



FLOYD LEE
— LOCUMS —



HCAHPS Change Guide



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Dear Valued Partner in Healthcare,

At Floyd Lee Locums, we pride ourselves on our concierge approach to locum tenens staffing, ensuring everyone receives personalized, high-quality service. That's why I'm excited to share with you this resource to help you adjust to some changes in federal protocols that affect us all.

As you may be aware, the Centers for Medicare & Medicaid Services (CMS) has introduced significant changes to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey effective January 1, 2025. These changes include new questions, revised sub-measures, and the removal of an existing sub-measure.

To help you navigate these changes in the HCAHPS, we're pleased to present you with the enclosed guide developed by our long-time partner, Healthcare Plus Solutions Group (HPSG). Founded by the legendary Quint Studer and Dan Collard, HPSG is at the forefront of healthcare leadership and industry innovation.

This guide provides practical and targeted guidance and tips for incorporating the changes into your daily routines. Key features include:

- Detailed explanations of new HCAHPS questions and their wording
- Strategies for implementing the changes seamlessly into your workflows
- Tips for improving patient communication and care coordination
- Examples and keywords so you can conduct informed and caring conversations with patients

If you have any questions or are interested in receiving training about these HCAHPS changes, please don't hesitate to reach out to us:

CONTACT US

or call us at (843) 900-4185.

We're here to support you every step of the way. Thank you for your dedication to healthcare excellence. Together, we can continue to make a positive impact on patient care and outcomes.

Warm regards,

Natasha Lee

CEO & CO-FOUNDER
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GET TO KNOW ME



CARING CONNECTIONS

HCAHPS 2025 Update – Key Words

What to Know About the HCAHPS 2025 Changes

On August 1, 2024, CMS announced several upcoming changes to the administration and protocols of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

The current HCAHPS survey consists of 29 questions. The updated HCAHPS survey will have 32 questions.

The following changes will go into effect on January 1, 2025. CMS will:

- Add three new sub-measures: Care Coordination, Restfulness of Hospital Environment, and Information About Symptoms.
- Modify the existing “Responsiveness of Hospital Staff” sub-measure.
- Remove the existing “Care Transition” sub-measure.
- Revise “About You” questions.

As your organization prepares for these changes, Healthcare Plus Solutions Group (HPSG) is here to serve as your trusted advisor, providing expertise in patient experience, employee engagement, and the development of your teams.

What’s Included in This Guide

HPSG has developed some quick tip sheets to help you and your team approach each of the new HCAHPS questions. Each sheet addresses one question and provides further details on:

- The importance of the question and the specific wording
- Identified key words to help your team conduct caring conversations
- Examples of how key words sound and where they fit for physicians, nursing, clinical caregivers, non-clinical caregivers, and leaders.

How to Use This Guide

Please use these tip sheets in whatever way is most helpful for you and your team. HPSG is available to provide coaching on the new 2025 questions in addition to the full HCAHPS survey. Our goal is to help your team lead informed and caring conversations that lead to improved results.

Contact your advisor or info@HealthcarePlusSG.com with questions or for additional support.

Q10-2: During this hospital stay, how often were doctors, nurses, and other hospital staff informed and up-to-date about your care?

Often patients are left “lying and waiting” without fully understanding why. It’s important that we inform them about their plan of care, next steps in the plan, what they are waiting for, and why. This reduces their anxiety. While there are certain caregivers who may be more equipped to answer questions for our patients and their families, when asked, we should all “own” the responsibility for keeping them informed.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Informed” | “Up-to-Date” | “Care”

Physicians:

“I want you to be **informed** about your plan of **care**.”

“Let me give you the **up-to-date** information about the labs we ordered.”

“I am a cardiologist [or other specialist]. Dr. XX made sure I was **up-to-date** about your **care**. I have a few more detailed questions to ask you.”

“I am Dr. XX. I will be off for the next several days. My colleague Dr. YY will now be managing your plan of **care** with you. I have brought her fully **up-to-date**, and she has all my notes so your **care** is fully coordinated.”

“I am Dr. XX. I know Dr. YY from our group was managing your plan of **care**. She has brought me fully **up-to-date**, and I have her notes so we can continue to manage your plan of **care**.”

