

# CAHPS Hospital Survey Podcast Series—Transcript

## HCAHPS Score Calculations Part I: From Patient Discharges to Completed Surveys

### *Slide 1-HCAHPS Score Calculations Part I: From Patient Discharges to Completed Surveys*

Welcome to the CAHPS Hospital Survey Podcast Series. The CAHPS Hospital Survey is more commonly known by the acronym HCAHPS, which you will hear used throughout each podcast. This episode is the first of 3 podcasts that will cover the topic of HCAHPS score calculations, and will review the steps that need to be followed in order to draw an HCAHPS sample and ultimately calculate completed surveys. The next two podcasts will cover patient-mix adjustment and estimating HCAHPS scores.

### *Slide 2-Overview*

In this episode, we will review the steps to take to determine your HCAHPS sample, how to correctly calculate the “Eligible Discharges” field and how to determine a completed survey.

### *Slide 3-Steps to Determine Your HCAHPS Sample*

This slide lists the steps to follow in sequence in order to be able to draw a hospital’s HCAHPS sample. These steps begin with identifying all patient discharges, then identifying initially eligible patients, removing exclusions, performing de-duplication, determining the HCAHPS sample frame, and drawing the HCAHPS sample. The next several slides will review each of these steps in more detail.

### *Slide 4-Step A: Population (All Patient Discharges)*

A hospital’s population includes all patients who have been discharged for a given time frame, usually a calendar month. On this slide, we see the population denoted by the purple circle.

### *Slide 5-Step B: Identify Initially Eligible Patients*

For a patient to be identified as initially eligible for HCAHPS, certain criteria must be met, which are specified on this slide. These criteria include: 18 years or older at the time of admission; at least one overnight stay in the hospital; a non-psychiatric MS-DRG or principle diagnosis at discharge; and alive at the time of discharge. Any patients that do not meet these criteria are considered ineligible for HCAHPS and are removed from the population.

On this slide, the red slice of the circle represents those patients who do not meet these criteria and are removed from the hospital population. The remaining blue part of the circle represents those patients who are considered to be initially eligible.

### *Slide 6-Step C: Remove Exclusions*

Patients who have been determined to meet the initially eligible population criteria are then reviewed to see if they fall into any of the following exclusion categories which are specified on this slide: “No-Publicity”; court or law enforcement; foreign home address; discharged to hospice care; state regulations; and discharged to nursing homes and skilled nursing facilities.

The yellow slice of the circle that you see in this slide indicates the patients who are excluded for these reasons, and are thus subtracted from the population, leaving the remaining initially eligible patients in the blue slice.

### *Slide 7-Step D: Perform De-Duplication*

In order to reduce respondent burden after conducting the above steps, the remaining initially eligible patients must be reviewed to perform de-duplication based on household and multiple discharges within the same calendar month. The green slice of the circle that you see on this slide represents the patients who are removed due to de-duplication.

### *Slide 8-Step E: HCAHPS Sample Frame*

On this slide, you see the remaining initially eligible patients who are left after conducting all of the steps described in the preceding slides. This group of patients is considered the sample frame for the hospital, and is represented by the blue slice of the circle. The count or number of patients in the blue slice is also referred to as the number of eligible discharges. This is the number that is submitted in the “Eligible Discharge” field during HCAHPS data submission, unless there are patients who are subsequently determined to be ineligible or excluded post-sampling.

### *Slide 9-Step F: Draw Sample*

After determining the sample frame for a hospital, a random sample is then drawn using one of the three methods described in the HCAHPS Quality Assurance Guidelines, Sampling Protocol chapter. In this slide, the random sample is represented by the black slice of the circle, while the blue slice represents those eligible patients who are not drawn into the sample.

### *Slide 10-Example: Creating HCAHPS Sample Frame*

In this slide, we provide an example of how to create the HCAHPS sample frame by using steps A-E previously described.

In this example, the hospital begins with 300 patients discharged for the month. A total of 115 patients are removed due to not meeting the eligibility criteria for HCAHPS. Specifically, 75 patients are ineligible due to no overnight stay; 25 patients are under the age of 18 at the time of admission; 10 patients are deceased at the time of discharge; and 5 patients have a principle psychiatric diagnosis at the time of discharge. Next, a total of 70 patients are removed who meet the exclusion criteria, including 30 patients discharged to hospice; 5 no-publicity patients; and 35 patients discharged to a nursing home or

skilled nursing facility. Finally, 15 patients are removed during the de-duplication process. This leaves 100 eligible patients in the HCAHPS sample frame for this hospital.

These steps are repeated monthly in order to draw the HCAHPS random sample on an ongoing basis.

