Home health care CAHPS® survey: Predicting patient experience performance

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Abstract

Our home health (HH) division has collected Home Health Care CAHPS® Survey (HHCAHPS) data since 2011. To date, HH providers have not met performance thresholds related to patient experience. This study aimed to explore HHCAHPS composite measures and specific questions to predict 1) overall rating of care provided by the agency (Care Rating) and 2) willingness to recommend home health agency to family and friends (Recommend Agency). We also explored survey comments to identify specific themes related to positive and negative patient experiences. Logistic regression (N = 7 268) revealed being treated with courtesy and respect, and providers being informed and up to date about care were the 2 most impactful factors of Care Rating. The top 2 most impactful factors for Recommend Agency were problem-free care and providers being informed and up to date about care. Thematic analyses revealed negative patient experiences were described as staff being rude, unhelpful services, and disregarding the patients' time and schedules. Positive patient experiences were described when patients believed HH services improved their health; quality and professional services were provided by knowledgeable HH providers; and HH providers respected them, their time, and their homes. Our findings suggest that HH agencies must improve interpersonal relationships, provider communication, and clinical skills and knowledge to provide the highest quality of service with the utmost courtesy, respect, and trust; specifically, within the context of elderly adults' desire for independence and to remain in their homes.

Keywords

Introduction

Home health (HH) services have quickly become a staple of the healthcare environment, with the current $100 billion industry projected to reach approximately $201 billion by 2028.[1] This is especially true for the elderly population. The U.S. adult population aged 65 years and older is projected to double from 49 million in 2016 to 98 million by 2060.[2] In 2018, approximately 25.9% of adults aged 65 years and older received care from HH providers.[3] As the U.S. population ages, comes an increased risk for multiple chronic conditions and falls, creating a need for more HH services, all within the context of elderly adults' desire for independence and to remain in their homes.[2] Medicare-certified HH agencies are uniquely positioned to integrate patients' desire to remain at home while receiving acute, chronic, and rehabilitative care from skilled and knowledgeable interdisciplinary clinical teams.[4]

Currently, HH agency leaders are examining their care processes to provide successful provider-patient relationships within this unique care delivery environment. In no other environment is patient-centered care more vital than within the home milieu. Trust is a vital component of patient experience when care is delivered in the home.[5] Compassion, connection, and trust are required for a positive patient experience and can lead to better health outcomes.[6-7] Interpersonal factors, including the content and manner of communication, professional skills, and personal traits influence trust in the nurse-patient relationship.[7-8] Showing respect for one's home while performing care also builds trust.

Positive patient relationships also lead to better financial outcomes.[9] The Centers for Medicare & Medicaid Services (CMS) is expanding its Home Health Value Based-Purchasing (HHVBP) program from 9 states to all 50 states.[10] Healthcare systems will face new financial rewards

or penalties based on their performance, to include patient experience.[10] Historically, U.S. hospitals, regardless of size, with higher patient experience scores have 50% higher net margins.[9] Further, improving hospital patient experience scores by 10% can improve net margins by 70% over 6 years.[9]

The Home Health Care CAHPS® Survey (HHCAHPS), designed by the Agency for Healthcare Research and Quality to assess care received from Medicare-certified HH agencies,[11] is used to measure patient experience. CMS reports HHCAHPS survey results so that HH agencies can compare themselves on meaningful patient experience domains, incentivize HH agencies to improve quality of care, and increase HH care accountability and transparency.[11] Existing patient experience literature is replete with evidence-based and quality improvement studies using hospital and ambulatory-based CAHPS surveys; however, HH-focused evidence on improving patient experience is lacking.

Since 2011, our HH division, comprised of 11 agencies throughout Virginia and North Carolina, has collected HHCAHPS survey data. In the 2020-2021 HHCAHPS report year, we established a corporate goal of 83.2% of respondents scoring "top-box" for Recommend Agency. We did not establish a goal for Care Rating. To date, HH providers have not met performance thresholds related to patient experience. Therefore, this project aimed to explore HHCAHPS composite measures and specific questions to predict 1) overall rating of care provided by the agency (Care Rating), and 2) willingness to recommend home health agency to family and friends (Recommend Agency) (Table 1). We also explored disclosable comments provided by respondents and family members to identify specific themes related to positive and negative patient experiences.

