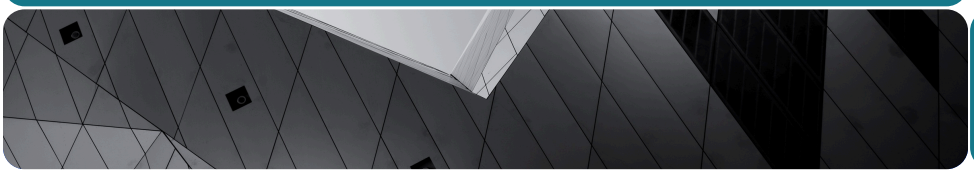
James Nguyen

Healthcare Report.



The first quarter of 2026

Date: Feb 12, 2026

Prepared by: James Nguyen

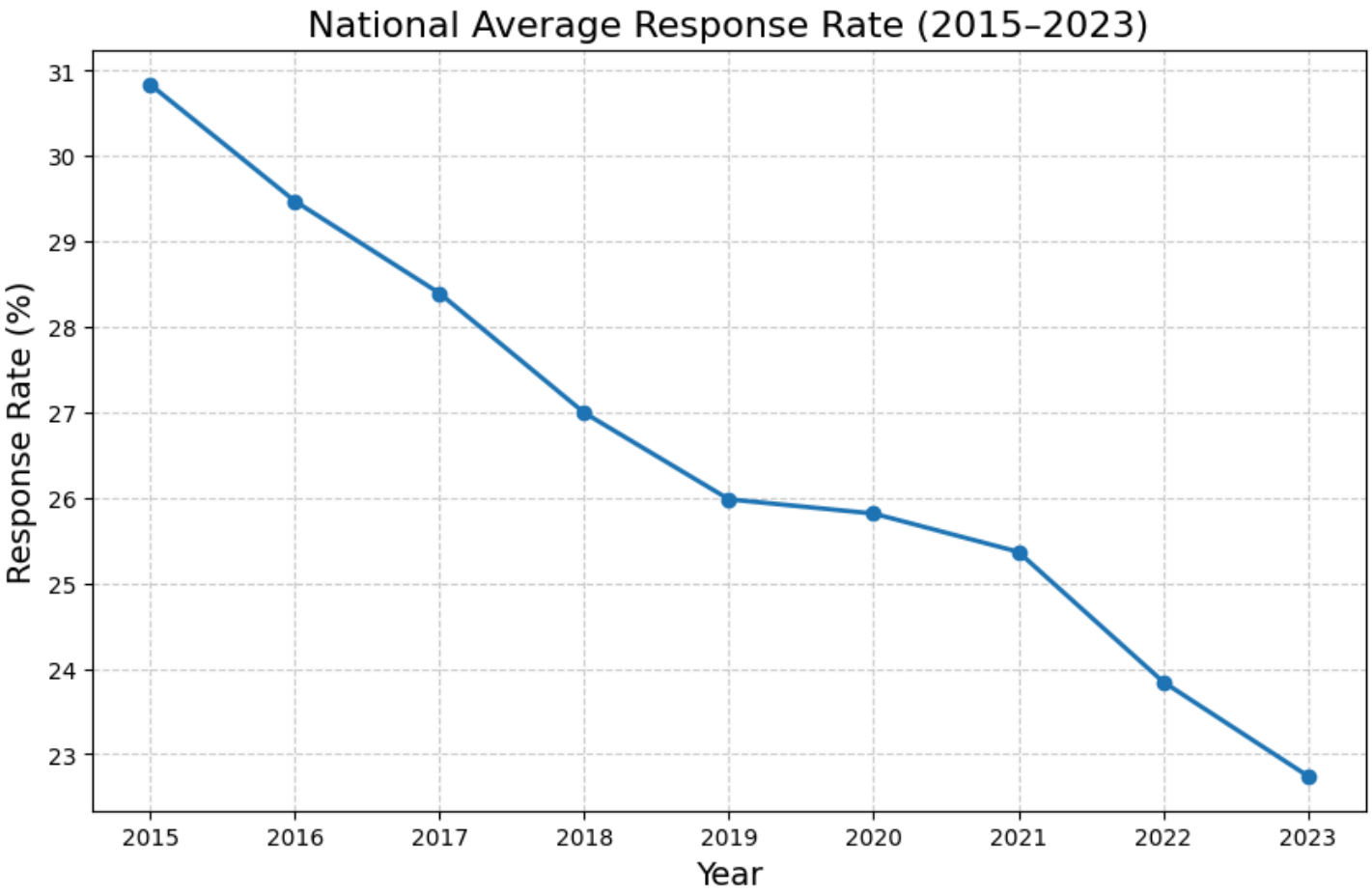
Overview

This analysis evaluates national HCAHPS trends from 2015–2023, compares top-performing and bottom-performing states, and identifies the key factors driving differences in patient experience. The goal is to determine which measures contribute most to strong performance and which act as bottlenecks in low-performing states.

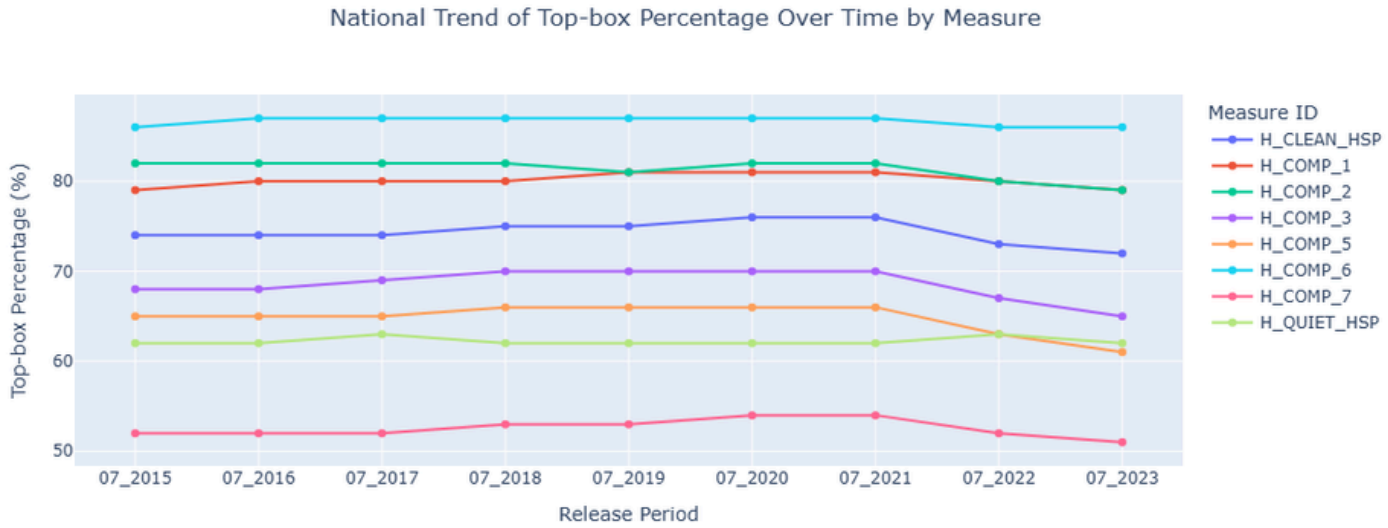
Summary

- **Summary of Overall Condition**
- **National Trend Analysis**
- **Area-Level Analysis**
- **Summarize & Suggestions for Adjustment.**

