Background and Development of the HCAHPS Survey

Overview of Presentation
- Background: HCAHPS and the HQA
- Development of HCAHPS
- Composition of the Survey
- Roles in Administering HCAHPS
- Next Step for HCAHPS
Welcome!

In the HCAHPS training sessions, we will:

• Explain purpose and use of HCAHPS survey
• Provide instruction on managing the survey
• Discuss modes of survey administration
• Instruct on data preparation, data submission and the process of public reporting

The Name of the Survey

• Formal name: CAHPS® Hospital Survey
• Also known as:
  – Hospital CAHPS® or
  – HCAHPS

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

The Method of HCAHPS

• Ask patients (survey)
• Collect in standardized, consistent manner
• Analyze and adjust data
• Publicly report with full accessibility
• Assemble national benchmarks
• Use to improve hospital quality of care
The New Era

December 2005: Culmination of development, testing, commenting, refining & approval
- Contributions from various stakeholders

February 2006: Begin HCAHPS implementation
- Training, mode experiment, “dry run”; national implementation and public reporting
- Participation of hospitals, survey vendors

New Era, New Challenges

Bold initiative >>> bumps, refinements

Appreciate cooperation, patience, and feedback from hospitals & survey vendors

Common goal: Continuously improve hospital quality of care for all patients

CMS Hospital Quality Initiative

Comprehensive program to improve quality of hospital care for all patients

- Clinical measures
- Structural measures
- HCAHPS
Objectives of HCAHPS

- Standardized survey for meaningful comparisons across hospitals for public reporting
- Increased hospital accountability and incentives for quality improvement
- Enhanced public accountability

HCAHPS and the HQA

- Implementation through national Hospital Quality Alliance (HQA)
  - Public-private partnership on hospital quality reporting
  - Members include: AHA, FAH, AAMC, JCAHO, AARP, AMA, AFL-CIO, AHRQ & CMS
- Current measures focus on heart attack, heart failure, pneumonia care, surgical infection

Goals of the HQA

- Identify robust set of standardized, easy-to-understand hospital quality measures
  - Reported by all hospitals
  - Accepted by all purchasers, oversight and accrediting agencies, payers and providers
- Publicly report credible and user-friendly information on Hospital Compare website
- To improve quality of care
CAHPS® Hospital Survey

Goals of HCAHPS

• Provide reliable data for public reporting of patients’ perspectives on hospital care

• Minimize disruption to hospitals’ current survey processes to extent possible

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HCAHPS Development Team

• CMS (Centers for Medicare & Medicaid Services)
• AHRQ (Agency for Healthcare Research & Quality)
• CAHPS grantees:
  - Harvard Medical School
  - RAND
  - AIR
• HSAG, NCQA, IFMC & Westat

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CAHPS Family of Surveys

Consumer Assessment of Healthcare Providers & Systems:

- HCAHPS
- Health Plan CAHPS
- ECHO
- Ambulatory CAHPS
- ESRD CAHPS
- Nursing Home CAHPS
- Prescription Drug Plan CAHPS
**CAHPS® Hospital Survey**

**HCAHPS 101**

- Short-term, acute care hospitals
  - “General Hospitals” (AHA)
  - Includes Critical Access Hospitals
  - Voluntary participation
- Eligible patients
  - Adult
  - Medical, surgical or maternity care
  - Overnight stay, or longer
  - Alive at discharge
- Survey after discharge
  - Various modes
  - Standardized protocol

**CAHPS® Hospital Survey**

**Making HCAHPS Credible**

- Issue call for measures (2002)
- Review of literature (2002)
- Cognitive testing in English and Spanish (2003)
- Additional testing in voluntary test sites (2004-05)

**CAHPS® Hospital Survey**

**Making HCAHPS Useful**

- Qualitative research with consumers
  - Focus groups of hospital patients (2004)
- Consumer testing of publicly reported HCAHPS results
  - “Look” on Hospital Compare website
  - Integration with clinical measures
  - Ongoing
Making HCAHPS Practical

- Hold stakeholder meetings
- Presentations to interested groups
- Meet with survey vendors
- Web chats
- Testing opportunities for hospitals, survey vendors
- Solicit public comments

Making HCAHPS Practical (cont’d)

- Hospital/vendor training and continuing support
  - Website and FAQs
  - HCAHPS hotline
- Compatibility with existing surveys
- Flexibility in administration
- Standardization and centralization

Making HCAHPS Transparent

- Four Federal Register notices and public comment periods
  - Most recent: November 7, 2005
  - Final report at www.qualityforum.org
**CAHPS® Hospital Survey**

**Making HCAHPS Pluralistic**

- Many models, interests, viewpoints
  - Much attention and input from start

- Accommodated to extent possible
  - While adhering to goals of HCAHPS

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**CAHPS® Hospital Survey**

**Recent HCAHPS Events**

- NQF endorsement (May 2005)
  - “National voluntary consensus standard”

- Abt Associates' cost-benefit analysis (October 2005)
  - Refer to for cost information

- Final approval from federal Office of Management and Budget (December 2005)

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**CAHPS® Hospital Survey**

**Composition of Survey**

HCAHPS contains 27 items:

- **Items 1-22**: Core of HCAHPS
  - Put first; do not alter; keep together
    - 18 substantive questions
    - 4 “screener” items

- **Items 23-27**: Demographic (“About You”)
  - Place later; do not alter
CAHPS® Hospital Survey

HCAHPS Seven Composites

What patients/consumers want to know:
1. Nurse communication
2. Doctor communication
3. Cleanliness and quiet of hospital environment
4. Responsiveness of hospital staff
5. Pain management
6. Communication about medicines
7. Discharge information

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HCAHPS Overall Ratings

• Overall rating of hospital
• Recommend this hospital

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HCAHPS Core Items (1-22)

Core HCAHPS items form module that:
• Can be combined with hospital-specific items
  — or —
• Entire HCAHPS can be used as stand-alone questionnaire
HCAHPS example: Your Care From Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect? 
   1. Never 
   2. Sometimes 
   3. Usually 
   4. Always

2. During this hospital stay, how often did nurses listen carefully to you? 
   1. Never 
   2. Sometimes 
   3. Usually 
   4. Always

3. During this hospital stay, how often did nurses explain things in a way you could understand? 
   1. Never 
   2. Sometimes 
   3. Usually 
   4. Always

HCAHPS Demographic Items
- May be placed after hospital's own items

23. “In general, how would you rate your overall health?” 
24. “What is the highest grade or level of school that you have completed?” 
25. “Are you of Spanish, Hispanic or Latino origin or descent?” 
26. “What is your race? Please choose one or more.” 
27. “What language do you mainly speak at home?”