Patient Data

HHCAHPS data, collected between October 2017 and September 2020 for 11 HH agencies throughout Virginia and North Carolina, were used to explore patient experience. Our HHCAHPS vendor mails surveys monthly to eligible patients. Respondents (i.e., patient, family member) may receive the survey during or after their HH episode of care. The HHCAHPS survey consists of 25 core and 9 demographic questions.[12] CMS does not provide public reporting of individual questions for each participating HH agency, but rather 2 global ratings (Care Rating, Recommend Agency), and 3 composite measures (Professionalism, Communications, Care Issues) (Table 1).[12]

For the HHCAHPS composite measures, response choices include a 4-point Likert-type scale (never, sometimes, usually, always) or a dichotomous option (yes, no). CMS uses "top-box" scores for the proportion of survey respondents who choose the most positive score for each question.[13] Top-box scores for Care Rating is the proportion of respondents who choose a 9 or 10 on a 10-point Likert-type scale to describe their care experience. Top-box scores for Recommend Agency is the proportion of respondents who choose "definitely yes" when asked about their willingness to recommend the HH agency to family and friends. The Professionalism composite includes items that assess how well the HH care team provides care in a professional manner.[12] The Communications composite focuses on how well the HH team communicates with patients and their families. Finally, the Care Issues composite focuses on how well the HH team discusses medicines, pain, and home safety with patients.[13]

Table 1. Description of HHCAHPS Survey Measures

Measure Type	Title	Questions from the Survey
Global Ratings	Care Rating (Overall Rating of care provided by the agency)	Q25
	Recommend Agency (Willingness to recommend Home Health Agency)	Q20
Composite Measures	Professionalism (Care of patients)	Q9, Q16, Q19, Q24
	Communications_(Communications between providers and patients)	Q2, Q15, Q17, Q18, Q22, Q23
	Care Issues (Specific care issues)	Q3, Q4, Q5, Q10, Q12, Q13, Q14

Note: Adapted from AHRQ[12]

Methods

This study used a mixed-methods approach, quantitative analysis of structured survey questions and qualitative

thematic analysis of disclosable comments, to identify factors most impactful to patient experience global ratings and composite scores, as determined by the highest odds ratios (Table 2). First, we conducted a quantitative analysis

Table 2. Sentara Home Health Customer Experience (HHCAHPS) October 2017 – September 2020
Odds Ratios of Respondents Selecting Top Box on Care Rating & Recommend Agency by Composite and Item

Customer Satisfaction Predictors – Across All Home Health Sites	Q. 20 Care Rating (9 or 10)	Q. 25 Recommend Agency (Definitely Yes)
Professionalism Composite (Care Rating R^2 = .25; Recommend Agency R^2 = .24)	**11.45**	**9.50**
Q9 In the last 2 months of care, how often did home health providers from this agency seem informed and up to date about all the care or treatment you got at home?	**6.10**	**4.62**
Q16 In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	**2.83**	**3.06**
Q19 In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	**6.97**	**2.98**
Q24 In the last 2 months of care, did you have any problems with the care you got through this agency?	**4.56**	**7.91**
Communications Composite (Care Rating R^2 = .03; Recommend Agency R^2 = .04)	**4.19**	**4.36**
Q2 When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?	**2.06**	**1.93**
Q15 In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?	**4.10**	**3.07**
Q17 In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?	**3.42**	**3.09**
Q18 In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	**4.90**	**3.74**
Q22 In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?	.79	.82
Q23 When you contacted this agency's office, how long did it take for you to get the help or advice you needed?	**1.55**	**2.10**
Care Issues Composite (Care Rating R^2 = .03; Recommend Agency R^2 = .03)	**2.93**	**2.81**
Q3 When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?	**2.33**	**2.17**
Q4 When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription medicines you were taking?	**1.86**	**1.56**
Q5 When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking?	**1.25**	1.12
Q10 In the last 2 months of care, did you and a home health provider from this agency talk about pain?	**3.88**	**2.83**
Q12 In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?	.88	1.00
Q13 In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?	1.06	1.12
Q14 In the last 2 months of care, did home health providers from this agency talk with you about the important side effects of these medicines?	**1.46**	**1.56**

Note 1. The odds ratios (OR) for composite scores were derived using simple logistic regression (n=7268), while the odds ratios for each item within the composites were derived using multiple logistic regression containing all items within the composite. Sample size varied across models. Items in bold are statistically significant at $p < .001$.