- During assessment intake
- During rounds
- When giving results
- When talking through the plan of care
- When connecting patient to new physicians (specialists, next-shift hospitalists, or physician covering)

Nursing:

When informing about a wait or expected duration, be as specific as possible: “It will be about 30 minutes before that test result is returned. We will keep you **informed**.”

Bedside shift report: “This is the time for me to get XX **up-to-date** about your care. Please jump in with any details you would like to share.”

Tech or nursing aide: “Your nurse XX brought me **up-to-date** about your care plan and thought now would be a good time to offer to talk with you.”

“I spoke with the doctor about your new symptom, and she requested some labs—I just wanted to keep you **up-to-date**. Lab should be in soon [within the hour] to draw those tests.”

- On communication board
- During bedside shift report
- During purposeful rounding
- Discharge
- During medication administration
- Leader rounding on patients

Clinical Caregivers:

“Your nurse told me to keep you **informed** about the time for our next PT session.”

“I want you to have the most **up-to-date** information about that medication, so I am giving you this handout.”

- During routine tasks with patient
- Answering a call light
- Bringing the patient a requested item
- Patient rounding

Non-Clinical Caregivers:

“Your food will be arriving at your bedside in about 45 minutes, so that will be around 12:45 p.m.—just want to keep you **up-to-date!**”

“Your nurse informed me that 2:30 might be a good time for me to clean your room as you will be out having a procedure. Will that work for you? We like to coordinate your care together.”

- FNS—order taking, tray delivery or pick-up
- During room daily clean
- During transport
- When answering a call light
- Leader rounding on patients

Leader Rounding:

“We use the communication board to keep you and our care team **up-to-date** about your care. How has that been working?”

“We do bedside shift reporting to help us stay **informed** with you about your care. How has that worked for you while you’ve been here?”

Q11-2: During this hospital stay, how often did doctors, nurses, and other hospital staff work well together to care for you?

Patients count on us to communicate well with each other. We need to protect that confidence. We also need to keep the patient up-to-date by narrating care, and give credit to our colleagues for passing on information. Acknowledging our colleagues and explaining how we share information with one another reduces patient anxiety and reassures them that we are working as a team.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Work Together” | “Teamwork”

Physicians:

“The nurses are in contact with me, and we **work together**.” “Your nurse Patti let me know...”

“As the hospitalist team, we always make sure our other partners have a good update on our patients. We are all **working on your care together**.”

“Dr. XX will be coming on for me this evening, because I will be off tomorrow. I’ll make sure she is fully up-to-speed about the plan of care we have discussed.”

- Any interaction with the patient
- When using information that came from another source (e.g., a nurse told you)
- During assessment of the patient (narration of what you will be watching for—or having one of the team watch for)

Nursing:

“We have great **teamwork** with our XX department. As soon as I hear the time for your procedure, I will let you know.”

“I just heard from your cardiologist, Dr. Keefe.”

“Our team today has over 50 years of nursing experience to **work together** to care for you.”

- Bedside shift report
- Patient rounding
- Assessment of the patient
- Nurse leader rounding
- Patient communication board

Clinical Caregivers:

"We **work together**."

"I can come back a little later when your nurse is finished. We **work together** to care for you!"

- Any care that is taking place with the patient
- Patient rounding

Non-Clinical Caregivers:

"We all **work together**—your nurse let me know..."

"I will let your nurse know. We **work together** as a team to take care of you!"

- Any care that is taking place with the patient
- Food tray delivery
- Room cleaning

Leader Rounding:

"We work hard to make sure our entire care team **works together** to care for you. How has it been?"

Q18: During this hospital stay, how often did doctors, nurses, and other hospital staff help you to rest and recover?

Rest is needed for recovery. While the hospital team will need to wake the patient for cares, we have to balance that rest and recovery time with the need for completing cares. We need to call out when we will be interrupting the patient and share a plan at the beginning of the day.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Rest” | “Recover”

Physicians:

“**Rest** is important for your **recovery**.”

“We have quite a few tests to complete. I want you to have some **recovery** time to **rest** in between them today.”

- When ordering tests
- When the patient will need to be woken up to do any cares/tests ordered

Nursing:

“Let’s plan your **rest** time today so I can post a sign to be sure you have **recovery** time.”

- Discharge plan
- Bedside shift report
- Patient rounding
- Communication board
- Use of signage to individualize patient rest time

Clinical Caregivers:

“It’s important for you to **recover**...would you like your door open or closed so you can **rest**?”

