CAHPS® Hospital Survey (HCAHPS)

Quality Assurance Guidelines

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CMS
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CAHPS® Hospital Survey (HCAHPS)

Quality Assurance Guidelines

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CMS would like to acknowledge that the "Point of Origin for Admission" and "Visit and Patient Discharge Status" codes are reprinted from the National Uniform Billing Committee *Official UB-04, Data Specifications Manual* by permission, Copyright 2016, by the American Hospital Association.

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Reader's Guide

Purpose of Quality Assurance Guidelines

The *Quality Assurance Guidelines V12.0* manual has been developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the survey data collection process and to ensure comparability of data reported through the CAHPS®[1] Hospital Survey (also known as Hospital CAHPS or HCAHPS). The Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS (pronounced "*H-caps*") Survey is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative sponsored by the Agency for Healthcare Research and Quality (AHRQ). This Reader's Guide provides hospitals and survey vendors with a high-level overview and reference for essential information presented in the *Quality Assurance Guidelines V12.0*. Readers are directed to the related chapters of the *Quality Assurance Guidelines V12.0* for more detail.

Quality Assurance Guidelines V12.0 Contents

The *Quality Assurance Guidelines V12.0* contains chapters that address HCAHPS Survey administration requirements. These include:

Introduction and Overview

This chapter includes highlights of key changes in HCAHPS Survey administration, a description of the HCAHPS initiative and the history of its development. It also includes an overview of the HCAHPS data collection and public reporting timeline.

Program Requirements

This chapter presents the Program Requirements, including the purpose of the HCAHPS Survey, use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, the roles and responsibilities for participating organizations (i.e., CMS, hospitals and survey vendors), Rules of Participation, and Minimum Survey Requirements to administer the HCAHPS Survey.

Communications and Technical Support

This chapter includes information about communications and technical support available to hospitals/survey vendors administering the HCAHPS Survey.

Survey Management

Hospitals/Survey vendors must establish a survey management process to administer the HCAHPS Survey. This chapter reviews guidelines that pertain to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

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

Sampling Protocol
This chapter describes the process and requirements for selecting a random sample of patients to respond to the HCAHPS Survey. Several illustrations and examples of the HCAHPS sampling protocol are included in this chapter. Sampling can be conducted one time at the end of the month or continuously throughout the month, provided that a random sample is generated for the entire month.

Modes of Survey Administration
Quality Assurance Guidelines V12.0 chapters VII to X describe each of the four allowed modes of survey administration: Mail Only, Telephone Only, Mixed methodology of Mail with Telephone follow-up, and Active Interactive Voice Response (IVR). These chapters address the administration of the HCAHPS Survey, data receipt and retention, and quality control guidelines for each of the four modes. Each mode of administration requires adherence to a standardized protocol and timeline.

Data Specifications and Coding
The HCAHPS Survey uses a standardized approach for the coding of all data. This chapter describes the random, unique, de-identified patient identification number, the file specifications, decision rules and data coding guidelines, the procedure for assigning HCAHPS disposition codes, the definition of a completed survey, and the procedure for calculating the survey response rate.

Data Preparation and Submission
This chapter reviews the processes for preparation of data for submission, hospital/survey vendor registration for data submission via the QualityNet Secure Portal, survey vendor authorization, data submission via the QualityNet Secure Portal, and interpretation of the associated HCAHPS Data Submission and HCAHPS Warehouse Feedback Reports.

Oversight Activities
This chapter provides information on the oversight activities that the CMS-sponsored HCAHPS Project Team conducts to verify compliance with HCAHPS protocols. These oversight activities include, but are not limited to: review of hospital's/survey vendor's HCAHPS Quality Assurance Plan, analysis of submitted data, on-site visits/teleconference calls, additional activities related to the administration of the HCAHPS Survey, and possible outcomes of non-compliance.

Data Reporting
This chapter describes the process for public reporting of HCAHPS Survey results on the Hospital Compare Web site.

Exceptions Request/Discrepancy Report Processes
This chapter describes the process for reviewing methodologies that vary from standard HCAHPS protocols. The exceptions request process is designed to allow for flexibility while maintaining the integrity of the data. In addition, this chapter describes the process for notifying CMS of any discrepancies from standard HCAHPS protocols during the survey administration process.

Data Quality Checks

This chapter provides an overview describing the importance of data quality checks and examples of data quality check activities.

Appendices

The Appendices include the HCAHPS Surveys and mailing materials (multiple translations); telephone (multiple translations) and IVR (English and Spanish) scripts; supporting interviewing documents; data file layout specifications; the hospital/survey vendor quality assurance plan outline; the forms for applying for survey administration participation, submitting requests for protocol exceptions, submitting discrepancy reports, and attestation statement; and guidance for the use of HCAHPS with other hospital inpatient surveys.

For More Information

For program information and to view important updates and announcements, visit the HCAHPS Web site (http://www.hcahpsonline.org).

To Provide Comments or Ask Questions

For information and technical assistance, contact HCAHPS Information and Technical Support via email at hcahps@hcqis.org or call 1-888-884-4007.

Introduction and Overview

Overview of the CAHPS Hospital Survey (HCAHPS)

HCAHPS Background and Purpose

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey, better known as HCAHPS (pronounced "*H-caps*"), is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) program sponsored by the Agency for Healthcare Research and Quality (AHRQ). CAHPS was initiated by AHRQ in 1995 to establish survey and reporting products that provide consumers with information on health plan and provider performance. Since 1995, the initiative has grown to include a range of health care services at multiple levels of the delivery system. HCAHPS was developed by AHRQ in response to the Centers for Medicare & Medicaid Services' (CMS) request for a survey that supports the assessment of patients' perspectives on hospital care.

The purpose of HCAHPS is to uniformly measure and publicly report patients' perspectives on their inpatient care. While many hospitals collected information on patients' satisfaction with care, there was no national standard for collecting this information that would yield valid comparisons across all hospitals. HCAHPS represents the first national standard for the collection of information on patients' perspectives about their inpatient care. Three broad goals have shaped the HCAHPS Survey. First, the survey is designed to produce comparable data on patients' perspectives of care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful and practical. This methodology and the information it generates is made available to the public.

Official HCAHPS Survey scores are published on the Hospital Compare Web site. CMS emphasizes that HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Official HCAHPS scores are reported on the Hospital Compare Web site. Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are "unofficial." This is done in two ways:

1. The introduction or executive summary of such reports must include the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare)."
2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results."

Hospital Quality Initiative

CMS has several efforts in progress to provide hospital quality information to consumers and others, and to improve the care provided by the nation's hospitals. These initiatives build upon previous CMS and Quality Improvement Organization/Network (QIO/QIN) strategies to identify illnesses and/or clinical conditions that affect patients in order to promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.[2]

The Hospital Quality Initiative is a subset of CMS' larger Quality Initiative. The Quality Initiative was launched nationally in November 2002 for nursing homes, and was expanded in 2003 to the nation's home health care agencies and hospitals.[3] The Hospital Quality Initiative uses a variety of tools to stimulate and support significant improvement in the quality of hospital care. This initiative aims to improve hospitals' quality of care by distributing objective, easy to understand data on hospital performance. The public availability of this information will encourage consumers and their physicians to discuss and make better informed decisions on how to get the best hospital care, create incentives for hospitals to improve care and support public accountability.[4]

CMS has worked closely with the Hospital Quality Alliance (HQA), a public-private collaboration on hospital measurement and reporting, to operationalize the Hospital Quality Initiative. The HQA includes the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges. It is supported by AHRQ, CMS and other nationally recognized organizations, such as the National Quality Forum (NQF), The Joint Commission, the American Medical Association, the Consumer-Purchaser Disclosure Project, AFL-CIO, and AARP.

In addition to the clinical measures of quality included in the Hospital Quality Initiative, CMS and its collaborators aim to provide consumers with measures that reflect patients' perspectives on hospital care and services. In order to fulfill this goal, CMS requested that AHRQ develop and test a survey that would capture hospital inpatients' perspectives on the quality of hospital care. Many hospitals were already conducting some type of patient survey. However, for public

[2] Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Overview.* Baltimore, MD. March 10, 2005. Available online at https://www.cms.gov/Medicare/Quality-Initiatives.
[3] CMS. March 10, 2005.
[4] CMS. March 10, 2005.

reporting purposes, CMS required a standardized instrument that would allow patients' perspectives on the quality of care to be compared fairly and reliably across hospitals. CMS also wanted an instrument that met high standards for scientific rigor and salience with consumers.[5] The HCAHPS Survey provides CMS with a standardized instrument for collecting and reporting patient perspectives on care that can be used to compare all participating hospitals nationally.

Through the Hospital Quality Initiative, a robust, prioritized set of hospital quality measures has been refined for use in public reporting. CMS and its collaborators have launched Hospital Compare, a web site developed to publicly report valid, credible and user-friendly information about the quality of care delivered in the nation's hospitals. The results of the HCAHPS Survey are publicly reported on Hospital Compare. For additional information on Hospital Compare, please visit the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare).

The Development of HCAHPS

In July 2002, AHRQ published a "Call for Measures" in the Federal Register in which it asked organizations to submit items for consideration in development of the HCAHPS instrument. AHRQ reviewed each instrument submitted as part of the "Call for Measures," and found items in each one that stimulated their thinking about items that should appear in the HCAHPS questionnaire and how they might be phrased. In developing the draft HCAHPS Survey, AHRQ also drew on the following sources of information: items from the CAHPS Health Plan Survey; questions and comments from an October 24, 2002 web chat on HCAHPS; input from the Stakeholders Meeting on November 7, 2002; feedback from the Vendors Meeting on November 18, 2002; responses to the HCAHPS LISTSERV® mailbox; a literature review conducted by the CAHPS grantees; and the results of initial cognitive testing.

After reviewing these sources of information, AHRQ developed a draft HCAHPS instrument and submitted it to CMS on January 15, 2003. The draft instrument was subsequently refined based on a multi-step process that included consumer testing, additional stakeholder and public input, a CMS-directed three state pilot test, and additional field-testing. In the course of developing HCAHPS, CMS published several Federal Register Notices and used the public comments elicited by these notices to make revisions to the survey instrument and data collection protocols.

HCAHPS Three State Pilot Test

After obtaining clearance from the Office of Management and Budget (OMB), CMS pilot tested the January 15, 2003 version of the HCAHPS instrument through a contract with Quality Improvement Organizations (QIOs) in three states (Arizona, Maryland and New York).[6] The pilot test included 132 hospitals and resulted in over 19,000 completed surveys. Testing began in June 2003 and ended in August 2003. The results of the CMS pilot test were used to refine the

[5] Centers for Medicare & Medicaid Services. *HCAHPS Fact Sheet*. Baltimore, MD. June 2015. Available online at http://www.hcahpsonline.m/files/HCAHPS_Fact_Sheet_June_2015.pdf

[6] The Three State Pilot Study analysis results are available at the CMS Hospital Quality Initiatives webpage, https://www.cms.gov/Medicare/Quality-Initiatives/

survey instrument.[7] Following the pilot in these three states, the survey instrument was tested in Connecticut as an additional test state.

Focus Groups

AHRQ and CMS conducted 6 focus groups with consumers in October 2003 and another 10 in March 2004. These focus groups, conducted in four cities, included adults who had a recent experience in a hospital or were a caregiver for someone who had been in the hospital. Information obtained from the focus groups was used to further refine the survey instrument.

Additional Field Testing

Over a 6-month period beginning in fall 2003, AHRQ tested the instrument in 5 volunteer sites encompassing over 375 hospitals: Calgary Health Region; California Institute for Health System Performance; California Regions of Kaiser Permanente; Massachusetts General Hospital; and Premier Incorporated. The CAHPS team used these field tests to learn more about the hospital survey implementation process, including the survey instrument, sampling processes, data collection processes, and other related issues.[8]

Pre-Implementation Testing

In the summer of 2004, AHRQ provided an opportunity for hospitals and survey vendors to test the current instrument on their own. The purpose of this test was to help identify ways to minimize the potential burden and disruption posed by the integration of the HCAHPS Survey into existing survey efforts. Through these test sites, researchers formally and scientifically investigated various approaches to integrating the survey items with existing questionnaires, as well as alternative protocols for administering the survey.

Submission of Final Instrument to CMS and the National Quality Forum

In fall 2004, having concluded the testing processes described above, AHRQ provided CMS with recommendations for the final questionnaire and national implementation administration guidelines. Based on these recommendations, CMS submitted a 25-item instrument to the NQF for consideration through their consensus process. The NQF is a voluntary consensus and standard-setting organization established to standardize healthcare quality measurement and reporting, as defined by the National Technology Transfer and Advancement Act of 1995 and the Office of Management and Budget Circular A-119. On December 1, 2004, the NQF Review Committee met publicly to discuss HCAHPS. Based on feedback provided at the initial committee meeting and during subsequent NQF Review Committee deliberations, the NQF recommended that CMS make a number of changes in the HCAHPS specifications, including reinstating two questions that had been deleted after the additional testing (doctors and nurses showing courtesy and respect); adding a script for the telephone version of the survey; and providing more response options for the demographic questions relating to ethnicity and race.

On May 11, 2005, upon the recommendation of its four Member Councils, the Board of Directors of the NQF formally endorsed the 27-item HCAHPS Survey. NQF endorsement

[7] Westat. *CAHPS-SUN Web site: Development and Testing of the CAHPS Hospital Survey*. April 20, 2005. https://www.ahrq.gov/cahps/.

[8] Agency for Healthcare Research and Quality. *AHRQ Web site: Voluntary Testing of HCAHPS.* December 2004. https://www.ahrq.gov/cahps/

represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. The Board of Directors' approval was the final step of vetting through the NQF's formal Consensus Development Process, which included input from multiple stakeholder groups, review and voting. HCAHPS thereby achieved special legal standing as a voluntary consensus standard.[9]

Upon the recommendation of the NQF, CMS further examined the costs and benefits of HCAHPS. Abt Associates conducted this cost-benefit analysis of HCAHPS. The report from this analysis can be found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/downloads/HCAHPSCostsBenefits200512.pdf.

The NQF reviewed the HCAHPS Survey and its implementation protocols again in 2009.

Office of Management and Budget and Public Comment Process

In addition to the NQF endorsement process, CMS obtained clearance from the Office of Management and Budget (OMB) for HCAHPS in December 2005. The OMB's Paperwork Reduction Act clearance process for HCAHPS required three Federal Register Notices. The initial notice was published in December 2003. Based on feedback received through this initial notice, CMS responded to public comments and worked with AHRQ to refine the survey instrument. A second 60-day Federal Register Notice was published in November 2004, and once again, CMS responded to all public comments received. After NQF endorsement was received in May 2005, a final 30-day Federal Register Notice was published in November 2005. OMB clearance was granted in December 2005, and CMS began final preparations for the National Implementation shortly thereafter. In 2008, OMB again reviewed and approved HCAHPS.

HCAHPS and the Hospital Inpatient Quality Reporting (Hospital IQR) Program

The Deficit Reduction Act of 2005 required the Secretary of the Department of Health and Human Services to expand the set of measures that the Secretary determines to be appropriate for the measurement of the quality of care furnished by hospitals in the inpatient setting. The statute further specified that the payment update for fiscal year (FY) 2007 and each subsequent FY will be reduced by 2.0 percentage points for any "subsection (d) hospital" that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

In expanding the set of measures for the Hospital IQR Program (formerly known as Reporting Hospital Quality Data for Annual Payment Update [RHQDAPU] Program), CMS began to adopt the baseline set of performance measures as set forth in the 2005 report *Performance Measurement: Accelerating Improvement*, issued by the Institute of Medicine (IOM) of the National Academy of Sciences, effective for payments beginning in FY 2007. For FY 2007, participating hospitals were required to collect and submit 21 clinical quality measures for payment purposes. For FY 2008 and subsequent fiscal years, the set of measures was expanded to include HCAHPS.

[9] Pursuant to the National Technology and Transfer Advancement Act of 1995 and the OMB Circular A-119, the NQF's endorsement of HCAHPS can be found in its report entitled "Standardizing a Measure of Patient Perspectives of Hospital Care" http://www.qualityforum.org.

HCAHPS and Hospital Value-Based Purchasing

Section 3001 of the Patient Protection and Affordable Care Act of 2010 names HCAHPS as one measure to be included in the Hospital Value-Based Purchasing (VBP) program for FY 2013. CMS introduced Hospital VBP for Inpatient Prospective Payment System (IPPS) hospitals, beginning with inpatients discharged in October 2012. HCAHPS performance accounted for 30 percent of the Hospital VBP Total Performance Score in FY 2013 and FY 2014. Information about Hospital VBP is available on the CMS Web site (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html). In July 2011, CMS conducted an "Open Door Forum" on the Hospital VBP program. The slide set used in that presentation can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/downloads/HospVBP_ODF_072711.pdf. A summary of the "Patient Experience of Care" domain (HCAHPS) and how this score is calculated can be found on slides 35-61.

Beginning in FY 2018, the HCAHPS Pain Management dimension will be removed from the Hospital VBP program. In addition, the HCAHPS Care Transition Dimension will be added to the Hospital VBP program.

HCAHPS Mode Experiment I

In order to achieve the goal of fair comparisons across all hospitals that participate in HCAHPS, it is necessary to adjust for factors that are not directly related to hospital performance but do affect how patients answer HCAHPS Survey items. To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons of hospitals, in 2006 CMS undertook Mode Experiment I to examine whether mode of survey administration, the mix of patients in participating hospitals, or survey non-response systematically affect HCAHPS Survey results and then developed necessary statistical adjustments.

Mode Experiment I addressed three important sources of potential bias in hospital-level HCAHPS results. First, hospitals participating in the HCAHPS Survey have the option of choosing among four different modes of data collection: Mail Only, Telephone Only, Mail combined with Telephone follow-up (also known as Mixed Mode), and Active Interactive Voice Response (IVR). If patient responses differ systematically by mode of survey administration, it is necessary to adjust for survey mode.

Second, certain patient characteristics that are not under the control of the hospital, such as age and education, may be related to the patient's survey responses. For example, several studies have found that younger and more educated patients provide less positive evaluations of healthcare. If such differences occur in HCAHPS data, it is necessary to adjust for such respondent characteristics before comparing hospitals' HCAHPS results. Third, we examined whether the patients who respond to the HCAHPS Survey differ from those who are sampled and do not respond to the survey.

Mode Experiment I included a random nationwide sample of short-term acute care hospitals. A hospital's probability of being selected for the sample was proportional to its volume of discharges, which guaranteed that each patient would have an equal probability of being sampled for the experiment. The participating hospitals contributed patient discharges from a four-month

period: February, March, April, and May 2006. Within each hospital, patients were randomly assigned to one of the four modes of survey administration.

Results from HCAHPS Mode Experiment I can be found in a report "Mode and Patient-mix Adjustments of the CAHPS® Hospital Survey (HCAHPS)," posted on the HCAHPS Web site (http://www.hcahpsonline.org/modeadjustment.aspx). Documents that provide the patient-mix adjustment coefficients applicable to current and previously reported HCAHPS scores can be found on this web site as well. Further information about the design and results of the HCAHPS Mode Experiment I are available in "The Effects of Survey Mode, Patient Mix and Nonresponse on CAHPS Hospital Survey (HCAHPS) Scores." M.N. Elliott, A.M. Zaslavsky, E. Goldstein, W. Lehrman, K. Hambarsoomian, M.K. Beckett, and L. Giordano. *Health Services Research*. 44:501-518.2009.

HCAHPS Mode Experiment II

In 2008, CMS recruited hospitals to voluntarily participate in a second mode experiment. Mode Experiment II was designed to evaluate the feasibility of two new candidate modes of HCAHPS Survey administration: Active Speech Enabled Interactive Voice Response (SE-IVR) and Internet. Eligible patients discharged from 29 volunteer hospitals in July, August and September 2008, were randomly assigned to an experimental mode or the existing Mail Only mode. Based on the thorough analysis of the two experimental modes, including response rates, respondent characteristics, data quality, and survey administration, CMS has decided not to approve any new survey modes for HCAHPS at this time.

HCAHPS Mode Experiment III

In 2012, CMS conducted a third HCAHPS mode experiment in connection with five new survey items that are now part of the HCAHPS Survey. These items are:

- Hospital considered patient's preferences regarding post-discharge health care needs
- Patient understood own responsibilities in managing health post-discharge
- Patient understood the purpose of post-discharge medications
- Patient admitted through the emergency room
- Patient's self-rating of mental or emotional health

This mode experiment provided the information for CMS to develop survey mode adjustments for the first three items and allowed examination of the remaining two items for possible use in patient-mix adjustment. To conduct the mode experiment, CMS randomly selected a set of hospitals that agreed to voluntarily participate in this experiment.

HCAHPS Mode Experiment IV

In 2016, CMS conducted a fourth HCAHPS mode experiment to assess the effect of mode of survey administration on response propensity and response patterns, along with the testing of supplemental items and potential new pain management survey items. CMS randomly selected 51 hospitals that agreed to voluntarily participate in this experiment. The mode experiment helps CMS achieve the goal of fair and standardized comparisons across all hospitals that participate in the HCAHPS Survey by establishing the guidelines for survey mode adjustments across survey modes.

Preparation for HCAHPS Data Collection

Hospitals interested in self-administering the survey and survey vendors interested in administering HCAHPS (referred to as hospitals/survey vendors) must apply to participate in HCAHPS and must attend Introduction to HCAHPS Training, as well as all subsequent HCAHPS Update Training sessions. Training is offered annually via Webinar. At a minimum, the hospital's/survey vendor's Project Manager must attend the HCAHPS training sessions. In addition, subcontractors **and any other organization(s) that** are responsible for major functions of HCAHPS Survey administration must attend HCAHPS training.

All hospitals/survey vendors that intend to participate in HCAHPS are encouraged to first take part in a dry run to become familiar with the survey and its implementation protocols. Hospitals/Survey vendors will also have an opportunity to submit their dry run data through CMS' QualityNet Secure Portal. This will permit hospitals/survey vendors to fully test the data submission system. There will, however, be no public reporting of a hospital's dry run data. HCAHPS dry runs take place in the last month of each calendar quarter (March, June, September, and December). The hospital/survey vendor must notify the HCAHPS Project Team of their intent to submit data as a dry run. Please note that dry run data are "real" data collected using the HCAHPS protocols.

HCAHPS Public Reporting

Official HCAHPS scores are publicly reported four times each year on the Hospital Compare Web site. Public reporting of HCAHPS results is comprised of a rolling four quarters of survey data, with hospitals/survey vendors submitting data on a monthly or quarterly basis through the QualityNet Secure Portal. The HCAHPS data submitted by each hospital/survey vendor is reviewed, cleaned, scored, and adjusted (including adjustments for patient-mix and mode). HCAHPS results are available for preview by the participating hospital before public reporting on the Hospital Compare Web site.

The first public reporting of HCAHPS results on Hospital Compare occurred in March 2008 with 2,521 hospitals voluntarily reporting their HCAHPS scores, based on 1.1 million completed surveys from patients discharged between October 2006 and June 2007. Most recently, the April 2017 public reporting of HCAHPS results included the scores of 4,306 hospitals based on 3.1 million completed surveys from patients discharged between July 2015 and June 2016 (https://www.medicare.gov/hospitalcompare). The schedule of public reporting for 2017 can be found in the *Data Reporting* chapter.

CMS regularly publishes supplemental information about survey results on the HCAHPS Summary Analyses page of the HCAHPS Web site (http://www.hcahpsonline.org), including a summary table of state and national "top-box" scores for each HCAHPS measure, HCAHPS "top-box" and "bottom-box" percentile scores, a table of patient level Pearson "top-box" correlations among HCAHPS measures, and HCAHPS Hospital Characteristics Comparison Charts.

CMS and its HCAHPS partners continually review and analyze HCAHPS data. A bibliography of published articles based on the HCAHPS Project Team's research can be found on the HCAHPS Web site (http://www.hcahpsonline.org).

HCAHPS – Star Ratings

As part of the initiative to add five-star quality ratings to its Compare Web sites, the Centers for Medicare & Medicaid Services (CMS) now reports HCAHPS Star Ratings on its Hospital Compare Web site. Star ratings make it easier for consumers to use the information on the CMS Compare Web sites and spotlights excellence in healthcare quality. Twelve HCAHPS Star Ratings appear on Hospital Compare: one for each of the 11 publicly reported HCAHPS measures, plus an HCAHPS Summary Star Rating. Hospitals are able to preview the HCAHPS Star Ratings in their 30-day Public Reporting Preview Report.

HCAHPS Measures Receiving HCAHPS Stars

HCAHPS Star Ratings are applied to each of the 11 publicly reported HCAHPS measures, which are created from specific questions on the HCAHPS Survey, as noted:

- HCAHPS Composite Measures
  1. Communication with Nurses (Q1, Q2, Q3)
  2. Communication with Doctors (Q5, Q6, Q7)
  3. Responsiveness of Hospital Staff (Q4, Q11)
  4. Pain Management (Q13, Q14)
  5. Communication about Medicines (Q16, Q17)
  6. Discharge Information (Q19, Q20)
  7. Care Transition (Q23, Q24, Q25)
- HCAHPS Individual Items
  8. Cleanliness of Hospital Environment (Q8)
  9. Quietness of Hospital Environment (Q9)
- HCAHPS Global Items
  10. Overall Hospital Rating (Q21)
  11. Recommend the Hospital (Q22)

100 Completed Survey Minimum for HCAHPS Star Ratings

In order to receive HCAHPS Star Ratings, hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Hospital Compare.

For additional information on HCAHPS Star Ratings, including Technical Notes and Frequently Asked Questions (FAQs), please visit the Star Ratings page on the HCAHPS Web site (http://www.hcahpsonline.org).

HCAHPS Results Beyond Hospital Compare

Since CMS began publicly reporting HCAHPS results in March 2008, HCAHPS scores have appeared in a wide variety of publications and have been incorporated in a number of hospital rating tools. Please note, however, that the full, complete and official HCAHPS results are those publicly reported on Hospital Compare.

CMS Expands Use of HCAHPS Results

Several CMS programs include the use of HCAHPS results. The Comprehensive Care for Joint Replacement (CJR) model aims to support better and more efficient care for beneficiaries

undergoing the most common inpatient surgeries for Medicare beneficiaries. For more information please visit the following web sites: https://innovation.cms.gov/initiatives/CJR and https://www.federalregister.gov/articles/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals.
Established by the Affordable Care Act, the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program collects and publishes data on an announced set of quality measures, including HCAHPS. For more information please visit http://www.qualityreportingcenter.com/inpatient/pch/.

HCAHPS Bulletins

As a means of quickly and directly communicating with hospitals and survey vendors participating in HCAHPS, CMS began to issue *HCAHPS Bulletins* in 2008 (these bulletins are posted on the HCAHPS Web site [http://www.hcahpsonline.org]). *HCAHPS Bulletins* are released, when needed, to provide uniform guidance or clarification to all hospitals and survey vendors on HCAHPS protocols. It is incumbent upon all approved HCAHPS Survey vendors, self-administering hospitals and multi-site hospitals to promptly read all *HCAHPS Bulletins*, review their procedures for handling the matters addressed and where necessary institute changes to comply with HCAHPS protocols. The *HCAHPS Bulletins* supplement training; their instructions and clarifications are subsequently incorporated into the published HCAHPS *Quality Assurance Guidelines*.

HCAHPS Survey Instrument

Components of the HCAHPS Survey Instrument

The standardized 32-question HCAHPS Survey instrument is composed of the following measures:

- Seven Composite Measures
  - Communication with Nurses (comprised of three HCAHPS Survey items)
  - Communication with Doctors (comprised of three HCAHPS Survey items)
  - Responsiveness of Hospital Staff (comprised of two HCAHPS Survey items)
  - Pain Management (comprised of two HCAHPS Survey items)
  - Communication About Medicines (comprised of two HCAHPS Survey items)
  - Discharge Information (comprised of two HCAHPS Survey items)
  - Care Transition (comprised of three HCAHPS Survey items)
- Two Individual Items
  - Cleanliness of Hospital Environment
  - Quietness of Hospital Environment
- Two Global Items
  - Recommend the Hospital
  - Overall Hospital Rating

The HCAHPS Survey is currently available in English (Mail Only, Telephone Only, Mixed, Active IVR modes), Spanish (Mail Only, Telephone Only, Mixed, and Active IVR modes), Chinese (Mail Only, Telephone Only and Mixed Modes), Russian (Mail Only, Telephone Only and Mixed Modes), Vietnamese (Mail Only), and Portuguese (Mail Only). Hospitals/Survey vendors are not permitted to make or use any other language translations.

HCAHPS Development, Data Collection and Public Reporting Timeline

The following timeline outlines major events in the HCAHPS development process, as well as anticipated dates for future national implementation events.

2002

- *July 2002* – AHRQ publishes call for measures in the Federal Register
- *Fall 2002* – The CAHPS team reviews the literature and response to the call for measures on patient assessment of hospital care related to survey content, sampling, data collection, and reporting
- *November 2002* – AHRQ and CMS hold a Stakeholders Meeting
- *November 2002* – AHRQ and CMS hold a Survey Vendors Meeting

2003

- *February 2003* – A Federal Register Notice is published soliciting comments on the draft pilot instrument
- *June 2003* – Data collection begins for the CMS Three State Pilot (Arizona, Maryland and New York)
- *June 2003* – A Federal Register Notice is published soliciting comments on the draft HCAHPS Survey and requesting input on implementation issues
- *Fall 2003* – CMS selects Health Services Advisory Group (HSAG), the Arizona Quality Improvement Organization (QIO), to coordinate the National Implementation of HCAHPS. HSAG assembles a team comprised of the National Committee for Quality Assurance (NCQA), RAND, Westat, and expert consultants from Harvard Medical School to support the National Implementation.
- *October 2003* – Six consumer focus groups are conducted in California and Maryland to obtain consumer feedback on the HCAHPS Survey content and domains
- *November 2003* – HCAHPS Stakeholders Meeting is held to provide an update on the development process and to discuss implementation issues
- *December 2003* – CMS publishes the draft 32-item HCAHPS instrument in the Federal Register
- *December 2003* – The Three State Pilot Final Report is issued

2004

- *January 2004* – AHRQ begins additional HCAHPS testing at five sites
- *February 2004* – AHRQ announces Pre-National Implementation Testing in the Federal Register
- *March 2004* – Additional consumer focus groups are held in Arizona and Florida to address issues raised in comments to the initial National Implementation of HCAHPS Federal Register Notice
- *June 2004* – AHRQ Pre-National Implementation Testing begins
- *November 2004* – CMS issues second 60-day Federal Register Notice announcing the National Implementation of HCAHPS (25-item HCAHPS instrument)
- *November 2004* – CMS submits HCAHPS to the NQF's Consensus Development process for its endorsement

- *December 2004* – The NQF Review Committee recommends adding the "doctors and nurses showing courtesy and respect" items back into the HCAHPS Survey, which increases the number of survey items from 25 to 27

2005

- *January 2005* – The second Federal Register Notice closes; CMS proceeds to respond to the public comments received through the Federal Register
- *March 2005* – NQF public comment period
- *May 2005* – The four NQF Member Councils and Executive Board formally endorse HCAHPS
- *November 2005* – The final Federal Register Notice, a 30-day notice, is published
- *December 2005* – HCAHPS receives final clearance from OMB

2006

- *February 2006* – The first HCAHPS *Quality Assurance Guidelines* manual is released
- *February 2006* – The first *HCAHPS Hospital/Survey Vendor Training* sessions are held at the CMS Central Office in Baltimore, and also via Webinar
- *April-June 2006* – The first HCAHPS dry run is conducted, which allows hospitals to test the survey and data submission process without public reporting
- *April 2006* – The second *HCAHPS Hospital/Survey Vendor Training* is conducted via Webinar
- *October 2006* – Data collection for the National Implementation of HCAHPS for Public Reporting commences

2007

- *January 2007* – The HCAHPS *Quality Assurance Guidelines V2.0* is released
- *January 2007* – The third *HCAHPS Hospital/Survey Vendor Training (Introduction to HCAHPS Training*) is conducted via Webinar
- *March 2007* – A second HCAHPS dry run is conducted, for hospitals/survey vendors that did not participate in 2006
- *May 2007* – A Chinese translation of the survey instrument is made available for Mail Only mode of survey administration
- *May 2007* – The first *HCAHPS Update Training* sessions are conducted via Webinar
- *July 1, 2007* – HCAHPS Data Collection and Public Reporting for Annual Payment Update purposes (APU era) begins
- *August 22, 2007* – The Final IPPS rule is published, which stipulates that IPPS hospitals must participate in and publicly report HCAHPS in order to qualify for their full APU for FY 2008 ("pay for reporting")

2008

- *January 2008* – The HCAHPS *Quality Assurance Guidelines V3.0* is released
- *January 2008* – The fourth *Introduction to HCAHPS Training* and second *HCAHPS Update Training* sessions are conducted via Webinar
- *January 17 – February 15, 2008* – First preview period for HCAHPS public reporting
- *February 2008* – OMB re-approved HCAHPS

- *March 28, 2008* – The First Public Reporting of HCAHPS results (Patients discharged October 2006 – June 2007) on the Hospital Compare Web site
- *July 2008* – Data collection begins for Mode Experiment II
- *August 2008* – Second Public Reporting of HCAHPS results (Patients discharged October 2006 – September 2007)
- *August 19, 2008* – The final IPPS rule is published, which stipulates that IPPS hospitals must continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Web site (http://www.hcahpsonline.org)
- *September 2008* – Third Public Reporting of HCAHPS results (Patients discharged January 2007 – December 2007)
- *October 2008* – CMS releases *HCAHPS Bulletin 2008-01*, "Application of the HCAHPS Lag Time Variable"
- *December 2008* – Fourth Public Reporting of HCAHPS results (Patients discharged April 2007 – March 2008)

2009

- *February 2009* – The HCAHPS *Quality Assurance Guidelines V4.0* is released
- *February 2009 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *February 2009* – Russian and Vietnamese translations of the survey instrument are made available for Mail Only mode of survey administration
- *February 2009* – CMS releases HCAHPS Bulletin 2009-01, "The Use of HCAHPS in Connection with Other Hospital Inpatient Surveys," which is posted on the HCAHPS Web site (http://www.hcahpsonline.org)
- *March 2009* – Fifth Public Reporting of HCAHPS results (Patients discharged July 2007 – June 2008). IPPS hospitals must report their HCAHPS results, and can no longer suppress public reporting.
- *May 2009* – CMS releases *HCAHPS Bulletin 2009-01 Revised*, "The Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys," which is posted on the HCAHPS Web site (http://www.hcahpsonline.org)
- *July 2009* – Sixth Public Reporting of HCAHPS results (Patients discharged October 2007 – September 2008)
- *August 27, 2009* – The final IPPS rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Web site (http://www.hcahpsonline.org)
- *September 2009* – Seventh Public Reporting of HCAHPS results (Patients discharged January 2008 – December 2008)
- *December 2009* – Eighth Public Reporting of HCAHPS results (Patients discharged April 2008 – March 2009)

2010

- *March 2010* – The HCAHPS *Quality Assurance Guidelines V5.0* is released
- *March 2010 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *March 2010* – Ninth Public Reporting of HCAHPS results (Patients discharged July 2008 – June 2009)
- *April 2010* – HCAHPS is named in Section 3001 of the Patient Protection and Affordable Care Act of 2010
- *June 2010* – Tenth Public Reporting of HCAHPS results (Patients discharged October 2008 – September 2009)
- *August 16, 2010* – The final IPPS rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Web site (http://www.hcahpsonline.org)
- *September 2010* – Eleventh Public Reporting of HCAHPS results (Patients discharged January 2009 – December 2009)
- *December 2010* – Twelfth Public Reporting of HCAHPS results (Patients discharged April 2009 – March 2010)
- *December 2010* – CMS releases the *HCAHPS Bulletin 2010-01* "HCAHPS and Hospital Value-Based Purchasing"

2011

- *March 2011* – The HCAHPS *Quality Assurance Guidelines V6.0* is released
- *March 2011 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *April 2011* – Thirteenth Public Reporting of HCAHPS results (Patients discharged July 2009 – June 2010)
- *May 6, 2011* – The final Hospital Value-Based Purchasing rule is published *(Federal Register / Vol. 76, No. 88 / Friday, May 6, 2011 / Rules and Regulations)*
- *July 2011* – Fourteenth Public Reporting of HCAHPS results (Patients discharged October 2009 – September 2010)
- *August 18, 2011* – The final IPPS rule is published *(Federal Register / Vol. 76, No. 160 / Thursday, August 18, 2011 / Rules and Regulations)*
- *October 2011* – Fifteenth Public Reporting of HCAHPS results (Patients discharged January 2010 – December 2010)

2012

- *January 2012* – Sixteenth Public Reporting of HCAHPS results (Patients discharged April 2010 – March 2011)
- *March 2012* – The HCAHPS *Quality Assurance Guidelines V7.0* is released
- *March 2012 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *Spring 2012* – Seventeenth Public Reporting of HCAHPS results (Patients discharged July 2010 – June 2011)
- *July 2012* – Eighteenth Public Reporting of HCAHPS results (Patients discharged October 2010 - September 2011)

- *July 1, 2012* – Voluntary use of the HCAHPS 32-item Expanded survey begins with July 1, 2012 discharges
- *August 31, 2012* – The final IPPS rule is published (*Federal Register / Vol. 77, No. 170 / Friday, August 31, 2012 / Rules and Regulations*)
- *October 1, 2012* – Hospital Value-Based Purchasing program begins; HCAHPS "top-box" scores used to create the Patient Experience of Care Domain score
- *October 2012* – Nineteenth Public Reporting of HCAHPS results (Patients discharged January 2011 – December 2011)
- *December 2012* – Twentieth Public Reporting of HCAHPS results (Patients discharged April 2011 – March 2012)

2013

- *January 2013* – Required use of the 32-item HCAHPS Survey, which includes the Care Transition Measure
- *March 2013* – The HCAHPS *Quality Assurance Guidelines V8.0* is released
- *March 2013 – Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *April 2013* – Twenty-first Public Reporting of HCAHPS results (Patients discharged July 2011 – June 2012)
- *July 2013* – Twenty-second Public Reporting of HCAHPS results (Patients discharged October 2011 – September 2012)
- *August 19, 2013* – The final IPPS rule is published (*Federal Register / Vol. 78, No. 160 / Friday, August 19, 2013 / Rules and Regulations*)
- *September 2013* – CMS releases the Portuguese translation of the HCAHPS Survey for Mail Only mode of survey administration
- *October 2013* – Language speak at home patient-mix adjustment applied to October 1, 2013 and forward discharges
- *December 2013* – Twenty-third Public Reporting of HCAHPS results (Patients discharged January 2012 – December 2012)

2014

- *January 2014* – Twenty-fourth Public Reporting of HCAHPS results (Patients discharged April 2012 – March 2013)
- *March 2014* – The HCAHPS *Quality Assurance Guidelines V9.0* is released
- *March 2014 – Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *April 2014* – Twenty-fifth Public Reporting of HCAHPS results (Patients discharged July 2012 – June 2013
- *July 2014* – Twenty-sixth Public Reporting of HCAHPS results (Patients discharged October 2012 – September 2013)
- *August 22, 2014* – The final IPPS rule is published (*Federal Register / Vol. 79, No. 163 / Friday, August 22, 2014 / Rules and Regulations*)
- *December 2014* – Twenty-seventh Public Reporting of HCAHPS results (Patients discharged January 2013 – December 2013)
    - First public reporting of Care Transition Measure composite

2015

- *March 2015 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *March 2015* – The HCAHPS *Quality Assurance Guidelines V10.0* is released
- *April 2015* – Twenty-eighth Public Reporting of HCAHPS results (Patients discharged July 2013 – June 2014)
  - First public reporting of HCAHPS Star Ratings
- *July 2015* – Twenty-ninth Public Reporting of HCAHPS results (Patients discharged October 2013 – September 2014)
- *August 17, 2015* – The final IPPS rule is published (*Federal Register / Vol. 80, No. 158 / Friday, August 17, 2015 / Rules and Regulations*)
- *October 2015* – Thirtieth Public Reporting of HCAHPS results (Patients discharged January 2014 – December 2014)
- *December 2015* – Thirty-first Public Reporting of HCAHPS results (Patients discharged April 2014 – March 2015)

2016

- *March 2016 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *March 2016* – The HCAHPS *Quality Assurance Guidelines V11.0* is released
- *April 2016* – Thirty-second Public Reporting of HCAHPS results (Patients discharged July 2014 – July 2015)
- *July 2016* – Thirty-third Public Reporting of HCAHPS results (Patients discharged October 2014 – September 2015)
- *August 22, 2016* – The final IPPS rule is published (*Federal Register / Vol. 81, No. 162 / Friday, August 22, 2016 / Rules and Regulations*) (https://federalregister.gov/a/2016-18476)
- *October 2016* – Thirty-fourth Public Reporting of HCAHPS results (Patients discharged January 2015 – December 2015)
- *November 2016* – The final OPPS rule is published (*Federal Register / Vol. 81, No. 219 / Monday, November 14, 2016*), which stipulates that beginning in FY 2018, the HCAHPS Pain Management dimension will be removed from the Hospital VBP program. In addition, the HCAHPS Care Transition Dimension will be added to the Hospital VBP Program. (https://federalregister.gov/d/2016-26515)
- *December 2016* – Thirty-fifth Public Reporting of HCAHPS results (Patients discharged April 2015 – March 2016). Public reporting of HCAHPS scores restricted to hospitals with 25 or more completed surveys.

2017

- *February-March 2017 – Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *March 2017* – The HCAHPS *Quality Assurance Guidelines V12.0* is released and CMS releases the Chinese and Russian translations of the HCAHPS Telephone Scripts
- *April 2017* – Thirty-sixth Public Reporting of HCAHPS results (Patients discharged July 2015 – July 2016)

- *July 2017* – Thirty-seventh Public Reporting of HCAHPS results (Patients discharged October 2015 – September 2016)
- *October 2017* – Thirty-eight Public Reporting of HCAHPS results (Patients discharged January 2016 – December 2016)
- *December 2017* – Thirty-ninth Public Reporting of HCAHPS results (Patients discharged April 2016 – March 2017)

Program Requirements

Overview

This chapter describes the Program Requirements, which include the purpose of the CAHPS Hospital Survey (HCAHPS), use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, roles and responsibilities for participating organizations, the Rules of Participation, and Minimum Survey Requirements to administer HCAHPS. The HCAHPS Rules of Participation listed below apply to hospitals self-administering the HCAHPS Survey, hospitals administering the HCAHPS Survey for multiple sites and survey vendors. In addition, there are two different sets of Minimum Survey Requirements: one for self-administering hospitals and one for survey vendors. A hospital self-administering the HCAHPS Survey (without using a survey vendor) must meet the *Self-administering Hospital* Minimum Survey Requirements. Survey vendors and hospitals administering the HCAHPS Survey for multiple sites must meet the *Survey Vendor* Minimum Survey Requirements.

Purpose of the HCAHPS Survey

The HCAHPS Survey and its administration protocols are designed to produce standardized information about patients' perspectives of care that allows objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve the 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 receive during the hospital stay

CMS carefully developed the HCAHPS Survey and its administration protocols to achieve the following outcomes:

- To increase the likelihood that patients will respond to the survey, HCAHPS should be the first survey patients receive about their experience of hospital care (for more information see *Use of HCAHPS with Other Hospital Inpatient Surveys* below and Appendix Y)
- To ensure that responses to the HCAHPS Survey are based on the patient's own experience of care, proxy respondents 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 (for more information see *Communicating with Patients about the HCAHPS Survey* below)

Official HCAHPS Survey scores are published on the Hospital Compare Web site. CMS emphasizes that HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. **CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others**. Such comparisons are unreliable unless large sample sizes are

collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS. HCAHPS Survey results are intended to be used for quality improvement purposes, not for marketing or promotional activities. Only the HCAHPS scores published on the Hospital Compare Web site are the "official" scores. Scores derived from any other source are "unofficial" and should be labeled as such.

The HCAHPS Survey and the questions that comprise it are in the public domain and thus can be used outside of official HCAHPS purposes (e.g., for non-HCAHPS eligible patients, etc.). However, when used in an unofficial capacity, the HCAHPS OMB language must not be used, all references to "HCAHPS" must be removed and the copyright statement for the Care Transition Measure (CTM) items must be used.

Use of HCAHPS with Other Hospital Inpatient Surveys

In this section, CMS provides guidelines to employ when asking patients questions regarding their hospital stay. CMS' intent is to minimize the burden on patients, prevent the introduction of bias to HCAHPS Survey responses and not deteriorate the likelihood that patients will complete the HCAHPS Survey.

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 must be avoided. If patients are asked questions during their inpatient stay, we suggest that such questions be worded in a neutral tone and not tilted toward a particular outcome. In addition, **questions must not resemble HCAHPS items or their response categories.** Hospitals should focus on overall quality of care rather than the measures reported to CMS.

Inpatients should not be given any **survey** during their hospital stay or at the time of discharge. The word "survey" in this instance refers to 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.

- When asking non-HCAHPS Survey questions, do not use 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
- 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
- The following are examples of the types 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….?"

- "Did your doctor/nurse explain things in a way you could understand?"
- "Overall, how would you rate the care you received from your doctors/nurses?"

- Alternative questions that would not violate HCAHPS protocols include:
  - "Are the nurses answering your questions?"
  - "Please share with us how we could improve your hospital stay."
  - "Tell us about your stay."
  - "Did your doctor/nurse address any communication barriers regarding information about your healthcare?"
  - "Was our staff attentive to your needs?"

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 clinical care of the individual patient. The hospital or its agents must not seek to influence which patients receive the HCAHPS Survey or how patients answer HCAHPS Survey items. For additional guidance in the use of HCAHPS in conjunction with other inpatient surveys refer to *HCAHPS Bulletin Number 2009-01 Revised* which is posted on the HCAHPS Web site (http://www.hcahpsonline.org/qaguidelines.aspx) and Appendix Y.

While the over-riding goal of CMS is to minimize survey burden and prevent introducing potential bias to the HCAHPS Survey responses, on occasion CMS may initiate and implement projects or studies to investigate and improve the healthcare of patients. If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS, the hospital must file an Exceptions Request to alert and inform the HCAHPS Project Team of its participation *(*see the *Exceptions Request/Discrepancy Report Processes* chapter*).*

Communicating with Patients about the HCAHPS Survey

HCAHPS guidelines allow hospitals/survey vendors to communicate about the HCAHPS Survey before or at discharge; for example, hospitals may inform patients that they may receive this survey after discharge. However, certain types of communications (oral, written or in the HCAHPS Survey materials, e.g., cover letters and telephone/IVR scripts) are not permitted because they may introduce bias in the survey results. For instance, hospitals/survey vendors or their agents are not allowed to:

- ask any HCAHPS or HCAHPS-like questions of patients prior to administration of the survey after discharge
- attempt to influence or encourage patients to answer HCAHPS questions in a particular way
- wear buttons or display signage denoting "Always" or "10"
- imply that the hospital, its personnel or agents will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses, or indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- ask patients to explain why he or she chose their specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes," or an "Always"
- offer incentives of any kind for participation in the survey
- show or provide the HCAHPS Survey or cover letters to patients while they are in the hospital or at any time prior to the administration of the survey
- Mail any pre-notification letters or postcards informing patients about the HCAHPS Survey. However, it is permissible to notify the patient while in the hospital or at discharge that they may receive the survey after discharge.

Other Communications with Patients

When communicating with patients while in the hospital regarding their healthcare, hospitals/survey vendors should take care to avoid introducing bias in the way a patient may answer questions on the HCAHPS Survey. Many of the guidelines above in the *Use of HCAHPS with Other Hospital Inpatient Surveys* and *Communicating with Patients about the HCAHPS Survey* apply to general communications with patients.

- Examples of statements that **comply** with HCAHPS protocols include:
  - "We are looking for ways to improve your stay. Please share your comments with us."
  - "What can we do to improve your care?"
  - "We want to hear from you, please share your experience with us."
  - "Please let us know if you have any questions about your treatment plan."
  - "Let us know if your room is not comfortable."
- Hospitals/Survey vendors or their agents should **not**:
  - Wear buttons, stickers, etc. that state "Always" or "10."
  - Emphasize HCAHPS response options in posters, white boards, rounding questions, in room television, or other media accessible to patients:
    - "We expect to be the best hospital possible."
    - "Our goal is to always address your needs."
    - "Let us know if we are not listening carefully to you."
    - "We treat our patients with courtesy and respect."
    - "In order to provide the best possible care, please tell us how we can always…"
    - "Our doctors and nurses always listen carefully to you."
    - "We want to always explain things to you in a way you can understand."
    - "We want you to recommend us to family and friends."

Roles and Responsibilities

The following content clarifies the roles and responsibilities of participating organizations.

CMS Roles and Responsibilities

CMS supports the standardization of the survey administration and data collection methodologies for measuring and publicly reporting patients' perspectives on hospital care as follows:

- Provide HCAHPS Survey administration protocols through the *Quality Assurance Guidelines*
- Train hospitals/survey vendors to administer the HCAHPS Survey

- Provide technical assistance via HCAHPS Information and Technical Support and distribute information about survey administration procedures and policy updates on the HCAHPS Web site (http://www.hcahpsonline.org)
- Process data files submitted by hospitals/survey vendors
- Calculate and adjust HCAHPS data for mode and patient-mix effects prior to public reporting
- Generate preview reports containing HCAHPS Survey results for participating hospitals prior to public reporting
- Report HCAHPS Survey results publicly on the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare)
- Provide quality oversight to ensure that the HCAHPS Survey is credible, useful and practical to allow for valid comparisons to be made across hospitals

Hospital Roles and Responsibilities

Since FY 2008, as part of the Hospital Inpatient Quality Reporting Program (formerly known as Reporting Hospital Quality Data Annual Payment Update [RHQDAPU] program), hospitals that are subject to IPPS payment provisions must collect and submit HCAHPS data in order to receive their full APU. IPPS hospitals that fail to report the required quality measures, which include the HCAHPS Survey, may receive an APU that is reduced by 2.0 percentage points. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS.

Note: IPPS Hospitals with zero eligible HCAHPS patient discharges ("zero cases") must submit monthly or quarterly, an HCAHPS Header Record (Survey Month Data) online via the QualityNet Secure Portal. Please visit the HCAHPS Web site for more details or contact HCAHPS Information and Technical Support for more information.

Note: IPPS Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that given month. If patients are not surveyed, an HCAHPS Header Record (Survey Month Data) will still need to be submitted online via the QualityNet Secure Portal. Please visit the HCAHPS Web site for more details or contact HCAHPS Information and Technical Support for more information.

Note: The zero cases and five or fewer eligible HCAHPS patient discharges submission protocols must not be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit discharge lists for the month to their survey vendor in a timely manner. In instances such as this, a Discrepancy Report must be completed and submitted.

Hospitals should monitor the HCAHPS Web site (http://www.hcahpsonline.org), as well as the QualityNet Secure Portal (https://www.qualitynet.org), for program updates, information and announcements regarding the completion/submission of required notice of participation and/or pledge forms.

Hospitals must ensure that their communications with patients do not violate HCAHPS requirements with regard to attempting to influence the way a patient might respond to the HCAHPS Survey. In particular, hospitals must not use HCAHPS wording and/or response categories in their communication with patients.

In addition, hospitals are responsible for ensuring the confidentiality of patients responding to the survey. While the data from HCAHPS may be used for quality improvement purposes, the patient's identity should not be shared with direct care staff.

CMS provides the HCAHPS Survey in several languages. In the FY 2014 IPPS Final Rule, CMS strongly encourages hospitals with significant patient populations that speak Spanish, Chinese, Russian, Vietnamese, and/or other languages (Portuguese) to offer the HCAHPS Survey in these languages. Only the official translations of the HCAHPS Survey instrument are permitted for HCAHPS Survey administration.

Hospitals participating in HCAHPS have the following options for conducting the survey: (1) contract with an approved HCAHPS Survey vendor; (2) self-administer their own HCAHPS Survey, provided they meet the Program Requirements (Rules of Participation and Minimum Survey Requirements); or (3) administer the survey for multiple sites, provided they meet the Program Requirements (Rules of Participation and Minimum Survey Requirements).

Hospital Contracting with a Survey Vendor to Conduct HCAHPS

- Contract with an HCAHPS-approved Survey Vendor or Hospital Administering Surveys for Multiple Sites (hospitals acting as a survey vendor) to conduct HCAHPS Surveys
- Ascertain from the survey vendor the date the patient discharge list must be received. If a hospital excludes patients from the discharge list, then they must submit a count of patients by exclusion category to the survey vendor, at a minimum on a monthly basis. Survey vendors set deadlines independently based on many factors, including survey administration timelines, due date for data file submission, and time they need to draw the random sample and generate the data file.
- Deliver the patient discharge list to their survey vendor by their specified date and according to the specified file layout, which allows the survey vendor to administer the survey and submit data files to the QualityNet Secure Portal by the data submission deadline
    - As noted in the FY 2014 IPPS Final Rule, hospitals must provide the administrative data that is required for HCAHPS in a timely manner to their survey vendor. This includes the patient MS-DRG code at discharge, or alternative information that can be used to determine the patient's service line. Hospitals are required to maintain complete discharge lists that indicate which patients are eligible for the HCAHPS Survey, which patients are not eligible, which patients are excluded, and the reason(s) for ineligibility and exclusion.
        - Hospitals are strongly encouraged to submit their entire patient discharge list to their survey vendor, excluding patients who had requested "no publicity" status or who are excluded because of State regulations

Note: If the hospital is unable to provide the patient discharge list by the survey vendor's specified date, the survey vendor may not be able to proceed with survey administration for that hospital according to the HCAHPS timeline. As a result, the hospital's HCAHPS scores may not be publicly reported, which could affect the hospital's APU for the fiscal year.

- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital

  Note: In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible discharges is the only acceptable reason for submitting fewer than 300 completed surveys.

- Authorize the survey vendor or hospital acting as a survey vendor to submit data via the QualityNet Secure Portal on the hospital's behalf
- Review the HCAHPS Warehouse Feedback Reports to verify that the survey vendor has submitted the data accurately and on time. These reports include: HCAHPS Warehouse Provider Survey Status Summary Report, HCAHPS Warehouse Data Submission Detail Report and Hospital IQR Reporting – Provider Participation Report.
- Review the HCAHPS Data Review and Correction Report
- Preview HCAHPS results prior to public reporting

Hospital Self-Administering HCAHPS

- Complete the Participation Form for Hospitals Self-Administering Survey and become approved to administer the HCAHPS Survey
- Follow the Rules of Participation to administer the HCAHPS Survey
- Comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security and Privacy Rules in conducting all survey administration and data collection processes
  - https://www.hhs.gov/HIPAA/
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V12.0*
- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital

  Note: In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible discharges is the only acceptable reason for submitting fewer than 300 completed surveys.

- When updated patient information is received, prior to data submission, the hospital should update all patient administrative information available. In addition, the hospital must perform quality checks to review and verify changes from the original list.
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V12.0*
- Submit data files to the QualityNet Secure Portal in accordance with the required survey file layouts by the data submission deadline

- Review HCAHPS Data Submission Reports and HCAHPS Warehouse Feedback Reports and confirm successful upload of the hospital's data files to the QualityNet Secure Portal
- Review the HCAHPS Data Review and Correction Report
- Preview HCAHPS results prior to public reporting
- Perform quality checks of all survey administration processes
- Assign appropriate back-up responsibilities within organization for coverage of key staff
- Hospitals conducting Telephone Only and Mixed Modes of survey administration should use telephone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during training and posted on the HCAHPS Web site (http://www.hcahpsonline.org)

Note: If a hospital self-administering the HCAHPS Survey is non-compliant with program requirements, the hospital's HCAHPS results may not be publicly reported, which could affect the hospital's APU for the fiscal year. In addition, the hospital may lose their approved HCAHPS Survey administration status.

Hospital Administering HCAHPS for Multiple Sites

- Complete the Participation Form for Hospitals Administering HCAHPS for Multiple Sites and become approved to administer the HCAHPS Survey
- Follow the Rules of Participation to administer the HCAHPS Survey

  Note: A hospital that administers the HCAHPS Survey for more than one site is considered a survey vendor and must adhere to the Program Requirements stated for survey vendors.

- Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - https://www.hhs.gov/HIPAA/
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Receive and perform checks of the patient discharge list and create the sample frame to verify that it includes the entire eligible population and all required data elements
- When updated discharge lists are received, prior to data submission, the hospital administering HCAHPS for Multiple Sites should update all patient administrative information available. In addition, the hospital administering HCAHPS for Multiple Sites must perform quality checks to review and verify changes from the original discharge lists.

  Note: If a hospital client excludes patients from the discharge list, then the hospital must submit a count of patients by each exclusion category to the Hospital Administering HCAHPS for Multiple Sites at a minimum on a monthly basis.

- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V12.0*
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to the protocols contained in the *Quality Assurance Guidelines V12.0*

- Verify that each hospital client has authorized the Hospital Administering HCAHPS for Multiple Sites to submit data on the hospital's behalf
- Request client hospitals grant their survey vendor access to the HCAHPS Warehouse Feedback Reports
- Submit data files to the QualityNet Secure Portal in accordance with the required survey file layouts by the data submission deadline
- Review HCAHPS Data Submission Reports, for client hospital(s), and confirm successful upload of client hospitals' data files to the QualityNet Secure Portal
- Review the HCAHPS Data Review and Correction Report
- Perform quality checks of all survey administration processes
- Assign appropriate back-up responsibilities within organization for coverage of key staff
- Hospitals Administering HCAHPS for Multiple Sites conducting Telephone Only and Mixed Modes of survey administration should use telephone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during training and posted on the HCAHPS Web site (http://www.hcahpsonline.org)

Note: If a Hospital Administering HCAHPS for Multiple Sites is non-compliant with program requirements for any of their contracted hospitals, the contracted hospital's HCAHPS results may not be publicly reported, which could affect the hospital's Annual Payment Update-(APU) for that fiscal year. In addition, approved Hospitals Administering HCAHPS for Multiple Sites that are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.

Survey Vendor Roles and Responsibilities

In the FY 2014 IPPS Final Rule, CMS codified requirements for HCAHPS Survey vendors. These requirements are listed below:

- "CMS approves an application for an entity to administer the HCAHPS Survey as an approved HCAHPS Survey vendor on behalf of one or more hospitals when an applicant has met the Minimum Survey Requirements and Rules of Participation that can be found on the official HCAHPS Online Web site, and agrees to comply with the current survey administration protocols that can be found on the official HCAHPS Online Web site. An entity must be an approved HCAHPS Survey vendor in order to administer and submit HCAHPS data to CMS on behalf of one or more hospitals." *Federal Register* / *Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

The FY 2014 IPPS Final Rule also codified survey vendor compliance with CMS oversight activities:

- "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

In addition, HCAHPS Survey vendors are subject to the following requirements:

- Complete the Participation Form for Survey Vendor and become approved to administer the HCAHPS Survey
- Follow the Rules of Participation to administer the HCAHPS Survey
- Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - https://www.hhs.gov/HIPAA/
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Receive and perform checks of the patient discharge list and create the sample frame to verify that it includes the entire eligible population and all required data elements
- When updated discharge lists are received, prior to data submission, the survey vendor should update all patient administrative information available. In addition, the survey vendor must perform quality checks to review and verify changes from the original discharge lists.

  Note: If a hospital client excludes patients from the discharge list, then the hospital must submit a count of patients by each exclusion category to the survey vendor at a minimum on a monthly basis.

- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V12.0*
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V12.0*
- Verify that each hospital client has authorized the survey vendor to submit data on the hospital's behalf
- Request client hospitals grant their survey vendor access to the HCAHPS Warehouse Feedback Reports
- Submit data files to the QualityNet Secure Portal in accordance with the survey file layouts by the data submission deadline
- Review HCAHPS Data Submission Reports for client hospital(s) and confirm successful upload of client hospitals' data files to the QualityNet Secure Portal
- Review the HCAHPS Data Review and Correction Report
- Perform quality checks of all survey administration processes
- Assign appropriate back-up responsibilities to organizational staff for coverage of key staff
- Maintain active contract(s) with client hospital(s) in order to retain approval status (see Minimum Business Requirements)
- Survey vendors conducting Telephone Only and Mixed Modes of survey administration should use telephone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during training and posted on the HCAHPS Web site (http://www.hcahpsonline.org)

Note: If a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the contracted hospital's HCAHPS results may not be publicly reported, which could affect the hospital's Annual Payment Update (APU) for that fiscal year. In addition, approved survey vendors that are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.

Hospital/Survey Vendor HCAHPS Rules of Participation

Hospitals/Survey vendors agree to the following Rules of Participation as found in the HCAHPS Participation Forms:

- **Attend HCAHPS Training**
  Hospitals/Survey vendors that intend to administer the survey must attend the Introduction to HCAHPS Training and subsequent HCAHPS Update Training sessions sponsored by CMS. At a minimum, the hospital's/survey vendor's Project Manager must participate in the HCAHPS training sessions. **Subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/telephone/IVR, XML file preparation) must attend HCAHPS training.** Hospitals contracting with a survey vendor or another hospital for survey administration do not need to attend training, but are encouraged to do so.
  - **Introduction to HCAHPS Training**
    Hospitals/Survey vendors that have not participated in prior HCAHPS trainings are required to participate in the Introduction to HCAHPS Training via Webinar. New Project Managers must attend the Introduction to HCAHPS Training. In addition, organizations already approved to administer the HCAHPS Survey may be required to attend HCAHPS Introduction Training if requested to do so by the HCAHPS Project Team.
  - **HCAHPS Update Training**
    Hospitals/Survey vendors that continue to be approved to administer the HCAHPS Survey must participate in HCAHPS Update Training via Webinar. Please monitor the HCAHPS Web site for posted updates and announcements.
- **Submit Participation Form**
  After attending the Introduction to HCAHPS Training, new hospitals/survey vendors must complete and submit a Participation Form online. Participation Forms are available on the HCAHPS Web site (http://www.hcahpsonline.org).

  Note: Approval of the hospitals'/survey vendors' participation status to administer the HCAHPS Survey is contingent upon successful completion of teleconference call(s) with the HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures; in addition to acceptance of a Quality Assurance Plan (QAP). Approved hospitals/survey vendors who are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.

- **Changes to Participation Form**
  A hospital/survey vendor that elects to change or add an approved mode of survey administration must promptly submit an updated Participation Form requesting approval.

  Note: Survey mode can only be changed at the beginning of a quarter.

- **Change in Participation Status**
  - **Contract with Survey Vendor**
    A self-administering hospital may elect to change its participation status to contract with an approved HCAHPS Survey vendor. This change can only take effect at the beginning of a quarter. Both the hospital and survey vendor must notify the HCAHPS Project Team of the change via email. The hospital must authorize the survey vendor, via the QualityNet Secure Portal, to submit data on the hospital's behalf; see the QualityNet Secure Portal Web site (https://www.qualitynet.org) for details.
  - **Elect to Self-Administer**
    A hospital that previously contracted with a survey vendor may elect to change its participation status to self-administer the HCAHPS Survey. This change can only take effect at the beginning of a quarter. In order to be eligible to self-administer the HCAHPS Survey, a hospital must take the following steps:
    1. Participate in the Introduction to HCAHPS Training and all subsequent HCAHPS Update Trainings
    2. Meet the HCAHPS Minimum Survey Requirements for Self-Administering Hospitals
    3. Submit a Participation Form for Self-Administering Hospitals and be approved to administer the HCAHPS Survey
    4. De-authorize the survey vendor from submitting data in the QualityNet Secure Portal

Note: A hospital/survey vendor must immediately notify the HCAHPS Project Team of changes in its contact person or key staff and organizational structure (i.e., changes in ownership, name, and address) via email at hcahps@hcqis.org.

- **Participate in an HCAHPS Dry Run (Voluntary)**

A short "dry run" of the survey is highly recommended for hospitals that wish to join HCAHPS. Dry runs are planned for the last month of each quarter (i.e., March, June, September, and December). The dry run will give hospitals/survey vendors the opportunity to gain first-hand experience collecting and transmitting "real" HCAHPS data without the public reporting of HCAHPS results. Using the official survey instrument and the approved modes of administration and data collection protocols, hospitals/survey vendors will collect "real" HCAHPS data and submit the data to the QualityNet Secure Portal. Data submitted for the dry run will not be publicly reported. The hospital/survey vendor must notify the HCAHPS Project Team via email of their intent to submit data as a dry run.

- **Review and Follow the HCAHPS *Quality Assurance Guidelines V12.0* and Policy Updates**
  The *Quality Assurance Guidelines V12.0* manual has been developed to assure the continued standardization of the survey data collection process and the comparability of reported data. Hospitals/Survey vendors must review and follow the HCAHPS *Quality Assurance Guidelines V12.0*. In addition, hospitals/survey vendors must follow all policy updates, including *HCAHPS Bulletins*, posted on the HCAHPS Web site (http://www.hcahpsonline.org).
- **Attest to the Accuracy of the Organization's Data Collection Process**
  The hospital/survey vendor must review and attest (as determined by CMS) to the accuracy of the organization's data collection process and its conformance with the HCAHPS *Quality Assurance Guidelines V12.0*.

  Note: Hospitals/Survey vendors are responsible for sampling and data submission. Therefore, these processes cannot be subcontracted.

  Any variations from the survey administration protocols (except those that have been pre-approved by CMS through the Exceptions Request process) will be reviewed by CMS. CMS may determine that data collected in a non-approved manner may not be publicly reported.
- **Develop Hospital/Survey Vendor HCAHPS Quality Assurance Plan (QAP)**
  Hospitals/Survey vendors must develop a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines V12.0* and update the QAP as part of their participation status. The QAP Outline document (see Appendix R) provides guidelines for developing the QAP. The QAP must be updated, as necessary, to reflect changes in key personnel, resources and processes. The QAP must include the following:
  - Organizational background and structure for the project
  - Work plan for survey administration
  - Role of subcontractor(s) and any other organization(s) that are responsible for major HCAHPS Survey administration functions (e.g., mail/telephone/IVR operations, XML file preparation), if applicable
  - Survey and data management system
    - Include a detailed description of the following:
      - For Telephone Only and Telephone component of Mixed Mode, how interviewers redirect the call when the patient is personally known by the initial interviewer
      - The procedure for ensuring hospitals achieve 300 completed surveys in a 12-month timeframe when there are sufficient eligible patients to support 300 completed surveys
  - Quality controls for survey administration activities
  - Confidentiality, privacy and security procedures in accordance with HIPAA
  - Annual reporting of the results from quality control activities
  - HCAHPS Survey materials

  *Note: The HCAHPS Project Team's acceptance of a submitted QAP and corresponding survey materials **does not** constitute or imply approval or endorsement of the hospital's/survey vendor's HCAHPS Survey processes. Additionally, any materials*

*submitted with the QAP (e.g., questionnaires, cover letters, tracking forms, etc.) must be templates and **must** **not** contain any patient protected health information (PHI).*

Upon request, each hospital/survey vendor must submit their QAP and materials relevant to that year's HCAHPS Survey administration (as determined by CMS), including mailing materials (questionnaires, cover letters and outgoing envelopes) and/or telephone/IVR scripts (including screen shots and skip pattern logic, if applicable) to hcahps@hcqis.org for review by the HCAHPS Project Team.

- **Become a QualityNet Secure Portal Registered User**
  Hospitals/Survey vendors must submit HCAHPS Survey data electronically via the QualityNet Secure Portal using the prescribed file specifications. All hospitals/survey vendors participating in HCAHPS must be registered users of the QualityNet Secure Portal (approved survey vendors will not be listed on the HCAHPS Web site until this step is complete). In addition, hospitals contracting with a survey vendor must be registered users of the QualityNet Secure Portal and must authorize the survey vendor to submit data on their behalf via the QualityNet Secure Portal.
- **Participate in Oversight Activities Conducted by the HCAHPS Project Team**
  Hospitals/Survey vendors, including subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as on-site visits and/or teleconference calls, as requested by the HCAHPS Project Team, to confirm that correct survey protocols are followed. ***Failure to comply with oversight activities may result in the revocation of approval to administer the HCAHPS Survey.*** All materials relevant to survey administration are subject to review. Non-compliance with HCAHPS program requirements (including, but not limited to, participation and cooperation in oversight activities), may result in the hospital's HCAHPS scores not being publicly reported, which could affect the hospital's APU, and/or other sanctions (see the *Oversight Activities* chapter for more information on non-compliance and sanctions).
- **Review and Acknowledge Agreement with the Rules of Participation**
  Hospitals/Survey vendors must review and agree to the Rules of Participation in order for their HCAHPS results to be publicly reported on the Hospital Compare Web site.

Hospital/Survey Vendor HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey (Minimum Business Requirements)

An entity must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. A hospital self-administering the HCAHPS Survey must meet **ALL** of the Self-administering Hospital Minimum Survey Requirements, and a survey vendor or a hospital administering the HCAHPS Survey for multiple sites must meet **ALL** of the Survey Vendor Minimum Survey Requirements. In addition, subcontractor(s) or **other organization(s)** performing major HCAHPS Survey administration functions (e.g., mail/telephone/IVR operations, XML file preparation) must also meet **ALL** of the HCAHPS Minimum Survey Requirements which pertain to that role.

- Approved HCAHPS Survey vendors **and** self-administering hospitals must fully comply with the HCAHPS oversight activities.
  - The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities,

including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company location." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

- In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors or other organizations (if applicable).

- Approved survey vendors are expected to maintain active contract(s) for HCAHPS Survey administration with client hospital(s). An "active contract" is one in which the HCAHPS Survey vendor is authorized by one or more hospital client(s) to submit HCAHPS data to the HCAHPS Data Warehouse. ***If an HCAHPS Survey vendor does not have any contracted client hospitals for HCAHPS within two years (a consecutive 24 months) from the date it received approval to administer the HCAHPS Survey, then that survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn.***
  - If approval status is withdrawn, the organization must once again follow the steps to apply for reconsideration for approval to administer the HCAHPS Survey. The first step is to participate in the Introduction to HCAHPS Training. After training is completed, a participation form must be submitted for consideration of approval.
- In reviewing Participation Forms from potential HCAHPS Survey vendors, the HCAHPS Project Team will take into consideration any prior experience the applicant organization may have with administering CMS-sponsored CAHPS Surveys.

Note: If a self-administering hospital or a survey vendor is non-compliant with program requirements, HCAHPS data may not be publicly reported for the hospital (or contracted hospitals), which could affect that hospital's CMS Annual Payment Update (APU) for the fiscal year. For additional information regarding APU requirements, please review the FY 2017 IPPS Final Rule.

The minimum survey requirements for the organization are as follows:

1. **Relevant Survey Experience**
   Demonstrated **recent** experience in fielding patient-specific surveys in the requested mode (i.e., Mail, and/or Telephone, and/or Mixed Mode, and/or IVR).

Criteria	Requirement	
	Self-administering Hospital	**Survey Vendor**
Survey Experience	➢ Hospital has conducted patient-specific surveys as an organization ➢ Mail, and/or Telephone, and/or Mixed Mode, and/or IVR survey experience	➢ Survey vendor has conducted patient-specific surveys as an organization ➢ Mail, and/or Telephone, and/or Mixed Mode, and/or IVR survey experience
Number of Years in Business	➢ Minimum three years	➢ Minimum four years
Number of Years Conducting Patient-Specific Surveys	➢ Minimum two years in each selected mode of administration	➢ Minimum three years in each selected mode of administration
Sampling Experience ***Note: Hospitals/Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.***	➢ One year prior experience selecting random sample based on specific eligibility criteria	➢ Two years prior experience selecting random sample based on specific eligibility criteria ➢ Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes ➢ Adequately document sampling process

2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires and/or conduct standardized and/or IVR interviewing in specified time frame.