HCAHPS Public Reporting
- Only HCAHPS items submitted and publicly reported
- Report hospital-level statistics that summarize responses to HCAHPS items
  - All patient data is de-identified
- Adjusted as needed for data comparability
  - Patient-mix and non-response adjustment
  - Mode effect adjustment
Potential Patient-Mix Adjustors

- Type of service (medical, surgical, maternity care)
- Age
- Education
- Self-reported general health status
- Language other than English spoken at home
- Interaction of age by service
- Lag between discharge and survey completion

Initial Public Reporting

- First public reporting in late 2007
  - Initial publicly reporting period will capture nine months of discharges
    - October 2006 to June 2007
  - Subsequent public reporting periods will capture 12 months of discharges
    - Rolling quarters

Roles in National Implementation

Hospital/Vendor role: Data Collection

- Develop sampling frame of eligible discharges
- Draw required sample of discharges
- Collect data using HCAHPS
- Submit HCAHPS data in standard format via QualityNet (QNet) Exchange
Government Role: Support & Reporting
- Provide training and technical assistance
- Ensure integrity of data collection
- Accumulate data from hospitals/survey vendors
- Conduct mode experiment
- Produce hospital-level estimates
- Publicly report comparative hospital data

Next Step for HCAHPS
“Dry Run”
• All HCAHPS hospitals/vendors must participate
• Purpose: gain experience using survey
  - Including data submission
• Patients discharged in April, May and/or June
• No public reporting of results
  - Reported only to participating hospital

More information on HCAHPS
• Background and reports on HCAHPS and HQI: www.cms.hhs.gov/HospitalQualityInitiatives
• HCAHPS registration, applications, FAQs, updates: www.hcahpsonline.org
• Submitting HCAHPS data: www.qnetexchange.org
• Publicly reported HCAHPS results: www.hospitalcompare.hhs.gov
Recent HCAHPS Updates

Sampling Protocol

Overview

- Eligibility
- Timing
- Sampling Procedure
- Creating the File
- Exceptions and Variations
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Who Should be Included in the Sample?

• Adult inpatients
• Medical, surgical, or maternity care
• Overnight stay, or longer
• Alive at discharge

CAHPS® Hospital Survey

Who Should be Excluded from the Sample?

• Exclusions
  - Deceased in hospital
  - No overnight stay
  - 17 years or younger
  - Psychiatric diagnosis at discharge
  - Excluded as a result of state regulations
• Note:
  - Patients of all payer types are eligible for sampling
  - Patients should only be sampled once in a given month
  - Sample only one patient per household in a given month
  - Do not exclude patients if their eligibility is uncertain

CAHPS® Hospital Survey

Classifying the Patients

• The hospital/survey vendor should use the discharge DRG to...
  - Identify the patients to be excluded
  - Classify the eligible patients as either:
    • Medical
    • Surgical
    • Maternity Care
Classifying the Patients (cont’d)

• To classify into Medical and Surgical, refer to the Federal Register
  - The Federal Register publishes updated DRG information twice yearly (April 1 and October 1)
  - We will post these updates on www.hcahpsonline.org
• To classify into Maternity Care, use DRGs 370 - 375

Survey Timing

• When should patients initially be contacted?
  - Between 48 hours and six weeks after discharge
    • Regardless of the mode of survey administration
    • Patients should not be surveyed in the hospital

Survey Timing (cont’d)

• When should data collection for a given patient be closed?
  - No later than six weeks following the start of data collection for that patient
  - We will provide more details in the presentation on the Survey Administration Process
Sampling Procedure

• Goal: Obtain 300 completed HCAHPS questionnaires over the public reporting period
• A simple random sample of eligible discharges
  - Should include discharges from each month in the reporting period

Sampling Procedure (cont’d)

• Why 300?
  - To ensure the statistical precision of the ratings
  - A total of 300 completes ensures that the reliability for the global ratings and composites will be .80 or more

Sampling Procedure (cont’d)

• Initial public reporting period:
  - 9 Months (Three Quarters)
  - October 2006 through June 2007
• Subsequent public reporting periods:
  - 12 Months (Four Quarters)
Does My Hospital Have Enough Discharges?

- How many discharges are needed to produce 300 completes?
  \[ I = \text{proportion of discharged patients who are ineligible} \]
  \[ R = \text{expected response rate among eligible patients} \]
  \[ P = \text{the proportion of discharged patients who actually respond to the survey} \]
  \[ P = (1 - I) \times R \]

- How many discharges are needed to produce 300 completes?
  \[ 300 / P \]

Some Assumptions

- \approx 17\% of discharged patients will be ineligible for the survey
  - Source: National Hospital Discharge Survey

- \approx 40\% of eligible patients will respond to the survey
  - Source: Pilot tests of the HCAHPS survey

Some Assumptions (cont’d)

- Therefore,
  \[ P = (1 - I) \times R = (1 - .17) \times .40 = .33 \]
  and \[ 300 / P = 300 / .33 = 909 \]

- You can also estimate I and R from your own data
- You can adjust your target from month to month
CAHPS® Hospital Survey
How Many Discharges?

• $300 / P = 300 / .33 = 909$

• Nine-month public reporting period:
  - Number of discharges needed per month
    $= 909 / 9 = 101$

• Twelve-month public reporting period:
  - Number of discharges needed per month
    $= 909 / 12 = 76$

CAHPS® Hospital Survey
If you can obtain more than 300 completed surveys...

• The sampling frame should include all eligible discharges
• Do not stop sampling when a total of 300 is reached
• Submit the entire sample

CAHPS® Hospital Survey
If you cannot obtain 300 completed surveys...

• The sampling frame should include all eligible discharges
• Submit the entire sample
• If a hospital obtains at least 100 completed surveys during the reporting period, the results will be publicly reported
• If a hospital obtains less than 100 completed surveys during the reporting period, the results will be excluded from public reporting
CAHPS® Hospital Survey

Creating the Sample Frame

• An example of a sample frame file layout is provided in Appendix A of the Guidelines
  - You are not required to use this exact layout
  - Remove the patient-identifying information before submitting the file to CMS

CAHPS® Hospital Survey

Exceptions and Variations

• The Exceptions Process Form is used to request exceptions to the standard sampling protocol
  - See Appendix N in the Guidelines
• This form must be used for the following exceptions:
  - Discharge DRG codes not available
  - Stratified sampling
  - Proportionate monthly sampling
  - Other sampling schemes
  - We will provide more details in the presentation on Survey Administration

CAHPS® Hospital Survey

Survey Administration
• Survey Instrument
  • Survey content
    - Core Survey questions 1-22
    - About You questions 23-27
  • Survey instrument availability
    - English language survey (Appendix D)
    - Spanish language survey (Appendix E)
    - English telephone script (Appendix F)
    - Spanish telephone script (Appendix G)
    - English IVR script (Appendix H)

• May add a reasonable number of supplemental questions to the survey after the core items (1-22)
• Use appropriate phrasing to transition from the HCAHPS survey to the supplemental items
  - “Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about topics.”
CAHPS® Hospital Survey

Supplemental Questions (cont’d)

• Recommend avoiding the following types of supplemental questions
  - Numerous, lengthy and complex questions
  - Questions with potential impact on responses to HCAHPS questions
  - Sensitive medical or personal topics which may cause a person to terminate the survey
  - Questions that may jeopardize a respondent’s confidentiality such as SSN

CAHPS® Hospital Survey

Three Options for Integration of Hospital Surveys

1. Integrate hospital’s existing survey into HCAHPS survey using one consistent format and transitions
   - HCAHPS Items 1-22 are first questions
   - HCAHPS Items 23-27 (About You questions)
2. Have a separate HCAHPS survey and hospital survey in the same mailing
3. Send two separate mailings – one with the HCAHPS survey and another with the hospital-specific survey

CAHPS® Hospital Survey

Modes of Survey Administration

• Mail Only
• Telephone Only
• Mixed (Mail and Telephone)
• Active Interactive Voice Response (IVR)
CAHPS® Hospital Survey