Note 2. Universal Items:
Q20. Using any number from 0 to 10 where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers? (Care Rating)
Q25. Would you recommend this agency to your family or friends if they needed home health care? (Recommend Agency)

of the retrospective HHCAHPS structured questions to identify factors contributing to Care Rating and Recommend Agency. For the quantitative analysis, we developed two sets of binary logistic regression models for each global ratings variable. Care Rating included respondents rating their care as top-box score (9 or 10) compared to all other lower ratings combined. Recommend Agency included respondents' indicating they would "definitely recommend" the agency (top-box score) compared to all other lower ratings combined. For each global rating, we first built a simple logistic regression model with only composite scores (Professionalism, Communications, Care Issues) as predictors. Then, we built a second model for each global rating in which all individual questions, associated with the composites, were included as predictors. We used IBM® SPSS® version 25.0 for quantitative analysis.

Next, 3 coding authors performed a thematic analysis of survey comments provided by respondents using the grounded theory approach[14] and followed coding techniques outlined by Williams and Moser.[15] Only comments authorized by respondents to be used were included in the thematic analyses. The qualitative thematic analysis used a randomized cluster sampling of disclosable comments to ensure representation from each of the 11 HH agencies. A total of 493 unique disclosable comments were included and comprised of 64.5% ($n = 318$) randomly selected between October 2019 and September 2020; 16.4% ($n = 81$) from March 2018, for the 2017-2018 report period; and 19.1% ($n = 94$) from April 2019, for the 2018-2019 report period. The comments were transcribed into Microsoft Excel and uploaded into NVivo Pro version 11.0 by QSR International© to perform thematic analyses. We applied a deductive, or *a priori*, coding approach to review the comments, given our prior knowledge of survey composites (Professionalism, Communications, and Care Issues). First, we used the selective coding process to organize comments as positive or negative. Three of the authors then individually performed line by line coding of the comments. Next, the axial coding process was used to identify portions of the comments that aligned within the 3 HHCAHPS composites, resulting in 6 major coding categories or themes. Finally, the open, axial, and selective coding processes were used to identify subcodes within the 6 main codes. To establish reliability, the 3 coding authors used an iterative process simultaneously to review, define and refine subcodes, along with the comments that fit within them.[15]

This project was approved as an exempt study by the local Institutional Review Board.

Results

The total study sample included 7 268 surveys collected between October 2017 and September 2020. The response rate was 26%, which is comparable to the vendor's national return rate of 27%.

Quantitative Results
Results of the binary logistic regression analyses are presented in Table 2. Respondents who gave top-box responses for the Professionalism composite had 9.5 (95% CI: 8.21 - 10.99) times the odds of selecting "definitely yes" in recommending the agency. For composite scores representing Communications and Care Issues, respondents with top-box responses had 4.36 (95% CI: 3.31 - 5.77) and 2.81 (95% CI: 2.28 - 3.45) times the odds of choosing "definitely yes" respectively. In other words, compared to those with lower ratings on the Professionalism items, respondents with higher ratings were nearly 10 times as likely to recommend their HH agency to others. In comparison, respondents with higher ratings for the Communications composite were 4 times as likely to recommend their HH agency to others, and nearly 3 times as likely based on their Care Issues ratings. The highest odds ratio in predicting Recommend Agency top-box scores was for question 24 "problems with the care that you got through this agency" (OR = 7.91, 95% CI: 6.31 - 9.93), followed by question 9 "providers seemed informed and up to date about care or treatment" (OR = 4.62, 95% CI: 3.98 - 5.37), and question 18 "providers listened carefully" (OR = 3.74, 95% CI: 3.05 - 4.60).