Criteria	Requirement	
	Self–administering Hospital	**Survey Vendor**
Personnel ***Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.***	➢ Designated HCAHPS Project Manager with minimum one year prior experience conducting patient-specific surveys in the requested mode ➢ Have appropriate organizational back-up staff for coverage of key staff	➢ Designated HCAHPS personnel: • Project Manager with minimum two years prior experience conducting patient-specific surveys in the requested mode • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (sub-contractor designee, if applicable) with minimum one year prior experience processing data and preparing data files • Call Center/Mail Center Supervisor (sub-contractor designee, if applicable) with minimum one year prior experience in role ➢ Have appropriate organizational back-up staff for coverage of key staff

Criteria	Requirement	
	Self–administering Hospital	**Survey Vendor**
System Resources ***Note: All System Resources are subject to oversight activities, including on-site visits to physical locations. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.***	➢ Physical plant resources available to handle the volume of surveys being administered ➢ A systematic process to: • Track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • Assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient	➢ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment ➢ Electronic or alternative survey management system to: • Track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • Assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
Sample Frame Creation	➢ One year prior experience selecting sample based on specific eligibility criteria ➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria	➢ Two years prior experience selecting sample based on specific eligibility criteria ➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria
Mail Administration ***Note: Mail survey administration activities are not to be conducted from a residence.***	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Track non-respondents for follow-up mailing	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Track non-respondents for follow-up mailing

Criteria	Requirement	
	Self–administering Hospital	**Survey Vendor**
Telephone Administration ***Note: Telephone interviews are not to be conducted from a residence, and cannot be conducted by staff that provides direct patient care.***	➢ Obtain and update telephone numbers ➢ Collect telephone interview data for the survey; a sample of the telephone script and interviewer screen shots must be submitted for review ➢ Identify non-respondents for follow-up telephone calls ➢ Schedule and conduct callback appointments	➢ Obtain and update telephone numbers ➢ Collect telephone interview data for the survey, using electronic or alternative interviewing system; a sample of the telephone script and interviewer screen shots must be submitted for review ➢ Identify non-respondents for follow-up telephone calls ➢ Schedule and conduct callback appointments
Mixed Mode Administration ***Note: Mail survey administration and telephone interviews are not to be conducted from a residence, and cannot be conducted by staff that provides direct patient care.***	➢ See above referenced Mail Administration requirements ➢ See above referenced Telephone Administration requirements	➢ See above referenced Mail Administration requirements ➢ See above referenced Telephone Administration requirements
Active Interactive Voice Response (IVR) Administration ***Note: Telephone interviews are not to be conducted from a residence, and cannot be conducted by staff that provides direct patient care.***	➢ Obtain and update telephone numbers ➢ Collect touch-tone keypad responses to pre-recorded questions; a sample of the IVR script must be submitted for review ➢ Identify non-respondents for follow-up telephone calls ➢ Ability to conduct telephone interview if respondent opts out of IVR ➢ Schedule and conduct callback appointments	➢ Obtain and update telephone numbers ➢ Collect touch-tone keypad responses to pre-recorded questions; a sample of the IVR script must be submitted for review ➢ Identify non-respondents for follow-up telephone calls ➢ Use electronic telephone or alternative interviewing system to collect telephone interview if respondent opts out of IVR ➢ Schedule and conduct callback appointments

Criteria	Requirement	
	Self–administering Hospital	**Survey Vendor**
Data Submission ***Note: Hospitals/Survey vendors are responsible for conducting data submission and must not subcontract this process.***	➢ One year prior experience transmitting data via secure methods (HIPAA-compliant) ➢ Registered user of the QualityNet Secure Portal ➢ Prepare final patient-level data files for submission ➢ Access and submit data electronically via the QualityNet Secure Portal	➢ Two years prior experience transmitting data via secure methods (HIPAA-compliant) ➢ Registered user of the QualityNet Secure Portal (survey vendors will not be listed on the HCAHPS Web site until this step is completed) ➢ Obtain the QualityNet Secure Portal survey vendor authorization from contracted hospitals ➢ Prepare final patient-level data files for submission ➢ Access and submit data electronically via the QualityNet Secure Portal
Data Security	➢ Take the following actions to secure electronic data: • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption	➢ Take the following actions to secure electronic data: • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption

Criteria	Requirement	
	Self–administering Hospital	**Survey Vendor**
Data Security ***(cont'd)***	• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster	• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster
Data Retention and Storage	➢ Take the following actions to securely store all survey administration related data: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed.	➢ Take the following actions to securely store all survey administration related data: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed.
Technical Assistance/ Customer Support	➢ One year prior experience providing telephone customer support ➢ Provide customer support line	➢ Two years prior experience providing telephone customer support ➢ Provide toll-free customer support line

Criteria	Requirement	
	Self-administering Hospital	**Survey Vendor**
Organizational Confidentiality Requirements	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.

3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve, on average, a 32 percent response rate.

Criteria	Requirement	
	Self-administering Hospital	**Survey Vendor**
Demonstrated Quality Control Procedures	➢ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Printing, mailing and recording receipt of survey information, if applicable • Telephone administration of survey, if applicable • IVR administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey	➢ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Printing, mailing and recording receipt of survey information, if applicable • Telephone administration of survey, if applicable • IVR administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey
QAP Documentation Requirements	➢ Develop a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status	➢ Develop a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status

Communications and Technical Support

Overview

Hospitals/Survey vendors have access to a number of sources of information regarding HCAHPS. These sources are listed below.

HCAHPS Information and Technical Assistance

For information and technical assistance, contact HCAHPS Information and Technical Support.

- Via email at hcahps@hcqis.org
- Via telephone 1-888-884-4007

When contacting the HCAHPS Project Team regarding a specific hospital, **be sure to provide** the following information in your email or telephone voice mail:

- Hospital six-digit CMS Certification Number (CCN)
- Hospital name

QualityNet Help Desk

For data submission upload issues via the QualityNet Secure Portal and navigating the QualityNet Secure Portal (https://www.qualitynet.org), please contact the QualityNet Help Desk.

- Via email at qnetsupport@hcqis.org
- Via telephone at 1-866-288-8912

Hospital Value-Based Purchasing (Hospital VBP)

For information pertaining to Hospital Value-Based Purchasing, please visit the CMS Web site

- https://www.cms.gov/Hospital-Value-Based-Purchasing/

For questions related to your hospital's Hospital Value-Based Purchasing Percentage Payment Report, please contact the QualityNet Help Desk.

- Via email at qnetsupport@hcqis.org
- Via telephone at 1-866-288-8912

General Information, Announcements and Updates

To learn more about HCAHPS and to view important new updates and announcements, please visit the HCAHPS Web site (http://www.hcahpsonline.org).

Survey Management

Overview

Hospitals/Survey vendors must establish a survey management process to administer the CAHPS Hospital Survey (HCAHPS). This chapter reviews content pertaining to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

System Resources

Hospitals/Survey vendors must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled patients' progress through the data collection protocol and patients' responses to the survey. System resources are subject to oversight activities including on-site visits to physical locations.

At a minimum, hospitals/survey vendors must have the following features/functionality in their survey system (see *Program Requirements* chapter):

Self-administering Hospital	Survey Vendor
➢ Physical plant resources available to handle the volume of surveys being administered ➢ A systematic process to: • Track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • Assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient	➢ Physical plant resources available to handle the volume of surveys being administered; including computer and technical equipment ➢ Electronic or alternative survey management system to: • Track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • Assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient

Hospitals/Survey vendors must thoroughly test all system resources prior to survey implementation and on an ongoing basis thereafter.

Location of Survey Operations

- Hospitals/Survey vendors and their subcontractor(s), if applicable, must perform work at their formal business address. Business locations must comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - https://www.hhs.gov/HIPAA/

Customer Support Lines

Self-administering hospitals will establish customer support telephone lines, and survey vendors will establish a toll-free customer support telephone line, for callers who have questions about the HCAHPS Survey. Hospitals/Survey vendors conducting the Mail Only or Mixed Modes of survey administration must include contact information for their customer support telephone

lines in the initial and follow-up cover letters. Hospitals/Survey vendors conducting Telephone Only or IVR survey administration must have a process in place to address patients' requests to verify the legitimacy of the survey, and/or ask questions about the survey.

The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in Appendix N. Customer support personnel will use the FAQs as a guide when answering patients' questions about the survey.

Survey Vendors

Survey vendors who administer the survey via Mail Only and Mixed Modes will provide toll-free customer support telephone lines on behalf of contracted hospitals to answer questions about the HCAHPS Survey. Survey vendors must staff telephone lines during business hours (see guidelines below), and have sufficient capacity to handle incoming calls. Voice mail is acceptable during and after core business hours, but must be regularly monitored and replied to within one business day. The voice mail recording must specify that the caller can leave a message about the HCAHPS Survey or hospital survey. Survey vendors must document questions and responses via a database or tracking log.

In addition to the above requirements, the following guidelines are recommended for customer support lines:

- Staff telephone lines from 9 AM to 9 PM (hospital/survey vendor local time), Monday through Friday
- Maintain sufficient capacity so that 90 percent of incoming calls are answered "live" and the average speed of answer is 30 seconds or less
- Establish a "return call" standard of two business days for caller questions that cannot be answered at the time of the initial call

A hospital may establish a separate customer support telephone line in lieu of the survey vendor; however, the survey vendor is responsible for ensuring the hospital's customer support telephone line adheres to HCAHPS protocols and is operational prior to mailing the questionnaires. In addition, during survey administration, the survey vendor is responsible for monitoring the hospital's customer support telephone line at a minimum, on a quarterly basis. For example, blind calls are placed to each hospital client's customer support telephone line to confirm that the telephone number is operational and to assess hospital compliance with HCAHPS customer support guidelines. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire. On an ongoing basis, survey vendors must verify that the hospital answers patient questions accurately and keeps a record of customer support inquiries about HCAHPS. Survey vendors must use multiple questions from Appendix N, Section I during the quarterly monitoring/assessment activity.

Self-Administering Hospitals

Self-administering hospitals must provide customer support telephone lines to answer questions about the survey. There is flexibility in the hours of operation and in who will staff the line. In particular, the customer support telephone line does not need to be dedicated only to the HCAHPS Survey, but must be staffed by hospital personnel who are able to answer questions about the survey. Self-administering hospitals are encouraged to use a live operator for the customer support telephone line. Voice mail is acceptable during and after core business hours,

but must be regularly monitored and voice mail messages must be replied to within one business day. The voice mail recording must specify that the caller can leave a message regarding the HCAHPS Survey. Hospitals must document questions and responses via a database or tracking log.

Providing Customer Support via the Internet (Optional)

In addition to customer support telephone lines, hospitals/survey vendors may also choose to implement systems to support electronic queries from surveyed patients. For example, hospitals/survey vendors may establish an email address for sampled patients to use to submit questions about the survey. Hospitals/Survey vendors should respond to email inquiries within one business day. Hospitals/Survey vendors must document questions and responses via a database or tracking log.

Personnel Training

Training of personnel in the HCAHPS Survey data collection protocols is key to successful survey administration. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Mail data entry personnel
- Telephone interviewers and IVR operators
- Subcontractors

Training of Project Staff

At a minimum, the hospital's/survey vendor's Project Manager and any subcontractor(s) **and any other organization(s)** with responsibility for major survey administration functions must participate in the Introduction to HCAHPS Training and any subsequent HCAHPS Update Training sessions sponsored by CMS. Individuals who are involved and work on any aspect of HCAHPS Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers and information technology staff, etc.), must be thoroughly trained by the hospital/survey vendor on HCAHPS Survey specifications and methodology to guarantee standardization of survey administration. Survey vendors should also provide training to their hospital clients on preparation of the patient discharge files.

Hospitals/Survey vendors must establish a process for training new project team members on HCAHPS Survey administration in a timely fashion. It is strongly recommended that staff members are cross-trained in all aspects of the HCAHPS Survey administration process in case of unforeseen staffing turnover or absence. Back-up staff for HCAHPS Survey administration responsibilities must be assigned to staff employed by the hospital/survey vendor.

Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.

Training of Customer Support Personnel

Hospitals/Survey vendors train customer support personnel (or contracted hospitals, if applicable) in HCAHPS Survey specifications and methodology to answer questions appropriately. Hospitals/Survey vendors must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition,

questions posed by surveyed patients should be reviewed regularly to determine if there is a need to develop additional FAQs.

Training of Mail Data Entry Personnel

Hospitals/Survey vendors will address the following items when training data entry personnel:

- Use of data entry equipment and programs
- Survey specifications and protocols
- Survey instrument, question flow, and skip patterns
- Data key-entry procedures
- Validation programs
- Decision rules/ambiguous responses

Training of Telephone Interviewers and IVR Operators

Hospitals/Survey vendors are provided with standardized telephone and IVR scripts that include scripted introductions and probes for standardization of interviews. Hospitals/Survey vendors will address the following items when training telephone interviewers and IVR operators. Interviewers/Operators must:

- use the standardized telephone and IVR scripts and follow the interviewing guidelines when conducting interviews
- attempt to complete the entire survey
- understand the purpose of the survey so they can encourage patients to participate
- use and understand the FAQ document in order to answer questions in a uniform manner
- be familiar with the operations of the hospital's/survey vendor's telephone/IVR program
- be able to navigate back and forth easily through the survey, without disrupting the flow of the interview
- be familiar with the process for redirecting calls to another interviewer when the patient is personally known

Training of Subcontractors

Hospitals/Survey vendors are responsible for the training and performance of any subcontractor(s) they use. In addition, during survey administration, hospitals/survey vendors are responsible for providing quality oversight and monitoring of their subcontractor's work to confirm that they are in compliance with HCAHPS guidelines.

Subcontractors **and any other organization(s) that** are responsible for major HCAHPS Survey administration functions (e.g., mail/telephone/IVR operations, XML file preparation) must attend HCAHPS Training.

Note: Hospitals/Survey vendors are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring and Quality Oversight

Hospitals/Survey vendors must establish a system for providing and documenting quality oversight and monitoring of the HCAHPS Survey administration and HCAHPS project staff, including subcontractors. Quality checking activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, hospitals/survey vendors must:

- perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; backup systems; etc.
- perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from receipt and handling of returned surveys, through data entry, validation, and edit checking) on an ongoing basis, and verify that staff and subcontractors are compliant with HIPAA regulations
- monitor the performance of all subcontractor(s)
- provide performance feedback to all staff and subcontractor(s), through regular assessments, to include special emphasis placed on the detection and correction of identified performance problems

The HCAHPS Project Team will conduct on-site visits to hospitals/survey vendors and to their subcontractors, if applicable, to review hospitals'/survey vendors' operations, monitoring and quality oversight practices. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the hospital's data may not be publicly reported.

Safeguarding Patient Confidentiality

Hospitals/Survey vendors must take the following actions to further protect the confidentiality of patients:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets and areas where confidential data are stored)
- Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection. Confidentiality agreements must be reviewed and periodically re-signed at a minimum of every three years.
- Execute Business Associate Agreement(s) in accordance with HIPAA regulations
- Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions
- Establish protocols for identifying patients who are excluded from the HCAHPS Survey. For a list of exclusions, please refer to the *Sampling Protocol* chapter in this *Quality Assurance Guidelines V12.0* manual. Excluded patients are removed from the eligible

patient list by the hospital/survey vendor before the HCAHPS sample is drawn. Patients found to be ineligible after sampling must not be removed or replaced in the sample.
- Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location

*Note: It is strongly recommended that the method used by contracted hospitals to transmit information (e.g., patient discharge files) to the hospital/survey vendor be reviewed by the hospitals' HIPAA/privacy officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the hospital/survey vendor to the HCAHPS Project Team must be blank templates and **must not** contain any patient PHI.*

Data Security

Hospitals/Survey vendors must securely store patient identifying electronic data and responses to the survey. Hospitals/Survey vendors must take the following actions to secure the data:
- Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files
- Implement access levels and security passwords so that only authorized users have access to sensitive data
- Implement daily data backup procedures that adequately safeguard system data
- Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
- Perform frequent saves to media to minimize data losses in the event of power interruption
- Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan must be made available to the HCAHPS Project Team upon request.

Data Retention and Storage

Hospitals/Survey vendors must take the following actions to store files and all survey administration related data:
- Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable.
- Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed.

Sampling Protocol

Overview

This chapter describes the process and requirements for selecting a random sample of patients to respond to the CAHPS Hospital Survey (HCAHPS). The HCAHPS sampling protocol is designed to ensure that the patients who participate in the survey are representative of all the eligible patients who received care within general acute care hospitals. Several HCAHPS sampling protocol illustrations have been included in this chapter.

Note: The HCAHPS Survey is intended to reflect the care received by patients of all payer types, not just Medicare. Therefore, patients of all payer types are eligible for sampling.

The HCAHPS Survey sampling protocol promotes the following:

- Standardized administration of the HCAHPS Survey by hospitals/survey vendors
- Comparability of resulting data across all participating hospitals

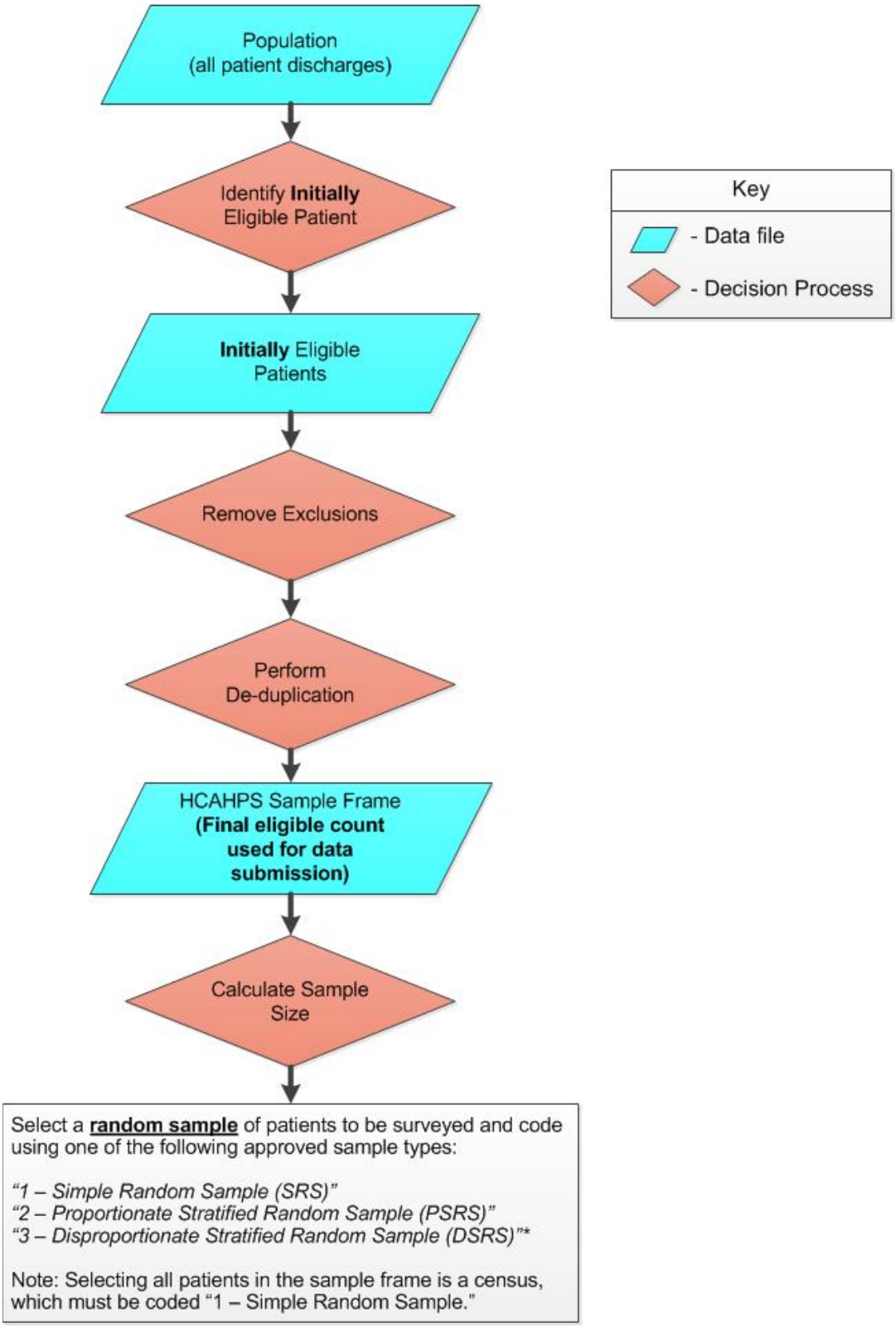
The basic sampling procedure for HCAHPS requires the drawing of a random sample of eligible monthly discharges. Data will be collected from patients in each monthly sample over the 12-month reporting period, and will be aggregated on a quarterly basis to create a rolling 4-quarter data file for each hospital. The most current four quarters of data are used for public reporting. Hospitals may not switch the type of sampling, mode of survey administration, or survey vendor used within a calendar quarter. These types of changes can only be made at the beginning of a calendar quarter.

The HCAHPS sampling protocol employs the patient's principal diagnosis at discharge to determine whether he or she falls into one of the three service line categories eligible for HCAHPS: Maternity Care, Medical, or Surgical. While V.34 Medicare Severity Diagnosis Related Group (MS-DRG) codes are the preferred method for determining the patient's service line, CMS also allows the following methodologies to be used: V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 codes based on payer source; ICD-10 codes; ICD-9 codes; hospital unit; All Patient Refined DRG (APR-DRG) codes/New York State DRGs; a mix of MS-DRG and APR-DRG codes. **Regardless of the methodology used, the hospital/survey vendor must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS service lines.** The method for determining service line must be identified in the XML file, or the HCAHPS Online Data Entry Tool. (For more information, see the *Data Specifications and Coding* chapter.)

In order to use a service line methodology other than those identified above, a hospital/survey vendor must first submit an Exceptions Request Form for approval. (For more information, see the *Exceptions Request/Discrepancy Report Processes* chapter.)

A flowchart illustrating the steps of the HCAHPS sampling protocol is provided for reference on the next page. A more detailed illustration can be found later in this chapter.

Flowchart of HCAHPS Sampling Protocol



Eligibility for the HCAHPS Survey

The HCAHPS Survey is broadly intended for patients of all payer types who meet the following criteria:

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
  - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge

  Note: Patients whose principal diagnosis falls within the Maternity Care, Medical or Surgical service lines and who also have a secondary psychiatric diagnosis are still eligible for the survey.

  *Note: MS-DRG codes in the **ineligible** category include patients with MS-DRG codes for **newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRG codes with no assigned type**.*

- Alive at the time of discharge

Note: Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric or substance abuse diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

Exclusions from the HCAHPS Survey

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- "No-Publicity" patients – Patients who request that they not be contacted (see below)
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (hospice-home or hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

"No-Publicity" patients are defined as those who voluntarily sign a "no-publicity" request while hospitalized or who directly request a survey vendor or hospital not to contact them ("Do Not Call List"). These patients should be excluded from the HCAHPS Survey. However, documentation of patients' "no-publicity" status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) "8 – Court/Law enforcement," patient discharge status code (UB-04 field location 17) "21 – Discharged/transferred to court/law enforcement," or patient discharge status code "87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission." This does not include patients residing in halfway houses.

Patients with a ***foreign home address*** are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients ***discharged to hospice care*** are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a "Discharge Status" of "50 – Hospice—home" or "51 – Hospice—certified medical facility" would not be included in the sample frame. "Discharge Status" is the same as the UB-04 field location 17.

Some ***state regulations*** place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients ***discharged to nursing homes and skilled nursing facilities*** are excluded from HCAHPS. This applies to patients with a "Discharge Status" (UB-04 field location 17) of:

- "03 – Medicare certified skilled nursing facility"
- "61 – Medicare-approved swing bed within hospital"
- "64 – Medicaid certified nursing facility"
- "83 – Medicare certified skilled nursing facility with a planned acute care hospital inpatient readmission"
- "92 – Medicaid certified nursing facility with a planned acute care hospital inpatient readmission"

Hospitals/Survey vendors must retain documentation that verifies <u>all</u> exclusions and ineligible patients for a minimum of three years. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Sample Frame unless the hospital/survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on ***any*** *variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.*

Patients Discharged to Health Care Facilities

Patients discharged to health care facilities other than nursing homes (e.g., long-term care facilities, assisted living facilities and group homes), who are deemed eligible based on the above criteria, must be included in the HCAHPS Sample Frame. Patients residing in halfway homes, who are deemed eligible, must be included in the HCAHPS Sample Frame. CMS is aware that contacting patients residing in these facilities may be difficult. Nevertheless, hospitals/survey vendors must attempt to contact all patients in the sample in accordance with HCAHPS protocols.

Note: Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS Survey administration. This applies to patients with a "Discharge Status" (UB-04 field location 17) of: "03 – Medicare certified skilled nursing facility," "61 – Medicare-approved swing bed within hospital," "64 – Medicaid certified nursing facility," "83 – Medicare certified skilled nursing facility with a planned acute care hospital inpatient readmission," and "92 – Medicaid certified nursing facility with a planned acute care hospital inpatient readmission."

De-duplication

To reduce respondent burden, the hospital/survey vendor is required on a monthly basis to de-duplicate eligible patients based on household and multiple discharges within the same calendar month. De-duplication must be performed within each calendar month, utilizing address information (or telephone number for Telephone Only mode) and the patient's medical record number (or other unique identifier). The de-duplication process covers the following two areas:

- De-duplication by Household: Only one adult member per household is included in the HCAHPS Sample Frame for a given month.
  - For de-duplication purposes, halfway houses and health care facilities are not considered to be a household, and thus must not be de-duplicated. Examples of healthcare facilities include: long-term care facilities, assisted living facilities and group homes.
- De-duplication for Multiple Discharges within a Hospital: While patients are eligible to be included in the HCAHPS Sample in consecutive months, if a patient is discharged more than once within a given calendar month, only one discharge date is included in the sample frame. The method used for de-duplicating depends on whether sampling is conducted continuously throughout the month, or is conducted only at the end of the month.
  - If continuous daily sampling is used, then include only the first discharge date identified in the sample frame. As the sampling frame is created daily, subsequent discharges would not be known at the time the daily sample is drawn. Each daily discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.
  - If weekly sampling is used, each weekly discharge list must be compared to the previous weekly discharge lists for the month. The first discharge encountered would be included in the sample frame and discharges encountered in subsequent weeks would be excluded from the sample frame. In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame. Each weekly discharge list must

be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.

- If end-of-the-month sampling is used, then include only the last discharge date of the month in the sample frame

Note: De-duplication performed several times a month due to the receipt of multiple discharge lists (weekly; two times a month) for a given hospital must look back at the hospital's previous sample frame for the month (not the hospital's previous sample).

Note: Hospitals with multiple locations under a single CCN must apply de-duplication processes across all locations at the same time. If a patient was discharged from different locations within the same month, only one inpatient stay should be included in the sample frame.

Sample Frame Creation

Hospitals/Survey vendors participating in HCAHPS are responsible for generating complete, accurate and valid sample frame data files each month that contain all administrative information on all patients who meet the eligible population criteria.

- It is recommended that hospitals contracting with an HCAHPS approved survey vendor submit their entire patient discharge list to their survey vendor, excluding "no-publicity" patients and patients excluded because of state regulations
- If a hospital excludes any patients from the discharge list provided to their survey vendor, they must also submit to their survey vendor a count of total ineligible and excluded patients and a count of patients by each exclusion category at a minimum on a monthly basis

Hospitals/Survey vendors use the information derived from the sample frame to administer the survey. **Prior to generating the HCAHPS Sample Frame, hospitals/survey vendors must apply the eligibility criteria, remove exclusions and perform de-duplication.** The following steps must be followed when creating the sample frame:

- Patients whose eligibility status is uncertain must be included in the sample frame
- The sample frame for a particular month must include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between the 1st and 31st)
- If a hospital is conducting sampling at the end of each month, they must create the sample frame in a timely manner in order to initiate contact for all sampled patients within 42 days of discharge
- The patient address included in the sample frame is the address in the medical record
- Patients with missing or incomplete addresses and/or telephone numbers must not be removed from the sample frame. Instead, every attempt must be made to find the correct address and/or telephone number. If the necessary contact information is not found, the "Final Survey Status" must be coded as "9 – Bad address" or as "10 – Bad/no telephone number." (For more information, see the *Data Specifications and Coding* chapter.)

The hospital/survey vendor must retain the sample frame (i.e., the entire list of eligible HCAHPS patients from which each hospital's sample is pulled) for a minimum of three years.

Note: Patient-identifying information within the sample frame will not be a part of the final data submitted to CMS, nor will any other PHI.

Note: An example of a sample frame file layout and required patient information is included in Appendix O. This is only an example; hospitals/survey vendors are not required to use this layout for their sample frame, but CMS strongly recommends that the hospitals/survey vendors collect all of the elements from this layout.

Calculating the Sample Size

Hospitals **must** submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period (unless the hospital is too small to obtain 300 completed surveys). **The absence of a sufficient number of HCAHPS eligible discharges is the only acceptable reason for submitting fewer than 300 completed HCAHPS Surveys in a rolling four-quarter period.**

Not all sampled patients who are contacted to complete the survey will actually do so. To calculate the number of monthly discharges needed to reach the required 300 completed surveys per four rolling quarters of data (a 12-month reporting period), it is necessary to take into account the proportion of sampled patients expected to complete the survey (represented by P, below). The number of discharges needed to obtain at least 300 completed surveys is calculated by using the proportion of sampled patients who turn out to be ineligible for the survey (I), and the expected survey response rate among eligible respondents (R). The calculation of the monthly discharges needed to produce at least 300 completes in a reporting period can be summarized in three steps:

*Note: Targeting exactly 300 completed surveys will not consistently result in 300 completed surveys. Thus, to better guarantee reaching the goal of at least 300 completed surveys, we **RECOMMEND** using a **target** of **335** completed surveys for the sample size calculations. In the sample size calculation below, a target of 335 completed surveys is used.*

Step 1: Identify the number of completed surveys needed over the four rolling quarters of data (12-month reporting period).

In order to achieve the 300 completed surveys, a hospital/survey vendor should select a target of at least 335, but may select more if a hospital wants to achieve more than 300 completed surveys.

Define C as the number of completed surveys to target for the sample size calculation.
C = 335

Step 2: Estimate the proportion of patients expected to complete the survey.
Let:

P = proportion of discharged patients expected to complete the survey
I = the expected proportion of discharged patients who are ineligible
R = the expected survey response rate among eligible respondents

The proportion of patients expected to complete the survey (P) is:

$P = (1 - I) \times R$

The following is an example of how to calculate the proportion of patients expected to complete the survey. It is important to note that this is just an example. The expected proportion of discharged patients that are ineligible and the expected response rate can differ by hospital.

Based on results from the National Hospital Discharge Survey, it is estimated that, on average, 17.0 percent of a hospital's discharged patients will be ineligible for the survey. Based on results from previous studies using HCAHPS, it is estimated that, on average, 32.0 percent of eligible patients will complete the survey.

Note: The parameters I and R used here are estimates. Participating hospitals should monitor their own experience with HCAHPS and adjust the values of I and R as necessary to determine the number of discharges needed over the 12-month reporting period. However, until such experience is gained, it is suggested that I =0.170 and R =0.320 are suitable estimates. If a hospital/survey vendor has experienced a lower response rate, the lower rate may be used at the outset to calculate the sample size needed to achieve the minimum required number of completes.

Therefore, the proportion of discharged patients expected to complete the survey is:

$P = (1 - I) \times R = (1 - 0.170) \times 0.320 = 0.266$

Step 3: Calculate the number of discharges needed to produce at least 300 completed surveys over the reporting period:

Example: 12-month reporting period
N12 = Number of discharges to be sampled over the entire 12-month reporting period =

$C / P = 335 / 0.266 = 1,259$

N1 = Number of discharges to be sampled each month in a 12-month reporting period =

$N12 / 12 = 1,259 / 12 = 105$

Using our assumptions of a 32.0 percent response rate and a 17.0 percent ineligibility rate, at least 1,259 eligible discharges would need to be sampled over the entire 12-month reporting period. Some smaller hospitals will produce fewer than 1,259 eligible discharges (used in the example above) during the reporting period. In such cases, the hospital must sample all eligible discharges each month and attempt to obtain as many completes as possible.

If a hospital obtains more than 25 and fewer than 100 completed surveys, the hospital's HCAHPS scores will still be publicly reported. However, the lower precision of scores derived from less than 100 completed surveys and less than 50 completed surveys will be noted on the Hospital Compare Web site. Public reporting of HCAHPS scores is restricted to hospitals with 25 or more completed surveys.

If a hospital/survey vendor falls short of the monthly goal to reach at least 300 completes for the 12-month reporting period, the hospital/survey vendor should adjust the number of patients they sample in subsequent quarters. For example, to make up for a shortfall in the number of expected completes, hospitals/survey vendors may increase the number of patients sampled over the remaining quarters in the rolling four quarters (12-month reporting period). Within a given quarter, it is strongly recommended that sampling rates be fairly consistent across the months in that quarter.

Note: If in a month, quarter, or public reporting period, a hospital/survey vendor attains at least 300 completed surveys while some surveys are yet to be administered or are in the process of being administered, the hospital/survey vendor must continue to sample and survey using the chosen protocol at the chosen rate. For example, in the case of the Mail Only mode, the second mailing must be sent to patients who did not respond to the first mailing even if the hospital/survey vendor has already attained at least 300 completed surveys for a given month, quarter or reporting period. If the number of completed surveys is greater than 300 for a reporting period, all surveys must be submitted and will be included in the publicly reported results.

If a patient is included in the sample, but is later determined to be ineligible or excludable, the patient's administrative data record is included in the data file submission and is assigned the appropriate disposition code to indicate ineligibility. In the data file submission, only "3 – Ineligible: Not in eligible population" patients are subtracted from the "Eligible Discharges" field in the Header Record. In addition, these patients will be treated as ineligible in the response rate calculations. For further information, see the *Data Specifications and Coding* chapter.

Survey Timing

Surveying of sampled patients must be initiated between 48 hours and six weeks (42 calendar days) after discharge, regardless of the mode of survey administration. Distributing surveys to patients before they are discharged is not allowed. Data collection for sampled patients must be closed out no later than six weeks (42 calendar days) following the date the first survey is mailed (Mail Only and Mixed Modes, or six weeks (42 calendar days) following the first telephone attempt (Telephone Only and IVR mode). For additional details on survey timing and administration, refer to the *Mail Only Survey Administration, Telephone Only Survey Administration, Mixed Mode Survey Administration,* and *IVR Survey Administration* chapters.

Note: If a patient is discharged to a swing bed (except code "61– SNF Swing bed within hospital"), use the discharge date from the acute care setting, not the discharge date from the swing bed, to begin the 48 hour to six weeks (42 calendar days) window for initial contact.

Sampling Procedure

The basic sampling procedure for HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated from the entire month. If the hospital/survey vendor chooses to sample continuously, each sample must be drawn using the same sampling ratio (for instance, 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. For details on random sampling methods, see *Methods of Sampling* in this chapter.

Once a sample type is used within a quarter, it must be maintained throughout that quarter; "Sample Type" can only be changed at the beginning of a quarter. For more information, see the *Methods of Sampling* section in this chapter.

The required number of completed surveys for the statistical precision of the publicly reported hospital ratings is based on a reliability criterion. In brief, higher reliability means a higher ratio of "signal to noise" in the data. The reliability target for the HCAHPS global items and most composites is 0.8 or higher. Based on this reliability target, hospitals must obtain at least 300 completed HCAHPS Surveys ("completes") over each 12-month reporting period.

The HCAHPS sample must be drawn according to this uninterrupted random sampling protocol and not according to any "quota" system. Hospitals/Survey vendors must sample from every month throughout the entire 12-month reporting period and not stop sampling or curtail ongoing survey administration activities even if 300 completed surveys have been attained.

Note: Small hospitals that are unable to reach at least 300 completed surveys in a 12-month reporting period must sample ALL eligible discharges (i.e., conduct a census) and attempt to obtain as many completes as possible.

Note: Hospitals that share a common CCN (formerly known as the Medicare Provider Number [MPN]) must obtain at least 300 completes per CCN, not per individual hospital. If stratifying the sample by site, see the Methods of Sampling section in this chapter for additional guidance.

Consistent Monthly Sampling

For ease of sampling, CMS recommends that hospitals/survey vendors sample an approximately equal number of discharges each month, unless adjustments are required (at the beginning of a quarter only). Hospitals/Survey vendors have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total eligible discharges over the four rolling quarters (12-month reporting period). Hospitals/Survey vendors must sample from every month in the reporting period, even if they have already achieved 300 completed surveys. Additional information is provided in the *Data Specifications and Coding* chapter.

Final Survey Sample

The final sample drawn each month must reflect a ***random*** sample of patients from the survey sample frame. If a hospital or survey vendor is conducting two separate surveys in the same month (HCAHPS and another patient survey), the random sample for the HCAHPS Survey must be drawn first.

CMS recognizes that some small hospitals may not be able to obtain at least 300 completed surveys in a 12-month reporting period. In such cases, hospitals must sample ***all*** eligible discharges (that is, conduct a census) and attempt to obtain as many completes as possible.

Note: When a census sample is conducted, the "Type of Sampling" field in the Header Record must be coded "1 – Simple Random Sample."

Methods of Sampling

Sampling for HCAHPS is based on the eligible discharges (HCAHPS sample frame) for a calendar **month.** If every eligible discharge for a given month has the same probability of being sampled, then an **equiprobable** approach is being used. Stratified sampling is where eligible discharges are divided into non-overlapping subgroups referred to as **strata**, before sampling.

There are three options for sampling patients for the HCAHPS Survey: Simple Random Sampling (SRS), Proportionate Stratified Random Sampling (PSRS) and Disproportionate Stratified Random Sampling (DSRS).

- **SRS**: **S**imple **R**andom **S**ampling is the most basic sampling type; patients are randomly selected from all eligible discharges for a month. Strata are not used when employing SRS and each patient has equal opportunity of being selected into the sample, making SRS equiprobable.
- **PSRS**: **P**roportionate **S**tratified **R**andom **S**ampling uses strata definitions and random sample selection from all strata at equal rates. Since the sampling rates of the strata are "proportionate," PSRS is also considered equiprobable.
- **DSRS**: **D**isproportionate **S**tratified **R**andom **S**ampling involves sampling within strata at different rates, and thus, DSRS requires information about the strata. By definition, DSRS is not an equiprobable sampling approach as DSRS allows for dissimilar sampling rates across strata.

The table below summarizes key attributes of the three available sampling methods for HCAHPS.

Sampling Method	Strata Used	Strata Information Submitted to the HCAHPS Data Warehouse*	Equiprobable
SRS	No	No	Yes
PSRS	Yes	No	Yes
DSRS	Yes	Yes	No

**Includes strata names, eligible patients in each strata and strata sample sizes.*

Whether using SRS or stratified random sampling (PSRS or DSRS), caution must be exercised. For example, if strata (PSRS or DSRS) are defined as time periods, the sampling process must account for months that begin or end in the middle of a week.

Simple Random Sampling (SRS)

SRS is the most basic sampling technique. Here, a group of patients (a sample) is randomly selected from a larger group of eligible patients (sample frame). Each patient is chosen entirely by chance, and each eligible patient has an equal chance of being included in the sample. For HCAHPS, a census sample is also considered to be a simple random sample.

SRS Example 1: Daily simple random sampling

- Sampling for **Hospital A** is conducted once every day using a constant sampling rate of 40% of eligible discharges (HCAHPS Sample Frame)
  - Day 1:
    - Total eligible discharges (HCAHPS sample frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - Since **Hospital A** is using a 40% sampling rate, the first 4 patients are selected. [**1**, **2**, **3**, **4**, 5, 6, 7, 8, 9, 10]
  - Day 2:
    - Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - For Day 2, 40% of 8 eligible discharges is equal to 3.2. Using normal rounding rules, **Hospital A** samples 3 eligible discharges for Day 2 [**1**, **2**, **3**, 4, 5, 6, 7, 8]
  - Day 3:
    - Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)
    - Sampling at a 40% rate, **Hospital A** selects 3 eligible discharges (40% of 7 eligible discharges is 2.8) [**1**, **2**, **3**, 4, 5, 6, 7]

SRS Example 2: Daily simple random sampling using "skip patterns"

- Similar to Hospital A, **Hospital B** chooses to sample 40% of its eligible discharges for the month by sampling patients every day. This is executed by randomly sorting each day's eligible discharges and sampling 2 out of every 5 patients.
  - Day 1:
    - Total eligible discharges (HCAHPS Sample Frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - Select the first 2 patients, and then skip the next three. The cycle (select 2 and skip 3) is repeated for the eligible discharges on Day 1. Here, 4 patients would be selected [**1**, **2**, 3, 4, 5, **6**, **7**, 8, 9, 10]
  - Day 2:
    - Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - Again, using the same sampling rate of selecting 2 and skipping 3 patients, 4 patients would be selected [**1, 2,** 3, 4, 5, **6, 7,** 8]

- Day 3:
  - Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)
  - For Day 3, 4 patients would be selected [**1, 2**, 3, 4, 5, **6, 7**]
- In this example, using leftover patients in the next day's count is not needed, as the patients are listed in a random order prior to selecting the sample
- The sample selection cycle would start all over at the beginning of the next day

SRS Example 3: End of month sampling

- Sampling for **Hospital C** is conducted only once for a given month at the end of the month
  - Suppose Hospital C has 150 eligible discharges for a given month and wishes to use a 50% sampling rate
    - **Randomly sort** all 150 eligible patients prior to sampling
    - Then select 50% of the 150 eligible discharges for a monthly sample size of 75 patients. Since the eligible discharge list is already randomly sorted, the first 75 patients may be selected to form the monthly random sample.

Note: When sampling at the end of the month, please verify that the sample is drawn with enough time to begin survey administration before the 42 calendar days initial contact period expires for patients discharged early in the month.

SRS Example 4: Census sampling

- **Hospital D** is a small hospital and chooses to sample all eligible discharges on a daily basis
  - A census sample is SRS because each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
  - Suppose Hospital D has 80 eligible discharges for a given month. Since this hospital is using census sampling, each of the 80 eligible patients is included in the hospital's HCAHPS sample.

Note: Sampling processes illustrated in SRS Examples 1, 2 and 4 could be changed to perform simple random sampling on a weekly or bi-weekly basis.

Stratified Random Sampling (Proportionate or Disproportionate)

In stratified random sampling, the entire population is divided into non-overlapping subgroups, or strata, prior to a random sample being drawn. Commonly used definitions for strata include time period (daily, weekly or bi-weekly), hospital unit or hospital campus (for multiple hospital locations sharing a CCN). It is required that all eligible monthly discharges are contained in exactly one of the chosen strata. That is, there must not be any eligible discharges that overlap strata. Each eligible discharge must be a member of one of the defined strata. For HCAHPS, there are two methods for stratified random sampling:

- **PSRS** – each subgroup, or stratum, will have the same sampling ratio. That is, the percentage of eligible discharges sampled is the same across all strata.
  - PSRS is similar to SRS in that each eligible patient has the same probability of being selected for inclusion in the monthly sample

- **DSRS** – each subgroup, or stratum, will have dissimilar sampling ratios. With DSRS, the percentage of eligible discharges sampled is not the same across all strata.
  - Unlike SRS and PSRS, using DSRS means that all eligible discharges do not have an equal chance of being selected for inclusion in the monthly sample. To account for this, CMS requires additional information from hospitals and survey vendors who choose to use DSRS as a sampling type.
  - Hospitals/Survey vendors must submit an Exceptions Request Form and then be approved to use DSRS. See the *Exceptions Request/Discrepancy Report Processes* chapter.

Note: When using two types of strata definitions (see PSRS Example 3 and DSRS Example 3), it is important to make sure that every eligible discharge for the month is contained within exactly one of the strata.

Proportionate Stratified Random Sampling (PSRS)

In order for sampling to be proportionate, the same sampling ratio (or proportion or percentage) must be applied regardless of the number of eligible discharges in each defined stratum. In addition, the same strata names and definitions must be used each month throughout the quarter.

The following are examples of situations that warrant the use of PSRS:

- The monthly sample is drawn at different scheduled times (e.g., each week) throughout the month. The same percentage of discharges is sampled each week.
- Distinct units within a hospital (e.g., wards, floors, etc.) are sampled separately. The same percentage of discharges is sampled in each unit.
- Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before all of the hospital's data are combined. (Hospitals that share a CCN must obtain a combined total of at least 300 completes per reporting period.) The same percentage of patients is drawn for each hospital each month.

  Note: Hospitals that share a CCN are not required to use PSRS.

PSRS Example 1: Weeks (Strata are defined as weeks within a month)

- A sample is pulled each week for **Hospital A**, creating five strata: Week 1, Week 2, Week 3, Week 4, and Week 5
  - Even though the number of eligible discharges differs across the five weeks, **Hospital A** takes the same proportion (or percentage) of "sampled" discharges each week
    - A 5th week is used to capture the remaining days in the month
  - Twenty percent of the eligible discharges are randomly pulled for each week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 20% or 0.20.) The table below summarizes this sampling process.

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.20	20 * 0.20 = **4**
2	2	25	0.20	25 * 0.20 = **5**
3	3	30	0.20	30 * 0.20 = **6**

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
4	4	15	0.20	15 * 0.20 = **3**
5	5	10	0.20	10 * 0.20 = **2**

- PSRS sampling usually results in a different number of sampled patients from each week, but the same proportion (percentage) of eligible discharges each week. Thus, each eligible discharge had an equal chance of being selected for the sample.
- This Example 1 scenario could also be changed to perform the same sampling process on a daily or twice a month basis. For example, if performing PSRS twice a month, there would only be two strata from which to select eligible patients for inclusion in the monthly sample. The same sampling rate (sample size divided by eligible discharge size) must be used for both time periods in the month.

PSRS Example 2: Hospital Units (Strata are defined as units within a hospital)

- A sample is pulled each month for each of 3 units within **Hospital B**, creating three strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three Units, **Hospital B** uses the same sampling ratio for each Unit
  - As seen in the following table, the chosen sampling rate is 30%, meaning that 30% of each unit's eligible monthly discharges will be sampled

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	150	0.30	150 * 0.30 = **45**
2	2	50	0.30	50 * 0.30 = **15**
3	3	400	0.30	400 * 0.30 = **120**

- In this example, PSRS sampling results in a different number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is the same (30%). Thus, each eligible discharge had an equal chance of being chosen, regardless of Unit membership.

PSRS Example 3: Combinations of Location and Time Period (Strata are defined as all combinations of hospital location [sharing the same CCN] and week within a month)

- A sample is pulled each week from each of 2 locations for **Hospital C**, creating 10 (2x5) strata as follows: Week 1: East campus, Week 1: West campus; Week 2: East campus, Week 2: West campus; Week 3: East campus, Week 3: West campus; Week 4: East campus, Week 4: West campus; Week 5: East campus, Week 5: West campus
  - Even though the number of eligible discharges differs across the 2 hospital locations and 5 weeks within the month, **Hospital C** takes the same proportion (or percentage) of eligible discharges for each of the 10 defined strata
  - Fifty percent of the eligible discharges are randomly pulled from each hospital location per week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 50% or 0.50.) The strata are summarized in the following table.

Stratum	Week	Location	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	East	100	0.50	100 * 0.50 = **50**
2	1	West	60	0.50	60 * 0.50 = **30**
3	2	East	110	0.50	110 * 0.50 = **55**
4	2	West	72	0.50	72 * 0.50 = **36**
5	3	East	130	0.50	130 * 0.50 = **65**
6	3	West	54	0.50	54 * 0.50 = **27**
7	4	East	96	0.50	96 * 0.50 = **48**
8	4	West	64	0.50	64 * 0.50 = **32**
9	5	East	106	0.50	106 * 0.50 = **53**
10	5	West	70	0.50	70 * 0.50 = **35**

- The number of sampled patients differs noticeably in the two hospital campuses and among the five weeks. However, since **Hospital C** employed the same sampling ratio (50%) for each campus and each week, each eligible discharge had an equal chance of being selected for sampling, regardless of location or week.
- Care must be exercised when combining two types of strata (Location and Time Period). If a hospital or survey vendor encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
- A similar sampling scenario would be to use hospital unit and time as strata definitions, rather than hospital location and time, as in this Example 3

Disproportionate Stratified Random Sampling (DSRS)

DSRS occurs when dissimilar sampling ratios are used in drawing samples from different strata. If the hospital/survey vendor elects to use DSRS, there are several additional requirements that must be met:

- Hospitals/Survey vendors that elect to use DSRS must complete and submit an Exceptions Request Form. The process for identifying the strata and the number of discharges that will be sampled must be clearly stated in the request.
- If a hospital or survey vendor uses DSRS, additional data must be submitted. These data include: the total number of patients within a stratum who were eligible for surveying in the month; the total number of patients within a stratum who were sampled in the month; and, the name of each stratum from which a sample was drawn.
  - Hospitals/Survey vendors must submit an Exceptions Request Form. After submitting an Exceptions Request Form, CMS decides whether to approve the use of DSRS by hospitals/survey vendors. See the *Exceptions Request/Discrepancy Report Processes* chapter.
- The same strata names must be used in each month throughout the quarter
- Hospitals/Survey vendors using DSRS are required to sample a minimum of ten eligible discharges in each stratum in each month. **Hospitals that are uncertain about their ability to meet this requirement should re-evaluate their strata definitions or choose not to use DSRS.**

When DSRS is used, CMS creates and employs inverse probability strata weights (using total eligible discharges and completed surveys by strata) so that responding patients are representative of all eligible patients with respect to the strata used in DSRS.

DSRS Example 1: Hospital Units (Strata are defined as units within a hospital)

- A sample is pulled for each of three units within **Hospital A** in each month of a quarter, creating three strata: Unit 1, Unit 2 and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges (10) is randomly selected from each unit
  - As the following table shows, the number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.50	20 * 0.50 = **10**
2	2	40	0.25	40 * 0.25 = **10**
3	3	100	0.10	100 * 0.10 = **10**

- In this Example 1, DSRS sampling results in the same number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is different. Thus, each eligible discharge did not have an equal chance of being chosen.

DSRS Example 2: Weeks (Strata are defined as weekly time periods)

- A sample is pulled for **Hospital B** in each week of the month
  - In particular, **Hospital B** uses sampling rates equal to 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively
    - A fifth week is used to capture the remaining days in the month
  - The following table summarizes Hospital B's sampling

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	100	0.10	100 * 0.10 = **10**
2	2	108	0.50	108 * 0.50 = **54**
3	3	102	0.50	102 * 0.50 = **51**
4	4	110	0.10	110 * 0.10 = **11**
5	5	30	0.50	30 * 0.50 = **15**

DSRS Example 3: All Combinations of Hospital Unit and Time Period (Strata are defined as all combinations of hospital unit and week within a month)

- A random sample is pulled once per week (Week 1, Week 2, Week 3, Week 4, and Week 5) from each of three hospital units (Unit 1, Unit 2 and Unit 3) within **Hospital C**
  - Since there are 5 weeks within the time period (month) and 3 units within **Hospital C**, this sampling scenario uses 15 strata (5 x 3)

- **Hospital C** chooses to sample 25% of eligible discharges from Unit 1, 50% from Unit 2, and 100% from Unit 3 across all 5 weeks. The following table summarizes the strata.

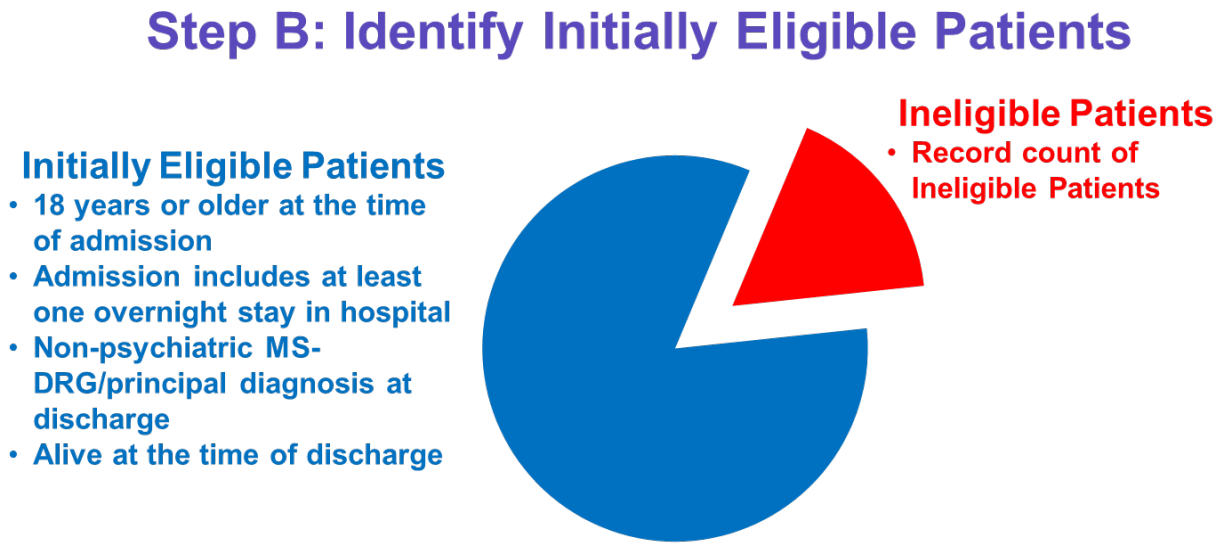
Stratum	Week	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	1	100	0.25	10 * 0.25 = **25**
2	1	2	60	0.50	60 * 0.50 = **30**
3	1	3	18	1.00	18 * 1.00 = **18**
4	2	1	80	0.25	80 * 0.25 = **20**
5	2	2	50	0.50	50 * 0.50 = 2**5**
6	2	3	12	1.00	12 * 1.00 = **12**
7	3	1	88	0.25	88 * 0.25 = **22**
8	3	2	60	0.50	60 * 0.50 = **30**
9	3	3	14	1.00	14 * 1.00 = **14**
10	4	1	96	0.25	96 * 0.25 = **24**
11	4	2	70	0.50	70 * 0.50 = **35**
12	4	3	16	1.00	16 * 1.00 = **16**
13	5	1	56	0.25	56 * 0.25 = **14**
14	5	2	20	0.50	20 * 0.50 = **10**
15	5	3	12	1.00	12 * 1.00 = **12**

- Care must be exercised when combining two types of strata (Unit and Time Period). If a hospital or survey vendor encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
- A similar sampling scenario would be to use hospital location and time as strata definitions, rather than hospital unit and time, as in this example

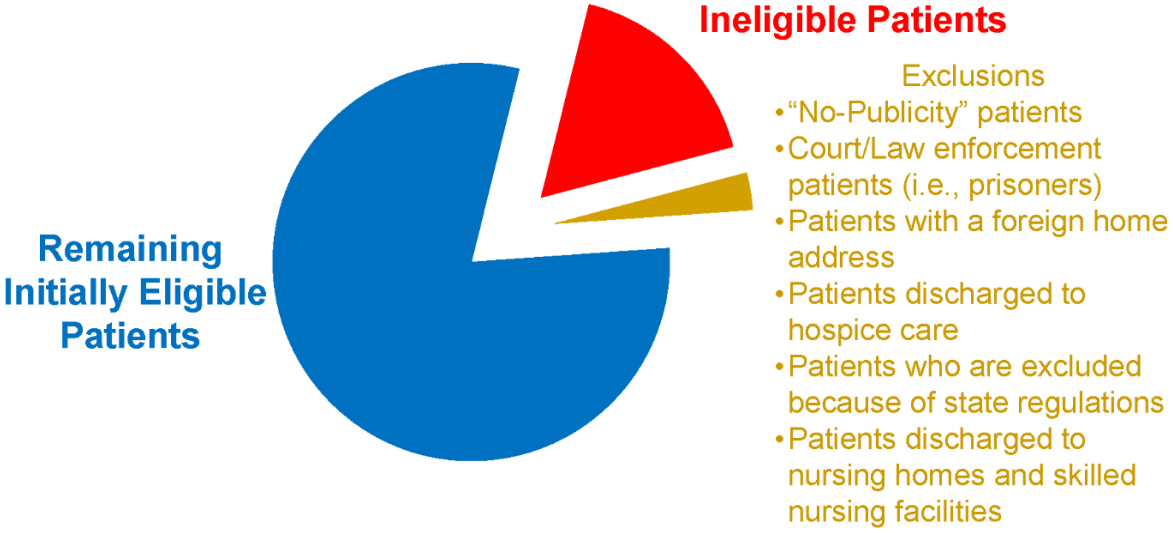
Note: Other sampling scenarios may exist and the hospital/survey vendor should contact HCAHPS Information and Technical Support with questions via email at hcahps@hcqis.org *or call 1-888-884-4007.*

HCAHPS Sampling Protocol Illustration

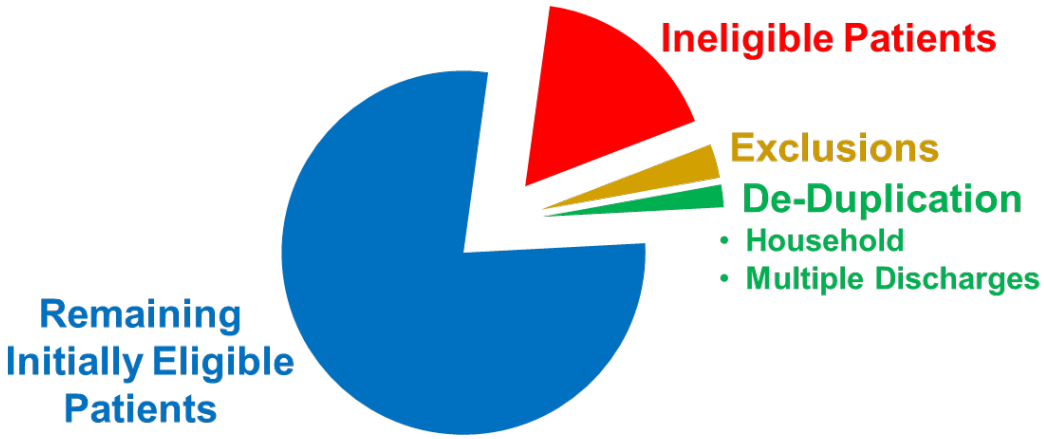
To summarize, the following illustration is provided.



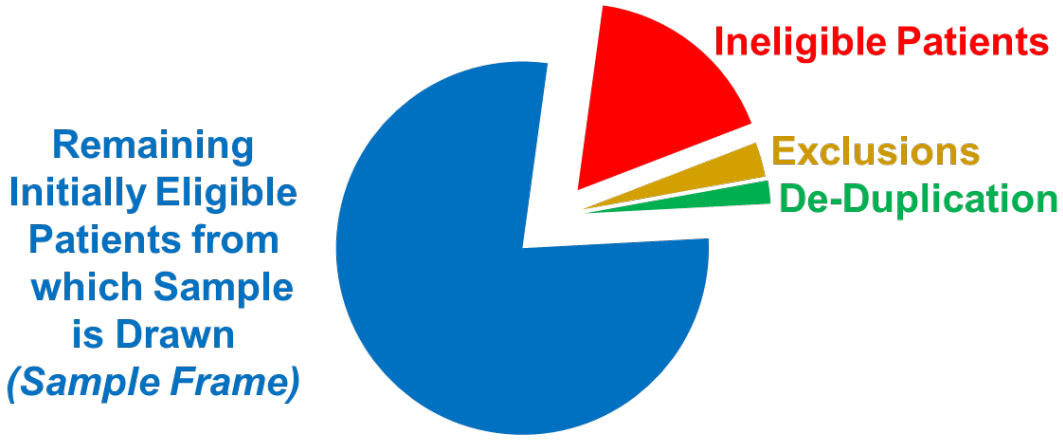
Step C: Remove Exclusions



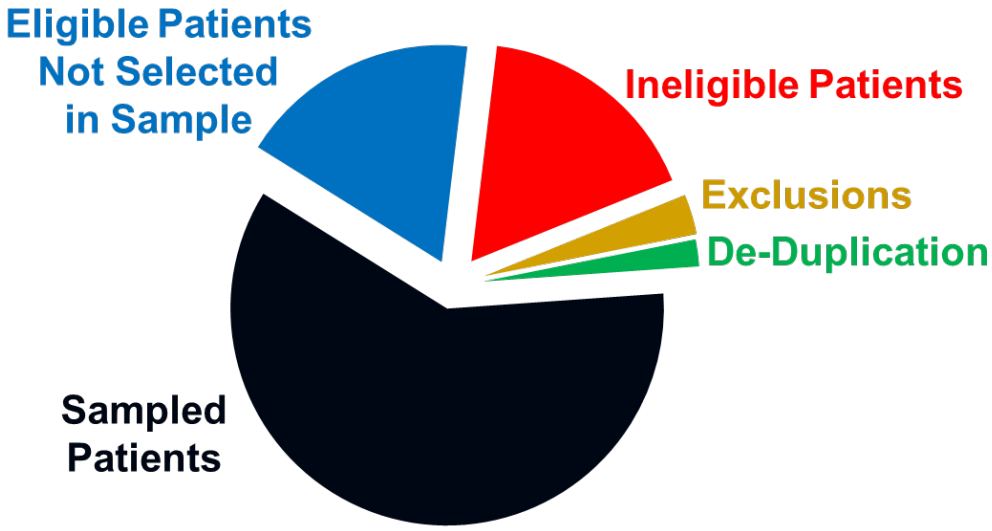
Step D: Perform De-Duplication



Step E: HCAHPS Sample Frame



Step F: Draw Sample



MS-DRG Codes and Service Line Categories

Each patient who is included in the HCAHPS Survey administration must be assigned to one of three service line categories: (1) Maternity Care; (2) Medical; or (3) Surgical. The preferred method of assignment to the service line categories is based on the patient's V.34 MS-DRG code at discharge. Alternatively, CMS currently allows other methods of determining service line, which include the following: V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 codes based on payer source; ICD-10 codes; ICD-9 codes; hospital unit; APR-DRG codes/New York State DRGs; a mix of MS-DRG and APR-DRG codes. **Regardless of the methodology used, the hospital/survey vendor must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS service lines.** The HCAHPS Survey data are patient-mix adjusted by service line, though not publicly reported by service line.

A missing MS-DRG code does not exclude a patient from being drawn into the sample frame. Until the MS-DRG code is available, an interim service line designation of "Missing" should be assigned to such patients. The patient's service line should be updated as soon as the MS-DRG code becomes available. While awaiting the determination of service line (and the patient is otherwise eligible for HCAHPS), the patient should be presumed eligible for HCAHPS sampling and survey administration.

If a patient is determined to be ineligible after the sample is drawn but prior to administration of the survey, do not survey that patient, and do not remove or replace that patient in the sample. The patient is assigned "Final Survey Status" code "3 – Ineligible: Not in eligible population." If a patient is surveyed and then found to be ineligible, the patient is assigned "Final Survey Status" code "3 – Ineligible: Not in eligible population." For additional information regarding final survey status, see the *Data Specifications and Coding* chapter.

Hospitals that do not use one of the allowed methods listed above to determine service line must submit an Exceptions Request Form (online) requesting approval to use other means of determining patient service line categories. Survey vendors must submit the Exceptions Request Form (online) on behalf of their client hospitals. For further information on the process of applying for an exception, see the *Exceptions Request/Discrepancy Report Processes* chapter.

The following table provides the list of V.34 MS-DRG codes implemented with discharges occurring on or after October 1, 2016 in the IPPS Final Rule (CMS-1655-CN3). This table can be used to classify patients into one of the three major categories (Maternity Care, Medical or Surgical). The information in this table is updated to reflect changes to MS-DRG codes as published in the Federal Register Notice approximately two times per year. Please visit the HCAHPS Web site (http://www.hcahpsonline.org) for the most current information.

Note: It is strongly recommended that hospitals/survey vendors assign the Service Line based on the hospital information (e.g., patient MS-DRG code at discharge).

- *Survey vendors: If client hospitals assign the Service Line, then the survey vendors must validate that the Service Line is assigned appropriately and is in accordance with the service line determination methodology identified in the "Determination of Service Line" field.*

Table of V.34 MS-DRG Codes and Service Line Categories[10]

HCAHPS Sampling Protocol Service Line – MS-DRG Crosswalk for HCAHPS		
MS-DRG	**Service Line**	**Eligible for HCAHPS**
765-768, 774-775 *Note: While the Federal Register classifies these codes as medical or surgical, for HCAHPS they are to be coded as Maternity Care.*	1 = Maternity Care	Yes
52-103, 121-125, 146-159, 175-208, 280-282, 286-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-700, 722-730, 754-761, 776-782, 808-816, 834-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977	2 = Medical	Yes
1-8, 10-14, 16-17, 20-42, 113-117, 129-139, 163-168, 215-229, 231-236, 239-274, 326-358, 405-425, 453-483, 485-489, 492-520, 570-585, 614-630, 652-675, 707-718, 734-750, 769-770, 799-804, 820-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-989	3 = Surgical	Yes
283-285, 789-795, 876, 880-887, 894-897, 945-946, 998-999	Ineligible	No
A missing MS-DRG code does not exclude a patient from being drawn into the sample frame.	M = Missing	Yes

*Note: Ineligible MS-DRGs include patients with MS-DRGs for **newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRGs with no assigned type**.*

If a patient with an ineligible MS-DRG code from the above table is drawn into the sample, please code the Final Survey Status, as "3 – Ineligible: Not in eligible population."

Please verify that the hospital is not using any of the ineligible MS-DRG codes as a "filler" code (e.g., 999) prior to obtaining the final billing MS-DRG code.

If patient service line is unknown at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame.

[10] **This table of MS-DRG codes is based on Table 5 of the FY 2017 Federal Register Notice, Vol. 81, No. 162 / Friday, August 22, 2016.**

Mail Only Survey Administration

Overview

This chapter describes guidelines for the Mail Only mode of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled discharged patients must be initiated between 48 hours and six weeks (42 calendar days) after discharge. Hospitals/Survey vendors must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after his or her hospital stay. Patients must **not** be given the survey while they are still in the hospital.

Hospitals/Survey vendors will send sampled patients a first questionnaire with a cover letter. A second questionnaire with a follow-up cover letter **must** be sent to all sampled patients who did not respond to the first questionnaire, approximately 21 calendar days after the first questionnaire mailing.

Note: If after the first mailing the hospital/survey vendor learns that a sampled patient is ineligible for HCAHPS, the hospital/survey vendor must not send the patient the second questionnaire. ***After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned a "Final Survey Status" code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be closed out for a sampled patient by six weeks (42 calendar days) following the mailing of the first questionnaire. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Mail" field in the Patient Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "1 – Mail Only." This field captures the mail wave attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding of the survey attempts field is presented in the *Data Specifications and Coding* chapter.

Hospitals/Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contacts with potential respondents until the data collection protocol is completed.

No proxy respondents are permitted in the administration of the HCAHPS Survey, not even for patients who are critically ill, elderly, physically, or mentally impaired. As stated above, a proxy respondent must not answer the survey questions for the patient; however, an individual may assist the patient with reading the survey, writing responses or translation of the survey, but only the patient may provide answers to the survey.

The basic tasks and timing for conducting the HCAHPS Survey using the Mail Only mode of survey administration are summarized below.

Mail Only Survey Administration
Send first questionnaire with initial cover letter to sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge.
Send second questionnaire with follow-up cover letter to non-respondent(s) approximately 21 calendar days after the first questionnaire mailing.
Complete data collection within six weeks (42 calendar days) of the first questionnaire mailing.
Submit final data files to CMS via the QualityNet Secure Portal by the data submission deadline. No files will be accepted after the submission deadline date.

To reiterate, the initial mail-out of the survey must occur between 48 hours and six weeks (42 calendar days) after discharge. Data collection must then be completed no later than six weeks (42 calendar days) after the initial mail-out. To illustrate the timing of survey mail-out, three examples are provided of patients who were discharged from a hospital on July 1.

Example Patient 1:

- The first survey is mailed out on July 4 (three days after discharge)
- If the patient has not returned the survey by July 25 (21 days after the initial mailing on July 4), a second survey is mailed out
- Data collection must be closed out on August 15 for this patient, which is six weeks (42 days) from the July 4 initial mail-out date:
  - If the survey is returned on August 15, which is the last day of the survey administration time period for this patient, then the survey is included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time (See the *Data Specifications and Coding* chapter) for this patient is calculated as 45 days
  - If the survey is returned after August 15 (August 16, for example), which is beyond the six weeks (42 days) survey administration time period for this patient, then the survey data are not included in the final survey data file (however, an administrative data record is submitted for this patient) and a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" is assigned
    - Lag Time for this patient is calculated and entered as the number of days between the patient's discharge from the hospital and the date that data collection activities ended for this patient. Lag time for this patient is calculated as 46 days.

Example Patient 2:

- The first survey is mailed out on August 12 (42 days after discharge)
- If the patient has not returned the survey by September 2 (21 days after the initial mailing on August 12), a second survey is mailed out
- Data collection must be closed out on September 23 for this patient, which is six weeks (42 days) from the August 12 initial mail-out date:
  - If the survey is received on September 23, which is the last day of the survey administration time period for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time for this patient is calculated as 84 days
  - If the survey is received after September 23, (September 24, for example) which is beyond the six week (42 days) survey administration time period for this patient, then the survey data are not included in the final survey data file (however, an administrative data record is submitted for this patient) and a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" is assigned
    - Lag Time for this patient is calculated and entered as the number of days between the patient's discharge from the hospital and the date that data collection activities ended for this patient. Lag time for this patient is calculated as 85 days.

Example Patient 3:

- The first survey is mailed out on August 12 (42 days after discharge)
- If the patient has not returned the survey by September 2 (21 days after the initial mailing on August 12), a second survey is mailed out
- If the patient has not returned a survey by September 23, then data collection must be closed out on September 23 for this patient, which is six weeks (42 days) from the August 12 initial mail-out date:
  - If the survey is received on September 23, which is the last day of the survey administration time period for this patient, and there is evidence received on September 23 that the patient is deceased (e.g., the words "deceased" written on the survey, etc.) then the survey data are not included in the final survey data file (however, an administrative data record is submitted for this patient) and the "Final Survey Status" code of "2 – Ineligible: Deceased" is assigned
    - Lag Time for this patient is calculated and entered as 84 days

Note: The timing of the survey administration protocol begins with the first mailing and does not restart if another "first mailing" is sent to the patient due to an address correction/update. Therefore, data collection must still be closed out by six weeks (42 calendar days) following the original first mailing.

Production of Questionnaire and Related Materials

The Mail Only mode of survey administration may be conducted in English, Spanish, Chinese, Russian, Vietnamese, or Portuguese. Hospitals/Survey vendors are provided with the HCAHPS questionnaires in English, Spanish, Chinese, Russian, Vietnamese, and Portuguese (Appendices A through F), and sample initial and follow-up cover letters in English, Spanish, Chinese, Russian, Vietnamese, and Portuguese (Appendices A through F). Hospitals/Survey vendors are not permitted to make or use any other translations of the HCAHPS cover letters or questionnaires. We strongly encourage hospitals with a significant patient population that speaks Spanish, Chinese, Russian, Vietnamese, and Portuguese to offer the HCAHPS Survey in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire. (See Appendices A through F for the exact language in English, Spanish, Chinese, Russian, Vietnamese, and Portuguese.) In addition, the OMB control number (OMB #0938-0981) must appear on the front page of the questionnaire.

To reinforce the requirement that no one other than the sampled patient completes the survey, language must be included in the questionnaire, and optionally in the cover letter(s), clearly stating that only the sampled patient may fill out the survey.

Each hospital/survey vendor will submit a sample of their HCAHPS mailing materials (questionnaires, cover letters and outgoing envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V12.0* updates for review by the HCAHPS Project Team.

Required for the Mail Questionnaire

The Core HCAHPS questions must be placed at the beginning of the survey. The "About You" HCAHPS questions and any hospital-specific supplemental questions must follow the Core HCAHPS questions (Questions 1-25). The order of the "About You" questions must not be altered and all the "About You" questions must remain together, even if they are placed before or after any hospital-specific supplemental questions. The "About You" questions cannot be eliminated from the questionnaire.

Hospitals/Survey vendors must adhere to the following specifications for questionnaire formatting and the production of mail materials:

Questions and Answer Categories

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core HCAHPS questions
- No changes are permitted in the order of the "About You" HCAHPS questions, even if they are placed before or after any supplemental questions
- No changes are permitted in the order of the response categories for either the Core or "About You" HCAHPS questions
- The Core HCAHPS questions must remain together
- The "About You" HCAHPS questions must remain together

- Question and answer categories must remain together in the same column and on the same page
- Response choices must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting

- Wording that is underlined in the questionnaire provided in the HCAHPS *Quality Assurance Guidelines* must be emphasized in the same manner in the hospital's/survey vendor's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire and must be capitalized
- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

Other Requirements

- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we do not have to send you reminders.")* must be printed either immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Hospitals/Survey vendors may add other identifiers on the questionnaire for tracking purposes (e.g., unit identifiers, etc.). The patient's name must not be printed on the questionnaire.
- The OMB control number (OMB #0938-0981) must appear on the front page of the questionnaire
- The OMB language must appear on either the front or back page of the questionnaire or on the cover letter, and may appear on both, in a readable font size at a minimum of 10-point (See Appendices A through F for the exact text in English, Spanish, Chinese, Russian, Vietnamese, and Portuguese); however, the OMB language cannot be printed on a separate piece of paper
- The hospital's/survey vendor's return address must be printed on the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
    - If the hospital's/survey vendor's name is included in the return address, then the hospital's/survey vendor's business name must be used, not an alias or tag line

*Note: Hospitals/Survey vendors **must** include the following copyright statement, preferably on the last page of the survey. The text "the About You questions" may be substituted for "26-32":*

- *"Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

Optional for the Mail Questionnaire

Hospitals/Survey vendors have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below.