Modes of Administration

• Modes of administration designed to achieve, on average, a 40% response rate
• No proxy respondents
• Mode experiment to evaluate impact of mode
• Data collection begins 48 hours to six weeks after discharge
• Data reported quarterly through the QualityNet Exchange

Mail Only Mode

• Protocol
  - First questionnaire with cover letter sent out 48 hours to six weeks after discharge
  - Second questionnaire with reminder/thank you letter sent out 21 days after first mailing
  - Data collection completed 21 days after second questionnaire sent, within 42 days after initiation
  - Submit data via QualityNet Exchange

Mail Only Mode (cont’d)

• Cover letter specifications
  - Name and address of sampled respondent included
  - HHS and OMB language included
  - Letter is not attached to the survey
  - Customization is acceptable
CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Cover letter language includes:
  - Purpose of survey
  - “Questions 1-22 in the enclosed survey are part of a national initiative by the United States Department of Health and Human Services to measure the quality of care in hospitals”
  - Hospital name and discharge date of patient
  - Participation is voluntary
  - Patient’s health benefits will not be affected by participation in the survey

CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Cover letter includes (cont’d):
  - OMB Paperwork Reduction Act language: “According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981. The time required to complete this information collected is estimated to average 7 minutes per response for questions 1-22 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S1-13-05, Baltimore, MD 21244-1850.”

CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting requirements
  - Question and answer category wording is not changed nor is the order of core HCAHPS questions (items 1-22)
  - Question and answer categories remain together in the same columns and on the same pages
  - Unique identifiers for patient tracking purposes are placed on the first or last page of the survey
  - The respondent's name does not appear on the survey
  - No matrix formats for question and answer categories
  - The OMB control number should be on the front page of the survey. It is OMB #: 0938-0981
CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting suggestions
  - Minimum font size 10 point
  - Readable font such as Arial
• Margins are wide (at least 3/4 inch) and the survey has white space to enhance its readability
• Question formatting in two columns

CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Mailing content
  - Survey mailings include
    • Cover letter
    • Questionnaire(s)
    • Self-addressed, stamped business reply envelope
    • First class postage or indicia, suggested

CAHPS® Hospital Survey

Mail Only Mode (cont’d)

• Data receipt
  - Returned survey questionnaire data recorded in a timely manner
  - Ambiguous situations follow HCAHPS decision rules
  - Key entry or scanning allowed
    • A sample of key entered data is checked a second time by different staff and any discrepancies between the two entries are identified. Supervisors reconcile any discrepancies
    • Programs verify that record is unique and has not been returned already
    • Programs identify invalid or out-of-range responses
CAHPS® Hospital Survey
Mail Only Mode (cont’d)

• Quality control guidelines (cont’d)
  - Oversight of staff and sub-contractors
  - Seeded mailings
    • Timeliness and accuracy of delivery
    • Accuracy of mailing contents

CAHPS® Hospital Survey
Telephone Only Mode

• Protocol
  - Initiate systematic telephone contact to sampled patient(s) between 48 hours and six weeks after discharge
  - Make five attempts to reach respondent by telephone
  - Telephone attempts made on different weeks, different days of the week and at different times of day, within 42 days after initiation
  - Submit data via QualityNet Exchange
Telephone Only Mode (cont'd)

- Telephone script
  - Standardized telephone script provided for HCAHPS portion of survey
    - Question and answer category wording may not be changed nor the order of questions for the HCAHPS core questions
    - Supplemental questions may be added after the core survey questions 1-22
    - Transitional phrases should be added for supplemental questions

Telephone Only Mode (cont’d)

- Interviewing systems
  - Manual data entry (allowed only for hospitals self-administering surveys)
  - Electronic data entry, including CATI or other alternative systems (required of hospitals conducting multiple surveys and of survey vendors)

Telephone Only Mode (cont’d)

- Obtaining telephone numbers
  - Main source of telephone numbers - hospital discharge records
  - Update telephone numbers using
    - commercial software
    - internet directories
    - directory assistance
Telephone Only Mode (cont’d)

- Data receipt
  - Electronic data collection, CATI
    - Linked electronically to survey management system
  - Manual data collection of paper questionnaires
    - Key entry
    - Scanning

Quality control guidelines

- Formal interviewer training
- Telephone monitoring and oversight
  - Suggest that 10% of interviews are monitored

Mixed Mode

- Protocol—Mail followed by telephone
  - Questionnaire with cover letter sent out 48 hours to six weeks after discharge
  - Initiate systematic telephone contact for all nonrespondent(s) approximately 21 days after mailing of the questionnaire
  - Complete telephone attempts to nonrespondent(s) 21 days after initiation of telephone contact so that at least five calls are attempted in different weeks, on different days of the week and at different times of day, within 42 days of initiation
  - Submit data via QualityNet Exchange
CAHPS® Hospital Survey

Mixed Mode (cont’d)

• Mixed mode survey administration
  - Follow guidelines for mail only mode
  - Use one questionnaire mailing instead of two
  - Follow guidelines for telephone only mode

CAHPS® Hospital Survey

Active Interactive Voice Response (IVR) Mode

• Protocol
  - Initiate systematic contact to sampled patient(s) between 48 hours and six weeks after discharge
  - Make five attempts to reach respondent by telephone
  - Telephone attempts made on different weeks, different days of the week and at different times of day, within 42 days after initiation
  - Submit data via QualityNet Exchange

CAHPS® Hospital Survey

Active IVR Mode (cont’d)

• IVR interviewing systems
  - Programmed with standardized HCAHPS IVR script
  - Capable of recording and storing respondent answers
  - Capable of touch tone key pad response
  - Opt out option available for respondents who do not want to continue with IVR (other interviewing option available)
CAHPS® Hospital Survey
Active IVR Mode (cont’d)

• Live operator
  - Introduces respondent to the survey and IVR system
  - Obtains respondent consent to participate
  - Transitions respondent to IVR
  - Available to answer questions/FAQs
  - Available to triage respondents to another electronic system (CATI) or to conduct the interview themselves for reluctant respondents

CAHPS® Hospital Survey
Active IVR Mode (cont’d)

• Follow telephone only mode guidelines
  - Data collection
  - Data receipt
  - Quality control guidelines
    • Staff training
    • Monitoring and oversight

CAHPS® Hospital Survey
Survey Management

• Establish survey management process to administer survey
  - System resources
  - Customer support lines
  - Personnel training
  - Monitoring and quality oversight
  - Safeguarding patient confidentiality and privacy
  - Data security
CAHPS® Hospital Survey
Survey Management (cont’d)
• System resources
  – Physical plant resources available to handle surveys
  – Survey system to track sampled patients through the data collection protocol

CAHPS® Hospital Survey
Survey Management (cont’d)
• Recommended customer support telephone line options
  – Staffed live 9 AM to 8 PM Monday thru Friday
  – Sufficient capacity - 90% answered live
  – Voice mailbox for nights and weekends
  – Messages returned within one business day
  – Established return call standard of two business days for questions that cannot be answered at the time of the call
  – Database or tracking log of calls
• Optional support via the Internet

CAHPS® Hospital Survey
Survey Management (cont’d)
• Personnel training
  – Customer support personnel
  – Data entry personnel
  – Telephone interviewers and IVR operators
Survey Management (cont’d)

• Monitoring and quality oversight
  - Ongoing monitoring of staff and the survey administration process
  - Performance evaluations and feedback
  - System to evaluate patterns of errors
  - Detection and correction of performance problems