Summary of Overall Condition

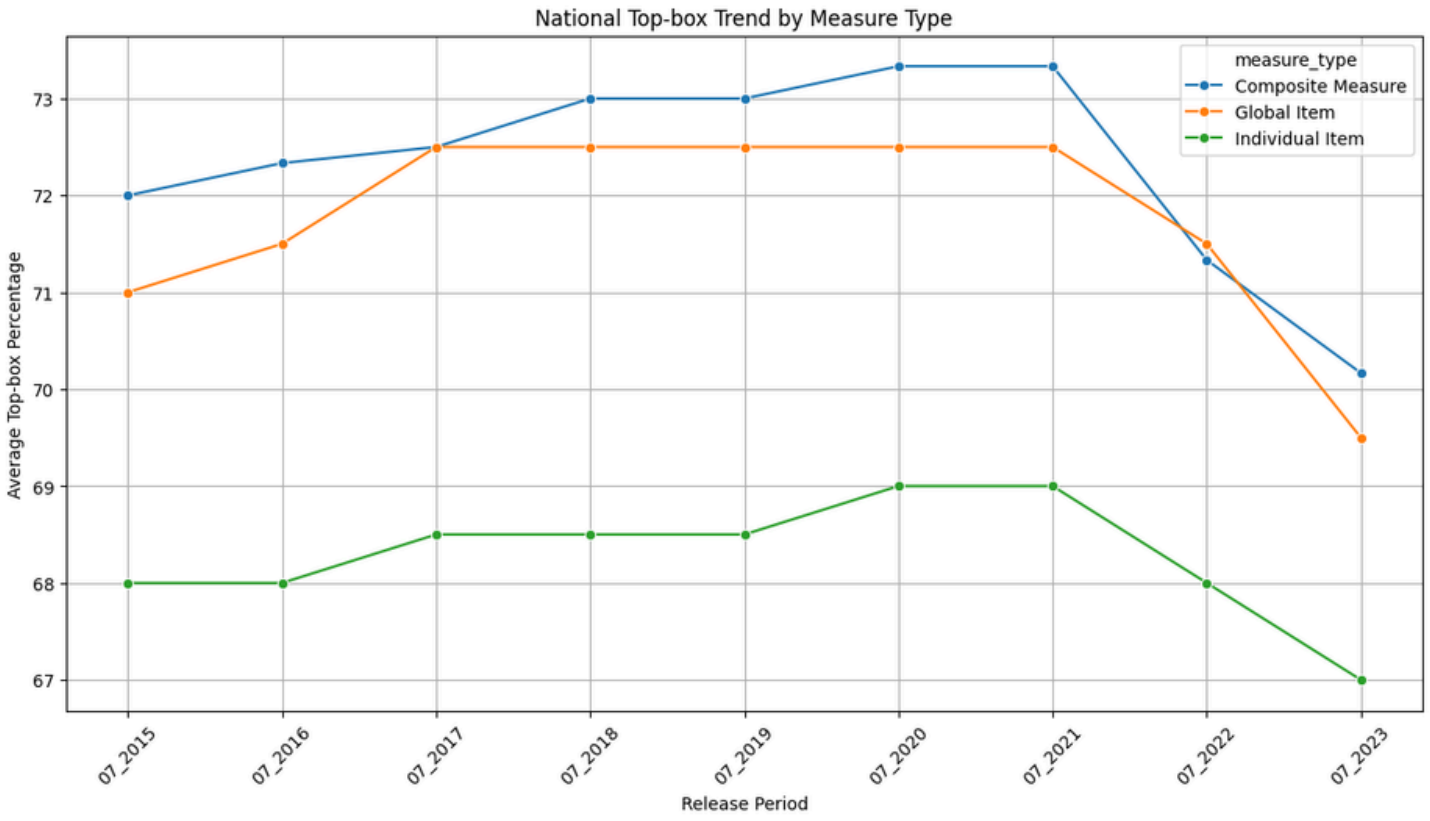


- The national response rate **steadily declines** from 2015 to 2023.
- The drop is **consistent every year**, with no periods of recovery.
- The decline becomes **sharper after 2018**, indicating accelerating disengagement.
- By 2023, the response rate reaches its **lowest point** in the entire timeline.
- Overall, the trend suggests **reduced patient participation** and growing challenges in maintaining survey engagement.



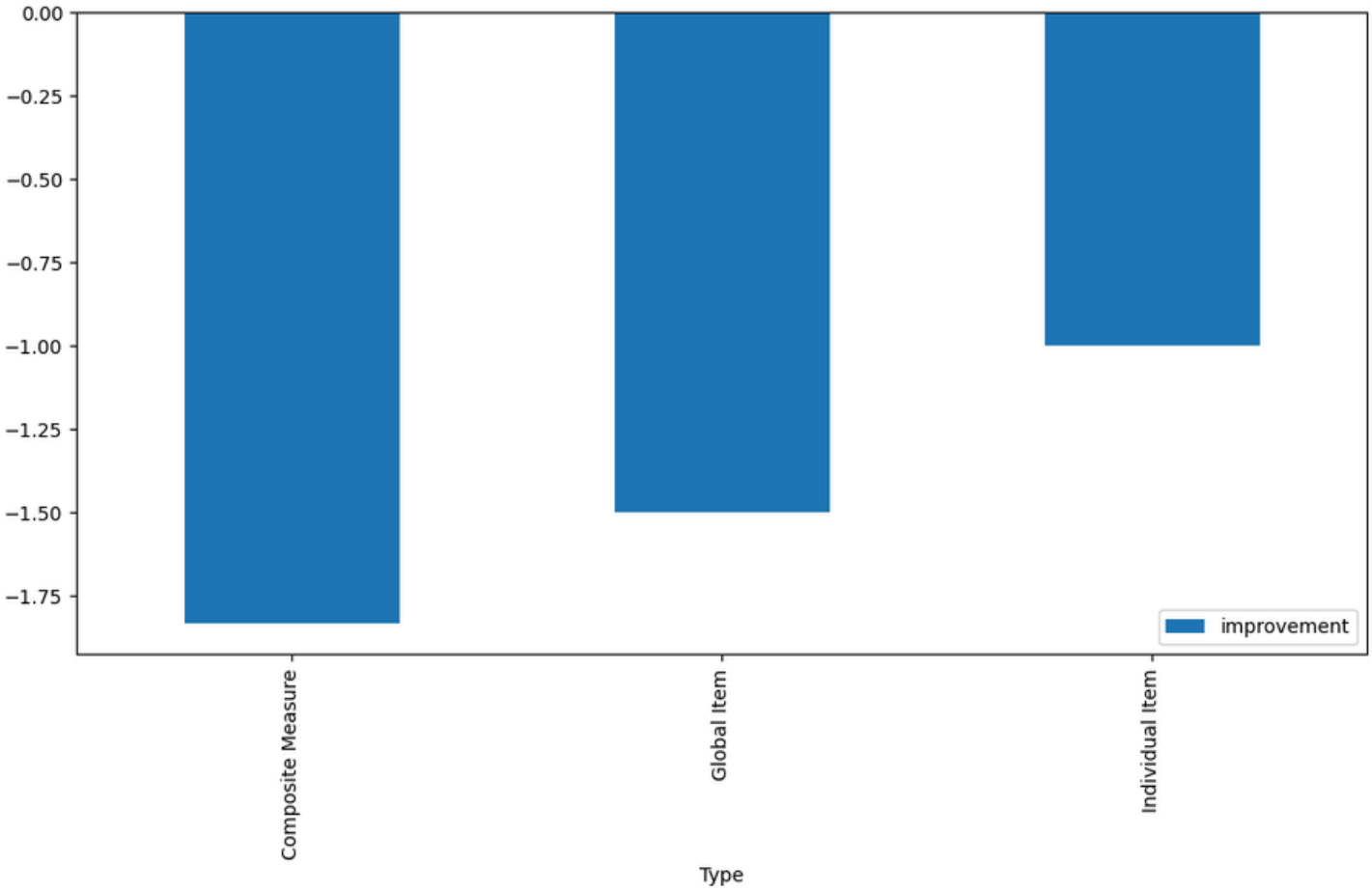
- **Overall National Trend:** National Top-box scores show a relatively stable period from 2015 to 2021, followed by a **steady and consistent decline** through 2023.
- **Post-2021 Downturn:** The decline becomes much sharper after the 07_2021 release period, indicating a broad, **system-wide drop in patient experience** likely linked to post-pandemic healthcare strain.
- **Communication Patterns:** Most communication-related measures (such as H_COMP_1, H_COMP_2, and H_COMP_3) follow a similar trajectory, peaking around 2020/2021 before losing ground.
- **Environmental Divergence:** While Cleanliness (H_CLEAN_HSP) showed early improvement, it has experienced a **significant deterioration** since 2021. Conversely, Quietness (H_QUIET_HSP) has remained stagnant and low for nearly a decade.
- **Highest-Performing Benchmark:** H_COMP_6 (Discharge Information) remains the highest-rated measure across the entire period, though even it shows a slight dip in the final years.
- **Lowest-Performing Measures:** The measures consistently struggling at the bottom of the scale across the entire period are:

1. **H_QUIET_HSP** (Quietness of Hospital Environment)
2. **H_COMP_5** (Communication about Medicines)
3. **H_COMP_7** (Care Transition)



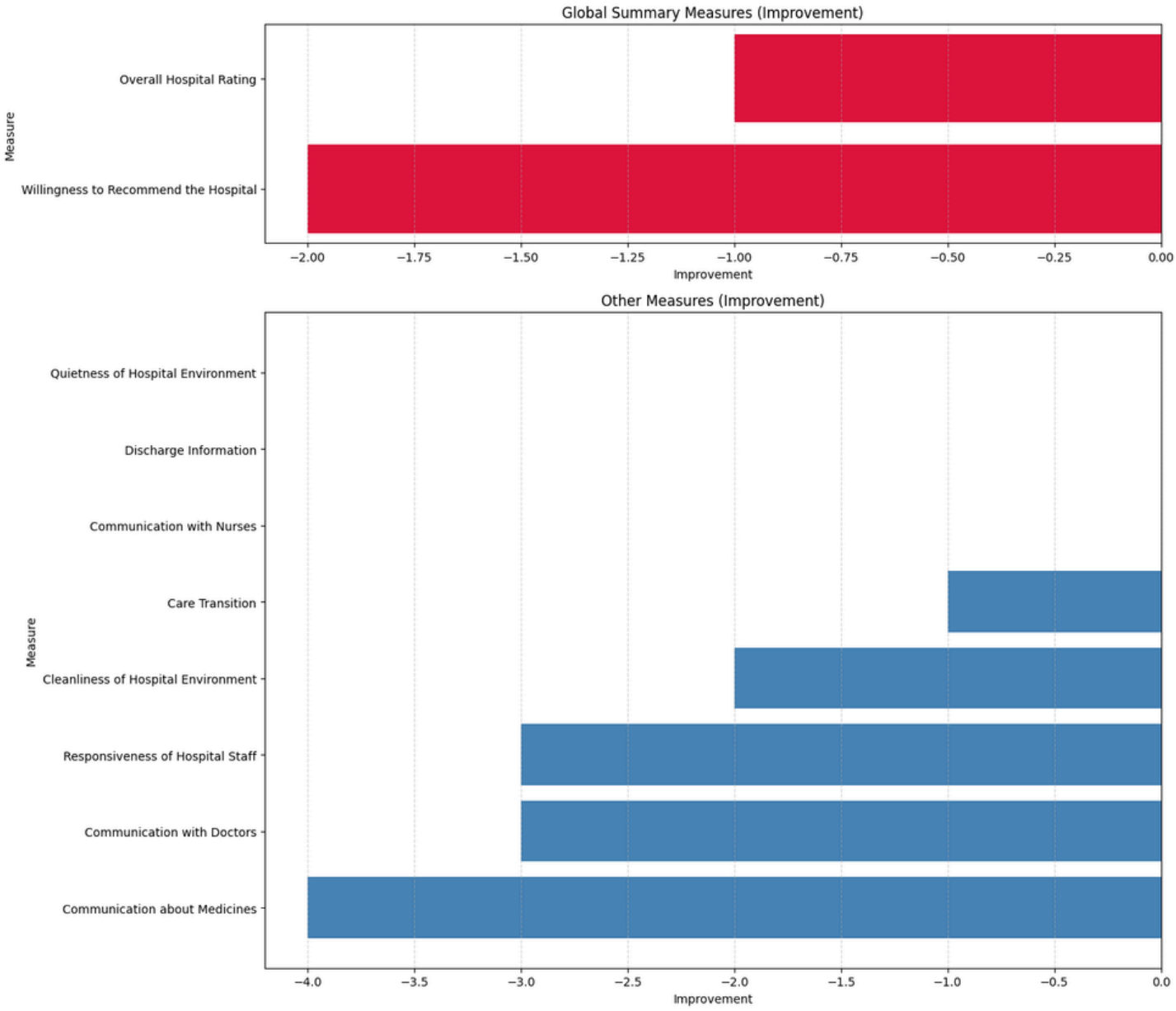
- The three measure types—**Composite**, **Global**, and **Individual**—all show a **rise from 2015 to around 2020–2021**, followed by a **sharp decline** through 2023.
- **Composite Measures** start the highest, peak around 73.5%, and then drop to about 70%, showing the **largest absolute decline** after 2021.
- **Global Items** remain stable for several years but fall noticeably after 2021, ending around 69.5%.

- **Individual Items** consistently score the lowest of the three categories and decline to roughly 67% by 2023.
- The synchronized drop across all three measure types after 2020 suggests a **system-wide deterioration** rather than isolated issues.
- Composite measures show the **biggest swing**, indicating that broad operational processes were most affected.
- Individual items show the **lowest overall performance**, highlighting persistent challenges in specific patient-staff interactions.



- All three measure types show **negative improvement**, meaning performance **declined** rather than improved over the period.
- **Composite Measures** experienced the **largest drop** (around –1.75), indicating the strongest deterioration in broad, system-level patient-experience domains.
- **Global Items** show the **second-largest decline** (around –1.5), reflecting worsening perceptions in overall hospital ratings and willingness to recommend.
- **Individual Items** show the **smallest decline** (around –1.0), but still trend downward, confirming that specific patient-staff interactions also weakened.
- The pattern suggests that **system-level processes declined more sharply** than individual behaviors, aligning with the national trend seen after 2020.
- The consistent negative values across all categories reinforce a **nationwide drop in patient experience**, not isolated to any single measure type.

National Trend Analysis:



All measures show **negative improvement**, meaning scores in the last recorded year are lower than in the first year.

Global Summary Measures:

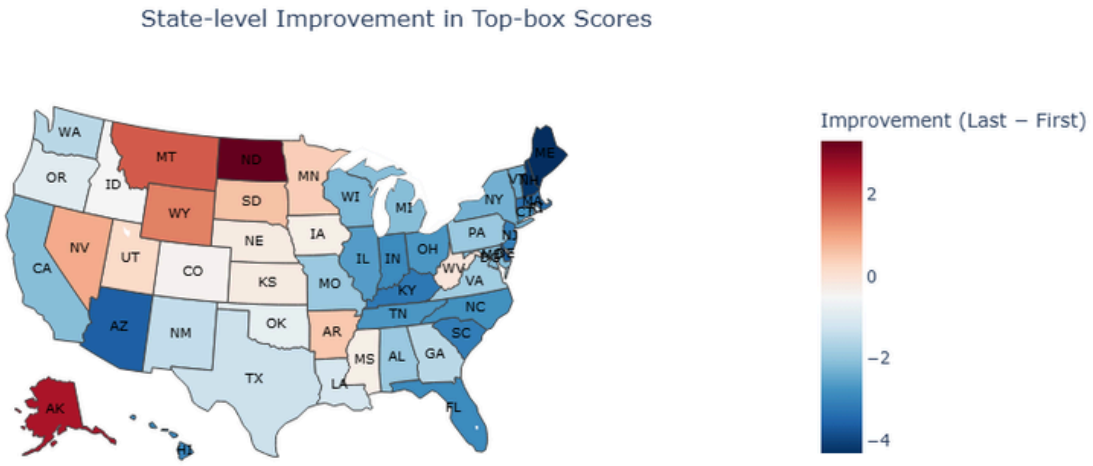
- Overall Hospital Rating declines moderately.
- Willingness to Recommend shows a larger drop, indicating weakening patient confidence.