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/ telephone number as long as the name/telephone number items are placed after the Core HCAHPS questions. A transition statement must be placed before this item.
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- It is optional to place the title "HCAHPS Survey" on the questionnaire
- The phrase "Use only blue or black ink" may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 21
  - "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."
- Page numbers may be included on the questionnaire
- Color may be incorporated in the questionnaire
- The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated
- Language such as one of the following may be added in the footer of the survey:
  - Continue on next page
  - Continue on reverse side
  - Turn over to continue
  - ➔ to continue
  - Continue on back
  - Turn over

Hospitals/Survey vendors should consider incorporating the following recommendations in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Two-column format that is used in Appendices A through F
- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Hospitals that choose to use their existing hospital survey in addition to the HCAHPS Survey have two options for mailing: 1) add the hospital's existing survey to the end of the HCAHPS Survey; or 2) send two separate mailings, one containing the HCAHPS Survey and another containing the hospital-specific survey.

Supplemental Questions

Hospitals/Survey vendors may add a reasonable number of hospital-specific supplemental questions to the HCAHPS Survey, following the guidelines described below:

- Hospital-specific supplemental questions or a hospital's existing survey are added after the Core HCAHPS questions (Questions 1-25) or at the end of all the HCAHPS Survey questions (Questions 1-32). This approach will ensure that the survey is conducted consistently across participating hospitals and that data across hospitals are comparable.
  - When supplemental questions are placed in between the Core HCAHPS questions and the "About You" questions, the "ABOUT YOU" heading must be placed prior to the "About You" questions
- The "About You" section (Questions 26-32) of the HCAHPS Survey must be placed anywhere after the Core HCAHPS questions (Questions 1-25)
- Supplemental questions should be integrated into the HCAHPS Survey and not be a separate insert
  - If the supplemental questions are printed on a separate sheet, then they must follow the "About You" questions
- Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions regardless of whether the supplemental questions are placed between the Core HCAHPS questions and the "About You" questions and/or after the "About You" questions. Examples of transitional phrases are as follows:
  - *"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 slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from Hospital X."*
  - *"This next set of questions is to provide the hospital additional feedback about your hospital stay."*
- If a client hospital requests that a survey vendor include a supplemental item as part of the HCAHPS Survey asking the patient to provide their name, telephone number or other contact information, the survey vendor is required to include explanatory text. This text must be placed before the requested information and state the purpose for the patient to optionally provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your name and telephone number. This information is not required."*
  - *"By providing your name and telephone number you may be contacted by the hospital regarding your survey responses. This information is not required."*

Hospitals/Survey vendors must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length, and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient's social security number, etc.)

- ask the patient to explain why he or she chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added is left to the discretion of the hospital/survey vendor. The hospital/survey vendor must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix Q).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Cover Letters

Hospitals/Survey vendors may adapt the sample cover letters provided (see Appendices A through F) or compose their own cover letters. In either case, hospitals/survey vendors must follow the guidelines described below when altering the cover letter templates provided in this manual.

Required for the Cover Letter

- The cover letter must be printed on the hospital's or survey vendor's letterhead and must include the signature of the hospital administrator or survey vendor project director
  - An electronic signature is permissible
- The wording indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
- The following items must be included in the body of the cover letter:
  - Name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.
  - Wording indicating the purpose of the survey: "Questions 1-25 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals."
  - Wording indicating that answers may be shared with the hospital for the purpose of quality improvement
  - An explanation that participation in the survey is voluntary
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letters.
  - Wording stating that the patient's health benefits will not be affected by participation in the survey
  - A customer support telephone number for hospitals self-administering the survey and a toll-free customer support telephone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own telephone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support telephone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support

telephone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support telephone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.

- The OMB language (Appendices A through F) must appear on either the questionnaire or cover letter, and may appear on both, in a readable font at a minimum of 10-point
- Cover letters must **not**:
  - be attached to the survey; doing so could compromise confidentiality
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
  - indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
  - offer incentives of any kind for participation in the survey
  - include any content that attempts to advertise or market the hospital's mission or services
  - offer patients the opportunity to complete the survey over the telephone
  - include any promotional or marketing text

Optional for the Cover Letter

- Use of the Spanish, Chinese, Russian, Vietnamese, or Portuguese cover letters is allowed if the hospital/survey vendor is sending a Spanish, Chinese, Russian, Vietnamese, or Portuguese questionnaire to the patient
- Information may be added to the cover letters (in English, Spanish, Chinese, Russian, Vietnamese, or Portuguese) that indicates that the patient may request a mail survey in English, Spanish, Chinese, Russian, Vietnamese, or Portuguese
- Hospital's/Survey vendor's return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the hospital's/survey vendor's name is included in the return address, then the hospital's/survey vendor's business name must be used, not an alias or tag line
- Any instructions that appear on the survey may be repeated in the cover letter

Note: Any variations to the questionnaire and/or cover letters, other than the optional items listed above, will require an approved Exceptions Request prior to survey administration (see the Exceptions Request/Discrepancy Report Processes chapter).

Mailing of Materials

The envelope in which the survey is mailed out (outgoing envelope) must be printed with the hospital's/survey vendor's address as the return address. The outgoing envelope must not be printed with any banners such as "Important Information Enclosed," Please Reply Immediately" or messages such as, "Important Information from the Centers for Medicare & Medicaid

Services Enclosed." The outgoing envelope may be printed with the hospital or survey vendor logo or both. In addition, hospitals/survey vendors may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient.

Hospitals/Survey vendors must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Hospitals/Survey vendors must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded "9 – Non-response: Bad address.") Hospitals/Survey vendors must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
    - Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, hospitals/survey vendors must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.
- Self-addressed, stamped business return envelopes must be enclosed in the survey envelope along with the cover letter and questionnaire. The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope.
- All mailings must be sent to each patient by name, and to the patient's most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire (either after the first or second mailing) hospitals/survey vendors must follow the guidelines below:
    - It is acceptable to mail a replacement survey at the patient's request within the 42 calendar day survey administration period; however, the survey administration timeline does not restart
    - After 42 calendar days from the first mailing, a replacement HCAHPS Survey must NOT be mailed-out, as the data collection timeframe of 42 calendar days after the first mailing has expired

Hospitals/Survey vendors are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- mail any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaires), send a second survey to the patient if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal." If the second mailing is not returned, then code the "Final Survey Status" as "8 – Non-response: Non-response after maximum attempts."

Note: When the first survey is not returned, the second survey is mailed and subsequently the second mailed survey is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal."

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention

Hospitals/Survey vendors may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt as well as key-entered or scanned in a timely manner. If a patient returns two survey questionnaires, the hospital/survey vendor must use only the first HCAHPS Survey received.

Hospitals/Survey vendors must maintain a crosswalk of their interim disposition codes to the HCAHPS Final Survey Status codes and include the crosswalk in the hospital's/survey vendor's QAP.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Mail" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "1 – Mail Only." Hospitals/Survey vendors must document the "Number Survey Attempts – Mail" for the mail wave in which the "Final Survey Status" is determined. For example, if a survey is returned from the first mailing then the "Number of Survey Attempts – Mail" would be coded "1 – First wave mailing." When a survey is returned from the second mailing, then the "Number Survey Attempts – Mail" would be coded "2 – Second wave mailing." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Mail" field.

Hospitals/Survey vendors must follow the data entry decision rules and data storage requirements described below.

Key-entry

Hospitals'/Survey vendors' key-entry processes must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: Hospitals/Survey vendors must have a plan and process in place to verify the accuracy of key-entered data. Hospitals/Survey vendors must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Online Data Entry Tool download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Online Data Entry Tool.

Scanning

Hospitals'/Survey vendors' scanning software must accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: Hospitals/Survey vendors must have a plan and process in place to confirm the accuracy of scanned data. Hospitals/Survey vendors must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules

Whether employing scanning or key-entry of mail questionnaires, hospitals/survey vendors must use the following decision rules to resolve common ambiguous situations. Hospitals/Survey vendors must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't know"
- If a mark is missing, code the value for the item as "M – Missing/Don't know." Hospitals/Survey vendors must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't know" (except for survey Question 31, *"What is your race? Please choose one or more."*)

  *Note: In instances where there are multiple marks **but** the patient's intent is clear, hospitals/survey vendors should code the survey with the patient's **clearly identified** intended response.*

Data Storage

Hospitals/Survey vendors must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable.

Quality Control Guidelines

Hospitals/Survey vendors are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Hospitals/Survey vendors must conduct on-site verification of printing and mailing processes, regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

To avoid mail administration errors and to make certain that questionnaires are delivered as required, hospitals/survey vendors must:

- perform interval checking of printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet

- assurance that all printed materials in a mailing envelope have the same unique identifier
- inclusion of all eligible sampled patients in the sample mailing for that month

➢ include seeded mailings in mail-outs at a minimum on a quarterly basis
- seeded mailings are sent to designated hospital/survey vendor HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and the quality of the printed materials
- seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff

➢ perform address updates for missing or incorrect information
- Attempts must be made to update address information to confirm accuracy and correct formatting
- In addition to working with client hospitals to obtain the most current patient contact information, hospitals/survey vendors must employ other options, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
  - Commercial software
  - Internet search engines

*Note: Hospitals/Survey vendors **must** retain a record of all quality control activities and document these activities in the hospital's/survey vendor's QAP. All materials relevant to survey administration are subject to review.*

Telephone Only Survey Administration

Overview

This chapter describes guidelines for the Telephone Only mode of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled discharged patients must be initiated between 48 hours and six weeks (42 calendar days) after discharge. Hospitals/Survey vendors must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after his or her hospital stay. The HCAHPS Survey must **not** be administered while the patient is still in the hospital. A total of five telephone attempts must be made to contact non-respondents.

Note: If the hospital/survey vendor learns that a sampled patient is ineligible for HCAHPS, the hospital/survey vendor must not make further attempts to contact that patient. ***After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be closed out for a sampled patient by six weeks (42 calendar days) following the first call attempt. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls. Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Telephone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "2 – Telephone Only." This field captures the telephone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and the coding of the survey attempts field is presented in the *Data Specifications and Coding* chapter.

Hospitals/Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

No proxy respondents are permitted in the administration of the HCAHPS Survey, not even for patients who are critically ill, elderly, physically or mentally impaired, or do not speak the language in which the survey is being administered (i.e., English, Spanish, Chinese, or Russian). As stated above, a proxy respondent must not answer the survey questions for the patient.

However, an individual may assist the patient by repeating questions, but only the patient may provide answers to the survey.

The basic tasks and timing for conducting the HCAHPS Survey using the Telephone Only mode of survey administration are summarized below.

Telephone Only Survey Administration
Initiate systematic telephone contact with sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge.
Complete telephone sequence so that a total of five telephone calls are attempted at different times of the day, on different days of the week and in different weeks within the six weeks (42 calendar days) after initiation of the survey (initial contact). The five telephone call attempts must span more than one week (eight or more days) to account for patients who are temporarily unavailable. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
Submit final data files to CMS via the QualityNet Secure Portal by the data submission deadline. No files will be accepted after the submission deadline date.

To reiterate, the first telephone attempt must occur between 48 hours and six weeks (42 calendar days) after discharge. Data collection must then be completed no later than six weeks (42 calendar days) after the initial telephone attempt. To illustrate the timing of the telephone attempts, three examples are provided of patients who were discharged from a hospital on July 1.

Example Patient 1:

- The first telephone attempt is made on July 4 (three days after discharge)
- Data collection must be closed out by August 15 for this patient, which is six weeks (42 days) from the July 4 first telephone attempt date:
  - If a telephone interview is completed on August 15, which is the last day of the survey administration time period for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the Data Specifications and Coding chapter
    - Lag Time (See the *Data Specifications and Coding* chapter) for this patient is calculated as 45 days
  - If the survey is mistakenly completed after August 15 (August 16, for example), which is beyond the six weeks (42 days) survey administration time period for this patient, then the survey data are not included in the final survey data file (**however, an administrative data record is submitted for this patient**) and a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" is assigned
    - Lag Time for this patient is calculated and entered as 46 days

Example Patient 2:

- The first telephone attempt is made on August 12 (42 days after discharge)
- Data collection must be closed out by September 23 for this patient, which is six weeks (42 days) from the August 12 first telephone attempt date
  - If a telephone interview is completed on September 23, which is the last day of the survey administration time period for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time for this patient is calculated as 84 days

Example Patient 3:

- The first telephone attempt is made on August 12 (42 days after discharge)
- Data collection must be closed out on September 23 for this patient, which is six weeks (42 days) from the August 12 first telephone attempt date:
  - If the patient is reached on the fifth attempt on September 21 and the patient refuses to participate in the HCAHPS Survey, then the survey data are not included in the final survey data file (**however, an Administrative Data Record is submitted for this patient)** and the "Final Survey Status" code of "7- Non-response: Refusal" is assigned
    - Lag Time for this patient is calculated and entered as 82 days

Hospitals/Survey vendors must make every reasonable effort to achieve optimal telephone response rates by thoroughly familiarizing interviewers with the study purpose; carefully supervising interviewers; retraining those interviewers having difficulty enlisting cooperation; and re-contacting reluctant respondents with different interviewers at different times until the final data collection protocol is completed.

Telephone Interviewing Systems

Telephone Script

Hospitals/Survey vendors are provided standardized telephone scripts in English, Spanish, Chinese, and Russian (Appendices G through J) for HCAHPS Survey administration. These telephone scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" Hospitals/Survey vendors are not permitted to make or use any other language translations of the HCAHPS telephone scripts. We strongly encourage hospitals with a significant patient population that speaks Spanish, Chinese or Russian to offer the HCAHPS Survey in these languages.

Each hospital/survey vendor must submit a copy of their HCAHPS telephone script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Telephone Script

The Core HCAHPS questions (Questions 1-25) must be placed at the beginning of the survey. The "About You" HCAHPS questions and any hospital-specific supplemental questions must follow the Core HCAHPS questions. The order of the "About You" questions must not be altered and all the "About You" questions must remain together, regardless of whether they are placed before or after any hospital-specific supplemental questions. The "About You" questions cannot be eliminated from the questionnaire.

Programming of the telephone scripts must follow the guidelines described below:

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core HCAHPS questions
- No changes are permitted in the order of the "About You" HCAHPS questions, even if they are placed before or after any supplemental questions
- No changes are permitted in the order of the answer categories for the Core and "About You" HCAHPS questions
- The Core HCAHPS questions must remain together
- The "About You" HCAHPS questions must remain together
- All underlined content must be emphasized
    - No other script content is to be emphasized; in particular, response options must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The hospital/survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
    - The transitional statements found throughout the telephone script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 10 (Q10_Intro): "The next questions are about your experiences in this hospital."
    - Do not program a specific response category as the default option
    - Survey vendors that subcontract call center services must instruct interviewers, if asked who is calling, to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Hospitals/Survey vendors **must** include the following copyright statement on any printed materials containing the HCAHPS telephone script, preferably at the end of the telephone script. The text "the About You questions" may be substituted for "26-32":*

- *"Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

Hospitals/Survey vendors must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey.

Supplemental Questions

Hospitals/Survey vendors may add a reasonable number of hospital-specific supplemental questions to the HCAHPS Survey, following the guidelines described below:

- Hospital-specific supplemental questions or a hospital's existing survey are added after the Core HCAHPS questions (Questions 1-25) or at the end of all the HCAHPS Survey questions (Questions 1-32). This approach will ensure that the survey is conducted consistently across participating hospitals and that data across hospitals are comparable.
  - When supplemental questions are placed in between the Core HCAHPS questions and the "About You" questions, the following transition phrase must be placed before the "About You" questions: "This next set of questions is about you."
- The "About You" section (Questions 26-32) of the HCAHPS Survey must be placed anywhere after the Core HCAHPS questions (Questions 1-25)
- Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions regardless of whether the supplemental questions are placed between the Core HCAHPS questions and the "About You" questions and/or after the "About You" questions. Examples of transitional phrases are as follows:
  - *"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 slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from Hospital X."*
  - *"This next set of questions is to provide the hospital additional feedback about your hospital stay."*
- If a client hospital requests that a survey vendor include a supplemental item as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text. This text must be placed before the requested information and state the purpose for the patient to optionally provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information you may be contacted by the hospital regarding your survey responses. This information is not required."*

Hospitals/Survey vendors must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length, and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient's social security number, etc.)
- ask the patient to explain why he or she chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added is left to the discretion of the hospital/survey vendor. The hospital/survey vendor must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix Q).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Interviewing Systems

Two methods exist for telephone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The hospital/survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the telephone interview.
    - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
        - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
        - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
    - Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only [HOSPITAL NAME].
2. Manual data collection is permitted only for hospitals that are self-administrating the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the telephone and records answers on paper.

Monitoring/Recording Telephone Calls

When calling patients who reside in California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Pennsylvania, and Washington, hospitals/survey vendors may begin the monitoring/recording of telephone calls after the interviewer states, "*This call may be monitored [recorded] for quality improvement purposes*." This statement is found at the end of the INTRO section of the HCAHPS Telephone Script located in Appendices G through J.

Telephone Attempts

Hospitals/Survey vendors must attempt to reach each and every patient in the sample. Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A telephone attempt is defined as one of the following:

- The telephone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the telephone or has a new telephone number. The interviewer must not leave a message.
- The interviewer reaches the patient but is asked to call back at a more convenient time
  - The call back should be scheduled at the patient's convenience, if at all possible
- The interviewer gets a busy signal
  - At the discretion of the hospital/survey vendor a telephone attempt can consist of three consecutive telephone attempts made at approximately 20-minute intervals

Sampled patients are to be called up to five times unless the sampled patient completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the patient is unavailable for any reason, the interviewer must not conduct the interview with a proxy
- If the hospital/survey vendor learns that a patient is ineligible for HCAHPS, that patient must not receive any further telephone attempts

Hospitals/Survey vendors must adhere to the following guidelines in their attempts to contact patients:

- Telephone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the hospital/survey vendor will contact the patient

  Note: More than one telephone attempt may be made in a week (seven calendar days). However, the five telephone attempts cannot be made in only one week (seven calendar days). The five call attempts must span more than one week (eight or more days).

- Patients who call back after an initial contact can be scheduled for interviews or forwarded to an available HCAHPS interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient's privacy. Hospitals/Survey vendors must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a telephone survey already in progress, a call back should be scheduled. At the time of the call back, the interview should resume with the next question where the patient left off from the previous call.

- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 42 calendar day data collection time period. If on the call back at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Telephone attempt" for data submission.

  Note: The HCAHPS Project Team strongly recommends that, when requested, telephone call back scheduling accommodate a patient's request for a specific day and time in order to ensure a reasonable response rate for the hospital.

Hospitals/Survey vendors must take the following steps to contact **difficult to reach patients**:

- If the patient's telephone number is incorrect, make every effort to find the correct telephone number. If the person answering the telephone knows how to reach the patient, the new information must be used.
- If the patient is away temporarily, he or she must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for his or her time and terminate the interview
- If the patient is temporarily ill or readmitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the patient is unavailable for any reason, the interviewer must not conduct the interview with a proxy
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Obtaining and Updating Telephone Numbers

Hospitals/Survey vendors normally obtain telephone numbers from the hospital's patient discharge records. Hospitals/Survey vendors must use commercial software or other means to update telephone numbers provided by the hospital for sampled patients. Requisite attempts must be made to contact every eligible patient in the sample, whether or not there is a complete and correct telephone number for the patient when the sample is created. Hospitals/Survey vendors must retain a record of attempts to acquire missing telephone numbers. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, hospitals/survey vendors must employ various options for updating telephone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

Data Receipt and Retention

Hospitals/Survey vendors must record the date of the telephone interview and must link survey responses from the telephone interview to their survey management system, regardless of the interviewing system employed. Hospitals/Survey vendors must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the hospital's/survey vendor's QAP.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Telephone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "2 – Telephone Only." Hospitals/Survey vendors must document the "Number Survey Attempts – Telephone" for the telephone attempt in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth telephone attempt then the "Number Survey Attempts – Telephone" would be coded as "4 – Fourth Telephone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Telephone" field.

Electronic Telephone Interviewing System

The electronic telephone interviewing system employed by hospitals/survey vendors must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the telephone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  - *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
  - *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the telephone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Online Data Entry Tool download Excel

spreadsheets containing entered data and compare entered data to the original survey completed by the telephone interviewer. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Online Data Entry Tool.

- Scanning
  - *Unique record verification system*: The survey management system performs a check to confirm that the survey responses have not already been entered in the survey management system
  - *Valid range checks*: The software identifies invalid or out-of-range responses
  - *Validation*: The hospital must perform checks to verify that scanned data accurately capture the responses on the original survey completed by the telephone interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Data Storage

The following data storage guidelines must be followed for HCAHPS telephone surveys:

- Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
- Data collected manually by telephone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of telephone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

Quality Control Guidelines

Hospitals/Survey vendors are responsible for the quality of work performed by any staff members and subcontractor(s). Hospitals/Survey vendors must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the telephone survey must be trained prior to interviewing (see Appendix M for more information on interviewing guidelines).

- Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  - During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir

- Interviewers must be trained to read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Interviewers must be trained to read response options exactly as worded and at an even pace without emphasis on any particular response category
- Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
- In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
- Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
- Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If a hospital/survey vendor uses a subcontractor to conduct telephone interviewing, then the hospital/survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to confirm compliance with HCAHPS protocols and guidelines.

Telephone Monitoring and Oversight

Each hospital/survey vendor employing the Telephone Only mode of survey administration must institute a telephone monitoring and evaluation program. The telephone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Hospitals/Survey vendors must monitor at least 10 percent of all HCAHPS interviews, dispositions and call attempts in their entirety (across all translations in which the survey is administered) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls on-site and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Additionally, it is strongly encouraged that hospitals/survey vendors provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the telephone interviewers.
- For hospitals using manual data collection, supervisors must observe at least 10 percent of all HCAHPS interviews and call attempts in their entirety when silent monitoring is not an option
- Hospitals/Survey vendors using a subcontractor must monitor at least 10 percent of the subcontractor's HCAHPS telephone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

  Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS telephone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys. The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their telephone interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as

each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently, must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Hospitals/Survey vendors **must** retain a record of all quality control activities and document these activities in the hospital's/survey vendor's QAP. All materials relevant to survey administration are subject to review.*

Mixed Mode Survey Administration

Overview

This chapter describes guidelines for the Mixed Mode of the CAHPS Hospital Survey (HCAHPS) administration, which is a combination of an initial mailing of the questionnaire with telephone follow-up.

Data collection for sampled discharged patients must be initiated between 48 hours and six weeks (42 calendar days) after discharge. Hospitals/Survey vendors must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after his or her hospital stay. Patients must **not** be given the survey while they are still in the hospital.

Hospitals/Survey vendors must send sampled patients a questionnaire with a cover letter, then approximately 21 calendar days after mailing the questionnaire conduct a maximum of five telephone attempts to non-respondents.

*Note: Reversing the protocol (telephone attempts followed by mail attempt) is **not** allowed*

Note: If the hospital/survey vendor learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. ***After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be closed out for a sampled patient by six weeks (42 calendar days) following the mailing of the questionnaire. If the patient did not return a mail survey and it is known that the patient may be available in the latter part of the 21 calendar day telephone component of the data collection time period and there would be an opportunity to reach the patient closer to the end of the telephone component of the data collection time period, then hospitals/survey vendors must use the entire 21 calendar day telephone component data collection time period to schedule telephone calls. Telephone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Telephone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "3 – Mixed Mode" and "Survey Completion Mode" is "2 – Mixed Mode-phone." If the survey is completed/dispositioned during the telephone phase of the Mixed Mode, the "Number Survey Attempts- Telephone" captures the telephone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and survey attempts field is presented in the *Data Specifications and Coding* chapter.

Hospitals/Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

No proxy respondents are permitted in the administration of the HCAHPS Survey, not even for patients who are critically ill, elderly, physically or mentally impaired, or do not speak the language in which the survey is being administered (i.e., English, Spanish, Chinese, or Russian). As stated above, a proxy must not answer the survey questions for the respondent; however, an individual may assist the patient with reading the survey, writing responses, or translation of the survey, but only the patient may provide answers to the survey.

The basic tasks and timing for conducting the HCAHPS Survey, using the Mixed Mode of survey administration, are summarized below.

Mixed Mode Survey Administration
Send mail questionnaire with cover letter to sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge.
Initiate systematic telephone contact for all non-respondents approximately 21 calendar days after mailing the questionnaire.
Over the next 21 calendar days, five telephone calls must be attempted at different times of the day, on different days of the week and in different weeks. The five telephone call attempts must span more than one week (eight or more days) to account for patients who are temporarily unavailable. If it is known that the patient may be available in the latter part of the 21 calendar day telephone component data collection time period (e.g., the patient is on vacation the first 2 weeks of the 21 calendar day telephone component of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period) then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
Submit final data files to CMS via the QualityNet Secure Portal by the data submission deadline. No files will be accepted after the submission deadline date.

To reiterate, the mail-out of the survey must occur between 48 hours and six weeks (42 calendar days) after discharge. Data collection then must be completed no later than six weeks (42 calendar days) after the mailing of the questionnaire. To illustrate the timing of survey mail-out and telephone follow-up, three examples are provided of patients who were discharged from a hospital on July 1.

Example Patient 1:

- The survey is mailed out on July 4 (three days after discharge)
- If the patient has not returned the survey by July 25 (21 days after the initial mailing on July 4), telephone contact must be initiated
- Data collection must be closed out on August 15 for this patient, which is six weeks (42 days) from the July 4 initial mail-out date:
  - If a telephone interview is completed on August 15, which is the last day of the survey administration time period for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time (See the *Data Specifications and Coding* chapter) for this patient is calculated as 45 days
  - If the survey is mistakenly completed after August 15 (August 16, for example), which is beyond the six weeks (42 days) survey administration time period for this patient, then the survey data are not included in the final survey data file (**however, an Administrative Data Record is submitted for this patient**) and a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" is assigned
    - Lag Time for this patient is calculated and entered as 46 days

Example Patient 2:

- The survey is mailed out on August 12 (42 days after discharge)
- If the patient has not returned the survey by September 2 (21 days after the initial mailing on August 12), telephone contact must be initiated
- If the patient has not returned a survey by September 23, then data collection must be closed out by September 23 for this patient, which is six weeks (42 days) from the August 12 initial mail-out date:
  - If a telephone interview is completed on September 23, which is the last day of the survey administration time period for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time for this patient is calculated as 84 days

Example Patient 3:

- The survey is mailed out on August 12 (42 days after discharge)
- If the patient has not returned the survey by September 2 (21 days after the initial mailing on August 12), telephone contact must be initiated
- If the patient has not returned a survey by September 23, then data collection must be closed out on September 23 for this patient, which is six weeks (42 days) from the August 12 first telephone attempt date:
  - If the patient is reached on the fifth attempt on September 21 and the patient refuses to participate in the HCAHPS Survey, then the survey data are not included in the final survey data file (**however, an Administrative Data Record is submitted for this patient**) and the "Final Survey Status" code of "7- Non-response: Refusal" is assigned
    - Lag Time for this patient is calculated and entered as 82 days

Mail Protocol

This section describes guidelines for the mail phase of the Mixed Mode of survey administration.

Production of Questionnaire and Related Materials

The mail phase of the Mixed Mode of survey administration can be conducted in English, Spanish, Chinese, or Russian. Hospitals/Survey vendors are provided with the HCAHPS questionnaires in English, Spanish, Chinese, and Russian, and sample cover letters in English, Spanish, Chinese, and Russian (Appendices A through D). Hospitals/Survey vendors are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire. We strongly encourage hospitals with a significant patient population that speaks Spanish, Chinese, or Russian to offer the HCAHPS Survey in these languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through D for the exact language in English, Spanish, Chinese, and Russian.) In addition, the OMB control number (OMB #0938-0981) must appear on the front page of the questionnaire.

To reinforce the requirement that no one other than the sampled patient completes the survey, wording must be included in the questionnaire, and optionally in the cover letter, clearly stating that only the sampled patient may fill out the survey.

Each hospital/survey vendor must submit a sample of their HCAHPS mailing materials (questionnaire, cover letter and outgoing envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V12.0 updates* for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Mail Questionnaire

The Core HCAHPS questions (Questions 1-25) must be placed at the beginning of the survey. The "About You" HCAHPS questions and any hospital-specific supplemental questions must follow the Core HCAHPS questions. The order of the "About You" questions must not be altered and all the "About You" questions must remain together, even if they are placed before or after any hospital-specific supplemental questions. The "About You" questions cannot be eliminated from the questionnaire.

Hospitals/Survey vendors must adhere to the following specifications for questionnaire formatting and the production of mailing materials.

Questions and Answer Categories

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core HCAHPS questions
- No changes are permitted in the order of the "About You" HCAHPS questions, even if they are placed before or after any supplemental questions
- No changes are permitted in the order of the response categories for either the Core or "About You" HCAHPS questions
- The Core HCAHPS questions must remain together
- The "About You" HCAHPS questions must remain together

- Question and answer categories must remain together in the same column and on the same page
- Response choices must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting

- Wording that is underlined in the questionnaire provided in the HCAHPS *Quality Assurance Guidelines* must be emphasized in the same manner in the hospital's/survey vendor's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire and must be capitalized
- Survey materials must be in a readable font (i.e. Arial or Times New Roman) with a font size of 10-point at a minimum

Other Requirements

- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we do not have to send you reminders.")* must be printed immediately after the survey instructions or on the cover letter, and may appear on both
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Hospitals/Survey vendors may add other identifiers on the survey for tracking purposes (e.g., unit identifiers, etc.). The patient's name must not be printed on the questionnaire.
- The OMB control number (OMB #0938-0981) must appear on the front page of the questionnaire
- The OMB language must appear on either the front or back page of the questionnaire or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (See Appendices A through D for the exact text in English, Spanish, Chinese, and Russian); however, the OMB language cannot be printed on a separate piece of paper
- The hospital's/survey vendor's return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
    - If the hospital's/survey vendor's name is included in the return address, then the hospital's/survey vendor's business name must be used, not an alias or tag line

*Note: Hospitals/Survey vendors **must** include the following copyright statement, preferably on the last page of the survey. The text "the About You questions" may be substituted for "26-32":*

- *"Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

Optional for the Mail Questionnaire

Hospitals/Survey vendors have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/telephone number as long as the name/telephone number items are placed after the Core HCAHPS questions and the request includes a transition statement
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- It is optional to place the title "HCAHPS Survey" on the questionnaire
- The phrase "Use only blue or black ink" may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 21
  - "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."
- Page numbers may be included on the questionnaire
- Color may be incorporated in the questionnaire
- The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated
- Language such as one of the following may be added in the footer of the survey:
  - Continue on next page
  - Continue on reverse side
  - Turn over to continue
  - ➔ to continue
  - Continue on back
  - Turn over

Hospitals/Survey vendors should consider incorporating the following recommendations in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Two-column format that is used in Appendices A through D
- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Hospitals that choose to use their existing hospital survey in addition to the HCAHPS Survey have two options for mailing: 1) add the hospital's existing survey to the end of the HCAHPS Survey; or 2) send two separate mailings, one containing the HCAHPS Survey and another containing the hospital-specific survey.

Supplemental Questions

Hospitals/Survey vendors may add a reasonable number of hospital-specific supplemental questions to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental questions or a hospital's existing survey are added after the Core HCAHPS questions (Questions 1-25) or at the end of all the HCAHPS Survey questions (Questions 1-32). This approach will ensure that the survey is conducted consistently across participating hospitals and that data across hospitals are comparable.
  - When supplemental questions are placed in between the Core HCAHPS questions and the "About You" questions, the "ABOUT YOU" heading must be placed prior to the "About You" questions
- The "About You" section (Questions 26-32) of the HCAHPS Survey must be placed anywhere after the Core HCAHPS questions (Questions 1-25)
- Supplemental questions should be integrated into the HCAHPS Survey and not be a separate insert
  - If the supplemental questions are printed on a separate sheet, then they must follow the "About You" questions
- Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions regardless of whether the supplemental questions are placed between the Core HCAHPS questions and the "About You" questions and/or after the "About You" questions. Example of transitional phrases are as follows:
  - *"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 slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from Hospital X."*
  - *"This next set of questions is to provide the hospital additional feedback about your hospital stay."*
- If a client hospital requests that a survey vendor include a supplemental item as part of the HCAHPS Survey asking the patient to provide their name, telephone number or other contact information, the survey vendor is required to include explanatory text. This text must be placed before the requested information and state the purpose for the patient to optionally provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your name and telephone number. This information is not required."*
  - *"By providing your name and telephone number you may be contacted by the hospital regarding your survey responses. This information is not required."*

Hospitals/Survey vendors must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length, and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient's social security number, etc.)

- ask the patient to explain why he or she chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added is left to the discretion of the hospital/survey vendor. The hospital/survey vendor must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix Q).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Cover Letter

Hospitals/Survey vendors may adapt the Sample Initial Cover Letter provided (see Appendices A through D), or compose their own cover letters. In either case, hospitals/survey vendors must follow the guidelines described below when altering the cover letter templates provided in this manual.

Required for the Cover Letter

- The cover letter must be printed on the hospital's or survey vendor's letterhead and must include the signature of the hospital administrator or survey vendor project director
  - An electronic signature is permissible
- The wording indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
- The following items must be included in the body of the cover letter:
  - Name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.
  - Wording indicating the purpose of the survey: "Questions 1-25 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals."
  - Wording indicating that answers may be shared with the hospital for the purpose of quality improvement
  - An explanation that participation in the survey is voluntary
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letters.
  - Wording stating that the patient's health benefits will not be affected by participation in the survey
  - A customer support telephone number for hospitals self-administering the survey and a toll-free customer support telephone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own telephone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support telephone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support

telephone number, at a minimum on a quarterly basis to confirm that the telephone number is operational. The survey vendor must also check that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.

- The OMB language (Appendices A through D) must appear on either the questionnaire or cover letter, and may appear on both, in a readable font at a minimum of 10-point
- Cover letter must **not**:
  - be attached to the survey; doing so could compromise confidentiality
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes" or an "Always"
  - indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
  - offer incentives of any kind for participation in the survey
  - include any content that attempts to advertise or market the hospital's mission or services
  - offer patients the opportunity to complete the survey over the telephone
  - include any promotional or marketing text

Optional for the Cover Letter

- Use of the Spanish, Chinese or Russian cover letter is allowed if the hospital/survey vendor is sending a Spanish, Chinese or Russian questionnaire to the patient
- Information may be added to the cover letter (in English, Spanish, Chinese, or Russian) that indicates that the patient may request a mail survey in English, Spanish, Chinese, or Russian
- Hospital's/Survey vendor's return address may be included on the cover letter to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the hospital's/survey vendor's name is included in the return address, then the hospital's/survey vendor's business name must be used, not an alias or tag line
- Any instructions that appear on the survey may be repeated in the cover letter

Note: Any variations to the questionnaire and/or cover letter, other than the optional items listed above, will require an approved Exceptions Request prior to survey administration (see the Exceptions Request/Discrepancy Report Processes chapter).

Mailing of Materials

The envelope in which the survey is mailed out (outgoing envelope) must be printed with the hospital's/survey vendor's address as the return address. The outgoing envelope must not be printed with any banners such as "Important Information Enclosed," Please Reply Immediately" or messages such as, "Important Information from the Centers for Medicare & Medicaid Services Enclosed." The outgoing envelope may be printed with the hospital or survey vendor

logo or both. In addition, hospitals/survey vendors may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient.

Hospitals/Survey vendors must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Hospitals/Survey vendors must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address.") Hospitals/Survey vendors must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
    - Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, hospitals/survey vendors must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.
- Self-addressed, stamped business return envelopes must be enclosed in the survey envelope along with the cover letter and questionnaire. The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope.
- All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire, hospitals/survey vendors must follow the guidelines below:
    - It is acceptable to mail a replacement survey at the patient's request within the first 21 calendar days of the 42 calendar day survey administration period; however, the survey administration timeline does not restart
    - After 21 calendar days from the mailing, a replacement HCAHPS Survey must NOT be mailed-out, as the telephone portion of the Mixed Mode protocol must be initiated

Hospitals/Survey vendors are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- mail any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), initiate telephone contact within 21 days of mailing the questionnaire.

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention of Mailed Questionnaires

Hospitals/Survey vendors utilizing the Mixed Mode of survey administration must keep track of the mode in which each survey was completed (i.e., Mail or Telephone). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the hospital/survey vendor must: 1) retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Mixed Mode of survey administration; and, 2) assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information).

Hospitals/Survey vendors may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. If a patient completes the HCAHPS Survey via the telephone and a questionnaire is subsequently returned by the same patient, the hospital/survey vendor must use the telephone HCAHPS Survey responses since they were completed first.

Hospitals/Survey vendors must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the hospital's/survey vendor's QAP.

Hospitals/Survey vendors must follow the data entry decision rules and data storage requirements described below.

Key-entry

Hospitals'/Survey vendors' key-entry processes must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: Hospitals/Survey vendors must have a plan and process in place to verify the accuracy of the key-entered data. Hospitals/Survey vendors must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Online Data Entry Tool download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Online Data Entry Tool.

Scanning

Hospitals'/Survey vendors' scanning software should accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses

- *Validation*: Hospitals/Survey vendors must have a plan and process in place to confirm the accuracy of scanned data. Hospitals/Survey vendors must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, hospitals/survey vendors must use the following decision rules to resolve common ambiguous situations. Hospitals/Survey vendors must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't know"
- If a mark is missing, code the value for the item as "M – Missing/Don't know." Hospitals/Survey vendors must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't know" (except for survey Question 31 *"What is your race? Please choose one or more."*)

  *Note: In instances where there are multiple marks **but** the patient's intent is clear, hospitals/survey vendors should code the survey with the patient's **clearly identified** intended response.*

Storage of Mail Data

Hospitals/Survey vendors must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable.

Quality Control Guidelines for Mail Data

Hospitals/Survey vendors are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Hospitals/Survey vendors must conduct on-site verification of printing and mailing processes, regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

To avoid mail administration errors and to make certain the questionnaires are delivered as required, hospitals/survey vendors must:

- perform interval checking of printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- include seeded mailings in mail-outs at a minimum on a quarterly basis
  - seeded mailings are sent to designated hospital/survey vendor HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials

- seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff

➢ perform address updates for missing or incorrect information
- attempts must be made to update address information to confirm accuracy and correct formatting
- in addition to working with client hospitals to obtain the most current patient contact information, hospitals/survey vendors must employ other options, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
  - Commercial software
  - Internet search engines

*Note: Hospitals/Survey vendors **must** retain a record of all quality control activities and document these activities in the hospital's/survey vendor's QAP. All materials relevant to survey administration are subject to review.*

Telephone Protocol

If the mail questionnaire has not been returned within 21 calendar days following its mail-out to sampled patients, hospitals/survey vendors must follow the HCAHPS telephone survey protocol. This section describes guidelines for the telephone phase of the Mixed Mode of survey administration. Hospitals/Survey vendors must conduct a maximum of five telephone attempts to non-respondents from the questionnaire mailing.

Hospitals/Survey vendors should make every reasonable effort to achieve optimal telephone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

Telephone Interviewing Systems

This section describes guidelines for the telephone phase of the Mixed Mode of survey administration.

Telephone Script

Hospitals/Survey vendors are provided standardized telephone scripts in English, Spanish, Chinese, and Russian (Appendices G through J) for HCAHPS Survey administration. These telephone scripts must be read verbatim without adding any other scripting, or tag questions such as "How are you?" Hospitals/Survey vendors are not permitted to make or use any other language translations of the HCAHPS telephone scripts. We strongly encourage hospitals with a significant patient population that speaks Spanish, Chinese, or Russian to offer the HCAHPS Survey in these languages.

Each hospital/survey vendor must submit a copy of their HCAHPS telephone script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Telephone Script

Programming of the telephone scripts must follow the guidelines described below:

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core HCAHPS questions
- No changes are permitted in the order of the "About You" HCAHPS questions, even if they are placed before or after any supplemental questions
- No changes are permitted in the order of the answer category for the Core and "About You" HCAHPS questions
- The Core HCAHPS questions must remain together
- The "About You" HCAHPS questions must remain together
- All underlined content must be emphasized
  - No other script content is to be emphasized; in particular, response options must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The hospital/survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
  - The transitional statements found throughout the telephone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10_Intro): "The next questions are about your experiences in this hospital."
  - Do not program a specific response category as the default option
  - Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Hospitals/Survey vendors **must** include the following copyright statement on any printed materials containing the HCAHPS telephone script, preferably at the end of the telephone script. The text "the About You questions" may be substituted for "26-32":*

- *"Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

Hospitals/Survey vendors must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey.

Supplemental Questions

Hospitals/Survey vendors may add a reasonable number of hospital-specific supplemental questions to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental questions or a hospital's existing survey are added after the Core HCAHPS questions (Questions 1-25) or at the end of all the HCAHPS Survey questions (Questions 1-32). This approach will ensure that the survey is conducted consistently across participating hospitals and that data across hospitals are comparable.

  - When supplemental questions are placed in between the Core HCAHPS questions and the "About You" questions, the following transition phrase must be placed before the "About You" questions: "This next set of questions is about you."
- The "About You" section (Questions 26-32) of the HCAHPS Survey must be placed anywhere after the Core HCAHPS questions (Questions 1-25)
- Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core HCAHPS questions and the "About You" questions and/or after the "About You" questions. Examples of transitional phrases are as follows:
  - *"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 slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from Hospital X."*
  - *"This next set of questions is to provide the hospital additional feedback about your hospital stay."*
- If a client hospital requests that a survey vendor include a supplemental item as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text. This text must be placed before the requested information and state the purpose for the patient to optionally provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information you may be contacted by the hospital regarding your survey responses. This information is not required."*

Hospitals/Survey vendors must avoid the following types of hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient's social security number, etc.)
- ask the patient to explain why he or she chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added is left to the discretion of the hospital/survey vendor. The hospital/survey vendor must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix Q).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Interviewing Systems

Two methods exist for telephone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**: it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The hospital/survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the telephone interview.
    - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
        - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
        - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
    - Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only [HOSPITAL NAME].
2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the telephone and records answers on paper.

Monitoring/Recording Telephone Calls

When calling patients who reside in California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Pennsylvania, and Washington, hospitals/survey vendors may begin the monitoring/recording of telephone calls after the interviewer states, "*This call may be monitored [recorded] for quality improvement purposes*." This statement is found at the end of the INTRO section of the HCAHPS Telephone Script located in Appendices G through J.

Telephone Attempts

Hospitals/Survey vendors must attempt to reach each and every non-respondent to the mail survey. Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A telephone attempt is defined as one of the following:

- The telephone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the telephone or has a new telephone number. The interviewer must not leave a message.

- The interviewer reaches the patient but is asked to call back at a more convenient time
  - The call back should be scheduled at the patient's convenience, if at all possible
- The interviewer gets a busy signal
  - At the discretion of the hospital/survey vendor a telephone attempt can consist of three consecutive telephone attempts made at approximately 20-minute intervals

Sampled patients are to be called up to five times unless the sampled patient completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the patient is unavailable for any reason, the interviewer must not conduct the interview with a proxy
- If the hospital/survey vendor learns that a patient is ineligible for HCAHPS, that patient must not receive any further telephone attempts

Hospitals/Survey vendors must adhere to the following guidelines in their attempts to contact patients:

- Telephone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the hospital/survey vendor will contact the patient

  Note: More than one telephone attempt may be made in a week (seven calendar days). However, the five telephone attempts cannot be made in only one week (seven calendar days). The five call attempts must span more than one week (eight or more days) to account for patients who are temporarily unavailable.

- Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient's privacy. Hospitals/Survey vendors must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a telephone survey already in progress, a call back should be scheduled. At the time of the call back, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 42 calendar day data collection time period. If on the call back at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Telephone attempt" for data submission.

  Note: The HCAHPS Project Team strongly recommends that, when requested, telephone call back scheduling accommodate a patient's request for a specific day and time in order to ensure a reasonable response rate for the hospital.

Hospitals/Survey vendors take the following steps to contact **difficult-to-reach patients**:

- If the patient's telephone number is incorrect, make every effort to find the correct telephone number. If the person answering the telephone knows how to reach the patient, the new information must be used.
- If the patient is away temporarily, he or she must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the 21 calendar day telephone component of the data collection time period (e.g., patient is on vacation the first 2 weeks of the 21 calendar day telephone component of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for his or her time and terminate the interview
- If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the patient is unavailable for any reason, the interviewer must not conduct the interview with a proxy
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Obtaining and Updating Telephone Numbers

Hospitals/Survey vendors normally obtain telephone numbers from the hospital's patient discharge records. Hospitals/Survey vendors must use commercial software or other means to update telephone numbers provided by the hospital for the sampled patients. Requisite attempts must be made to contact every non-respondent to the mail survey, whether or not there is a complete and correct telephone number for the patient when the sample is created. Hospitals/Survey vendors must retain a record of attempts to acquire missing telephone numbers. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, hospitals/survey vendors must employ various options for updating telephone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

Receipt and Retention of Telephone Data

Hospitals/Survey vendors utilizing the Mixed Mode of survey administration must keep track of the mode in which the survey was completed (i.e., Mail or Telephone). If a patient completed the HCAHPS Survey by *telephone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the hospital/survey vendor must:

- retain documentation in their survey management system that the patient completed the survey in the *telephone* phase of the Mixed Mode of survey administration
- assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
- document the telephone attempt "Number Survey Attempts – Telephone" in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth telephone attempt then the hospital/survey vendor must document the "Number Survey Attempts – Telephone" as "4 – Fourth Telephone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Telephone" field.

Hospitals/Survey vendors must record the date of the telephone interview and must link survey responses from the telephone interview to their survey management system, regardless of the interviewing system employed. Hospitals/Survey vendors must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the hospital's/survey vendor's QAP.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include the "Number Survey Attempts – Telephone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "3 – Mixed Mode" and "Survey Completion Mode" is "2 – Mixed Mode-phone." If the survey is completed/dispositioned during the telephone phase of the Mixed Mode, the "Number Survey Attempts- Telephone" captures the telephone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and survey attempts field is presented in the *Data Specifications and Coding* chapter.

Hospitals/Survey vendors must follow the interviewing guidelines in Appendix M and data storage requirements described below.

Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by hospitals/survey vendors must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the telephone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system

- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the telephone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Online Data Entry Tool download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the telephone interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Online Data Entry Tool.

➢ Scanning
- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the telephone interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Storage of Telephone Data

The following data storage guidelines must be followed for HCAHPS telephone surveys:

➢ Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable

➢ Data collected manually by telephone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

➢ Optically scanned questionnaire images of telephone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

Quality Control Guidelines for Telephone Data Collection

Hospitals/Survey vendors are responsible for the quality of work performed by any staff members and subcontractor(s). Hospitals/Survey vendors must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the telephone survey must be trained prior to interviewing (see Appendix M for more information on interviewing guidelines).

➢ Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent

- During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
  - Thank you
  - Alright
  - Okay
  - I understand, or I see
  - Yes, Ma'am
  - Yes, Sir

- Interviewers must be trained to read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Interviewers must be trained to read response options exactly as worded and at an even pace without emphasis on any particular response category
- Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
- In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
- Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
- Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If the hospital/survey vendor uses a subcontractor to conduct telephone interviewing, then the hospital/survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to confirm compliance with HCAHPS protocols and guidelines.

Telephone Monitoring and Oversight

Each hospital/survey vendor employing the Mixed Mode of survey administration must institute a telephone monitoring and evaluation program, during the telephone phase of the protocol. The telephone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Hospitals/Survey vendors must monitor at least 10 percent of all HCAHPS interviews, dispositions and call attempts in their entirety (across all translations in which the survey is administered) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls on-site and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Additionally, it is strongly encouraged that hospitals/survey vendors provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the telephone interviewers.
- For hospitals using manual data collection, supervisors must observe at least 10 percent of all interviews and call attempts in their entirety where silent monitoring is not an option
- Hospitals/Survey vendors using a subcontractor must monitor at least 10 percent of the subcontractor's HCAHPS telephone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS telephone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys. The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their telephone interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Hospitals/Survey vendors **must** retain a record of all quality control activities and document these activities in the hospital's/survey vendor's QAP. All materials relevant to survey administration are subject to review.*

Active Interactive Voice Response (IVR) Survey Administration

Overview

This chapter describes guidelines for the Active Interactive Voice Response (IVR) mode of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled discharged patients must be initiated between 48 hours and six weeks (42 calendar days) after discharge. Hospitals/Survey vendors must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after his or her hospital stay. The HCAHPS Survey must not be administered while the patient is still in the hospital. A total of five IVR attempts must be made to contact non-respondents.

Note: If the hospital/survey vendor learns that a patient is ineligible for HCAHPS, the hospital/survey vendor must not make further attempts to contact that patient. ***After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned a "Final Survey Status" code of ineligible (2, 3, 4, or 5; as applicable). An administrative record must be submitted for these patients.***

Data collection must be closed out for a sampled patient by six weeks (42 calendar days) following the first IVR attempt. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls. IVR attempts are to be made between the hours of 9 AM and 9 PM, respondent time. A live operator must be available to introduce the patient to the purpose of the call, get his or her permission for IVR survey administration and orient the patient to the IVR system. Patients who respond to the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Hospitals/Survey vendors must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, hospitals/survey vendors must include "Number Survey Attempts – Telephone" in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "4 – IVR." This field captures the telephone attempt in which the final disposition of the survey is determined. More information regarding this field is presented in the *Data Specifications and Coding* chapter.

Hospitals/Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contacts with potential respondents until the data collection protocol is completed.

No proxy respondents are permitted in the administration of the HCAHPS Survey, not even for patients who are critically ill, elderly, physically or mentally impaired, or do not speak the language in which the survey is being administered (i.e., English or Spanish). As stated above, a

proxy must not answer the survey questions for the respondent; however, an individual may assist the patient by repeating the questions, but only the patient may provide answers to the survey.

The basic tasks and timing for conducting the HCAHPS Survey using the IVR mode of survey administration are summarized below.

IVR Survey Administration
Initiate systematic IVR contact to sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge.
Complete IVR sequence so that a total of five IVR calls are attempted at different times of day, on different days of the week and in different weeks within six weeks (42 calendar days) after initiation of the survey (initial contact). The five IVR call attempts must span more than one week (eight or more days) to account for patients who are temporarily unavailable. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
Submit final data files to CMS via the QualityNet Secure Portal by the data submission deadline. No files will be accepted after the submission deadline date.

To reiterate, the first IVR attempt must occur between 48 hours and six weeks (42 calendar days) after discharge. Data collection must then be completed no later than six weeks (42 calendar days) after the initial IVR attempt. To illustrate the timing of IVR survey attempts, three examples are provided of patients who were discharged from a hospital on July 1.

Example Patient 1:

- The first IVR attempt is made on July 4 (three days after discharge)
- Data collection must be closed out by August 15 for this patient, which is six weeks (42 days) from the July 4 first IVR attempt date:
  - If an IVR telephone interview is completed on August 15, which is the last day of survey administration for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter
    - Lag Time (See the *Data Specifications and Coding* chapter) for this patient is calculated as 45 days
  - If the survey is **mistakenly** completed **after** August 15 (August 16, for example), which is beyond the six week (42 days) survey administration time period for this patient, then the survey data are **not** included in the final survey data file (**however, an administrative data record is submitted for this patient**) and a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" is assigned
    - Lag Time for this patient is calculated and entered as 46 days

Example Patient 2:

- The first IVR attempt is made on August 12 (42 days after discharge)
- Data collection must be closed out by September 23 for this patient, which is six weeks (42 days) from the August 12 date:
  - If an IVR telephone interview is completed **on** September 23, which is the last day of survey administration for this patient, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed survey" or "6 – Non-response: Break off" based on the calculation of percent complete as described in the *Data Specifications and Coding* chapter.
    - Lag Time for this patient is calculated as 84 days

Example Patient 3:

- The first IVR attempt is made on August 12 (42 days after discharge)
- Data collection must be closed out on September 23 for this patient, which is six weeks (42 days) from the August 12 first IVR attempt date:
  - If the patient is reached on the fifth attempt on September 21 and the patient refuses to participate in the HCAHPS Survey, then the survey data are not included in the final survey data file **(however, an administrative data record is submitted for this patient)** and the "Final Survey Status" code of "7 – Non-response: Refusal" is assigned
    - Lag Time for this patient is calculated and entered as 82 days

Hospitals/Survey vendors must make every reasonable effort to achieve optimal survey response rates by thoroughly familiarizing IVR operators with the study purpose; carefully supervising operators; retraining those operators having difficulty enlisting cooperation; and re-contacting reluctant respondents with different operators at different times until the data collection protocol is completed.

IVR Interviewing Systems

IVR Script

Hospitals/Survey vendors are provided a standardized IVR script in both English and Spanish (Appendices K and L) for HCAHPS Survey administration. These IVR scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" We strongly encourage hospitals with a significant patient population that speaks Spanish to offer the HCAHPS Survey in this language. Hospitals/Survey vendors are not permitted to make or use any other language translations of the HCAHPS IVR script.

Each hospital/survey vendor must submit a copy of their HCAHPS IVR script (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the IVR Script

The Core HCAHPS questions (Questions 1-25) must be placed at the beginning of the survey. The "About You" HCAHPS questions and any hospital-specific supplemental questions must follow the Core HCAHPS questions. The order of the "About You" questions must not be altered and all the "About You" questions must remain together, even if they are placed before or after any hospital-specific supplemental questions. The "About You" questions cannot be eliminated from the questionnaire.

Programming of the IVR script must follow the guidelines described below:

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core HCAHPS questions
- No changes are permitted in the order of the "About You" HCAHPS questions, even if they are placed before or after any supplemental questions
- No changes are permitted in the order of the answer categories for the Core and "About You" HCAHPS questions
- The Core HCAHPS questions must remain together
- The "About You" HCAHPS questions must remain together
- All underlined content must be emphasized
  - No other script content is to be emphasized; in particular, response options must be read at the same even pace without any additional emphasis on any particular response category
- The hospital/survey vendor is responsible for programming the scripts and specifications into their electronic IVR interviewing system software, or an alternative system
  - The transitional statements found throughout the IVR script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 10 (Q10_Intro): "The next questions are about your experiences in this hospital."
  - Do not program a specific response category as the default option

*Note: Hospitals/Survey vendors **must** include the following copyright statement any printed materials containing the HCAHPS IVR script, preferably at the end of the IVR script. The text "the About You questions" may be substituted for "26-32":*

- *"Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

Hospitals/Survey vendors must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey.

Supplemental Questions

Hospitals/Survey vendors may add a reasonable number of hospital-specific supplemental questions to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental questions or a hospital's existing survey are added after the Core HCAHPS questions (Questions 1-25) or at the end of all the HCAHPS Survey questions (Questions 1-32). This approach will ensure that the survey is conducted consistently across participating hospitals and that data across hospitals are comparable.

- When supplemental questions are placed in between the Core HCAHPS questions and the "About You" questions, the following transition must be placed before the "About You" questions: "This next set of questions is about you."

- The "About You" section (Questions 26-32) of the HCAHPS Survey must be placed anywhere after the Core HCAHPS questions (Questions 1-25)
- Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions regardless of whether the supplemental questions are placed between the Core HCAHPS questions and the "About You" questions and/or after the "About You" questions. Examples of such transitional phrases are as follows:
  - "*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 slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from Hospital X."*
  - *"This next set of questions is to provide the hospital additional feedback about your hospital stay."*
- If a client hospital requests that a survey vendor include a supplemental item asking the patient to provide their address or other contact information as part of the HCAHPS Survey, the survey vendor is required to include explanatory text. This text must be placed before the requested information and state the purpose for the patient to optionally provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information you may be contacted by the hospital regarding your survey responses. This information is not required."*

Hospitals/Survey vendors must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient's social security number, etc.)
- ask the patient to explain why he or she chose a specific response; for example, it is not acceptable to ask patients why they would not recommend the hospital to friends or family members

The number of supplemental questions added is left to the discretion of the hospital/survey vendor. The hospital/survey vendor must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix Q).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

IVR Interviewing System

IVR survey interviewing should be conducted using an electronic telephone interviewing system. Hospitals/Survey vendors should program the standardized HCAHPS IVR script and survey specifications into the IVR system. IVR technology must be capable of recording and storing patient answers provided through touch-tone keypad response. Any other type of IVR response is considered an exception, and the hospital/survey vendor must submit an Exceptions Request Form for review by the HCAHPS Project Team and receive approval before the requested exception can be implemented. (See the *Exceptions Request/Discrepancy Report Processes* chapter.)

- Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
  - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
  - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
- Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only [HOSPITAL NAME].

A key feature of the active IVR methodology is the use of the live operator. Hospitals/Survey vendors are required to use live operators to:

- introduce the patient to the Active Interactive Voice Response system and to get their consent to proceed with data collection in this manner
- provide customer support for interviews in progress when a patient wishes to speak to a live operator for assistance
- either triage the patient to an electronic telephone interviewing system, or conduct the HCAHPS interview live when a patient does not wish to continue with the IVR interview

Monitoring/Recording Telephone Calls

When calling patients who reside in California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Pennsylvania, and Washington, hospitals/survey vendors may begin the monitoring/recording of telephone calls after the interviewer states, "*This call may be monitored [recorded] for quality improvement purposes.*" This statement is found at the end of the INTRO section in the HCAHPS Active Interactive Voice Response Script located in Appendices K and L.

IVR Attempts

Hospitals/Survey vendors must attempt to reach each and every patient in the sample. IVR call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. An IVR attempt is defined as one of the following:

- The telephone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the telephone or has a new telephone number. The interviewer must not leave a message.
- The interviewer reaches the patient but is asked to call back at a more convenient time
  - The call back should be scheduled at the patient's convenience, if at all possible
- The interviewer gets a busy signal
  - At the discretion of the hospital/survey vendor a telephone attempt can consist of three consecutive telephone attempts made at approximately 20-minute intervals

Sampled patients are to be called up to five times unless the sampled patient completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the patient is unavailable for any reason, the operator does not conduct the interview with a proxy
- If the hospital/survey vendor learns that a patient is ineligible for HCAHPS, that patient must not receive any further IVR attempts

Hospitals/Survey vendors must adhere to the following guidelines in their attempts to contact patients:

- IVR attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the hospital/survey vendor will contact the patient

  Note: More than one IVR attempt may be made in a week (seven calendar days). However, the five IVR attempts cannot be made in only one week (seven calendar days). The five IVR attempts must span more than one week (eight days or more)to account for patients who are temporarily unavailable.

- Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available IVR operator
- IVR operators must not leave messages on answering machines or with household members since this could violate a patient's privacy. Hospitals/Survey vendors must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a survey already in progress, a call back should be scheduled. At the time of the call back, the interview should resume with the next questions where the patient left off from the previous call.

- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 42 calendar day data collection time period. If on the call back at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Telephone attempt" for data submission.

  Note: The HCAHPS Project Team strongly recommends that, when requested, telephone call back scheduling accommodates a patient's request for a specific day and time in order to ensure a reasonable response rate for the hospital.

Hospitals/Survey vendors must take the following steps to contact **difficult to reach patients**:

- If the patient's telephone number is incorrect, make every effort to find the correct telephone number. If the person answering the telephone knows how to reach the patient, the new information must be used.
- If the patient is away temporarily, he or she is contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the 42 calendar day data collection time period (i.e., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then hospitals/survey vendors must use the entire data collection time period to schedule telephone calls.
- If the patient does not speak the language the survey is being administered in, the operator thanks the patient for his or her time and terminates the interview
- If the patient is temporarily ill or re-admitted to the hospital, the operator must re-contact the patient before the end of data collection period to see if there has been a recovery and the patient can now complete the survey
- If the patient is unavailable for any reason, the operator does not conduct the interview with a proxy
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Obtaining and Updating Telephone Numbers

Hospitals/Survey vendors normally obtain telephone numbers from the hospital's patient discharge records. Hospitals/Survey vendors must use commercial software or other means to update telephone numbers provided by the hospital for sampled patients. Requisite attempts must be made to contact every eligible patient in the sample, whether or not there is a complete and correct telephone number for the patient when the sample is created. Hospitals/Survey vendors must retain a record of attempts to acquire missing telephone numbers. All materials relevant to survey administration are subject to review.

In addition to working with the client hospitals to obtain the most current patient contact information, hospitals/survey vendors must employ various options for updating telephone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories, and directory assistance

Data Receipt and Retention

Hospitals/Survey vendors utilizing the IVR mode of survey administration must keep track of the mode in which the survey was completed (i.e., IVR or Telephone). To illustrate, examples are provided of patients who completed the HCAHPS Survey by IVR and Telephone, with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete, for more information see the *Data Specifications and Coding* chapter).

- If a patient completed the HCAHPS Survey with the IVR system, then the hospital/survey vendor must:
  - retain documentation in their survey management system that the patient completed the survey in the **IVR** methodology of the IVR mode of survey administration
  - assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
  - document the telephone attempt "Number Survey Attempts – Telephone" in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth telephone attempt then the hospital/survey vendor must document the "Number Survey Attempts – Telephone" as "4 – Fourth Telephone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Telephone" field.
- If a patient completed the HCAHPS Survey with an interviewer by telephone, then the hospital/survey vendor must:
  - retain documentation that the patient completed the survey in the **telephone** methodology of the IVR mode of survey administration
  - assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
  - document the "Number Survey Attempts – Telephone" for the telephone attempt in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth telephone attempt; then the "Number Survey Attempts – Telephone" would be coded as "4 – Fourth Telephone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Telephone" field.

Hospitals/Survey vendors must record the date of the IVR interview and must link survey responses from the IVR interview to their survey management system, regardless of the IVR interviewing system employed. Hospitals/Survey vendors must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the hospital's/survey vendor's QAP.

IVR

Survey data are recorded in a timely manner after the hospital/survey vendor completes the survey using the IVR protocol. Hospitals'/Survey vendors' IVR systems are linked to the survey management system so that obtained responses from IVR surveys are automatically added to the survey management system. Hospitals'/Survey vendors' IVR systems record the date of the IVR interview.

Telephone

For surveys initiated in IVR, but completed in the electronic telephone interviewing system or manually over the telephone, the survey management system must also be linked to the completed surveys. Hospitals/Survey vendors must follow the appropriate data receipt rules for the electronic telephone interviewing system or manual data entry:

1. Electronic Telephone Interviewing System — The electronic telephone interviewing systems employed by hospitals/survey vendors must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.
2. Manual Data Collection — Only hospitals self-administering the survey may use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the telephone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.
    - Key-entry
        - *Unique record verification system:* The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
        - *Valid range checks:* The data entry system identifies responses/entries that are invalid or out-of-range
        - *Validation:* The hospital must perform checks to confirm that key-entered data accurately capture the responses of the telephone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Online Data Entry Tool download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the telephone interviewer. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Online Data Entry Tool.
    - Scanning
        - *Unique record verification system:* The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
        - *Valid range checks:* The software identified invalid or out-of-range responses
        - *Validation:* The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the telephone interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Data Storage

The following data storage guidelines must be followed for HCAHPS IVR surveys:

- Data collected through an IVR and/or electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
- Data collected manually by telephone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of telephone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

Quality Control Guidelines

Hospitals/Survey vendors are responsible for the quality of work performed by any staff members and subcontractor(s). Hospitals/Survey vendors must employ the following guidelines for proper operator training, monitoring, and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

IVR Operator Training

Consistent monitoring of IVR operators is essential to achieve standardized and accurate results. Properly trained and supervised operators ensure that standardized, non-directive interview introductions are conducted. The operators initiating the IVR survey must be trained prior to initial contact with patients. Operators must be trained to read introductions exactly as worded in the HCAHPS script and maintain a neutral and professional relationship with the respondent (see Appendix M for more information on interviewing guidelines).

If a hospital/survey vendor uses a subcontractor to conduct active interactive IVR interviewing, then the hospital/survey vendor is responsible for attending/participating in the subcontractor's IVR operator training to confirm compliance with HCAHPS protocols and guidelines.

IVR Monitoring and Oversight

Each hospital/survey vendor employing the IVR mode of survey administration must institute a monitoring and evaluation program. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Hospitals/Survey vendors must monitor at least 10 percent of all HCAHPS IVR operator contacts in their entirety (both English and Spanish) through silent monitoring of operators using the IVR interviewing system. Silent monitoring capability must include the ability to monitor calls on-site and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Additionally, it is strongly encouraged that hospitals/survey vendors provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the operators and telephone interviewers.
- **Hospitals/Surveys vendors using a subcontractor must monitor at least 10 percent of the subcontractor's HCAHPS IVR operators, provide feedback to the subcontractor's operators about their performance and confirm that the subcontractor's operators correct any areas that need improvement. Feedback must be provided to operators as soon as possible following a monitoring session.**

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS telephone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys. The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their telephone interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

- Staff who are found to be consistently unable to follow the script verbatim, remain objective and courteous, be clearly understood, or operate the IVR system competently, must be identified and retrained or, if necessary, replaced

In addition, hospitals/survey vendors must institute a telephone monitoring and evaluation program for surveys initiated in IVR, and completed via telephone (see Telephone Monitoring and Oversight section of the *Telephone Only Survey Administration* chapter).

Note: Hospitals/Surveys vendors must retain a record of all quality control activities and document these activities in the hospital's/survey vendor's QAP. All materials relevant to survey administration are subject to review.

Data Specifications and Coding

Overview

The CAHPS Hospital Survey (HCAHPS) uses standardized protocols for file specifications, coding and submission of data. Consistent and uniform coding of all data elements by all hospitals/survey vendors is necessary in order to produce publicly reported HCAHPS scores that are comparable across all providers and time periods. This chapter provides an overview and key details on the requirements for assigning the random, unique, de-identified patient identification number; coding and interpreting ambiguous or missing data elements in returned surveys; preparing data files for submission to the HCAHPS Data Warehouse via the QualityNet Secure Portal; and determining the rate of response.

Random, Unique, De-identified Patient Identification Number

The hospital/survey vendor must assign each patient in the sample a random, unique, de-identified patient identification number (Patient ID). This Patient ID is used to track and report whether the patient has returned the survey, or needs a repeat mailing or telephone/IVR follow-up. Any de-identified combination of up to 16 letters and numbers may be used. The Patient ID must not include any combination of letters or numbers that can otherwise identify the patient. For example, the discharge date, the birth date (month, date and/or year) and hospital ID number (i.e., patient's hospital medical record number) must not be combined in any manner to generate the Patient ID. Each month, sampled patients must be assigned a new Patient ID; numbers must not be repeated from month to month, or used in a sequential numbering order unless the patient discharge list is randomized prior to the assignment of the Patient ID.

File Specifications

The hospital/survey vendor must organize survey data into monthly files and then submit the files to the HCAHPS Data Warehouse via the QualityNet Secure Portal on either a monthly or quarterly basis. Data must be submitted for all three months of the quarter. There are two methods for submitting surveys to the HCAHPS Data Warehouse via the QualityNet Secure Portal: the XML file format or the HCAHPS Online Data Entry Tool.

Survey vendors are required to submit their data files to the QualityNet Secure Portal in the XML file format. The HCAHPS Online Data Entry Tool was designed expressly for self-administering hospitals with low monthly survey volume. With the HCAHPS Online Data Entry Tool, data are submitted one survey at a time.

Hospitals with zero eligible HCAHPS patient discharges (zero cases) should submit a Header Record (Survey Month Data) information online via the QualityNet Secure Portal. Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that month. If patients are not surveyed, an Header Record (Survey Month Data) still must be submitted online via the QualityNet Secure Portal.

Note: "Zero cases" and "five or fewer eligible HCAHPS patient discharges" submissions should not be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit any discharge lists for the month to their survey vendor in a timely manner. In situations such as these, a Discrepancy Report must be completed and submitted.

XML File Specifications

The XML format allows a hospital's sampled patient records for a given month to be submitted in one file. If a hospital's monthly data file is submitted more than once, the most recent submission will completely overwrite the previous file for that month, and only the most recent submission will be stored in the data warehouse. Therefore, the final file submission must contain all of a hospital's sampled discharge cases for that month. No substitutions for valid data element values are acceptable. See Appendix P for the listing of valid values.

Each XML file consists of three parts:

1. Header Record
2. Administrative Data Record
3. Patient Response/Survey Results Record

1. Header Record

Each monthly data file submitted by a hospital/survey vendor begins with the Header Record. The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital's name; CCN; National Provider Identifier (NPI), which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the number of eligible discharges; the number of sampled discharges; and the type of sampling used.

A critical component in the Header Record is the "Type of Sampling" used. See the *Sampling Protocol* chapter for information on sampling options. If a hospital/survey vendor elects to employ Disproportionate Stratified Random Sampling (DSRS), which requires an Exceptions Request, additional information is required in the Header Record.

For DSRS, three additional data elements of information about each stratum must be included in the Header Record in the XML file:

- "DSRS Strata Name" – The name of each stratum (at least two unique strata names must be defined)
- "DSRS Eligible" – The number of eligible patients in each stratum
- "DSRS Sample Size" – The number of sampled patients in each stratum (must be a minimum of 10 sampled patients per stratum)

Hospitals/Survey vendors using DSRS are required to have a minimum of 10 sampled discharges in every stratum in every month. *Hospitals/Survey vendors that are uncertain about their ability to meet this requirement should not use DSRS*.

Each field of the Header Record requires an entry for a valid data submission, with the exception of "NPI," which is an optional data element. It should be noted that "DSRS Strata Name," "DSRS Eligible" and "DSRS Sample Size" are only required when "Type of Sampling" is "3 – Disproportionate Stratified Random Sample."

2. Administrative Data Record

The second part of the monthly data submission file is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; survey language in which the survey was administered or attempted to be administered; supplemental question count; lag time; gender; and age at admission. Some of this information comes from the hospital's/survey vendor's survey records, while other information is taken from the patient's hospital administrative record. The Administrative Data Record also includes:

- The "Number Survey Attempts – Telephone" is required when "Survey Mode" in the Header Record is "2 – Telephone Only" or "4 – IVR." It is also required when "Survey Mode" in the Header Record is "3 – Mixed Mode" **and** "Survey Completion Mode" is "2 – Mixed Mode-phone."
- The "Number Survey Attempts – Mail" is required when "Survey Mode" in the Header Record is "1 – Mail Only."

  Note: The "Number Survey Attempts – Telephone" and the "Number Survey Attempts – Mail" fields are submitted in accordance with the requirements identified above for all HCAHPS "Final Survey Status" codes.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

3. Patient Response/Survey Results Record

The third part of the monthly data submission file is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

The Patient Response/Survey Results Record is required only when "Final Survey Status" in the Administrative Data Record is coded either "1 – Completed survey" or "6 – Non-Response: Break-off." Once the Patient Response/Survey Results Record is included, <u>all</u> response fields must have a valid value, which may include "M – Missing/Don't Know" and "8 – Not Applicable." The opening and closing <patientresponse> XML tags (which enclose the Patient Response/Survey Results Record) are not necessary when there are no survey responses to submit for a given patient.

Note: The Patient Response/Survey Results Record is not required for "Final Survey Status" of anything other than "1 – Completed survey" or "6 – Non-Response: Break-off;" however, if the Patient Response/Survey Results Record is included, then all fields must have a valid value.

For details on the XML file specifications and for a sample XML file layout, see Appendix P.

HCAHPS Online Data Entry Tool

The HCAHPS Online Data Entry Tool was expressly designed for use by self-administering hospitals with low monthly survey volume that do not have the ability to submit data in the XML

file format. The HCAHPS Online Data Entry Tool requires hospitals to enter data one survey at a time on the QualityNet Secure Portal. The monthly data submitted via the HCAHPS Online Data Entry Tool is comprised of three parts:

1. Header Record (Survey Month Data)
2. Administrative Data Record (Administrative Data)
3. Patient Response/Survey Results Record (Survey Results)

1. Header Record (Survey Month Data)
The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital's name; CCN; National Provider Identifier (NPI) which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the number of eligible discharges; the number of sampled discharges; survey mode; and the type of sampling used.