When exploring the relationship between Care Rating and the 3 composite scores, respondents who gave top-box responses in the Professionalism composite had 11.45 (95% CI: 9.70 - 13.53) times the odds of providing Care Rating of 9 or 10 (Table 2). For the Communications and Care Issues composites, respondents with top-box scores had 4.19 (95% CI: 3.09 - 5.67) and 2.93 (95% CI: 2.33 - 3.69) times the odds of providing a Care Rating of 9 or 10, respectively. Compared to those with lower scores for the Professionalism composite, respondents with higher scores were nearly 11.5 times as likely to rate their overall care extremely high. In comparison, respondents with higher scores for the Communications composite were 4 times as likely to choose top box scores for their Care Rating, and nearly 3 times as likely based on their Care Issues composite scores. When exploring the relationship between individual questions and Care Rating, the highest odds ratios were for question 19 "providers from the agency treat you with courtesy and respect" (OR = 6.97, 95% CI: 4.95 - 9.80), followed by question 9 "providers seemed informed and up to date about care or treatment" (OR = 6.10, 95% CI: 5.17 - 7.20), and question 18 "providers listened carefully" (OR = 4.90, 95% CI: 3.95 - 6.08).

Table 3. Thematic Analysis of Negative Comments

Themes	Reference Count (n = 94)	Examples
Professionalism	**44**	
Negative Experience, Rude, Unhelpful	38	*The first person who came checked my physical endurance. All the other visits my blood pressure was checked. That's it. The rest of the visits were not helping me or necessary. A waste of time.* *Home health care people were very rude to me. I just had a major surgery because I needed more help they didn't care. It wasn't my fault I ran out of supplies. The nurse on call made it clear she lived 45 min away not my fault. It was her job. She was the on-call nurse.* *Have therapist research their computer prior to arriving at the home instead of sitting in the home.*
Not Knowledgeable	6	*Most other nurses that came out need re-education on wound pump sealing.*
Communications	**45**	
Scheduling Visits	31	*Main problem seems to be that the agency is understaffed so the nurses cannot make firm appointments. This causes personal complications and I must cancel personal appointments.* *The nurses did not follow the schedule of visits they set up with me. They would call day of - whether scheduled or not and wanted to visit in a 2-hour timeframe of their choosing. Not convenient for patient.*
Not Punctual	9	*Work on time more. Don't give a time and 1-2 hours late. Call if you are going to be an hour or more late.*
Care Issues	**5**	*No instructions as to how to use mupirocin one used on (sic).* *Also the pharmacy never communicated their delivery in advance. I always had to call when I was down to one dose (IV antibiotic).*

Qualitative Results

While the binary logistic regression analyses identified the most critical composites and survey questions for both Care Rating and Recommend Agency, the results pointed to the same potential areas of change. Therefore, our team explored disclosable comments to better understand the context contributing to their ratings of Professionalism, Communication, and Care Issues. Two themes that were unique to the positive comments under Professionalism only were improved recovery and recommend/repeat service. For Communication only, there were 3 themes unique to the positive comments: 1) attentive, 2) helped with other staff, and 3) patient education. Most comments were brief, often 11 words in length. Respondents wrote anywhere from 1 to 130 words per survey, averaging 30 words. Nearly two-thirds of the comments were positive (*n* = 312, 63.3%). The longer comments were often unfavorable, averaging 44 words compared to 25 words on average with positive comments.

Negative (Table 3) and positive (Table 4) themes and counts are displayed by composites along with the themes within each subscale. Each coded portion of a comment is called a reference. Many comments contained references to more than one theme, therefore the count of references is greater than unique comments. One or two examples of comments are provided for each theme. Our thematic analysis revealed that nearly half (45.1%) of the positive references highlighted the caring and helpful attitude of the staff, whereas 42.6% of the negative references related to scheduling and punctuality.

Discussion

This study sought to identify which HHCAHPS composites and specific questions predicted top-box global ratings scores. To better understand these composites, we also analyzed respondents' disclosable comments. To our knowledge, this is the first study of this kind using HHCAHPS data.