Safeguarding patient confidentiality

• Follow HIPAA guidelines
• Restrict physical access to confidential data
• Obtain confidentiality agreements from staff and sub-contractors who see confidential survey information
• Establish protocols for identifying security breaches and instituting corrective actions

Confidentiality and privacy assurances to respondent

• Responses will be confidential and private and reported in an aggregate format with the following disclosure:
  • Respondents told that only hospital/survey vendor staff will see their responses
  • Hospitals may follow up with unhappy respondents to collect more information about their hospital experiences
Survey Management (cont’d)

- Physical and electronic data security
  - Store returned mail survey questionnaires in secure location
  - Firewalls and other mechanisms for preventing unauthorized system access
  - Access levels and security passwords to safeguard sensitive data
  - Backup procedures to safeguard system data
  - Key-to-disk entry or frequent saves to media to minimize data losses

Exceptions Process

- Allowable exceptions to standard protocols
  - Sampling
  - Other exceptions
- Exceptions not allowed for modes of survey administration

Request for exceptions

- Submit Exceptions Request Form(s)
  - Justification for exception
  - Submit Exceptions Request Form through www.hcahpsonline.org
  - Four weeks prior to national survey administration
Exceptions Process (cont’d)

• Exceptions for the Dry Run
  - Submit exceptions for April 2006 Dry Run by March 15
  - Submit exceptions for May 2006 Dry Run by April 14
  - Submit exceptions for June 2006 Dry Run by May 15

Exceptions Process (cont’d)

• Unapproved exceptions appeals process
  - Written notification supplied with reason for not approving exception
  - Five business days to appeal an unapproved exception
  - Exceptions Request Form used to appeal an unapproved exception

Telephone and Active IVR Training
**CAHPS® Hospital Survey**

**Overview**
- Telephone and Active IVR Script
- Introducing the Survey
- Reaching Respondents/Telephone Attempts
- Guidelines for Interviewers
- Avoiding Refusals
- Probing for Complete Answers
- Customer Service FAQs

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**CAHPS® Hospital Survey**

**Telephone & Active IVR Script**
- No changes allowed to question and answer wording or ordering
- Supplemental questions allowed for hospital specific items
- Conventions provide instructions for programmers and interviewers
- Every question should have a missing/don’t know option programmed
- See Appendices F, G, & H in the Guidelines for scripts

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**CAHPS® Hospital Survey**

**Survey Introduction**
- Critical to gaining cooperation
- Provides survey purpose
- Confirms respondent eligibility
- Informs respondent survey will take about seven minutes
- May be the first contact with respondent (depending on mode)
Introducing the Survey

- Introduction script provided
- Speak professionally and with confidence
- After gaining agreement to participate, interviewers should move swiftly into first question without rushing
- Maintain pace and avoid long pauses

Introducing Active IVR

- Live operator connects respondent to active IVR system after:
  - gaining participation through initial telephone contact
  - confirming respondent eligibility
- Respondent will hear electronic message confirming successful connection to active IVR system

Reaching Respondents

- Initiate systematic contact between 48 hours and six weeks after discharge
- Do not conduct the interview with a proxy
- Do not leave messages on answering machines since this could violate a respondent’s privacy
- Five attempts to reach respondent
- Contact at various times of the day, on different days of the week, and in different weeks to maximize the probability that the survey vendor will contact the respondent
Reaching Respondents (cont’d)

- If the respondent is away temporarily, he or she is contacted upon return.
- If the respondent does not speak the language the survey is being administered in, thank the respondent for his or her time and terminate the interview.
- If the respondent is temporarily ill, re-contact the respondent to see if there has been a recovery before the end of data collection.
- Attempt to correct wrong numbers.

A Telephone/Active IVR Attempt

- Telephone rings six times with no answer.
- Busy signal—interviewer attempts to re-contact respondents up to three times at 20-minute intervals. This counts as one phone attempt.
- Interviewer or operator reaches a household member and is told that the respondent is not available to come to the phone.

Interviewing Guidelines

- Interviewer tone:
  - Speak in an upbeat and courteous tone
  - Maintain professional and neutral relationship
  - Never provide personal information or opinion
  - Establish rapport with respondent
- See Appendix I in Guidelines.
Interviewing Guidelines (cont’d)

• Question asking:
  - Questions and response choices are read exactly as worded on script
  - Never skip questions
  - Do not provide extra information or lengthy explanations to respondent questions
  - End the survey by thanking the respondent for his or her time

System conventions

• All text that appears in lower case should be read
• Text in UPPER CASE letters should not be read out loud
• Text that is underlined should be emphasized by the interviewer
• [Square brackets] are used to show programming instructions which would not actually appear on the computerized interviewing screens

Avoiding refusals

• Be prepared to convert a refusal into a completed survey
• Emphasize importance of respondent’s participation
• Never argue with or antagonize a respondent
• Remember! First moments of the interview are most critical for gaining participation from the respondent
Interviewing Guidelines (cont’d)

• Probing for complete data
  – When respondent fails to provide adequate answer
  – Never interpret answers for respondents
  – Code Missing/Don’t Know when respondent cannot/does not provide complete answer after probing

CAHPS® Hospital Survey

Interviewing Guidelines (cont’d)

• Types of probes:
  • Repeat question and answer categories
  • Interviewer says:
    – “Take a minute to think about it”
    – “So would you say…”
    – “Which would you say is closer to the answer?”

Example of response probe: Question 23

In general, how would you rate your overall health? Would you say that it is...
1 Excellent,
2 Very good,
3 Good,
4 Fair, or
5 Poor?
M MISSING/DK

Probe: “We’re asking you to choose one response. Would you say your overall health is....”
Interviewing Guidelines (cont’d)

Example of response probe: Question 21

We want to know your overall rating of your stay at [FACILITYNAME]. This is the stay that ended around [DISCHARGE DATE]. Please do not include any other hospital stays in your answer.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

Probe: “Please pick a number from 0-10, where 0 is the worst hospital and 10 is the best hospital. Which number would you say is closest to your answer?”

Customer Service FAQs

• Interviewers should be knowledgeable about the survey and its goals, and be prepared to answer questions
• FAQs provide answers to:
  - General questions about the survey
  - Concerns about participating in the survey
  - Questions about completing/returning the survey
• See Appendix J in Guidelines

Questions & Answers
Contact Us
HCAHPS Information and Technical Support
• Website: www.hcahpsonline.org
• E-mail: hcahps@azqio.sdps.org
• Telephone: 1-888-884-4007

Data Specifications and Coding

Overview
• Unique Patient ID Number
• Decision Rules for Data Capture
• File Specifications
• Disposition Codes
• Definition of a Completed Survey
• Calculating the Response Rate
CAHPS® Hospital Survey

HCAHPS Unique Patient ID Number

- Unique Patient ID Number
  - The hospital/survey vendor is responsible for assigning a Unique Patient ID Number to each patient in the sample
  - This number will be used to track and report whether the patient has returned the survey, or needs a repeat mailing or phone call
  - Can be up to 16 characters in length (alphanumeric)
  - You may already have a system for assigning unique patient ID numbers
  - These numbers should not identify the patient

CAHPS® Hospital Survey

Decision Rules for Data Capture

- Needed to standardize data across hospitals
- For coding responses to questionnaires returned by mail