Other Measures:

- Communication about Medicines shows the **largest decline**, making it the weakest area overall.
- Communication with Doctors and Responsiveness of Hospital Staff also show **substantial negative change**.
- Cleanliness declines noticeably, reflecting environmental challenges.
- Care Transition shows a moderate decline.

- Measures with no visible bars likely indicate **minimal or zero change** in the dataset used.

The pattern highlights that **communication-related domains** and **responsiveness** deteriorated the most across the full time span.



Key Observations

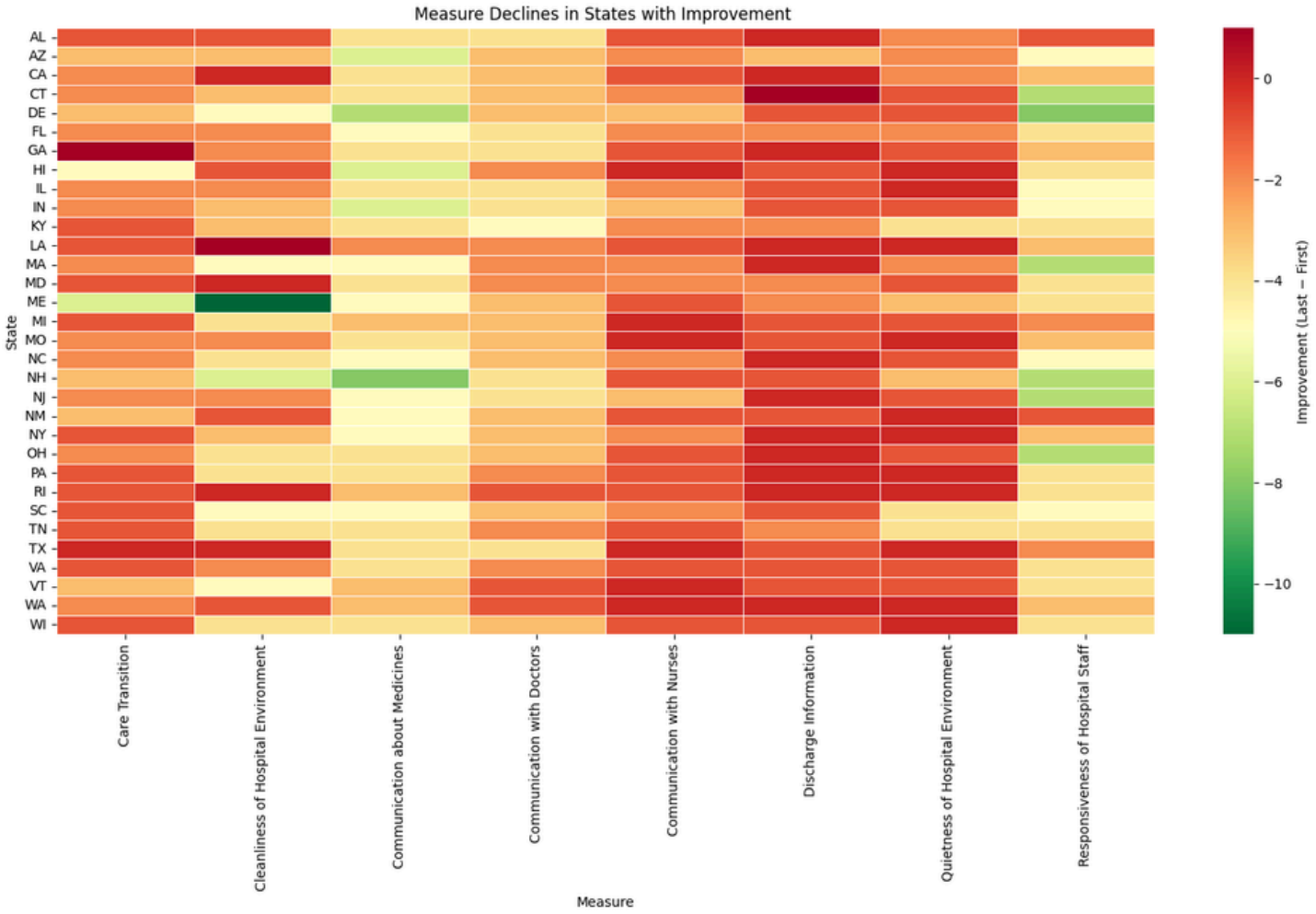
- **Widespread Deterioration:** Most states are shaded in blue, indicating that the "Last" recorded score was lower than the "First." This suggests a broad national decline in patient satisfaction ratings.
- **Regional Clusters of Decline:** * **The Northeast & Maine:** Maine (ME) and parts of the Northeast show some of the most significant decreases, with dark blue shading approaching the **-4** mark.
  - **The Southeast & Midwest:** States like Florida (FL), Kentucky (KY), and Illinois (IL) show clear deterioration.
  - **The Southwest:** Arizona (AZ) stands out as a significant area of decline in the West.
- **High-Growth Outliers (Improvement):** * **Alaska (AK) & North Dakota (ND):** These states show the most significant positive improvement, shaded in deep red with gains above **+2**.
  - **The Northern Interior:** Montana (MT) and Wyoming (WY) also show modest improvements compared to their initial scores.
- **Neutral Performance:** States like Idaho (ID), Colorado (CO), and West Virginia (WV) appear in white or very light shades, suggesting their Top-box scores have remained relatively stagnant over the measured period.

Summary of Conditions:

- **National Improvement Gap:** Most states show a negative value (blue), indicating that patient experience scores have largely **failed to improve or have actively declined** nationally.
- **Significant Localized Gains:** Only a small handful of states, primarily **Alaska and North Dakota**, achieved substantial positive growth in their Top-box scores.

- **Severe Decline in the Northeast:** The deepest blue shades are concentrated in the **Northeast (Maine)**, marking it as the region with the most significant drop-off in performance.
- **Coast-to-Coast Contrast:** While the West Coast (CA, OR, WA) shows moderate declines, the Mountain North (MT, WY, ND) represents a rare "corridor" of improvement amidst a generally declining national landscape.

Area-Level Analysis:



The "Crash" Measure (Acute Failure):

- **Maine (ME)** exhibits the most severe individual drop-off in the entire dataset for **Cleanliness of Hospital Environment**.
- Shaded **dark green**, this signifies a localized collapse of **-10 points or more**, far exceeding national averages.

The "Deteriorating" Measures (Systemic Leaks):

- **Staff Responsiveness** and **Communication about Medicines** are the primary drivers of the national score erosion.
- These columns are consistently **yellow/light green** across nearly every state, representing a widespread decline of **-4 to -6 points**.

- This indicates a broad, system-wide struggle with bedside service speed and patient education.

Areas of Relative Stability (Resilient Measures):

- **Discharge Information** and **Communication with Nurses** are the most resilient categories.
- Shaded in **red/dark orange**, these measures remained the most stable (closest to 0 change) even in states like **CT, MA, and GA** where other metrics failed.
- Core clinical interactions and exit instructions are holding up significantly better than operational response times.

