The Patient Room: The Epicenter of the Patient Experience and HCAHPS Scores

August 3, 2012 by Monte Hoover, AIA, ACHA, EDAC

As designers work to connect the built environment to improved HCAHPS scores, it is important to understand the meaning of the questions on the survey. The first 22 questions on the HCAHPS survey are all experiential.

• Questions 1 through 7 relate to the care you receive from caregivers;
• Questions 8 through 9 ask about your hospital environment;
• Questions 10 through 17 ask you to recount your experiences in the hospital;
• Questions 18 through 20 relate to your experience when you left the hospital; and
• Questions 21 through 22 ask about your overall experience rating of the hospital.

The epicenter of these experiences for patients is generally focused on the patient room and five different types of human interactions during the patient stay:

1. When the patient is alone in the room
2. When the patient and a visitor are together in the room
3. When the patient and nurse interact in the room
4. When the patient and physician interact in the room
5. When the patient and support services interact in the room

These different human interactions create the paradigm for defining the patient experience...the people, the process and the place.
The Patient Experience Paradigm

**People**—the physical space of the patient room can contribute to engaging the caregiver by providing plenty of natural light, giving caregivers adequate space to work, and planning spaces that combine multiple functions.

**Process**—Lean design principles should be used to improve the caregiver’s workflow and limit the number of value-wasted movements. By making their job more efficient they can save energy and leverage opportunities for rest and respite.

**Place**—the physical space needs to be quiet and clean. As I mentioned in my previous blog post, these two factors relate directly to satisfaction. Using easy-to-clean flooring materials and designing patient rooms to limit room-to-room and corridor-to-room noise transfer enables the space to address typical areas for satisfaction shortfalls.

These three interactions need to work well collaboratively in order to yield a satisfactory patient experience and quality HCAHPS scores. It is the cause and effect flow to HCAHPS scores.

The Cause and Effect Flow to HCAHPS

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