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
<th>Example 3</th>
<th>Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never</td>
<td>□ Never</td>
<td>□ Never</td>
<td>□ Never</td>
</tr>
<tr>
<td>□ Sometimes</td>
<td>□ Sometimes</td>
<td>□ Sometimes</td>
<td>□ Sometimes</td>
</tr>
<tr>
<td>□ Usually</td>
<td>□ Usually</td>
<td>□ Usually</td>
<td>□ Usually</td>
</tr>
<tr>
<td>□ Always</td>
<td>□ Always</td>
<td>□ Always</td>
<td>□ Always</td>
</tr>
</tbody>
</table>

“Missing” “Sometimes” “Missing” “Missing”

(See Page 61 in the Guidelines)

CAHPS® Hospital Survey

File Specifications

- XML format
- A header record, followed by patient-level records
- Patient data
  - Administrative data for each sampled patient
  - Survey responses for each patient who completed the survey
- We will provide more details in the presentation on the Data Preparation Process
  - See Appendix O in the Guidelines
Disposition Codes

• Each code is either Interim or Final
  – Interim codes are used for internal tracking
    • You can use your own system of codes
  – Final codes are used upon completion of data collection
    • You will need to use the codes in the table on Pages 62 and 63 of the Guidelines

Disposition Codes (cont’d)

• Completed Survey 01
  – No evidence of ineligibility
  – Here is the rule:
    • If at least half of the questions applicable to all patients are answered, the survey is “complete”
    • Questions applicable to all patients:
      – 1 through 10, 12, 15, 18, 21 and 22
      • Due to skip patterns, questions 11, 13, 14, 16, 17, 19, 20, 23-27 are excluded
      • Demographic questions (23 through 27) are also excluded

Disposition Codes (cont’d)

• Ineligible
  – 02  Deceased
  – 03  Does not meet eligible population criteria
  – 04  Language barrier
  – 05  Mentally or physically incapacitated
### Disposition Codes (cont’d)

- Non-Response
  - 06 Break-off
  - 07 Refusal
  - 08 Non-response after maximum attempts
  - 09 Bad address
  - 10 Bad/no telephone number

### Assigning Code 09 (Bad Address) or Code 10 (Bad Phone Number)
- You should assume the contact information is viable unless there is sufficient evidence to suggest the contrary
- Use the tables on Page 65 of the Guidelines to make this determination

---

### How We Will Calculate the Survey Response Rate

\[
\text{Response Rate} = \frac{\text{Surveys Completed}}{\text{Surveys Fielded} - \text{Ineligible Surveys}}
\]

- **Surveys Completed:**
  - Disposition Code 01
- **Ineligible Surveys:**
  - Disposition Codes 02, 03, 04, or 05 (deceased or ineligible)
- We will not include disposition codes 06 through 10 (non-response) in the count of ineligible surveys.
- This is the response rate that will be publicly reported.
Data Preparation Process

Overview

• File Format and Content
• File Layout
• XML Layout
• Preparing the Data File
• Data Submission Timeline

File Format and Content

• XML file format
  – Commercial conversion software available
• One month’s worth of data per hospital
• Submit data:
  – Monthly  OR
  – Quarterly
  • Three months of survey data are compiled for each quarter
CAHPS® Hospital Survey

File Layout

1. Header record
   - General hospital information
2. Patient-level records
   a. Administrative data record for each sampled patient
   b. Survey results record for each patient who responded to the survey

---

CAHPS® Hospital Survey

Header Record Variables

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Variable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital Name</td>
<td>Name of the Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Medicare Provider ID Number</td>
<td>Type of Sampling Utilized</td>
</tr>
<tr>
<td>3</td>
<td>Year of Discharge</td>
<td>Number of Eligible Discharges</td>
</tr>
<tr>
<td>4</td>
<td>Month of Discharge</td>
<td>Number of eligible discharges in sampling frame in month</td>
</tr>
<tr>
<td>5</td>
<td>Number of Eligible Discharges</td>
<td>Number of eligible discharges in sampling frame in month</td>
</tr>
<tr>
<td>6</td>
<td>Sample Size</td>
<td>Number of sampled discharges for the month</td>
</tr>
<tr>
<td>7</td>
<td>Type of Sampling Used</td>
<td>Total Number Eligible Patients within the Patient's Stratum</td>
</tr>
<tr>
<td>8</td>
<td>DSRP Number Surveyed</td>
<td>Number of Eligible Patients in the Same Stratum</td>
</tr>
<tr>
<td>9</td>
<td>DSRP Number Eligible</td>
<td>Number of Eligible Patients within the Patient's Stratum</td>
</tr>
</tbody>
</table>

* Hospitals that share a common Medicare Provider ID Number should sample the requisite number of patients in each hospital and then combine the samples before data submission.

---

CAHPS® Hospital Survey

Administrative Record Variables

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Variable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Hospital ID / NPI</td>
<td>Medicare Provider ID Number</td>
</tr>
<tr>
<td>11</td>
<td>Year of Discharge</td>
<td>Year of discharge</td>
</tr>
<tr>
<td>12</td>
<td>Month of Discharge</td>
<td>Month of discharge</td>
</tr>
<tr>
<td>13</td>
<td>HCIPS Unique Patient ID No.</td>
<td>HCIPS unique assigned patient ID</td>
</tr>
<tr>
<td>14</td>
<td>Admission Source</td>
<td>Source of inpatient admission for the patient (same as UB-92, field location 20)</td>
</tr>
<tr>
<td>15</td>
<td>Service Line</td>
<td>Source of discharge CARTA</td>
</tr>
<tr>
<td>16</td>
<td>Patient Discharge Status</td>
<td>Patient's discharge status (same as UB-92, field location 22)</td>
</tr>
<tr>
<td>17</td>
<td>Survey Mode</td>
<td>Mode of survey administration</td>
</tr>
</tbody>
</table>
### CAHPS® Hospital Survey

#### Administrative Record Variables (cont’d)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Variable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Final Survey Status</td>
<td>Disposition of survey</td>
</tr>
<tr>
<td>19</td>
<td>Language</td>
<td>Was survey completed in English or in Spanish?</td>
</tr>
<tr>
<td>20</td>
<td>Lag time</td>
<td>Number of days between discharge and completion of survey</td>
</tr>
<tr>
<td>21</td>
<td>Gender</td>
<td>Patient’s gender (same as UB-92, field location 13)</td>
</tr>
<tr>
<td>22</td>
<td>Age (categories)</td>
<td>Age at admission</td>
</tr>
</tbody>
</table>

### CAHPS® Hospital Survey

#### Survey Record Variables

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Variable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Nurses courtesy and respect (Q1)</td>
<td>“During this hospital stay, how often did nurses treat you with courtesy and respect?”</td>
</tr>
<tr>
<td>24</td>
<td>Nurses Listen (Q2)</td>
<td>“During this hospital stay, how often did nurses listen carefully to you?”</td>
</tr>
<tr>
<td>25</td>
<td>Nurses Explain (Q3)</td>
<td>“During this hospital stay, how often did nurses explain things in a way you could understand?”</td>
</tr>
<tr>
<td>26</td>
<td>Call button (Q4)</td>
<td>“During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?”</td>
</tr>
<tr>
<td>27</td>
<td>Doctors courtesy and respect (Q5)</td>
<td>“During this hospital stay, how often did doctors treat you with courtesy and respect?”</td>
</tr>
<tr>
<td>28</td>
<td>Doctors Listen (Q6)</td>
<td>“During this hospital stay, how often did doctors listen carefully to you?”</td>
</tr>
<tr>
<td>29</td>
<td>Doctors Explain (Q7)</td>
<td>“During this hospital stay, how often did doctors explain things in a way you could understand?”</td>
</tr>
</tbody>
</table>