Widespread Moderate Erosion:

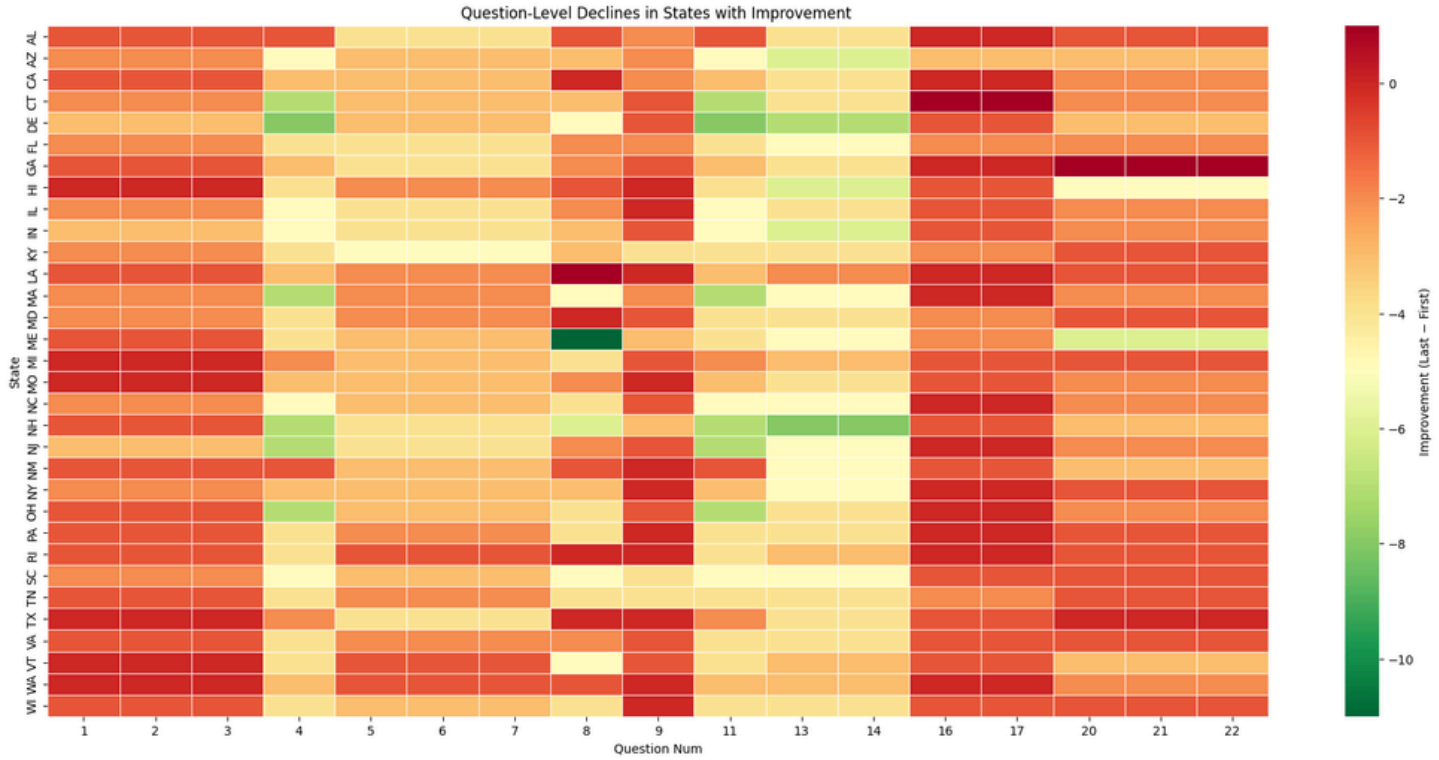
- The heatmap shows a "sea of yellow and light orange" for most other states and metrics, indicating a consistent performance dip of **-2 to -6 points** since the baseline.
- The **USA map is predominantly blue**, visually confirming that "Last" recorded scores are lower than "First" scores in almost every state.

State-Specific Struggles:

- **New Hampshire (NH):** Displays a targeted, significant drop in **Communication about Medicines** (light green).
- **Delaware (DE) and Arizona (AZ):** Stand out for high-intensity declines in **Responsiveness of Hospital Staff**, marking them as critical areas for patient assistance failures.

National Outliers:

- **Alaska (AK) and North Dakota (ND)** are the only notable states showing **positive growth (Red on the USA map)**, effectively bucking the national trend of decline.



Key Declining Question Areas

- **Most Significant Declines:**
  - Questions **(4), (11), (13), and (14)** show the steepest drops in performance across poor-performing states.
  - ○ These items fall into two major HCAHPS domains:
    - **Responsiveness of Hospital Staff (H_COMP_3)** → Q4, Q11
    - **Communication About Medicines (H_COMP_5)** → Q13, Q14

Responsiveness of Hospital Staff (H_COMP_3)

- **Question (4):**
  - "After you pressed the call button, how often did you get help as soon as you wanted it?"
  - ○ Reflects the hospital's ability to respond quickly to patient needs.
  - ○ Declines here suggest:
    - Staffing shortages or slower workflows
    - Delays in bedside support
    - Possible issues with call-light or alert systems

○ This question captures both **service responsiveness** and the **effectiveness of hospital technology systems**.

- **Question (11):**
  - "How often did you get help in getting to the bathroom or using a bedpan as soon as you wanted?"
  - ○ Reflects hands-on bedside assistance and staff attentiveness.
  - ○ Declines indicate:
    - Reduced staff availability
    - Higher risk of falls or safety incidents
    - Gaps in basic care and professional ethics

○ This item highlights **patient dignity**, **safety**, and **ethical bedside care**.

Communication About Medicines (H_COMP_5)

- **Question (13):**
  - "Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"
  - ○ Reflects clarity of medication purpose and patient education.
  - ○ Declines suggest:
    - Rushed medication administration
    - Inconsistent communication protocols
    - Reduced emphasis on informed consent

○ This question touches on **trust**, **authenticity**, and **patient understanding of treatment**.

- **Question (14):**
  - “Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”
  - ○ Reflects risk communication and safety transparency.
  - ○ Declines indicate:
    - Time pressure on nurses or pharmacists
    - Gaps in medication-safety workflows
    - Lower quality of patient-centered communication

○ This item directly connects to **patient safety**, **ethical responsibility**, and **health literacy**.

Overall Interpretation

- The steepest declines cluster in two domains:
  - **Responsiveness** (timely help, bedside support)
  - ○ **Medication communication** (purpose, side effects)
- These patterns suggest:
  - System-level strain (staffing, workload, operational delays)
  - ○ Reduced patient education and communication quality
  - ○ Direct impacts on patient trust, comfort, and safety

Key “Slightly” Declining Question Areas:

Question (5),(6), and (7) shows a negative change with the field of “Communication with Doctors” (H_COMP_2)

Doctor Communication Items (H_COMP_2)

- These questions represent the **core doctor–patient interaction domain**, focusing on respect, listening, and clarity of explanation.
- All three items measure **interpersonal quality**, which strongly influences patient trust, satisfaction, and perceived care quality.

Question (5)

“During this hospital stay, how often did doctors treat you with courtesy and respect?”

- **Reflects:**
  - Professionalism and bedside manner
  - ○ Patient perception of dignity and respect
  - ○ Emotional tone of doctor–patient interactions
- **Decline implies:**
  - Increased time pressure reducing interpersonal warmth
  - ○ Stress or burnout affecting communication style
  - ○ Patients feeling less valued or acknowledged

Question (6)

“During this hospital stay, how often did doctors listen carefully to you?”

- **Reflects:**
  - Attentiveness and active listening
  - O Patient inclusion in decision-making
  - O Doctor’s ability to understand patient concerns
- **Decline implies:**
  - Shortened consultation times
  - O Reduced patient engagement
  - O Higher risk of miscommunication or missed symptoms

Question (7)

“During this hospital stay, how often did doctors explain things in a way you could understand?”

- **Reflects:**
  - Clarity of medical explanations
  - O Health literacy support
  - O Ability to translate complex information into patient-friendly language
- **Decline implies:**
  - Rushed explanations or incomplete communication
  - O Lower emphasis on patient comprehension
  - O Increased confusion about diagnosis, treatment, or next steps

Overall Interpretation of H_COMP_2 Declines

- Declines in these items indicate weakening in **doctor–patient communication quality**, specifically:
  - Respectful interaction
  - O Careful listening
  - O Clear, understandable explanations
- These patterns suggest:
  - Rising workload and time constraints
  - O Communication fatigue or burnout
  - O Reduced patient-centered communication practices

Area With the “Greenest” (Most Declining) Measures

- **Maine (ME)** stands out as the state with the **strongest negative decline** on the heat map.
  - The deepest green shading appears at **Question (8)**.

- ○ O This question corresponds to the **“Cleanliness of Hospital Environment” (H_CLEAN_HSP)** domain.
  - **Survey Item:** “During this hospital stay, how often were your room and bathroom kept clean?”