- During any care time

Non-Clinical Caregivers:

“What’s your preference: door open or closed? I want you to have some **recovery rest** time.”

- During any care time

Leader Rounding:

“It’s important to us to provide you with an environment that allows you to **rest and recover**. How has it been for you? Please don’t hesitate to ask if you need uninterrupted time to **rest**.”

Q19: During this hospital stay, did doctors, nurses, or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

While many patients look forward to going home, leaving the hospital can cause anxiety for them and for their family or caregivers. Often patients spend significant time recovering and receiving care at home. We need to help them stay safe and continue to progress during this time. It's important that the entire care team develop a plan for home with the patient and their family and caregivers. This reduces the anxiety of this transition. The more repetition, the more likely the patient will learn and continue to recover at home.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Plans” | “Care”

Physicians:

“I want to review the **plan** for after you leave the hospital.”

“I have reviewed the **plan** with the xx specialist, so we are ready for you when you leave the hospital.”

“Let's review the **plan** for when you leave the hospital.”

- Discharge plan
- Discharge notes
- When patient brings up any concerns for when they leave
- During rounds

Nursing:

“Let's go over the **plan** for your recovery and **care** after you leave the hospital.”

“As we go through your discharge instructions, we want to be sure we have a solid **plan** for when you leave here.”

“We want to work with you and your family/caregiver to ensure we have a good **plan** in place for you when you leave the hospital.”

- When family is present
- Before the plan is executed
- Communication board
- Bedside shift report
- Leader rounding

Clinical Caregivers:

“We have a solid **plan** for when you go home.”

“I know you have three steps at your house to maneuver—let’s work on your stair climbing while you are here to have you ready for when you go home.”

- Updating the patient
- When hearing a concern of the patient for when they leave
- During rounds

Non-Clinical Caregivers:

“What **plans** do you have when you leave the hospital?”

“Your nurse shared **plans** for your **care** when you leave the hospital—that you will be going to your home [or other].”

- Updating the patient
- When hearing a concern of the patient for when they leave
- Leader rounding
- During rounds

Leader Rounding:

“Our entire **care** team wants to be sure you have what you need when you go home. Is there anything you can think of that we need to address?”

Q20: During this hospital stay, did doctors, nurses, or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

When a patient goes home, safe recovery is crucial. The patient, their family, and any caregivers need to know the symptoms and problems to watch for. This question recognizes the importance of including the family and/or caregiver as we share this information. We know that they are not always present when we are providing this information or at the time of discharge.

Consider including family and caregivers virtually in these conversations so everyone is well informed. Use handouts that are tailored to them—using simple language—with specific things to watch for that may commonly occur based on the patient’s diagnosis. Remember, this information is so important to the patient’s recovery that it needs to be discussed frequently throughout the hospital stay.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Symptoms” | “Health Problems” | “Watch For”

Physicians:

“I want to be sure you know what **symptoms** or **health problems** you should **watch for** and contact your primary care physician if they occur.”

- Discharge planning
- During the discharge conversation

Nursing:

“Let’s go over what **symptoms** might occur with your condition and what **health problems** you should **watch for** once you are home.”

- Discharge planning
- Bedside shift report
- Communication board
- Reviewing the physician’s discharge plan

Clinical Caregivers:

“Let me talk through **symptoms** you might experience with this medication.”

- Discharge planning
- Report

Non-Clinical Caregivers:

“The nurse will be going over **symptoms** to **watch for** when you have an incision.”

- During patient interactions as appropriate

Leader Rounding:

“Your nurse and our discharge team will be creating written instructions for you. They will go over these in detail so you know what to **watch for** when you leave the hospital. Be sure to ask any questions you have. Are there any now you would like me to get addressed?”

Q21: When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

This is a yes or no question.

Q22: During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

Hospitalizations are anxiety-producing for patients. They often are not thinking about how care will happen when they get home. They don't think about things like how they will navigate stairs, rugs, bathroom and kitchen activities, and car transport. It's up to the caregivers to ask good questions and have the patient think through their home setting and ability. We miss opportunities to set them up for success by hoping they will get it figured out. Even simple things—like making sure the medications ordered are filled—need to be planned for.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“Help Needed”

Physicians:

“I want to be sure you will have the **help you need** when you are home.”