While the binary logistic regression results indicated that all 3 composites predicted top-box scores in Care Rating and Recommend Agency, the highest odds of receiving top-box ratings were associated with the Professionalism composite. Specifically, within the Professionalism composite, the individual questions regarding a) having no issues with their care had the highest odds in predicting Recommend Agency and b) being treated with courtesy and respect had the highest odds of predicting a highly positive Care Rating. While the Professionalism composite had the highest odds of predicting top-box scores, specific individual questions were also informative in what is important to respondents. The survey question related to HH providers being informed and up to date about care or treatment was the second item highly associated with both Care Rating and Recommend Agency. Regarding the

Table 4. Thematic Analysis of Positive Comments

Themes	Reference Count (n = 657)	Examples
Professionalism	**578**	
Improved Recovery	24	*When I left hospital I didn't think I would need this service but I now know how beneficial it has been for me and that I did need the oversight of medical guidance and direction.*
Caring/Helpful Staff	296	*I give a shout out to my personal care aid. Really a great person and a shout out to OT and PT. I truly enjoyed them a lot, they treated me so good (sic). I feel like they're a part of my family. Keep up the good work.*
Professional Knowledgeable	97	*[Name of staff] should move up from nurse to teacher/trainer. She is smart and compassionate. I have had COPD for 10 years and she passed on knowledge even my doctor never shared with me.*
Respectful	34	*All three respected me and my home.* *She was respectful of time and provided me the best care.*
Recommend Repeat Service	47	*I would highly recommend this agency and the hospital connected to it to anyone.*
Thankful	79	*Don't know what we'd have done without you! Thank you ladies from the bottom of our hearts, you helped us live out our wishes. Please share our sentiments with everyone.*
Communications	**77**	
Attentive	18	*The nurse that came here was very informative and answered any questions I had. She was very polite and nice and never seemed to rush.*
Helped with Other Staff	8	*My nurse was very helpful, especially as a liaison with doctors!* *Helped in transfer to local additional therapy at [rehabilitation center]. Kept doctors informed of progress or change.*
Patient Education	15	*However, my favorite was [name of staff]. She helped me with my breathing and made every visit so much fun and educational too. [Name of staff] is an amazing therapist and he made me feel so comfortable. [Name of staff] though he, taught me so many great and helpful hand exercises.*
Punctual	34	*All personnel were prompt and called [approximately] 15 minutes prior to their scheduled time.*
Care Issues	**1**	*[Name of staff] has guided me and my wife - caregiver - through all the related (popup's) of additional doctors, tests, medications, and treatments as they changed.*

Communications composite, the item covering HH providers listening carefully to the patient was the third item highly associated with both Care Rating and Recommend Agency.

We found that the Professionalism composite survey items are highly associated with respondents recommending the agency to others. Further, we learned from comments that positive patient experiences in our HH settings involved respondents realizing their health outcomes improved with these services; they appreciated providers who were knowledgeable and gave quality and professional services and respected them, their time, and their homes. This is similar to inpatient studies that note the importance of nurses mastering key competencies and being confident, allowing the respondents to gain respect and trust and have a more positive experience.[16] Within the HH literature, high quality HH providers are described as having patience, empathy, respectfulness, and kindness, in addition to being well-trained, competent, professional, present and one who communicates effectively in relation to appointments and patient care.[8] To deliver a great experience, organizations must cultivate competencies and build confidence in their staff members.[16]

Conversely, we learned that negative patient experience was described as staff being rude, the services unhelpful, and a disregard for the patients' time and schedules. Negative comments relating to documentation concerns were noted as well. HH does require providers to prepare for their visits prior to arriving in the patient's home by reviewing the care plan, however once in the home, bedside charting is best practice. Such comments highlighted the lack of communication and engagement between the patient and provider regarding the documentation requirements, causing the documentation to be a barrier to excellent patient experience.

Respondents indicated they felt providers were not being professional, present, or prepared.

For the areas of opportunity, HH staff who do not arrive when expected or do not attempt to schedule visits in advance negatively impacts the respect and courteousness expected by our patients. The need for prompt follow-through and communication of our obligations was apparent. Knowing when to expect their HH provider is an important area of opportunity for communication and demonstrating professionalism, courtesy, and respect. This speaks volumes to the high priority that timeliness is to our patients. Improved communication and maintaining patient-centered care delivery are vital in meeting patient expectations. Staffing challenges in HH are ever-present and being understaffed negatively impacts the amount of time spent with patients and unmet scheduling expectations.[8] As one respondent noted, the *"main problem seems to be that the agency is understaffed so the nurses cannot make firm appointments…"*. Because staffing challenges will continue and patient volumes in HH will increase, managing the ability to be present, listen carefully, and to have the time needed to meet patient expectations appropriately will continue to be a challenge requiring creative solutions.