*Slide 11-Dealing with Ineligible Patients Post-Sampling*

The monthly HCAHPS sample frame, which is submitted to CMS as the count in the “Eligible Discharge Size” field, will generally remain unchanged after initial determination. However, there are exceptions. When patients are found to be ineligible or excluded after being drawn into the HCAHPS sample, they must then be subtracted from the count of eligible discharges. Please note, this situation does not apply to patients who receive a Final Survey Status code of “2—Ineligible: Deceased,” “4—Ineligible: Language barrier,” or “5—Ineligible: Mental/Physical incapacity.”

*Slide 12-Sample Size may be Larger than Eligible Discharges*

In some months, the sample size may be larger than the number of eligible discharges. This occurs when a patient is determined to be ineligible or excludable post-sampling, and is assigned a Final Survey Status code of “3—Ineligible: Not in eligible population.” These patients must be subtracted from the number of eligible discharges for the month, but their administrative data records should still be included in the data file that is submitted to the CMS data warehouse. These patients are retained in the count of the “Sample Size” field, which is also submitted to the warehouse.

*Slide 13-Final Survey Status: 3— Ineligible Not in Eligible Population”*

In summary, a patient must be assigned the Final Survey Status code of “3—Ineligible: Not in eligible population” if it is discovered after the random sample is drawn that the patient does not meet the HCAHPS eligibility criteria, or is determined to be excluded. For more information about HCAHPS sampling protocols, please refer to the HCAHPS Quality Assurance Guidelines and review the Sampling Protocol chapter.

*Slide 14-Patients beyond 42 Days of Discharge*

If patient discharge lists are received late and include discharge dates beyond the 42 calendar day initial contact period, these patients should still be included in the “Eligible Discharge Size” count, but should not be included in the “Sample Size” count, as these patients must not be included in the random sample.

If patients have been drawn into the random sample and are not contacted within 42-days post-discharge, then these patients should be assigned a Final Survey Status code of “8—Non-response after maximum attempts” and should be included in the “Sample Size” field count.

A Discrepancy Report must be filed whenever patient information is received beyond the 42 day initial contact period or when patients are not contacted within 42 days post discharge.

*Slide 15-Example: Calculating the “Eligible Discharge” Field*

In the example presented on this slide, the initial eligible discharge size is 100 and the sample size is 50. However, the final eligible discharge size, post-sampling, is 85. This is due to 5 patients who were determined to be ineligible post-sampling and were assigned a final survey status code of “3-Ineligible: Not in eligible population” and 10 patients who had updated ineligible MS-DRG codes, resulting in 85 eligible discharges. Please note that patients who had survey status codes of 2, 4, and 5 were not subtracted from the eligible discharge count.

*Slide 16-Definition of a Completed Survey*

A survey can be considered “completed” even if a patient did not answer all the items. If at least 50% of the HCAHPS survey questions applicable to all patients are answered, it is considered a completed survey and a Final Survey Status code of “1—Completed Survey” should be assigned. There are 18 questions that count towards this 50% threshold and include questions 1-10, 12, 15, 18 and 21-25. When trying to estimate HCAHPS scores, it is important to accurately count the number of completed surveys.

*Slide 17-Determining a Completed Survey*

On this slide, we review the 3 steps to determine a completed survey. Step 1: Sum the number of questions applicable to all patients that have been answered by the patient. As a reminder, these include questions 1-10, 12, 15, 18 and 21-25. The total number of applicable questions answered can be defined as “R.”

Step 2: To calculate the percentage of completed questions, divide the total number of questions answered by 18, which is the total number of questions applicable to all patients, and then multiply by 100.

Step 3: Use the percentage calculated in step 2 to determine if the survey is completed. If the percentage of questions answered is at least 50%, then assign the survey a Final Survey Status code of “1—Completed survey.”

*Slide 18-Example: Determining a Completed Survey*

In the example presented on this slide, Patient A answered the following questions applicable to all patients: 1, 2, 3, 5, 7, 12, 21, 22, 23, 24 and 25. The total number of applicable questions answered by Patient A is 11. Eleven divided by 18 and multiplied by 100 yields 61.1%. This means that the percentage of questions completed by Patient A is 61.1%, which meets the criteria for a completed survey. This survey would be assigned a Final Survey Status code of “1—Completed Survey” and will be used in HCAHPS score calculations.

*Slide 19- Questions and HCAHPS Technical Support*

Thank you for listening to this podcast on HCAHPS Score Calculations Part I: From Patient Discharges to Completed Surveys.

Please contact HCAHPS technical assistance at [HCAHPS@hsag.com](mailto:HCAHPS@hsag.com) or 1-888-884-4007 for any questions. For more information about the HCAHPS survey, you can visit the HCAHPS website at: [www.hcahpsonline.org](http://www.hcahpsonline.org).

[END OF FILE]