2. Administrative Data Record (Administrative Data)
The second part of the monthly data submission is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; survey language; supplemental question count; lag time; gender; and age at admission. Some of this information comes from the hospital's/survey vendor's survey records, while other information is taken from the patient's hospital administrative record. The Administrative Data Record also includes:

- The "Number Survey Attempts – Telephone" is required when "Survey Mode" in the Header Record is "2 – Telephone Only" or "4 – IVR." It is also required when "Survey Mode" in the Header Record is "3 – Mixed Mode" **and** "Survey Completion Mode" is "2 – Mixed Mode-phone."
- The "Number Survey Attempts – Mail" is required when "Survey Mode" in the Header Record is "1 – Mail Only"

  Note: The "Number Survey Attempts – Telephone" and the "Number Survey Attempts – Mail" fields are submitted in accordance with the requirements identified above for all HCAHPS "Final Survey Status" codes.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

3. Patient Response/Survey Results Record (Survey Results)
The third part of the monthly data submission is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

Patient survey responses are required for valid data submission via the HCAHPS Online Data Entry Tool only when "Final Survey Status" is coded either "1 – Completed survey" or "6 –

Non-Response: Break-off." Once patient survey responses are included, all response fields must have a valid value, which may include "M – Missing/Don't Know" and "8 – Not Applicable."

For further information regarding use of the HCAHPS Online Data Entry Tool, see the *Data Preparation and Submission* chapter of this manual. A recorded WebEx training, along with a transcript of the training called "HCAHPS Online Data Entry," is available and can be viewed on the QualityNet Secure Portal (https://www.qualitynet.org).

Decision Rules and Coding Guidelines

In order to ensure the accurate collection of all survey data, hospitals/survey vendors administering the HCAHPS Survey must develop implement, and document quality control procedures for all survey administration activities. The HCAHPS decision rules and coding guidelines were developed to address situations in which survey responses are ambiguous, missing or incorrectly provided; and to capture appropriate information for data submission. Hospitals/Survey vendors must adhere to the following guidelines to ensure valid and consistent coding of such instances.

Mail Surveys

A common problem in mail surveys is ambiguity of responses on returned questionnaires. In order to ensure uniformity in data coding, hospitals/survey vendors must strictly apply the following guidelines. Hospitals/Survey vendors that scan or key-enter mail surveys must employ the following decision rules for resolving common ambiguous situations.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value of the item as "M – Missing/Don't Know"
- If a value is missing, then code the response as "M – Missing/Don't Know." Hospitals/Survey vendors must not impute a response; in other words, do not try to determine what the patient would have responded for the missing value-based on answers to other questions.
- When more than one response option is marked, code the value as "M – Missing/Don't Know"
    - Exception: Question 31, "*What is your race? Please choose one or more.*" For Question 31, enter responses for ALL of the categories that the respondent has selected.

In instances where there are multiple marks **but** the patient's intent is clear, hospitals/survey vendors should code the survey with the patient's **clearly identified** intended response.

Skip Patterns for Mail Surveys

There are several items in the HCAHPS Survey that can and should be skipped by certain patients. These items form skip patterns. Four questions in the HCAHPS Survey serve as screener questions (Questions 10, 12, 15, and 18) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in the coding of patient responses to skip pattern questions.

Decision Rules for Screener and Dependent Questions

Decision rules for coding **screener questions** 10, 12, 15, and 18:

- Enter the value provided by the patient. Do not impute a response based on the patient's answers to the dependent questions.
- If the screener question is left blank, then code it as "M – Missing/Don't Know." Do not impute a response based on the patient's answers to the dependent questions.

Decision rules for coding **dependent questions** 11, 13, 14, 16, and 17:

- If the corresponding screener question is answered "Yes" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- If the corresponding screener question is answered "Yes" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent questions(s)
- If the corresponding screener question is answered "No" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- If the corresponding screener question is answered "No" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If the corresponding screener question is left blank and the dependent question(s) is left blank, then code both the corresponding screener question and dependent question(s) as "M – Missing/Don't Know"
- If the corresponding screener question is left blank and the dependent questions(s) is not left blank, then code the corresponding screener question as "M – Missing/Don't know" and enter the value provided by the patient for the dependent questions(s)

Decision rules for collecting data from **dependent questions** 19 and 20:

- If screener Question 18 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- If Question 18 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent questions(s)
- If Question 18 is answered "3 – Another health facility" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- If Question 18 is answered "3 – Another health facility" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If Question 18 is left blank and the dependent question(s) is left blank, then code both Question 18 and the dependent question(s) as "M – Missing/Don't know"
- If Question 18 is left blank and the dependent question(s) is not left blank, then code Question 18 as "M – Missing/Don't know" and enter the value provided by the patient for the dependent question(s)

In summary, dependent questions that are appropriately skipped are coded as "8 – Not Applicable." In instances where the patient made an error in the skip pattern, dependent questions are coded with the response provided by the patient. That is, hospitals/survey vendors must not "clean" or correct skip pattern errors returned by a patient. For further information on screener and dependent questions, see Appendix P.

Telephone and IVR Surveys

It is important for telephone interviewers and IVR operators to be able to appropriately skip dependent questions while conducting the HCAHPS Survey. In order to uniformly code HCAHPS data, hospitals/survey vendors must strictly apply the following guidelines.

Skip Patterns for Telephone and IVR Surveys

For the telephone and IVR survey modes, skip patterns should be programmed into the electronic telephone interviewing/IVR system.

- If screener questions 10, 12 and 15 are answered "No," then the corresponding dependent questions must be skipped. If screener question 18 is answered "3 – Another Health Facility," the corresponding dependent question must be skipped.
  - In these instances, appropriately skipped dependent questions must be coded as "8 – Not Applicable." For example, if a respondent answers "No" to Question 10 of the HCAHPS questionnaire, the program should skip Question 11 and go to Question 12. Question 11 must then be coded as "8 – Not Applicable." Coding may be done automatically by the telephone interviewing/IVR system or later during data preparation.
- If screener questions 10, 12, 15, and 18 are not answered and therefore coded as "M – Missing/Don't know," then the corresponding dependent questions must be skipped and coded as "M – Missing/Don't know"
  - In instances where an interviewer is unable to obtain a response to a screener question, the screener question and any question in the skip pattern must be coded as "M – Missing/Don't know." For example, if a respondent does not provide an answer to Question 10 of the HCAHPS questionnaire and the interviewer selects "M – Missing/Don't know" to Question 10, then the telephone interviewing system should be programmed to skip Question 11 and go to Question 12. Question 11 must then be coded as "M – Missing/Don't know." Coding may be done automatically by the telephone interviewing/IVR system or later during data preparation.

Header Record

- All fields in the Header Record must have a valid value entered with the exception of "NPI," "DSRS Strata Name," "DSRS Eligible," and "DSRS Sample Size" fields. The DSRS fields are required only when "Type of Sampling" is "3 – Disproportionate Stratified Random Sample."
- Once the "Survey Mode" field has been defined for the first month in a quarter, the survey mode for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the QualityNet Secure Portal
  - The "Survey Mode" field must be coded with the approved survey mode for the hospital. For example, if the hospital is using the IVR survey mode and has patients who opt to complete the survey by telephone, the "Survey Mode" field must still be coded as "4 – IVR." (See the *Patient Administrative Data Record* in this chapter for more information regarding "Survey Completion Mode.")
- In calculating the "Eligible Discharges" field, the number of eligible discharges in the sample frame in the month must not include patients who are determined to be ineligible or excluded, regardless of whether they are selected for the survey sample
  - "Sample Size" can therefore be larger than the number of "Eligible Discharges." For example, if a patient was selected for the survey sample and later determined to be

ineligible (i.e., "Final Survey Status" code of "3 – Ineligible: Not in eligible population"), then the patient must be subtracted from the number of eligible discharges in the month. However, this does NOT apply to "Final Survey Status" codes of "2 – Ineligible: Deceased," "4 – Ineligible: Language barrier," or "5 – Ineligible: Mental/Physical incapacity." See Example 1 below.

Example 1: Eligible Discharges Calculation		
100	=	Number of eligible patients in original sample frame (Eligible Discharges)
100	=	Number of patients selected for sample (Sample Size)
2	=	Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
5	=	Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
2	=	Number of patients with "Final Survey Status" code of "4 – Ineligible: Language Barrier"
4	=	Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/Physical incapacity"
95	=	Number reported in the "Eligible Discharges" field

In this example:

- The initial "Eligible Discharges" is 100 and "Sample Size" is 100 (i.e., census sampling)
- Five patients were subtracted from the "Eligible Discharges" because they had a "Final Survey Status" code of "3 – Ineligible: Not in eligible population," resulting in 95 "Eligible Discharges"
- Patients with a "Final Survey Status" code of 2, 4 or 5 were not subtracted
- In the Header Reader, "Sample Size" of 100 is larger than the number of "Eligible Discharges" of 95

- If a patient is not selected for the survey sample and is later determined to be ineligible (for example, if the patient is later found to have an ineligible MS-DRG code), then the patient must be subtracted from the number of eligible discharges in the month. See Example 2 below.

Example 2: Eligible Discharges Calculation		
100	=	Number of eligible patients in original sample frame (Eligible discharges)
50	=	Number of patients selected for sample (Sample size)
2	=	Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
5	=	Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
2	=	Number of patients with "Final Survey Status" code of "4 – Ineligible: Language Barrier"
4	=	Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/Physical incapacity"
10	=	Number of patients ineligible due to an updated MS-DRG code (These patients were NOT selected for the survey sample)
85	=	Number reported in the "Eligible Discharges" field

In this example:

- The initial "Eligible Discharges" is 100 and "Sample Size" is 50
  - The final "Eligible Discharges" is 85
  - Five patients were subtracted from the "Eligible Discharges" because they had a "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
  - Patients with Final Survey Status code of 2, 4 and 5 were not subtracted
  - Ten patients were subtracted from the "Eligible Discharges" because they had an updated ineligible MS-DRG code, resulting in 85 "Eligible Discharges"

  - The "Eligible Discharges" field must include the count of patients who are eligible for the HCAHPS Survey, even if the patient's information is received from the hospital with discharge dates that are beyond the 42-day initial contact period

    Note: A Discrepancy Report must be filed to account for patient information received beyond the 42-day initial contact period.

- Once the "Type of Sampling" field has been defined for the first month in a quarter, the sample type for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the QualityNet Secure Portal
- When using DSRS as "Type of Sampling," at least two strata must be defined, with a minimum of 10 sampled patients per stratum. Once the strata names are defined, they cannot be changed until the beginning of the next quarter.
- When small hospitals sample 100% of the eligible discharges (i.e., a census) in order to obtain as close to 300 completes as possible, the "Type of Sampling" must be coded as "1 – Simple Random Sample"

Note: Hospitals with zero cases or five or fewer eligible HCAHPS patient discharges in a month, must submit an HCAHPS Header Record (Survey Month Data) online via the QualityNet Secure Portal.

Administrative Data Record

- All fields in the Patient Administrative Data Record must have a valid value. Use code "M – Missing/Don't Know" for all missing fields, with the following exceptions:
  - When "Point of Origin for Admission" is missing, it is coded as "9 – Information not available"
  - The "language" field must be completed with the appropriate valid value indicating the survey language in which the survey was administered, even if a patient does not complete the survey (English, Spanish, Chinese, Russian, Vietnamese, or Portuguese).
- Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration
  - If a patient is found to be ineligible or excluded after the sample is drawn, the patient should be assigned a "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
  - If the patient is selected for the HCAHPS Survey and based on the patient's discharge date the 42-day initial contact period has lapsed prior to any contact attempt, then the patient should be assigned a "Final Survey Status" code of "8 – Non-Response: Non-response after maximum attempts"
- If a patient is discharged into a swing bed (except code "61 – SNF Swing bed within hospital"), use the discharge date from the acute care setting, not the discharge date from the swing bed
- The "Survey Completion Mode" field must be submitted if the "Survey Mode" in the Header Record is "3 – Mixed Mode" or "4 – IVR" and the "Final Survey Status" is "1 – Completed survey" or "6 – Non-response: Break off." For other "Final Survey Status" codes, code "Survey Completion Mode" as "8 – Not Applicable."

  Note: "Survey Completion Mode" is not a required field for "Survey Mode" of "1 – Mail Only" and "2 – Telephone Only."

- The "Number Survey Attempts – Telephone" field must be submitted when:
  - the "Survey Mode" in the Header Record is "2 – Telephone Only" or "4 – IVR"
  - the "Survey Mode" in the Header Record is "3 – Mixed Mode" and "Survey Completion Mode" is "2 – Mixed Mode-phone"
  - the "Number Survey Attempts – Telephone" field is coded with the attempt that corresponds to the time of final survey status determination

  Note: "Number Survey Attempts – Telephone" is not a required field for "Survey Mode" of "1 – Mail Only." If this field ("Number Survey Attempts – Telephone") is included with "Survey Mode" of "1 – Mail Only," then code "Number Survey Attempts – Telephone" as "8 – Not Applicable."

- The "Number Survey Attempts – Mail" field must be submitted when:
  - the "Survey Mode" in the Header Record is "1 – Mail Only"
  - the "Number Survey Attempts – Mail" field is coded with the attempt that corresponds to the time of final survey status determination

  Note: If a survey is returned from the first wave mailing, the mail attempt should be coded as "1 – First wave mailing" even if a second survey was mailed to the patient. If a patient does not return a first or second wave mailing, the mail attempt should be coded as "2 – Second wave mailing."

  Note: "Number Survey Attempts – Mail" is not a required field for "Survey Mode" of "2 – Telephone Only," "3 – Mixed Mode" or "4 – IVR." If this field ("Number Survey Attempts – Mail") is included with "Survey Mode" of "2 – Telephone Only," "3 – Mixed Mode" or "4 – IVR," then code "Number Survey Attempts – Mail" as "8 – Not Applicable."

  Note: The "Number Survey Attempts – Telephone" and the "Number Survey Attempts – Mail" fields are submitted in accordance with the requirements identified above for all HCAHPS "Final Survey Status" codes.

- The "Lag Time" is calculated for each patient in the sample and is defined as the number of days between the patient's discharge date from the hospital and the date that data collection activities ended for the patient
  - All surveys (i.e., "Final Survey Status" codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, or M) **must contain** the actual lag time
  - Surveys must **NOT** have a lag time coded as "888 – Not Applicable"

  Note: Although a completed or break-off survey may have a maximum lag time of up to 84 days, survey administration must be completed within 6 weeks (42 days) of initial contact ***(first mailing of the mail survey or first telephone/IVR attempt).***

  - The following are brief illustrations of how lag time would be determined for each Final Survey Status (<survey-status> or "Disposition of survey") in HCAHPS:
    - **Completed survey** (code 1): Lag time is the number of days between the patient's discharge date from the hospital and the receipt of a completed mail survey or the completion of a telephone or IVR survey
    - **Ineligible: Deceased** (code 2): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient is deceased
    - **Ineligible: Not in eligible population** (code 3): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient is not eligible for the HCAHPS Survey
    - **Ineligible: Language barrier** (code 4): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that a language barrier prevents the patient from completing the HCAHPS Survey

- **Ineligible: Mental/physical incapacity** (code 5): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that a mental or physical incapacity prevents the patient from completing the HCAHPS Survey
- **Non-response: Break off** (code 6): Lag time is the number of days between the patient's discharge date from the hospital and the date the patient "breaks off" or fails to complete the HCAHPS Survey after the survey has started
- **Non-response: Refusal** (code 7): Lag time is the number of days between the patient's discharge date from the hospital and the date the patient (or someone on the patient's behalf) refuses to take the HCAHPS Survey
- **Non-response: Non-response after maximum attempts** (code 8): Lag time is the number of days between the patient's discharge date from the hospital and the date of the maximum attempt (Mail: non-return of the second mailing of survey; Telephone: fifth call attempt; IVR: fifth call attempt) to administer the HCAHPS Survey
- **Non-response: Bad address** (code 9): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient's actual mailing address is not viable
- **Non-response: Bad/no phone number** (code 10): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient's actual telephone number is not viable

To illustrate the calculation of lag time, two examples are provided:

Patient A: Lag Time Calculation Mail	
Mode of Survey Administration	Mail Only
Discharge Date	July 1
Date of First Mail Attempt	August 12 (42 days after discharge)
Date of Follow-up Mail Attempt	September 2 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Patient	September 23 (42 days after first mail attempt) Patient never returned the HCAHPS Survey
HCAHPS Final Survey Status	Code as "8 – Non-response: non-response after maximum attempts" because the data collection protocol of 42 days has been reached and the patient has not returned the HCAHPS Survey
Lag Time	Calculated as 84 Days (number of days between the patient's discharge [July 1] from the hospital to the date data collection activities ended [September 23])

Patient B: Lag Time Calculation Telephone	
Mode of Survey Administration	Telephone Only
Discharge Date	July 1
Date of First Attempt	July 3 (48 hours after discharge)
Date Data Collection Activities Ended for this Patient	August 14 (42 days after the first telephone attempt)
HCAHPS Final Survey Status	Code as "8 – Non-response: non-response after maximum attempts" because the data collection protocol of 42 days had ended and the patient had not been reached although five attempts were made
Lag Time	Calculated as 44 Days (number of days between the patient's discharge from the hospital [July 1] to the date data collection activities ended [August 14])

- The "Supplemental Question Count" field must be submitted for all HCAHPS "Final Survey Status" codes. The count is the maximum number of supplemental questions available for the patient regardless if the questions are asked and/or answered.

  Note: For supplemental questions containing multi-response items (e.g., questions a. through e.), each response item will count as one question. For example, a supplemental question with sections a. through e. will count as five questions (a = 1, b = 2, c = 3, d = 4, e = 5) toward the total number of supplemental questions available to the patient.

- Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration

Patient Response/Survey Results Record

- Enter all survey responses as provided by the patient for each survey item
- All survey questions must have a valid value. For "Final Survey Status" of "1 – Completed survey" or "6 – Non-Response: Break-off," code missing answers as "M – Missing/Don't Know," unless the questions were appropriately skipped dependent questions which would be coded as "8 – Not Applicable"
- Patients may select more than one response category in Question 31, *"What is your race? Please choose one or more."*
  - Mail Survey
    - Enter **all** of the race categories that the patient has selected. For any race category not selected, enter "0." If no race categories are selected, enter "M – Missing/Don't Know" for all race categories.
  - Telephone and IVR Surveys
    - Enter **all** of the race categories that the patient has selected. If the patient responds "Yes" to a race category, enter "1." If the patient responds "No" to a race category, enter "0." If the patient does not provide a response to any of the race categories or skips the question, enter "M – Missing/Don't Know."

Note: A valid value must be submitted for each race category.

- If the same patient completes two surveys for the same hospital visit (i.e., the patient returns both mail surveys), the hospital/survey vendor uses the first HCAHPS questionnaire received

Survey Disposition Codes

Maintaining up-to-date dispositions of survey codes is a required part of the HCAHPS Survey administration process. Using the random, unique, de-identified Patient ID, the hospital/survey vendor assigns each patient in the sample a survey status code, which is used to track and report whether the patient has completed a questionnaire or requires further follow-up. Typically, survey status codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each patient surveyed at the end of data collection, that is – "Final Survey Status").

Interim disposition codes are to be used only for internal tracking purposes. The data files that are submitted to the QualityNet Secure Portal must contain the HCAHPS final survey status codes. Interim survey status codes allow the hospital/survey vendor to calculate and report the number of completed questionnaires and the response rate at any time during the data collection period. After data collection is completed, the hospital/survey vendor assigns each sampled patient a final survey status code.

The following table provides details on the assignment of the "Final Survey Status" field.

HCAHPS Final Survey Status/Disposition Codes	
Code	**Description**
1	**Completed survey**[11] Hospitals/Survey vendors assign a patient a "Final Survey Status" code of "1 – Completed survey" when the patient answers at least 50 percent of the questions applicable to all patients (questions 1 – 10, 12, 15, 18, and 21 – 25). Appropriately skipped questions do not count against the required 50 percent. There must be no evidence that the patient is ineligible. The following questions are not included in the calculation of percentage complete: 11, 13, 14, 16, 17, 19, 20, and 26 – 32.
2	**Ineligible: Deceased** Hospitals/Survey vendors assign a "Final Survey Status" code of "2 – Ineligible: Deceased" when the patient was alive at the time of discharge but deceased by time of survey administration.

[11] For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this section.

HCAHPS Final Survey Status/Disposition Codes

Code	Description

3 Ineligible: Not in eligible population[12]

Hospitals/Survey vendors assign a "Final Survey Status" code of "3 – Ineligible: Not in eligible population" when there is evidence that the patient does not meet one or more of the following eligibility criteria or is determined to fall within an exclusion category:

Eligibility Criteria

- 18 years old or older at the time of hospital admission
- Admission includes at least one overnight stay in the hospital as an inpatient
- Non-psychiatric principal diagnosis at discharge
- Alive at the time of discharge

Exclusions

- "No-Publicity" patient
- Court/Law enforcement patient (i.e., prisoners) with an "Admission Source" of "8 – Court/Law enforcement," "Discharge Status" of "21 – Discharged/Transferred to court/law enforcement," or "Discharge Status" of "87 – Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission." This does not include patients residing in halfway houses.
- Has a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Discharged to hospice (whether at home or another facility)
- Eliminated from participation based on state regulations
- Patients discharged to nursing homes and skilled nursing facility (this applies to patients with a "Discharge Status" of: "03 – Medicare certified skilled nursing facility" "61 – Medicare-approved swing bed within hospital," "64 – Medicaid certified nursing facility," "83 – Medicare certified skilled nursing facility with a planned acute care hospital inpatient readmission," and "92 – Medicaid certified nursing facility with a planned acute care hospital inpatient readmission")

Note: If a patient was not discharged with discharge status codes of 3, 61, 64, 83 or 92 and the patient is drawn into the HCAHPS sample, then the hospital/survey vendor must attempt to contact that patient. Upon a minimum of one contact attempt to the facility, patients who are positively confirmed by the hospital/survey vendor to be residing in a Medicare certified skilled nursing facility (discharge code 3), Medicare-approved skilled nursing facility swing bed within hospital (discharge code 61), Medicaid certified nursing facility (discharge code 64), Medicare certified skilled nursing facility with a planned acute care hospital inpatient readmission (discharge code 83), or Medicaid certified nursing facility with a planned acute care hospital inpatient readmission (discharge code 92), are considered ineligible and coded as "3- Ineligible: Not in eligible population."

[12] Refer to the Eligibility for HCAHPS and Exclusions described in the *Sampling Protocol* chapter.

HCAHPS Final Survey Status/Disposition Codes	
Code	**Description**
4	**Ineligible: Language barrier** Hospitals/Survey vendors assign a "Final Survey Status" code of "4 – Ineligible: Language barrier" when there is evidence that the patient does not read or speak the language in which the survey is being administered.
5	**Ineligible: Mental or physical incapacity** Hospitals/Survey vendors assign a "Final Survey Status" code of "5 – Ineligible: Mental/physical incapacity" when the patient is unable to complete the survey because he/she is mentally or physically incapacitated. This includes patients who are visually/hearing impaired.
6	**Non-response: Break-off**[13] Hospitals/Survey vendors assign a "Final Survey Status" code of "6 – Non-response: Break-off" when a patient provides a response to at least one HCAHPS Core question, but answered too few Core questions to meet the criteria for a completed survey.
7	**Non-response: Refusal** Hospitals/Survey vendors assign a "Final Survey Status" code of "7 – Non-response: Refusal" when a patient returns a blank survey with a note stating they do not wish to participate, or when a patient verbally refuses to begin the survey. Surveys completed by a proxy respondent are coded as "7 – Non-response: Refusal." *Note: Proxy respondents to the HCAHPS Survey are not permitted. In the event that it is determined a survey has been completed by a proxy respondent, the patient is assigned a "Final Survey Status" code of "7 – Non-Response: Refusal." The hospital/survey vendor submits the Administrative Data Record but does not submit the proxy-provided survey responses. The hospital/survey vendor retains a copy of such a survey and any accompanying documentation. If a survey is returned with a note or someone verbally refuses on behalf of the patient, the hospital/survey vendor should code the survey as "7 – Non-Response: Refusal."*

[13] For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this chapter.

HCAHPS Final Survey Status/Disposition Codes	
Code	**Description**
8	**Non-response: Non-response after maximum attempts** Hospitals/Survey vendors assign a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" when one of the following occurs: ➢ There is no evidence to suggest that a patient's contact information is bad (e.g., bad address in Mail Only methodology, bad telephone number in Telephone Only or IVR methodologies, and both bad address and bad telephone number in a Mixed Mode methodology), or ➢ If after the maximum number of attempts (two mail attempts for Mail Only; five telephone attempts for Telephone Only or Active IVR; and one mail attempt and five telephone attempts for Mixed Mode), the patient has not completed the survey by the end of the survey administration time period (i.e., 42 days from initial contact), or ➢ If the survey is returned by mail or completed by telephone or IVR with a lag time greater than 84 days *Note: If a patient is selected for the HCAHPS Survey and based on the patient's discharge date the 42-day initial contact period has lapsed prior to any contact attempt, then the patient should be assigned a "Final Survey Status" code of "8 – Non-Response: Non-response after maximum attempts." In addition, a Discrepancy Report must be filed to account for patient information received beyond the 42-day initial contact protocol.*
9	**Non-response: Bad address** This disposition code applies only to the Mail Only mode. Hospitals/Survey vendors assign a "Final Survey Status" code of "9 – Non-response: Bad Address" when there is evidence that a patient's address is bad (e.g., the post office returns the questionnaire to the hospital/survey vendor, etc.).
10	**Non-response: Bad/no telephone number** This disposition code applies to the Telephone Only, IVR and Mixed Modes of administration. For the Telephone Only and IVR modes, hospitals/survey vendors assign a "Final Survey Status" code of "10 – Non-response: Bad/no phone number" when there is evidence that a patient's telephone number is bad (e.g., no telephone number available or a disconnected telephone number, etc.). For the Mixed Mode, "10 – Non-response: Bad/no phone number" is used when there is evidence that a patient's address and telephone number are both bad.

Assigning Bad Address and Bad/No Telephone Number Disposition Codes

The "Final Survey Status" codes of "8 – Non-response after maximum attempts," "9 – Non-response: Bad address" and "10 – Non-response: Bad/no phone number" are assigned based on the viability of the address and telephone number for the patient. Hospitals/Survey vendors must track the viability of the mailing address and telephone number for each patient during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest otherwise. If the evidence is insufficient, the hospital/survey vendor must continue attempting to contact the patient until the required number of attempts has been exhausted.

Note: Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address and/or telephone number. Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, hospitals/survey vendors must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Hospitals/Survey vendors must use commercial software or other means to update addresses and/or telephone numbers provided by the hospital for sampled patients. If the hospital/survey vendor is unsuccessful in obtaining a viable mailing address and/or telephone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.

The following examples illustrate what constitutes sufficient or insufficient evidence of viability.

For a Mail Only survey, sufficient evidence regarding the viability of a patient's address includes:

- The hospital does not provide an address in the patient discharge list, and the hospital/survey vendor is unable to obtain an address for the patient
- Mail is returned marked "Address Unknown"
- Mail is returned marked "Moved – No Forwarding Address"

For a Mail Only survey, *insufficient evidence* regarding the viability of a patient's address includes:

- Address updating search does not result in an exact "match." If the search does not result in an exact "match," the hospital/survey vendor must attempt to mail using the address that is available.

For all modes of administration **except** Mail Only, sufficient evidence regarding the viability of a patient's telephone number includes:

- The hospital does not provide a telephone number in the patient discharge list, and the hospital/survey vendor is unable to obtain a telephone number for the patient
- The telephone interviewer dials the patient's telephone number and receives a message that the telephone number is non-working or out of order, and no updated number is available or obtained
- The telephone interviewer dials the patient's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number and other attempts to obtain the correct telephone number are not successful

For all modes of administration **except** Mail Only, *insufficient evidence* regarding the viability of a patient's telephone number includes:

- The hospital/survey vendor obtains a busy signal every time a telephone attempt is made

The following table summarizes how hospitals/survey vendors assign the "Final Survey Status" codes of "8 – Non-response: Non-response after maximum attempts," "9 – Non-response: Bad address" and "10 – Non-response: Bad/no phone number" after assessing the patient's contact information for viability. Due to the nature of the information available in the four modes of survey administration, different coding rules apply for surveys administered in each mode.

Mail Only Methodology Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Address and No Response After Maximum Attempts	**Evidence of a Bad Address**
Final Survey Status Code	**8**	**9**

Telephone Only and Active IVR Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Telephone Number and No Response After Maximum Attempts	**Evidence of a Bad/No Telephone Number**
Final Survey Status Code	**8**	**10**

Mixed Mode Methodology Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Address and/or Telephone Number <u>and</u> No Response After Maximum Attempts	**Evidence of <u>Both</u> a Bad Address and a Bad/No Telephone Number**
Final Survey Status Code	**8**	**10**

Definition of a Completed Survey

Hospitals/Survey vendors should be aware that a survey can be considered "complete" for HCAHPS purposes even if a patient did not answer all items. Hospitals/Survey vendors assign a patient's survey a "Final Survey Status" code of "1 – Completed survey" when at least 50 percent of the questions applicable to all patients (Questions 1-10, 12, 15, 18, and 21-25) are answered. Appropriately skipped questions and the following questions are <u>not</u> included in the calculation of percentage complete: 11, 13, 14, 16, 17, 19, 20, and 26-32.

The following steps describe how to determine if a survey is completed:

Step 1 – Sum the number of questions that have been answered by the patient that are applicable to all patients (i.e., questions 1-10, 12, 15, 18, and 21-25).

R = total number of questions answered

Step 2 – 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.

Percentage Complete = (R/18) x 100

Step 3 – If the Percentage Complete is at least 50 percent, then assign the survey a "Final Survey Status" code of "1 – Completed survey."

The following examples illustrate how to determine if a survey is "completed."

Determining if a Survey is Completed: Example A

A mail survey is returned to the hospital/survey vendor, or a telephone or IVR survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 2, 3, 4, 5, 8, 9, 12, and 18. The remaining items applicable to everyone were left blank or were coded as "M – Missing/Don't know."

Step 1:

R = total number of questions answered = 9

Step 2:

Percentage Complete = (9/18) x 100 = 50%

Step 3:

Percentage Complete = 50% which meets the criteria for a completed survey (≥ 50%). Hospital/ Survey vendor assigns a "Final Survey Status" code of "1 – Completed survey" to this survey.

Determining if a Survey is Completed: Example B

A mail survey is returned to the hospital/survey vendor, or a telephone or IVR survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 3, 4, 8, 12, and 18. The remaining items applicable to everyone were left blank or were coded as "M – Missing/Don't know."

Step 1:

R = total number of questions answered = 6

Step 2:

Percentage Complete = (6/18) x 100 = 33.3%

Step 3:

Percentage Complete = 33.3% which does not meet the criteria for a completed survey (≥ 50%). Hospital/Survey vendor assigns a "Final Survey Status" code of "6 – Non-response: Break off" to this survey.

Survey Response Rate

The following formula is included for informational purposes only; hospitals/survey vendors are not required to perform this calculation.

This formula is for a given four rolling quarters (12-month) public reporting period.

$$\textbf{Response Rate} = \frac{\textbf{Total Number of Completed Surveys}}{\textbf{Total Number of Surveys Fielded – Total Number of Ineligible Surveys}}$$

- **Total Number of Completed Surveys** is the total number of surveys with a "Final Survey Status" of 1
- **Total Number of Surveys Fielded** is the total sample, which includes "Final Survey Status" codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and M
- **Total Number of Ineligible Surveys** is the total number of surveys with a "Final Survey Status" code of 2, 3, 4, or 5

It is important to emphasize that the remaining non-response disposition codes (i.e., "6 – Break-off," "7 – Refusal," "8 – Non-response after maximum attempts," "9 – Bad address," and "10 – Bad/no telephone number") are **not** removed from the denominator of the response rate calculation.

The following example illustrates how to calculate a survey response rate.

Calculating a Survey Response Rate

A hospital administers the HCAHPS Survey to 833 discharged patients during a one-year period. Of the 833 surveys sent to patients, there were 300 returned completed surveys and an additional 85 were determined to be ineligible. The hospital would like to determine its survey response rate.

$$\text{Response Rate} = \frac{\text{(Total Number of Completed Surveys)}}{\text{(Total Number of Surveys Fielded – Total Number of Ineligible Surveys)}}$$

$$= \frac{(300)}{(833\text{-}85)}$$

$$= 0.401 = 40.1\%$$

The hospital's survey response rate is **40.1** %.

Data Preparation and Submission

Overview

The CAHPS Hospital Survey (HCAHPS) uses a standardized protocol for the preparation and submission of all data. This chapter describes the preparation, registration and instructions for data submission via the QualityNet Secure Portal (formerly My QualityNet), a CMS-approved web site for the secure data transmission of healthcare quality data.

Preparation for Data Submission

Hospitals/Survey vendors should prepare for HCAHPS data submission by performing the following steps:

1. Register for data submission via QualityNet and assign a QualityNet Security Administrator
2. Create and edit QualityNet Non-Administrative user accounts and assign QualityNet roles
3. Authorize HCAHPS Survey vendor via the QualityNet Secure Portal (for hospitals contracting with a survey vendor)
4. Submit data via the QualityNet Secure Portal

Registration for Data Submission via the QualityNet Secure Portal

Hospitals/Survey vendors are required to register with QualityNet in order to submit HCAHPS data for public reporting. If a hospital/survey vendor already has a QualityNet account, they will need to contact their QualityNet Security Administrator to have the necessary HCAHPS roles assigned to them in order to access the HCAHPS features of QualityNet. Users are classified as either QualityNet Security Administrators or as Non-administrative users. Each type of user requires a specific registration process. QualityNet users must be individually approved.

Assignment of a QualityNet Security Administrator

Each hospital participating in HCAHPS and each approved HCAHPS Survey vendor is required to have a QualityNet Security Administrator within their organization. In addition to this primary QualityNet Security Administrator, hospitals/survey vendors are required to maintain a backup or secondary QualityNet Security Administrator. The secondary QualityNet Security Administrator would have the same roles as the primary and be used on the occasions the primary is unavailable. Security Administrators are the main QualityNet contacts for the organization. A hospital cannot delegate the QualityNet Security Administrator role to any other organization, including their HCAHPS Survey vendor.

The registered hospital/survey vendor QualityNet Security Administrator(s) is responsible for registering and maintaining individual non-administrative users within their organization. Non-administrative users are all individuals within a hospital or survey vendor organization that could: submit data, view Submission or Feedback Reports and/or authorize a survey vendor based on their assigned roles within the QualityNet Secure Portal.

The hospital/survey vendor QualityNet Security Administrator's role(s) will be to:

- register as a QualityNet Security Administrator (refer to the QualityNet Security Administrator Registration section below)
- complete and/or approve each new non-administrative user online registration form according to QualityNet Online Registration instructions
- update non-administrative user information and assign/maintain appropriate roles for their QualityNet users
- grant individual non-administrative users access to specific applications or functions, such as the ability to view reports or to upload data
- remove access and/or approve the removal of access for their users who are no longer active or no longer require access to the QualityNet Secure Portal
- monitor QualityNet secure access to maintain proper security and confidentiality measures
- validate the users and the type of functionality each user at their organization should have within the QualityNet Secure Portal
- serve as a point of contact at the organization for information regarding QualityNet

If the hospital/survey vendor has a current QualityNet Security Administrator, that administrator can assign their users the needed HCAHPS QualityNet roles. If the hospital's/survey vendor's Project Manager does not know who the QualityNet Security Administrator is, he/she should contact the QualityNet Help Desk by calling 1-866-288-8912. If a hospital is going to be submitting data for multiple sites, it will need to complete a new QualityNet registration form as a survey vendor. Registration forms are available through HCAHPS Information and Technical Support at hcahps@hcqis.org.

If a hospital's/survey vendor's QualityNet Security Administrator is leaving the organization, he/she must notify their back-up administrator and/or the QualityNet Help Desk.

QualityNet Security Administrator Registration

The QualityNet Security Administrator registration process is similar for both hospitals and survey vendors. The only difference is that hospitals obtain the registration form from the QualityNet Help Desk, and survey vendors obtain the registration form from HCAHPS Information and Technical Support.

The specific steps for hospital/survey vendor QualityNet Security Administrator registration are as follows:

1. Request QualityNet Security Administrator registration form and instructions from the QualityNet Help Desk (for hospitals), or from the HCAHPS Information and Technical Support telephone line (1-888-884-4007) or via email at hcahps@hcqis.org (for survey vendors)
2. Complete the QualityNet Security Administrator Registration Form in hard copy, printing information legibly
3. Obtain signature of the highest-level executive at the hospital/survey vendor organization on the QualityNet Security Administrator Authorization Form
4. Keep copies of registration form
5. Mail the completed original registration form to the QualityNet Help Desk (for hospitals) or to the HCAHPS Technical Assistance (for survey vendors) unless otherwise directed

6. The QualityNet Help Desk will process the registration form, notify the hospitals/survey vendors by email that the registration process is complete and inform the user that their secure access to the QualityNet Secure Portal is accessible

QualityNet Non-Administrative User Registration

Once the hospital/survey vendor has at least one QualityNet Security Administrator, they may register non-administrative users within the organization.

The specific steps for registering non-administrative users of QualityNet are as follows:

1. Notify the hospital/survey vendor QualityNet Security Administrator about the need to become a QualityNet user

   Note: The QualityNet Security Administrator is responsible for registering new users in the QualityNet Secure Portal. The Administrator will collect the necessary registration information, complete an online registration form in the QualityNet Secure Portal and provide the new user with a printed registration form.

2. Keep a copy of the completed form
3. Mail the **completed original** form to the QualityNet Help Desk
4. The QualityNet Help Desk will process the registration form
5. The hospital/survey vendor will be notified by email when the registration process is complete and the QualityNet Secure Portal can be accessed by the user. The user will typically receive a QualityNet Welcome email within one business day of the paperwork being received by the QualityNet Help Desk.

If any issues are identified during the registration process, such as incomplete paperwork, the QualityNet Secure Portal access will be delayed until the issue is resolved.

QualityNet HCAHPS Roles

The following HCAHPS user roles are available to either hospitals or survey vendors, depending on the role:

- **HCAHPS Data Upload** – Hospital or survey vendor personnel who are assigned this role are responsible for uploading HCAHPS XML formatted data to the HCAHPS Data Warehouse and viewing HCAHPS Warehouse Submission Reports
- **HCAHPS Online Data Entry** – Hospital personnel (only for hospitals approved to self-administer the HCAHPS Survey) who are assigned this role may submit data via the QualityNet HCAHPS Online Data Entry Tool, instead of uploading XML formatted files
- **HCAHPS Feedback Reports** – Hospital personnel who are assigned this role are able to view HCAHPS Warehouse Feedback Reports. Once permission is obtained per the QualityNet HCAHPS Report Authorization feature, survey vendor and healthcare system personnel who are assigned this role are able to view HCAHPS Warehouse Feedback Reports for their hospitals.
- **HCAHPS Report Auth Request** – Survey vendor and healthcare system personnel who are assigned this role are able to request authorization to view their hospital's HCAHPS Warehouse Feedback Reports

- **HCAHPS Report Auth Approval** – Hospital personnel who are assigned this role are able to approve, deny, or modify survey vendor or healthcare system requests to view their hospital's HCAHPS Feedback Reports
- **HCAHPS Vendor Auth** – Hospital personnel who are assigned this role have the authority to designate which survey vendor, or hospital acting as a vendor, may submit data on their behalf

If the QualityNet Security Administrator requires any of the above user roles (i.e., **HCAHPS Online Data Entry**) he/she must contact their organization's secondary Administrator to request the role assignment. If there is no secondary Administrator at a **hospital**, the QualityNet Security Administrator must contact the QualityNet Help Desk to request the role assignment. If there is no back-up Administrator in a **survey vendor's organization**, the QualityNet Security Administrator must contact the QualityNet Help Desk to request the role assignment.

For more detailed information on the registration process, visit the QualityNet Secure Portal (https://www.qualitynet.org).

QualityNet Inactivity

A QualityNet account becomes deactivated after 120 days of inactivity. It is recommended that data submitters login to their QualityNet account on at least a monthly basis in order to avoid deactivation.

HCAHPS Survey Vendor Authorization Process

The following two sections outline the steps a hospital must complete in order to authorize, de-authorize or switch a survey vendor or a hospital acting as a survey vendor, to submit data via the QualityNet Secure Portal on the hospital's behalf.

Survey Vendor Authorization

Hospitals that will be using a survey vendor or a hospital administering HCAHPS for multiple sites to submit their HCAHPS data must first authorize the survey vendor or multi-site hospital before their data can be successfully submitted via the QualityNet Secure Portal. Survey vendors should work closely with their hospital clients, who are unfamiliar with the QualityNet Secure Portal, to complete the authorization at least 90 days prior to the data submission deadline. The "Hospital: Inpatient Patient Satisfaction" link is displayed on the secure home page of QualityNet under the "Authorize Vendors to Submit Data" task group for hospital users who have been assigned the **HCAHPS Vendor Auth** role.

If a survey vendor attempts to submit the hospital's survey data without authorization, the data will be rejected by the data warehouse. The survey vendor will need to contact the hospital about the authorization, and re-submit the data once authorization is obtained. Survey vendor authorization takes effect immediately once the survey vendor authorization has been successfully submitted via the QualityNet Secure Portal.

Hospitals must use the self-serve feature on the QualityNet secure pages to authorize their HCAHPS Survey vendors. Hospitals may select from a list of approved survey vendors, and will then need to enter Transmission and Discharge Dates. The definitions of the Transmission and Discharge Start and End Dates are as follows:

- The Transmission Start Date represents the first calendar day the survey vendor is authorized to submit data on a hospital's behalf. It defaults to the current date.
- The Transmission End Date can be completed with the last date the hospital wishes the survey vendor to submit data on their behalf. **However, it is strongly recommended that this field be left blank**.
- The Discharge Start Date represents the first day of the month the survey vendor has been contracted to work and from which eligible discharges will be sampled for surveying
- The Discharge End Date can be completed with the last day of the last month the hospital wishes the survey vendor to sample from eligible discharges for the purpose of administering the survey. **However, it is strongly recommended that this field be left blank**.

Authorizing a New HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	**10/1/2016**	**10/1/2016**
End Date		

Strongly recommend that the End Date fields be left blank until survey authorization is terminated

Switching Survey Vendors

Hospitals that choose to switch from one survey vendor to another can only do so at the beginning of a calendar quarter. Survey vendors should work closely with their hospital clients, who are unfamiliar with the QualityNet Secure Portal, to complete the authorization at least 90 days prior to the data submission deadline. In order to switch from one survey vendor to another, a QualityNet user with the **HCAHPS Vendor Auth** role (ask your Security Administrator to make changes to your QualityNet account if you do not have this role) must enter or change the Transmission and Discharge End Dates associated with the current survey vendor before they can authorize the new survey vendor. The following steps must be completed before a new survey vendor can be successfully authorized:

1. In the current survey vendor's account, the Transmission End Date should be the last day for which the current survey vendor will be submitting data on the hospital's behalf

   Note: This will be the last date the QualityNet system will allow this vendor to upload. Make sure to provide the survey vendor with enough time to submit the data. For example, if the survey vendor is authorized to submit 3Q16 data, the survey vendor must have a transmission end date after the submission deadline for that quarter (January 4, 2017 with Review and Correct Period until January 11, 2017). Therefore, the transmission end date for the above example should be at least January 12, 2017.

2. In the current survey vendor's account, the Discharge End Date should be the last day of the month the hospital will allow the current survey vendor to sample from eligible discharges
   Note: The discharge end date is the last day of the month the current survey vendor is under contract to collect survey data on behalf of the hospital. As in the previous example, if the survey vendor is under contract only until the end of 3Q16, then the current survey vendor's Discharge End Date would be September 30, 2016. The new survey vendor should have a start date of October 1, 2016. See items 4, 5, 6, and 7 below for more information.
   - ***The Discharge End Dates of the new and expiring survey vendor <u>CANNOT</u> overlap.***

3. After setting the Transmission End Date and the Discharge End Date for the expiring survey vendor, the user must wait **overnight** before they can enter the new survey vendor's start date

4. The new survey vendor's Transmission Start Date must be the first day that this survey vendor will submit data for the hospital. The QualityNet system will default the Transmission Start Date to the date the hospital's QualityNet user logs on to authorize the new survey vendor. The hospital is encouraged to use this default date, unless the survey vendor's contractual arrangements with the hospital dictate otherwise.

   *Note: The Transmission Start Date of the new survey vendor **<u>CAN</u>** overlap the Transmission End Date of the former survey vendor. Due to the lead time between discharge quarters and submission deadlines, the new survey vendor will need the ability to begin submission of their collected HCAHPS data **befor**e the previous survey vendor has completed data submission. For example, if 3Q16 is the last quarter the expiring survey vendor can collect and submit data, their transmission deadline will have to be at least January 12, 2017. However, the new survey vendor for 4Q16 should be allowed to begin HCAHPS Survey administration as soon as October 1, 2016. Therefore, the new survey vendor should have a Transmission Start Date as soon as October 1, 2016.*

5. The new survey vendor's Transmission End Date can be completed with the last date that the hospital wishes the survey vendor to submit data on their behalf. **<u>However, it is strongly recommended that this field be left blank</u>**.

6. The new survey vendor should be given a Discharge Start Date of the first day of the quarter for which the new survey vendor will be submitting data for the hospital

   *Note: The Discharge Start Date of the new survey vendor **<u>CANNOT</u>** overlap with the DISCHARGE END DATE of the previous survey vendor. QualityNet will not allow such an overlap to occur. If a user receives an error for overlapping dates, the user must review and correct the Discharge End Date of the previous survey vendor prior to adding the new survey vendor. **After editing the previous survey vendor's Discharge End Date,***

the user must wait overnight before they can set the new survey vendor's Discharge Start Date.

7. The new survey vendor's Discharge End Date should be the last date that the hospital contracts with the new survey vendor to submit data for the hospital. **However, it is strongly recommended that this field be left blank**.

EXAMPLE – Switching Survey Vendors

The example below cites the current survey vendor being terminated after 3Q16 patient discharge data collection and the new survey vendor beginning with collection of 4Q16 patient discharge data.

Day 1 – Close Out "Current" HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	**07/01/2007**	**07/01/2007**
End Date	**09/30/2016**	**01/12/2017**
	(Last day of the month for eligible discharge data collection)	**(One day after HCAHPS Data Submission Deadline Review and Correct Period)**

Discharge Dates **CANNOT** Overlap between old and new survey vendors

Data Transmission Dates **CAN** Overlap between old and new survey vendors

Day 2 – Authorize "New" HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	**10/1/2016**	**10/1/2016**
End Date		

Strongly recommend that the End Date fields be left blank until survey authorization is terminated

Data Submission via the QualityNet Secure Portal

In order for hospitals or survey vendors to submit HCAHPS data, they must first complete the QualityNet user registration. Once the registration process is complete, Hospital/Survey vendor users will be issued a user ID and password allowing them to securely access the 'non-public' areas of the QualityNet Secure Portal.

To add surveys to the HCAHPS Data Warehouse, the end user must have either the **HCAHPS Data Upload** role for submitting multiple surveys via XML files or the **HCAHPS Online Data Entry** role to use the HCAHPS Online Data Entry Tool. Survey vendors must submit data files using the XML format only, and each XML file should contain one month's worth of survey data (by hospital). For further information on the XML file specifications and structure, see Appendix Q. Hospitals/Survey vendors that require assistance with the XML format should contact HCAHPS Information and Technical Support at 1-888-884-4007 or via email at hcahps@hcqis.org.

Data can be submitted on a monthly or quarterly basis and there are no fees associated with submitting data via the QualityNet Secure Portal.

The QualityNet Secure Portal Reports

Following submission of data, both XML users and Online Data Entry Tool users have access to reports about the data submission in the QualityNet Secure Portal. There are different QualityNet Secure Portal user roles that are needed to access these reports, depending on whether XML or the Online Data Entry Tool was used, and whether the user is a survey vendor or a hospital. The different reports and their content and rules for access are outlined below.

HCAHPS Data Submission Reports

Four HCAHPS Data Submission Reports are accessible by the submitter of data with the HCAHPS Data Upload role:

- **Hospitals Authorizing Vendor to Upload Data Report** – is a list of hospitals that have approved a survey vendor, including the Discharge Start and End Dates and the Transmission Start and End Dates
- **HCAHPS Warehouse Data Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages
- **HCAHPS Warehouse Submission Summary Report** – includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID
- **HCAHPS Data Review and Correction Report** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Hospitals/Survey vendors are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that have been submitted, hospitals/survey vendors will have an opportunity to upload corrected files during the review and correct period (one week following the data submission deadline).

  Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted.

The following information is intended to assist hospitals/survey vendors who submit survey data to the HCAHPS Data Warehouse via the QualityNet Secure Portal about the most effective way to run and view the following two HCAHPS data submission reports:

- HCAHPS Warehouse HCAHPS Warehouse Data Submission Detail Report
- HCAHPS Warehouse Data Submission Summary Report

To obtain a comprehensive set of submission results, it is strongly recommended that these reports be run by selecting only the "Upload Start & End Date" parameter (and if needed, Batch ID parameter to limit the results to the Batch IDs selected).

The "Discharge Start & End Date" and "Provider" parameters (applies to survey vendors) filter the results to a subset of the submission results. If the "Discharge Start & End Date" parameter and/or the "Provider" parameter (applies to survey vendors) are selected, any files that were submitted but then received parsing errors will be omitted from the submission report. Therefore, it is recommended that hospitals run the reports with the "Upload Start and End Date" parameters only. Doing so will ensure that all files submitted are accounted for on the submission reports, whether the files were accepted, rejected or could not be parsed.

After obtaining the comprehensive set of submission results by following the directions above, users may find it helpful to run additional reports using varying combinations of parameters to filter the results to a smaller subset, depending on the need identified by the user, such as using the Batch ID parameter to limit the results to the Batch IDs selected.

HCAHPS Warehouse Feedback Reports

Four **HCAHPS Warehouse Feedback Reports** are accessible by hospital, survey vendor and health care system personnel with the **HCAHPS Feedback Reports** role. Survey vendor and health care system personnel are able to view HCAHPS Warehouse Feedback Reports for their hospitals once permission is obtained per the QualityNet HCAHPS Report Authorization feature.

Note: All hospitals, including those contracting with a survey vendor, should review the Provider Survey Status Summary and HCAHPS Warehouse Data Submission Detail Reports on a regular basis.

- **HCAHPS Warehouse Provider Survey Status Summary Report** – includes the number of surveys submitted for a provider for a discharge month. This report lists the accepted Administrative Data Records (which includes the number of respondents and non-respondents to the survey) and the accepted Survey Results Records (which includes only the respondents to the survey). This summary report displays results submitted via either the HCAHPS Online Data Entry Tool or XML format.
- **HCAHPS Warehouse Data Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages. This detail report displays results submitted via XML only.
- **Hospital IQR Reporting – Provider Participation Report** – provides a summary for participation in the Hospital Inpatient Quality Reporting Program (Hospital IQR Program) formerly known as the Reporting Hospital Quality Data for the Annual Payment Update (RHQDAPU) program. This report indicates if HCAHPS Survey files were received for

each discharge quarter or indicates if a file has been submitted for zero cases. This report is only available for facilities with an active APU pledge.

- **HCAHPS Data Review and Correction Report** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Hospitals/Survey vendors are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that had been submitted, hospitals/survey vendors will have an opportunity to upload corrected files during the review and correct period (one week following the data submission deadline).

  Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted.

Other Reports

- The **Hospital Quality Alliance (HQA) Report** is available to hospital and health care system personnel with the QIO Clinical Warehouse Feedback Reports role. The report provides an overview of a hospital's performance to be publicly reported for a selected preview period. A 30-day preview of this report is available approximately 60 days prior to the public reporting of scores on the Hospital Compare Web site.

XML Data File Submission

The XML file upload is intended for use by survey vendors and self-administering hospitals that have a large volume of surveys. Survey vendors are required to submit data using the XML file format only.

The steps for XML data file submission via the QualityNet Secure Portal are as follows:

1. Access the QualityNet Secure Portal (https://www.qualitynet.org)
2. Sign in to the QualityNet Secure Portal
3. Select "Quality Programs" then "Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR"
4. Click "**Patient Satisfaction (HCAHPS)**" in the Submit Data task group
5. Click on either "Upload Individual Files" or "Upload Entire Directory"
6. Select the files from the directory or select a folder for data upload
7. Sign out of the QualityNet Secure Portal
8. Receive an email notification when the files are processed
9. Sign in to the QualityNet Secure Portal and access "**HCAHPS Warehouse Submission Reports**" to verify the status of the files after email notification has been received
10. Correct and resubmit files if there are data upload errors. Continue process until the upload is successful.

    Note: File names must be 50 characters or less and contain no special characters. For more information see the QualityNet User's Guide on the QualityNet Secure Portal.

Data files in the XML file format submitted via the QualityNet Secure Portal may be combined in a zip file. However, if there is an error with one or more of the files within a zip file, the entire zip file will be rejected (which means all of the files *inside* the zip file will be rejected). If a directory containing multiple XML files is uploaded, and there is an error with one or more of

the files within the directory, only the invalid files will be rejected and the rest of the files that pass validation will be accepted. The rejected files will be listed in the Data Submission Reports. All of the other valid files will be processed as per the validation rules.

The Upload Complete message acknowledges the successful upload via encryption via the QualityNet Secure Portal. *However, the Upload Complete message does not mean that the files have been processed and accepted by the HCAHPS Data Warehouse*. For XML data submissions, the submitter of the data will receive a QualityNet email once the files have been processed. The email may be received within 1–24 hours after submitting the data. If the email is not received within 24 hours, contact the QualityNet Help Desk because this could mean that the data file could not be read by the QualityNet system.

Once the file processing email has been received, the HCAHPS Warehouse Submission Reports should be accessed. These reports show whether or not the files were accepted into the QualityNet HCAHPS Data Warehouse. If a data file was rejected, the entire file will need to be re-submitted after making the necessary corrections. A recorded WebEx training, "Submitting Patient Satisfaction (HCAHPS) Data and Submission Reports," can be viewed on the public QualityNet Secure Portal under QualityNet Training.

Online Data Entry Tool Submission

Data submitted via the HCAHPS Online Data Entry Tool is entered one survey at a time and should be combined into one month's worth of survey data for one hospital. A recorded WebEx training, "HCAHPS Online Data Entry," can be viewed on the QualityNet Secure Portal under QualityNet Training.

The HCAHPS Online Data Entry Tool was developed for hospitals self-administering the HCAHPS Survey and submitting their own data. The HCAHPS Online Data Entry Tool is an alternative to converting data files into the XML format. **A hospital cannot submit HCAHPS data via the online tool if they have authorized a survey vendor to submit data on their behalf**.

A user with the QualityNet **HCAHPS Online Data Entry** role can access the online tool by clicking on the Patient Satisfaction (HCAHPS) Data Entry link in the Submit Data task group of the secure home page in QualityNet. If this link is not visible, the user may not have the appropriate QualityNet role assigned and will need to contact their QualityNet Security Administrator to request this role.

When using the HCAHPS Online Data Entry Tool, an individual survey should be entered in one sitting. The user does not have the ability to save a partially finished survey and come back later to complete it. A Verify Data Screen displays for each successfully entered survey. Following verification that the data were entered correctly, the data will be submitted to the HCAHPS Data Warehouse. In order to make additions or corrections once a survey is submitted, the entire survey will need to be re-entered.

In order to provide the end user with a record of their entered patient survey data, a comma separated value file is available through the HCAHPS Online Data Entry Tool. To retrieve their

data, the end user should navigate to the "Surveys" page within the HCAHPS Online Data Entry Tool and select the "download survey(s)" link for the month of survey answers they wish to see.

After 15 minutes of inactivity, the HCAHPS Online Data Entry Tool will time-out the session and the user will be automatically logged out. If this happens, any partially entered data that was not submitted will be lost. Users will receive a warning message five minutes prior to their session being terminated, and users may request to continue the session.

Once survey month information is entered, the user can return to the HCAHPS Online Data Entry Tool to add administrative and survey data for other patients surveyed in that month. If an invalid survey record must be deleted, return to the "Surveys" page and click on the "Deleted Survey" link associated with the year/month of the incorrect survey. A listing of the surveys entered in that month will display. View, then delete the incorrect survey. Once deleted the survey cannot be retrieved, so be sure to view and confirm the survey before accepting the "delete action."

For more detailed information on the data submission process and to access the QualityNet User Guides, visit the QualityNet Secure Portal (https://www.qualitynet.org). The QualityNet User Guides are located on any of the QualityNet web pages, or under **Help** on the Sign-in to the QualityNet Secure Portal.

QualityNet Help Desk

For assistance with navigating the QualityNet Secure Portal, please contact the QualityNet Help Desk:

- Via email at qnetsupport@hcqis.org
- Via telephone 1-866-288-8912

Oversight Activities

Overview

In order to verify compliance with CAHPS Hospital Survey (HCAHPS) protocols, the CMS-sponsored HCAHPS Project Team conducts oversight of participating hospitals/survey vendors. This chapter describes the oversight activities for the HCAHPS Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the HCAHPS Participation Form and Attestation Statement signifies agreement with all of the Rules of Participation, including all HCAHPS oversight activities**.

Oversight Activities

All hospitals/survey vendors that participate in the HCAHPS Survey are required to take part in all oversight activities, which include but are not limited to the following:

- HCAHPS Quality Assurance Plan (QAP)
  The HCAHPS QAP is a comprehensive working document that is developed, and periodically revised, by hospitals/survey vendors in order to document their current administration of the survey and compliance with the HCAHPS guidelines. The QAP should also be used as a training tool for project staff and subcontractors. The HCAHPS Project Team will review hospital/survey vendor QAPs to ensure that the hospital's/survey vendor's stated processes are compliant with HCAHPS protocols. Updated QAPs must include, but are not limited to, documentation of changes in key staff, resources, operations, and/or survey mode; along with a detailed discussion of the results of quality checks and monitoring of HCAHPS Survey administration from the prior year. Any approved Exceptions Requests must be thoroughly discussed in the QAP. In addition, materials relevant to the HCAHPS Survey administration, including mailing materials (questionnaires, cover letters and outgoing envelopes) and/or telephone/IVR scripts and interviewer screen shots are required to be submitted for each approved mode of survey administration. CMS may also request additional survey-related materials for review as needed.
- Analysis of Submitted Data
  All survey data submitted to the HCAHPS Data Warehouse by hospitals/survey vendors are reviewed by the HCAHPS Project Team. This review includes, but is not limited to, statistical and comparative analyses; preparation of data for public reporting; and other activities as required by CMS. If data anomalies are found, this will result in follow-up with the hospital/survey vendor.
- On-site Visits/Conference Calls
  All hospitals/survey vendors (and their subcontractors, as applicable) are required to participate in on-site visits and/or conference calls conducted by the HCAHPS Project Team. The on-site visits allow the HCAHPS Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the HCAHPS Survey. The conference calls allow the HCAHPS Project Team to discuss issues with the hospital/survey vendor related to administration of the HCAHPS Survey.
- Additional Activities
  Additional activities as specified by CMS may be conducted in addition to the above.

Note: If the on-site visit/conference call, or any other oversight activity conducted by the HCAHPS Project Team, suggests that actual survey processes differ from HCAHPS protocols, immediate corrective actions may be required and sanctions may be applied.

HCAHPS Quality Assurance Plan (QAP)

Hospitals/Survey vendors approved to administer HCAHPS are obligated to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the hospital's/survey vendor's implementation of, and compliance with, the HCAHPS guidelines. The main purposes of the QAP are as follows:

- Provide documentation of hospitals'/survey vendors' understanding, application and compliance with the HCAHPS *Quality Assurance Guidelines V12.0*. The following components must be addressed:
  1. Organizational background and structure for project
  2. Work plan for survey administration
  3. Role of subcontractor(s), if applicable
  4. Survey and data management system
     - Include a detailed description of the following:
       - For Telephone Only and Telephone component of Mixed Mode, how interviewers redirect the call when the patient is personally known by the initial interviewer
       - Describe how patients with multiple telephone numbers are handled, including how the telephone numbers are prioritized
       - Provide a count of the maximum number of supplemental questions added to the HCAHPS Survey. Identify where the supplemental questions are placed. List the transition statement placed before the supplemental questions (include this information for each hospital).
       - The procedure for ensuring hospitals achieve 300 completed surveys in a 12-month timeframe when there are sufficient eligible discharges to support 300 completed surveys
  5. Quality Controls for survey administration activities
  6. Confidentiality, privacy and security procedures in accordance with HIPAA
  7. Annual reporting of the results from quality control activities
  8. HCAHPS Survey materials
- Serve as the organization-specific guide for administering the HCAHPS Survey, training project staff to conduct the survey and conducting quality control and oversight. The **QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations**.
- Ensure high quality data collection and continuity in survey processes

The QAP should be free of extraneous information and the emphasis should be on providing concise explanations of required HCAHPS processes. The QAP should reflect the hospital's/survey vendor's implemented survey administration processes.

The HCAHPS Project Team will notify hospitals/survey vendors when to submit an updated QAP to the HCAHPS Project Team by the specified submission due date. All QAPs must be

dated and all changes from prior versions must be clearly identified (i.e., use Microsoft Word track changes). At a minimum, the updated submission must include a copy of the actual mail materials−in all languages that are employed−(Mail Only and Mixed Modes); a copy of the telephone script (screen shot) as viewed by the interviewers (Telephone Only and Mixed Modes); and/or a copy of the IVR script/program (Active IVR mode). The QAP should specifically address the following issues:

- Changes in survey administration processes, including any process changes due to revised HCAHPS *Quality Assurance Guidelines*
- A discussion of the results of the quality control checks performed in the prior year
- A discussion of the challenges faced by hospitals/survey vendors in survey administration in the prior year, and how those challenges were handled
- Changes in key staff
- Changes in resources

Along with the QAP update, hospitals/survey vendors may be required to submit other materials relevant to the HCAHPS Survey administration, when requested by CMS. The HCAHPS Project Team's **acceptance** of a submitted QAP and corresponding survey materials **does not** constitute or imply approval or endorsement of the hospital's/survey vendor's HCAHPS Survey administration processes. The on-site visit and/or other oversight activities are used to examine, verify and approve the actual processes by which the HCAHPS Survey is administered.

The Quality Assurance Plan Outline can be found in Appendix R. It is strongly recommended that hospitals/survey vendors use the QAP Outline as a template for developing and updating their own QAP. The QAP Outline can be downloaded from the HCAHPS Web site (http://www.hcahpsonline.org).

Analysis of Submitted Data

The HCAHPS Project Team reviews and analyzes all survey data submitted to the HCAHPS Data Warehouse through the QualityNet Secure Portal in order to ensure the integrity of the data. If significant issues are identified, the hospital/survey vendor may be contacted. Hospitals/Survey vendors must adhere to all submission requirements as specified in the HCAHPS *Quality Assurance Guidelines V12.0;* posted on the QualityNet Secure Portal; and those periodically posted on the HCAHPS Web site, as well as the deadline dates as posted on the HCAHPS Web site. Please monitor the HCAHPS Web site for additional data submission information and updates.

On-site Visits/Conference Calls

The HCAHPS Project Team will conduct on-site visits and/or conference calls with hospitals/survey vendors to verify compliance with the HCAHPS requirements. The size and composition of the review team will vary.

The HCAHPS Project Team conducts its on-site reviews in the presence of the hospital's/survey vendor's staff, and a confidentiality agreement is signed by all parties at the start of the on-site visit. The HCAHPS Project Team works with the visited organization to cover agenda items presented in advance to the hospital/survey vendor. The HCAHPS Project Team may also review any additional information or facilities determined to be necessary to complete the site visit,

including work performed by subcontractors, if applicable. **Hospitals/Survey vendors must make their subcontractors available to participate in the on-site visits and conference calls**.

In addition to other activities, the HCAHPS Project Team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The on-site review includes a review of sampling procedures. The hospital/survey vendor must retain HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sampling frame, XML files, etc.) for a minimum of three years. The HCAHPS Project Team will review specific data records and trace the documentation of activities from the receipt of the discharge list through the uploading of the data to the HCAHPS warehouse. The Project Director/Project Manager must be physically present during the on-site visit. The on-site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the on-site visit review will remain confidential, as per CMS guidelines. After the on-site visit, the HCAHPS Project Team will provide the hospital/survey vendor with a summary of findings from the on-site review, and may pose follow-up questions and/or request additional information as needed.

On-site visits may be announced and scheduled in advance, or they may be unannounced. Hospitals/Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

During the on-site visit and/or conference call, the HCAHPS Project Team will review the hospital's/survey vendor's survey systems and will assess protocols based upon the HCAHPS *Quality Assurance Guidelines V12.0*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to:

- Survey management
- Data systems
- Sampling procedures
- Printed materials
- Printing, mailing and other related facilities
- Telephone/IVR materials, interview areas and other related facilities
- Telephone interviews
- Data receipt and entry
- Storage facilities
- Confidentiality, privacy and security
- Written documentation of survey processes
- Specific and/or randomly selected records covering a time period to include the data in the most recent public report period, or earlier

After the on-site visit or conference call, organizations will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Hospitals/Survey vendors will be subject to follow-up on-site visits and/or conference calls, as needed.

Non-compliance and Sanctions

Non-compliance with HCAHPS protocols including program requirements, timely submission of the QAP as requested, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospital and/or its survey vendor including:

- application of the appropriate footnote(s) to HCAHPS Survey results reported on the Hospital Compare Web site
- adjustment to publicly reported scores, as needed
- increased oversight activities
- loss of approved status to administer the HCAHPS Survey
- withholding of HCAHPS Survey results from public reporting, which could affect the hospital's Annual Payment Update (APU)
- other sanctions as deemed appropriate by CMS

Note: Hospitals that contract with a survey vendor or self-administer the HCAHPS Survey should be aware that non-compliance by either hospitals or survey vendors could result in these, or other, sanctions.

Data Reporting

Overview

This chapter describes the public reporting of the CAHPS Hospital Survey (HCAHPS) results on the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare). HCAHPS results are published quarterly and include the hospital's most recent four quarters of data.

Reporting Periods	Anticipated Public Reporting Dates
July 2015 – June 2016	April 2017
October 2015 – September 2016	July 2017
January 2016 – December 2016	October 2017
April 2016 – March 2017	December 2017

Public Reporting of HCAHPS Results

Hospital-level results are publicly reported on the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare). This web site was created through the efforts of CMS, along with the Hospital Quality Alliance (HQA). Hospitals must have 25 completed surveys in the 12-month reporting period for HCAHPS results to be publicly reported on the Hospital Compare Web site.

HCAHPS – Star Ratings

As part of the initiative to add five-star quality ratings to its Compare Web sites, CMS now reports HCAHPS Star Ratings on its Hospital Compare Web site. Star ratings make it easier for consumers to use the information on the CMS Compare Web sites and spotlights excellence in healthcare quality. Twelve HCAHPS Star Ratings appear on Hospital Compare: one for each of the 11 publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating. Hospitals are able to preview the HCAHPS Star Ratings in their 30-day Public Reporting Preview Report. For more detailed information regarding the calculation of the HCAHPS Star Ratings, please visit the Star Ratings page of the HCAHPS Web site (http://www.hcahpsonline.org).

100 Completed Survey Minimum for HCAHPS Star Ratings

In order to receive HCAHPS Star Ratings, hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Hospital Compare.

Publicly Reported HCAHPS Measures

HCAHPS results are reported for seven composites, two individual items and two overall ratings:

- Composite Measures
  1. Communication with Nurses (Q1, Q2, Q3)
  2. Communication with Doctors (Q5, Q6, Q7)
  3. Responsiveness of Hospital Staff (Q4, Q11)
  4. Pain Management (Q13, Q14)
  5. Communication About Medicines (Q16, Q17)
  6. Discharge Information (Q19, Q20)

7. Care Transition (Q23, Q24, Q25)

- Individual Items
  1. Cleanliness of Hospital Environment (Q8)
  2. Quietness of Hospital Environment (Q9)
- Global Items
  1. Overall Hospital Rating (Q21)
  2. Recommend the Hospital (Q22)

Each of the seven composites is constructed from two or three questions from the survey and reported as one composite score. To produce composite scores, the proportion of cases in each response category for each question is calculated. Once the proportions are calculated for each response category, the average proportion of those responding to each category is then calculated across all the questions that make up a specific composite. Only the questions answered by the patient are included in the composite calculation.

For public reporting purposes, the seven composite scores, the two individual items and the two global items are displayed. Both national and state comparisons are reported for each of the HCAHPS scores. In addition, the number of surveys completed (in three broad categories) and the survey response rate are also reported for each participating hospital.

Bar graphs are displayed for the most positive response (or "top box") category. For instance, the graphic display of the "Overall Rating" item shows the percentage of patients who gave their hospital a "9" or "10" on the "0 to 10" rating scale, or the percentage of patients who responded that their doctors "always" communicate well. The tables displayed on Hospital Compare show the "top-box," "middle-box" and "bottom-box" results for each HCAHPS item.

Users of the Hospital Compare Web site are able to "drill down" to get more detailed information regarding this distribution for the response categories. Researchers and other interested parties are able to access a downloadable database on Hospital Compare that includes all of the hospital-level results that are publicly reported.

Adjusting Results

HCAHPS Survey results are adjusted for survey mode and patient-mix prior to public reporting. Only adjusted results are publicly reported and considered the official HCAHPS results. The adjusted results may differ from the unadjusted results.

For hospitals that obtain fewer than 100 completes and for hospitals that obtain fewer than 50 completes, results are reported, but the lower precision of the results derived from less than 100 completed surveys (and/or less than 50 completed surveys) is noted in the public reporting on the Hospital Compare Web site. Please see the HCAHPS Web site (http://www.hcahpsonline.org) for more information on these data adjustments, as well as additional information regarding HCAHPS scores.

A Note About HCAHPS "Boxes"

HCAHPS results are publicly reported on Hospital Compare as "top-box," "bottom-box" and "middle-box" scores. The **"top-box"** is the most positive response to HCAHPS Survey items. The "top-box" response is *"Always"* for five HCAHPS composites (Communication with

Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"Yes"* for the Discharge Information composite, *"'9' or '10' (high)"* for the Overall Hospital Rating item, *"Definitely yes"* for the Recommend the Hospital item, and *"Strongly agree"* for the Care Transition composite.

The **"bottom-box"** is the least positive response category for HCAHPS Survey items. The "bottom-box" response is *"Sometimes or Never"* for five HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"No"* for the Discharge Information composite, *"'6' or lower (low)"* for the Overall Hospital Rating item, *"'Definitely No' and 'Probably No'"* for the Recommend the Hospital item, and *"'Strongly disagree' and 'Disagree'"* for the Care Transition composite.

The **"middle-box"** captures intermediate responses to HCAHPS Survey items. The "middle-box" response is *"Usually"* for five HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"'7' or '8' (medium)"* for the Overall Hospital Rating item, *"Probably yes"* for the Recommend the Hospital item, and *"Agree"* for the Care Transition composite. There is no "middle-box" response in the Discharge Information composite.

Reporting Results

Each hospital's aggregate results are compared to national and state averages. Results are reported for the seven composites, the two individual items and the two global items. Survey response rates are also reported. All surveys submitted, including those over 300 completed surveys, are used in HCAHPS public reporting.

Results are reported as a rolling four quarters of data and are updated on a quarterly basis utilizing the most recent four quarters of data. For additional information on Hospital Compare, refer to the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare). Summary results for both current and historical HCAHPS public reporting can be found under "Summary Analyses" on the HCAHPS Web site (http://www.hcahpsonline.org).

Official HCAHPS scores are reported on the Hospital Compare Web site. Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are "unofficial". This is done in two ways:

3. The introduction or executive summary of such reports must include the following statement:
    - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Hospital Compare Web site (https://www.medicare.gov/hospitalcompare)."

4. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
    - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results."

Hospital Preview Reports

A preview report of the HCAHPS Survey results is generated for each hospital to review prior to their data being publicly reported. This report contains aggregate results for the 12-month reporting period, and it is not possible to view selected months or quarters in the reporting period. This preview report is available for a 30-day preview period through the QualityNet Secure Portal (https://www.qualitynet.org). After the 30-day preview period has ended, the HCAHPS results are publicly reported on the Hospital Compare Web site, unless the hospital chooses to suppress their results. See the next section for more information on suppression of results.

NOTE: For hospitals that have fewer than 25 completed HCAHPS Surveys in a 12-month reporting period, the Public Reporting Preview Report will include the hospital's HCAHPS scores and number of completed surveys. However, HCAHPS scores for hospitals with less than 25 completed surveys will not be publically reported on the Hospital Compare Web site.

Participating critical access hospitals (CAHs) must have a completed HQA pledge form on file in order for their HCAHPS results to be publicly reported. IPPS hospitals must have a completed Hospital Inpatient Quality Reporting Program (formerly known as the Reporting Hospital Quality Data Annual Payment Update [RHQDAPU]) Notice of Participation Form on file for their HCAHPS results to be publicly reported.