- During discharge planning
- Any interaction with the patient
- When ordering anything that has to be done at home or after they leave

Nursing:

“Let me ask some questions about home to be sure you will **have the help you need.**”

- Medication review
- Discharge planning

Clinical Caregivers:

“Oxygen at home will need to be set up. I want to ask some questions about your house to be sure you have the right equipment and **help you will need.**”

- Equipment planning
- Procedure planning
- Care coordination with discharge planning

Non-Clinical Caregivers:

“When you go home, what help will you have? I want to be sure your nurse knows what needs to be set up for the **help you will need.**”

- Listening for any concerns the patient has
- During any cares provided for the patient

Leader Rounding:

“We want to make sure to have any **help you are going to need** at home set up before you leave. Is there anything you are thinking about right now that I can have our team working on?”

Q23: During this hospital stay, did you get the information in writing about what symptoms or health problems to look out for after you left the hospital?

Often, patients are not completely well when they leave the hospital. They need to be on the lookout for symptoms that might occur once they're back home. Many of the instructions given can be hard for them to understand—especially if they're feeling anxious and not “healthcare people.” It's important that we go over the discharge instructions verbally *and* send them home with clearly written instructions to refer back to. Post-discharge phone calls are a great time to follow up with patients and confirm that they are referring to the written instructions. (Too often, the instructions get left in the back seat of the car!) Review instructions with the family whenever possible.

HOW KEY WORDS SOUND AND WHERE THEY FIT:

“In Writing” | “Look Out For”

Physicians:

“The nurse will go over this again and give you **written instructions**. I will ask him/her to highlight xx symptoms I want you to **look out for** and let your PCP know about if they occur.”

- Discharge planning
- Order writing
- Discharge orders
- Education for patient and family

Nursing:

“These are your instructions **in writing** we have just reviewed. Some key things to **look out for** are...”

- Discharge instructions
- Bedside shift report
- Purposeful rounding
- Nurse leader rounding

Clinical Caregivers:

“I want to go over what to **look out for** and also remind you of the handout I gave you that is **in writing** for your reference.”

- When reviewing instructions
- With family instruction
- With any follow-up for equipment or next steps

Non-Clinical Caregivers:

“The nurses always give instructions **in writing**. They will review things to **look out for**.”

- Listen for concerns or questions
- Reinforce what you have learned during report from the nurse

Leader Rounding:

“Many times, patients don’t know what a ‘normal’ symptom is and what to **look out for**. We will be going over some of the common ones before you leave. What questions can I get answered for you today?”

About Healthcare Plus Solutions Group®

Healthcare Plus Solutions Group® (HPSG) was founded by Quint Studer and Dan Collard in 2022. Powered by a team of healthcare industry and talent management experts, HPSG specializes in delivering Precision Leader Development™ solutions to healthcare organizations across the continuum of care. With tightly customized services that look at the whole health of an organization, HPSG works closely with its partners to diagnose their most urgent pain points; design smart, collaborative solutions; and create a plan to execute in a way that delivers measurable results. With partnerships across the country, HPSG's primary mission is to have a positive impact on those who receive care and those who provide care and their teams.

For more information, visit www.HealthcarePlusSG.com.

About Floyd Lee Locums

Floyd Lee Locums is a concierge healthcare staffing firm focused on offering physicians and clinicians a stress-free job search and placement experience. As a partner to clinicians looking for a different way of working, we have a best-in-class team that offers greater freedom and flexibility in how providers practice, while delivering personalized amenities and support. As a staffing partner focused on demand planning and contingent workforce solutions, tailored to each organization, Floyd Lee Locums focuses on an end-to-end placement experience, with a single point-of-contact.

Founded in 2017, and headquartered in North Charleston, South Carolina, Floyd Lee Locums has grown to 90+ internal employees who, depending on projects and needs, support anywhere from 300-450 healthcare providers on assignment per week. We are a [multi-award-winning](#) locums organization recognized as a “Best Staffing Firm to Temp For” five years running by Staffing Industry Analysts, an Inc. 5000 Fastest Growing Company, and Charleston Metro Chamber of Commerce “Small Business of the Year”.

For press and media inquiries, please contact Elizabeth Bates, Vice President of Marketing, at 513.478.3696, or ebates@floydleelocums.com.