Interpretation of Maine’s Decline on Question (8)

- **Why this question matters:**
  - Cleanliness is a foundational indicator of hospital quality.
  - Cleanliness is one of the most visible aspects of care — a decline here can strongly influence overall patient satisfaction.

O It directly affects patient comfort, infection control, and perceived safety.

O It may also signal deeper systemic issues in facility management or resource allocation.

- **What the decline suggests:**
  - Maine hospitals may be experiencing operational strain affecting environmental services.
  - O Possible staffing shortages in cleaning and support teams.
  - O Increased patient volume or turnover reducing time available for room maintenance.
  - O Declines in cleanliness protocols or consistency of execution.

Other States With the “Greenest” (Most Declining) Measures

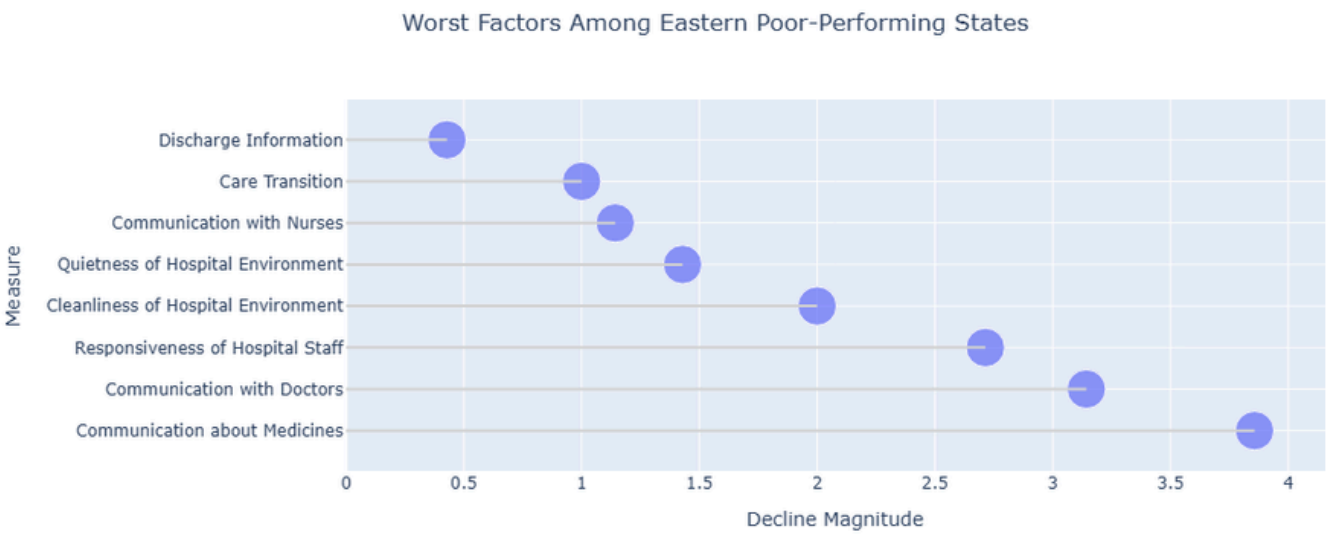
- A cluster of states shows the **strongest negative scores** across multiple survey questions.
  - These states consistently appear in the **Key Declining Question Areas** section.

O The pattern is regionally concentrated rather than evenly distributed across the country.

Regional Concentration of Declines

- **The Northeastern United States** displays the **highest density of deep-green measures**, indicating the steepest declines overall.
  - Multiple Northeastern states show repeated deterioration across responsiveness and communication items.

O This region forms the clearest cluster of low-performing question scores in the heat map.



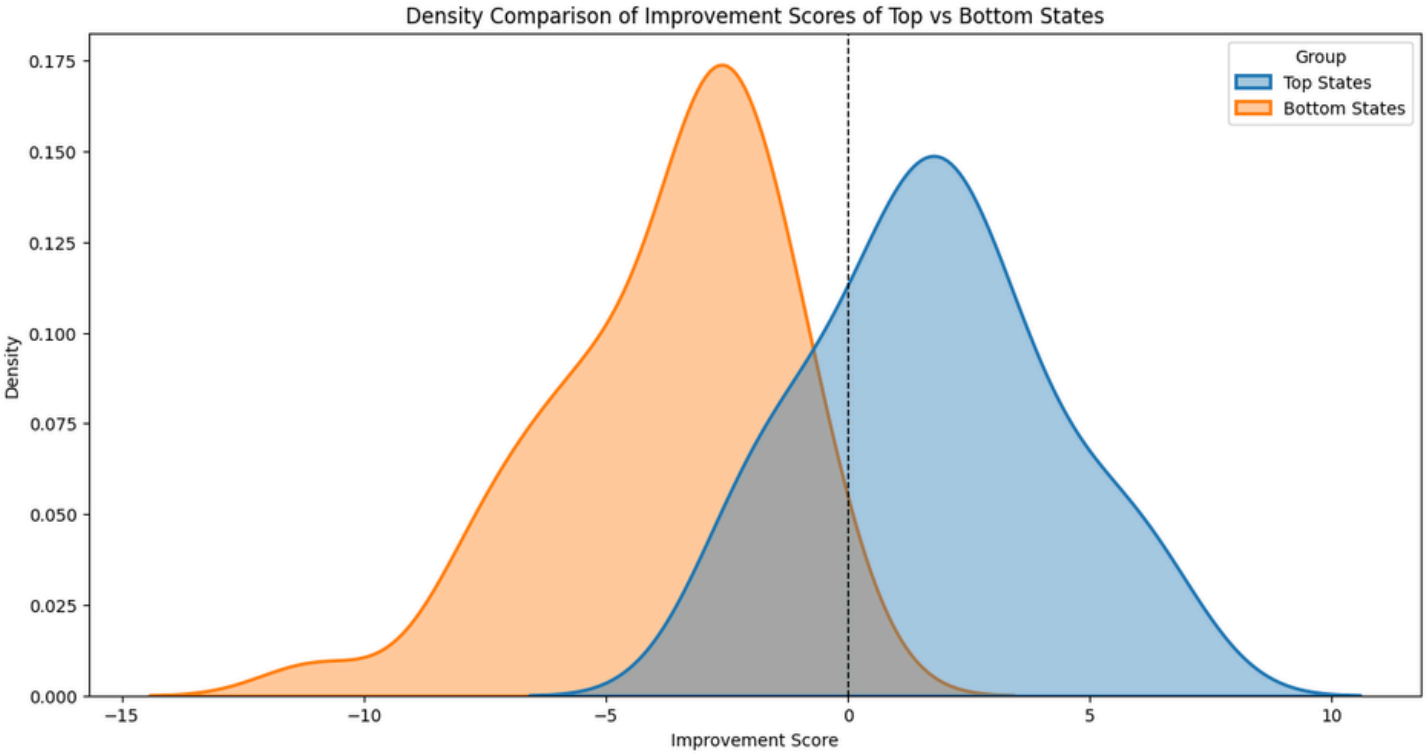
Key insights:

- **Communication about Medicines** shows the **largest decline**, making it the most problematic measure.
- **Communication with Doctors** and **Responsiveness of Hospital Staff** follow closely, indicating widespread communication-related deterioration.
- **Cleanliness** and **Quietness** show moderate declines.
- **Discharge Information** shows the **smallest decline**, suggesting relative stability.

Key insights:

- **Communication about Medicines** has a **wide, deep-negative distribution**, confirming that many states performed poorly on this measure — not just a few.
- **Responsiveness** and **Communication with Doctors** also show broad negative spread, indicating consistent decline across states.
- **Discharge Information** has a **narrower, higher distribution**, meaning performance is more stable and varies less across states.

- Some measures show **long negative tails**, revealing extreme underperformance in specific states.



