucky Court of Appeals found that Billie C. Shreve's estate (Appellees) failed to prove that Appellant, Ohio County Hospital Corp. (OCHC), violated EMTALA requirements of appropriate screening and transfer. The appeals court held that the "trial court erred by not granting directed verdicts and dismissing the appellees' EMTALA requirements" (Ohio County Hospital Corp. v. Martin, Ky. Ct. App., No. 2006-CA-002248-MR, 2/22/08).

## The Facts

In June 2002, Billie C. Shreve was injured in an automobile accident. Shreve was transported to OCHC where she was evaluated by an RN and an ED physician. Shreve stated she was uncomfortable, but she did not complain specifically of pain. The nursing staff continued to monitor Shreve, whose condition deteriorated to the point that she lost consciousness.

Determining that Shreve was in shock and likely hemorrhaging, the physician ordered a CT scan to identify the site of hemorrhaging. Shreve received blood transfusions in the interim. When the results of the CT scan were received, the ED physician concluded that Shreve required surgery for internal bleeding from abdominal trauma.

With no surgeons available at OCHC, the doctor arranged for Shreve's transfer to another hospital for surgery. By the time Shreve was delivered to the other facility, she had bled to death. Shreve's estate filed complaints alleging medical negligence and seeking damages for EMTALA violations and for Shreve's husband's alleged loss of consortium. The case was tried in the Ohio Circuit Court where the jury returned a verdict finding OCHC and the doctor liable under EMTALA and for medical negligence. The hospital appealed.

## The Ruling

Regarding appellees' claim of EMTALA screening violations, the Kentucky Court of Appeals noted that hospitals with EDs must provide an appropriate medical screening for any individual who presents requesting examination or treatment for a medical condition. However, the court found that Shreve's estate provided neither evidence of disparate treatment nor of improper motive, and thus the trial court "should have directed a verdict in the hospital's favor on that portion of the appellees' claim."

Turning to the appellees' claim relating to the stabilization requirement, the court found that appellees' argument and the court's instruction to the jury that the patient must be stabilized prior to transfer "were not an accurate statement of the law." Rather, the statute reads that patients with an emergency medical condition "must either be treated or transferred in accordance with EMTALA." Whether OCHC violated EMTALA thus turned on whether the transfer complied with the requirements. The appeals court determined that the ED physician appropriately completed a certification "that based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweighed the increased risks to the individual." "There is no question," wrote the court, "that the hospital complied with the statute. Therefore, the [trial] court erred in not granting a directed verdict on this portion of the appellees' EMTALA claim as well."

Failing to make a *prima facie* case under EMTALA, the appellate court found that the trial court improperly submitted the case to the jury, when it should have been dismissed by directed verdict. However, the Kentucky Court of Appeals determined that the medical negligence claim should be affirmed, but that

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since the verdict did not segregate the damages from the alleged EMTALA claims, the court "must vacate the damages award and remand for a new trial on . . . the estate's medical negligence claim."

For more details, go to:  
<http://op.bna.com/hl.nsf/r?Open=psts-7c9n9z>.

### AAEM's Government Relations Resources

Advocacy is more than just understanding the issues. To make a difference, you have to make your voice heard. The involvement of individual emergency physicians is vital to the success of AAEM's grassroots efforts. To assist you in your government relations activities, AAEM provides the following services and information:

#### 1. AAEM E-Mail Alerts

AAEM E-Mail Alerts provide strategic information to affect key policy issues of concern to emergency medicine. To receive future Alerts, sign onto the Action E-List on the homepage of the Legislative Action Center, <http://capwiz.com/aaem/home>.

#### 2. Legislative Action Center

The Legislative Action Center located on AAEM's Web site [www.aaem.org](http://www.aaem.org) is "one-stop shopping" for federal legislative and regulatory information. It contains the important issues that AAEM is tracking for you, recent votes, current bills and other relevant

items. You can search the congressional database by name, state, committee, or leadership, and send messages to your congressional delegation directly from the site.

#### 3. Additional features include:

- "Sponsor Track" which attaches information on relevant bill sponsorship on Members' bio pages;
- A "Vote Scorecard" listing every Member of Congress and how they voted on bills of interest to AAEM;
- "Megavote" provides you with a weekly e-mail on the voting patterns of your Representative and Senators;
- A searchable "Guide on National and Local Media" including newspapers, magazines, and TV networks and stations; users can send e-mails, faxes or printed letters to newspaper journalists, radio talk show hosts and television commentators; and
- Detailed "Campaign Contribution Data."

#### 4. Washington Sentinel

The *Washington Sentinel* is AAEM's e-newsletter on legislative and regulatory issues of concern to emergency medicine. You can receive the *Washington Sentinel* as a downloadable PDF document by sending an e-mail note to [aaemgov@aol.com](mailto:aaemgov@aol.com).

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