### CAHPS® Hospital Survey

#### Survey Record Variables (cont’d)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Variable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Race, White (Q20)</td>
<td>“What is your race? Please choose one or more.”</td>
</tr>
<tr>
<td>31</td>
<td>Race, African-American (Q21)</td>
<td>“What is your race? Please choose one or more.”</td>
</tr>
<tr>
<td>32</td>
<td>Race, Asian (Q22)</td>
<td>“What is your race? Please choose one or more.”</td>
</tr>
<tr>
<td>33</td>
<td>Race, Pacific Islander (Q23)</td>
<td>“What is your race? Please choose one or more.”</td>
</tr>
<tr>
<td>34</td>
<td>Race, American Indian/Alaska Native (Q24)</td>
<td>“What is your race? Please choose one or more.”</td>
</tr>
<tr>
<td>35</td>
<td>Language (Q27)</td>
<td>“What language do you mainly speak at home?”</td>
</tr>
</tbody>
</table>
CAHPS® Hospital Survey

File Layout Structure

- Header record and administrative data record filled for every sampled patient
- Survey results records filled for patients who responded to the survey
  - Fill missing responses as “M”
- See Appendix O in the Guidelines for details

CAHPS® Hospital Survey

File Layout Updates

Administrative Data Record
- Item No. 13—HCAHPS Unique Patient ID Number
  - Change from 5 to 16-digit alphanumeric field
- Item No. 16—Patient Discharge Status
  - Add response category “66” Transfer to Critical Access Hospital

CAHPS® Hospital Survey

XML Layout

- Header record is required at the beginning of each XML file
- Each variable begins with an opening tag <header> and ends with a closing tag but with a forward slash </header>
- XML specifications are posted on www.hcahpsonline.org
CAHPS® Hospital Survey

XML Layout Example

<header>
<provider-name>Health Care Facility Name</provider-name>
<provider-id>123456</provider-id>
<discharge-yr>2006</discharge-yr>
<discharge-month>12</discharge-month>
<number-eligible-discharge>65</number-eligible-discharge>
<sample-size>45</sample-size>
<sample-type>1</sample-type>
<dsrp-survey></dsrp-survey>
<dsrp-eligible></dsrp-eligible>
</header>

CAHPS® Hospital Survey

XML Layout Example (cont’d)

<patientleveldata>
<administration>
<provider-id>160035</provider-id>
<discharge-yr>2006</discharge-yr>
<discharge-month>1</discharge-month>
<patient-id>2</patient-id>
<admission-source>1</admission-source>
<principal-reason-admission>3</principal-reason-admission>
<discharge-status>3</discharge-status>
<survey-mode>2</survey-mode>
<survey-status>1</survey-status>
<language>1</language>
<lag-time>10</lag-time>
<gender>1</gender>
<patient-age>1</patient-age>
</administration>

CAHPS® Hospital Survey

XML Layout Example (cont’d)

<patientresponse>
<nurse-courtesy-respect>1</nurse-courtesy-respect>
<nurse-listen>1</nurse-listen>
<nurse-explain>1</nurse-explain>
<call-button>1</call-button>
<dr-courtesy-respect>1</dr-courtesy-respect>
<dr-listen>1</dr-listen>
<dr-explain>1</dr-explain>
</patientresponse>
CAHPS® Hospital Survey

XML Layout Example (cont’d)

```
<race-white>1</race-white>
<race-african-amer>0</race-african-amer>
<race-asian>0</race-asian>
<race-hi-pacific-islander>0</race-hi-pacific-islander>
<race-amer-indian-ak>0</race-amer-indian-ak>
<language-speak>1</language-speak>
</patientresponse>
</patientleveldata>
```
Data Submission via QualityNet Exchange

Objectives
Upon completion of this presentation, participants will be able to:

- Describe the registration process for QualityNet Exchange Security Administrators and non-Administrators
- Describe the steps for HCAHPS Data Upload via QualityNet Exchange
- List the HCAHPS Warehouse Submission Summary Reports and describe the content
- List the HCAHPS Warehouse Feedback Reports and describe the content

QualityNet (QNet) Exchange

- QNet Exchange released 2002
- URL: www.qnetexchange.org
- CMS-funded website
- QualityNet Exchange is necessary to securely transmit patient protected health information (PHI) over the Internet
QualityNet Exchange
Public Access: www.qnetexchange.org

Two Types of QNet Exchange Users:
1. Security Administrator
2. Non-Administrator

Additional Information on Registration:
http://qnetexchange.org/public/

Recorded WebEx:
Getting Started – Registration Overview
CAHPS® Hospital Survey
Administrator Registration

• QNet Exchange Administrator Required
• Recommend Two Administrators
  - Primary Contact
  - Backup
• Cannot delegate administrator role
• Check for existing QNet Administrator within the organization

CAHPS® Hospital Survey
Administrator Responsibilities

• Register new users in QNet Exchange
• Assign roles
• Update user accounts
• Point of contact

CAHPS® Hospital Survey
Administrator Registration
Hospital

• Request the QualityNet Exchange Administrator Form and Instructions from your State QIO
• Complete the form
• Sign and date your registration form in the presence of a Notary Public
• Highest-level executive at your organization sign and date the Administrator Authorization form
Administrator Registration

Hospital (cont’d)

• Mail the completed form to your QIO (unless otherwise directed)
• The QualityNet Help Desk will process the registration form and send e-mail when complete
• Recommendation: Maintain a copy of your registration form

Survey Vendor

• Hospitals administering surveys for multiple hospitals must register as a vendor
• Request the QualityNet Administrator Form and Instructions from the Arizona QIO (HSAG)
• Complete the form
• Sign and date your registration form in the presence of a Notary Public

Survey Vendor (cont’d)

• Highest-level executive at your organization sign and date the Administrator Authorization form
• Mail the completed form to the QualityNet Help Desk
• The QualityNet Help Desk will process the registration form and send e-mail when complete
• Recommendation: Maintain a copy of your registration form
Non-Administrator Registration
Hospital/ Survey Vendor

- Notify the QNet Exchange Administrator at your organization that you need to become a QNet Exchange user
- Required information is collected and Administrator or designee enters the registration online, and prints you a registration form to have notarized
- Sign and date your registration form in the presence of a Notary Public

Non-Administrator Registration (cont’d)
Hospital/ Survey Vendor (cont’d)

- Mail the original notarized registration form to the QualityNet Help Desk
- The QualityNet Help Desk will process the registration form and send e-mail when complete
- Recommendation: Maintain a copy of your registration form

Log-in Preparation

- Received E-mail notification from the QualityNet Help Desk
  - Registration is Complete
  - Log-In ID
  - Password feature: Forgot Your Password
Log-in Preparation (cont'd)

- Downloaded and installed the QNet Setup file, located at:
- Tested workstation for the required software and configuration – Test Your System page

Submission Options

1. XML File Upload
   - XML File Format – conversion commercial software
   - XML File Specifications – source: www.hcahpsonline.org
   - XML file layout example
   - Files must meet specifications

Submission Options (cont’d)

2. Online Data Entry
   - Small hospitals not using a vendor or XML conversion

Note: A recorded WebEx will be posted on QNet Exchange for each type of submission option
Vendor Authorization by Hospitals for Data Submission