Suppression of Results

Critical Access Hospitals (CAHs) have the option of suppressing the public reporting of their HCAHPS scores.

If a CAH chooses to suppress its HCAHPS scores, it must suppress the complete set of HCAHPS results. Suppression of selected HCAHPS results or individual quarters is not allowed. Hospitals choosing to suppress their scores are only able to do so during the 30-day preview period. Both CAHs that choose to suppress their HCAHPS scores and IPPS hospitals that do not participate in the HCAHPS initiative, will receive a footnote on the Hospital Compare Web site that indicates that HCAHPS data are not available for the public reporting period. To suppress measures, a CAH must complete the appropriate pledge form and submit it to QualityNet Help Desk.

Exceptions Request/Discrepancy Report Processes

Overview

This chapter describes two different CAHPS Hospital Survey (HCAHPS) administration processes: requesting exceptions to the standard HCAHPS protocols before implementing any exceptions; and notifying the HCAHPS Project Team of discrepancies which have occurred in the manner survey data have been collected or submitted.

The exceptions request process and Exceptions Request Form have been established to handle alternative methodologies that vary from standard HCAHPS protocols. The proposed alternative methodology(ies) must not be implemented until the submitted Exceptions Request Form has been approved.

The discrepancy process and the Discrepancy Report Form have been established for use by hospitals/survey vendors to notify the HCAHPS Project Team of any discrepancies in following standard HCAHPS protocols. Hospitals/Survey vendors are required to notify the HCAHPS Project Team of any discrepancies in following the standard HCAHPS protocols which have been encountered during survey administration. Hospitals/Survey vendors **must** notify the HCAHPS Project Team as soon as the discrepancy is identified.

Exceptions Request Process

The exceptions request process has been created to provide hospitals/survey vendors with more flexibility to meet individual organizations' need for certain variations from protocol, while still maintaining the integrity of the data for standardized public reporting. The Exceptions Request Form must be completed with sufficient detail, including clearly defined timeframes, for the HCAHPS Project Team to make an informed decision. The requested exception from protocol must not be implemented prior to receiving approval from the HCAHPS Project Team.

- Exceptions Requests will be limited to a two-year approval timeframe. The two-year time period will begin from the date of approval.

To request an exception, hospitals/survey vendors are required to complete and submit an Exceptions Request Form (see Appendix V) online via the HCAHPS Web site (http://www.hcahpsonline.org). The form is designed to capture information on the proposed alternative to the standard protocols. Hospital CCNs **must be included on the form**.

- ***Survey Vendors must complete and submit all Exceptions Request Forms on behalf of their client hospitals***
- Survey Vendors may submit one Exceptions Request Form on behalf of multiple hospitals with the same exceptions request. **Survey vendors must include a list of contracted hospitals and each hospital's CCN on whose behalf they are submitting the exceptions request. Please be sure to include the information in the specified section of the Exceptions Request Form**.
- A new Exceptions Request Form must be submitted for hospitals not included in the original request.

Common Exceptions Requests

The HCAHPS Project Team has identified acceptable variations from established methodologies. Requested exceptions may fall into the following categories:

- Disproportionate Stratified Random Sampling **–** The following information **must** be included for each hospital in the Exceptions Request:
  1. Name of each stratum to be used in the DSRS
  2. Estimated number of eligible patients for each stratum
  3. Estimated number of sampled patients for each stratum (minimum of 10 sampled discharges)
  4. A plan describing how the DSRS sampling procedures will guarantee a minimum of 10 sampled discharges for each stratum.
- Determination of Service Line Categories – V.34 MS-DRG codes are the preferred means to establish the HCAHPS Service Line category (Maternity Care, Medical or Surgical). Hospitals/Survey vendors must submit an Exceptions Request Form online for approval to use a means, other than those listed below, to establish the service line category:
  - V.34 MS-DRG codes
  - V.33 MS-DRG codes
  - V.32 MS-DRG codes
  - V.31 MS-DRG codes
  - V.30 MS-DRG codes
  - V.29 MS-DRG codes
  - V.28 MS-DRG codes
  - V.27 MS-DRG codes
  - V.26 MS-DRG codes
  - V.25 MS-DRG codes
  - V.24 CMS-DRG codes
  - Mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, and V.24 DRG codes based on payer source
  - ICD-10 or ICD-9 codes
  - Hospital Unit
  - APR-DRG codes/New York State DRG codes
  - Mix of MS-DRG and APR-DRG codes
- If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS, the hospital must file an Exceptions Request to alert and inform the HCAHPS Project Team of its participation
- Other – Hospitals/Survey vendors must request an exception for alternative strategies not identified in the HCAHPS *Quality Assurance Guidelines V12.0* manual.

No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Telephone Only, Mixed (Mail with Telephone follow-up), and IVR modes).

Review Process

Exceptions requests will be reviewed by the HCAHPS Project Team. These reviews will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures and/or an on-site visit or conference call may be required. The HCAHPS Project Team will notify hospitals/survey vendors whether or not their exception has been approved. If not approved, the HCAHPS Project Team will send the hospital/survey vendor an explanation. Hospitals/Survey vendors then have the option of appealing the decision.

Hospitals/Survey vendors have five business days from the date of the Exceptions Request denial notification email to submit an appeal. To request an appeal, hospitals/survey vendors must resubmit the Exceptions Request Form (checking the box marked "Appeal of Exception Denial") and update it to provide further information about the nature of the exception. The appeal is then returned to the HCAHPS Project Team for re-review. The second review will take approximately 10 business days.

Discrepancy Report Process

On occasion, a hospital/survey vendor may identify discrepancies from HCAHPS protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with HCAHPS protocols. Hospitals/Survey vendors must notify CMS of these discrepancies as soon as they are identified. In its oversight role, the HCAHPS Project Team may also identify discrepancies that require correction. Examples of discrepancies include, but are not limited to, missing eligible discharges from a particular date, or computer programming that caused an otherwise eligible patient to be excluded from the sample frame.

- ***Survey vendors must complete and submit all Discrepancy Reports on behalf of their client hospitals***
  - Initial Discrepancy Reports must be submitted within 24 hours after the discrepancy has been discovered
  - All form fields must be completed to the extent this information is available
    - For information not immediately available, complete required form fields with "To be updated"
  - If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information
    - Discrepancy Report updates are due within two weeks of the initial Discrepancy Report submission
- See Appendix W for the Discrepancy Report Form, which must be submitted online via the HCAHPS Web site (http://www.hcahpsonline.org). This report notifies the HCAHPS Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy.
- Hospital CCNs **must be included on the form**

Discrepancy Report Review Process

The Discrepancy Report will be thoroughly reviewed by the HCAHPS Project Team, to assess the actual or potential impact of the discrepancy on publicly reported HCAHPS results. The HCAHPS Project Team may require that all data for each public reporting period(s) be submitted to the HCAHPS Data Warehouse and reviewed to ascertain the impact of the discrepancy.

Notification of the outcome of the review may not be forthcoming until all the data for affected reporting periods have been made available and reviewed. Email notification will be distributed to the organization submitting the Discrepancy Report once the outcome of the review has been determined.

Depending on the nature and extent of the discrepancy, a formal review of the hospital's/survey vendor's procedures, and/or an on-site visit or conference call may be undertaken.

The HCAHPS Project Team will notify hospitals/survey vendors whether additional information is required to document and correct the issue. In addition, a footnote may be applied to publicly reported HCAHPS results to indicate that these results are derived from data whose collection or processing deviated from established HCAHPS protocols. The footnote will be applied until the affected data rolls out of the public reporting cycle.

Data Quality Checks

Overview

Self-administering hospitals and survey vendors must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospital Survey (HCAHPS) data. This chapter describes suggested quality control activities that hospitals/survey vendors may implement, and should **not** be considered an exhaustive list of possible quality control activities that can be used by hospitals/survey vendors. It is important to note that quality control activities must be performed by a different staff member than the individual who originally performed the specific project task(s). The goals of conducting quality control activities are to minimize the probability of errors occurring in the handling of the data throughout the various steps of data processing; to verify that required fields are present and protocols are met; and to identify and explain unusual or unexpected changes in the data files. Therefore, quality checks must be operationalized for all of the key components or steps of survey administration and data processing. The preceding chapters in this manual contain sections that address various required quality control guidelines that must be adhered to. The emphasis in this chapter is on data quality checks that the HCAHPS Project Team strongly recommends.

Traceable Data File Trail

Hospitals/Survey vendors should save both original and processed HCAHPS data files for a minimum of three years. This allows for easier identification of issues and is an important component of the HCAHPS Project Team's external review activities. In addition to the requirements addressed in previous chapters, the information below provides suggestions regarding HCAHPS related file retention:

- Preserve a copy of every file received in original form and leave unchanged (including files received from hospital clients)
- Record general summary information such as number of administrative records, eligible discharge size, and discharge month(s), etc.
- Institute version controls for datasets, reports, and any software code and programs used for collecting and processing HCAHPS data records
    - Do not delete old data files
    - Keep intermediate data files, not just original and final versions

Review of Data Files

Hospitals/Survey vendors should examine their own data files and all clients' data files for any unusual or unexpected changes, including missing data. Trending or comparing data elements for individual hospitals over different time periods is one technique that can be used to determine whether any unusual or unexpected changes occurred. While the presence of such a change does not necessarily mean an error has occurred, it should prompt hospitals/survey vendors to further evaluate the data in order to verify the difference(s). Listed below are suggested activities:

- Verify that data are associated with the correct hospital CCN
- Investigate data for notable changes in the counts of patient discharges and eligible patients
- Prior to processing the patient discharge list, run frequency/percentage tables for all administrative variables received from the hospital (e.g., age, service line, discharge

status, etc.), and compare to same-variable tables from previous months. If notable differences are discovered, investigate to determine the reason for the differences.
  - Look for missing administrative data elements (such as MS-DRGs and patient age), and follow-up with the hospital immediately upon receipt of the discharge list
- Prior to preparing data files for submission to the HCAHPS Data Warehouse, run frequency/percentage tables for all survey variables stored for a given hospital and month. Compare to same-variable tables from previous months; if notable differences are found, investigate and determine if the data are accurate.
  - Verify that the number of administrative records matches the value for sample size for the given month. If using DSRS, verify that the number of administrative records matches the value for sample size at the strata level.
  - Check that Header Record variables match back to raw data summary statistics for the time period
  - Review a random selection of administrative records as a quality check against original raw patient discharge data. This same activity can be performed for actual survey records.
  - Verify that required data elements for all patients in the HCAHPS Sample Frame are submitted to the HCAHPS Data Warehouse

Accuracy of Data Processing Activities

In order to ensure that HCAHPS data are valid and reliable, data processing activities must be conducted in accordance with required protocols. Data quality checks should be implemented to verify that the required protocols have been followed. Examples of data quality check activities include:

- When drawing a sample, verify that every eligible discharge has a chance of being sampled
  - For SRS and PSRS, all eligible patients must have an equal probability of being sampled
- If using DSRS, verify that at least 10 sampled patients from each stratum can be obtained
- Evaluate the frequency of break-off surveys and/or unanswered questions, and investigate possible causes
- Review HCAHPS Warehouse Data Submission Reports (for organizations submitting HCAHPS data) and/or HCAHPS Warehouse Feedback Reports (for hospitals contracting with an approved HCAHPS Survey vendor) to confirm data submission activity
- Review monthly submission results from the Review and Correction Report to confirm a match with the frequency tables completed during previous quality check activities as described above

Summary

This chapter highlights a number of possible activities to assist hospitals/survey vendors in developing procedures for data quality checks. The information contained in this chapter is not meant to restrict hospitals/survey vendors only to those procedures listed in this chapter. The HCAHPS Project Team will conduct on-site visits to hospitals/survey vendors to review hospitals'/survey vendors' operations, including the types of quality control activities and documentation that demonstrates quality control activities have been performed.

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CAHPS® Hospital Survey (HCAHPS)

Quality Assurance Guidelines

Version 12.0

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March 2017

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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APPENDIX A

HCAHPS Mail Survey
(English)

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HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  ☐ Yes
  ☑ No ➔ ***If No, Go to Question 1***

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.
Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981

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

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

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
9 ☐ I never pressed the call button

YOUR CARE FROM DOCTORS

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 12**

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

12. During this hospital stay, did you need medicine for pain?

1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 15**

13. During this hospital stay, how often was your pain well controlled?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

15. During this hospital stay, were you given any medicine that you had not taken before?

[1]☐ Yes
[2]☐ No ➔ **If No, Go to Question 18**

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

[1]☐ Own home
[2]☐ Someone else's home
[3]☐ Another health facility ➔ **If Another, Go to Question 21**

19. 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?

[1]☐ Yes
[2]☐ No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

[1]☐ Yes
[2]☐ No

OVERALL RATING OF HOSPITAL

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

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]☐ 0 Worst hospital possible
[1]☐ 1
[2]☐ 2
[3]☐ 3
[4]☐ 4
[5]☐ 5
[6]☐ 6
[7]☐ 7
[8]☐ 8
[9]☐ 9
[10]☐ 10 Best hospital possible

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

[1] ☐ Definitely no
[2] ☐ Probably no
[3] ☐ Probably yes
[4] ☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

[1] ☐ Strongly disagree
[2] ☐ Disagree
[3] ☐ Agree
[4] ☐ Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

[1] ☐ Strongly disagree
[2] ☐ Disagree
[3] ☐ Agree
[4] ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

[1] ☐ Strongly disagree
[2] ☐ Disagree
[3] ☐ Agree
[4] ☐ Strongly agree
[5] ☐ I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?

[1] ☐ Yes
[2] ☐ No

27. In general, how would you rate your overall health?

[1] ☐ Excellent
[2] ☐ Very good
[3] ☐ Good
[4] ☐ Fair
[5] ☐ Poor

28. In general, how would you rate your overall mental or emotional health?

[1] ☐ Excellent
[2] ☐ Very good
[3] ☐ Good
[4] ☐ Fair
[5] ☐ Poor

29. What is the highest grade or level of school that you have completed?

[1] ☐ 8th grade or less
[2] ☐ Some high school, but did not graduate
[3] ☐ High school graduate or GED
[4] ☐ Some college or 2-year degree
[5] ☐ 4-year college graduate
[6] ☐ More than 4-year college degree

30. Are you of Spanish, Hispanic or Latino origin or descent?

- [1] ☐ No, not Spanish/Hispanic/Latino
- [2] ☐ Yes, Puerto Rican
- [3] ☐ Yes, Mexican, Mexican American, Chicano
- [4] ☐ Yes, Cuban
- [5] ☐ Yes, other Spanish/Hispanic/Latino

31. What is your race? Please choose one or more.

- [1] ☐ White
- [2] ☐ Black or African American
- [3] ☐ Asian
- [4] ☐ Native Hawaiian or other Pacific Islander
- [5] ☐ American Indian or Alaska Native

32. What language do you <u>mainly</u> speak at home?

- [1] ☐ English
- [2] ☐ Spanish
- [3] ☐ Chinese
- [4] ☐ Russian
- [5] ☐ Vietnamese
- [6] ☐ Portuguese
- [9] ☐ Some other language (please print):

  _____

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

HCAHPS Survey

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[3]0 Usually
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3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?

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20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

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- [2] No

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

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

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

- [1] Definitely no
- [2] Probably no
- [3] Probably yes
- [4] Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

- [1] Strongly disagree
- [2] Disagree
- [3] Agree
- [4] Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- [1] Strongly disagree
- [2] Disagree
- [3] Agree
- [4] Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- [1] Strongly disagree
- [2] Disagree
- [3] Agree
- [4] Strongly agree
- [5] I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- [1] Yes
- [2] No

27. In general, how would you rate your overall health?

- [1] Excellent
- [2] Very good
- [3] Good
- [4] Fair
- [5] Poor

28. In general, how would you rate your overall <u>mental or emotional health</u>?

- [1] Excellent
- [2] Very good
- [3] Good
- [4] Fair
- [5] Poor

29. What is the highest grade or level of school that you have <u>completed</u>?

- [1] 8th grade or less
- [2] Some high school, but did not graduate
- [3] High school graduate or GED
- [4] Some college or 2-year degree
- [5] 4-year college graduate
- [6] More than 4-year college degree

30. Are you of Spanish, Hispanic or Latino origin or descent?

- [1] No, not Spanish/Hispanic/Latino
- [2] Yes, Puerto Rican
- [3] Yes, Mexican, Mexican American, Chicano
- [4] Yes, Cuban
- [5] Yes, other Spanish/Hispanic/Latino

31. What is your race? Please choose one or more.

- [1] White
- [2] Black or African American
- [3] Asian
- [4] Native Hawaiian or other Pacific Islander
- [5] American Indian or Alaska Native

32. What language do you <u>mainly</u> speak at home?

- [1] English
- [2] Spanish
- [3] Chinese
- [4] Russian
- [5] Vietnamese
- [6] Portuguese
- [9] Some other language (please print): _____

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-25 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement. [*OPTIONAL*: You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Approximately three weeks ago we sent you a survey regarding your hospitalization. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-25 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits. Please take a few minutes and complete the enclosed survey. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement. [*OPTIONAL*: You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you again for helping to improve health care for all consumers.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The following is the language that must be used:

English Version

"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 8 minutes for questions 1-25 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, C1-25-05, Baltimore, MD 21244-1850."

APPENDIX B

HCAHPS Mail Survey
(Spanish)

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Encuesta CAHPS® sobre Atención Hospitalaria

INSTRUCCIONES

- Llene esta encuesta únicamente si usted es el paciente que estuvo en el hospital durante esta vez que se menciona en la carta que vino con la encuesta. No llene esta encuesta si usted no fue el paciente.
- Conteste <u>todas</u> las preguntas marcando el cuadrito que aparece a la izquierda de la respuesta que usted elija.
- A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

  ☐ Sí
  ☑ No ➔ ***Si contestó "No", pase a la pregunta 1***

El número en la carta de presentación de esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios. ***Por favor tenga en cuenta que las Preguntas 1-25 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981***

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>?

1 ☐ Nunca
2 ☐ A veces
3 ☐ La mayoría de las veces
4 ☐ Siempre

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>?

1 ☐ Nunca
2 ☐ A veces
3 ☐ La mayoría de las veces
4 ☐ Siempre

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

1 ☐ Nunca
2 ☐ A veces
3 ☐ La mayoría de las veces
4 ☐ Siempre

4. Durante esta vez que estuvo en el hospital, después de usar el botón para llamar a la enfermera, ¿con qué frecuencia le atendían tan pronto como usted quería?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre
- [9] ☐ Nunca usé el botón

LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

EL AMBIENTE EN EL HOSPITAL

8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

SUS EXPERIENCIAS EN ESTE HOSPITAL

10. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

- [1] ☐ Sí
- [2] ☐ No ➔ **Si contestó "No", pase a la pregunta 12**

11. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?

- [1] ☐ Nunca
- [2] ☐ A veces
- [3] ☐ La mayoría de las veces
- [4] ☐ Siempre

12. Durante esta vez que estuvo en el hospital, ¿necesitó medicinas para el dolor?

[1]☐ Sí
[2]☐ No ➔ **Si contestó "No", pase a la pregunta 15**

13. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le controlaban bien el dolor?

[1]☐ Nunca
[2]☐ A veces
[3]☐ La mayoría de las veces
[4]☐ Siempre

14. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia el personal del hospital hacía todo lo que podía para aliviar su dolor?

[1]☐ Nunca
[2]☐ A veces
[3]☐ La mayoría de las veces
[4]☐ Siempre

15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

[1]☐ Sí
[2]☐ No ➔ **Si contestó "No", pase a la pregunta 18**

16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?

[1]☐ Nunca
[2]☐ A veces
[3]☐ La mayoría de las veces
[4]☐ Siempre

17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?

[1]☐ Nunca
[2]☐ A veces
[3]☐ La mayoría de las veces
[4]☐ Siempre

CUANDO SALIÓ DEL HOSPITAL

18. Después de salir del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona, o a otra institución de salud?

[1]☐ A mi casa
[2]☐ A la casa de otra persona
[3]☐ A otra institución de salud ➔ **Si contestó "Otra", pase a la pregunta 21**

19. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría cuando saliera del hospital?

[1]☐ Sí
[2]☐ No

20. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

[1]☐ Sí
[2]☐ No

CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

21. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

- 0 ☐ 0 El peor hospital posible
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10 El mejor hospital posible

22. ¿Le recomendaría este hospital a sus amigos y familiares?

- 1 ☐ Definitivamente no
- 2 ☐ Hasta cierto punto no
- 3 ☐ Hasta cierto punto sí
- 4 ☐ Definitivamente sí

ENTENDER LA ATENCIÓN QUE NECESITARÍA CUANDO SALIERA DEL HOSPITAL

23. Durante esta vez que estuve en el hospital, el personal tuvo en cuenta mis preferencias y las de mi familia o las de mi cuidador al decidir qué atención médica necesitaría cuando saliera del hospital.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo

24. Cuando salí del hospital, entendía bien qué cosas del control de mi salud eran responsabilidad mía.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo

25. Cuando salí del hospital, entendía claramente la razón por la que tomaba cada una de mis medicinas.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo
- 5 ☐ No me dieron ninguna medicina cuando salí del hospital

ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. Durante esta vez que estuvo en el hospital, ¿lo admitieron al hospital a través de la sala de emergencias?

- [1] ☐ Sí
- [2] ☐ No

27. En general, ¿cómo calificaría toda su salud?

- [1] ☐ Excelente
- [2] ☐ Muy buena
- [3] ☐ Buena
- [4] ☐ Regular
- [5] ☐ Mala

28. En general, ¿cómo calificaría toda su salud mental o emocional?

- [1] ☐ Excelente
- [2] ☐ Muy buena
- [3] ☐ Buena
- [4] ☐ Regular
- [5] ☐ Mala

29. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- [1] ☐ 8 años de escuela o menos
- [2] ☐ 9-12 años de escuela, pero sin graduarse
- [3] ☐ Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school),* preparatoria, o su equivalente (o GED)
- [4] ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- [5] ☐ Título universitario de 4 años
- [6] ☐ Título universitario de más de 4 años

30. ¿Es usted de ascendencia u origen español, hispano o latino?

- [1] ☐ No, ni español/hispano/latino
- [2] ☐ Sí, puertorriqueño
- [3] ☐ Sí, mexicano, mexicano americano, chicano
- [4] ☐ Sí, cubano
- [5] ☐ Sí, otro español/hispano/latino

31. ¿A qué raza pertenece? Por favor marque una o más.

- [1] ☐ Blanca
- [2] ☐ Negra o afro americana
- [3] ☐ Asiática
- [4] ☐ Nativa de Hawaí o de otras islas del Pacífico
- [5] ☐ Indígena americana o nativa de Alaska

32. ¿Principalmente qué idioma habla en casa?

- [1] ☐ Inglés
- [2] ☐ Español
- [3] ☐ Chino
- [4] ☐ Ruso
- [5] ☐ Vietnamita
- [6] ☐ Portugués
- [9] ☐ Algún otro idioma (Por favor escriba en letra de molde):

_____

¡GRACIAS!

Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Las preguntas 1-22 y 26-32 forman parte de la Encuesta HCAHPS y son obra del Gobierno de los EE.UU. Estas preguntas HCAHPS son de dominio público y por lo tanto NO están sujetas a las leyes de derechos de autor de los EE.UU. Eric A. Coleman, MD, MPH, tiene los derechos de autor de las tres preguntas de Care Transitions Measure® (Preguntas 23-25). Todos los derechos reservados.

Encuesta CAHPS® sobre Atención Hospitalaria

INSTRUCCIONES

- Llene esta encuesta únicamente si usted es el paciente que estuvo en el hospital durante esta vez que se menciona en la carta que vino con la encuesta. No llene esta encuesta si usted no fue el paciente.
- Conteste <u>todas</u> las preguntas llenando completamente el círculo que aparece a la izquierda de la respuesta que usted elija.
- A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

0 Sí
● No ➔ ***Si contestó "No", pase a la pregunta 1***

El número en la carta de presentación de esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.
Por favor tenga en cuenta que las Preguntas 1-25 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

4. Durante esta vez que estuvo en el hospital, después de usar el botón para llamar a la enfermera, ¿con qué frecuencia le atendían tan pronto como usted quería?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre
[9]0 Nunca usé el botón

LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

EL AMBIENTE EN EL HOSPITAL

8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

SUS EXPERIENCIAS EN ESTE HOSPITAL

10. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

[1]0 Sí
[2]0 No ➔ **Si contestó "No", pase a la pregunta 12**

11. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

12. Durante esta vez que estuvo en el hospital, ¿necesitó medicinas para el dolor?

[1]0 Sí
[2]0 No ➔ **Si contestó "No", pase a la pregunta 15**

13. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le controlaban bien el dolor?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

14. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia el personal del hospital hacía todo lo que podía para aliviar su dolor?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

[1]0 Sí
[2]0 No ➔ **Si contestó "No", pase a la pregunta 18**

16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?

[1]0 Nunca
[2]0 A veces
[3]0 La mayoría de las veces
[4]0 Siempre

CUANDO SALIÓ DEL HOSPITAL

18. Después de salir del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona, o a otra institución de salud?

[1]0 A mi casa
[2]0 A la casa de otra persona
[3]0 A otra institución de salud ➔ **Si contestó "Otra", pase a la pregunta 21**

19. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría cuando saliera del hospital?

[1]0 Sí
[2]0 No

20. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

[1]0 Sí
[2]0 No

CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

21. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

- [0] 0 El peor hospital posible
- [1] 1
- [2] 2
- [3] 3
- [4] 4
- [5] 5
- [6] 6
- [7] 7
- [8] 8
- [9] 9
- [10] 10 El mejor hospital posible

22. ¿Les recomendaría este hospital a sus amigos y familiares?

- [1] Definitivamente no
- [2] Hasta cierto punto no
- [3] Hasta cierto punto sí
- [4] Definitivamente sí

ENTENDER LA ATENCIÓN QUE NECESITARÍA CUANDO SALIERA DEL HOSPITAL

23. Durante esta vez que estuve en el hospital, el personal tuvo en cuenta mis preferencias y las de mi familia o las de mi cuidador al decidir qué atención médica necesitaría cuando saliera del hospital.

- [1] Muy en desacuerdo
- [2] En desacuerdo
- [3] De acuerdo
- [4] Muy de acuerdo

24. Cuando salí del hospital, entendía bien qué cosas del control de mi salud eran responsabilidad mía.

- [1] Muy en desacuerdo
- [2] En desacuerdo
- [3] De acuerdo
- [4] Muy de acuerdo

25. Cuando salí del hospital, entendía claramente la razón por la que tomaba cada una de mis medicinas.

- [1] Muy en desacuerdo
- [2] En desacuerdo
- [3] De acuerdo
- [4] Muy de acuerdo
- [5] No me dieron ninguna medicina cuando salí del hospital

ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. Durante esta vez que estuvo en el hospital, ¿lo admitieron al hospital a través de la sala de emergencias?

- [1]0 Sí
- [2]0 No

27. En general, ¿cómo calificaría toda su salud?

- [1]0 Excelente
- [2]0 Muy buena
- [3]0 Buena
- [4]0 Regular
- [5]0 Mala

28. En general, ¿cómo calificaría toda su <u>salud mental o emocional</u>?

- [1]0 Excelente
- [2]0 Muy buena
- [3]0 Buena
- [4]0 Regular
- [5]0 Mala

29. ¿Cuál es el grado o nivel escolar más alto que ha <u>completado</u>?

- [1]0 8 años de escuela o menos
- [2]0 9-12 años de escuela, pero sin graduarse
- [3]0 Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED)
- [4]0 Algunos cursos universitarios o un título universitario de un programa de 2 años
- [5]0 Título universitario de 4 años
- [6]0 Título universitario de más de 4 años

30. ¿Es usted de ascendencia u origen español, hispano o latino?

- [1]0 No, ni español/hispano/latino
- [2]0 Sí, puertorriqueño
- [3]0 Sí, mexicano, mexicano americano, chicano
- [4]0 Sí, cubano
- [5]0 Sí, otro español/hispano/latino

31. ¿A qué raza pertenece? Por favor marque una o más.

- [1]0 Blanca
- [2]0 Negra o afro americana
- [3]0 Asiática
- [4]0 Nativa de Hawaí o de otras islas del Pacífico
- [5]0 Indígena americana o nativa de Alaska

32. ¿<u>Principalmente</u> qué idioma habla en casa?

- [1]0 Inglés
- [2]0 Español
- [3]0 Chino
- [4]0 Ruso
- [5]0 Vietnamita
- [6]0 Portugués
- [9]0 Algún otro idioma (Por favor escriba en letra de molde):

_____

¡GRACIAS!

Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Las preguntas 1-22 y 26-32 forman parte de la Encuesta HCAHPS y son obra del Gobierno de los EE.UU. Estas preguntas HCAHPS son de dominio público y por lo tanto NO están sujetas a las leyes de derechos de autor de los EE.UU. Eric A. Coleman, MD, MPH, tiene los derechos de autor de las tres preguntas de Care Transitions Measure® (Preguntas 23-25). Todos los derechos reservados.

Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Querido/Querida [SAMPLED PATIENT NAME]:

Nuestros registros indican que usted estuvo hospitalizado en [NAME OF HOSPITAL] y que le dieron de alta el [DATE OF DISCHARGE (mm/dd/yyyy)]. Como usted estuvo hospitalizado recientemente, queremos pedir su ayuda. La encuesta forma parte de un esfuerzo nacional continuo por entender el punto de vista de los pacientes respecto a su experiencia en el hospital. Los resultados se harán públicos y estarán disponibles por Internet, en www.medicare.gov/hospitalcompare. Estos resultados les servirán a los consumidores para tomar decisiones importantes sobre el cuidado que reciben en un hospital y les ayudarán a los hospitales a mejorar la atención que proveen.

Las preguntas 1 a 25 de la encuesta adjunta forman parte de una iniciativa nacional patrocinada por el Departamento de Salud y Servicios Sociales de los Estados Unidos con el fin de medir la calidad de la atención que se presta en hospitales. Su participación es voluntaria y no afectará sus beneficios de salud.

Esperamos que dedique tiempo a contestar la encuesta. Le agradecemos mucho su participación. Después de que la haya contestado, devuélvala en el sobre con porte prepagado. Es posible que sus respuestas se envíen al hospital a fin de que éste emprenda tareas de mejoramiento de la calidad. [*OPTIONAL:* El número en la carta de presentación de esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.]

Si tiene alguna pregunta sobre la encuesta adjunta, llame gratis al 1-800-xxx-xxxx. Le agradecemos por contribuir a mejorar la atención médica de todos los consumidores.

Atentamente,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Querido/Querida [SAMPLED PATIENT NAME]:

Nuestros registros indican que usted estuvo hospitalizado en [NAME OF HOSPITAL] y que le dieron de alta el [DATE OF DISCHARGE (mm/dd/yyyy)]. Hace aproximadamente tres semanas le enviamos una encuesta sobre su hospitalización. Si ya nos la envió, se lo agradecemos mucho y no tiene que hacer caso de esta carta. Sin embargo, si todavía no ha contestado la encuesta, por favor dedique unos minutos a hacerlo ahora.

Como usted estuvo hospitalizado recientemente, le estamos pidiendo su ayuda. La encuesta forma parte de un esfuerzo nacional continuo por entender el punto de vista de los pacientes respecto a su experiencia en el hospital. Los resultados se harán públicos y estarán disponibles por Internet, en www.medicare.gov/hospitalcompare. Estos resultados les servirán a los consumidores para tomar decisiones importantes sobre el cuidado que reciben en un hospital y les ayudarán a los hospitales a mejorar la atención que proveen.

Las preguntas 1 a 25 de la encuesta adjunta forman parte de una iniciativa nacional patrocinada por el Departamento de Salud y Servicios Sociales de los Estados Unidos con el fin de medir la calidad de la atención que se presta en hospitales. Su participación es voluntaria y no afectará sus prestaciones de salud. Por favor dedique unos minutos a contestar la encuesta adjunta. Después de que la haya contestado, devuélvala en el sobre con porte prepagado. Es posible que sus respuestas se envíen al hospital a fin de que éste emprenda tareas de mejoramiento de la calidad. [*OPTIONAL:* El número en la carta de presentación de esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.]

Si tiene preguntas sobre la encuesta adjunta, llame gratis al 1-800-xxx-xxxx. Le agradecemos nuevamente por contribuir a mejorar la atención médica de todos los consumidores.

Atentamente,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The following is the language that must be used:

Spanish Version

"Según la Ley de Reducción de Trámites *(Paperwork Reduction Act)* de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981. Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 25 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

APPENDIX C

HCAHPS Mail Survey
(Chinese)

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HCAHPS 意見調查

問卷指示

- 您是信函中所述之醫院的住院病患才可以填寫此問卷。如果您不是，請勿作答。
- 請回答所有的問題。作答時，請在問題左邊的方格內打勾。
- 有時問卷會要求您跳過一些問題。這種情況發生時，您會看到箭頭並註明下一個該回答的問題，如：

  ☐ 是
  ☑ 否 ➔ 如回答否，***請跳到#1***

您也許注意到了此問卷上的號碼。此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。

請注意：問卷中 1-25 題是屬於測量醫院照顧品質的全國性計劃的一部份。OMB #0938-0981

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

護士對您的護理

1. 此次住院期間，護士是否常以禮貌和尊重對待您?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

2. 此次住院期間，護士是否常細心聆聽您說話?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

3. 此次住院期間，護士是否常用您聽得懂的方式來向您解釋事務?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

4. 此次住院期間，在您按過求助鈴之後，是否常能得到所需要的及時協助?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此
9☐ 我從未按過求助鈴

醫生對您的醫護

5. 此次住院期間，醫生是否常以<u>禮貌和尊重</u>對待您?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

6. 此次住院期間，醫生是否常<u>細心聆聽</u>您說話?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

7. 此次住院期間，醫生是否常用您聽得懂的方式來向您<u>解釋事務</u>?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

醫院的環境

8. 此次住院期間，您的病房及衛浴設備是否經常保持乾淨清潔?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

9. 此次住院期間，您的病房周圍是否晚上經常很安靜?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

您住這醫院的經驗

10. 此次住院期間，您曾需要醫生，護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎?

1☐ 是
2☐ 否 ➔ 如回答否，請跳到#12

11. 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

12. 此次住院期間，您曾需要使用止痛藥嗎?

1☐ 是
2☐ 否 ➔ 如回答否，請跳到#15

13. 此次住院期間，您的痛楚是否經常得到控制?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

14. 此次住院期間，醫院員工是否經常盡量做到他們所能的來協助您止痛?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

15. 此次住院期間，是否有人給您以前從沒有使用過的藥物?

1☐ 是
2☐ 否 ➔ 如回答否，請跳到#18

16. 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

17. 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用?

1☐ 從未如此
2☐ 有時如此
3☐ 時常如此
4☐ 總是如此

您離開醫院以後

18. 您離開醫院以後是否直接回家，還是到別人的家裏或是進入另一個醫護機構?

1☐ 自己的家
2☐ 別人的家
3☐ 另一個醫護機構 ➔ 如回答另一個醫護機構，請跳到 #21

19. 住院時，您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助?

1☐ 是
2☐ 否

20. 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題?

1☐ 是
2☐ 否

醫院整體評分

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

21. 請用下列0到10中任何一個數字評價。0 是最差醫院，10 是最佳醫院。 您認為那一個數字最能代表您對此醫院的評價?

0☐ 0 最差醫院
1☐ 1
2☐ 2
3☐ 3
4☐ 4
5☐ 5
6☐ 6
7☐ 7
8☐ 8
9☐ 9
10☐ 10 最佳醫院

22. 您是否會向您的朋友和家人推薦這間醫院?

1☐ 絕不會
2☐ 也許不會
3☐ 可能會
4☐ 絕對會

瞭解您離開醫院後的照護

23. 此次住院期間，醫護人員在決定我離開醫院所需的醫療照護時，考慮到我本人、家人或看護者的喜好。

1☐ 強烈不同意
2☐ 不同意
3☐ 同意
4☐ 強烈同意

24. 當我離開醫院時，我充分理解我對於管理自己健康應該負責的事項。

1☐ 強烈不同意
2☐ 不同意
3☐ 同意
4☐ 強烈同意

25. 當我離開醫院時，我清楚瞭解服用每種藥物的目的。

1☐ 強烈不同意
2☐ 不同意
3☐ 同意
4☐ 強烈同意
5☐ 我離開醫院時未得到任何藥物

有關您個人

下面只剩下幾個問題。

26. 此次住院期間，您是透過急診室而住進醫院的嗎？

1☐ 是
2☐ 否

27. 概括而言，您對個人整體的健康作如何評價?

1☐ 特佳
2☐ 甚好
3☐ 好
4☐ 可以
5☐ 差

28. 概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？

1☐ 特佳
2☐ 甚好
3☐ 好
4☐ 可以
5☐ 差

29. 您<u>完成</u>了下列那一項最高學業或學位?

1☐ 八年級或以下
2☐ 一些高中，但沒有畢業
3☐ 高中畢業或有同等學業文憑
4☐ 一些大學或二年制學位
5☐ 四年大學畢業
6☐ 四年大學畢業以上

30. 您是西班牙裔、西語族裔、或拉丁裔嗎?

1☐ 否，非西班牙人、西裔、拉丁裔
2☐ 是，波多黎各裔
3☐ 是，墨裔、墨裔美人、美國出生的墨裔美人
4☐ 是，古巴人
5☐ 是，其他西班牙人、西裔、拉丁裔

31. 您屬於哪一種族？請選一個或一個以上的回答。

[1]☐ 白種人
[2]☐ 黑種人，非裔美人
[3]☐ 亞洲人
[4]☐ 夏威夷原住民或其他太平洋島民
[5]☐ 美洲印第安人或阿拉斯加原住民

32. 您在家說的<u>主要</u>語言是什麼?

[1]☐ 英語
[2]☐ 西班牙語
[3]☐ 中文
[4]☐ 俄語
[5]☐ 越南語
[6]☐ 葡萄牙
[9]☐ 一些其他語言（請正楷填寫）：

_____

謝謝您
請將填妥的問卷放入已付郵資的信封內寄回。

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

第 1-22 題及 26-32 題是 HCAHPS 的部分問卷，也是美國政府的工作。這些 HCAHPS 問題都屬於公有領域，因此不受美國版權法管轄。Care Transitions Measure®（過渡照護衡量）的三個問題（第 23-25 題）的版權屬於 Eric A. Coleman, MD, MPH。保留所有權利。

HCAHPS 意見調查

問卷指示

- 您是信函中所述之醫院的住院病患才可以填寫此問卷。如果您不是，請勿作答。
- 回答<u>所有</u>的問題時，請將答案左邊的圓圈塗滿。
- 有時問卷會要求您跳過一些問題。這種情況發生時，您會看到箭頭並註明下一個該回答的問題，如：

  0 是

  ● 否 ➔ 如回答否，***請跳到#1***

您也許注意到了此問卷上的號碼。此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。

請注意：問卷中 1-25 題是屬於測量醫院照顧品質的全國性計劃的一部份。OMB #0938-0981

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

護士對您的護理

1. 此次住院期間，護士是否常以<u>禮貌和尊重</u>對待您?

1 ○ 從未如此
2 ○ 有時如此
3 ○ 時常如此
4 ○ 總是如此

2. 此次住院期間，護士是否常<u>細心聆聽</u>您說話?

1 ○ 從未如此
2 ○ 有時如此
3 ○ 時常如此
4 ○ 總是如此

3. 此次住院期間，護士是否常用您聽得懂的方式來向您<u>解釋事務</u>?

1 ○ 從未如此
2 ○ 有時如此
3 ○ 時常如此
4 ○ 總是如此

4. 此次住院期間，在您按過求助鈴之後，是否常能得到所需要的及時協助?

1 ○ 從未如此
2 ○ 有時如此
3 ○ 時常如此
4 ○ 總是如此
9 ○ 我從未按過求助鈴

醫生對您的醫護

5. 此次住院期間，醫生是否常以<u>禮貌和尊重</u>對待您**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

6. 此次住院期間，醫生是否常<u>細心聆聽</u>您說話**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

7. 此次住院期間，醫生是否常用您聽得懂的方式來向您<u>解釋事務</u>**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

醫院的環境

8. 此次住院期間，您的病房及衛浴設備是否經常保持乾淨清潔**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

9. 此次住院期間，您的病房周圍是否晚上經常很安靜**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

您住這醫院的經驗

10. 此次住院期間，您曾需要醫生，護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎**?**

1 0 是
2 0 否 ➔ **如回答否，請跳到#12**

11. 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

12. 此次住院期間，您曾需要使用止痛藥嗎**?**

1 0 是
2 0 否 ➔ **如回答否，請跳到#15**

13. 此次住院期間，您的痛楚是否經常得到控制**?**

1 0 從未如此
2 0 有時如此
3 0 時常如此
4 0 總是如此

14. 此次住院期間，醫院員工是否經常盡量做到他們所能的來協助您止痛?

1 O 從未如此
2 O 有時如此
3 O 時常如此
4 O 總是如此

15. 此次住院期間，是否有人給您以前從沒有使用過的藥物?

1 O 是
2 O 否 ➔ **如回答否，請跳到#18**

16. 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何?

1 O 從未如此
2 O 有時如此
3 O 時常如此
4 O 總是如此

17. 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用?

1 O 從未如此
2 O 有時如此
3 O 時常如此
4 O 總是如此

您離開醫院以後

18. 您離開醫院以後是否直接回家，還是到別人的家裏或是進入另一個醫護機構?

1 O 自己的家
2 O 別人的家
3 O 另一個醫護機構 ➔ **如回答另一個醫護機構，請跳到 #21**

19. 住院時，您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助?

1 O 是
2 O 否

20. 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題?

1 O 是
2 O 否

醫院整體評分

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

21. 請用下列**0**到**10**中任何一個數字評價。**0** 是最差醫院，**10** 是最佳醫院。 您認為那一個數字最能代表您對此醫院的評價?

0 O 0 最差醫院
1 O 1
2 O 2
3 O 3
4 O 4
5 O 5
6 O 6
7 O 7
8 O 8
9 O 9
10 O 10 最佳醫院

22. 您是否會向您的朋友和家人推薦這間醫院?

1 O 絕不會
2 O 也許不會
3 O 可能會
4 O 絕對會

瞭解您離開醫院後的照護

23. 此次住院期間，醫護人員在決定我離開醫院所需的醫療照護時，考慮到我本人、家人或看護者的喜好。

1 O 強烈不同意
2 O 不同意
3 O 同意
4 O 強烈同意

24. 當我離開醫院時，我充分理解我對於管理自己健康應該負責的事項。

1 O 強烈不同意
2 O 不同意
3 O 同意
4 O 強烈同意

25. 當我離開醫院時，我清楚瞭解服用每種藥物的目的。

1 O 強烈不同意
2 O 不同意
3 O 同意
4 O 強烈同意
5 O 我離開醫院時未得到任何藥物

有關您個人

下面只剩下幾個問題。

26. 此次住院期間，您是透過急診室而住進醫院的嗎？

1 O 是
2 O 否

27. 概括而言，您對個人整體的健康作如何評價?

1 O 特佳
2 O 甚好
3 O 好
4 O 可以
5 O 差

28. 概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？

1 O 特佳
2 O 甚好
3 O 好
4 O 可以
5 O 差

29. 您<u>完成</u>了下列那一項最高學業或學位?

1 O 八年級或以下
2 O 一些高中，但沒有畢業
3 O 高中畢業或有同等學業文憑
4 O 一些大學或二年制學位
5 O 四年大學畢業
6 O 四年大學畢業以上

30. **您是西班牙裔、西語族裔、或拉丁裔嗎?**

1O 否，非西班牙人、西裔、拉丁裔
2O 是，波多黎各裔
3O 是，墨裔、墨裔美人、美國出生的墨裔美人
4O 是，古巴人
5O 是，其他西班牙人、西裔、拉丁裔

31. **您屬於哪一種族？請選一個或一個以上的回答。**

1O 白種人
2O 黑種人，非裔美人
3O 亞洲人
4O 夏威夷原住民或其他太平洋島民
5O 美洲印第安人或阿拉斯加原住民

32. **您在家說的主要語言是什麼?**

1O 英語
2O 西班牙語
3O 中文
4O 俄語
5O 越南語
6O **葡萄牙**
9O 一些其他語言（請正楷填寫）:

_____

謝謝您
請將填妥的問卷放入已付郵資的信封內寄回。

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

第 1-22 題及 26-32 題是 HCAHPS 的部分問卷，也是美國政府的工作。這些 HCAHPS 問題都屬於公有領域，因此不受美國版權法管轄。Care Transitions Measure® （過渡照護衡量）的三個問題（第 23-25 題）的版權屬於 Eric A. Coleman, MD, MPH。保留所有權利。

Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE, ZIP]

親愛的 [SAMPLED PATIENT NAME]:

我們的資料顯示您最近是[NAME OF HOSPITAL]的病人，在[DATE OF DISCHARGE (mm/dd/yyyy)]出院。因為您最近住過院，所以我們懇請您幫個忙。這份意見調查屬於全國性計劃的一部份，該計劃針對與消費者相關的重大議題 – 醫院照顧方面提供具體的比較。醫院評估結果會向大眾公佈並在網站 www.medicare.gov/hospitalcompare 上供查詢。這些結果能幫助消費者在醫院照顧方面做重要的抉擇，同時也能幫助醫院改善所提供的照顧。

附上的意見調查 1-25 題是測量醫院照顧品質的全國性計劃的一部份，此計劃由 United States Department of Health and Human Services 贊助。您的參與屬自願性質，不會影響您的醫療福利。

我們希望您能撥冗完成這份調查。非常謝謝您的參與。當您填完這份問卷後，請放入已付郵資的回郵信封寄回。您的回答可能會被醫院不同單位共用以便改進品質。[*OPTIONAL*: 您也許注意到了此問卷上的號碼。 此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。]

如果您對隨附的調查有任何問題，請撥打免費電話 1-800-xxx-xxxx。謝謝您幫助我們改善對大眾的健康照顧。

謹此，

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

Sample Follow-Up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE, ZIP]

親愛的 [SAMPLED PATIENT NAME]:

我們的資料顯示您最近是 [NAME OF HOSPITAL] 的病人，在 [DATE OF DISCHARGE (mm/dd/yyyy)] 出院。大約三個星期前我們寄給您一份有關您住院的調查。如果您已經寄還給我們，請接受我們的謝意，並請不要繼續讀這封信。但是如果您尚未完成這份調查的話，請現在花幾分鐘時間填寫。

因為您最近住過院，所以我們懇請您幫個忙。這份意見調查屬於全國性計劃的一部份，該計劃針對與消費者相關的重大議題 – 醫院照顧方面提供具體的比較。醫院評估結果會向大眾公佈並在網站 www.medicare.gov/hospitalcompare 上供查詢。這些結果能幫助消費者在醫院照顧方面做重要的抉擇，同時也能幫助醫院改善所提供的照顧。

附上的意見調查 1-25 題是測量醫院照顧品質的全國性計劃的一部份，此計劃由 United States Department of Health and Human Services 贊助。您的參與屬自願性質，不會影響您的醫療福利。請花幾分鐘填完附上的調查。當您填完這份問卷後，請放入已付郵資的回郵信封寄回。您的回答可能會被醫院不同單位共用以便改進品質。[*OPTIONAL*: 您也許注意到了此問卷上的號碼。 此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。]

如果您對隨附的調查有任何問題，請撥打免費電話 1-800-xxx-xxxx。謝謝您幫助我們改善對大眾的健康照顧。

謹此，

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The following is the language that should be used:

Chinese Version

"根據 1995 年減低公文法案(Paperwork Reduction Act)，除非資料收集文件附有正式的 OMB 號碼，任何人都無須對此類文件作出回應。這份資料收集文件的正式 OMB 號碼是 0938-0981。完成這份資料收集中 1-25 題所需的時間估計是平均 8 分鐘，這包括閱讀指示的時間、查詢現有數據來源、收集所需資料及完成並檢查填寫的資料。如果您對估計時間的準確性有任何指教或有改進本表格的建議，請寫信到：Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850。"

APPENDIX D

HCAHPS Mail Survey
(Russian)

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Опрос с целью оценки удовлетворенности клиентов планами медицинского обслуживания (HCAHPS)

ИНСТРУКЦИИ ПО ПРОВЕДЕНИЮ ОПРОСА

- Вам следует заполнить эту анкету только в том случае, если вы были пациентом больницы, указанной в сопроводительном письме. Не заполняйте эту анкету, если вы не являлись пациентом этой больницы.
- Ответьте на <u>все</u> вопросы, отметив ячейку слева от вашего ответа.
- Иногда вам будет предложено пропустить некоторые вопросы данной анкеты. При этом вы увидите стрелку с примечанием о том, на какой вопрос вам следует отвечать дальше, например:

  ☐ Да
  ☑ Нет ➔ ***Если «Нет», перейдите к вопросу 1***

На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания.
Внимание: Вопросы 1-25 в данном опросе являются частью национальной инициативы с целью оценки качества медицинского обслуживания в больницах. OMB #0938-0981

Пожалуйста, ответьте на вопросы этой анкеты о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

1. Во время данного пребывания в больнице как часто медсестры относились к вам <u>вежливо и уважительно</u>?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

2. Во время данного пребывания в больнице как часто медсестры <u>внимательно вас выслушивали</u>?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

3. Во время данного пребывания в больнице как часто медсестры давали вам понятные <u>объяснения</u>?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

4. Во время данного пребывания в больнице, после того как вы нажали кнопку вызова, как часто вам предоставляли помощь по первому требованию?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда
- [9] ☐ Я никогда не нажимал (а) кнопку вызова

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

5. Во время данного пребывания в больнице как часто врачи относились к вам <u>вежливо и уважительно</u>?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

6. Во время данного пребывания в больнице как часто врачи <u>внимательно вас выслушивали</u>?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

7. Во время данного пребывания в больнице как часто врачи давали вам понятные <u>объяснения</u>?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

БОЛЬНИЧНАЯ СРЕДА

8. Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

9. Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

ОПЫТ ВАШЕГО ПРЕБЫВАНИЯ В ДАННОЙ БОЛЬНИЦЕ

10. Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?

- [1] ☐ Да
- [2] ☐ Нет ➔ **Если «Нет», перейдите к вопросу 12**

11. Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию?

- [1] ☐ Никогда
- [2] ☐ Иногда
- [3] ☐ Как правило
- [4] ☐ Всегда

12. Во время данного пребывания в больнице требовались ли вам болеутоляющие лекарства?

[1]☐ Да
[2]☐ Нет ➔ **Если «Нет», перейдите к вопросу 15**

13. Во время данного пребывания в больнице как часто вашу боль хорошо контролировали?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

14. Во время данного пребывания в больнице как часто персонал больницы делал все возможное, чтобы помочь вам снять боль?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

15. Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?

[1]☐ Да
[2]☐ Нет ➔ **Если «Нет», перейдите к вопросу 18**

16. Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

17. Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом?

[1]☐ Никогда
[2]☐ Иногда
[3]☐ Как правило
[4]☐ Всегда

КОГДА ВЫ ВЫШЛИ ИЗ БОЛЬНИЦЫ

18. После того как вы вышли из больницы, вы сразу направились домой, к кому-либо еще или в другое медицинское учреждение?

[1]☐ Домой
[2]☐ К кому-либо еще
[3]☐ В другое медицинское учреждение ➔ **Если «В другое», перейдите к вопросу 21**

19. Во время данного пребывания в больнице разговаривали ли с вами врачи, медсестры или другие сотрудники больницы о том, что вам может потребоваться помощь, когда вы выйдете из больницы?

[1]☐ Да
[2]☐ Нет

20. Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?

[1]☐ Да
[2]☐ Нет

ОБЩИЙ РЕЙТИНГ БОЛЬНИЦЫ

Пожалуйста, ответьте на следующие вопросы опроса о данном пребывании в больнице, указанной в сопроводительном письме . Не включайте в свои ответы информацию о каких-либо других пребываниях в больницах.

21. Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?

- [0] ☐ 0 Самая худшая больница из возможных
- [1] ☐ 1
- [2] ☐ 2
- [3] ☐ 3
- [4] ☐ 4
- [5] ☐ 5
- [6] ☐ 6
- [7] ☐ 7
- [8] ☐ 8
- [9] ☐ 9
- [10] ☐ 10 Самая лучшая больница из возможных

22. Рекомендовали бы вы данную больницу вашим друзьям и родственникам?

- [1] ☐ Определенно нет
- [2] ☐ Возможно нет
- [3] ☐ Возможно да
- [4] ☐ Определенно да

ПОНИМАНИЕ МЕДИЦИНСКОГО УХОДА ПОСЛЕ ТОГО, КАК ВАС ВЫПИСАЛИ ИЗ БОЛЬНИЦЫ

23. Во время этого пребывания в больнице, при назначении нужного мне ухода, персонал принял во внимание мои предпочтения, пожелания моей семьи или ухаживающих за мной лиц при принятии решения в отношении моих медицинских нужд, которые, возможно, возникнут у меня после того, как я выйду из больницы.

- [1] ☐ Полностью несогласен (на)
- [2] ☐ Не согласен (на)
- [3] ☐ Согласен (на)
- [4] ☐ Полностью согласен (на)

24. После выписки из больницы у меня было полное представление о тех мерах, за которые я нес (ла) ответственность в отношении моего здоровья.

- [1] ☐ Полностью несогласен (на)
- [2] ☐ Не согласен (на)
- [3] ☐ Согласен (на)
- [4] ☐ Полностью согласен (на)

25. После выписки из больницы я четко понимал (а) для чего мне необходимо принимать каждое из лекарств.

- [1] ☐ Полностью несогласен (на)
- [2] ☐ Не согласен (на)
- [3] ☐ Согласен (на)
- [4] ☐ Полностью согласен (на)
- [5] ☐ При выписке из больницы мне не дали каких-либо лекарств.

О ВАС

Осталось только несколько пунктов.

26. В данном случае вас госпитализировали после вашего поступления в отделение неотложной помощи?

[1]☐ Да
[2]☐ Нет

27. В целом, как бы вы оценили ваше общее состояние здоровья?

[1]☐ Отличное
[2]☐ Очень хорошее
[3]☐ Хорошее
[4]☐ Удовлетворительное
[5]☐ Плохое

28. Как бы вы в целом оценили ваше <u>психическое или эмоциональное состояние</u>?

[1]☐ Отличное
[2]☐ Очень хорошее
[3]☐ Хорошее
[4]☐ Удовлетворительное
[5]☐ Плохое

29. Укажите последний класс или уровень учебного заведения, которое вы <u>закончили</u>?

[1]☐ 8-й класс или меньше
[2]☐ Средняя школа, не закончил (а)
[3]☐ Выпускник средней школы либо диплом об общем образовании
[4]☐ Колледж или диплом о двухгодичном обучении
[5]☐ Выпускник колледжа четырехгодичного обучения
[6]☐ Выпускник колледжа более 4-х лет обучения

30. Вы испанец, испано- или латиноамериканец по происхождению?

[1]☐ Нет, не испанец/испано-/латиноамериканец
[2]☐ Да, пуэрториканец
[3]☐ Да, мексиканец, американец мексиканского происхождения, чикано
[4]☐ Да, кубинец
[5]☐ Да, другое, испанец/испано-/латиноамериканец

31. Ваша раса? Пожалуйста, выберите один или более пунктов.

[1]☐ Белый
[2]☐ Чернокожий или афроамериканец
[3]☐ Азиат
[4]☐ Уроженец Гавайских островов или островов Тихого океана
[5]☐ Американский индеец или уроженец Аляски

32. На каком языке вы <u>в основном</u> говорите дома?

[1]☐ Английский
[2]☐ Испанский
[3]☐ Китайский
[4]☐ Русский
[5]☐ Вьетнамский
[6]☐ Португальский
[9]☐ Какой-либо другой язык (пожалуйста, напишите печатными буквами):

_____

БЛАГОДАРИМ ВАС

Пожалуйста, верните заполненную форму опроса в оплаченном почтовом конверте.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Вопросы 1–22 и 26–32 являются частью опроса HCAHPS и результатом работы правительства США. Эти вопросы HCAHPS находятся в общественном доступе и поэтому НЕ подпадают под действие законов США об авторских правах. Три вопроса организации Care Transitions Measure® (Определение качества обслуживания в переходный период) (вопросы 23–25) являются интеллектуальной собственностью доктора медицины и магистра в области общественного здравоохранения Эрика А. Коулмана (Eric A. Coleman), с сохранением всех прав.

Опрос с целью оценки удовлетворенности клиентов планами медицинского обслуживания (HCAHPS)

ИНСТРУКЦИИ ПО ПРОВЕДЕНИЮ ОПРОСА

- Вам следует заполнить эту анкету только в том случае, если вы были пациентом больницы, указанной в сопроводительном письме. Не заполняйте эту анкету, если вы не являлись пациентом этой больницы.
- Ответьте на <u>все</u> вопросы, полностью заштриховав ячейку слева от вашего ответа.
- Иногда вам будет предложено пропустить некоторые вопросы данной анкеты. При этом вы увидите стрелку с примечанием о том, на какой вопрос вам следует отвечать дальше, например:

  0 Да
  ● Нет ➔ **Если «Нет», перейдите к вопросу 1**

На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания.
Внимание: Вопросы 1-25 в данном опросе являются частью национальной инициативы с целью оценки качества медицинского обслуживания в больницах. OMB #0938-0981

Пожалуйста, ответьте на вопросы этой анкеты о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

1. Во время данного пребывания в больнице как часто медсестры относились к вам <u>вежливо и уважительно</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

2. Во время данного пребывания в больнице как часто медсестры <u>внимательно вас выслушивали</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

3. Во время данного пребывания в больнице как часто медсестры давали вам понятные <u>объяснения</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

4. Во время данного пребывания в больнице, после того как вы нажали кнопку вызова, как часто вам предоставляли помощь по первому требованию?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда
[9]0 Я никогда не нажимал (а) кнопку вызова

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

5. Во время данного пребывания в больнице как часто врачи относились к вам <u>вежливо и уважительно</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

6. Во время данного пребывания в больнице как часто врачи <u>внимательно вас выслушивали</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

7. Во время данного пребывания в больнице как часто врачи давали вам понятные <u>объяснения</u>?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

БОЛЬНИЧНАЯ СРЕДА

8. Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

9. Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

ОПЫТ ВАШЕГО ПРЕБЫВАНИЯ В ДАННОЙ БОЛЬНИЦЕ

10. Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?

[1]0 Да
[2]0 Нет ➔ **Если «Нет», перейдите к вопросу 12**

11. Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

12. Во время данного пребывания в больнице требовались ли вам болеутоляющие лекарства?

[1]0 Да
[2]0 Нет ➔ **Если «Нет», перейдите к вопросу 15**

13. Во время данного пребывания в больнице как часто вашу боль хорошо контролировали?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

14. Во время данного пребывания в больнице как часто персонал больницы делал все возможное, чтобы помочь вам снять боль?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

15. Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?

[1]0 Да
[2]0 Нет ➔ **Если «Нет», перейдите к вопросу 18**

16. Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

17. Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом?

[1]0 Никогда
[2]0 Иногда
[3]0 Как правило
[4]0 Всегда

КОГДА ВЫ ВЫШЛИ ИЗ БОЛЬНИЦЫ

18. После того как вы вышли из больницы, вы сразу направились домой, к кому-либо еще или в другое медицинское учреждение?

[1]0 Домой
[2]0 К кому-либо еще
[3]0 В другое медицинское учреждение ➔ **Если «В другое», перейдите к вопросу 21**

19. Во время данного пребывания в больнице разговаривали ли с вами врачи, медсестры или другие сотрудники больницы о том, что вам может потребоваться помощь, когда вы выйдете из больницы?

[1]0 Да
[2]0 Нет

20. Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?

[1]0 Да
[2]0 Нет

ОБЩИЙ РЕЙТИНГ БОЛЬНИЦЫ

Пожалуйста, ответьте на следующие вопросы опроса о данном пребывании в больнице, указанной в сопроводительном письме . Не включайте в свои ответы информацию о каких-либо других пребываниях в больницах.

21. Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?

- [0]0 0 Самая худшая больница из возможных
- [1]0 1
- [2]0 2
- [3]0 3
- [4]0 4
- [5]0 5
- [6]0 6
- [7]0 7
- [8]0 8
- [9]0 9
- [10]0 10 Самая лучшая больница из возможных

22. Рекомендовали бы вы данную больницу вашим друзьям и родственникам?

- [1]0 Определенно нет
- [2]0 Возможно нет
- [3]0 Возможно да
- [4]0 Определенно да

ПОНИМАНИЕ МЕДИЦИНСКОГО УХОДА ПОСЛЕ ТОГО, КАК ВАС ВЫПИСАЛИ ИЗ БОЛЬНИЦЫ

23. Во время этого пребывания в больнице, при назначении нужного мне ухода, персонал принял во внимание мои предпочтения, пожелания моей семьи или ухаживающих за мной лиц при принятии решения в отношении моих медицинских нужд, которые, возможно, возникнут у меня после того, как я выйду из больницы.

- [1]0 Полностью несогласен (на)
- [2]0 Не согласен (на)
- [3]0 Согласен (на)
- [4]0 Полностью согласен (на)

24. После выписки из больницы у меня было полное представление о тех мерах, за которые я нес (ла) ответственность в отношении моего здоровья.

- [1]0 Полностью несогласен (на)
- [2]0 Не согласен (на)
- [3]0 Согласен (на)
- [4]0 Полностью согласен (на)

25. После выписки из больницы я четко понимал (а) для чего мне необходимо принимать каждое из лекарств.

- [1]0 Полностью несогласен (на)
- [2]0 Не согласен (на)
- [3]0 Согласен (на)
- [4]0 Полностью согласен (на)
- [5]0 При выписке из больницы мне не дали каких-либо лекарств.

О ВАС

Осталось только несколько пунктов.

26. В данном случае вас госпитализировали после вашего поступления в отделение неотложной помощи?

[1]0 Да
[2]0 Нет

27. В целом, как бы вы оценили ваше общее состояние здоровья?

[1]0 Отличное
[2]0 Очень хорошее
[3]0 Хорошее
[4]0 Удовлетворительное
[5]0 Плохое

28. Как бы вы в целом оценили ваше <u>психическое или эмоциональное состояние</u>?

[1]0 Отличное
[2]0 Очень хорошее
[3]0 Хорошее
[4]0 Удовлетворительное
[5]0 Плохое

29. Укажите последний класс или уровень учебного заведения, которое вы <u>закончили</u>?

[1]0 8-й класс или меньше
[2]0 Средняя школа, не закончил (а)
[3]0 Выпускник средней школы либо диплом об общем образовании
[4]0 Колледж или диплом о двухгодичном обучении
[5]0 Выпускник колледжа четырехгодичного обучения
[6]0 Выпускник колледжа более 4-х лет обучения

30. Вы испанец, испано- или латиноамериканец по происхождению?

[1]0 Нет, не испанец/испано-/латиноамериканец
[2]0 Да, пуэрториканец
[3]0 Да, мексиканец, американец мексиканского происхождения, чикано
[4]0 Да, кубинец
[5]0 Да, другое, испанец/испано-/латиноамериканец

31. Ваша раса? Пожалуйста, выберите один или более пунктов.

[1]0 Белый
[2]0 Чернокожий или афроамериканец
[3]0 Азиат
[4]0 Уроженец Гавайских островов или островов Тихого океана
[5]0 Американский индеец или уроженец Аляски

32. На каком языке вы <u>в основном</u> говорите дома?

[1]0 Английский
[2]0 Испанский
[3]0 Китайский
[4]0 Русский
[5]0 Вьетнамский
[6]0 Португальский
[9]0 Какой-либо другой язык (пожалуйста, напишите печатными буквами):

_____

БЛАГОДАРИМ ВАС

Пожалуйста, верните заполненную форму опроса в оплаченном почтовом конверте.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

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Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Уважаемый [SAMPLED PATIENT NAME]:

Наши данные показывают, что вы недавно были пациентом [NAME OF HOSPITAL] и были выписаны [DATE OF DISCHARGE (mm/dd/yyyy)]. Поскольку вы недавно лечились в больнице, мы просим вас о помощи. Данный опрос является частью проводимой национальной программы, призванной выяснить, как пациенты относятся к своему пребыванию в больнице. Результаты опроса будут опубликованы в Интернете в открытом доступе на сайте www.medicare.gov/hospitalcompare. Данные результаты помогут потребителям сделать важный выбор в отношении медицинского обслуживания, а больницам – улучшить предоставляемые услуги.

Вопросы 1-25 в прилагаемом опросе являются частью национальной инициативы, финансируемой Департаментом здравоохранения и социального обеспечения США (Department of Health and Human Services) с целью оценки качества медицинского обслуживания в больницах. Ваше участие является добровольным и не влияет на ваши медицинские льготы.

Мы надеемся, что вы уделите время участию в данном опросе. Мы будем очень признательны за ваше участие. После того как вы заполните данную форму опроса, пожалуйста, верните ее в предварительно оплаченном конверте. Ваши ответы могут быть сообщены больнице с целью улучшения качества обслуживания. [*OPTIONAL*: На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания.]

Если у вас возникнут какие-либо вопросы в отношении анкеты, которая прилагается, пожалуйста, позвоните по бесплатному номеру 1-800-xxx-xxxx. Благодарим за содействие в улучшении качества медицинского обслуживания для всех потребителей.

С уважением,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only section for specific letter guidelines.

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Уважаемый [SAMPLED PATIENT NAME]:

Наши данные показывают, что вы недавно были пациентом [NAME OF HOSPITAL] и были выписаны [DATE OF DISCHARGE (mm/dd/yyyy)]. Приблизительно три недели назад мы отправили вам анкету о вашем пребывании в больнице. Если вы уже отправили нам эту анкету, пожалуйста, примите нашу благодарность и не обращайте внимания на это письмо. Однако если вы еще не заполнили данную анкету, пожалуйста, уделите несколько минут и заполните ее сейчас.

Поскольку вы недавно лечились в больнице, мы просим вас о помощи. Данный опрос является частью проводимой национальной программы, призванной выяснить, как пациенты относятся к своему пребыванию в больнице. Результаты опроса будут опубликованы в Интернете в открытом доступе на сайте www.medicare.gov/hospitalcompare. Данные результаты помогут потребителям сделать важный выбор в отношении медицинского обслуживания, а больницам – улучшить предоставляемые услуги.

Вопросы 1-25 в прилагаемом опросе являются частью национальной инициативы, финансируемой Департаментом здравоохранения и социального обеспечения США (Department of Health and Human Services) с целью оценки качества медицинского обслуживания в больницах. Ваше участие является добровольным и не влияет на ваши медицинские льготы. Пожалуйста, уделите несколько минут и заполните прилагаемую анкету. После того как вы заполните данную форму опроса, пожалуйста, верните ее в предварительно оплаченном конверте. Ваши ответы могут быть сообщены больнице с целью улучшения качества обслуживания. [*OPTIONAL:* На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания.]

Если у вас возникнут какие-либо вопросы в отношении анкеты, которая прилагается, пожалуйста, позвоните по бесплатному номеру 1-800-xxx-xxxx. Еще раз благодарим вас за содействие в улучшении качества медицинского обслуживания для всех потребителей.

С уважением,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only section for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The following is the language that must be used:

Russian Version

«В соответствии с Постановлением о сокращении документооборота от 1995 г. никто не обязан предоставлять сведения, если на форме опроса не указан действующий контрольный номер OMB. Действующий контрольный номер OMB для данного опроса – 0938-0981. Время для заполнения данной анкеты составляет в среднем 8 минут на вопросы 1-25, включая время для просмотра инструкций, поиска существующих данных, сбора необходимых данных и заполнения и проверки анкеты. Если у вас есть какие-либо комментарии в отношении точности предлагаемого ориентировочного времени или предложения по улучшению данной анкеты, просьба написать по адресу: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.»

APPENDIX E

HCAHPS Mail Survey
(Vietnamese)

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THĂM DÒ Ý KIẾN HCAHPS

CHỈ DẪN TRẢ LỜI BẢN THĂM DÒ Ý KIẾN

- Quý vị chỉ nên điền bản thăm dò ý kiến này nếu quý vị là bệnh nhân nằms tại bệnh viện có tên trong thư đính kèm. Vui lòng đừng điền bản thăm dò ý kiến nếu quý vị không phải là bệnh nhân.
- Xin trả lời <u>tất cả</u> các câu hỏi bằng cách đánh dấu vào ô phía bên trái của câu trả lời.
- Đôi khi quý vị được chỉ dẫn bỏ một số câu hỏi trong bản thăm dò ý kiến này. Khi đó, quý vị sẽ thấy một mũi tên và một chỉ dẫn cho quý vị biết cần phải trả lời tiếp sang câu nào, như thế này:

  ☐ Có
  ☑ Không ➔ ***Nếu Không, trả lời tiếp sang câu 1***

Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không gửi thư nhắc quý vị. ***Xin chú ý: Câu hỏi 1-25 trong bản thăm dò ý kiến này là một phần của một dự án toàn quốc để đo lường phẩm chất sự chăm sóc y tế tại bệnh viện. OMB #0938-0981***

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

1. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

2. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

3. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

4. Trong lần nằm bệnh viện này, khi quý vị bấm nút gọi cho y tá, quý vị có thường được người đến giúp đỡ cho quý vị ngay như quý vị muốn không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn
[9]☐ Tôi không hề bấm nút gọi

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

5. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

6. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

7. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

MÔI TRƯỜNG BỆNH VIỆN

8. Trong lần nằm bệnh viện này, phòng nằm và phòng vệ sinh của quý vị có thường được lau dọn sạch sẽ không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

9. Trong lần nằm bệnh viện này, những nơi chung quanh phòng của quý vị có thường được giữ yên tịnh ban đêm không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

KINH NGHIỆM CỦA QUÝ VỊ TẠI BỆNH VIỆN NÀY

10. Trong lần nằm bệnh viện này, quý vị có cần y tá hoặc nhân viên bệnh viện giúp quý vị đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu không?

[1]☐ Có
[2]☐ Không ➔ **Nếu Không, trả lời tiếp sang câu 12**

11. Khi quý vị cần, quý vị có thường được giúp đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu một cách kịp thời không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

12. Trong lần nằm bệnh viện này, quý vị có cần thuốc để giảm đau không?

[1]☐ Có
[2]☐ Không ➔ **Nếu Không, trả lời tiếp sang câu 15**

13. Trong lần nằm bệnh viện này, cơn đau của quý vị có thường được chữa trị đúng mức không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

14. Trong lần nằm bệnh viện này, nhân viên bệnh viện có thường tận tâm trong việc giúp giảm cơn đau cho quý vị không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

15. Trong lần nằm bệnh viện này, quý vị có được cho uống loại thuốc nào mà quý vị chưa hề uống không?

[1]☐ Có
[2]☐ Không ➔ **Nếu Không, trả lời tiếp sang câu 18**

16. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường cho quý vị biết thuốc này dùng để chữa trị gì không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

17. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường giải thích về các phản ứng phụ của loại thuốc này một cách dễ hiểu không?

[1]☐ Không bao giờ
[2]☐ Thỉnh thoảng
[3]☐ Thường thường
[4]☐ Luôn luôn

KHI QUÝ VỊ XUẤT VIỆN

18. Sau khi quý vị xuất viện, quý vị về thẳng nhà riêng, về nhà người khác, hay đến một trung tâm y tế khác?

[1]☐ Nhà riêng
[2]☐ Nhà người khác
[3]☐ Một trung tâm y tế khác ➔ **Nếu đến một trung tâm y tế khác, trả lời tiếp sang câu 21**

19. Trong lần nằm bệnh viện này, bác sĩ, y tá hay một nhân viên nào khác trong bệnh viện có hỏi xem quý vị có sẵn những người hay dịch vụ cần thiết để trợ giúp cho quý vị sau khi xuất viện không?

[1]☐ Có
[2]☐ Không

20. Trong lần nằm bệnh viện này, quý vị có được cung cấp thông tin bằng văn bản về các triệu chứng hay vấn đề y tế mà quý vị cần lưu ý sau khi xuất viện không?

[1]☐ Có
[2]☐ Không

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

21. Dùng từ số 0 đến số 10 để đánh giá bệnh viện này, số 0 dành cho bệnh viện tệ nhất và số 10 dành cho bệnh viện tốt nhất, quý vị sẽ chọn số nào để đánh giá bệnh viện trong lần nằm bệnh viện này?

