HCAHPS Improvement Brief: Willingness to Recommend

Background
To identify the best approach for increasing the “willingness to recommend” HCAHPS score, we must first understand that:

- Strong relationships between technical performance in all medical conditions and surgical care and the ratings of willingness to recommend the hospital were found in a study of 1000 hospitals.¹
- Focus groups conducted by Planetree in a small rural hospital found that participants based their decision on recommending the hospital to others dependent on the medical problem. “Smaller hospitals do not have all of the services that patients need for all medical concerns.”
- Readmission rates had a direct correlation to a patient’s willingness to recommend a hospital from a recent study of 4500 hospitals.² Integrating caregivers into discharge planning resulted in a 25 percent reduction in risk of the elderly patient being readmitted to the hospital within 90 days, and a 24 percent reduction in risk of being readmitted within 180 days.³
- Hospitals with a perceived “culture of safety” routinely scored higher in this domain.⁴

Do Your Own Research. What Do Your Patients Say?
- Focus groups, rounding, and post discharge phone calls can provide important information as to why a patient may or may not respond favorably to the willingness to recommend question.

Some sample questions:
1. If you were to get sick again, would you come to (your organization)?
2. If your loved one got sick, where would you take them?

From Response to Action
Below are some common reasons that may cause individuals to withhold the highest score for on the willingness to recommend question, along with some strategies for addressing these potential gaps.

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