Health care organizations must learn how HH providers affect patient perceptions of the care they are receiving. Courtesy and respect are noted as important expectations in the inpatient and outpatient literature that build trust between patient and HH providers. This was also observed in our results as they were the highest predictors of top ratings in the Recommend Agency and Care Rating global measures. The fundamental human need to be treated with courtesy and respect is valued by patients and provides them with reassurance that they are in good hands regardless of the care setting.

Education should improve HH provider communication skills, their ability to show empathy and respect, and allow them to strive toward meeting patient expectations. These efforts cannot go without evaluation of staff competency. Leaders should complete in-person audits using behavioral checklists to ensure staff grow their global clinical and professional competencies and skills. Recent studies note the importance of auditing, which can be impactful to both non-clinical and clinical patient staff and should be explored in addition to providing effective *e*-learning.[16] Knowledge and competence increase nurses' confidence and patients' trust and feelings of reassurance. The foundation of providing the highest quality of care and meeting patient expectations comes with having a knowledgeable, skilled, professional staff that is caring, attentive, helpful and provides timely and respectful communications.

In this dynamic HH care environment wrought with staffing challenges and increased patient volumes negatively impacting care delivery, we will continue to be challenged with how we build successful relationships. A full investment of efforts towards increasing the patient experience can positively affect outcomes and increase financial stability.[7,9, 17-18] Organizational efforts such as staff reward and recognition, accountability, incentivizing staff, and improving clinical education will build knowledge, confidence and improve employee satisfaction and retention.[19-20] Increasing recruiting efforts will decrease staff burnout and improve staff's ability to remain genuinely present during care delivery without distractions.[21] This can increase retention to allow organizations to remain financially stable to care for the patients in the community. To maximize efficiencies, organizations need options such as investing in new survey vendors that provide interventions to areas of opportunity and develop interventions to improve patient experience. This option could provide additional support to HH agencies to improve patient experience.

Due to HH experiencing staffing challenges, further research should be done on interventions to reduce the negative impact of these challenges on patient experience. Improving staffing should have a domino effect on the patient experience and overall patient outcomes. Research on building trust in the HH setting is warranted as the trust research is mainly noted in the inpatient settings. The place of service in the home versus a facility changes the playing field and patients are careful who they let in their home. We must maintain a trustworthy relationship with all patients. Every role, person, and moment matters.[17]

The HH setting lacks patient experience research, overall, in comparison to the inpatient and outpatient areas. Now that HHVBP will expand nationally in 2023 to mirror the Hospital Value Based Purchasing, the hope is that this will bring about new HH research in all aspects that impact patient experience. Future research should ultimately focus on improving clinical outcomes and interventions to improve patient experience in this ever-growing HH arena.

Limitations

The use of self-reported data inherently includes biases and limitations including sampling bias framed by the segment of the population who completed the survey; response bias which may be driven by the patients and family members leaning towards socially desirable answers or inaccurate memories of their experiences; or, limited first-hand knowledge due to someone other than the patient completing the survey. Furthermore, analyses were based only on disclosable comments. A proportion of respondents indicated on their survey that they did not want their responses to be shared despite having completed the survey and writing in comments. For

patients who received the survey after a prolonged period from when their services had been completed, the lag time may influence what aspects of their care they remembered in detail and the intensity of emotions surrounding their experience. Finally, the use of mail-in surveys historically has a low response rate (5% to 30%); our average response rate was on the higher end at 26%.

Conclusion

Organizations must utilize meaningful interventions to improve staff interpersonal relationships, communication, trust, and clinical skills and knowledge to provide the highest quality of services, specifically within the context of elderly adults' desire for independence and to remain in their homes. In addition, organizations must be diligent with recruiting efforts to decrease burnout since patients expect not only a knowledgeable, skilled, and competent clinician to improve their overall outcomes, but value clinicians that are attentive and ever-present. This may allow for a respectful and trusting relationship to be built between providers and patients. Our hope is that HH care organizations will continue to explore HHCAHPS data and comments to better understand the specific population's clinical and behavioral expectations. Our analysis is new for the HH field, and with HHVBP on the horizon, personal connections need to exceed patients' expectations to deliver the highest quality of care. Future research should also focus on expanding to what has been successful within patient experience research from other countries to allow for global insight of patient expectations and needs in the home health milieu.

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