- [0] ☐ 0 Bệnh viện tệ nhất
- [1] ☐ 1
- [2] ☐ 2
- [3] ☐ 3
- [4] ☐ 4
- [5] ☐ 5
- [6] ☐ 6
- [7] ☐ 7
- [8] ☐ 8
- [9] ☐ 9
- [10] ☐ 10 Bệnh viện tốt nhất

22. Quý vị sẽ giới thiệu bệnh viện này với gia đình và bạn hữu không?

- [1] ☐ Chắc chắn là không
- [2] ☐ Có thể là không
- [3] ☐ Có thể là có
- [4] ☐ Chắc chắn là có

HIỂU BIẾT VỀ VIỆC CHĂM SÓC CỦA MÌNH KHI QUÝ VỊ RỜI BỆNH VIỆN

23. Trong lần nằm bệnh viện lần này, nhân viên bệnh viện đã dựa trên ý kiến của tôi và của gia đình tôi, hoặc người chăm sóc cho tôi để xác định xem nhu cầu chăm sóc y tế của tôi là gì khi tôi rời bệnh viện.

- [1] ☐ Rất không đồng ý
- [2] ☐ Không đồng ý
- [3] ☐ Đồng ý
- [4] ☐ Rất đồng ý

24. Khi rời bệnh viện, tôi hiểu rõ những việc tôi có bổn phận phải làm để chăm sóc sức khỏe cho mình.

- [1] ☐ Rất không đồng ý
- [2] ☐ Không đồng ý
- [3] ☐ Đồng ý
- [4] ☐ Rất đồng ý

25. Khi rời bệnh viện, tôi hiểu rõ mục đích của mỗi loại thuốc tôi phải dùng.

- [1] ☐ Rất không đồng ý
- [2] ☐ Không đồng ý
- [3] ☐ Đồng ý
- [4] ☐ Rất đồng ý
- [5] ☐ Tôi không được cho bất kỳ loại thuốc nào khi xuất viện

THÔNG TIN VỀ QUÝ VỊ

Sau đây chỉ còn một vài câu hỏi mà thôi.

26. Trong lần nằm bệnh viện lần này, có phải quý vị đã được cho nhập viện qua Phòng Cấp Cứu hay không?

- [1] ☐ Có
- [2] ☐ Không

27. Nói chung, quý vị thấy tình trạng sức khỏe của mình như thế nào?

[1]☐ Xuất sắc
[2]☐ Rất tốt
[3]☐ Tốt
[4]☐ Được
[5]☐ Kém

28 Nói chung, quý vị thấy tình trạng <u>sức khỏe tâm thần hoặc tình cảm</u> của mình như thế nào?

[1]☐ Xuất sắc
[2]☐ Rất tốt
[3]☐ Tốt
[4]☐ Được
[5]☐ Kém

29. Quý vị <u>đã học xong</u> đến lớp nào hoặc trình độ nào?

[1]☐ Lớp 8 trở xuống
[2]☐ Học trung học một thời gian, nhưng chưa tốt nghiệp
[3]☐ Có bằng trung học hoặc bằng tương đương GED
[4]☐ Học đại học một thời gian hoặc tốt nghiệp cao đẳng (đại học hai năm)
[5]☐ Có bằng cử nhân đại học (đại học bốn năm)
[6]☐ Học vấn cao hơn cử nhân đại học (đại học bốn năm)

30. Quý vị có phải là người gốc Tây Ban Nha, Bán đảo Iberia (Hispanic) hay Châu Mỹ La tinh không?

[1]☐ Không, không phải là người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh
[2]☐ Phải, người Puerto Rico
[3]☐ Phải, người Mễ Tây Cơ, người Mỹ gốc Mễ Tây Cơ, người Chicano (người gốc Mễ Tây Cơ sinh tại Mỹ)
[4]☐ Phải, người Cuba
[5]☐ Phải, người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh khác

31. Quý vị thuộc chủng tộc nào? Xin chọn một hay một số các chủng tộc sau đây.

[1]☐ Người da trắng
[2]☐ Người da đen hay người Mỹ gốc Phi châu
[3]☐ Người Á đông
[4]☐ Người bản xứ Hạ Uy Di hay người thuộc các Quần đảo Thái Bình Dương
[5]☐ Người Mỹ bản xứ hay người bản xứ Alaska

32. Quý vị dùng ngôn ngữ nào <u>chính</u> trong nhà?

[1]☐ Tiếng Anh
[2]☐ Tiếng Tây Ban Nha
[3]☐ Tiếng Trung Hoa
[4]☐ Tiếng Nga
[5]☐ Tiếng Việt
[6]☐ Tiếng Bồ Đào Nha
[9]☐ Một ngôn ngữ khác (xin ghi bằng chữ in)

_____

THÀNH THẬT CÁM ƠN QUÝ VỊ

Vui lòng dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại bản thăm dò ý kiến sau khi trả lời đầy đủ.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Câu hỏi 1-22 và 26-32 là một phần trong bản thăm dò ý kiến HCAHPS và được Chính phủ Hoa Kỳ biên soạn. Những câu hỏi này của HCAHPS thuộc phạm vi thông tin công chúng và KHÔNG lệ thuộc luật bản quyền của Hoa Kỳ. Ba câu hỏi của Care Transitions Measure® (Phương pháp Chăm sóc Chuyển tiếp)(Câu hỏi 23-25) thuộc bản quyền của Eric A. Coleman, MD, MPH, tác giả giữ bản quyền.

THĂM DÒ Ý KIẾN HCAHPS

CHỈ DẪN TRẢ LỜI BẢN THĂM DÒ Ý KIẾN

- Quý vị chỉ nên điền bản thăm dò ý kiến này nếu quý vị là bệnh nhân nằms tại bệnh viện có tên trong thư đính kèm. Vui lòng đừng điền bản thăm dò ý kiến nếu quý vị không phải là bệnh nhân.
- Xin trả lời <u>tất cả</u> các câu hỏi bằng cách tô kín vòng tròn phía bên trái các câu trả lời thích hợp.
- Đôi khi quý vị được chỉ dẫn bỏ một số câu hỏi trong bản thăm dò ý kiến này. Khi đó, quý vị sẽ thấy một mũi tên và một chỉ dẫn cho quý vị biết cần phải trả lời tiếp sang câu nào, như thế này:

  0 Có
  ● Không ➔ ***Nếu Không, trả lời tiếp sang câu 1***

Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không gửi thư nhắc quý vị. ***Xin chú ý: Câu hỏi 1-25 trong bản thăm dò ý kiến này là một phần của một dự án toàn quốc để đo lường phẩm chất sự chăm sóc y tế tại bệnh viện. OMB #0938-0981***

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

1. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

2. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

3. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

4. Trong lần nằm bệnh viện này, khi quý vị bấm nút gọi cho y tá, quý vị có thường được người đến giúp đỡ cho quý vị ngay như quý vị muốn không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn
[9]0 Tôi không hề bấm nút gọi

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

5. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

6. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

7. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

MÔI TRƯỜNG BỆNH VIỆN

8. Trong lần nằm bệnh viện này, phòng nằm và phòng vệ sinh của quý vị có thường được lau dọn sạch sẽ không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

9. Trong lần nằm bệnh viện này, những nơi chung quanh phòng của quý vị có thường được giữ yên tịnh ban đêm không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

KINH NGHIỆM CỦA QUÝ VỊ TẠI BỆNH VIỆN NÀY

10. Trong lần nằm bệnh viện này, quý vị có cần y tá hoặc nhân viên bệnh viện giúp quý vị đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu không?

[1]0 Có
[2]0 Không ➔ **Nếu Không, trả lời tiếp sang câu 12**

11. Khi quý vị cần, quý vị có thường được giúp đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu một cách kịp thời không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

12. Trong lần nằm bệnh viện này, quý vị có cần thuốc để giảm đau không?

[1]0 Có
[2]0 Không ➔**Nếu Không, trả lời tiếp sang câu 15**

13. Trong lần nằm bệnh viện này, cơn đau của quý vị có thường được chữa trị đúng mức không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

14. Trong lần nằm bệnh viện này, nhân viên bệnh viện có thường tận tâm trong việc giúp giảm cơn đau cho quý vị không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

15. Trong lần nằm bệnh viện này, quý vị có được cho uống loại thuốc nào mà quý vị chưa hề uống không?

[1]0 Có
[2]0 Không ➔ **Nếu Không, trả lời tiếp sang câu 18**

16. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường cho quý vị biết thuốc này dùng để chữa trị gì không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

17. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường giải thích về các phản ứng phụ của loại thuốc này một cách dễ hiểu không?

[1]0 Không bao giờ
[2]0 Thỉnh thoảng
[3]0 Thường thường
[4]0 Luôn luôn

KHI QUÝ VỊ XUẤT VIỆN

18. Sau khi quý vị xuất viện, quý vị về thẳng nhà riêng, về nhà người khác, hay đến một trung tâm y tế khác?

[1]0 Nhà riêng
[2]0 Nhà người khác
[3]0 Một trung tâm y tế khác ➔ **Nếu đến một trung tâm y tế khác, trả lời tiếp sang câu 21**

19. Trong lần nằm bệnh viện này, bác sĩ, y tá hay một nhân viên nào khác trong bệnh viện có hỏi xem quý vị có sẵn những người hay dịch vụ cần thiết để trợ giúp cho quý vị sau khi xuất viện không?

[1]0 Có
[2]0 Không

20. Trong lần nằm bệnh viện này, quý vị có được cung cấp thông tin bằng văn bản về các triệu chứng hay vấn đề y tế mà quý vị cần lưu ý sau khi xuất viện không?

[1]0 Có
[2]0 Không

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

21. Dùng từ số 0 đến số 10 để đánh giá bệnh viện này, số 0 dành cho bệnh viện tệ nhất và số 10 dành cho bệnh viện tốt nhất, quý vị sẽ chọn số nào để đánh giá bệnh viện trong lần nằm bệnh viện này?

[0]0 0 Bệnh viện tệ nhất
[1]0 1
[2]0 2
[3]0 3
[4]0 4
[5]0 5
[6]0 6
[7]0 7
[8]0 8
[9]0 9
[10]0 10 Bệnh viện tốt nhất

22. Quý vị sẽ giới thiệu bệnh viện này với gia đình và bạn hữu không?

[1]0 Chắc chắn là không
[2]0 Có thể là không
[3]0 Có thể là có
[4]0 Chắc chắn là có

HIỂU BIẾT VỀ VIỆC CHĂM SÓC CỦA MÌNH KHI QUÝ VỊ RỜI BỆNH VIỆN

23. Trong lần nằm bệnh viện lần này, nhân viên bệnh viện đã dựa trên ý kiến của tôi và của gia đình tôi, hoặc người chăm sóc cho tôi để xác định xem nhu cầu chăm sóc y tế của tôi là gì khi tôi rời bệnh viện.

[1]0 Rất không đồng ý
[2]0 Không đồng ý
[3]0 Đồng ý
[4]0 Rất đồng ý

24. Khi rời bệnh viện, tôi hiểu rõ những việc tôi có bổn phận phải làm để chăm sóc sức khỏe cho mình.

[1]0 Rất không đồng ý
[2]0 Không đồng ý
[3]0 Đồng ý
[4]0 Rất đồng ý

25. Khi rời bệnh viện, tôi hiểu rõ mục đích của mỗi loại thuốc tôi phải dùng.

[1]0 Rất không đồng ý
[2]0 Không đồng ý
[3]0 Đồng ý
[4]0 Rất đồng ý
[5]0 Tôi không được cho bất kỳ loại thuốc nào khi xuất viện

THÔNG TIN VỀ QUÝ VỊ

Sau đây chỉ còn một vài câu hỏi mà thôi.

26. Trong lần nằm bệnh viện lần này, có phải quý vị đã được cho nhập viện qua Phòng Cấp Cứu hay không?

[1]0 Có
[2]0 Không

27. Nói chung, quý vị thấy tình trạng sức khỏe của mình như thế nào?

[1]0 Xuất sắc
[2]0 Rất tốt
[3]0 Tốt
[4]0 Được
[5]0 Kém

28 Nói chung, quý vị thấy tình trạng <u>sức khỏe tâm thần hoặc tình cảm</u> của mình như thế nào?

[1]0 Xuất sắc
[2]0 Rất tốt
[3]0 Tốt
[4]0 Được
[5]0 Kém

29. Quý vị <u>đã học xong</u> đến lớp nào hoặc trình độ nào?

[1]0 Lớp 8 trở xuống
[2]0 Học trung học một thời gian, nhưng chưa tốt nghiệp
[3]0 Có bằng trung học hoặc bằng tương đương GED
[4]0 Học đại học một thời gian hoặc tốt nghiệp cao đẳng (đại học hai năm)
[5]0 Có bằng cử nhân đại học (đại học bốn năm)
[6]0 Học vấn cao hơn cử nhân đại học (đại học bốn năm)

30. Quý vị có phải là người gốc Tây Ban Nha, Bán đảo Iberia (Hispanic) hay Châu Mỹ La tinh không?

[1]0 Không, không phải là người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh
[2]0 Phải, người Puerto Rico
[3]0 Phải, người Mễ Tây Cơ, người Mỹ gốc Mễ Tây Cơ, người Chicano (người gốc Mễ Tây Cơ sinh tại Mỹ)
[4]0 Phải, người Cuba
[5]0 Phải, người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh khác

31. Quý vị thuộc chủng tộc nào? Xin chọn một hay một số các chủng tộc sau đây.

[1]0 Người da trắng
[2]0 Người da đen hay người Mỹ gốc Phi châu
[3]0 Người Á đông
[4]0 Người bản xứ Hạ Uy Di hay người thuộc các Quần đảo Thái Bình Dương
[5]0 Người Mỹ bản xứ hay người bản xứ Alaska

32. Quý vị dùng ngôn ngữ nào <u>chính</u> trong nhà?

[1]0 Tiếng Anh
[2]0 Tiếng Tây Ban Nha
[3]0 Tiếng Trung Hoa
[4]0 Tiếng Nga
[5]0 Tiếng Việt
[6]0 Tiếng Bồ Đào Nha
[9]0 Một ngôn ngữ khác (xin ghi bằng chữ in)

THÀNH THẬT CÁM ƠN QUÝ VỊ

Vui lòng dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại bản thăm dò ý kiến sau khi trả lời đầy đủ.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Câu hỏi 1-22 và 26-32 là một phần trong bản thăm dò ý kiến HCAHPS và được Chính phủ Hoa Kỳ biên soạn. Những câu hỏi này của HCAHPS thuộc phạm vi thông tin công chúng và KHÔNG lệ thuộc luật bản quyền của Hoa Kỳ. Ba câu hỏi của Care Transitions Measure® (Phương pháp Chăm sóc Chuyển tiếp)(Câu hỏi 23-25) thuộc bản quyền của Eric A. Coleman, MD, MPH, tác giả giữ bản quyền.

Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Kính chào [SAMPLED PATIENT NAME]:

Hồ sơ chúng tôi cho thấy rằng vừa qua quý vị là bệnh nhân tại [NAME OF HOSPITAL] và được xuất viện vào ngày [DATE OF DISCHARGE (mm/dd/yyyy)]. Vì quý vị vừa có kinh nghiệm nằm bệnh viện, chúng tôi mong được sự giúp đỡ của quý vị. Cuộc thăm dò ý kiến này là một phần của một phong trào hoạt động toàn quốc để tìm hiểu về kinh nghiệm và cảm tưởng của bệnh nhân về thời gian nằm bệnh viện. Kết quả về những bệnh viện này sẽ được công bố và phát hành qua mạng Internet tại www.medicare.gov/hospitalcompare. Kết quả này sẽ giúp người tiêu dùng trong những quyết định quan trọng khi lựa chọn bệnh viện và giúp bệnh viện luôn cải tiến phương pháp phục vụ và chăm sóc bệnh nhân.

Câu hỏi 1-25 trong bản thăm dò ý kiến đính kèm là một phần của một phong trào vận động toàn quốc để đo lường phẩm chất của sự chăm sóc y tế tại bệnh viện qua sự bảo trợ của Bộ Y tế Xã hội Hoa Kỳ. Sự tham gia của quý vị là một tham gia tự nguyện và sẽ không có ảnh hưởng đến quyền lợi y tế của quý vị.

Chúng tôi hy vọng rằng quý vị sẽ bỏ chút thì giờ trả lời bản thăm dò ý kiến này và chúng tôi thành thật cảm tạ sự tham gia của quý vị. Sau khi trả lời đầy đủ bản thăm dò ý kiến này, xin quý vị dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại chúng tôi. Các câu trả lời của quý vị sẽ được tiết lộ với bệnh viện nhằm giúp bệnh viện cải tiến phẩm chất dịch vụ y tế. [*OPTIONAL:* Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không gửi thư nhắc quý vị.]

Nếu có thắc mắc về bản thăm dò ý kiến đính kèm, xin quý vị vui lòng gọi số điện thoại miễn phí 1-800-xxx-xxxx. Thành thật cám ơn sự giúp đỡ của quý vị trong việc cải tiến dịch vụ chăm sóc y tế cho tất cả những người tiêu dùng.

Trân trọng,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only section for specific letter guidelines.

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Kính chào [SAMPLED PATIENT NAME]:

Hồ sơ chúng tôi cho thấy rằng vừa qua quý vị là bệnh nhân tại [NAME OF HOSPITAL] và được xuất viện vào ngày [DATE OF DISCHARGE (mm/dd/yyyy)]. Cách nay gần ba tuần, chúng tôi có gửi cho quý vị một bản thăm dò ý kiến về lần quý vị nằm bệnh viện. Chúng tôi thành thật cảm ơn quý vị nếu quý vị đã gửi bản trả lời về cho chúng tôi và xin quý vị bỏ qua lá thư này. Tuy nhiên, nếu quý vị chưa trả lời bản thăm dò ý kiến này, xin quý vị vui lòng bỏ chút thì giờ trả lời các câu hỏi này ngay.

Vì quý vị vừa có kinh nghiệm nằm bệnh viện chúng tôi mong được sự giúp đỡ của quý vị. Cuộc thăm dò ý kiến này là một phần của một phong trào hoạt động toàn quốc để tìm hiểu về kinh nghiệm và cảm tưởng của bệnh nhân về thời gian nằm bệnh viện. Kết quả về những bệnh viện này sẽ được công bố và phát hành qua mạng Internet tại www.medicare.gov/hospitalcompare. Kết quả này sẽ giúp người tiêu dùng trong những quyết định quan trọng khi lựa chọn bệnh viện và giúp bệnh viện luôn cải tiến phương pháp phục vụ và chăm sóc bệnh nhân.

Câu hỏi 1-25 trong bản thăm dò ý kiến đính kèm là một phần của một phong trào vận động toàn quốc để đo lường phẩm chất của sự chăm sóc y tế tại bệnh viện qua sự bảo trợ của Bộ Y tế Xã hội Hoa Kỳ. Sự tham gia của quý vị là một tham gia tự nguyện và sẽ không có ảnh hưởng đến quyền lợi y tế của quý vị. Xin quý vị vui lòng bỏ chút thì giờ trả lời bản thăm dò ý kiến được đính kèm theo đây. Sau khi trả lời đầy đủ bản thăm dò ý kiến này, xin quý vị dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại chúng tôi. Các câu trả lời của quý vị sẽ được tiết lộ với bệnh viện nhằm giúp bệnh viện cải tiến phẩm chất dịch vụ y tế. [*OPTIONAL:* Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không gửi thư nhắc quý vị.]

Nếu có thắc mắc về bản thăm dò ý kiến đính kèm, xin quý vị vui lòng gọi số điện thoại miễn phí 1-800-xxx-xxxx. Một lần nữa, chúng tôi thành thật cám ơn sự giúp đỡ của quý vị trong việc cải tiến dịch vụ chăm sóc y tế cho tất cả những người tiêu dùng.

Trân trọng,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on thefront or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only section for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either in the cover letter or on the front or back of the questionnaire. The following is the language that must be used:

Vietnamese Version

"Thể theo Đạo luật Giảm thiểu Thủ tục Giấy tờ năm 1995, không một ai bị bắt buộc phải trả lời và cung cấp thông tin trừ khi trên bản câu hỏi có ghi rõ số kiểm soát OMB có hiệu lực. Số kiểm soát OMB có hiệu lực cho bản thu thập thông tin này là 0938-0981. Thời gian cần thiết để trả lời các câu hỏi này được ước tính trung bình là 8 phút cho các câu hỏi 1-25 trong bản thăm dò ý kiến này, kể cả thời gian đọc hướng dẫn, thời gian tìm kiếm, thu thập và xác nhận thông tin được yêu cầu, hoàn tất và kiểm tra lại bản trả lời. Nếu quý vị có ý kiến gì về mức chính xác của thời gian ước tính hoặc đề nghị gì trong việc đơn giản hóa bản thăm dò ý kiến này, vui lòng gửi thư về: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

APPENDIX F

HCAHPS Mail Survey (Portuguese)

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Estudo HCAHPS (Avaliação do Paciente Hospitalar relativamente aos Sistemas e Prestadores de Cuidados de Saúde)

INSTRUÇÕES DO ESTUDO

- Só deve preencher este estudo se for o paciente, durante a hospitalização, indicado na carta de apresentação. Não preencha este estudo se não for o paciente.
- Responda a <u>todas</u> as perguntas marcando o quadrado à esquerda da sua resposta.
- Por vezes vamos pedir-lhe que salte algumas perguntas deste estudo. Quando isto acontece, verá uma seta com uma observação que lhe indica qual a pergunta que deve responder a seguir, como por exemplo:

  ☐ Sim
  ☑ Não ➔ ***Se responder Não, vá para a Pergunta 1***

Poderá verificar a existência de um número no estudo. Este número é usado para nos informar se devolveu o seu estudo, para que não lhe enviemos lembretes.
Nota: As perguntas 1 a 25 deste estudo fazem parte de uma iniciativa nacional que visa determinar a qualidade dos cuidados prestados nos hospitais. OMB #0938-0981

Responda às perguntas deste estudo relativamente à hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

1. Durante esta hospitalização, com que frequência o pessoal de enfermagem o tratou com <u>cortesia e respeito</u>?

[1]☐ Nunca
[2]☐ Algumas vezes
[3]☐ Habitualmente
[4]☐ Sempre

2. Durante esta hospitalização, com que frequência o pessoal de enfermagem <u>o escutou atentamente</u>?

[1]☐ Nunca
[2]☐ Algumas vezes
[3]☐ Habitualmente
[4]☐ Sempre

3. Durante esta hospitalização, com que frequência o pessoal de enfermagem <u>lhe explicou as coisas</u> de uma forma que conseguisse entender?

[1]☐ Nunca
[2]☐ Algumas vezes
[3]☐ Habitualmente
[4]☐ Sempre

4. Durante esta hospitalização, quando pressionou o botão de chamada, com que frequência recebeu ajuda no momento em que queria?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre
[9] ☐ Nunca pressionei o botão de chamada

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

5. Durante esta hospitalização, com que frequência os médicos o trataram com <u>cortesia e respeito</u>?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

6. Durante esta hospitalização, com que frequência os médicos <u>o escutaram atentamente</u>?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

7. Durante esta hospitalização, com que frequência os médicos lhe <u>explicaram as coisas</u> de uma forma que conseguisse entender?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

AMBIENTE HOSPITALAR

8. Durante esta hospitalização, com que frequência o seu quarto e sanitário foram mantidos limpos?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

9. Durante esta hospitalização, com que frequência a área próxima do seu quarto se manteve silenciosa durante a noite?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

A SUA EXPERIÊNCIA NESTE HOSPITAL

10. Durante esta hospitalização, necessitou de ajuda por parte do pessoal de enfermagem, ou de outro pessoal do hospital, para ir ao sanitário ou para usar uma arrastadeira (comadre)?

[1] ☐ Sim
[2] ☐ Não ➔ **Se responder Não, vá para a Pergunta 12**

11. Com que frequência obteve ajuda para ir ao sanitário ou para usar a arrastadeira (comadre) logo que necessitava?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

12. Durante esta hospitalização, necessitou de remédios para as dores?

[1] ☐ Sim
[2] ☐ Não ➔ **Se responder Não, vá para a Pergunta 15**

13. Durante esta hospitalização, com que frequência a sua dor foi bem controlada?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

14. Durante esta hospitalização, com que frequência o pessoal do hospital fez tudo o que era possível para o ajudar a aliviar dor?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

15. Durante esta hospitalização, foi-lhe administrado algum remédio que nunca tivesse tomado anteriormente?

[1] ☐ Sim
[2] ☐ Não ➔ **Se responder Não, vá para a Pergunta 18**

16. Antes de lhe administrarem um novo remédio, com que frequência o pessoal do hospital lhe disse para que era o remédio?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

17. Antes de lhe administrarem qualquer novo remédio, com que frequência o pessoal do hospital descreveu os possíveis efeitos secundários (colaterais) de uma forma que conseguisse entender?

[1] ☐ Nunca
[2] ☐ Algumas vezes
[3] ☐ Habitualmente
[4] ☐ Sempre

QUANDO TEVE ALTA DO HOSPITAL

18. Depois de ter tido alta do hospital, foi diretamente para a sua casa, para a casa de outra pessoa ou para outra instituição de cuidados de saúde?

[1] ☐ Própria casa
[2] ☐ Casa de outra pessoa
[3] ☐ Outra instituição de cuidados de saúde ➔ **Se responder outra instituição, vá para a Pergunta 21**

19. Durante esta hospitalização, os médicos, pessoal de enfermagem, ou outro pessoal do hospital, falaram-lhe sobre se teria a ajuda necessária após ter alta do hospital?

[1] ☐ Sim
[2] ☐ Não

20. Durante esta hospitalização recebeu informação, por escrito, referente a sintomas ou problemas de saúde aos quais deveria estar atento depois de ter alta do hospital?

[1] ☐ Sim
[2] ☐ Não

CLASSIFICAÇÃO GERAL DO HOSPITAL

Responda às perguntas seguintes sobre a hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

21. Usando um número de 0 a 10, em que 0 significa o pior hospital possível e 10 significa o melhor hospital possível, que número usaria para classificar este hospital durante a sua hospitalização?

- [0] ☐ 0 — O pior hospital possível
- [1] ☐ 1
- [2] ☐ 2
- [3] ☐ 3
- [4] ☐ 4
- [5] ☐ 5
- [6] ☐ 6
- [7] ☐ 7
- [8] ☐ 8
- [9] ☐ 9
- [10] ☐ 10 — O melhor hospital possível

22. Recomendaria este hospital aos seus amigos e familiares?

- [1] ☐ Definitivamente não
- [2] ☐ Provavelmente não
- [3] ☐ Provavelmente sim
- [4] ☐ Definitivamente sim

ENTENDIMENTO DOS CUIDADOS PRESTADOS QUANDO TEVE ALTA DO HOSPITAL

23. Durante esta hospitalização, o pessoal tomou em consideração as minhas preferências, bem como as da minha família, ou do assistente de cuidados domiciliários (cuidador), na decisão sobre quais seriam as minhas necessidades de cuidados de saúde após ter alta.

- [1] ☐ Discordo totalmente
- [2] ☐ Discordo
- [3] ☐ Concordo
- [4] ☐ Concordo totalmente

24. Quando tive alta do hospital, sabia bem as minhas responsabilidades quanto ao controle da minha saúde.

- [1] ☐ Discordo totalmente
- [2] ☐ Discordo
- [3] ☐ Concordo
- [4] ☐ Concordo totalmente

25. Quando tive alta do hospital, sabia bem a razão por que iria tomar cada um dos meus remédios.

- [1] ☐ Discordo totalmente
- [2] ☐ Discordo
- [3] ☐ Concordo
- [4] ☐ Concordo totalmente
- [5] ☐ Não me foi dado qualquer remédio, quando tive alta do hospital

A SEU RESPEITO

Faltam apenas algumas perguntas.

26. Durante esta hospitalização, foi admitido neste hospital através da Urgência (Emergência)?

- [1] ☐ Sim
- [2] ☐ Não

27. Em geral, como classificaria a sua saúde como um todo?

- [1] ☐ Excelente
- [2] ☐ Muito boa
- [3] ☐ Boa
- [4] ☐ Razoável
- [5] ☐ Fraca

28. Em geral, como classificaria a sua saúde <u>mental ou emocional</u> como um todo?

- [1] ☐ Excelente
- [2] ☐ Muito boa
- [3] ☐ Boa
- [4] ☐ Razoável
- [5] ☐ Fraca

29. Qual é o seu nível escolar?

- [1] ☐ 8 anos de escolaridade ou menos
- [2] ☐ Frequência do ensino secundário, sem receber o diploma
- [3] ☐ Diploma do ensino secundário ou equivalente (GED)
- [4] ☐ Frequência universitária ou curso universitário de 2 anos
- [5] ☐ Curso universitário de 4 anos
- [6] ☐ Curso universitário com duração superior a 4 anos

30. É de origem ou descendência espanhola, hispânica ou latina?

- [1] ☐ Não, não sou de origem espanhola, hispânica ou latina
- [2] ☐ Sim, de origem porto-riquenha
- [3] ☐ Sim, de origem mexicana, mexicana americana, chicana
- [4] ☐ Sim, de origem cubana
- [5] ☐ Sim, outra origem espanhola/hispânica/latina

31. Qual a sua raça? Escolha uma ou mais.

- [1] ☐ Branca
- [2] ☐ Negra ou afro-americana
- [3] ☐ Asiática
- [4] ☐ Nativa do Havai ou de outra Ilha do Pacífico
- [5] ☐ Índia americana ou nativa do Alasca

32. Qual é a língua <u>mais</u> falada em casa?

- [1] ☐ Inglês
- [2] ☐ Espanhol
- [3] ☐ Chinês
- [4] ☐ Russo
- [5] ☐ Vietnamita
- [6] ☐ Português
- [9] ☐ Outra língua (escreva em letra maiúscula):_____

OBRIGADO

**Devolva, por favor, este estudo depois de preenchido,
no envelope com porte pré-pago.**

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

As perguntas 1 a 22 e 26 a 32 são parte do Estudo sobre HCAHPS e são do governo norte-americano. Estas perguntas de HCAHPS são do domínio público e, por conseguinte, NÃO estão sujeitas às leis de direitos autorais dos EUA. As três perguntas referentes a Care Transitions Measure® (Perguntas 23-25) estão abrangidas pelos direitos autorais de Eric A. Coleman, MD, MPH. Todos os direitos reservados.

Estudo HCAHPS (Avaliação do Paciente Hospitalar relativamente aos Sistemas e Prestadores de Cuidados de Saúde)

INSTRUÇÕES DO ESTUDO

- Só deve preencher este estudo se for o paciente, durante a hospitalização, indicado na carta de apresentação. Não preencha este estudo se não for o paciente.
- Responda a <u>todas</u> as perguntas preenchendo o círculo à esquerda da sua resposta.
- Por vezes vamos pedir-lhe que salte algumas perguntas deste estudo. Quando isto acontece, verá uma seta com uma observação que lhe indica qual a pergunta que deve responder a seguir, como por exemplo:

  0 Sim
  0 Não ➔ ***Se responder Não, vá para a Pergunta 1***

Poderá verificar a existência de um número no estudo. Este número é usado para nos informar se devolveu o seu estudo, para que não lhe enviemos lembretes.
Nota: As perguntas 1 a 25 deste estudo fazem parte de uma iniciativa nacional que visa determinar a qualidade dos cuidados prestados nos hospitais. OMB #0938-0981

Responda às perguntas deste estudo relativamente à hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

1. Durante esta hospitalização, com que frequência o pessoal de enfermagem o tratou com <u>cortesia e respeito</u>?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

2. Durante esta hospitalização, com que frequência o pessoal de enfermagem o <u>escutou atentamente</u>?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

3. Durante esta hospitalização, com que frequência o pessoal de enfermagem lhe <u>explicou as coisas</u> de uma forma que conseguisse entender?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

4. Durante esta hospitalização, quando pressionou o botão de chamada, com que frequência recebeu ajuda no momento em que queria?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre
[9]0 Nunca pressionei o botão de chamada

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

5. Durante esta hospitalização, com que frequência os médicos o trataram com <u>cortesia e respeito</u>?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

6. Durante esta hospitalização, com que frequência os médicos <u>o escutaram atentamente</u>?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

7. Durante esta hospitalização, com que frequência os médicos lhe <u>explicaram as coisas</u> de uma forma que conseguisse entender?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

AMBIENTE HOSPITALAR

8. Durante esta hospitalização, com que frequência o seu quarto e sanitário foram mantidos limpos?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

9. Durante esta hospitalização, com que frequência a área próxima do seu quarto se manteve silenciosa durante a noite?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

A SUA EXPERIÊNCIA NESTE HOSPITAL

10. Durante esta hospitalização, necessitou de ajuda por parte do pessoal de enfermagem, ou de outro pessoal do hospital, para ir ao sanitário ou para usar uma arrastadeira (comadre)?

[1]0 Sim
[2]0 Não ➔ **Se responder Não, vá para a Pergunta 12**

11. Com que frequência obteve ajuda para ir ao sanitário ou para usar a arrastadeira (comadre) logo que necessitava?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

12. Durante esta hospitalização, necessitou de remédios para as dores?

[1]0 Sim
[2]0 Não ➔ **Se responder Não, vá para a Pergunta 15**

13. Durante esta hospitalização, com que frequência a sua dor foi bem controlada?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

14. Durante esta hospitalização, com que frequência o pessoal do hospital fez tudo o que era possível para o ajudar a aliviar dor?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

15. Durante esta hospitalização, foi-lhe administrado algum remédio que nunca tivesse tomado anteriormente?

[1]0 Sim
[2]0 Não ➔ **Se responder Não, vá para a Pergunta 18**

16. Antes de lhe administrarem um novo remédio com que frequência o pessoal do hospital lhe disse para que era o remédio?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

17. Antes de lhe administrarem qualquer novo remédio, com que frequência o pessoal do hospital descreveu os possíveis efeitos secundários (colaterais) de uma forma que conseguisse entender?

[1]0 Nunca
[2]0 Algumas vezes
[3]0 Habitualmente
[4]0 Sempre

QUANDO TEVE ALTA DO HOSPITAL

18. Depois de ter tido alta do hospital, foi diretamente para a sua casa, para a casa de outra pessoa ou para outra instituição de cuidados de saúde?

[1]0 Própria casa
[2]0 Casa de outra pessoa
[3]0 Outra instituição de cuidados de saúde ➔ **Se responder outra instituição, vá para a Pergunta 21**

19. Durante esta hospitalização, os médicos, pessoal de enfermagem, ou outro pessoal do hospital, falaram-lhe sobre se teria a ajuda necessária após ter alta do hospital?

[1]0 Sim
[2]0 Não

20. Durante esta hospitalização recebeu informação, por escrito, referente a sintomas ou problemas de saúde aos quais deveria estar atento depois de ter alta do hospital?

[1]0 Sim
[2]0 Não

CLASSIFICAÇÃO GERAL DO HOSPITAL

Responda às perguntas seguintes sobre a hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

21. Usando um número de 0 a 10, em que 0 significa o pior hospital possível e 10 significa o melhor hospital possível, que número usaria para classificar este hospital durante a sua hospitalização?

- [0] 0 O pior hospital possível
- [1] 1
- [2] 2
- [3] 3
- [4] 4
- [5] 5
- [6] 6
- [7] 7
- [8] 8
- [9] 9
- [10] 10 O melhor hospital possível

22. Recomendaria este hospital aos seus amigos e familiares?

- [1] Definitivamente não
- [2] Provavelmente não
- [3] Provavelmente sim
- [4] Definitivamente sim

ENTENDIMENTO DOS CUIDADOS PRESTADOS QUANDO TEVE ALTA DO HOSPITAL

23. Durante esta hospitalização, o pessoal tomou em consideração as minhas preferências, bem como as da minha família, ou do assistente de cuidados domiciliários (cuidador), na decisão sobre quais seriam as minhas necessidades de cuidados de saúde após ter alta.

- [1] Discordo totalmente
- [2] Discordo
- [3] Concordo
- [4] Concordo totalmente

24. Quando tive alta do hospital, sabia bem as minhas responsabilidades quanto ao controle da minha saúde.

- [1] Discordo totalmente
- [2] Discordo
- [3] Concordo
- [4] Concordo totalmente

25. Quando tive alta do hospital, sabia bem a razão por que iria tomar cada um dos meus remédios.

- [1] Discordo totalmente
- [2] Discordo
- [3] Concordo
- [4] Concordo totalmente
- [5] Não me foi dado qualquer remédio, quando tive alta do hospital

A SEU RESPEITO

Faltam apenas algumas perguntas.

26. Durante esta hospitalização, foi admitido neste hospital através da Urgência (Emergência)?

[1]0 Sim
[2]0 Não

27. Em geral, como classificaria a sua saúde como um todo?

[1]0 Excelente
[2]0 Muito boa
[3]0 Boa
[4]0 Razoável
[5]0 Fraca

28. Em geral, como classificaria a sua saúde <u>mental ou emocional</u> como um todo?

[1]0 Excelente
[2]0 Muito boa
[3]0 Boa
[4]0 Razoável
[5]0 Fraca

29. Qual é o seu nível escolar?

[1]0 8 anos de escolaridade ou menos
[2]0 Frequência do ensino secundário, sem receber o diploma
[3]0 Diploma do ensino secundário ou equivalente (GED)
[4]0 Frequência universitária ou curso universitário de 2 anos
[5]0 Curso universitário de 4 anos
[6]0 Curso universitário com duração superior a 4 anos

30. É de origem ou descendência espanhola, hispânica ou latina?

[1]0 Não, não sou de origem espanhola, hispânica ou latina
[2]0 Sim, de origem porto-riquenha
[3]0 Sim, de origem mexicana, mexicana americana, chicana
[4]0 Sim, de origem cubana
[5]0 Sim, outra origem espanhola/ hispânica/latina

31. Qual a sua raça? Escolha uma ou mais.

[1]0 Branca
[2]0 Negra ou afro-americana
[3]0 Asiática
[4]0 Nativa do Havai ou de outra Ilha do Pacífico
[5]0 Índia americana ou nativa do Alasca

32. Qual é a língua <u>mais</u> falada em casa?

[1]0 Inglês
[2]0 Espanhol
[3]0 Chinês
[4]0 Russo
[5]0 Vietnamita
[6]0 Português
[9]0 Outra língua (escreva em letra maiúscula):_____

OBRIGADO

Devolva, por favor, este estudo depois de preenchido, no envelope com porte pré-pago.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

As perguntas 1 a 22 e 26 a 32 são parte do Estudo sobre HCAHPS e são do governo norte-americano. Estas perguntas de HCAHPS são do domínio público e, por conseguinte, NÃO estão sujeitas às leis de direitos autorais dos EUA. As três perguntas referentes a Care Transitions Measure® (Perguntas 23-25) estão abrangidas pelos direitos autorais de Eric A. Coleman, MD, MPH. Todos os direitos reservados.

Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Exmo. Sr./Exma. Sra. [SAMPLED PATIENT NAME]:

Os nossos registos indicam que esteve recentemente hospitalizado no [NAME OF HOSPITAL] tendo tido alta em [DISCHARGE DATE (mm/dd/yyyy)]. Dado que a sua hospitalização teve lugar recentemente, vimos solicitar a sua ajuda. Este estudo faz parte de um esforço nacional contínuo no sentido de conhecermos a opinião dos pacientes relativamente à sua experiência hospitalar. Os resultados do hospital serão anunciados publicamente e disponibilizados através da Internet em www.medicare.gov/hospitalcompare. Estes resultados ajudarão os pacientes a fazer escolhas importantes sobre cuidados hospitalares e ajudarão os hospitais a melhorar a qualidade dos cuidados que prestam.

As perguntas 1 a 25 do estudo em anexo fazem parte de uma iniciativa nacional patrocinada pelo United States Department of Health and Human Services (Departamento de Saúde e Serviços Humanos dos Estados Unidos) destinada a avaliar a qualidade dos cuidados prestados nos hospitais. A participação é voluntária e não afectará os seus benefícios de saúde.

Esperamos que possa disponibilizar alguns minutos a responder a este questionário do estudo. Agradecemos muito a sua participação. Depois de completar o estudo, devolva-o, por favor, no envelope de porte pré-pago. As suas respostas poderão ser partilhadas com o hospital para fins de melhoria da qualidade. [*OPTIONAL*: Você poderá perceber um número na pesquisa. Este número é usado para deixar-nos saber se você voltou sua pesquisa e nós não teríamos que enviar lembretes.]

Se necessitar de quaisquer esclarecimentos sobre o estudo em anexo, telefone para o número gratuito 1-800-xxx-xxxx. Agradecemos a sua ajuda em prol da melhoria dos cuidados de saúde para todos os pacientes.

Atentamente,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Exmo. Sr./Exma. Sra. [SAMPLED PATIENT NAME]:

Os nossos registos indicam que esteve recentemente hospitalizado no [NAME OF HOSPITAL] tendo tido alta em [DATE OF DISCHARGE (mm/dd/yyyy)]. Há aproximadamente três semanas enviamos-lhe um estudo referente à sua hospitalização. Se já nos devolveu o estudo, muito agradecemos, e solicitamos que ignore esta carta. Porém, se ainda não respondeu ao estudo, agradecemos que disponibilize agora alguns minutos para o seu preenchimento.

Dado que a sua hospitalização teve lugar recentemente, vimos solicitar a sua ajuda. Este estudo faz parte de um esforço nacional contínuo no sentido de conhecermos a opinião dos doentes relativamente à sua experiência hospitalar. Os resultados do hospital serão anunciados publicamente e disponibilizados através da Internet em www.medicare.gov/hospitalcompare. Estes resultados ajudarão os pacientes a fazer escolhas importantes sobre cuidados hospitalares e ajudarão os hospitais a melhorar a qualidade dos cuidados que prestam.

As perguntas 1 a 25 do estudo em anexo fazem parte de uma iniciativa nacional patrocinada pelo United States Department of Health and Human Services (Departamento de Saúde e Serviços Humanos dos Estados Unidos) destinada a avaliar a qualidade dos cuidados prestados nos hospitais. A participação é voluntária e não afectará os seus benefícios de saúde. Disponibilize, por favor, alguns minutos a preencher o estudo. Depois de completar o estudo, devolva-o, por favor, no envelope de porte pré-pago. As suas respostas poderão ser partilhadas com o hospital para fins de melhoria da qualidade. [*OPTIONAL*: Você poderá perceber um número na pesquisa. Este número é usado para deixar-nos saber se você voltou sua pesquisa e nós não teríamos que enviar lembretes.]

Se necessitar de quaisquer esclarecimentos sobre o estudo em anexo, telefone para o número gratuito 1-800-xxx-xxxx. Agradecemos, uma vez mais, a sua ajuda em prol da melhoria de cuidados de saúde para todos os pacientes.

Atentamente,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either on the front or back of the cover letter or questionnaire, but cannot be a separate mailing. The exact OMB Paperwork Reduction Act language is included in this appendix. Please refer to the Mail Only, and Mixed Mode sections, for specific letter guidelines.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must be included in the survey mailing. This language can be either in the cover letter or on the front or back of the questionnaire. The following is the language that must be used:

Portuguese Version

"De acordo com a Lei de Redução da Burocracia de 1995, nenhuma pessoa é obrigada a responder a perguntas para a coleta de informações, a não ser que seja apresentado um número de controle válido da Secretaria de Administração e Orçamento (Office of Management and Budget). O número de controle válido para esta coleta de informações é 0938-0981. Estimamos que o tempo necessário para preencher esta coleta de informações seja, em média, 8 minutos para as pergunta 1-25 da pesquisa, incluindo o tempo necessário para ler as instruções, pesquisar recursos de dados já existentes, coletar os dados necessários, e preencher e revisar a coleta de informações. Se tiver qualquer comentário com relação à precisão de nossas estimativas de tempo, ou tiver sugestões para ajudar a melhorar este formulário, por favor, escreva para: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

APPENDIX G

Telephone Script
(English)

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HCAHPS

Telephone Script (English)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - However, YES and NO response options are to be read if necessary
- All questions and all answer categories must be read exactly as they are worded
  - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen

- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts, however this option must not be read out loud to the patient. MISSING/DK response options allow the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone interviewing system.
  - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS Survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone interviewing system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?
OPTIONAL START Hello, my name is [INTERVIEWER NAME], may I speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR":
I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE].

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Hello, may I please speak to [SAMPLED PATIENT NAME]?
<1> YES [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT NAME] available to complete a survey that [HE/SHE] started at an earlier date?

CONFIRM PATIENT: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Hi, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. This survey is part of a national initiative to measure the quality of care in hospitals. Survey results can be used by people to choose a hospital. Your answers may be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your health care or your benefits. It should take about 8 minutes [OR HOSPITAL/SURVEY VENDOR SPECIFY] to answer.

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:
I'd like to begin the survey now, is this a good time for us to continue?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1>	YES	[GO TO Q1_INTRO]
<2>	NO	[GO TO INEL1]
<3>	DON'T KNOW	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1: Were you ever at this hospital?

<1> YES [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2: Were you a patient at this hospital in the last year?

<1> YES [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3: When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

BEGIN HCAHPS QUESTIONS

Q1_INTRO Please answer the questions in this survey about this stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 During this hospital stay, how often did nurses treat you with courtesy and respect? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q2 During this hospital stay, how often did nurses listen carefully to you? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q3 During this hospital stay, how often did nurses explain things in a way you could understand? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q4 During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually,
<4> Always, or
<9> I never pressed the call button?

<M> MISSING/DK

Q5_INTRO The next questions are about the care you received from doctors during this hospital stay.

Q5 During this hospital stay, how often did doctors treat you with courtesy and respect? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q6 During this hospital stay, how often did doctors listen carefully to you? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q7 During this hospital stay, how often did doctors explain things in a way you could understand? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q8_INTRO The next set of questions is about the hospital environment.

Q8 During this hospital stay, how often were your room and bathroom kept clean? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q9 During this hospital stay, how often was the area around your room quiet at night? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

<M> MISSING/DK

Q10_INTRO The next questions are about your experiences in this hospital.

Q10 During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES
<2> NO [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q10 = "2 - NO" THEN Q11 = "8 - NOT APPLICABLE" OR IF Q10 = "M - MISSING/DK" THEN Q11 = "MISSING/DK"]

Q12 During this hospital stay, did you need medicine for pain?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES
<2> NO [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 During this hospital stay, how often was your pain well controlled? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "M - MISSING/DK"]

Q14 During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q14 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q14 = "M - MISSING/DK"]

Q15 During this hospital stay, were you given any medicine that you had not taken before?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES
<2> NO [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say…

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO The next questions are about when you left the hospital.

Q18 After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY ***IF NECESSARY***

<1> OWN HOME
<2> SOMEONE ELSE'S HOME
<3> ANOTHER HEALTH FACILITY [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 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?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES
<2> NO

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES
<2> NO

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 We want to know your overall rating of your stay at [FACILITY NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. 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?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: "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> 0
<1> 1
<2> 2
<3> 3
<4> 4
<5> 5
<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<M> MISSING/DK

Q22 Would you recommend this hospital to your friends and family? Would you say…

<1> Definitely no,
<2> Probably no,
<3> Probably yes, or
<4> Definitely yes?

<M> MISSING/DK

Q23_INTRO We have a few more questions about this hospital stay.

Q23 During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. Would you say…

<1> Strongly disagree,
<2> Disagree,
<3> Agree, or
<4> Strongly agree?

<M> MISSING/DK

Q24 When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say...

<1> Strongly disagree,
<2> Disagree,
<3> Agree, or
<4> Strongly agree?

<M> MISSING/DK

Q25 When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say…

<1> Strongly disagree,
<2> Disagree,
<3> Agree,
<4> Strongly agree, or
<5> I was not given any medication when I left the hospital?

<M> MISSING/DK

IF THE PATIENT SEEMS CONFUSED BECAUSE HE/SHE RECEIVED A PRESCRIPTION INSTEAD OF MEDICATION, THEN PROBE BY READING THE FOLLOWING: "If you left the hospital with a prescription for a medication rather than an actual medication, please answer the question based on your understanding of the purpose for taking the prescription."

Q26_INTRO This next set of questions is about you.

Q26 During this hospital stay, were you admitted to this hospital through the Emergency Room?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***
<1> YES
<2> NO

<M> MISSING/DK

Q27 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

Q28 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say that it is…

<1> Excellent,
<2> Very good,
<3> Good,
<4> Fair, or
<5> Poor?

<M> MISSING/DK

Q29 What is the highest grade or level of school that you have <u>completed</u>? Please listen to all six response choices before you answer. Did you…

<1> Complete the 8th grade or less,
<2> Complete some high school, but did not graduate,
<3> Graduate from high school or earn a GED,
<4> Complete some college or earn a 2-year degree,
<5> Graduate from a 4-year college, or
<6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE/SHE HAS A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q30 Are you of Spanish, Hispanic or Latino origin or descent?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<X> YES
<1> NO

<M> MISSING/DK

IF YES: Would you say you are… (READ ALL RESPONSE CHOICES)

<2> Puerto Rican,
<3> Mexican, Mexican American, Chicano,
<4> Cuban, or
<5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[FOR TELEPHONE INTERVIEWING, QUESTION 31 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you please answer "No". Thanks for your patience.

Q31 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer "Yes" or "No" to each of the categories.

Q31A Are you White?

<1> YES/WHITE
<0> NO/NOT WHITE

<M> MISSING/DK

Q31B Are you Black or African-American?

<1> YES/BLACK OR AFRICAN AMERICAN
<0> NO/NOT BLACK OR AFRICAN AMERICAN

<M> MISSING/DK

Q31C Are you Asian?

<1> YES/ASIAN
<0> NO/NOT ASIAN

<M> MISSING/DK

Q31D Are you Native Hawaiian or other Pacific Islander?

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<M> MISSING/DK

Q31E Are you American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32 What language do you mainly speak at home? Please listen to all seven response choices before you answer. Would you say that you mainly speak…

<1>	English,	[GO TO END]
<2>	Spanish,	[GO TO END]
<3>	Chinese,	[GO TO END]
<4>	Russian,	[GO TO END]
<5>	Vietnamese,	[GO TO END]
<6>	Portuguese, or	[GO TO END]
<9>	Some other language?	[GO TO Q32A]

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN PLEASE CODE AS 1 – ENGLISH.

Q32A What other language do you mainly speak at home?

[NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS.]

END: Those are all the questions I have. Thank you for your time. Have a good (day/evening).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

APPENDIX H

Telephone Script
(Spanish)

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HCAHPS

Telephone Script (Spanish)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - However, YES and NO response options are to be read if necessary
- All questions and all answer categories must be read exactly as they are worded
  - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- Only one language (i.e., English or Spanish) must appear on the electronic interviewing system screen

- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script, however this option must not be read out loud to the patient. MISSING/DK response options allow the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone interviewing system
  - Appropriately skipped questions should be coded as "8 - Not Applicable." For example, if a patient answers "No" to question 10 of the HCAHPS Survey, the program should skip Question 11, and go to question 12. Question 11 must then be coded as "8 -Not Applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone interviewing system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M – Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT NAME]?
OPTIONAL START: Buenos días/buenas tardes, soy [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

<1> Sí [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW
[SET CALLBACK]

IF ASKED WHO IS CALLING: Me llamo [INTERVIEWER NAME] y le estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
Para esta encuesta necesitamos hablar directamente con [SAMPLED PATIENT NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

¿Puede decirme usted un tiempo conveniente para volver a llamar para hablar con (él/ella)?
IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
¿Si usted no tiene el tiempo ahora, cuándo es un tiempo más conveniente para llamarle?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR" (*PADRE O HIJO*):
Me gustaría hablar con [PATIENT NAME] que es de aproximadamente [AGE RANGE].

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE, RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT NAME]?

<1> SÍ [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW
[SET CALLBACK]

IF ASKED WHO IS CALLING: Soy [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. ¿Está [SAMPLED PATIENT NAME] disponible para completar una encuesta que [EL/ELLA] empezó en una fecha anterior?

CONFIRM PATIENT: Habla [INTERVIEWER NAME] y le llamo desde [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Deseo confirmar que estoy hablando con [SAMPLED PATIENT NAME]. Le llamo para continuar la encuesta que se comenzó anteriormente. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME], y le estoy llamando **(**OPTIONAL TO STATE: de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta para obtener información sobre la atención que recibe la gente en los hospitales. Esta encuesta forma parte de una iniciativa nacional para medir la calidad de atención en los hospitales. Los resultados de la encuesta pueden ser utilizados por personas para escoger un hospital. Sus respuestas pueden ser compartidas con el hospital para propósitos de mejorar la calidad.

Su participación en esta encuesta es completamente voluntaria y no va a afectar su atención médica o sus beneficios. La encuesta debe de tomar más o menos 8 minutos [OR HOSPITAL/SURVEY VENDOR SPECIFY].

Esta llamada puede ser supervisada (OPTIONAL TO STATE e/o grabada) para propósitos de control de calidad.

OPTIONAL QUESTION TO INCLUDE:
Me gustaría empezar la encuesta ahora. ¿es un tiempo bueno para continuar?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Nuestros registros muestran que usted salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. ¿Es esto correcto?

READ SI/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1>	SÍ	[GO TO Q1_INTRO]
<2>	NO	[GO TO INEL1]
<3>	DON'T KNOW	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL 1: ¿Estuvo usted alguna vez en este hospital?
<1> SÍ [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2: ¿Fue usted paciente de este hospital en el último año?
<1> SÍ [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3: ¿Cuándo?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END: Gracias por su tiempo. Parece que hemos cometido un error. Que tenga un buen día/una buena noche.

BEGIN HCAHPS QUESTIONS

Q1_INTRO Por favor conteste las preguntas en esta encuesta sobre la vez que estuvo en el hospital [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención que recibió de las enfermeras durante esta vez que estuvo en el hospital.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE CATEGORIES PROVIDED. PROBE USING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q2 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q3 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q4 Durante esta vez que estuvo en el hospital, después de usar el botón para llamar a la enfermera, ¿con qué frecuencia le atendían tan pronto como usted quería? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces,
<4> Siempre, o
<9> Nunca usé el botón?

<M> MISSING/DK

Q5_INTRO Las siguientes preguntas son acerca de la atención que usted recibió de los doctores durante esta vez que estuvo en el hospital.

Q5 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

6 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q7 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q8_INTRO Las siguientes preguntas son acerca del ambiente en el hospital.

Q8 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q9 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<M> MISSING/DK

Q10_INTRO Las siguientes preguntas son acerca de sus experiencias en este hospital.

Q10 Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

READ SÍ /NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (bedpan) tan pronto como quería? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4 Siempre?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q10 = "2 - NO" THEN Q11 = "8 - NOT APPLICABLE" OR IF Q10 = "M - MISSING/DK" THEN Q11 = "MISSING/DK"]

Q12 Durante esta vez que estuvo en el hospital, ¿necesitó medicinas para el dolor?

READ SI/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le controlaban bien el dolor? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "M - MISSING/DK"]

Q14 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia el personal del hospital hacía todo lo que podía para aliviar su dolor? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q14 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q14 = "M - MISSING/DK"]

Q15 Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

READ SÍ/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender? Diría que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO Las siguientes preguntas son acerca de cuando salió del hospital.

Q18 Después de salir del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona, o a otra institución de salud?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY ***IF NECESSARY***

<1> A SU PROPIA CASA
<2> A LA CASA DE OTRA PERSONA
<3> A OTRA INSTITUCION DE SALUD [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría cuando saliera del hospital?

READ SI/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 –A OTRA INSTITUCION DE SALUD" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

READ SI/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 –A OTRA INSTITUCION DE SALUD" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 Queremos saber la calificación en general que le daría a [FACILITY NAME] durante esta vez que estuvo allí. Esta sería la vez que estuvo allí, más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. No incluya información sobre otras veces que estuvo en un hospital.

Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: "Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?**"**

<0> 0
<1> 1
<2> 2
<3> 3
<4> 4
<5> 5
<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<M> MISSING/DK

Q22 ¿Les recomendaría éste hospital a sus amigos y familiares? Diría que...

<1> Definitivamente no,
<2> Hasta cierto punto no,
<3> Hasta cierto punto sí, o
<4> Definitivamente sí?

<M> MISSING/DK

Q23_INTRO Tenemos unas preguntas adicionales acerca de esta vez que estuvo en el hospital.

Q23 Durante esta vez que estuve en el hospital, el personal tuvo en cuenta mis preferencias y las de mi familia o las de mi cuidador al decidir qué atención médica necesitaría cuando saliera del hospital. Diría que está...

<1> Muy en desacuerdo,
<2> En desacuerdo,
<3> De acuerdo, o
<4> Muy de acuerdo?

<M> MISSING/DK

Q24 Cuando salí del hospital entendía bien qué cosas del control de mi salud eran responsabilidad mía. Diría que está...

<1> Muy en desacuerdo,
<2> En desacuerdo,
<3> De acuerdo, o
<4> Muy de acuerdo?

<M> MISSING/DK

Q25 Cuando salí del hospital, entendía claramente la razón por la que tomaba cada una de mis medicinas. Diría que está...

<1> Muy en desacuerdo,
<2> En desacuerdo,
<3> De acuerdo,
<4> Muy de acuerdo, o
<5> No me dieron ninguna medicina cuando salí del hospital?

<M> MISSING/DK

IF THE PATIENT SEEMS CONFUSED BECAUSE HE/SHE RECEIVED A PRESCRIPTION INSTEAD OF MEDICATION, THEN PROBE BY READING THE FOLLOWING: "Si salió del hospital con una receta para una medicina y no con la medicina en si, por favor responda esta pregunta sobre lo que usted entendió era el propósito de tomar la medicina recetada."

Q26_INTRO Las siguientes preguntas son acerca de usted.

Q26 Durante esta vez que estuvo en el hospital, ¿lo admitieron al hospital a través de la sala de emergencias?

READ SÍ/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> SÍ
<2> NO

<M> MISSING/DK

Q27 En general, ¿cómo calificaría toda su salud? Diría que es...

<1> Excelente,
<2> Muy buena,
<3> Buena,
<4> Regular, o
<5> Mala?

<M> MISSING/DK

Q28 En general, ¿cómo calificaría toda su salud mental o emocional? Diría que es...

<1> Excelente,
<2> Muy buena,
<3> Buena,
<4> Regular, o
<5> Mala?

<M> MISSING/DK

Q29 ¿Cuál es el grado o nivel escolar más alto que ha completado? Por favor, escuche todas las seis respuestas completas antes de contestar la siguiente pregunta. Completó...

<1> 8 años de escuela o menos,
<2> 9-12 años de escuela, pero sin graduarse,
<3> Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED),
<4> Algunos cursos universitarios o un título universitario de un programa de 2 años,
<5> Título universitario de 4 años, o
<6> Título universitario de más de 4 años?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE/SHE HAS A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPPROPRIATE.

Q30 ¿Es usted de ascendencia u origen español, hispano o latino?

<X> SÍ
<1> NO

<M> MISSING/DK

IF YES: ¿Diría usted que es...? (READ ALL RESPONSE CHOICES)

<2> Puertorriqueño/a,
<3> Mexicano/a, mexicano/a americano/a, chicano/a,
<4> Cubano/a, u
<5> Otro/a español/a/ hispano/a /latino/a?

<M> MISSING/DK

[FOR TELEPHONE INTERVIEWING, QUESTION 31 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?"

Preguntamos por su raza para propósitos demográficos. Queremos estar seguros de que las personas que responden a esta encuesta representan con precisión la diversidad racial de este país.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE:"

Comprendo, sin embargo la encuesta requiere que yo pregunte sobre todas las razas para que los resultados puedan incluir a personas que son multirraciales. Si la raza no le corresponde a usted por favor conteste "No". Gracias por su paciencia.

Q31 Cuándo le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Responda "Sí" o "No" a cada una de las categorías.

Q31A ¿Es usted blanco/a?

<1> SÍ/BLANCO/A
<0> NO/NO ES BLANCO/A

<M> MISSING/DK

Q31B ¿Es usted negro/a o afroamericano/a?

<1> SÍ/NEGRO/A O AFROAMERICANO/A
<0> NO/NO ES NEGRO/A NI AFROAMERICANO/A

<M> MISSING/DK

Q31C ¿Es usted asiático/a?

<1> SÍ/ASIÁTICO/A
<0> NO/NO ES ASIÁTICO/A

<M> MISSING/DK

Q31D ¿Es usted nativo/a de Hawaí o de otras Islas del Pacífico?

<1> SÍ/NATIVO/A DE HAWAÍ O DE OTRAS ISLAS DEL PACÍFICO
<0> NO/NO ES NATIVO/A DE HAWAÍ NI DE OTRAS ISLAS DEL PACÍFICO

<M> MISSING/DK

Q31E ¿Es usted indígena americano/a o nativo/a de Alaska?

<1> SÍ/INDÍGENA AMERICANO/A O NATIVO/A DE ALASKA
<0> NO/NO ES INDÍGENA AMERICANO/A NI NATIVO/A DE ALASKA

<M> MISSING/DK

Q32 ¿Principalmente qué idioma habla en casa? Por favor escuche todas las siete opciones de respuesta antes de responder. ¿Diría que habla principalmente...?

<1>	Inglés,	[GO TO END]
<2>	Español,	[GO TO END]
<3>	Chino,	[GO TO END]
<4>	Ruso,	[GO TO END]
<5>	Vietnamita,	[GO TO END]
<6>	Portugués, o	[GO TO END]
<9>	Algún otro idioma	[GO TO Q32A]
<M>	MISSING/DK	[GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: ¿Diría que habla principalmente [LANGUAGE A] o [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN PLEASE CODE AS 1 – INGLES.

Q32A ¿Qué otro idioma habla principalmente en casa?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS.]

END: Estas son todas las preguntas que tengo. Muchas gracias por su tiempo. Que tenga muy buen día/muy buenas (tardes/noches).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

APPENDIX I

Telephone Script
(Chinese)

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HCAHPS

Telephone Script (Chinese)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - However, YES and NO response options are to be read if necessary
- All questions and all answer categories must be read exactly as they are worded
  - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (i.e., English or Chinese) must appear on the electronic interviewing system screen

- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts, however this option must not be read out loud to the patient. MISSING/DK response options allow the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone interviewing system.
  - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS Survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone interviewing system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START 您好，我可以和[SAMPLED PATIENT NAME] 說話嗎？
OPTIONAL START 您好，我是[INTERVIEWER NAME]. 我可以和[SAMPLED PATIENT NAME] 說話嗎？

<1> YES [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
我是[INTERVIEWER NAME]，從[DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。我們正在進行一項關於醫療保健的調查。請問[SAMPLED PATIENT NAME]有空嗎？

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
對於這項調查，我們需要直接和[SAMPLED PATIENT NAME] 說話。請問[SAMPLED PATIENT NAME]有空嗎？

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
您能告訴我什麼時候打電話給（他／她）比較方便？

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
如果您現在沒有空，什麼時候打電話給您比較方便？

IF ASKED IF YOU WOULD LIKE TO SPEAK TO “SR.” OR “JR”:
我想要和大約 [AGE RANGE] 歲的 [PATIENT NAME] 說話。

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: 您好，我可以和[SAMPLED PATIENT NAME] 說話嗎？
<1> YES [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING: 我是 [INTERVIEWER NAME]，從 [DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。[SAMPLED PATIENT NAME] 現在有空完成一項[他／她]在稍早日期開始的調查嗎？

CONFIRM PATIENT: 我是 [INTERVIEWER NAME]，從 [DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。我想要確認和我說話的是 [SAMPLED PATIENT NAME]。我打電話是要繼續在稍早日期開始的調查。
CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO 您好，我是 [INTERVIEWER NAME]，(OPTIONAL TO STATE: 從 [DATA COLLECTION CONTRACTOR]) 代表 [HOSPITAL NAME] 打電話來。[HOSPITAL NAME] 正在參加一項關於人們在醫院接受的護理調查。這項調查屬於一項全國性的計劃，旨在衡量醫院的護理品質。調查結果可以讓人們用來選擇醫院。您的回答可能會基於品質改善的目的和醫院分享。

參加這項調查完全自願，而且不會影響您的醫療保健或福利。回答問題大約需要八分鐘 [OR HOSPITAL/SURVEY VENDOR SPECIFY].

為了品質改善目的，這通電話可能會被監聽（OPTIONAL TO STATE 及（或）錄音）。

OPTIONAL QUESTION TO INCLUDE:
我想要現在開始調查，我們現在方便繼續嗎？

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: 我們的紀錄顯示您在 [DISCHARGE DATE (mm/dd/yyyy)] 前後從 [HOSPITAL NAME] 出院。對不對？

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1>	YES	[GO TO Q1_INTRO]
<2>	NO	[GO TO INEL1]
<3>	DON'T KNOW	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1: 您曾經去過這家醫院嗎？

<1> YES [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2: 您去年曾是這家醫院的病人嗎？

<1> YES [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3: 是什麼時候？

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END: 謝謝您的寶貴時間。看起來我們有錯誤。祝您愉快。

BEGIN HCAHPS QUESTIONS

Q1_INTRO 請針對您這次在 [HOSPITAL NAME] 的住院回答本調查的問題。 當您思考答案時，請不要包括其他住院經驗。最初幾個問題是關於您在這次住院期間從護士那裡得到的護理。

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 此次住院期間，護士多常以禮貌和尊重對待您？您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q2 此次住院期間，護士是否常細心聆聽您說話? 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q3 此次住院期間，護士是否常用您聽得懂的方式來向您解釋事務? 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q4 此次住院期間，在您按過求助鈴之後，是否常能得到所需要的及時協助? 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此,
<4> 總是如此，還是
<9> 我從未按過求助鈴

<M> MISSING/DK

Q5_INTRO 接下來的問題是關於您在此次住院期間接受的醫生護理。

Q5 此次住院期間，醫生是否常以禮貌和尊重對待您？您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q6 此次住院期間，醫生是否常細心聆聽您說話？ 您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q7 此次住院期間，醫生是否常用您聽得懂的方式來向您解釋事務？您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q8_INTRO 下一組問題是關於醫院的環境。

Q8 此次住院期間，您的病房及衛浴設備是否經常保持乾淨清潔？您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q9 此次住院期間，您的病房周圍是否晚上經常很安靜? 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

<M> MISSING/DK

Q10_INTRO 接下來的問題是關於您在這家醫院的經驗。

Q10 此次住院期間，您曾需要醫生，護士或其他醫院員工
來協助您使用廁所或床上尿便盆嗎?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> 是
<2> 否 [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助？您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q10 = “2 - NO” THEN Q11 = “8 - NOT APPLICABLE” OR IF Q10 = “M - MISSING/DK” THEN Q11 = “MISSING/DK”]

Q12 此次住院期間，您曾需要使用止痛藥嗎?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> 是
<2> 否 [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 此次住院期間，您的痛楚是否經常得到控制？ 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = “2 - NO” THEN Q13 = “8 - NOT APPLICABLE” OR IF Q12 = “M - MISSING/DK” THEN Q13 = “M - MISSING/DK”]

Q14 此次住院期間，醫院員工是否經常盡量做到他們所能的來協助您止痛? 您會說…

<1> 從未如此,
<2> 有時如此,
<3> 時常如此，還是
<4> 總是如此？

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = “2 - NO” THEN Q14 = “8 - NOT APPLICABLE” OR IF Q12 = “M - MISSING/DK” THEN Q14 = “M - MISSING/DK”]

Q15 此次住院期間，是否有人給您以前從沒有使用過的藥物?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> 是
<2> 否 [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何？您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用？您會說…

<1> 從未如此，
<2> 有時如此，
<3> 時常如此，還是
<4> 總是如此？

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO 接下來的問題是關於您離開醫院以後。

Q18 您離開醫院以後是否直接回家，還是到別人的家裏或是進入另一個醫護機構?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY ***IF NECESSARY***

<1> 自己的家
<2> 別人的家
<3> 另一個醫護機構 [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 住院時，您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> 是
<2> 否

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> 是
<2> 否

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 我們希望知道您對於住在[FACILITY NAME]的整體評價。這是您在[DISCHARGE DATE (mm/dd/yyyy)]
左右結束的住院。請不要在回答中包括其他任何住 院。

請用下列0到10中任何一個數字評價。0 是最差醫院，10 是最佳醫院。您認為那一個數字最能代表您對此醫院的
評價?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: “請用下列0到10中任何一個數字評價。0
是最差醫院，10是最佳醫院。您認為那一個數字最能代表您對此醫院的評價?”

<0> 0
<1> 1
<2> 2
<3> 3
<4> 4
<5> 5
<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<M> MISSING/DK

Q22 您是否會向您的朋友和家人推薦這間醫院？您會說…

<1> 絕不會,
<2> 也許不會,
<3> 可能會，還是
<4> 絕對會?

<M> MISSING/DK

Q23_INTRO 我們對於此次住院還有幾個問題。

Q23 此次住院期間，醫護人員在決定我離開醫院所需的醫療照護時，考慮到我本人、家人或看護者的喜好。您會說**…**

<1> 強烈不同意，
<2> 不同意，
<3> 同意，還是
<4> 強烈同意?

<M> MISSING/DK

Q24 當我離開醫院時，我充分理解我對於管理自己健康應該負責的事項。您會說**…**

<1> 強烈不同意，
<2> 不同意，
<3> 同意，還是
<4> 強烈同意?

<M> MISSING/DK

Q25 當我離開醫院時，我清楚瞭解服用每種藥物的目的。您會說**…**

<1> 強烈不同意，
<2> 不同意，
<3> 同意
<4> 強烈同意，還是
<5> 我離開醫院時未得到任何藥物?

<M> MISSING/DK

IF THE PATIENT SEEMS CONFUSED BECAUSE HE/SHE RECEIVED A PRESCRIPTION INSTEAD OF MEDICATION, THEN PROBE BY READING THE FOLLOWING: “如果您是帶著藥物處方離開醫院，而非真正的藥物，請根據您對於服用處方藥之目的的了解來回答問題。”

Q26_INTRO 下一組問題是關於您個人。

Q26 此次住院期間，您是透過急診室而住進醫院的嗎?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***
<1> 是
<2> 否

<M> MISSING/DK

Q27 概括而言，您對個人整體的健康作如何評價？您會說…

<1> 特佳,
<2> 甚好,
<3> 好,
<4> 可以，還是
<5> 差？

<M> MISSING/DK

Q28 概括而言，您對個人整體的精神或情緒健康作如何評價？您會說…

<1> 特佳,
<2> 甚好,
<3> 好,
<4> 可以，還是
<5> 差？

<M> MISSING/DK

Q29 您完成了下列哪一項最高學業或學位？請先聽完所有六個答案再回答。您是否…

<1> 讀完八年級或以下,
<2> 讀了一些高中，但沒有畢業,
<3> 高中畢業或有同等學業文憑,
<4> 讀了一些大學或二年制學位,
<5> 四年大學畢業，還是
<6> 四年大學畢業以上？

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE/SHE HAS A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q30 您是西班牙裔、西語族裔、或拉丁裔嗎？

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<X> 是
<1> 否
<M> MISSING/DK

IF YES: 您會說您是 (READ ALL RESPONSE CHOICES)

<2> 波多黎各裔,
<3> 墨裔、墨裔美國人、美國出生的墨裔美國人,
<4> 古巴人，還是
<5> 其他西班牙裔／西裔／拉丁裔？

<M> MISSING/DK

[FOR TELEPHONE INTERVIEWING, QUESTION 31 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

我們詢問您的種族是為了人口統計目的。我們想要確保我們調查的民眾準確代表了我國的種族多元性。

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

我知道，可是調查需要我詢問所有種族，以便調查結果可以包含多種族的人。如果種族不適用您的情況，請回答否。謝謝您的耐心。

Q31 當我唸出以下項目時，請告訴我哪一個類別可以描述您的種族。我必須唸出所有五個類別。請對每個類別回答是或否。.

Q31A 您是白種人嗎?

<1> YES/WHITE
<0> NO/NOT WHITE

<M> MISSING/DK

Q31B 您是黑種人或非裔美國人嗎？?

<1> YES/BLACK OR AFRICAN AMERICAN
<0> NO/NOT BLACK OR AFRICAN AMERICAN

<M> MISSING/DK

Q31C 您是亞洲人嗎？

<1> YES/ASIAN
<0> NO/NOT ASIAN

<M> MISSING/DK

Q31D 您是夏威夷原住民或其他太平洋島民嗎？

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<M> MISSING/DK

Q31E 您是美洲印第安人或阿拉斯加原住民嗎？

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32 您在家說的主要語言是什麼？請先聽完所有七個選擇再做回答。您會說您主要講…

<1>	英語,	[GO TO END]
<2>	西班牙語,	[GO TO END]
<3>	中文,	[GO TO END]
<4>	俄語,	[GO TO END]
<5>	越南語,	[GO TO END]
<6>	葡萄牙語，還是	[GO TO END]
<9>	一些其他語言？	[GO TO Q32A]

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: 您會說您<u>主要</u>講 [LANGUAGE A] 還是[LANGUAGE B]？

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN PLEASE CODE AS 1 – ENGLISH.