Measure	Top States Avg	Bottom States Avg	Difference
Responsiveness of Hospital Staff	2.4	-6.2	8.6
Cleanliness of Hospital Environment	1.4	-6.0	7.4
Communication about Medicines	0.2	-6.2	6.4
Quietness of Hospital Environment	3.8	-2.2	6.0
Communication with Nurses	3.4	-1.8	5.2
Care Transition	1.6	-3.4	5.0
Communication with Doctors	1.4	-3.0	4.4
Discharge Information	-0.2	-1.4	1.2

Key insights:

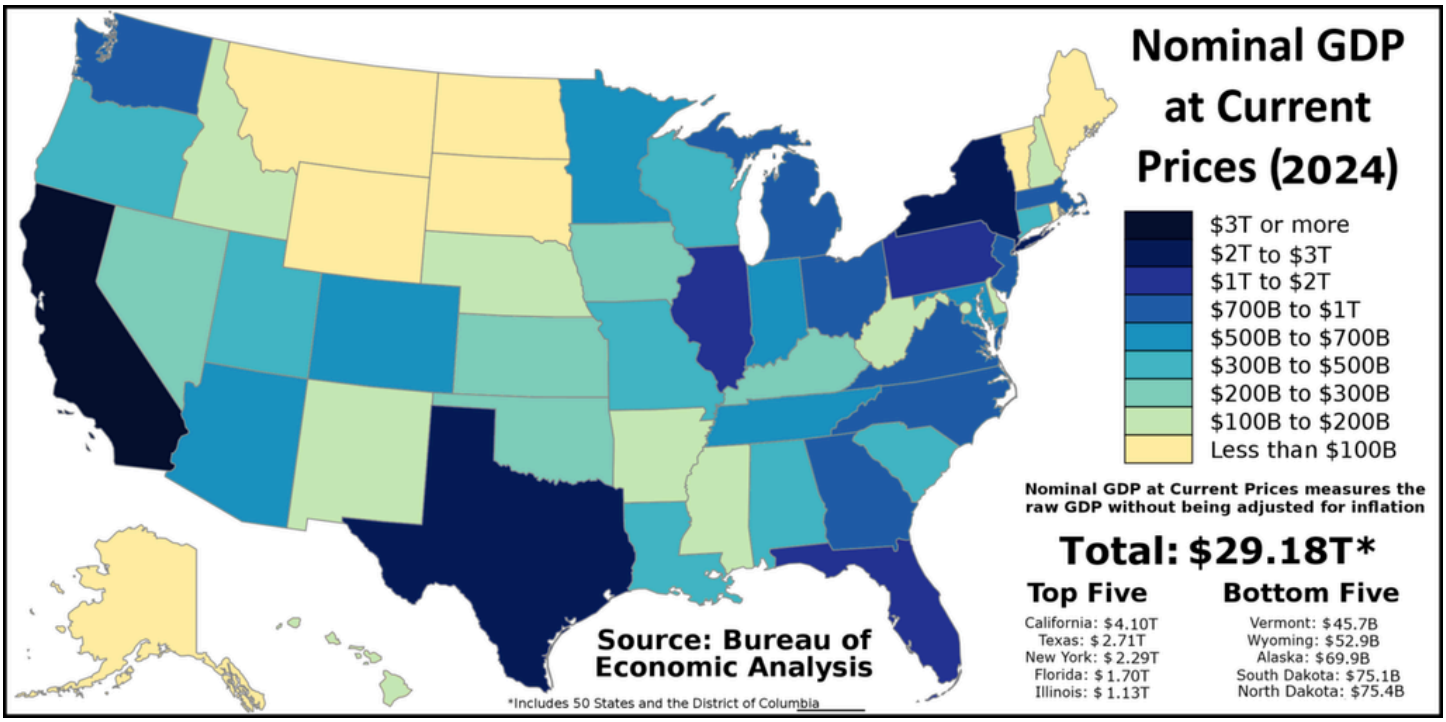
- Based on the Average Top_Box_Percentage across the observed years, the **H_QUIET_HSP** feature consistently ranks at the top among the measured attributes. Following this, **H_COMP_1** and **H_COMP_3** occupy the next positions in the hierarchy. In contrast, when examining the Bottom States for the same features, the pattern reverses: all feature scores fall below the evaluation threshold, and **H_COMP_3** even records the lowest value among Bottom States. Overall, the highest-performing states demonstrate strong capabilities in

delivering professional services, whereas the lowest-performing states show notable deficiencies in these areas.
- Considering the magnitude of difference between the two groups, **H_COMP_3**, **H_CLEAN_HSP**, and **H_COMP_5** exhibit the most substantial gaps. Although **H_COMP_3** is not the highest-scoring feature among Top-tier states, it displays the widest disparity between the two groups. Following this are **H_CLEAN_HSP** and **H_COMP_5**, all of which represent critical dimensions of customer service, professional ethics, and the infrastructure that hospitals provide for patients.

Suggestions for Adjustment:

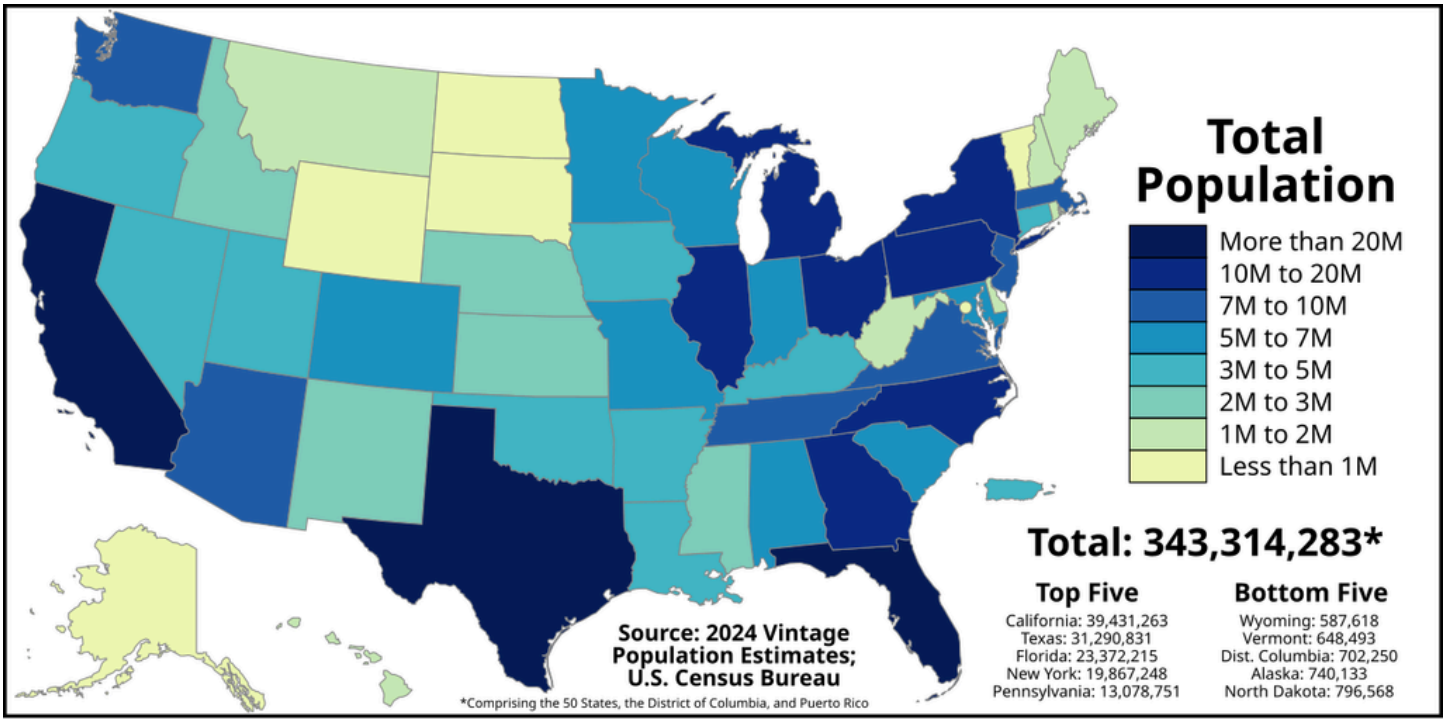
Overall condition:

- A noticeable downward trend appears across all features beginning in 2021. Several contextual factors may help explain this decline. During this period, the world was facing the COVID-19 pandemic, which placed unprecedented pressure on healthcare systems. Hospitals were required to meet sudden surges in patient volume, expand facilities, and mobilize additional staff with little preparation time. These demands strained resources and disrupted normal service quality. At the same time, the broader economy experienced significant instability, including recessionary pressures, rising inflation, and political uncertainty. Together, these conditions likely contributed to the overall deterioration in performance across the evaluated features.
- The imbalance in monetary distribution becomes evident when comparing economic strength with healthcare performance. The Northeastern region of the United States holds some of the highest GDP levels and remains a critical engine of the national economy. This region also contains some of the most densely populated states, which further amplifies its economic influence. However, despite its economic and demographic advantages, the Northeast does not appear to receive a proportionate level of healthcare system performance. In other words, its strong economic capacity and large population are not matched by an equally strong or “deserved” healthcare service quality.
- The GDP by U.S. state 2024:



Source: File:GDP by U.S. state 2024.png

The Total Population Esimates by U.S state 2024



Source: File:Population by U.S. state.svg

Summarize & Suggestions:

Condition:

Overall System: National-Level Insight

- The **Northeastern region** emerges as the **most noticeable and most critical area** needing system-wide improvement.
- Despite strong economic capacity and dense population, the region **underperforms across multiple HCAHPS domains**.
- National patterns show that improving the Northeast would yield **high-impact gains** for overall U.S. healthcare performance.
- National patterns show the **largest gaps** between top-tier and bottom-tier states occur in:

1. **H_COMP_3 — Responsiveness of Hospital Staff**
2. **H_CLEAN_HSP — Cleanliness of Hospital Environment**
3. **H_COMP_5 — Communication About Medicines**

These features represent the **core infrastructure of patient experience**, and improving them in the Northeast would produce high-impact national gains.

Area's System: Northeastern Region

- Consistent declines in:
  - **H_COMP_3 — Responsiveness of Hospital Staff**
  - **H_COMP_5 — Communication About Medicines**
  - **H_CLEAN_HSP — Cleanliness**
- These declines contrast with top-tier states, where **H_QUIET_HSP**, **H_COMP_1**, and **H_COMP_3** rank highest.
- The region's performance does not match its economic strength, making it the **highest-priority region for targeted improvement**.

Maine (ME):

- **Maine is the most urgent case** within the Northeast.
- It shows the **steepest decline in the entire dataset**, especially in:
  - **H_CLEAN_HSP — Cleanliness of Hospital Environment**
- This indicates an **acute breakdown in basic patient-care standards**.
- Maine requires **immediate movement** to address:
  - Cleanliness failures
  - Medication communication gaps
  - Staff responsiveness issues
- After stabilizing these emergency areas, Maine can align with broader regional improvement strategies.

Suggestion:

Survey's Response Improvement

- **Use Trusted, Reputable Platforms:** Send surveys through well-known, credible U.S. organizations patients already trust (**Examples:** CVS Pharmacy, Walgreens, Kaiser Permanente patient portal,...)

- **Provide Clear Verification Before Discharge**

- [ ] Tell patients exactly what the survey will look like and who will send it.
- [ ] Give them a printed card or QR code linking to the hospital's official survey verification page.
- [ ] Emphasize that the hospital **never** asks for financial or identity information in surveys.

- **Partner With Government-Recognized Survey Vendors**

- [ ] Use CMS-approved survey vendors with transparent, secure communication practices.
- [ ] Publicly list these vendors on the hospital website so patients know who to trust.

- **Offer Safe, In-Person or On-Site Survey Options**

- [ ] Provide tablets or kiosks at discharge for immediate completion.
- [ ] Allow survey completion at trusted partner locations.(**Examples:**CVS MinuteClinic, Walgreens Health Corner)
- [ ] Offer QR codes linking to a secure hospital domain for patients who prefer digital completion.

National Trend Suggestion

- The **widest performance disparities** between top and bottom states occur in:
  - **H_COMP_3** (largest gap)
  - **H_CLEAN_HSP**
  - **H_COMP_5**
- These domains should guide national improvement priorities because they reflect:
  - Customer service quality
  - Professional ethics
  - Hospital infrastructure and workflow reliability

Area-Level Suggestion

Immediate Priorities (Short-Term Emergency Response)

- **Fix H_CLEAN_HSP first** — the most urgent collapse in Maine and a major weakness across the Northeast:

1. Implement **daily environmental quality audits** with standardized checklists.
2. Introduce **real-time cleanliness monitoring** (QR-code reporting in rooms, automated alerts).
3. Increase **EVS staffing ratios** during peak occupancy hours.
4. Adopt **terminal cleaning protocols** aligned with CDC environmental guidelines.
5. Deploy **UV-C disinfection cycles** in high-turnover rooms.

- **Reinforce H_COMP_5** — improve clarity and consistency in medication explanations:

1. **Standardize medication-explanation scripts** for nurses and pharmacists, covering purpose, dosage, and side effects.
2. **Integrate bedside medication cards** (laminated or digital) listing:

- [ ] What the medication is for

- [ ] Expected effects
- [ ] Common side effects

3. **Add EHR-triggered education prompts** that require staff to document:
   - [ ] Explanation of medication purpose (Q13)
   - [ ] Explanation of side effects (Q14)

   before the system allows medication administration.
4. **Deploy micro-training modules** on:
   - [ ] Plain-language communication
   - [ ] Teach-back method
   - [ ] Risk-communication techniques (e.g., frequency framing)
5. **Use QR-code medication sheets** linking to patient-friendly explanations for high-risk or complex drugs.

- **Begin strengthening H_COMP_3** — the most important long-run component and the largest national gap:

1. **Install centralized call-light dashboards** visible to all staff on the unit to reduce missed or delayed calls.
2. **Set strict response-time benchmarks**, such as:
   - [ ] <3 minutes for safety-related calls
   - [ ] <5 minutes for toileting assistance
3. **Implement first-available responder protocols**, allowing any nearby staff to answer calls instead of waiting for the primary nurse.
4. **Use hourly rounding automation** to pre-empt toileting and comfort needs, reducing call-light volume.
5. **Track call-light response times** with unit-level metrics, monthly performance reviews, and real-time alerts for overdue calls.
6. **Create mobility-response teams** during peak hours to handle Q11-related toileting and transfer requests quickly.
7. **Add bedside mobility sensors** for high-fall-risk patients to reduce unsafe attempts to get up without assistance.

Long-Term System Improvement (Post-Stabilization)

- After stabilizing emergency domains, shift focus to:
  - **H_COMP_1 — Communication With Nurses:**
  - [ ] **Standardize shift-change bedside handoff to improve clarity and patient trust.**
  - [ ] **Train staff in structured communication frameworks (e.g., AIDET, SBAR).**
  - [ ] **Implement patient-facing care boards updated every shift with goals, medications, and staff names.**
  - **H_QUIET_HSP — Quietness of Hospital Environment:**
  - [ ] **Install soft-close hardware on doors and carts.**
  - [ ] **Introduce quiet-hour policies with reduced overhead paging.**
  - [ ] **Use sound-level monitors that alert staff when thresholds are exceeded.**
  - [ ] **Redesign night-shift workflows to minimize hallway traffic and noise.**

- These features are top-ranked in high-performing states and represent the next step toward achieving **top-tier system conditions**.
- Continue **ongoing improvement of H_COMP_3**, as it remains the most crucial component for long-term system-wide performance elevation.

For the **Northeast**, implement region-specific interventions:

- Strengthen staff response workflows.
- Improve medication-related communication protocols.
- Reinforce environmental cleanliness standards.
- For **Maine**, prioritize:
  - Immediate remediation of **H_CLEAN_HSP** failures.
  - Rapid operational audits of sanitation, staffing, and patient-support processes.
  - Focused training on responsiveness and medication communication.