1. Select HCAHPS survey vendor
   - Listed on www.hcahpsonline.org

2. Access QNet Exchange Vendor Authorization
   - Available at the same time as HCAHPS Data Upload
   - All hospitals must authorize their vendor
   - Updates authorization in real-time

---

HCAHPS Vendor Authorization

- Enter transmission and discharge dates
- Unauthorized submissions by a vendor = data rejected

---

HCAHPS Data Upload Steps

Purpose: Upload data to QNet Exchange for processing

1. Login to QNet Exchange
   www.qnetexchange.org
2. Click on HCAHPS Data Upload
3. Select button to upload files
4. Select file(s) to upload
5. Upload Complete message displayed
6. Logout of QNet Exchange
HCAHPS Data Upload Steps (cont’d)

7. E-mail notification from QNet Exchange
8. Access HCAHPS Warehouse Submission Reports (Secure Pages of QNet Exchange www.qnetexchange.org)
9. Correct any errors and resubmit data
• Upload Complete – data will be evaluated

• Verification E-mail – post processing (Assigned Batch ID, Upload Date, Number of files)

• Login to QNet Exchange

• Verify status of files – HCAHPS Warehouse Submission Reports

HCAHPS Warehouse Submission Reports

1. Hospitals Authorizing Vendor to Upload Data
2. HCAHPS Warehouse Data Submission Detail
3. HCAHPS Warehouse Submission Summary
   - HCAHPS Data Upload Role – Required
   - Submission Reports Available to Submitter of Data

1. Hospitals Authorizing Vendor to Upload Data
• Purpose – inform the vendor what authorizations have been completed
• Content
  - Provider ID/name
  - Transmission start & end dates
  - Discharge start & end dates
2. HCAHPS Warehouse Data Submission Detail

- File Information
  - File Name
  - Discharge Date
  - Status: Accepted/Rejected
  - Error Messages

- Submission Information
  - Upload Date
  - Provider
  - Batch ID
  - Totals

3. HCAHPS Warehouse Submission Summary

- Content
  - Summary of uploaded data per provider and batch
  - Number accepted/rejected

HCAHPS Warehouse Feedback Reports

1. Provider Survey Status Summary
   - High-level information

2. Data Submission Detail
   - HCAHPS Feedback Reports Role - Required
   - Feedback Reports Not Available to Vendors
1. Provider Survey Status Summary
• Summary of HCAHPS Warehouse provider survey submission status
• Number of surveys submitted/month

2. Data Submission Detail
• File Information
  - File Name
  - Discharge Date
  - Status: Accepted/Rejected
  - Error Messages
• Submission Information
  - Upload Date
  - Provider
  - Batch ID
  - Totals

QualityNet Exchange Resources
• QualityNet Exchange WebEx Recorded Sessions
• QNet Exchange User's Guide
  www.qnetexchange.org/public/docs/UG.pdf
• QualityNet Help Desk
CAHPS® Hospital Survey

Summary

• QNet Exchange registration required to participate
• Two types of QNet Exchange users
• HCAHPS specific roles
• Two options to submit HCAHPS data
• Must access HCAHPS Warehouse Submission Reports to check status of uploaded files
• HCAHPS Warehouse Feedback Reports available for hospitals

CAHPS® Hospital Survey

Training

CAHPS® Hospital Survey

QualityNet Help Desk

Phone: 866-288-8912
Fax: 888-329-7377
E-mail: qnetsupport@ifmc.sdps.org
Mailing Address:
QualityNet Help Desk
6000 Westown Parkway, Suite 350E
West Des Moines, IA 50266
CAHPS® Hospital Survey

Data Adjustment and Reporting

- Key Measures That Will be Reported
- How the Results Will be Adjusted
  - Adjusting for Mode
  - Adjusting for Patient-Mix
  - Adjusting for Non-Response Bias
- How the Results Will be Reported

Key Measures to be Reported

- Composite Measures (number of questions)
  - Nurse communication (3)
  - Doctor communication (3)
  - Cleanliness and quiet of hospital environment (2)
  - Responsiveness of hospital staff (2)
  - Pain management (2)
  - Communication about medicines (2)
  - Discharge information (2)
- Overall Rating of Hospital (Q21)
- Willingness to Recommend Hospital (Q22)
CAHPS® Hospital Survey

Nurse Communication Composite

• “During this hospital stay...”
  - “How often did nurses treat you with courtesy and respect?” (Q1)
  - “How often did nurses listen carefully to you?” (Q2)
  - “How often did nurses explain things in a way you could understand?” (Q3)

CAHPS® Hospital Survey

Doctor Communication Composite

• “During this hospital stay...”
  - “How often did doctors treat you with courtesy and respect?” (Q5)
  - “How often did doctors listen carefully to you?” (Q6)
  - “How often did doctors explain things in a way you could understand?” (Q7)

CAHPS® Hospital Survey

Cleanliness and Quiet of Hospital Environment Composite

• “During this hospital stay...”
  - “How often were your room and bathroom kept clean?” (Q8)
  - “How often was the area around your room quiet at night?” (Q9)
CAHPS® Hospital Survey

Responsiveness of Hospital Staff Composite

• “During this hospital stay...”
  - “After you pressed the call button, how often did you get help as soon as you wanted it?” (Q4)
  - “How often did you get help in getting to the bathroom or using a bedpan as soon as you wanted?” (Q11)

CAHPS® Hospital Survey

Pain Management Composite

• “During this hospital stay...”
  - “How often was your pain well controlled?” (Q13)
  - “How often did the hospital staff do everything they could to help you with your pain?” (Q14)

CAHPS® Hospital Survey

Communication About Medicines Composite

• “Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?” (Q16)

• “Before giving you any new medicine, how often did hospital staff describe side effects in a way you could understand?” (Q17)
Discharge Information Composite

• “During this hospital stay...”
  - “Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?“ (Q19)
  - “Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?“ (Q20)

HCAHPS Global Rating Items

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

HCAHPS Global Rating Items (cont’d)

OVERALL RATING OF HOSPITAL

22. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes
**CAHPS® Hospital Survey**

**Adjusting the Results**

- **Purpose**
  - Differences in hospital ratings should reflect differences in quality only
  - We need to adjust the results to "level the playing field"
  - That is, adjust for factors not directly related to hospital performance
- **We need to adjust for:**
  - Mode of administration
  - Patient-mix
  - Non-response tendencies

**CAHPS® Hospital Survey**

**Adjusting for Mode**

- **Purpose**
  - If the same people were equally likely to respond to any mode, and...
  - If mode did not affect how people answered,
  - Then what would the results look like?
- **Mode Experiment**
  - We are conducting a *mode experiment* to answer this question

**CAHPS® Hospital Survey**

**Adjusting for Mode (cont’d)**

- **Mode Experiment**
  - Nationwide sample of 50 hospitals
  - Short-term acute care hospitals
  - A hospital’s chance of being selected for the sample is proportional to its volume of discharges
    - "Probability Proportional to Size" (PPS) sampling design
    - This guarantees that each patient will have an equal probability of being sampled for the experiment
Adjusting for Mode (cont’d)

• Mode Experiment
  – Now underway
  – Participating hospitals are using discharges from February, March, April, and May 2006
  – Hospitals participating in the mode experiment can also participate in the Dry Run

Adjusting for Mode (cont’d)

• Mode Experiment
  – Within each hospital, patients are assigned randomly to one of four modes of survey administration
    • Telephone only
    • Mail only
    • Mixed mode (mail with telephone follow up)
    • Active Interactive Voice Response (IVR)

Adjusting for Mode (cont’d)

• Mode Experiment
  – ≈36,000 patients will be sampled
  – ≈14,000 returns are anticipated
    • 300 returns per hospital
    • 75 returns per each mode within hospital
    • 164 returns (41 per mode) for smaller hospitals
  • Statistical Power
    – We will be able to detect a difference of 3.4 percentage points between any two modes at the 95% level of confidence
Adjusting for Patient-Mix

- **Purpose**
  - If every hospital had exactly the same mix of patients, what would the results look like?

