

HCAHPS Bulletin

Number 2009-01 Revised

The Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys

During the February 2009 HCAHPS Training sessions, several questions were asked about the appropriate protocol for administering the HCAHPS survey in conjunction with other hospital inpatient surveys. In response, after training, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team (HPT) issued *HCAHPS Bulletin 2009-01* to clarify this matter.

Since the Bulletin's release in February, other issues and circumstances have been raised concerning what hospitals, and others acting on their behalf, should do when their regular patient care or other patient survey activities seem to conflict with HCAHPS protocols; see HCAHPS Quality Assurance Guidelines V4.0 (QAG V4.0), especially *Communicating with Patients about the HCAHPS Survey*, p. 15, for relevant survey protocols. In response, the HCAHPS Project Team has added clarifications to *HCAHPS Bulletin Number 2009-01 Revised*.

Background

The HCAHPS survey and its administration protocols are designed to produce standardized information about patients' perspective of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve quality of care while enhancing accountability in healthcare by increasing transparency.

In order to fulfill these goals, it is essential that, to the fullest extent possible,

1. Patients respond to the HCAHPS survey, and
2. Patients' responses are informed only by the care they received during the hospital stay.

CMS carefully developed the HCAHPS survey and its administration protocols to achieve these outcomes. CMS and the HPT would like to reiterate the following key points:

- To increase the likelihood that patients respond to the survey, HCAHPS should be the first survey patients receive about their experience of hospital care.
- To ensure that responses to the HCAHPS survey are based on the patient's own experience of care, proxies are never permitted to respond to the survey.
- To ensure that the patient's responses are unbiased and reflect only his or her experience of care, hospitals and survey vendors (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS survey items.

In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how patients, or which patients, respond to HCAHPS survey items should be avoided.

The following are specific clarifications to items in *HCAHPS Bulletin Number 2009-01*:

1. Inpatients should not be given any survey during their hospital stay or at the time of discharge.

- *By “survey,” we mean a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital’s patient population.*
- *Non-HCAHPS survey questions should avoid using HCAHPS-like response categories (for instance, “Always,” “Usually,” “Sometimes,” “Never”).*
- *It is permissible for patients to be asked about their hospital experience during their hospital stay or during discharge calls where this is a normal part of clinical rounds, leadership rounds, or patient treatment/care activities. **However, such questions should not resemble HCAHPS items or their response categories.***
- *The following are examples of the sort of questions that are NOT permissible.*
 - *‘Did the nurses always answer your questions?’*
 - *‘On a scale of 0 to 10, how would you rate your hospital stay?’*
 - *‘Is there a way we could always have clear communications with you regarding your needs?’*

2. The HCAHPS survey should be administered prior to any other inpatient survey.

- *As noted above, it is permissible for patients to be asked about their hospital experience during their hospital stay when the focus is on the care of the individual patient.*
- *The hospital or its agents must not seek to influence either which patients receive or how patients answer HCAHPS survey items.*

3. The HCAHPS survey *sample* must be drawn prior to administration of any other hospital inpatient survey. Reminder: All discharged hospital inpatients who are eligible for the HCAHPS survey must be included in the HCAHPS *sample frame*.

- *Patient-initiated or hospital-initiated (including the hospital’s agents) contact, comment, response or communication, whether before, during or after the hospital stay, must not influence the likelihood of a patient receiving the HCAHPS survey.*

4. Patients who were not randomly selected into the HCAHPS *sample* become eligible to receive a separate survey at any time after the HCAHPS *sample* has been drawn.

If you would like additional information or clarification regarding this Bulletin or other HCAHPS items, please contact HCAHPS Technical Support via email at hcahps@azqio.sdps.org or via telephone at 1-888-884-4007.

For more information on the HCAHPS Survey, please visit the HCAHPS Web site (www.hcahponline.org) and review the *HCAHPS Quality Assurance Guidelines V4.0* found under the Quality Assurance navigation button on the web site.