Q32A 您在家裡<u>主要</u>還會說其他什麼語言？

[NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS.]

END: 我的問題問完了。謝謝您花費的時間。祝您愉快。

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

APPENDIX J

Telephone Script
(Russian)

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HCAHPS

Telephone Script (Russian)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - However, YES and NO response options are to be read if necessary
- All questions and all answer categories must be read exactly as they are worded
  - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (i.e., English or Russian) must appear on the electronic interviewing system screen

- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts, however this option must not be read out loud to the patient. MISSING/DK response options allow the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone interviewing system.
  - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS Survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone interviewing system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Здравствуйте, могу ли я поговорить с [SAMPLED PATIENT NAME]?
OPTIONAL START Здравствуйте, Меня зовут [INTERVIEWER NAME]. могу ли я поговорить с [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню вам по поручению [HOSPITAL NAME]. Мы проводим опрос для оценки медицинского обслуживания. Могу ли я поговорить с [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
В рамках данного опроса мне необходимо поговорить непосредственно с [SAMPLED PATIENT NAME]. Могу ли я поговорить с [SAMPLED PATIENT NAME]?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
Не могли бы вы мне сказать, когда я могу ему/ей перезвонить?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
Если у вас сейчас нет времени, когда вам будет удобно со мной поговорить?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR":
не необходимо поговорить с [PATIENT NAME], ему/ей около [AGE RANGE] лет.

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Здравствуйте, могу я поговорить с [SAMPLED PATIENT NAME]?
<1> YES [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING: Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню вам по поручению [HOSPITAL NAME]. Может ли [SAMPLED PATIENT NAME] завершить участие в ранее начатом опросе?

CONFIRM PATIENT: Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню вам по поручению [HOSPITAL NAME]. Подтвердите, пожалуйста, что я говорю с [SAMPLED PATIENT NAME]. Я звоню, чтобы продолжить ранее начатый опрос. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Здравствуйте! Это [INTERVIEWER NAME] (OPTIONAL TO STATE: я работаю в [DATA COLLECTION CONTRACTOR]) из [HOSPITAL NAME]. [HOSPITAL NAME] участвует в опросе для оценки медицинского обслуживания в больнице. Этот опрос является частью национальной инициативы с целью оценки качества медицинского обслуживания в больницах. Люди смогут использовать результаты данного опроса при выборе больницы. Возможно, ваши ответы будут переданы в больницу с целью повышения качества обслуживания.

Участие в опросе носит полностью добровольный характер и не повлияет на ваше медицинское обслуживание или льготы. Прохождение опроса займет примерно 8 минут [OR HOSPITAL/SURVEY VENDOR SPECIFY].

С целью повышения качества данный разговор может прослушиваться (OPTIONAL TO STATE и/или записываться).

OPTIONAL QUESTION TO INCLUDE:
Давайте начнем опрос. Вам удобно продолжить?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Согласно нашей документации вас выписали из [HOSPITAL NAME] [DISCHARGE DATE (mm/dd/yyyy)] или примерно в это время, верно?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1>	Да	[GO TO Q1_INTRO]
<2>	Нет	[GO TO INEL1]
<3>	DON'T KNOW	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1: Обращались ли вы когда-либо в эту больницу?
<1> YES [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2: Получали ли вы лечение в этой больнице в прошлом году?
<1> YES [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3: Когда именно?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END: Благодарю вас за внимание. Похоже, мы допустили ошибку. Хорошего (дня/вечера).

BEGIN HCAHPS QUESTIONS

Q1_INTRO Пожалуйста, ответьте на вопросы данного опроса об этом пребывании в [HOSPITAL NAME]. При ответе на вопросы не включайте в свои ответы информацию о каких-либо других пребываниях в больнице. Первая часть вопросов посвящена сестринскому уходу во время этого пребывания в больнице.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 Во время данного пребывания в больнице как часто медсестры относились к вам вежливо и уважительно? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q2 Во время данного пребывания в больнице как часто медсестры внимательно вас выслушивали? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q3 Во время данного пребывания в больнице как часто медсестры давали вам понятные объяснения? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q4 Во время данного пребывания в больнице, после того как вы нажали кнопку вызова, как часто вам предоставляли помощь по первому требованию? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило,
<4> Всегда, или
<9> Я никогда не нажимал (а) кнопку вызова

<M> MISSING/DK

Q5_INTRO Следующие вопросы касаются медицинского обслуживания, предоставленного вам врачами во время данного пребывания в больнице.

Q5 Во время данного пребывания в больнице как часто врачи относились к вам вежливо и уважительно? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q6 Во время данного пребывания в больнице как часто врачи внимательно вас выслушивали? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q7 Во время данного пребывания в больнице как часто врачи давали вам понятные объяснения? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q8_INTRO Следующая часть вопросов касается больничной обстановки.

Q8 Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q9 Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q10_INTRO Следующие вопросы касаются ваших впечатлений от пребывания в данной больнице.

Q10 Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Да
<2> Нет [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q10 = "2 - NO" THEN Q11 = "8 - NOT APPLICABLE" OR IF Q10 = "M - MISSING/DK" THEN Q11 = "MISSING/DK"]

Q12 Во время данного пребывания в больнице требовались ли вам болеутоляющие лекарства?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Да
<2> Нет [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 Во время данного пребывания в больнице как часто вашу боль хорошо контролировали? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "M - MISSING/DK"]

Q14 Во время данного пребывания в больнице как часто персонал больницы делал все возможное, чтобы помочь вам снять боль? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q12 = “2 - NO” THEN Q14 = “8 - NOT APPLICABLE” OR IF Q12 = “M - MISSING/DK” THEN Q14 = “M - MISSING/DK”]

Q15 Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Да
<2> Нет [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = “2 - NO” THEN Q16 = “8 - NOT APPLICABLE” OR IF Q15 = “M - MISSING/DK” THEN Q16 = “M - MISSING/DK”]

Q17 Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом? Вы бы сказали...

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO Следующие вопросы касаются периода после выписки из больницы..

Q18 После того как вы вышли из больницы, вы сразу направились домой, к кому-либо еще или в другое медицинское учреждение?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY ***IF NECESSARY***

<1> Домой
<2> К кому-либо еще
<3> В другое медицинское учреждение [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 Во время данного пребывания в больнице разговаривали ли с вами врачи, медсестры или другие сотрудники больницы о том, что вам может потребоваться помощь, когда вы выйдете из больницы?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Да
<2> Нет

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Да
<2> Нет

[<8> NOT APPLICABLE]
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 Как бы вы оценили свое пребывание в [FACILITY NAME] в целом? Мы говорим о том пребывании, которое завершилось приблизительно [DISCHARGE DATE (mm/dd/yyyy)]. Просьба не указывать в ваших ответах информацию о каких-либо других ваших пребываниях в больнице.

Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: "Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?"

<0> 0
<1> 1
<2> 2
<3> 3
<4> 4
<5> 5
<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<M> MISSING/DK

Q22 Рекомендовали бы вы данную больницу вашим друзьям и родственникам? Вы бы сказали...

<1> Определенно нет,
<2> Возможно нет,
<3> Возможно да, или
<4> Определенно да?

<M> MISSING/DK

Q23_INTRO У нас есть еще несколько дополнительных вопросов о данном пребывании в больнице.

Q23 Во время этого пребывания в больнице, при назначении нужного мне ухода, персонал принял во внимание мои предпочтения, пожелания моей семьи или ухаживающих за мной лиц при принятии решения в отношении моих медицинских нужд, которые, возможно, возникнут у меня после того, как я выйду из больницы. Вы бы сказали...

<1> Полностью несогласен (на),
<2> Не согласен (на),
<3> Согласен (на), или
<4> Полностью согласен (на)?

<M> MISSING/DK

Q24 После выписки из больницы у меня было полное представление о тех мерах, за которые я нес (ла) ответственность в отношении моего здоровья. Вы бы сказали...

<1> Полностью несогласен (на),
<2> Не согласен (на),
<3> Согласен (на), или
<4> Полностью согласен (на)?

<M> MISSING/DK

Q25 После выписки из больницы я четко понимал (а) для чего мне необходимо принимать каждое из лекарств. Вы бы сказали...

<1> Полностью несогласен (на),
<2> Не согласен (на),
<3> Согласен (на),
<4> Полностью согласен (на), или
<5> При выписке из больницы мне не дали каких-либо лекарств?

<M> MISSING/DK

IF THE PATIENT SEEMS CONFUSED BECAUSE HE/SHE RECEIVED A PRESCRIPTION INSTEAD OF MEDICATION, THEN PROBE BY READING THE FOLLOWING: “Если при выписке из больницы вы получили рецепт на лекарство, а не само лекарство, пожалуйста, ответьте на вопрос с учетом вашего понимания цели приема прописанного препарата.”

Q26_INTRO Следующая часть вопросов касается вас.

Q26 В данном случае вас госпитализировали после вашего поступления в отделение неотложной помощи?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***
<1> Да
<2> Нет

<M> MISSING/DK

Q27 В целом, как бы вы оценили общее состояние своего здоровья? Вы бы сказали, что оно...

<1> Отличное,
<2> Очень хорошее,
<3> Хорошее,
<4> Удовлетворительное, или
<5> Плохое?

<M> MISSING/DK

Q28 Как бы вы в целом оценили ваше психическое или эмоциональное состояние? Вы бы сказали, что оно...

<1> Отличное,
<2> Очень хорошее,
<3> Хорошее,
<4> Удовлетворительное, или
<5> Плохое?

<M> MISSING/DK

Q29 Укажите последний класс или уровень учебного заведения, которое вы закончили? Прежде чем ответить, пожалуйста, прослушайте все шесть вариантов ответа. Вы

<1> Закончили 8 классов или меньше,
<2> Учились в средней школе, но не закончили ее,
<3> Закончили среднюю школу или получили диплом об общем образовании,
<4> Учились в колледже или получили диплом о двухгодичном обучении,
<5> Являетесь выпускником колледжа четырехгодичного обучения,
<6> Являетесь выпускником колледжа более 4-х лет обучения?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE/SHE HAS A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q30 Вы испанец, испано- или латиноамериканец по происхождению?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<X> Да
<1> Нет
<M> MISSING/DK

IF YES: Вы бы сказали, что вы... (READ ALL RESPONSE CHOICES)
<2> пуэрториканец,
<3> мексиканец, американец мексиканского происхождения, чикано,
<4> кубинец, или
<5> другое, испанец/испано-/латиноамериканец?

<M> MISSING/DK

[FOR TELEPHONE INTERVIEWING, QUESTION 31 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

Мы просим указать вашу расу для демографических целей. Мы хотим быть уверены, что опрос точно отражает расовое разнообразие нашей страны.

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

Я понимаю, однако в рамках данного опроса мне нужно спросить обо всех расах, поскольку среди участников могут быть люди, принадлежащие к нескольким расам одновременно. Если названная раса к вам не относится, пожалуйста, отвечайте «нет». Благодарю вас за терпение.

Q31 Когда я начну читать следующие возможные варианты ответа, скажите мне, когда вы услышите название своей расы. Мне необходимо прочитать названия всех пяти рас. Пожалуйста, ответьте «да» или «нет» по каждой расе.

Q31A Вы белый?

<1> YES/WHITE
<0> NO/NOT WHITE

<M> MISSING/DK

Q31B Вы чернокожий или афроамериканец?

<1> YES/BLACK OR AFRICAN AMERICAN
<0> NO/NOT BLACK OR AFRICAN AMERICAN

<M> MISSING/DK

Q31C Вы азиат?

<1> YES/ASIAN
<0> NO/NOT ASIAN

<M> MISSING/DK

Q31D Вы уроженец Гавайских островов или островов Тихого океана?

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<M> MISSING/DK

Q31E Вы американский индеец или уроженец Аляски?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32 На каком языке вы в основном говорите дома? Прежде чем ответить, пожалуйста, прослушайте все семь вариантов ответа. Вы бы сказали, что в основном разговариваете на...

<1>	английском,	[GO TO END]
<2>	испанском,	[GO TO END]
<3>	китайском,	[GO TO END]
<4>	русском,	[GO TO END]
<5>	вьетнамском,	[GO TO END]
<6>	португальском, или	[GO TO END]
<9>	каком-либо другом языке?	[GO TO Q32A]
<M>	MISSING/DK	[GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: Вы бы сказали, что в основном разговариваете на [LANGUAGE A] или [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN PLEASE CODE AS 1 – ENGLISH.

Q32A На каком другом языке вы в основном говорите дома?

[NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS.]

END: На этом опрос закончен. Благодарю вас за внимание. Хорошего (дня/вечера).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

APPENDIX K

Active IVR Script
(English)

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HCAHPS

Active Interactive Voice Response Script (English)

Overview

This active interactive voice response (IVR) interview script is provided to assist operators while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient before the patient is connected to the IVR system. Operators must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
- All questions and all answer categories must be read exactly as they are worded
    - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
        - Thank you
        - Alright
        - Okay
        - I understand, or I see
        - Yes, Ma'am
        - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted in the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on IVR screens
- Only one language (i.e. English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen
- Each question must be programmed so that the patient can go to the next question in cases where they do not know the answer or refuse to answer

- Each question must have the option for the respondent to be connected to a live operator at any time during the survey
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the IVR script, however this option must not be read out loud to the patient. MISSING/DK response options allow the IVR system to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the IVR system.
  - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the IVR system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS survey, then the IVR system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the IVR system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?
OPTIONAL START Hello, my name is [INTERVIEWER NAME], may I speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
This is [OPERATOR NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR":
I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE].

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Hello, may I please speak to [SAMPLED PATIENT NAME]?
<1> YES [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT NAME] available to complete a survey that [HE/SHE] started at an earlier date?

CONFIRM PATIENT: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Hi, this is [OPERATOR NAME], calling (OPTIONAL TO STATE: from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. This survey is part of a national initiative to measure the quality of care in hospitals. Survey results can be used by people to choose a hospital. Your answers may be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your health care or your benefits. It should take about 8 minutes [OR VENDOR SPECIFY] to answer.

This call may be monitored [recorded] for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:
I'd like to begin the survey now, is this a good time for us to continue?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY IF NECESSARY

<1>	YES	[GO TO S2]
<2>	NO	[GO TO INEL1]
<3>	DON'T KNOW	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

S2: Thank you. You will now be connected to an automated interviewing system. If at any time you would like to speak with a live operator, please press [VENDOR SPECIFY] to be connected with someone.

CONFIRMING INELIGIBLE RESPONDENTS

INEL1: Were you ever at this hospital?

<1>	YES	[GO TO INEL2]
<2>	NO	[GO TO INEL_END]

INEL2: Were you a patient at this hospital in the last year?

<1>	YES	[GO TO INEL3]
<2>	NO	[GO TO INEL_END]

INEL3: When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO S2; OTHERWISE, GO TO INEL_END.

INEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

BEGIN HCAHPS QUESTIONS

MESSAGE 1: You have been successfully connected to the automated interviewing system. The survey will now begin. You may enter [VENDOR SPECIFY] at any time to return to the telephone operator. If you cannot choose one of the response options after a particular question, please wait for further instruction.

Q1_INTRO Please answer the questions in this survey about your stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

Q1 During this hospital stay, how often did nurses treat you with courtesy and respect? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q2 During this hospital stay, how often did nurses listen carefully to you? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q3 During this hospital stay, how often did nurses explain things in a way you could understand? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q4 During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Would you say never, sometimes, usually, always, or I never pressed the call button?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'
For "I never pressed the call button," press '9'

<M> MISSING/DK

Q5_INTRO The next questions are about the care you received from doctors during this hospital stay.

Q5 During this hospital stay, how often did doctors treat you with courtesy and respect? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q6 During this hospital stay, how often did doctors listen carefully to you? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q7 During this hospital stay, how often did doctors explain things in a way you could understand? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q8_INTRO The next set of questions is about the hospital environment.

Q8 During this hospital stay, how often were your room and bathroom kept clean? Would you say never, sometimes, usually, or always?

For "Never," press '1'
For "Sometimes," press '2'
For "Usually," press '3'
For "Always," press '4'

<M> MISSING/DK

Q9 During this hospital stay, how often was the area around your room quiet at night? Would you say never, sometimes, usually, or always?

For “Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<M> MISSING/DK

Q10_INTRO The next questions are about your experiences in this hospital.

Q10 During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

For “Yes,” press '1'
For “No,” press '2' [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say never, sometimes, usually, or always?

For "Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q10 = “2 - NO” THEN Q11 = “8 - NOT APPLICABLE” OR IF Q10 = “M - MISSING/DK” THEN Q11 = “M - MISSING/DK”]

Q12 During this hospital stay, did you need medicine for pain?

For “Yes,” press '1'
For “No,” press '2' [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 During this hospital stay, how often was your pain well controlled? Would you say never, sometimes, usually, or always?

For “Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q12 = “2 - NO” THEN Q13 = “8 - NOT APPLICABLE” OR IF Q12 = “M - MISSING/DK” THEN Q13 = “M - MISSING/DK”]

Q14 During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? Would you say never, sometimes, usually, or always?

For “Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q12 = “2 - NO” THEN Q14 = “8 - NOT APPLICABLE” OR IF Q12 = “M - MISSING/DK” THEN Q14 = “M - MISSING/DK”]

Q15 During this hospital stay, were you given any medicine that you had not taken before?

For “Yes,” press '1'
For “No,” press '2' [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say never, sometimes, usually, or always?

For “Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q15 = “2 - NO” THEN Q16 = “8 - NOT APPLICABLE” OR IF Q15 = “M - MISSING/DK” THEN Q16 = “M - MISSING/DK”]

Q17 Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say never, sometimes, usually, or always?

For “Never,” press '1'
For “Sometimes,” press '2'
For “Usually,” press '3'
For “Always,” press '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q15 = “2 - NO” THEN Q17 = “8 - NOT APPLICABLE” OR IF Q15 = “M - MISSING/DK” THEN Q17 = “M - MISSING/DK”]

Q18_INTRO The next questions are about when you left the hospital.

Q18 After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?

For “Own home,” press '1'
For “Someone else's home,” press '2'
For “Another health facility,” press '3' [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 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?

For "Yes," press '1'
For "No," press '2'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

For "Yes," press '1'
For "No," press '2'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 We want to know your overall rating of your stay at [FACILITY NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. 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?

[VENDOR SPECIFIES HOW TO ENTER BOTH "0" AND "10" INTO THEIR SYSTEM.] Please press this number now.

Q22 Would you recommend this hospital to your friends and family? Would you say definitely no, probably no, probably yes, or definitely yes?

For "Definitely no," press '1'
For "Probably no," press '2'
For "Probably yes," press '3'
For "Definitely yes," press '4'

<M> MISSING/DK

Q23_INTRO We have a few more questions about this hospital stay.

Q23 During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. Would you say strongly disagree, disagree, agree, or strongly agree?

For “Strongly disagree,” press '1'
For “Disagree,” press '2'
For “Agree,” press '3'
For “Strongly agree,” press '4'

<M> MISSING/DK

Q24 When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say strongly disagree, disagree, agree, or strongly agree?

For “Strongly disagree,” press '1'
For “Disagree,” press '2'
For “Agree,” press '3'
For “Strongly agree,” press '4'

<M> MISSING/DK

Q25 When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say strongly disagree, disagree, agree, strongly agree, or I was not given any medication when I left the hospital?

For “Strongly disagree,” press '1'
For “Disagree,” press '2'
For “Agree,” press '3'
For “Strongly agree,” press '4'
For “I was not given any medication when I left the hospital,” press '5'

<M> MISSING/DK

Q26_INTRO This next set of questions is about you.

Q26 During this hospital stay, were you admitted to this hospital through the Emergency Room?

For “Yes,” press '1'
For “No,” press '2'

<M> MISSING/DK

Q27 In general, how would you rate your overall health? Would you say that it is excellent, very good, good, fair, or poor?

For “Excellent,” press '1'
For “Very good,” press '2'
For “Good,” press '3'
For “Fair,” press '4'
For “Poor,” press '5’

<M> MISSING/DK

Q28 In general, how would you rate your overall mental or emotional health? Would you say it is excellent, very good, good, fair, or poor?

For “Excellent,” press '1'
For “Very good,” press '2'
For “Good,” press '3'
For “Fair,” press '4'
For “Poor,” press '5’

<M> MISSING/DK

Q29 What is the highest grade or level of school that you have completed? Did you complete the 8th grade or less, complete some high school but did not graduate, graduate from high school or earn a GED, complete some college or earn a 2-year degree, graduate from a 4-year college, or complete more than a 4-year college degree?

For “Completed the 8th grade or less,” press '1'
For “Completed some high school, but did not graduate,” press '2'
For “Graduated from high school or earned a GED,” press '3'
For “Completed some college or earned a 2-year degree,” press '4'
For “Graduated from a 4-year college,” press '5'
For “Completed more than a 4-year college degree,” press '6'

<M> MISSING/DK

Q30 Are you of Spanish, Hispanic or Latino origin or descent? Would you say "No, not Spanish/Hispanic/Latino"; "Yes, Puerto Rican"; "Yes, Mexican, Mexican American, Chicano"; "Yes, Cuban"; or "Yes, other Spanish/ Hispanic/Latino"?

For "No, not Spanish/Hispanic/Latino," press '1'
For "Yes, Puerto Rican," press '2'
For "Yes, Mexican, Mexican American, Chicano," press '3'
For "Yes, Cuban," press '4'
For "Yes, other Spanish/Hispanic/Latino," press '5'

<M> MISSING/DK

[FOR IVR, QUESTION 31 IS BROKEN INTO PARTS A-E]

Q31 When I read the following, please tell me if the category describes your race. Please answer "Yes" or "No" to each of the categories.

Q31A Are you White?

For "Yes," press '1'
For "No," press '2'

<M> MISSING/DK

Q31B Are you Black or African-American?

For "Yes," press '1'
For "No," press '2'

<M> MISSING/DK

Q31C Are you Asian?

For "Yes," press '1'
For "No," press '2'

<M> MISSING/DK

Q31D Are you Native Hawaiian or other Pacific Islander?

For "Yes," press '1'
For "No," press '2'

<M> MISSING/DK

Q31E Are you American Indian or Alaska Native?

For “Yes,” press '1'
For “No,” press '2'

<M> MISSING/DK

NOTE: “1” and “2” SHOULD BE CONVERTED TO “1” AND “0”, RESPECTIVELY IN THE DATA FILE. FOR VALID VALUES, REFER TO APPENDIX P - DATA FILE STRUCTURE.

Q32 What language do you mainly speak at home? Would you say that you mainly speak English, Spanish, Chinese, Russian, Vietnamese, Portuguese, or some other language?

For “English,” press '1'
For “Spanish,” press '2'
For “Chinese,” press '3'
For “Russian,” press '4'
For “Vietnamese,” press '5'
For “Portuguese,” press '6'
For “Some other language,” press '9'

<M> MISSING/DK

END Those are all the questions I have. Thank you for your time. Have a good (day/evening).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS IVR SCRIPT.>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN,MD, MPH, ALL RIGHTS RESERVED .>

APPENDIX L

Active IVR Script
(Spanish)

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HCAHPS

Active Interactive Voice Response Script (Spanish)

Overview

This active interactive voice response (IVR) interview script is provided to assist operators while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient before the patient is connected to the IVR system. Operators must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
- All questions and all answer categories must be read exactly as they are worded
    - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
        - Thank you
        - Alright
        - Okay
        - I understand, or I see
        - Yes, Ma'am
        - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted in the order of the question and answer categories for the core and "About You" HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven "About You" HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on IVR screens
- Only one language (i.e. English or Spanish) must appear on the electronic interviewing system screen
- Each question must be programmed so that the patient can go to the next question in cases where they do not know the answer or refuse to answer

- Each question must have the option for the respondent to be connected to a live operator at any time during the survey
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the IVR script, however this option must not be read out loud to the patient. MISSING/DK response options allow the IVR system to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the IVR system.
  - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the IVR system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey, then the IVR system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the IVR system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT NAME]?
OPTIONAL START: Buenos días/buenas tardes, soy [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

<1> SÍ [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NO PUEDE ATENDER LA LLAMADA EN ESTE MOMENTO [SET CALLBACK]

IF ASKED WHO IS CALLING: Me llamo [OPERATOR NAME] y le estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
Para esta encuesta necesitamos hablar directamente con [SAMPLED PATIENT NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
¿Puede decirme usted un tiempo conveniente para volver a llamar para hablar con (él/ella)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
¿Si usted no tiene tiempo ahora, cuándo es un tiempo más conveniente para llamarle?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR" (*PADRE O HIJO*):
Me gustaría hablar con [PATIENT NAME] que es de aproximadamente [AGE RANGE].

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Buenos días/Buenas tardes ¿podría hablar con [SAMPLED PATIENT NAME]?

<1> SÍ [GO TO CONFIRM PATIENT]
<2> NO [REFUSAL]
<3> NO, NO PUEDE ATENDER LA LLAMADA EN ESTE MOMENTO [SET CALLBACK]

IF ASKED WHO IS CALLING: Soy [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. ¿Está [SAMPLED PATIENT NAME] disponible para completar una encuesta que [EL/ELLA] empezó en una fecha anterior?

CONFIRM PATIENT: Habla [INTERVIEWER NAME] y le llamo desde [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Deseo confirmar que estoy hablando con [SAMPLED PATIENT NAME]. Le llamo para continuar la encuesta que se comenzó anteriormente. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Buenos días/Buenas tardes, me llamo [OPERATOR NAME], y le estoy llamando (OPTIONAL TO STATE: de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta para obtener información sobre la atención que recibe la gente en los hospitales. Esta encuesta forma parte de una iniciativa nacional para medir la calidad de atención en los hospitales. Los resultados de la encuesta pueden ser utilizados por personas para escoger un hospital. Sus respuestas pueden ser compartidas con el hospital para propósitos de mejorar la calidad.

Su participación en esta encuesta es completamente voluntaria y no va a afectar su atención médica o sus beneficios. La encuesta debe de tomar más o menos 8 minutos [OR HOSPITAL/SURVEY VENDOR SPECIFY].

Esta llamada puede ser supervisada [OPTIONAL TO STATE e/o grabada] para propósitos de control de calidad.

OPTIONAL QUESTION TO INCLUDE:
Me gustaría empezar la encuesta ahora. ¿es éste un tiempo bueno para continuar?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Nuestros registros muestran que usted salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. ¿Es esto correcto?

READ *SÍ/NO* RESPONSE CHOICES ONLY IF NECESSARY

<1>	SÍ	[GO TO S2]
<2>	NO	[GO TO INEL1]
<3>	NO SÉ	[GO TO INEL1]
<4>	REFUSAL	[GO TO INEL1]

S2: Gracias. Ahora va a quedar usted conectado/a a un sistema automatizado de entrevistas; si en algún momento usted quiere hablar en vivo con un operador, sólo tiene que pulsar la tecla [VENDOR SPECIFY] para quedar conectado/a con una persona.

CONFIRMING INELIGIBLE RESPONDENTS

INEL1: ¿Estuvo usted alguna vez en este hospital?

<1>	SÍ	[GO TO INEL2]
<2>	NO	[GO TO INEL_END]

INEL2: ¿Fue usted paciente de este hospital en el último año?

<1>	SÍ	[GO TO INEL3]
<2>	NO	[GO TO INEL_END]

INEL3: ¿Cuándo?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO S2; OTHERWISE, GO TO INEL_END.

INEL_END: Gracias por su tiempo. Parece que hemos cometido un error. Que tenga un buen día/una buena noche.

BEGIN HCAHPS QUESTIONS

MESSAGE 1: Usted ha quedado conectado/a al sistema automatizado de entrevistas. Ahora comenzará la encuesta. Usted puede pulsar la tecla [VENDOR SPECIFY] en cualquier momento para volver a hablar con la operadora telefónica. Si no puede elegir una de las opciones de respuesta después de una pregunta en particular, por favor espere más instrucciones.

Q1_INTRO Por favor conteste las preguntas de esta encuesta sobre la vez que estuvo en el hospital [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención que recibió de las enfermeras durante esta vez que estuvo en el hospital.

Q1 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q2 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q3 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q4 Durante esta vez que estuvo en el hospital, después de usar el botón para llamar a la enfermera, ¿con qué frecuencia le atendían tan pronto como usted quería? ¿Diría usted que Nunca, A veces, La mayoría de las veces, Siempre, o I Nunca usé el botón?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'
Para "Nunca usé el botón", pulse el '9'

<M> MISSING/DK

Q5_INTRO Las siguientes preguntas son acerca de la atención que recibió de los doctores durante esta vez que estuvo en el hospital.

Q5 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q6 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q7 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q8_INTRO La siguiente serie de preguntas son acerca del ambiente en el hospital.

Q8 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q9 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<M> MISSING/DK

Q10_INTRO Las siguientes preguntas son acerca de sus experiencias en este hospital.

Q10 Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

Para "Sí", pulse el '1'
Para "No", pulse el '2' [GO TO Q12]

<M> MISSING/DK [GO TO Q12]

Q11 ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q10 = "2 - NO" THEN Q11 = "8 - NOT APPLICABLE" o IF Q10 = "M - MISSING/DK" THEN Q11 = "M - MISSING/DK"]

Q12 Durante esta vez que estuvo en el hospital, ¿necesitó medicinas para el dolor?

Para "Sí", pulse el '1'
Para "No", pulse el '2' [GO TO Q15]

<M> MISSING/DK [GO TO Q15]

Q13 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le controlaban bien el dolor? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" o IF Q12 = "M - MISSING/DK" THEN Q13 = "M - MISSING/DK"]

Q14 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia el personal del hospital hacía todo lo que podía para aliviar su dolor? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q14 = "8 - NOT APPLICABLE" o IF Q12 = "M - MISSING/DK" THEN Q14 = "M - MISSING/DK"]

Q15 Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

Para "Sí", pulse el '1'
Para "No", pulse el '2' [GO TO Q18_INTRO]

<M> MISSING/DK [GO TO Q18_INTRO]

Q16 Antes de darle alguna medicina neuva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender? ¿Diría usted que Nunca, A veces, La mayoría de las veces, o Siempre?

Para "Nunca", pulse el '1'
Para "A veces", pulse el '2'
Para "La mayoría de las veces", pulse el '3'
Para "Siempre", pulse el '4'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO Las siguientes preguntas son acerca de cuando salió del hospital.

Q18 Después de salir del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona, o a otra institución de salud?

Para "A mi casa", pulse el '1'
Para "A la casa de otra persona", pulse el '2'
Para "A otra institución de salud", pulse el '3' [GO TO Q21]

<M> MISSING/DK [GO TO Q21]

Q19 Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría cuando saliera del hospital?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q18 = "3 -A OTRA INSTITUCION DE SALUD" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<8> NOT APPLICABLE
<M> MISSING/DK

[NOTE: IF Q18 = "3 A OTRA INSTITUCION DE SALUD" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 Queremos saber la calificación en general que le daría a [FACILITY NAME] durante esta vez que estuvo allí. Esta sería la vez que estuvo allí, más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. No incluya información sobre otras veces que estuvo en un hospital.

Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

[VENDOR SPECIFIES HOW TO ENTER BOTH "0" AND "10" INTO THEIR SYSTEM.] Por favor pulse este número ahora.

Q22 ¿Les recomendaría este hospital a sus amigos y familiares? ¿Diría usted que definitivamente no, hasta cierto punto no, hasta cierto punto sí, o definitivamente sí?

Para "Definitivamente no", pulse el '1'
Para "Hasta cierto punto no", pulse el '2'
Para "Hasta cierto punto sí", pulse el '3'
Para "Definitivamente sí", pulse el '4'

<M> MISSING/DK

Q23_INTRO Tenemos unas preguntas adicionales acerca de esta vez que estuvo en el hospital

Q23 Durante esta vez que estuve en el hospital, el personal tuvo en cuenta mis preferencias y las de mi familia o las de mi cuidador al decidir qué atención médica necesitaría cuando saliera del hospital. ¿Diría que usted está muy en desacuerdo, en desacuerdo, de acuerdo, o muy de acuerdo?

Para "Muy en desacuerdo", pulse el '1'
Para "En desacuerdo", pulse el '2'
Para "De acuerdo", pulse el '3'
Para "Muy de acuerdo", pulse el '4'

<M> MISSING/DK

Q24 Cuando salí del hospital, entendía bien qué cosas del control de mi salud eran responsabilidad mía. ¿Diría que usted está muy en desacuerdo, en desacuerdo, de acuerdo, o muy de acuerdo?

Para "Muy en desacuerdo", pulse el '1'
Para "En desacuerdo", pulse el '2'
Para "De acuerdo", pulse el '3'
Para "Muy de acuerdo", pulse el '4'

<M> MISSING/DK

Q25 Cuando salí del hospital, entendía claramente la razón por la que tomaba cada una de mis medicinas. ¿Diría que usted está muy en desacuerdo, en desacuerdo, de acuerdo, muy de acuerdo, o no le dieron ninguna medicina cuando salió del hospital?

Para "Muy en desacuerdo", pulse el '1'
Para "En desacuerdo", pulse el '2'
Para "De acuerdo", pulse el '3'
Para "Muy de acuerdo", pulse el '4'
Para "No me dieron ninguna medicina cuando salí del hospital", pulse el '5'

<M> MISSING/DK

Q26_INTRO Las siguientes preguntas son acerca de usted.

Q26 Durante esta vez que estuvo en el hospital, ¿lo admitieron al hospital a través de la sala de emergencias?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<M> MISSING/DK

Q27 En general, ¿cómo calificaría toda su salud? ¿Diría usted que es excelente, muy buena, buena, regular, o mala?

Para "Excelente", pulse el '1'
Para "Muy buena", pulse el '2'
Para "Buena", pulse el '3'
Para "Regular", pulse el '4'
Para "Mala", pulse el '5'

<M> MISSING/DK

Q28 En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría usted que es excelente, muy buena, buena, regular, o mala?

Para "Excelente", pulse el '1'
Para "Muy buena", pulse el '2'
Para "Buena", pulse el '3'
Para "Regular", pulse el '4'
Para "Mala", pulse el '5'

<M> MISSING/DK

Q29 ¿Cuál es el grado o nivel escolar más alto que ha completado? Por favor, escuche todas las seis respuestas completas antes de contestar la siguiente pregunta. Completo…¿8 años de escuela o menos; 9-12 años de escuela pero sin graduarse; Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED); algunos cursos universitarios o un título universitario de un programa de 2 años; título universitario de 4 años, título universitario de más de 4 años?

Para "8 años de escuela o menos", pulse el '1'
Para "9-12 años de escuela, pero sin graduó", pulse el '2'
Para "Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED)", pulse el '3'
Para "algunos cursos universitarios o un título universitario de un programa de 2 años", pulse el '4'
Para "título universitario de 4 años", pulse el '5'
Para "título universitario de más de 4 años", pulse el '6'

<M> MISSING/DK

Q30 ¿Es usted de ascendencia u origen español, hispano o latino? ¿Diría usted que no, que ni de ascendencia española, ni hispana, ni latina; o que sí, de ascendencia puertorriqueña; mexicana, mexicanoamericana, chicana; cubana; o de otra ascendencia española, hispana o latina?

Para "No, ni española, ni hispana, ni latina", pulse el '1'
Para "Sí, puertorriqueña", pulse el '2'
Para "Sí, mexicana, mexicanoamericana, chicana", pulse el '3'
Para "Sí, cubana", pulse el '4'
Para "Sí, otra española/hispana/latina", pulse el '5'

<M> MISSING/DK

[FOR IVR, QUESTION 31 IS BROKEN INTO PARTS A-E]

Q31 Cuándo lea lo siguiente, por favor dígame si la categoría describe su raza. Por favor conteste "Sí" o "No" para cada una de las categorías.

Q31A ¿Es usted blanco/a?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<M> MISSING/DK

Q31B ¿Es usted negro/a o afroamericano/a?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<M> MISSING/DK

Q31C ¿Es usted asiático/a?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<M> MISSING/DK

Q31D ¿Es usted nativo/a de Hawaí o de otras islas del Pacífico?

Para "Sí", pulse el '1'
Para "No", pulse el '2'

<M> MISSING/DK

Q31E ¿Es usted indígena americano/a o nativo/a de Alaska?

Para “Sí”, pulse el ‘1’
Para “No”, pulse el ‘2’

<M> MISSING/DK

NOTE: “1” and “2” SHOULD BE CONVERTED TO “1” AND “0”, RESPECTIVELY IN THE DATA FILE. FOR VALID VALUES, REFER TO APPENDIX P - DATA FILE STRUCTURE.

Q32 ¿Por favor escuche todas las siete opciones de respuesta antes de responder. ¿Diría que en casa habla principalmente en inglés, español, chino, ruso, vietnamita, portugués, o en algún otro idioma?

Para “inglés”, pulse el ‘1’
Para “español”, pulse el ‘2’
Para “chino”, pulse el ‘3’
Para “ruso”, pulse el ‘4’
Para “vietnamita”, pulse el ‘5’
Para “portugués”, pulse el ‘6’
Para “otro idioma”, pulse el ‘9’

<M> MISSING/DK

END Éstas son todas las preguntas que tengo. Muchas gracias por su tiempo. Que tenga muy buen dia/muy buenas (tardes/noches).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS IVR SCRIPT>

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S. GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS (QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

APPENDIX M

Interviewing Guidelines for Telephone and IVR Surveys

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HCAHPS Survey

Interviewing Guidelines for Telephone and IVR Surveys

Overview

These guidelines address expectations for interviewers and operators conducting the CAHPS Hospital Survey (HCAHPS) by telephone or through Active Interactive Voice Response (IVR). To collect the highest quality data possible, telephone interviewers and IVR operators must follow these guidelines while conducting telephone and IVR interviews.

General Interviewing Techniques

Interviewers/Operators must:

- study and thoroughly familiarize themselves with the HCAHPS Frequently Asked Questions (FAQs) list before they begin conducting telephone interviews so that they are knowledgeable about the HCAHPS Survey
- read all questions and response choices in the indicated order and exactly as worded, so that all patients are answering the same question. Questions that are re-worded can bias the patient's response and the overall survey results.
- not attempt to increase the likelihood of the patient providing one answer over another answer
- read all transitional statements
- never skip over a question because they think the patient has answered it already
- speak in an upbeat and courteous tone
    - during the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
        - Thank you
        - Alright
        - Okay
        - I understand, or I see
        - Yes, Ma'am
        - Yes, Sir
- read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- maintain a professional and neutral relationship with the patient at all times
- not provide personal information or opinions about the survey
- listen carefully to patient questions and offer concise responses. Interviewers/Operators may not provide extra information or lengthy explanations.
- not leave messages on answering machines or with household members for either the telephone or Active IVR mode of the HCAHPS Survey. Interviewers/Operators should attempt to re-contact the patient to complete the HCAHPS Survey.
- tell the patient that there are no more questions and thank the patient for his or her time at the end of the survey

- not administer the HCAHPS Survey to any patient whom they know personally
- not conduct the survey with a proxy

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

Introduction and Refusal Avoidance

For optimal response rates, it is important that telephone interviewers and IVR operators attempt to avoid telephone refusals from patients. The introduction and initial moments of the interview are critical to gaining cooperation from the patient.

Interviewers/Operators must:

- read the telephone and IVR script introductions verbatim, unless the patient interrupts to ask a question or voices a concern
- speak clearly and politely to establish a rapport with the patient
- avoid long pauses
- not rush through the introduction
- be prepared to answer questions about the survey by familiarizing themselves with the survey and the HCAHPS FAQs document
- attempt to gain cooperation, but if the patient refuses, the interviewer should politely end the call. The interviewer should not argue with or antagonize the patient.
- If the interviewer/operator reaches a health care facility staff member, the interviewer/operator must request to get in touch with the sampled patient. Reiterate to the health care facility staff member the importance of the HCAHPS Survey, which is being administered on behalf of [HOSPITAL NAME] and that the HCAHPS Survey is part of a national initiative sponsored by the United States Department of Health and Human Services. If necessary, provide the staff member with the contact information at [HOSPITAL NAME] to verify this survey is legitimate.

Note: Patients, if otherwise eligible, residing in health care facilities such as an assisted living facility or group home are to be included in the HCAHPS sample frame and attempts to contact the patient to administer the survey must be made to those patients drawn into the sample.

Note: Health care facility telephone numbers cannot be placed on the hospital's/survey vendor's do-not-call list, even if requested by the health care facility staff.

Answering Questions and Probing

Telephone interviewers need to probe when a patient fails to give a complete or an adequate answer to the HCAHPS questions. Interviewers must never interpret patient answers. Interviewers must not ask the patient probing questions about their health such as "How are you feeling today?" or "Are you having any pain?".

- Interviewer probes must be neutral and must not increase the likelihood of the patient providing one answer over another answer. Probes should stimulate the patient to give answers that meet the question objectives.

- Types of probes:
  - Repeat the question or the answer categories
  - Interviewer says:
    - "Take a minute to think about it." REPEAT QUESTION, IF APPROPRIATE
    - "So, would you say that it is…" REPEAT ANSWER CATEGORIES
    - "Which would be closer?" REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE PATIENT'S RESPONSE
- Interviewers must not interpret survey questions for the patient

Conventions on Telephone and IVR Survey Instruments

- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - However, YES and NO response options can be read, if appropriate
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- Each question in the IVR script must have an option for the patient to be connected to a live operator at any time during the survey
- MISSING/DON'T KNOW is a valid response option for each item in the electronic telephone/IVR interviewing system scripts; however, this option must not be read out loud to the patient. MISSING/DON'T KNOW response options allow the telephone interviewer or IVR operator to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DON'T KNOW is coded as "M – Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone/IVR systems
  - Appropriately skipped questions should be coded as "8 – Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS Survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 – Not applicable." Coding may be done automatically by the telephone/IVR systems or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone and IVR systems should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M – Missing/Don't know." Coding may be done automatically by the telephone interviewing/IVR system or later during data preparation.
- There must be only one language (i.e., English, Spanish, Chinese, or Russian) that appears on the electronic telephone interviewing system screen

APPENDIX N

Frequently Asked Questions for Customer Support

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HCAHPS Survey
Frequently Asked Questions

Overview
This document provides survey customer support personnel for all four modes of survey administration guidance on responding to frequently asked questions (FAQs) from patients answering the CAHPS Hospital Survey (HCAHPS). It provides answers to general questions about the survey, concerns about participating in the survey and questions about completing/returning the survey. Hospitals/Survey vendors may amend the document to be specific to their organization's operations, and/or revise individual responses for clarity.

Note: Hospitals/Survey vendors conducting the HCAHPS Survey must NOT attempt to influence or encourage patients to answer items in a particular way. For example, the hospital or survey vendor conducting the HCAHPS Survey must NOT say, imply or persuade patients to respond to items in a particular way. In addition, hospitals/survey vendors must NOT indicate or imply in any manner that the hospital, its personnel or its agents will appreciate or gain benefits if patients respond to the items in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines for more information on communicating with patients.

I. General Questions About the Survey

- **Who is conducting this survey? Who is sponsoring this survey?**
  [SURVEY VENDOR:] I'm an interviewer from the research organization [SURVEY VENDOR NAME]. [HOSPITAL NAME] has asked our organization to help conduct this survey to enable them to get feedback from their patients.

  [HOSPITAL:] [HOSPITAL NAME] is conducting this survey to get feedback from patients who were recently hospitalized.

- **What is the purpose of the survey? How will the data be used?**

  Questions 1-25 in the survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals.

  The survey is designed to measure patients' perspectives on hospital care for public reporting. The data collected from the survey will be provided to consumers to help them make informed choices when selecting a hospital. It will also be used to help improve the quality of care provided by hospitals. Your participation is important.

- **How can I verify this survey is legitimate?**

  You can contact [HOSPITAL NAME] at [TELEPHONE NUMBER] for information about the survey.

  NOTE: SURVEY VENDORS OBTAIN CONTACT INFORMATION FROM THE HOSPITAL ABOUT WHO TO CONTACT TO VERIFY THE LEGITIMACY OF THE SURVEY.

- **Is there a government agency that I can contact to find out more about this survey?**

  Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services through the HCAHPS Technical Assistance telephone number at 1-888-884-4007 or by email at hcahps@hcqis.org.

- **On the cover letter, there is a web site listed where I can access information on hospital results. I do not have access to the Internet. How can I obtain information on the results for my hospital?**

  If you do not have access to the internet, you can call 1-800-MEDICARE (1-800-633-4227) to obtain information on your hospital's results.

- **Are my answers confidential? Who will see my answers?**

  Your answers will be seen by the research staff, and may be shared with the hospital for purposes of quality improvement.

- **How long will this take?**

  The survey takes about 8 minutes [OR HOSPITAL/SURVEY VENDOR SPECIFY].

  NOTE: THE NUMBER OF MINUTES TO COMPLETE THE SURVEY WILL DEPEND ON WHETHER HCAHPS IS INTEGRATED WITH HOSPITAL-SPECIFIC QUESTIONS.

- **What questions will be asked?**

  The survey asks questions about the experiences you had receiving care and services from the hospital. There will be questions asking you about any problems you may have had receiving care or services. It asks you to rate different types of care and services you may have received.

- **How did you get my name? How was I chosen for the survey?**

  Your name was randomly selected from all recent discharges from [HOSPITAL NAME].

- **Where can I find the results of the survey?**

  HCAHPS Survey results are published on the Hospital Compare Web site (www.medicare.gov/hospitalcompare). These results are updated quarterly.

II. Concerns About Participating in the Survey

- **I don't do surveys.**

  I understand; however, I hope you will consider participating. This is a very important study for [HOSPITAL NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.

- **I'm not interested.**

  [HOSPITAL NAME] could really use your help. Could you tell me why you're not interested in participating?

- **I'm extremely busy. I don't really have the time.**

  I know your time is limited; however, it is a very important survey, and I really appreciate your help today. The interview will take about 8 minutes [OR HOSPITAL/SURVEY VENDOR SPECIFY]. Perhaps we could get started, and see what the questions are like. We can stop any time you like.

  [IF NECESSARY:] The interview can be broken into parts, if necessary; you don't have to do the whole thing in one sitting.

  [IF NECESSARY:] I can schedule it for any time that is convenient for you, including evenings or weekends if you prefer.

  NOTE: THE NUMBER OF MINUTES TO COMPLETE THE SURVEY WILL DEPEND ON WHETHER HCAHPS IS INTEGRATED WITH HOSPITAL-SPECIFIC QUESTIONS.

- **You called my cell phone. Can you call back after [PATIENT SPECIFY TIME]?**

  Yes, can we call you back at [PATIENT SPECIFY]?

  [IF "NO":] Set future date/time.

  NOTE: TELEPHONE CALL ATTEMPTS ARE TO BE MADE BETWEEN THE HOURS OF 9 AM AND 9 PM, RESPONDENT TIME, UNLESS AN ALTERNATIVE TIME IS REQUESTED BY PATIENT.

- **I don't want to answer a lot of personal questions.**

  I understand your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with [HOSPITAL NAME] and I don't see why I should help them with this survey.**

  I'm sorry you're unhappy. This is a good reason for you to participate. Your responses will help the hospital understand what improvements are needed.

- **Do I have to complete the survey? What happens if I do not? Why should I?**

  Your participation is voluntary. There are no penalties for not participating. But, it is a very important survey and your answers will help us improve the quality of care [HOSPITAL NAME] provides and will also help other consumers make informed decisions when they choose a hospital.

- **Will I get junk mail if I answer this survey?**

  No, you will not get any junk mail as a result of answering this survey.

- **I am on the *Do Not Call List*. Are you supposed to be calling me?**

  The *Do Not Call List* prohibits sales and telemarketing calls. We're not selling anything nor asking for money. We are a survey research firm. Your hospital has asked us to help conduct this survey.

- **I don't want to buy anything.**

  We're not selling anything or asking for money. We want to ask you some questions about the care and services provided by [HOSPITAL NAME].

III. Questions About Completing/Returning the Survey

- **Is there a deadline to fill out the survey?**

  [FOR MAIL SURVEY:] Since we need to contact so many people, it would really help if you could return it within the next several days.

  [FOR TELEPHONE SURVEY:] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have the time, maybe I could schedule an appointment for sometime within the next several days.

- **Where do I put my name and address on the questionnaire?**

  You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire.

- **Can someone else complete the survey on behalf of the patient?**

  No, their responses may differ from the patient's responses. They may assist the patient with reading, writing or translation, but only the patient may provide answers to the survey.

- **As someone with Power of Attorney, may I complete the survey?**

  No, the HCAHPS Survey does not allow proxy respondents.

  For this survey, we need to speak directly to [SAMPLED PATIENT NAME].

- **This patient you have reached is in a health care facility.**

  This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about health care. For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

  [IF NECESSARY:] We are doing a very important study for [HOSPITAL NAME]. The results of the survey will help them understand what they are doing well and what needs improvement. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

  [IF NECESSARY:] You can contact [HOSPITAL NAME] at [TELEPHONE NUMBER] for information about the survey.

  NOTE: PATIENTS IN HEALTH CARE FACILITIES SUCH AS LONG-TERM CARE FACILITIES, ASSISTED LIVING FACILITIES AND GROUP HOMES ARE ELIGIBLE FOR THE SURVEY.

- **I would like to complete the survey online, is that an option?**

  No, the HCAHPS Survey can only be completed by mail or telephone at this time.

APPENDIX O

Sample Frame Layout

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HCAHPS Survey

Sample Frame File Layout

Below is an example of a sample frame file layout. **Please note the following:**

1. The Sample Frame file is for internal hospital/survey vendor use only. The file is used to facilitate the standardized administration of the CAHPS Hospital Survey (HCAHPS) and includes the data elements necessary for data submission, sampling and proper recording keeping. The patient identifying information and other *italicized* Data Element fields will **not** be submitted to CMS.

2. Hospitals/Survey vendors interested in producing a Sample Frame file as a fixed-width ASCII text file may, if they choose, utilize the provided field lengths as a guide.

3. CMS strongly recommends that hospitals/survey vendors collect all data elements whether or not they are required for data submission.

Sample Frame File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Provider Name	100	Name of the Hospital	Yes
Provider ID	6	CMS Certification Number (formerly known as Medicare Provider Number)	Yes
NPI	10	National Provider Identifier (optional)	No
File Content	1	1 = All Patient Discharges (excluding "No-Publicity patients" and "Patients who are excluded because of state regulations") 2 = HCAHPS Sample Frame (Eligible Patient Discharges)	No
Total Number of Ineligibles	10	Number of patients who are ineligible for the HCAHPS Survey	No
Total Number of Exclusions	10	Number of patients who were excluded from the HCAHPS Survey	No

NOTE:
*If **File Content** is "1 – All Patient Discharges," the following two fields should be completed by the hospital: "No-Publicity patients" and "Patients who are excluded because of state regulations." Survey vendors complete the remaining four fields.*

*If **File Content** is "2 – HCAHPS Sample Frame (Eligible Patient Discharges)" the following six fields should be completed by the hospital: "No-Publicity" Patients, Court/Law Enforcement Patients, Patients with Foreign Home Address, Patients Discharged to Hospice Care, Patients who are Excluded because of State Regulations, and Patients Discharged to Nursing Home.*

Data Element	Length	Value Labels and Use	Required for Data Submission
"No-Publicity" Patients	10	Number of "no-publicity" patients who were excluded	No
Court/Law Enforcement Patients	10	Number of court/law enforcement patients who were excluded *(This applies to patients with Admission Source code UB-04 field location 15 of "8- Court/Law enforcement" or Discharge Status code UB-04 field location 17 of "21- Discharged/transferred to court/law enforcement" and "87 – Discharge transferred to court/law enforcement with a planned acute care hospital inpatient readmission.")*	No
Patients with Foreign Home Address	10	Number of patients with foreign home address who were excluded (the Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign home address and therefore must not be excluded)	No
Patients Discharged to Hospice Care	10	Number of patients discharged to hospice care who were excluded *(This applies to patients with Discharge Status code UB-04 field location 17 of "50 – Hospice – home" and "51 – Hospice – medical facility.")*	No
Patients who are Excluded because of State Regulations	10	Number of patients who were excluded because of state regulations	No
Patients Discharged to Nursing Home	10	Number of patients discharged to nursing homes who were excluded (*This applies to patients with Discharge Status codes UB-04 field location 17 of "3 – Medicare certified skilled nursing facility," "61 – Medicare-approved swing bed within hospital," "64 –Medicaid certified nursing facility, "83 – Medicare certified skilled nursing facility with a planned acute care hospital inpatient readmission," and "92 – Medicaid certified nursing facility with a planned acute care hospital inpatient readmission."*)	No
Patient Discharges	10	Number of patient discharges in the file	No

Data Element	Length	Value Labels and Use	Required for Data Submission
Eligible Discharges	10	Number of eligible discharges in the file ***Note: This number may be the same as Patient Discharges if File Content is "2 – HCAHPS Sample Frame (Eligible Patient Discharges)"***	Yes, by month
Sample Size	10	Number of discharges to be sampled	Yes, by month
Patient Unique ID	16	Hospital/Survey vendor generated, random, unique, de-identified Patient ID used to de-duplicate the file, and to track the patient's survey status through the survey administration process	Yes
Patient First Name	30	Name information used to personalize materials to patient	No
Patient Middle Initial	1		
Patient Last Name	30		
Patient Gender	1	1 = Male 2 = Female M = Unknown/Missing *Same as UB-04, Field Location 11*	Yes
Patient Date of Birth	8	MMDDYYYY Used by hospital/survey vendor to calculate patient's age at admission to confirm patient meets eligibility criteria	No
Patient Mailing Address 1	50	Street address or post office box (Address information used in protocols that have a mail mode of survey administration)	No
Patient Mailing Address 2	50	Mailing address 2nd line (if needed)	No
Patient Mailing City	50	Mailing city	No
Patient Mailing State	2	2-character state abbreviation	No
Patient Mailing Zip Code	9	9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4 digit extension)	No
Patient Telephone Number	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (Telephone information used in protocols that involve a telephone component as part of the mode of administration)	No
Patient Hospital Admission Date	8	MMDDYYYY Used by hospital/survey vendor to confirm patient meets eligibility criteria	No

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient Hospital Discharge Date	8	MMDDYYYY Used by hospital/survey vendor to confirm patient meets eligibility criteria	Only Discharge Month and Year are required
Point of Origin for Admission or Visit (Admission Source)	1	1 = Non-healthcare Facility point of Origin 2 = Clinic or Physician's Office 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF, ICF or ALF 6 = Transfer from another Health Care Facility 8 = Court/Law Enforcement *(Exclude)* 9 = Information not available D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from Ambulatory Surgery Center *Source of inpatient admission for the patient same as UB-04 Field Location 15*	Yes
Patient Discharge Status	2	1 = Home care or self-care 2 = Short-term general hospital for inpatient care 3 = Medicare certified skilled nursing facility *(Exclude)* 4 = Intermediate care facility 5 = Designated cancer center or children's hospital 6 = Home with home health services 7 = Left against medical advice 20 = Expired *(Exclude)* 21 = Discharged/transferred to court/law enforcement *(Exclude)* 40 = Expired at Home *(Exclude)* 41 = Expired in medical facility *(Exclude)* 42 = Expired, Place Unknown *(Exclude)* 43 = Federal healthcare facility 50 = Hospice – home *(Exclude)* 51 = Hospice – medical facility *(Exclude)* 61 = Medicare-approved swing bed within hospital *(Exclude)* 62 = Inpatient rehabilitation facility 63 = Long-term care hospital 64 = Medicaid certified nursing facility (*Exclude*)	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
		65 = Psychiatric hospital or psychiatric unit 66 = Critical Access Hospital 69 = Discharged/Transferred to a designated disaster alternative care site (An alternate care site [ACS] provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.) 70 = Discharge/Transfer to health care institution not defined elsewhere in the code list 81 = Discharged to home or self-care with a planned acute care hospital inpatient readmission 82 = Discharged/Transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission 83 = Discharged/Transferred to a Medicare certified skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission *(Exclude)* 84 = Discharged/Transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission 85 = Discharged/Transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission 86 = Discharged/Transferred to home under care of organized home health service organization with planned acute care hospital inpatient readmission 87 = Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission *(Exclude)*	

Data Element	Length	Value Labels and Use	Required for Data Submission
		88 = Discharged/Transferred to federal health care facility with a planned acute care hospital inpatient readmission 89 = Discharged/Transferred to a hospital-based Medicare-approved swing bed with a planned acute care hospital inpatient readmission 90 = Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission 91 = Discharged/Transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission 92 = Discharged/Transferred to a Medicaid certified nursing facility with a planned acute care hospital inpatient readmission *(Exclude)* 93 = Discharged/Transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission 94 = Discharged/Transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission 95 = Discharged/Transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission M = Missing *Patient's discharge disposition same as UB-04 Field Location 17*	
Patient MS-DRG at Discharge	3	Principal Reason for Hospital Stay MS-DRG at **Discharge**	No

Data Element	Length	Value Labels and Use	Required for Data Submission
Determination of Service Line	1	1 = V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes 2 = CMS V.24 DRG codes 3 = Mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 = ICD-10 or ICD-9 codes 5 = Hospital unit 6 = New York State DRGs/APR-DRGs 7 = Other – Approved Exceptions Request only	Yes
Service Line	1	1 = Maternity Care 2 = Medical 3 = Surgical M = Missing Assigned by utilizing information contained in the V.34 MS-DRG Codes and Service Line Categories Table (see *Sampling Protocol* section), or from other approved sources *Note: It is strongly recommended that the hospital/survey vendor assign the Service Line based on the information provided by the client hospital (e.g., Patient MS-DRG at Discharge). If client hospitals assign the Service Line, then survey vendors must validate that the Service Line is assigned appropriately and is in accordance with the method identified in the "Determination of Service Line" field.*	Yes
Type of Sampling Utilized	1	1 = Simple Random Sample ("1" should also be used when 100% of the eligible population is sampled) 2 = Proportionate Stratified Random Sample 3 = Disproportionate Stratified Random Sample	Yes
NOTE: If Type of Sampling utilized is "3 – Disproportionate Stratified Random Sample" (DSRS) *the following three fields are required: Name of Stratum, Total Number of Eligible Patients in this Stratum and Number of Patients Sampled from this Stratum. These three variables will be repeated for each stratum in the sample. Also, at least two strata names must be defined and strata names must be the same within a quarter. In addition, each stratum must contain a* ***minimum of ten sampled discharges****, in every stratum in every month.*			

Data Element	Length	Value Labels and Use	Required for Data Submission
Name of Stratum *(If DSRS is used)*	45	Name of stratum	Yes, if DSRS
Total Number of Eligible Patients in this Stratum *(If DSRS is used)*	10	Total number of Eligible Patients in this Stratum (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS
Number of Patients Sampled from this Stratum *(If DSRS is used)*	10	Number of Sampled Patients in this Stratum *(Note: There must be a minimum of 10 eligible discharges sampled in each stratum in each month)* (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS

APPENDIX P

Data File Structure Version 3.9

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HCAHPS Survey

Data File Structure Version 3.9

This Data File Structure applies to **3Q 2017 discharges and forward**, and corresponds to the XML File Specifications Version 3.9.

Data Type: **A = Alphanumeric**
N = Numeric

HEADER RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Provider Name <provider-name>	Name of the Hospital	A	100	Yes	
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number)
NPI <npi>	National Provider Identifier	N	10	No	No dashes or spaces Valid 10-digit National Provider Identifier. This is an optional data element.
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2017 or greater; cannot be 9999) *Note: Use of version 3.9 requires a 3Q 2017 or greater discharge.*
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)
Survey Mode <survey-mode>	Mode of survey administration	A	1	Yes	Mail only 1 Telephone only 2 Mixed mode 3 IVR 4 *Note: The Survey Mode must be the same for all three months within a quarter*.

HEADER RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Determination of Service Line <determination-of-service-line>	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey	N	1	Yes	V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26 or V.25 MS-DRG codes 1 CMS V.24 DRG codes 2 Mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 3 ICD-10 or ICD-9 codes 4 Hospital unit 5 New York State DRGs/APR DRGs 6 Other—Approved Exceptions Request only 7
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	*Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count.*
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	
Type of Sampling <sample-type>	Type of sampling utilized	N	1	Yes	Simple Random Sample (SRS) 1 ("1" should be used when 100% of the eligible population is sampled.) Proportionate Stratified Random Sample (PSRS) 2 Disproportionate Stratified Random Sample (DSRS) 3 *Note: Sample Type must be the same for all three months within a quarter.*
DSRS Strata Name <strata-name>	If Disproportionate Stratified Random Sample (DSRS) is used, the name of strata	A	45	Yes, if DSRS	If DSRS, then at least two strata names must be defined. Strata names must be the same within a quarter. If not DSRS, do not include tag in the XML file.
DSRS Eligible <dsrs-eligible>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of eligible patients within the stratum	N	10	Yes, if DSRS	If not DSRS, do not include tag in the XML file.

HEADER RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
DSRS Sample Size <dsrs-samplesize>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of sampled patients within the stratum	N	10	Yes, if DSRS	If DSRS, then must have a minimum of ten sampled discharges in every stratum in every month. If not DSRS, do not include tag in the XML file.

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number)
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2017 or greater; cannot be 9999) *Note: Use of version 3. 9 requires a 3Q 2017 or greater discharge year.*
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)
Patient ID <patient-id>	Random, unique, de-identified, patient ID assigned by hospital/survey vendor	A	16	Yes	Maximum of 16 characters
Point of Origin for Admission or Visit <admission-source>	Source of inpatient admission for the patient (same as UB-04 field location 15)	A	1	Yes	Non-healthcare Facility Point of Origin 1 Clinic or Physician's Office 2 Transfer from a hospital (different facility) 4 Transfer from a SNF, ICF, or ALF 5 Transfer from another Health Care Facility 6 Court/law enforcement 8 Information not available 9 Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer D Transfer from Ambulatory Surgery Center E

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Reason Admission <principal-reason-admission>	Service line (Based on *discharge* MS-DRG)	A	1	Yes	Maternity Care 1 Medical 2 Surgical 3 Missing M *Note: It is anticipated that the Service Line will not be coded as "Missing." Male patients should not be reported in the Maternity Service Line.*

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Discharge Status <discharge-status>	Patient's discharge status (same as UB-04 field location 17)	A	2	Yes	Home care or self-care 1 Short-term general hospital for inpatient care 2 Medicare certified skilled nursing facility 3 Intermediate care facility 4 Designated cancer center or children's hospital 5 Home with home health services 6 Left against medical advice 7 Expired 20 Discharged/transferred to court/law enforcement 21 Expired at Home 40 Expired in a medical facility 41 Expired, Place Unknown 42 Federal health care facility 43 Hospice—home 50 Hospice—medical facility 51 Medicare-approved swing bed within hospital 61 Inpatient rehabilitation facility 62 Long-term care hospital 63 Medicaid certified nursing facility 64 Psychiatric hospital or psychiatric unit 65 Critical Access Hospital 66 Discharged/transferred to a designated disaster alternative care site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium. 69 Discharge/transfer to health care institution not defined elsewhere in the code list 70

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
					Discharged to home or self-care with a planned acute care hospital inpatient readmission 81 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission 82 Discharged/transferred to a Medicare certified skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission 83 Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission 84 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission 85 Discharged/transferred to home under care of organized home health service organization with planned acute care hospital inpatient readmission 86 Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission 87 Discharged/transferred to federal health care facility with a planned acute care hospital inpatient readmission 88 Discharged/transferred to a hospital-based Medicare-approved swing bed with a planned acute care hospital inpatient readmission 89

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
					Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission 90 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission 91 Discharged/transferred to a Medicaid certified nursing facility with a planned acute care hospital inpatient readmission 92 Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission 93 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission 94 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission 95 Missing M *Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not have their Final Survey Status coded as "1-Completed survey" or "6-Non-response: Break off." Their Final Survey Status should be coded as "2-Ineligible: Deceased."*
Strata Name <strata-name>	If sampling type is DSRS, this is the name of the stratum the patient belongs to.	A	45	Yes, if DSRS	If not DSRS, do not include this tag in XML file. If DSRS, use one of the names previously defined in the header record.

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Final Survey Status <survey-status>	Disposition of survey	A	2	Yes	Completed survey 1 Ineligible: Deceased 2 Ineligible: Not in eligible population 3 Ineligible: Language barrier 4 Ineligible: Mental/physical incapacity 5 Non-response: Break off 6 Non-response: Refusal 7 Non-response: Non-response after maximum attempts 8 Non-response: Bad address 9 Non-response: Bad/no phone number 10 Missing M *Note: It is anticipated that the Final Survey Status will not be coded as "Missing."*
Survey Completion Mode <survey-completion-mode>	Survey Mode used to complete a survey administered in the Mixed or IVR modes	N	1	Yes, *if Survey Mode is Mixed or IVR and Survey Status is "1-Completed Survey" or "6-Non-response: Break off"*	Mixed mode-mail 1 Mixed mode-phone 2 IVR mode-IVR 3 IVR mode-phone 4 Not applicable 8
Survey Attempts Telephone <number-survey-attempts-telephone>	Number of telephone/IVR attempts	N	1	Yes, *if Survey Mode is Telephone Only, Active IVR or Mixed Mode if "Survey Completion Mode" field is "2-Mixed mode-phone"*	First telephone attempt 1 Second telephone attempt 2 Third telephone attempt 3 Fourth telephone attempt 4 Fifth telephone attempt 5 Not applicable 8

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Survey Attempts Mail <number-survey-attempts-mail>	Mail wave for which the survey was completed or final survey status determined	N	1	Yes, *if Survey Mode is Mail Only Mode*	First wave mailing 1 Second wave mailing 2 Not applicable 8
Survey Language <language>	Identify survey language in which the survey was administered (or attempted to be administered) in English, Spanish, Chinese, Russian, Vietnamese, or Portuguese	N	1	Yes	English 1 Spanish 2 Chinese 3 Russian 4 Vietnamese 5 Portuguese 6 Not applicable 8
Lag Time <lag-time>	Number of days between the patient's discharge date and the end of data collection for that patient	N	3	Yes	000–365 888 = Not applicable *Note: The Lag Time must be included for all HCAHPS Final Survey Status codes. It is anticipated that the Lag Time will not be coded as "Missing or 888."*
Supplemental Question Count <supplemental-question-count>	The count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	A	2	Yes for all HCAHPS Final Survey Status Codes	0–99 M – Missing *Note: It is anticipated that the Supplemental Question Count will not be coded as "Missing."*
Gender <gender>	Patient's gender (same as UB-04 field location 11)	A	1	Yes	Male 1 Female 2 Missing M

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Age at Admission <patient-age>	Patient's age at hospital admission	A	2	Yes	Under 18 0 18–24 1 25–29 2 30–34 3 35–39 4 40–44 5 45–49 6 50–54 7 55–59 8 60–64 9 65–69 10 70–74 11 75–79 12 80–84 13 85–89 14 90 or older 15 Missing/Unknown M *Note: Sampled patients must be age 18 or above at the time of admission.*

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q1 <nurse-courtesy-respect>	"During this hospital stay, how often did nurses treat you with courtesy and respect?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q2 <nurse-listen>	"During this hospital stay, how often did nurses listen carefully to you?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q3 <nurse-explain>	"During this hospital stay, how often did nurses explain things in a way you could understand?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q4 <call-button>	"During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 I never pressed the call button 9 Missing/Don't Know M
Q5 <dr-courtesy-respect>	"During this hospital stay, how often did doctors treat you with courtesy and respect?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q6 <dr-listen>	"During this hospital stay, how often did doctors listen carefully to you?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q7 <dr-explain>	"During this hospital stay, how often did doctors explain things in a way you could understand?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q8 <cleanliness>	"During this hospital stay, how often were your room and bathroom kept clean?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q9 <quiet>	"During this hospital stay, how often was the area around your room quiet at night?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don't Know M
Q10 <bathroom-screener>	"During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?" **(Screener 1)**	A	1	Yes	Yes 1 No 2 Missing/Don't Know M
Q11 <bathroom-help>	"How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don't Know M
Q12 <med-screener>	"During this hospital stay, did you need medicine for pain?" **(Screener 2)**	A	1	Yes	Yes 1 No 2 Missing/Don't Know M
Q13 <pain-control>	"During this hospital stay, how often was your pain well controlled?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don't Know M
Q14 <help-pain>	"During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don't Know M
Q15 <new-med-screener>	"During this hospital stay, were given any new medicine that you had not taken before?" **(Screener 3)**	A	1	Yes	Yes 1 No 2 Missing/Don't Know M

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q16 <med-for>	"Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don't Know M
Q17 <side-effects>	"Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don't Know M
Q18 <discharge-screener>	"After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?" **(Screener 4)**	A	1	Yes	Own Home 1 Someone else's home 2 Another health facility 3 Missing/Don't Know M
Q19 <help-after-discharge>	"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?"	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don't Know M
Q20 <symptoms>	"During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?"	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don't Know M

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q21 <overall-rate>	"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?"	A	2	Yes	Worst hospital possible 0 1 2 3 4 5 6 7 8 9 Best hospital possible 10 Missing/Don't Know M
Q22 <recommend>	"Would you recommend this hospital to your friends and family?"	A	1	Yes	Definitely no 1 Probably no 2 Probably yes 3 Definitely yes 4 Missing/Don't Know M
Q23 <ct-preferences>	"During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left."	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 Missing/Don't Know M
Q24 <ct-understanding>	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 Missing/Don't Know M
Q25 <ct-purpose-med>	When I left the hospital, I clearly understood the purpose for taking each of my medications.	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 I was not given any medication when I left the hospital 5 Missing/Don't Know M
Q26 <er-admission>	During this hospital stay, were you admitted to this hospital through the Emergency Room?	A	1	Yes	Yes 1 No 2 Missing/Don't Know M

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q27 <overall-health>	"In general, how would you rate your overall health?"	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don't Know M
Q28 <mental-health>	In general, how would you rate your overall mental or emotional health?	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don't Know M
Q29 <education>	"What is the highest grade or level of school that you have completed?"	A	1	Yes	8th grade or less 1 Some high school, but did not graduate 2 High school graduate or GED 3 Some college or 2-year degree 4 4-year college graduate 5 More than a 4-year college degree 6 Missing/Don't Know M
Q30 <ethnic>	"Are you of Spanish, Hispanic, or Latino origin or descent?"	A	1	Yes	No, not Spanish/Hispanic/ Latino 1 Yes, Puerto Rican 2 Yes, Mexican, Mexican American, Chicano 3 Yes, Cuban 4 Yes, other Spanish/ Hispanic/ Latino 5 Missing/Don't Know M
Q31 <race-white>	"What is your race? Please choose one or more."	A	1	Yes	White 1 Not White 0 Missing/Don't Know M
Q31 <race-african-amer>	"What is your race? Please choose one or more."	A	1	Yes	Black or African American 1 Not Black or African American 0 Missing/Don't Know M
Q31 <race-asian>	"What is your race? Please choose one or more."	A	1	Yes	Asian 1 Not Asian 0 Missing/Don't Know M

PATIENT RESPONSE RECORD					
Field Name <XML Element>	**Description**	**Data Type**	**Length**	**Data Element Required**	**Valid Values**
Q31 <race-hi-pacific-islander>	"What is your race? Please choose one or more."	A	1	Yes	Native Hawaiian or Other Pacific Islander 1 Not Native Hawaiian or Other Pacific Islander 0 Missing/Don't Know M
Q31 <race-amer-indian-ak>	"What is your race? Please choose one or more."	A	1	Yes	American Indian or Alaska Native 1 Not American Indian or Alaska Native 0 Missing/Don't Know M
Q32 <language-speak>	"What language do you mainly speak at home?"	A	1	Yes	English 1 Spanish 2 Chinese 3 Russian 4 Vietnamese 5 Portuguese 6 Some other language 9 Missing/Don't Know M

APPENDIX Q

XML File Layout Version 3.9

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Hospital CAHPS XML File Specification
Version 3.9

This XML file specification (Version 3.9) applies to **3Q 2017 discharges and forward**.

Each file submission will represent one month of survey data for each hospital.

An HCAHPS XML file is made up of 3 parts: **1) header record 2) administrative data record 3) survey results record.**
There should be only one header record for each HCAHPS XML file. Each patient within the HCAHPS XML file should have an administrative data record, and if survey results are being submitted for the patient, they should have the survey results record.

Each field (except fields **strata-name**, **dsrs-eligible**, **dsrs-samplesize** and **npi** - see data element description for more details) of the header record and administrative data requires an entry for a valid data submission.

Survey results records are not required for a valid data submission but if survey results are included, then all answers must have an entry. Survey results records are required if the final <survey-status> is "1 - Completed survey" or "6 - Non-response: Break off".