- **Potential Patient-Mix Adjuster Variables**
  - Type of service (medical, surgical, maternity)
  - Age
  - Education
  - Self-reported general health status
  - Language other than English spoken at home
  - Interaction of age by service
  - Lag time (number of days between discharge and completion of the survey)

Adjusting for Non-Response

- **Purpose**
  - If each type of patient were equally likely to respond to the survey, what would the results look like?

- **Previous Research**
  - Some groups (for example, patients with lower income or less education) are less likely to respond to the survey
  - We need to adjust for this

Re-Cap of Data Adjustment

- We will use the results of the mode experiment to:
  - Step 1) Adjust scores for patient-mix
  - Step 2) Adjust scores for mode of data collection
  - Step 3) Weight results to adjust for non-response bias (if needed)
CAHPS® Hospital Survey

Re-Cap of Data Adjustment (cont’d)

• Only adjusted results will be publicly reported
  - The adjusted results will be the official results
  - The adjusted results may differ from the unadjusted results
  - Hospitals will be able to preview their results before reporting

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Reporting National Implementation Results

• Where?
  - The Hospital Compare website at www.hospitalcompare.hhs.gov
  - Hospitals will be able to view and approve a Preview Report of their results
  - After the 30-day preview period has ended, the report will be posted on the website

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Reporting National Implementation Results

• How?
  - Each hospital’s results will be compared to national and state averages
  - Results will be reported for the seven composites and two overall rating questions
  - The user will be able to drill down for more detailed results
Reporting National Implementation Results

• How? (cont’d)
  - Each hospital’s results will be adjusted for patient-mix, mode of data collection, and non-response bias
  - Survey response rates will also be reported
  - Results will be updated quarterly
  - Results will be integrated with clinical measures

HCAHPS National Implementation

National Implementation Strategy and Timeline

• Program Participation Form
• QualityNet Exchange Registration
• Mode Experiment
• Dry Run
• Initial Wave
• Public Reporting
CAHPS® Hospital Survey
Program Participation Form

- Available online at www.hcahpsonline.org
- Includes Rules of Participation
- Complete Exceptions Request Form if applicable
- Who needs to submit a Participation Form?
  - Hospitals self-administering survey
  - Hospitals administering more than one survey (i.e., multiple sites)
  - Survey vendors (administering on behalf of hospitals)

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QualityNet Exchange Registration

- Contact your state QIO or HSAG for forms
- Contact QualityNet Help Desk for questions on how to complete the forms at: qnetsupport@ifmc.sdps.org

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Mode Experiment

- Random sample of 50 hospitals nationwide invited to participate
- Patient discharges from three (3) month period: either February, March, & April 2006 or March, April & May 2006
- Adjustment model available late Fall 2006
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**Dry Run**

- All hospitals and survey vendors must participate in the Dry Run to participate in HCAHPS National Implementation in 2006
- Approved Participation Form
- Registered with QualityNet Exchange

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**Dry Run (cont’d)**

- Patient discharges from April and/or May and/or June 2006
- Data collection ends September 2006
- Data submission to QualityNet Exchange after completion of data collection
- No public reporting

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**CAHPS® Hospital Survey**

**Initial Wave (First Quarter)**

- Patient discharges from October, November, & December 2006
- Data submission to QualityNet Exchange April 2007 after completion of data collection
- Additional details will be forthcoming regarding dates, procedures, preview reports, etc.
Public Reporting

- Nine months worth of data
  - Initial Wave or 1st Quarter (October, November, and December 2006)
  - 2nd Quarter (January, February and March 2007)
  - 3rd Quarter (April, May, and June 2007)
- First public reporting late 2007
  - Preview reports
  - Hospital Compare website
- 12 months worth of data thereafter...

Program Requirements and Project Oversight

- Rules of participation
  - Participation Forms
- Minimum survey requirement guidelines to administer HCAHPS
  - See Participation Forms in Appendices K, L, and M of the Guidelines
Rules of Participation

- Requirements and Acknowledgments
  1. Attend HCAHPS Training
  2. Participate in Dry Run prior to National Implementation
  3. Review and follow the HCAHPS Quality Assurance Guidelines and Policy Updates

Rules of Participation (cont'd)

- Requirements and Acknowledgments (cont'd)
  4. Agree to the accuracy of the organization’s data collection
  5. Develop hospital/survey vendor Quality Assurance Plan
  6. Become a registered user of the QualityNet Exchange for data submission

Rules of Participation (cont'd)

- Requirements and Acknowledgments (cont’d)
  7. Participate in onsite visit, as requested
  8. Acknowledge review of and agreement with Rules of Participation
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Hospital/ Survey Vendor
Quality Assurance Plans

• Document in a written report the following:
  – Organizational chart for project
  – Work plan for survey implementation
  – Description of survey procedures and quality controls
  – Oversight of on-site work and of all sub-contractors
  – Confidentiality/privacy and security procedures in accordance with HIPAA

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Minimum Survey Requirements

1. Relevant survey experience
   - Demonstrated experience in fielding surveys using one of four modes of administration
2. Organizational/survey capacity
   - Capability and capacity by mode to handle a required volume of surveys and/or to conduct surveys in specified time frame
3. Quality control procedures
   - Personnel training and quality control mechanisms employed to achieve, on average, a 40% response rate and produce valid, reliable survey data

CAHPS® Hospital Survey

Project Oversight by HCAHPS Project Team

• Oversight options
  – Review quality assurance plans, upon request
  – Conduct selected site visits
  – Review coding usage and survey results
  – Conduct other monitoring, such as
    • Remote telephone/IVR
    • Seeded mailings
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Non-Compliance with Program Requirements

- Actions and penalties possible
  - Hospitals/Survey vendors prepare a written document within a specified time period with a root cause analysis and corrective actions for identified problems with performance
  - Hospitals/Survey vendors’ names may not appear on the CMS list of approved hospitals/survey vendors
  - Hospitals’ data may not be reported on the CMS Hospital Compare website

CAHPS® Hospital Survey

Advertising Guidelines

- The CMS Hospital Compare web site is the official source of HCAHPS results
- CMS does not rate, rank or endorse any facility or agency
- The CMS Hospital Compare web site is intended to provide objective information to help consumers make informed decisions about their health care providers

CAHPS® Hospital Survey

Next Steps

- Hospitals/Survey vendors:
  - Submit Program Participation Forms
  - Submit QNet Registration Forms
  - Participate in Dry Run
  - Contact us
- CMS
  - Post updates on website
  - Provide technical support
Questions & Answers

Contact Us

HCAHPS Information and Technical Support
• Website: www.hcahpsonline.org
• E-mail: hcahps@azqio.sdps.org
• Telephone: 1-888-884-4007