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<monthlydata> Opening Tag, defines the monthly survey data	This is the opening element of the file. The closing tag for this element will be at the end of the file. Attributes describe the element and are included within the opening and closing <> This XML tag should be defined with its attributes as shown below - **<monthlydata xmlns="http://hcahps.ifmc.org" xmlns:xsi="http://www.w3.org/2017/XMLSchema-instance">**					
	See example.	N/A	N/A	NA	N/A	Yes
The following section defines the format of the header record.						
<header> Opening Tag, defines the header record of monthly survey data	This is the opening element of the header record. The closing tag for this element will be at the end of the header record. **Note:** This tag is required in the XML document, however, it contains no data. This header element should only occur once per file.					
	None	N/A	N/A	NA	N/A	Yes
<provider-name> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: <provider-name>Sample Hospital</provider-name>**					
	None	Name of the hospital represented by the survey.	N/A	Alphanumeric Character	100	Yes
<provider-id> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: <provider-id>123456</provider-id**>					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
<npi> Sub-element of header	Each element must have a closing tag that is the same as the opening tag, but with a forward slash. This header element should only occur once per file. This is an optional data element at this time but may be required in the future. **Example: <npi>1234567890</npi>**					
	None	National Provider Identifier	Valid 10 digit National Provider Identifier.	Numeric	10	No

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-yr> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: <discharge-yr>2017</discharge-yr>**					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2017 or greater) (cannot be 9999)	Numeric	4	Yes
<discharge-month> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: <discharge-month>1</discharge-month>**					
	None	Month patient was discharged from the hospital.	MM MM = (1-12) (cannot be 00, 13-99)	Numeric	2	Yes
<survey-mode> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. *Note: The Survey Mode must be the same for all three months within a quarter.* **Example: <survey-mode>1</survey-mode>**					
	None	Mode of survey administration. Survey Mode must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the survey mode if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into that survey mode and cannot change it for that quarter.	1 - Mail only 2 - Telephone only 3 - Mixed mode 4 - IVR	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<determination-of-service-line> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. **Example: <determination-of-service-line>1</determination-of-service-line>**					
	None	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey.	1 - V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes 2 - CMS V.24 DRG codes 3 - Mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 - ICD-10 or ICD-9 codes 5 - Hospital unit 6 - New York State DRGs/APR-DRGs 7 - Other - Approved Exceptions Request only	Numeric	1	Yes
<number-eligible-discharge> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: <number-eligible-discharge>650</number-eligible-discharge>**					
	None	Number of eligible patients discharged from the hospital for the month.	N/A	Numeric	10	Yes
<sample-size> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: <sample-size>600</sample-size>**					
	None	Number of eligible patients drawn into the sample for survey administration.	N/A	Numeric	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<sample-type> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. *Note: Sample Type must be the same for all three months within a quarter* **Example: <sample-type>3</sample-type>**					
	None	Sample type must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the sample type if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into that sample type and cannot change it for that quarter.	1 - Simple random sample 2 - Proportionate stratified random sample 3 - Disproportionate stratified random sample	Numeric	1	Yes
<dsrs-strata> Sub-element of header	This is the beginning tag for the section that is used to collect data elements for sample type of Disproportionate Stratified Random Sample (DSRS). This tag is only used if the sampling type is DSRS (sample-type = 3). If the sampling type is DSRS, the XML file must include one **<dsrs-strata>** tag for each strata being defined. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** Each <dsrs-strata> section, must have one each of the following associated data elements as shown below - **Example: The following is an example that displays two strata being defined -** **<dsrs-strata>** **<strata-name>example strata one</strata-name>** **<dsrs-eligible>200</dsrs-eligible>** **<dsrs-samplesize>125</dsrs-samplesize>** **</dsrs-strata>** **<dsrs-strata>** **<strata-name>example strata two</strata-name>** **<dsrs-eligible>300</dsrs-eligible>** **<dsrs-samplesize>170</dsrs-samplesize>** **</dsrs-strata>**					
	None	If sample type selected is Disproportionate Stratified Random Sample (DSRS), **there must be at least two <dsrs-strata> sections**. Additional strata can be defined as needed. There should be one <dsrs-strata> tag for each strata defined.	N/A	NA	N/A	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<strata-name> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <strata-name> tag for each strata defined. This data element, which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** **Example: <strata-name>strata one</strata-name>**					
	None	If sample type selected is Disproportionate Stratified Random Sample, **then at least two strata names have to be defined.** No two strata names can be the same within one file. Strata names must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the strata names if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into those strata names and cannot change them for that quarter. Strata names can be changed, added or deleted in subsequent quarters.	NA	Alphanumeric Character	45	No. Required only if sample-type is DSRS.
<dsrs-eligible> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-eligible> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** **Example: <dsrs-eligible>650</dsrs-eligible>**					
	None	If disproportionate stratified random sample is utilized, this is the number of eligible patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<dsrs-samplesize> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-samplesize> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** **Example: <dsrs-samplesize>650</dsrs-samplesize>**					
	None	If disproportionate stratified random sample is utilized, this is the number of sampled patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
</dsrs-strata> Closing tag for dsrs-strata	None	**Note:** This closing tag is required in the XML document, if the sample type utilized is "3 - Disproportionate stratified random sample," however, it contains no data. This closing tag should occur once for each <dsrs-strata> section.				
</header> Closing tag for header	None	**Note:** This closing element for the header is required in the XML document, however, it contains no data. This header element should only occur once per file.				
The following section defines the format of the patient level data record.						
<patientleveldata> Opening Tag, defines the patient level data record of monthly survey data	This is the opening element of the patient level data record. The closing tag for this element will be at the end of the patient level data record. **Note:** The <patientleveldata> section includes the opening and closing <patientleveldata> tags and all the tags between these two tags. The <patientleveldata> section is required in the XML file, if at least one patient is being submitted. If the <sample-size> is 0, and no patient data is being submitted, the <patientleveldata> section should not be included in the XML file. This patient level data element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
An administrative data record is required for each patient as follows:						
<administration> Opening Tag, defines the administrative data record within the patient level data record of monthly survey data	This is the opening element of the administrative record. The closing tag for this element will be at the end of the administrative data record. **Note:** There will be one <administration> section for each patient. The <administration> section includes the opening and closing <administration> tags and all the tags between these two tags. This <administration> section is required in the XML file for each patient being submitted. This <administration> element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<provider-id> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the previous header record. **Example: <provider-id>123456</provider-id>**					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-yr> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. **Example: <discharge-yr>2017</discharge-yr>**					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2017 or greater) (cannot be 9999)	Numeric	4	Yes
<discharge-month> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. **Example: <discharge-month>1</discharge-month>**					
	None	Month patient was discharged from the hospital.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes
<patient-id> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element should only occur once per patient. **Example: <patient-id>12345</patient-id>**					
	None	Unique de-identified patient id assigned by the provider to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<admission-source> Point of Origin for Admission or Visit	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <admission-source>1</admission-source>**					
	None	Source of inpatient admission for the patient. (same as UB-04 field location 15)	1 - Nonhealthcare Facility Point of Origin 2 - Clinic or Physician's Office 4 - Transfer from a hospital (Different Facility) 5 - Transfer from a SNF, ICF or ALF 6 - Transfer from another Healthcare Facility 8 - Court/Law Enforcement 9 - Information not available D - Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E - Transfer from Ambulatory Surgery Center	Alphanumeric Character	1	Yes
<principal-reason-admission> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: If possible the Service Line should not be coded as "Missing." Example: <principal-reason-admission>1</principal-reason-admission>**					
	None	Assignment of HCAHPS Service Line category.	1 - Maternity Care 2 - Medical 3 - Surgical M - Missing	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not be coded as having "Complete" surveys."** **Example: <discharge-status>66</discharge-status>**					
	None	Status of patient's discharge. (same as UB-04 field location 17)	1 - Home care or self care	Alphanumeric Character	2	Yes
			2 - Short-term general hospital for inpatient care			
			3 - Medicare certified skilled nursing facility			
			4 - Intermediate care facility			
			5 - Designated cancer center or children's hospital			
			6 - Home with home health services			
			7 - Left against medical advice			
			20 - Expired			
			21 - Discharged/transferred to court/law enforcement			
			40 - Expired at Home			
			41 - Expired in medical facility			
			42 - Expired, Place Unknown			
			43 - Federal healthcare facility			
			50 - Hospice - home			
			51 - Hospice - medical facility			
			61 - Medicare-approved swing bed within hospital			
			62 - Inpatient rehabilitation facility			
			63 - Long-term care hospital			
			64 - Medicaid certified nursing facility			
			65 - Psychiatric hospital or psychiatric unit			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> **Sub-element of patientleveldata:administration (cont'd)**	None	Status of patient's discharge. (same as UB-04 field location 17)	66 - Critical Access Hospital 69 - Discharged/transferred to a designated disaster alternative care site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those rescores were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.) 70 - Discharge/transfer to a health care institution not defined elsewhere in the code list 81 - Discharged to home or self care with a planned acute care hospital inpatient readmission 82 - Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission 83 - Discharged/transferred to a Medicare certified skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission 84 - Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> **Sub-element of patientleveldata:administration (cont'd)**	None	Status of patient's discharge. (same as UB-04 field location 17)	85 - Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission	Alphanumeric Character	2	Yes
			86 - Discharged/transferred to home under care of organized home health service organization with planned acute care hospital inpatient readmission			
			87 - Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission			
			88 - Discharged/transferred to federal health care facility with a planned acute care hospital inpatient readmission			
			89 - Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission			
			90 - Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission			
			91 - Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> **Sub-element of patientleveldata:administration (cont'd)**	None	Status of patient's discharge. (same as UB-04 field location 17)	92 - Discharged/transferred to a Medicaid certified nursing facility not certified under Medicare with a planned acute care hospital inpatient readmission	Alphanumeric Character	2	Yes
			93 - Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission			
			94 - Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission			
			95 - Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission			
			M - Missing			
<strata-name> Sub-element of patientleveldata:administration	This tag is required if the sampling type is DSRS (sample type 3). Name of the strata this patient belongs to. This name must match one of the strata defined in the header section of the XML file. If the sampling type is other than 3, this tag doesn't need to be included in the XML file. **Example: <strata-name>strata one</strata-name>**					
	None	This is the name of the strata the patient belongs to. You can only use one of the valid strata names defined in the header for the data element <strata-name>	You can only use one of the valid strata names defined in the header for the data element <strata-name>	Alphanumeric Character	45	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<survey-status> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. *Note: It is anticipated that Survey Status should not be coded as "Missing."* **Example: <survey-status>10</survey-status>**					
	None	Disposition of survey.	1 - Completed survey	Alphanumeric Character	2	Yes
			2 - Ineligible: Deceased			
			3 - Ineligible: Not in eligible population			
			4 - Ineligible: Language barrier			
			5 - Ineligible: Mental/physical incapacity			
			6 - Non-response: Break off			
			7 - Non-response: Refusal			
			8 - Non-response: Non-response after maximum attempts			
			9 - Non-response: Bad address			
			10 - Non-response: Bad/no phone number			
			M - Missing			
<survey-completion-mode> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash.This tag is required if the Survey Mode is Mixed or IVR and the Survey Status is 1 - Completed Survey or 6 - Non-response: Break off. The values entered must match a value corresponding to the Survey Mode defined in the header section of the XML file. If the XML Element <Survey Mode> is other than Mixed or IVR, this tag should not be included in the XML file. **Example: <survey-completion-mode>1</survey-completion-mode>**					
	None	Survey Mode used to complete a survey administered via the Mixed or IVR mode.	1 - Mixed mode-mail	Numeric	1	No, conditionally required only if Survey Mode is Mixed or IVR and Survey Status is 1-Completed Survey or 6-Non-response:
			2 - Mixed mode-phone			
			3 - IVR mode-IVR			
			4 - IVR mode-phone			
			8 - Not applicable			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<number-survey-attempts-telephone> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Telephone Only, Active IVR or Mixed Mode with a survey completion mode answer of 2 - Mixed Mode - Phone. If the XML Element <Survey Mode> is other than Telephone only, Active IVR or Mixed Mode (phone), this tag does not need to be included in the XML file. **Example: <number-survey-attempts-telephone>1</number-survey-attempts-telephone>**					
	None	Number of telephone contact attempts per survey with a survey mode of Telephone Only, Mixed or Active IVR.	1 - First Telephone attempt 2 - Second Telephone attempt 3 - Third Telephone attempt 4 - Fourth Telephone attempt 5 - Fifth Telephone attempt 8 - Not applicable	Numeric	1	No, conditionally required only if the Survey Mode is Telephone Only Mode, Active IVR Mode or Mixed Mode with survey completion mode = 2-Mixed mode-phone.
<number-survey-attempts-mail> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail Only. If the XML Element <Survey Mode> is other than Mail only, this tag does not need to be included in the XML file. **Example: <number-survey-attempts-mail>1</number-survey-attempts-mail>**					
	None	Mail wave for which the survey was completed or final survey status code is determined. Mail Only mode.	1 - First wave mailing 2 - Second wave mailing 8 - Not applicable	Numeric	1	No, conditionally required only if the Survey Mode is Mail Only

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<language> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <language>1</language>**					
	None	Identify survey language in which the survey was administered (or attempted to be administered) (English, Spanish, Chinese, Russian, Vietnamese, or Portuguese)	1 - English 2 - Spanish 3 - Chinese 4 - Russian 5- Vietnamese 6 - Portuguese 8 - Not applicable	Numeric	1	Yes
<lag-time> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: The Lag Time should not be coded as "Missing" or "888."** **Example: <lag-time>84</lag-time>**					
	None	Number of days between patient's discharge date from the hospital and the date that data collection activities ended for the patient.	0-365 888 - Not applicable	Numeric	3	Yes
<supplemental-question-count>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: The "Supplemental Question Count" should not be coded as "Missing." This number should be the same for every patient in the sample.** **Example: <supplemental-question-count>4</supplemental-question-count>**					
	None	The count is the maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	0-99 M - Missing	Alphanumeric Character	2	Yes. Required for all HCAHPS Final Survey Status Codes.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<gender> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <gender>1</gender>**					
	None	Patient gender.	1 - Male 2 - Female M - Missing	Alphanumeric Character	1	Yes
<patient-age> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <patient-age>1</patient-age>**					
	None	Patient age at admission.	0 - Under 18 1 - 18 to 24 2 - 25 to 29 3 - 30 to 34 4 - 35 to 39 5 - 40 to 44 6 - 45 to 49 7 - 50 to 54 8 - 55 to 59 9 - 60 to 64 10 - 65 to 69 11 - 70 to 74 12 - 75 to 79 13 - 80 to 84 14 - 85 to 89 15 - 90 or older M - Missing/Unknown	Alphanumeric Character	2	Yes
</**administration**> Closing tag for administration	None	**Note:** This tag is required in the XML file, however, it contains no data. This administration element should only occur once per patient.				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
A survey results (patient response) record is defined as the <patient response> and is defined as follows: **(Note: Survey results (patient response) records are not required for a valid data submission, however if survey results are included then all answers must have an entry. Survey results (patient response) record is required, if the final <survey-status> is "1 - Completed survey" or "6 - Nonresponse: Break off".)**						
<patientresponse> Opening Tag, defines the patient response data record within the patient level data record of monthly survey data	This is the opening element of the patient response record. The closing tag for this element will be at the end of the patient response record. **Note:** There will be one <patientresponse> section for each patient if survey results are being submitted for the patient. The <patientresponse> section includes the opening and closing <patientresponse> tags and all the tags between these two tags. This <patientresponse> section is required in the XML file only if survey results are being submitted for the patient. If survey results are not being submitted for the patient, the <patientresponse> section should not be submitted. This patient response element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<nurse-courtesy-respect> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-courtesy-respect>4</nurse-courtesy-respect>**					
	None	Question 1: Nurses courtesy and respect	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<nurse-listen> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-listen>4</nurse-listen>**					
	None	Question 2: Nurses listen.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<nurse-explain> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-explain>4</nurse-explain>**					
	None	Question 3: Nurses explain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<call-button> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <call-button>4</call-button>**					
	None	Question 4: Call button.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 9 - I never pressed the call button M - Missing/Don't know	Alphanumeric Character	1	Yes
<dr-courtesy-respect> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-courtesy-respect>4</dr-courtesy-respect>**					
	None	Question 5: Doctors courtesy and respect.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<dr-listen> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-listen>4</dr-listen>**					
	None	Question 6: Doctors listen.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<dr-explain> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-explain>4</dr-explain>**					
	None	Question 7: Doctors explain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<cleanliness> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <cleanliness>4</cleanliness>**					
	None	Question 8: Cleanliness.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<quiet> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <quiet>4</quiet>**					
	None	Question 9: Quiet.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<bathroom-screener> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <bathroom-screener>1</bathroom-screener>**					
	None	Question 10: Bathroom (screener 1).	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
<bathroom-help> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <bathroom-help>4</bathroom-help>**					
	None	Question 11: Bathroom help.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<med-screener> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <med-screener>1</med-screener>**					
	None	Question 12: Medicine (screener 2).	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
<pain-control> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <pain-control>4</pain-control>**					
	None	Question 13: Pain controlled.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
<help-pain> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <help-pain>4</help-pain>**					
	None	Question 14: Help with pain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<new-med-screener> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <new-med-screener>1</new-med-screener>**					
	None	Question 15: New meds (screener 3).	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
<med-for> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <med-for>4</med-for>**					
	None	Question 16: Medicine for.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
<side-effects> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <side-effects>4</side-effects>**					
	None	Question 17: Side effects.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-screener> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <discharge-screener>1</discharge-screener>**					
	None	Question 18: Discharge (screener 4).	1 - Own home 2 - Someone else's home 3 - Another health facility M - Missing/Don't know	Alphanumeric Character	1	Yes
<help-after-discharge> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <help-after-discharge>1</help-after-discharge>**					
	None	Question 19: Help after discharge.	1 - Yes 2 - No 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
<symptoms> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <symptoms>1</symptoms>**					
	None	Question 20: Symptoms.	1 - Yes 2 - No 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<overall-rate> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <overall-rate>5</overall-rate>**					
	None	Question 21: Overall rating.	0 - Worst hospital possible	Alphanumeric Character	2	Yes
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10 - Best hospital possible			
			M - Missing/Don't know			
<recommend> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <recommend>4</recommend>**					
	None	Question 22: Recommend.	1 - Definitely no	Alphanumeric Character	1	Yes
			2 - Probably no			
			3 - Probably yes			
			4 - Definitely yes			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<ct-preferences> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <ct-preferences>4</ct-preferences>**					
	None	Question 23: Preferences in deciding health care needs.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree M - Missing/Don't know	Alphanumeric Character	1	Yes
<ct-understanding> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <ct-understanding>4</ct-understanding>**					
	None	Question 24: Understanding of responsibility in managing health.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree M - Missing/Don't know	Alphanumeric Character	1	Yes
<ct-purpose-med> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <ct-purpose-med>4</ct-purpose-med>**					
	None	Question 25: Purpose for taking medications.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree 5 - I was not given any medication when I left the hospital M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<er-admission> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <er-admission>4</er-admission>**					
	None	Question 26: Admitted through the emergency room.	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
<overall-health> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <overall-health>4</overall-health>**					
	None	Question 27: Overall health.	1 - Excellent 2 - Very good 3 - Good 4 - Fair 5 - Poor M - Missing/Don't know	Alphanumeric Character	1	Yes
<mental-health> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <mental-health>4</mental-health>**					
	None	Question 28: Mental health.	1 - Excellent 2 - Very good 3 - Good 4 - Fair 5 - Poor M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<education> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <education>4</education>**					
	None	Question 29: Education.	1 - 8th grade or less	Alphanumeric Character	1	Yes
			2 - Some high school, but did not graduate			
			3 - High school graduate or GED			
			4 - Some college or 2-year degree			
			5 - 4-year college graduate			
			6 - More than 4-year college degree			
			M - Missing/Don't know			
<ethnic> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <ethnic>1</ethnic>**					
	None	Question 30: Ethnicity.	1 - No, not Spanish/Hispanic/Latino	Alphanumeric Character	1	Yes
			2 - Yes, Puerto Rican			
			3 - Yes, Mexican, Mexican American, Chicano			
			4 - Yes, Cuban			
			5 - Yes, other Spanish/Hispanic/Latino			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<race-white> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-white>1</race-white>** If the check box for the race '**White**' is selected, enter value '1' for this data element If the check box for the race '**White**' is **not** selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 31: Race, White.	1 - White 0 - Not White M - Missing/Don't know	Alphanumeric Character	1	Yes
<race-african-amer> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-african-amer>0</race-african-amer>** If the check box for the race '**Black or African-American**' is selected, enter value '1' for this data element If the check box for the race '**Black or African-American**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 31: Race, African-American.	1 - Black or African-American 0 - Not Black or African-American M - Missing/Don't know	Alphanumeric Character	1	Yes
<race-asian> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-asian>0</race-asian>** If the check box for the race '**Asian**' is selected, enter value '1' for this data element If the check box for the race '**Asian**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 31: Race, Asian.	1 - Asian 0 - Not Asian M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<race-hi-pacific-islander> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-hi-pacific-islander>0</race-hi-pacific-islander>** If the check box for the race '**Native Hawaiian or Pacific Islander**' is selected, enter value '1' for this data element If the check box for the race '**Native Hawaiian or Pacific Islander**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 31: Race, Pacific Islander.	1 - Native Hawaiian or Pacific Islander 0 - Not Native Hawaiian or Pacific Islander M - Missing/Don't know	Alphanumeric Character	1	Yes
<race-amer-indian-ak> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-amer-indian-ak>0</race-amer-indian-ak>** If the check box for the race '**American Indian or Alaska native**' is selected, enter value '1' for this data element If the check box for the race '**American Indian or Alaska native**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 31: Race, American Indian/Alaska Native.	1 - American Indian or Alaska native 0 - Not American Indian or Alaska native M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<language-speak> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <language-speak>1</language-speak>**					
	None	Question 32: Language.	1 - English	Alphanumeric Character	1	Yes
			2 - Spanish			
			3 - Chinese			
			4 - Russian			
			5 - Vietnamese			
			6 - Portuguese			
			9 - Some other language			
			M - Missing/Don't know			
</patientresponse> Closing tag for patientresponse	None	**Note:** This tag is required in the XML file, however, it contains no data. This patient response element should only occur once per patient.				
</patientleveldata> Closing tag for patientleveldata	None	**Note:** This tag is required in the XML file, however, it contains no data. This patient level data element should only occur once per patient.				
</monthlydata> Closing tag, defines the monthly survey data	None	**Note:** This tag is required in the XML file, however, it contains no data. This monthly data element should only occur once per patient.				

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HCAHPS Survey
Sample XML File Layout

Sample XML File Layout without DSRS V3.9

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HCAHPS Survey
Sample XML File Layout

Sample XML File Layout with DSRS V3.9

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APPENDIX R

HCAHPS Quality Assurance Plan Outline

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HCAHPS Survey

Quality Assurance Plan Outline

The Quality Assurance Plan (QAP) is a comprehensive working document that is prepared by self-administering hospitals, hospitals administering the survey for multiple sites, and survey vendors. The QAP documents the implementation and administration of the HCAHPS Survey, and compliance with HCAHPS protocols and guidelines. The QAP also serves as a key resource in the training of staff and subcontractors.

The QAP must specify who will do what, when they will do it, and how they will get it done.

The HCAHPS Project Team provides this outline to assist hospitals/survey vendors in the development of their QAP. The HCAHPS Project Team strongly recommends that hospitals/survey vendors use this Outline as a template for developing and updating their own QAP. All submissions of the QAP must be dated and changes from previous versions must be clearly highlighted (i.e., use of Track Changes in Microsoft Word. Please be sure to accept the prior years' Track Changes before updating for current year).

Please contact the HCAHPS Project Team with any questions.

Organizational Background and Structure

1. *Provide hospital/survey vendor contact information, including:*
   A. Hospital/Survey vendor name
   B. Hospital CMS Certification Number (formerly known as Medicare Provider Number) for self-administering hospitals
   C. Number of beds, if applicable (self-administering hospitals and multi-site hospitals include number of beds per hospital)
   D. Number of contracted client hospitals, if applicable (survey vendors and multi-site hospitals)
   E. Approved survey mode(s)
   F. Name of contact person, their direct telephone number and email address
   G. Hospital's/Survey vendor's mailing address
   H. Physical location (the QAP must also contain the hospital's/survey vendor's mailing address, if different)
   I. Web site address, if one is available
   J. Date of the QAP revision/update

2. *Briefly describe the hospital's/survey vendor's history and affiliations, including the scope of business and number of years in business.*

3. *Describe the hospital's/survey vendor's survey experience with all patient populations, including a description of each mode of HCAHPS Survey administration that the hospital/survey vendor is approved to administer, including the number of years they have conducted each mode.*

4. *Provide and attach an HCAHPS* **organizational chart** *that identifies, by name and title, the staff, subcontractors and any other organizations, if applicable, responsible for each of the major project tasks. Include in the organizational chart the reporting relationships for all HCAHPS project staff and identify any key staff who work from remote locations. Also, please specify the name and title of the staff members (primary and secondary/backup) who perform the following project tasks:*
   A. Overall project management, including training and supervision
   B. Tracking of key survey events
   C. Creation of the sample frame
   D. Drawing the sample
   E. Assignment of the random, unique de-identified patient identification numbers
   F. Administering the survey by the approved mode (Mail, Telephone, Mixed, active IVR)
   G. Data receipt and data entry
   H. Data submission; list all staff members authorized to upload data to the HCAHPS Data Warehouse as well as members with the QualityNet Administrator role for HCAHPS
   I. Review of HCAHPS data submission and/or HCAHPS Feedback Reports
   J. Quality checks of all key events including, but not limited to, survey administration, sample frame creation, data entry, data submission, electronic backup systems, etc.

5. *Describe the background and qualifications of all key personnel involved in the HCAHPS Survey administration, including a description of the capabilities of all subcontractors and the hospital's/survey vendor's experience with their subcontractors, if applicable. Background and qualifications of all key personnel and subcontractor(s) should include experience in conducting patient surveys and experience in the appropriate project task(s) assigned to the project staff. Staff resumes are not required; however, these resumes may be requested during oversight activities.*

6. *Identify who participated in the HCAHPS webinar training in the current year. Describe the training that has been or will be provided to all personnel involved in HCAHPS Survey administration, including subcontractors and any other organizations, if subcontractors or other organizations are used during the HCAHPS Survey administration process. Survey vendors should also describe training that they provide to their client hospitals.*

Work Plan for Survey Administration

This section of your QAP should be written in a manner so that a new member of your HCAHPS team could carry out the processes necessary to administer the HCAHPS Survey. Your QAP should provide sufficient detail for this person to completely understand and accurately follow the processes to administer the survey, and should include a comprehensive timeline of key events (number of days between key events), showing who will do what, when they will do it, and how they will get it done. The QAP should be free of extraneous information. The emphasis should be on providing concise explanations of required HCAHPS processes.

Note: If you have been approved for multiple modes of survey administration, separately list your responses for each mode.

7. *Provide the information requested below for the hospital's/survey vendor's approved mode of survey administration, including a timeline of key survey administration events.*

A. Mail Only mode – describe the process for updating addresses, producing mailing materials, and process for mailing out the surveys (Mail Only Survey Administration chapter)
B. Telephone Only mode – describe the process for updating telephone numbers, programming and operating the interviewing systems, and contacting sampled patients (Telephone Only Survey Administration chapter)
    1. Describe how interviews are redirected if the interviewer is known personally by the patient
    2. Describe how patients with multiple telephone numbers are handled, including how the telephone numbers are prioritized
C. Mixed mode – see above for Mail Only and Telephone Only (Mixed Mode Survey Administration chapter)
D. Active IVR mode – describe the process for updating telephone numbers, programming and operating interviewing systems and contacting patients (IVR Survey Administration chapter)
    1. Describe how interviews are redirected if the interviewer is known personally by the patient
    2. Describe how patients with multiple telephone numbers are handled, including how the telephone numbers are prioritized

8. Describe the steps involved in creating the sample frame and selecting the sample size. (Do not include programming code.)

A. Describe the process for receiving and updating the patient discharge information, including electronic security utilized for exchange of patient discharge files between client hospitals and survey vendors. For survey vendors and multi-site hospitals, describe what the hospital will provide for sample frame creation.
    1. Include a list of all data elements the hospital provides
B. Describe the database(s)/document(s) used to identify the eligible patients
C. Describe the method of sampling to be used, including the process for selecting the sample size (Sampling Protocol chapter)
D. Describe the procedure for ensuring hospitals with sufficient eligible population sizes achieve at least 300 completed surveys in a 12-month time frame
E. List the HCAHPS eligibility and exclusion criteria and describe the process for applying them to determine patient eligibility for inclusion in the HCAHPS sample frame (Sampling Protocol chapter)
F. Describe the method used to determine HCAHPS Service Line (Sampling Protocol chapter)
G. Describe the process of de-duplicating by multiple discharges and by household (Sampling Protocol chapter)
H. If administering the survey in multiple languages identify the language(s) and describe how the survey language that will be administered to the eligible patient is chosen.

9. Describe the process and steps used to assign the random, unique de-identified patient identification numbers. ***Note: Identification numbers must <u>not</u> be based on a coding structure that could potentially reveal patient identities, such as those that incorporate the patient's last name, initials, date of birth, date of discharge, hospital account number, month, date, etc.***

10. *List all Exceptions Requests for which the hospital/survey vendor has received approval and describe how these approved exceptions requests are incorporated into your HCAHPS Survey administration process.*

11. *Describe the data receipt and data entry procedures. (Do not include programming code.)*
    A. Describe how the surveys are handled and recorded when they are returned by mail (if applicable) or completed by telephone (if applicable)
    B. Describe the use of the decision rules, if applicable
    C. Describe the scanning procedure, if applicable
    D. Describe how and when in the process the final survey status code is assigned
    E. Provide the crosswalk of your organization's interim disposition codes to final HCAHPS disposition codes, if applicable

12. *Describe the data preparation and submission procedures. (Do not include programming code.)*
    A. Describe the calculation of lag time
    B. Describe the process of updating the eligibility status of patients (i.e., process for updating any missing fields in the patient discharge file received from the client hospital), if applicable
    C. Describe the process for converting data into XML files and uploading the data to the HCAHPS Data Warehouse, if applicable
    D. Describe the process for online data entry, if applicable (only available for self administering hospitals)
    E. Describe the time frames for completing data submission

Survey and Data Management System and Quality Controls

13. *Describe the system resources (hardware and software) available, **if not previously** described in sections above, such as:*
    A. Telephone or electronic (CATI, IVR) interviewing systems
    B. Mailing equipment
    C. Scanning systems
    D. Software used for tracking, assigning de-identifying numbers, generating sample frame, producing mail survey packets, telephone survey administration, IVR survey administration, XML file generation
    E. Address and telephone number updating resources

14. *Describe the customer support telephone line and how it will be operated.*
    A. Identify who is responsible for responding to questions regarding HCAHPS
    B. Specify the customer support telephone number
    C. Include a written transcript of the voice mail message that specifies the caller can leave a message about the survey
    D. Include the hours of live/voice mail operations for the customer support line and the time frame for returning voice mail messages

15. *Tracking of key events should be part of a hospital's/survey vendor's quality oversight processes. Describe how key events are tracked throughout the survey process, including, but not limited to:*
    A. Receipt of the patient discharge list
    B. Creation of the sample frame
    C. Drawing the sample
    D. Assignment of random, unique de-identified patient identification numbers
    E. Administering the survey by the approved mode(s) of administration
    F. Data receipt
    G. Data entry
    H. Data submission
    I. Data Retention

For items 16 – 22, please be sure to include the following in your description:

- **Identify who performs the checks**
- **Identify what checks are performed**
- **Identify how the checks are performed**
- **Identify how frequently the checks occur**
- **Identify the number or percentage of records that are checked**
- **Identify the documentation that provides evidence that the checks are performed**

16. *Describe the process for monitoring on-site work and subcontractors' work (if applicable) to ensure high quality results. Include monitoring of telephone interviewers, and IVR operators, and checks of printed mailing materials.*

17. *Describe the quality control checks implemented to validate that eligibility and exclusion criteria are applied correctly and that sample frame creation is accurate.*
    A. Describe the method used to verify the sample is a random selection (unless using 100% census sampling)

18. *Describe the quality control process to validate the accuracy of manual data entry and/or electronic scanning procedures. Include the quality control process to verify the accuracy of the application of HCAHPS decision rules (mail surveys).*

19. *Describe the quality control checks of telephone or electronic (CATI, IVR) procedures to confirm that programming is accurate and in accordance with HCAHPS protocols, and that data integrity is maintained (if applicable to your HCAHPS Survey administration processes).*

20. *Describe the quality control process to validate the accuracy of data submission including the review of the HCAHPS Warehouse Submission Reports.*

21. *Describe the backup process of patient files, including the quality control checks that are in place to ensure the backup files are retrievable.*

22. *Describe the disaster recovery plan for conducting ongoing business operations in the event of a disaster.*

Confidentiality, Privacy and Security Procedures

23. *Provide templates of any confidentiality agreements, which include language related to HIPAA regulations and the protection of patient information, used for staff, subcontractors and any other organizations involved in any aspect of survey administration.*

24. *Describe the physical and electronic security and storage procedures to protect patient-identified files, survey questionnaires, recorded interviews, and sample files, including the length of time that the survey materials will be retained.*

QAP Update: Discussion of Results of Quality Control Activities

This section must be completed as part of the QAP submission for all self-administering hospitals, hospitals administering the survey for multiple sites and survey vendors.

25. *Discuss the results and "lessons learned" from the quality review activities listed below. Describe in detail the outcomes of these reviews.*
    A. Describe HCAHPS Survey administration challenges and how these were handled
    B. Describe the discovery of any variations from HCAHPS protocols and how these variations were corrected
    C. Describe the process for communicating the results of your quality checks to upper management
    D. Describe any opportunities for improvement to your HCAHPS Survey administration processes that were identified
    E. Document in the QAP any changes in survey administration resulting from quality process improvement activities

Required Submission of HCAHPS Survey Materials

26. *Provide examples of the following items the hospital/survey vendor uses for the administration of the HCAHPS Survey (in accordance with the mode the hospital/survey vendor is approved to administer the HCAHPS Survey) and forward to the HCAHPS Project Team with the QAP.*
    A. Copies of surveys, cover letters and outgoing envelopes (Mail Only and Mixed modes)
        a. Surveys
            i. identify placement of random, unique, de-identified patient identification number
            ii. confirm OMB language font size is at minimum 10 pt size, if applicable
        b. Cover letters
            i. confirm the letter is signed by the hospital administrator or survey vendor project director
            ii. confirm OMB language font size is at minimum 10 pt size, if applicable
        c. Outgoing envelopes
    B. Copies of telephone scripts (Interviewer screen shots for Telephone Only and Mixed modes)
    C. Copies of IVR scripts (Active IVR mode)

Other

27. *Any forms used in HCAHPS administration that may assist the HCAHPS Project Team in reviewing the hospital's/survey vendor's processes (e.g., tracking logs, sample frame format, etc.).* ***Note: These items should be templates only and must not contain any Protected Health Information (PHI).***

28. *Identify the specific timeline for incorporating the Quality Assurance Guidelines V12.0 changes into the hospital's/survey vendor's survey administration process.*

29. *Provide a count of the maximum number of supplemental questions added to the HCAHPS Survey. Identify where the supplemental questions are placed. List the transition statement placed before the supplemental questions (include this information for each hospital).*

APPENDIX S

Participation Form for Hospitals Self-Administering Survey

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HCAHPS Survey

Participation Form
For Hospitals
Self-Administering Survey

This participation form is to be completed only by hospitals self-administering the CAHPS® Hospital Survey (HCAHPS) (without using a survey vendor). To submit the participation form online, visit the HCAHPS Web site at www.hcahpsonline.org.

PARTICIPATION FORM FOR	DATE SUBMITTED
(CHECK ONE)	☐ New Participation Form ☐ Update to Previous Participation Form

I. General Participation Application Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION						
1a. ORGANIZATION NAME						
1b. CMS CERTIFICATION NUMBER (CCN) - *Formerly known as Medicare Provider Number*						
1c. MAILING ADDRESS 1						
1d. MAILING ADDRESS 2						
1e. CITY		1f. STATE		1g. ZIP CODE		
1h. TELEPHONE AND FAX *(Area code, number and extension)*				1i. WEB SITE		
TEL		EXT		FAX		

2. APPLICANT CONTACT PERSON						
2a. PRIMARY CONTACT PERSON						
First Name		Middle Initial		Last Name		
2b. TITLE			2c. DEGREE (e.g., RN, MD, PhD)			
2d. MAILING ADDRESS 1						
2e. MAILING ADDRESS 2						
2f. CITY		2g. STATE		2h. ZIP CODE		
2i. TELEPHONE AND FAX *(Area code, number and extension)*				2j. EMAIL ADDRESS		
TEL		EXT		FAX		

3. TYPE OF MODE OF SURVEY ADMINISTRATION FIELDING FOR CAHPS HOSPITAL SURVEY (select one):[1]			
☐ Mail Only	☐ Telephone Only	☐ Mixed Mode (mail and telephone)	☐ Active Interactive Voice Response (IVR)

II. CAHPS Hospital Survey Minimum Business Requirements

Hospitals self-administering the HCAHPS Survey (and their subcontractors if applicable) must meet the following *Minimum Business Requirements*. In addition, approved HCAHPS self-administering hospitals must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." Federal Register/Vol. 78, No. 160/Monday, August 19, 2013/Rules and Regulations, Section. 412.140.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, if applicable.

Note: Hospitals conducting the HCAHPS Survey for more than one site must complete the HCAHPS Participation Form for Hospital Conducting Survey for Multiple Sites.

1. Relevant Survey Experience *Demonstrated **recent** experience in fielding patient-specific surveys in the requested mode (i.e., mail, and/or telephone, and/or IVR).*	
Survey Experience: Hospital has experience in conducting patient-specific surveys as an organization for the requested mode(s) of survey administration (mail**,** telephone, mixed, and/or IVR).	☐ Yes ☐ No
Number of Years in Business: Hospital has been in business a minimum of three years.	☐ Yes ☐ No
Number of Years Conducting Surveys: Hospital has conducted patient-specific surveys a minimum of two years in each of the requested mode(s) of survey administration.	☐ Yes ☐ No
Sampling Experience: Hospital has one year prior experience selecting random sample based on specific eligibility criteria. *Note: Hospitals are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No

2. Organizational Survey Capacity *Capability and capacity to handle a required volume of mail questionnaires, or to conduct standardized telephone interviewing, or IVR in specified time frame.*	
Personnel: Hospital has a designated HCAHPS Project Manager with minimum one year prior experience conducting patient-specific surveys in the requested mode. Hospital must have appropriate organizational back-up staff for coverage of key staff. *Note: Hospitals must not use volunteers in any capacity for HCAHPS Survey administration.*	☐ Yes ☐ No
System Resources: Hospital has physical plant resources available to handle the volume of surveys being administered; a systematic process to track fielded surveys through the protocol, avoiding respondent burden and losing respondents. Hospital has the ability to assign random, unique, de-identified patient IDs and to track each sampled patient. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors. *Note: All System Resources are subject to oversight activities including on-site visits to physical locations.*	☐ Yes ☐ No

[1] No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Telephone Only, Mixed Mode, and IVR).

Sample Frame Creation: Hospital has one year prior experience selecting sample based on specific eligibility criteria. Hospital has the ability to generate the sample frame data file that contains all discharged patients who meet the eligible population criteria and to draw the sample of discharges to be surveyed.	☐ Yes ☐ No
Mail Only Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update addresses; produce and print survey instruments and materials; mail survey materials; process survey data (including key-entry or scanning); and track non-respondents for follow-up mailing. Mail survey administration is not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
Telephone Only Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update telephone numbers; collect telephone interview data for the survey; identify non-respondents for follow-up telephone calls; and ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
Mixed Mode of Survey Administration (if applicable): Hospital has the capability and capacity to perform both of the above referenced Mail Only Mode of Survey Administration **and** Telephone Only Mode of Survey Administration requirements. Mail survey administration and telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
IVR Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update telephone numbers; collect touch-tone key pad responses to pre-recorded questions; allow respondents to choose or switch to a live operator to complete the survey; identify non-respondents for follow-up telephone calls; and ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
Data Submission: Hospital has one year prior experience transmitting data via secure methods (HIPAA-compliant); the capability and capacity to become a registered user of the QualityNet Secure Portal and access and submit data electronically via the QualityNet Secure Portal; and have the capability to prepare final patient-level data files for submission. *Note: Hospitals are responsible for data submission and must not subcontract this process.*	☐ Yes ☐ No
Data Security: Hospital has taken the following actions to secure electronic data: use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files; implement access levels and security passwords so that only authorized users have access to sensitive data; implement daily data backup procedures that adequately safeguard system data; test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working; and perform frequent saves to media to minimize data losses in the event of power interruption. Hospital has developed a disaster recovery plan for conducting ongoing business operations in the event of a disaster.	☐ Yes ☐ No
Data Retention and Storage: Hospital has taken the following actions to securely store all survey administration related data: store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable; store de-identified returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed; and store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location.	☐ Yes ☐ No
Technical Assistance/Customer Support: Hospital has one year prior experience providing telephone customer support, and the capability and capacity to provide a customer support line.	☐ Yes ☐ No

Organizational Confidentiality Requirements: Hospital has developed confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtained signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection; executed Business Associate Agreement(s) in accordance with HIPAA regulations; confirmed that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI); and established protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	☐ Yes ☐ No

3. Quality Control Procedures *Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve, on average, a 32 percent response rate.*	
Demonstrated Quality Control Procedures: Hospital has established systems for conducting and documenting quality control activities including: in-house training of staff and subcontractors involved in survey operations; printing, mailing and recording of receipt of survey information; telephone administration of survey, IVR administration of survey; coding and editing; scanning or keying in survey data; preparation of final patient-level data files for submission; and, all other functions and processes that affect the administration of the HCAHPS Survey.	☐ Yes ☐ No
QAP Documentation Requirements: Hospital has developed a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and updates the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status.	☐ Yes ☐ No

4. Explanation *Please explain any "NO" responses above or updates to the Participation Form.*

III. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	**Role**	**Email**	**Telephone**
1.	Project Director		
2.	Project Manager		

IV. List of Subcontractors

Check here ☐ if you currently do not use subcontractors. Go to Section V.

LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). Hospitals should promptly update the List of Subcontractors as subcontractors are added or deleted.

Subcontractor Name	**Role**
1.	
2.	
3.	

V. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in both the Introduction to HCAHPS Training and all subsequent HCAHPS Update Trainings. At a minimum, the organization's Project Manager must attend training as a representative of the organization. The organization's subcontractors and any other organizations that are responsible for major functions of HCAHPS Survey administration (e.g., mail/telephone/IVR operations) must also attend training.
2. Participate in teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
4. Attest to the accuracy of the organization's data collection activities.
5. Develop and submit an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing envelopes) and/or telephone/IVR scripts.
6. Become a registered user of the QualityNet Secure Portal for Data Collection.
7. Participate and cooperate (including subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
8. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
    a. http://www.hhs.gov/HIPAA/
9. Meet all HCAHPS due dates including data submission.
10. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Hospital Compare Web site.

VI. Applicant Organization Certification and Acceptance:

I certify that:	AUTHORIZED REPRESENTATIVE:
• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS). • The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) *Minimum Business Requirements*.	Name:_____ Title:_____ Organization:_____ _____ Date: _____

If not submitting this form online at ***www.hcahpsonline.org***, please email or fax form back to:

E-Mail
hcahps@hcqis.org

Fax
(602) 308-7105
Attn: HCAHPS

APPENDIX T

Participation Form for Hospitals Administering Survey for Multiple Sites

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HCAHPS Survey

Participation Form
For Hospitals Administering Survey
For Multiple Sites

This participation form is to be completed only by hospitals conducting the CAHPS® Hospital Survey (HCAHPS) for more than one hospital site. To submit the participation form online, visit the HCAHPS Web site at www.hcahpsonline.org.

PARTICIPATION FORM FOR	**DATE SUBMITTED**	
(CHECK ONE)	☐ New Participation Form ☐ Update to Previous Participation Form	

I. General Participation Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION					
1a. ORGANIZATION NAME					
1b. CMS CERTIFICATION NUMBER (CCN) *Formerly known as Medicare Provider Number*					
1c. MAILING ADDRESS 1					
1d. MAILING ADDRESS 2					
1e. CITY		1f. STATE		1g. ZIP CODE	
1h. TELEPHONE AND FAX *(Area code, number and extension)*				1i. WEB SITE	
TEL		EXT	FAX		

2. APPLICANT CONTACT PERSON					
2a. PRIMARY CONTACT PERSON					
First Name		Middle Initial		Last Name	
2b. TITLE			2c. DEGREE (e.g., RN, MD, PhD)		
2d. MAILING ADDRESS 1					
2e. MAILING ADDRESS 2					
2f. CITY		2g. STATE		2h. ZIP CODE	
2i. TELEPHONE AND FAX *(Area code, number and extension)*				2j. EMAIL ADDRESS	
TEL		EXT	FAX		

3. TYPE(S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply): [1]			
☐ Mail Only	☐ Telephone Only	☐ Mixed Mode (mail and telephone)	☐ Active Interactive Voice Response (IVR)

II. CAHPS Hospital Survey Minimum Business Requirements

Hospitals conducting the HCAHPS Survey for more than one site and their subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration, if applicable, must meet the following *Minimum Business Requirements*. In addition, approved HCAHPS Multi Sites must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS Multi Sites must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." Federal Register/Vol. 78, No. 160/Monday, August 19, 2013/Rules and Regulations, Section. 412.140.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements,* if applicable.

1. Relevant Survey Experience *Demonstrated **recent** experience in fielding patient-specific surveys in the requested mode (i.e., mail, and/or telephone, and/or IVR).*	
Survey Experience: Hospital has experience in conducting patient-specific surveys as an organization for the requested mode(s) of survey administration (mail**,** telephone, mixed, and/or IVR).	☐ Yes ☐ No
Number of Years in Business: Hospital has been in business a minimum of four years.	☐ Yes ☐ No
Number of Years Conducting Surveys: Hospital has conducted patient-specific surveys a minimum of three years in each of the requested mode(s) of survey administration.	☐ Yes ☐ No
Sampling Experience: Hospital has two years prior experience selecting random sample based on specific eligibility. Hospital must have the ability to work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes. Hospital must adequately document the sampling process. *Note: Hospital is responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No

2. Organizational Survey Capacity *Capability and capacity to handle a required volume of mail questionnaires, and/or to conduct standardized telephone interviewing, and/or IVR in specified time frame.*	
Personnel: Hospital has designated HCAHPS personnel, including a Project Manager with a minimum two years prior experience conducting patient-specific surveys in the requested mode, staff with minimum one year prior experience in sample frame development and sample selection, Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files and Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role. In addition, hospital has appropriate organizational staff back-up for coverage of key staff. *Note: Hospitals Administering Survey for Multiple Sites must not use volunteers in any capacity for HCAHPS Survey administration.*	☐ Yes ☐ No

[1] No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Telephone Only, Mixed Mode, and IVR).

System Resources: Hospital has physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment and an electronic survey management system to track fielded surveys through the protocol, avoiding respondent burden and losing respondents. Hospital has the ability to assign random, unique, de-identified patient IDs and to track each sampled patient. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors. *Note: All System Resources are subject to oversight activities including on-site visits to physical locations.*	☐ Yes ☐ No
Sample Frame Creation: Hospital has two years prior experience selecting sample based on specific eligibility criteria and has the ability to generate the sample frame data file that contains all patients who meet the eligible population criteria and to draw the sample of discharges to be surveyed.	☐ Yes ☐ No
Mail Only Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update addresses; produce and print survey instruments and materials; mail survey materials; process survey data (including key entry or scanning); and track non-respondents for follow-up mailing. Mail survey administration is not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
Telephone Only Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update telephone numbers; use electronic or alternative interviewing system to collect telephone interview data for the survey; identify non-respondents for follow-up telephone calls; and has the ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
Mixed Mode of Survey Administration (if applicable): Hospital has the capability and capacity to perform both of the above referenced Mail Only Mode of Survey Administration **and** Telephone Only Mode of Survey Administration requirements. Mail survey administration and telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
IVR Mode of Survey Administration (if applicable): Hospital has the capability and capacity to obtain and update telephone numbers; collect touch-tone key pad responses to pre-recorded questions; allow respondents to choose or switch to a live operator who uses an electronic telephone or alternative interviewing system to complete the survey; identify non-respondents for follow-up telephone calls; and has the ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence and cannot be conducted by staff that provide direct patient care.	☐ Yes ☐ No ☐ Not Applicable
Data Submission: Hospital has two years prior experience transmitting data via secure methods (HIPAA-compliant) transmission and will obtain registered user status from contracted hospitals for the QualityNet Secure Portal and access and submit data electronically via the QualityNet Secure Portal. Hospital will not be listed on the HCAHPS Web site until this step is completed. *Note: Hospitals Administering Survey for Multiple Sites are responsible for data submission and must not subcontract this process.*	☐ Yes ☐ No
Data Security: Hospital has taken the following actions to secure electronic data: use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files; implement access levels and security passwords so that only authorized users have access to sensitive data; implement daily data backup procedures that adequately safeguard system data; test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working; and perform frequent saves to media to minimize data losses in the event of power interruption. Hospital has developed a disaster recovery plan for conducting ongoing business operations in the event of a disaster.	☐ Yes ☐ No

Data Retention and Storage: Hospital has taken the following actions to securely store all survey administration related data: store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable; store de-identified returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed; and store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location.	☐ Yes ☐ No
Technical Assistance/Customer Support: Hospital has two years prior experience providing telephone customer support and has capacity to provide a toll-free customer support line.	☐ Yes ☐ No
Organizational Confidentiality Requirements: Hospital has developed confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtained signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection; executed Business Associate Agreement(s) in accordance with HIPAA regulations; confirmed that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI); and established protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	☐ Yes ☐ No

3. Quality Control Procedures *Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve, on average, a 32 percent response rate.*	
Demonstrated Quality Control Procedures: Hospital has established systems for conducting and documenting quality control activities including: in-house training of staff and subcontractors involved in survey operations; printing, mailing and recording of receipt of survey information; telephone administration of survey, IVR administration of survey; coding and editing; scanning or keying in survey data; preparation of final patient-level data files for submission; and all other functions and processes that affect the administration of the HCAHPS Survey.	☐ Yes ☐ No
QAP Documentation Requirements: Hospital has developed a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and updates the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status.	☐ Yes ☐ No

4. Explanation *Please explain any "NO" responses above or updates to the Participation Form.*

III. CMS-Sponsored and CAHPS Survey Experience

1. Have you been approved as a vendor to implement other CMS or CAHPS surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of the survey(s) for which you have been approved as a vendor.	
2. Have you been a subcontractor to an approved vendor for other CMS or CAHPS surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of survey(s) for which you have been approved as a subcontractor to a vendor.	
In reviewing the HCAHPS Participation Form, CMS will take into consideration any prior experience the applicant organization may have with administering CMS-sponsored CAHPS Surveys , whether as a survey vendor or subcontractor.	

IV. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	**Role**	**Email**	**Telephone**
1.	Project Director		
2.	Project Manager		
3.	Sampling Manager		
4.	Programmer		
5.	Call Center/Mail Center Supervisor		

V. Total Number and List of Affiliated/Contracted Hospitals

TOTAL NUMBER OF AFFILIATED/CONTRACTED HOSPITALS FOR WHICH HCAHPS SURVEY WILL BE ADMINISTERED	

LIST OF AFFILIATED/CONTRACTED HOSPITALS (add more lines if necessary or include as a separate attachment). ***Both Hospital Name and Address must be included.***

Hospital Name and Address (required)	Hospital CMS Certification Number	Type(s) of Mode of Survey Administration:	
1.		☐ Mail Only ☐ Telephone Only	☐ Mixed Mode ☐ IVR
2.		☐ Mail Only ☐ Telephone Only	☐ Mixed Mode ☐ IVR
3.		☐ Mail Only ☐ Telephone Only	☐ Mixed Mode ☐ IVR
4.		☐ Mail Only ☐ Telephone Only	☐ Mixed Mode ☐ IVR
5.		☐ Mail Only ☐ Telephone Only	☐ Mixed Mode ☐ IVR

VI. List of Subcontractors

Check here ☐ if you currently do not use subcontractors. Go to Section VII.

LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). ***Note: Hospitals, acting as a survey vendor, should promptly update the List of Subcontractors as subcontractors are added or deleted.***

Subcontractor Name	Role
1.	
2.	
3.	

VII. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in both the Introduction to HCAHPS Training and all subsequent HCAHPS Update Trainings. At a minimum, the organization's Project Manager must attend training as a representative of the organization. The organization's subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/telephone/IVR operations) must also attend HCAHPS training.
2. Participate in teleconference call(s) with the HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Participate in an HCAHPS Dry Run and/or successfully submit one quarter's data to the QualityNet Secure Portal.
4. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
5. Attest to the accuracy of the organization's data collection activities.
6. Develop and submit an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing envelopes) and/or telephone/IVR scripts.
7. Become a registered user of the QualityNet Secure Portal for Data Collection.
8. Participate and cooperate (including subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
9. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
    a. http://www.hhs.gov/HIPAA/
10. Meet all HCAHPS due dates including data submission.
11. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Hospital Compare Web site.

VIII. Applicant Organization Qualification and Acceptance:

I certify that:	AUTHORIZED REPRESENTATIVE:
• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS). • The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) *Minimum Business Requirements*.	Name:_____ Title:_____ Organization:_____ _____ Date: _____

If not submitting this form online at ***www.hcahpsonline.org***, please email or fax form back to:

E-Mail
hcahps@hcqis.org

Fax
(602) 308-7105
Attn: HCAHPS

APPENDIX U

Participation Form for Survey Vendors

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HCAHPS Survey

Participation Form
For Survey Vendors

This participation form is to be completed by survey vendors conducting the CAHPS® Hospital Survey (HCAHPS). To submit the participation form online, visit the HCAHPS Web site at www.hcahpsonline.org.

PARTICIPATION FORM FOR	**DATE SUBMITTED**
(CHECK ONE)	☐ New Participation Form ☐ Update to Previous Participation Form

I. General Participation Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION					
1a. ORGANIZATION NAME					
1b. MAILING ADDRESS 1					
1c. MAILING ADDRESS 2					
1d. CITY		1e.STATE		1f. ZIP CODE	
1g. TELEPHONE AND FAX *(Area code, number and extension)*				1h. WEB SITE	
TEL		EXT		FAX	

2. APPLICANT CONTACT PERSON		
2a. PRIMARY CONTACT PERSON		
First Name	Middle Initial	Last Name
2b. TITLE	2c. DEGREE (e.g., RN, MD, PhD)	
2d. MAILING ADDRESS 1		
2e. MAILING ADDRESS 2		

2f. CITY		2g. STATE		2h. ZIP CODE	
2i. TELEPHONE AND FAX *(Area code, number and extension)*				2j. EMAIL ADDRESS	
TEL		EXT		FAX	

3. TYPE (S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply):[1]			
☐ Mail Only	☐ Telephone Only	☐ Mixed Mode (mail and telephone)	☐ Active Interactive Voice Response (IVR)

II. CAHPS Hospital Survey Minimum Business Requirements

Survey vendors administering the HCAHPS Survey (and their subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration if applicable) must meet the following *Minimum Business Requirements*. In addition, approved HCAHPS Survey vendors must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." Federal Register/Vol. 78, No. 160/Monday, August 19, 2013/Rules and Regulations, Section. 412.140.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, if applicable.

1. Relevant Survey Experience *Demonstrated **recent** experience in fielding patient-specific surveys in the requested mode (i.e., mail, and/or telephone, and/or IVR).*	
Survey Experience: Survey vendor has experience in conducting patient-specific surveys as an organization for the requested mode(s) of survey administration: mail**,** telephone, mixed, and/or IVR.	☐ Yes ☐ No
Number of Years in Business: Survey vendor has been in business a minimum of four years.	☐ Yes ☐ No
Number of Years Conducting Surveys: Survey vendor has conducted patient-specific surveys a minimum of three years in each of the requested mode(s) of survey administration.	☐ Yes ☐ No
Sampling Experience: Survey Vendor has two years prior experience selecting random sample based on specific eligibility. Survey vendor must have the ability to work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes. Survey vendor must adequately document the sampling process. *Note: Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No

2. Organizational Survey Capacity *Capability and capacity to handle a required volume of mail questionnaires, and/or to conduct standardized telephone interviewing, and/or IVR in specified time frame.*	
Personnel: Survey vendor has designated HCAHPS personnel including a Project Manager with a minimum two years prior experience conducting patient-specific surveys in the requested mode, staff with minimum one year prior experience in sample frame development and sample selection, Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files and Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role. In addition, survey vendor has appropriate organizational staff back-up for coverage of key staff *Note: Survey vendors must not use volunteers in any capacity for HCAHPS Survey administration.*	☐ Yes ☐ No

[1] No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Telephone Only, Mixed Mode, and IVR).

System Resources: Survey vendor has physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment and an electronic survey management system to track fielded surveys through the protocol, avoiding respondent burden and losing respondents. Survey vendor has the ability to assign random, unique, de-identified patient IDs and to track each sampled patient. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors. *Note: All System Resources are subject to oversight activities including on-site visits to physical locations.*	☐ Yes ☐ No
Sample Frame Creation: Survey vendor has two years prior experience selecting sample based on specific eligibility criteria and has the ability to generate the sample frame data file that contains all patients who meet the eligible population criteria and to draw the sample of discharges to be surveyed.	☐ Yes ☐ No
Mail Only Mode of Survey Administration (if applicable): Survey vendor has the capability and capacity to obtain and update addresses; produce and print survey instruments and materials; mail survey materials; process survey data (including key-entry or scanning); and track non-respondents for follow-up mailing. Mail survey administration is not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
Telephone Only Mode of Survey Administration (if applicable): Survey vendor has the capability and capacity to obtain and update telephone numbers; use electronic or alternative interviewing system to collect telephone interview data for the survey; identify non-respondents for follow-up telephone calls; and has the ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
Mixed Mode of Survey Administration (if applicable): Survey vendor has the capability and capacity to perform both of the above referenced Mail Only Mode of Survey Administration **and** Telephone Only Mode of Survey Administration requirements. Mail survey administration and telephone interviews are not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
IVR Mode of Survey Administration (if applicable): Survey vendor has the capability and capacity to obtain and update telephone numbers; collect touch-tone keypad responses to pre-recorded questions; allow respondents to choose or switch to a live operator who uses an electronic telephone or alternative interviewing system to complete the survey; identify non-respondents for follow-up telephone calls; and has the ability to schedule and conduct callback appointments. Telephone interviews are not to be conducted from a residence.	☐ Yes ☐ No ☐ Not Applicable
Data Submission: Survey vendor has two years prior experience submitting data via secure (HIPAA-compliant) transmission and will obtain registered user status from contracted hospitals for the QualityNet Secure Portal and access and submit data electronically via the QualityNet Secure Portal (survey vendor will not be listed on the HCAHPS Web site until this step is completed). *Note: Survey vendors are responsible for conducting data submission and must not subcontract this process.*	☐ Yes ☐ No
Data Security: Survey vendor has taken the following actions to secure electronic data: use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files; implement access levels and security passwords so that only authorized users have access to sensitive data; implement daily data backup procedures that adequately safeguard system data; test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working; and perform frequent saves to media to minimize data losses in the event of power interruption. Survey vendor has developed a disaster recovery plan for conducting ongoing business operations in the event of a disaster.	☐ Yes ☐ No

Data Retention and Storage: Survey vendor has taken the following actions to securely store all survey administration related data: store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sample frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable; store de-identified returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed; and store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location.	☐ Yes ☐ No
Technical Assistance/Customer Support: Survey vendor has two years prior experience providing telephone customer support and capacity to provide a toll-free customer support line.	☐ Yes ☐ No
Organizational Confidentiality Requirements: Survey vendor has developed confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtained signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection; executed Business Associate Agreement(s) in accordance with HIPAA regulations; confirmed that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI); and established protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	☐ Yes ☐ No

3. Quality Control Procedures *Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve, on average, a 32 percent response rate.*	
Demonstrated Quality Control Procedures: Survey vendor has established systems for conducting and documenting quality activities including: in-house training of staff and subcontractors involved in survey operations; printing, mailing and recording of receipt of survey information; telephone administration of survey; IVR administration of survey; coding and editing; scanning or keying in survey data; preparation of final patient-level data files for submission; and all other functions and processes that affect the administration of the HCAHPS Survey.	☐ Yes ☐ No
QAP Documentation Requirements: Survey vendor has developed a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and updates the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status.	☐ Yes ☐ No

4. Explanation *Please explain any "NO" responses above or updates to the Participation Form.*

III. CMS-Sponsored and CAHPS Survey Experience

1. Have you been approved as a vendor to implement other CMS or CAHPS surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of the survey(s) for which you have been approved as a vendor.	
2. Have you been a subcontractor to an approved vendor for other CMS or CAHPS surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of survey(s) for which you have been approved as a subcontractor to a vendor.	
In reviewing the HCAHPS Participation Form, CMS will take into consideration any prior experience the applicant organization may have with administering CMS-sponsored CAHPS Surveys, whether as a survey vendor or subcontractor.	

IV. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	**Role**	**Email**	**Telephone**
1.	Project Director		
2.	Project Manager		
3.	Sampling Manager		
4.	Programmer		
5.	Call Center/Mail Center Supervisor		

V. Total Number and List of Contracted Hospitals

Check here ☐ if you currently do not have contracted hospitals. Go to Section VI.

TOTAL NUMBER OF CONTRACTED HOSPITALS FOR WHICH HCAHPS SURVEY WILL BE ADMINISTERED	

LIST OF CONTRACTED HOSPITALS (add more lines if necessary or include as a separate attachment). *Both Hospital Name and Address must be included.*

Hospital Name and Address (required)	**Hospital CMS Certification Number**	**Type(s) of Mode of Survey Administration:**
1.		☐ Mail Only ☐ Mixed Mode ☐ Telephone Only ☐ IVR
2.		☐ Mail Only ☐ Mixed Mode ☐ Telephone Only ☐ IVR
3.		☐ Mail Only ☐ Mixed Mode ☐ Telephone Only ☐ IVR

VI. List of Subcontractors

Check here ☐ if you currently do not use subcontractors. Go to Section VI.

LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). ***Note: Survey vendors should promptly update the List of Subcontractors as subcontractors are added or deleted.***

Subcontractor Name	Role
1.	
2.	
3.	

VII. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in both the Introduction to HCAHPS Training and all subsequent HCAHPS Update Trainings. At a minimum, the organization's Project Manager must attend training as a representative of the organization. The organization's subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/telephone/IVR operations) must also attend HCAHPS training.
2. Participate in a teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Participate in an HCAHPS Dry Run and/or successfully submit one quarter's data to the QualityNet Secure Portal.
4. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
5. Attest to the accuracy of the organization's data collection activities.
6. Develop and submit an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing envelopes) and/or telephone/IVR scripts.
7. Become a registered user of the QualityNet Secure Portal for Data Collection (survey vendors will not be listed on the HCAHPS Web site until this step is completed).
8. Participate and cooperate (including subcontractors and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
9. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
    a. http://www.hhs.gov/HIPAA/
10. Meet all HCAHPS due dates including data submission.
11. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services' Hospital Compare Web site.

VIII. Applicant Organization Qualification and Acceptance:

I certify that:	AUTHORIZED REPRESENTATIVE:
• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS). • The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) *Minimum Business Requirements*.	Name:_____ Title:_____ Organization:_____ _____ Date: _____

If not submitting this form online at ***www.hcahpsonline.org***, please email or fax form back to:

E-Mail
hcahps@hcqis.org

Fax
(602) 308-7105
Attn: HCAHPS

APPENDIX V

Exceptions Request Form

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HCAHPS Survey

EXCEPTIONS REQUEST FORM

To complete and submit the Exceptions Request Form online, visit the HCAHPS Web site at www.hcahpsonline.org. Section I is to be completed by the organization submitting this form. The hospital(s) for which this Exceptions Request relates to must be listed in Section II along with each hospital's CMS Certification Number (CCN). All required fields are indicated with an asterisk (*).

I. General Information

1. Organization

1a. Organization Name: *

1b. Medical Provider Number (CCN): *

1c. Mailing Address 1: *

1d. Mailing Address 2:

1e. City: *

1f. State: *

1g. Zip Code: *

1h. Telephone: * (xxx-xxx-xxxx)

EXT:

1i. Website:

2. Contact Person

2a. First Name: *

2a. Middle Initial:

2a. Last Name: *

2b. Title: *

2c. Degree (e.g., RN, MD, PhD):

2d. Mailing Address 1: *

2e. Mailing Address 2:

2f. City: *

2g. State: *

2h. Zip Code: *

2i. Telephone: *

EXT:

Fax Number:

2j. Email Address: *

3. Survey Vendor Organization

This section is to be completed for hospitals using survey vendor to conduct the survey.

3a. Organization Name:

3b. Contact Person:

First Name:

Middle Initial:

Last Name:

3c. Title:

3d. Degree (e.g., RN, MD, PhD)

3e. Mailing Address 1:

3f. Mailing Address 2:

3g. City:

3h. State

3i. Zip Code:

3j. Telephone:

EXT.

Fax:

3k. E-mail Address

II. Exceptions Request

Please complete items 1, 2 and 3 below for each requested exception.

1. Exceptions Request For (Check one in each box):

- ☐ **New Exception**
- ☐ **Update of List of Applicable Hospitals**
- ☐ **Appeal of Exception Denial**

- ☐ **Disproportionate Stratified Random Sampling**
- ☐ **Determination of Service Line**
- ☐ **Participating in Another CMS or CMS-sponsored Inpatient Initiative**
- ☐ **Other Exception (specify)**

2. List of Hospitals applicable to this Exception Request

This section is to be completed by survey vendors or hospitals administering the survey for multiple sites.

Do you currently have hospitals applicable to this Exceptions Request? ⬭ **Yes** ⬭ **No**

Note: the fields to add detailed information for each hospital will appear after completing section 3 "Description of Exceptions Request" below and clicking the "Submit Form" button.

3. Description of Exceptions Request

3a. Purpose of Proposed Exception Requested (e.g., sampling, other): *

3b. Rationale for Proposed Exception Requested: *

3c. Explanation of Implementation of Proposed Exception Requested: *

3d. Evidence that Exception Will Not Affect Results: *

Submit Form

Hospital Name: *	CCN: *

The Exceptions Request Form must be completed and submitted online at www.hcahpsonline.org.

APPENDIX W

Discrepancy Report Form

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HCAHPS Survey

DISCREPANCY REPORT FORM

Section 1 is to be completed by the organization submitting this form. The requested information regarding the affected hospitals must be provided in Section 4 in order to complete the HCAHPS Discrepancy Report. THIS FORM MUST BE SUBMITTED ONLINE (www.hcahpsonline.org). All required fields are indicated with an asterisk (*). Enter "To be updated" in "*" required fields, only if an updated Discrepancy Report submission will be necessary.

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

☐ **Initial Discrepancy Report *** (Must be submitted within 24 hours after the discrepancy has been discovered.)

☐ **Updated Discrepancy Report** * (If needed, must be submitted within two weeks of initial Discrepancy Report.)

Date of initial Discrepancy Report submission: *

Initial Discrepancy Report ID: *

1. General Information

Unique ID

Submission Date

1a. Name of Organization submitting Discrepancy Report *

1b. Type of Organization: *

Check one:

- ☐ **Survey Vendor**
- ☐ **Multi-Site**
- ☐ **Self-Administering Hospital**
- ☐ **Hospital Contracted with a Survey Vendor:**
  - **Name of Survey Vendor**
- ☐ **Other**

2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name: *

2b. Last Name: *

2c. Mailing Address 1: *

2d. Mailing Address 2:

2e. City: *

2f. State: *

2g. Zip Code: *

2h. Telephone: * (xxx-xxx-xxxx)

EXT:

2i. Fax Number:

2j. Email Address: *

3. Information about the Discrepancy

3a. Description of the discrepancy: *

3b. Description of how the discrepancy was identified: *

3c. Description of the corrective action to fix the discrepancy, including estimated time for implementation: *

3d. Additional information that would be helpful that has not been included above: *

4. List of Hospitals Applicable to this Discrepancy

4a. Total number of Affected Hospitals: *

4b. Add the information for the affected hospitals by populating the following 10 fields. A hospital may be added more than once if there are multiple time frames for the hospital. It is important that the effects of the Discrepancy Report are quantified; however "unknown" will be accepted as a valid response.

Name of Hospital*	CCN*	Hospital Contact Person*	Email Address*	Number of Eligible Discharges Affected*	Avg. Number of Eligible Discharges/ Month*	Count of Sampled Patients Affected*	Avg. Number of Surveys Admin/ Month*	Time Frame Affected: Begin Date* xx/xx/xx	Time Frame Affected: End Date* xx/xx/xx

Note: Please print completed Discrepancy Report form before submitting.

Print Discrepancy Report

Submit Form

This form must be submitted online via the HCAHPS Web site (www.hcahpsonline.org).

APPENDIX X

Attestation Statement Form

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HCAHPS

Attestation Statement

All of the data collected and submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by _____ [name of organization] and all subcontractors and other organizations engaged in survey activities are accurate and complete. This includes the following:

1. Meet and comply with the Minimum Business Requirements specified in the current HCAHPS *Quality Assurance Guidelines* (QAG)
2. Review and adhere to the HCAHPS QAG and policy updates
3. Updates to annual Quality Assurance Plan (QAP) are complete, comprehensive and accurate
4. Attest to the accuracy of data collection activities
5. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities
6. Maintain confidentiality and security of all HCAHPS patient-related and survey-related data
7. Meet all HCAHPS due dates (including data submission)
8. Report any problems or discrepancies to CMS in a timely manner
9. Participate and cooperate (including subcontractors) in all oversight activities conducted by the HCAHPS Project Team

The statements herein are true, complete and accurate to the best of my knowledge.

Organization Name:_____

Project Director or Authorized Representative Name:_____

Title:_____

Signature:_____

Date:_____

APPENDIX Y

Use of HCAHPS with Other Hospital Inpatient Surveys

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HCAHPS Survey

Use of HCAHPS with Other Hospital Inpatient Surveys

Overview

In an effort to promote clinical quality of care, enhance internal quality improvement (QI) activities, conduct internal studies, or meet the requirements of various accrediting bodies, hospitals are increasingly adopting survey-like questions that they would like to ask of their inpatients prior to, around the time of, or shortly after discharge. These survey-like questions frequently pose a potential conflict with the administration of the HCAHPS Survey.

In an effort to mitigate any potential conflicts and promote opportunities for hospitals to initiate QI activities and/or studies, CMS has developed guidelines specifically for the implementation of administering survey-like questions in conjunction with or prior to the administration of the HCAHPS Survey.

In general, questions that are asked in the course of conducting activities that are intended to assess clinical care/promote patient well-being are permissible. However, such **questions must not resemble HCAHPS items or their response categories**, and must be worded in a neutral tone and not be slanted towards a particular outcome. Hospitals should focus on overall quality of care rather than on the questions/measures reported to CMS through HCAHPS. Activities and interactions that influence how patients, or which patients, respond to HCAHPS Survey items must be avoided.

HCAHPS should be the first survey patients receive about their experience of hospital care. Inpatients should not be given **any survey** during their hospital stay or at the time of discharge. "Survey" in this instance refers to a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the survey mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital's patient population.

What Activities are Permissible?

The following types of activities are allowable and do not require approval from the HCAHPS Project Team (HPT):

- Clinical rounding questions that assess the patient's well-being, needs and comfort level while the patient is in the hospital and are asked as part of clinical or leadership rounds
- Discharge related questions about clinical status
- Post-discharge questions that focus on the patient's **clinical status** and **discharge instructions** following discharge from the hospital and are administered within the first 72 hours from the time of discharge
- Surveys required by accrediting agencies regarding clinical conditions or medical education

Examples of Acceptable Questions

Survey questions asked of inpatients during their hospital stay must not resemble HCAHPS items or their response categories, must be worded in a neutral tone, and must not be slanted toward a particular response. However, certain types of questions, if phrased carefully, are permissible. Listed below are some examples of survey questions on topics covered by the HCAHPS Survey that may be posed prior to the administration of HCAHPS. Please note that these questions (and their responses) must not be used in any marketing or promotional activities on behalf of the hospital. Please also note that this list is not intended to be all-inclusive. CMS and the HPT do not endorse or approve these example questions.

- **Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff**
  - Did the staff address any communication barriers?
  - Did your healthcare professionals respond to your questions about your treatment plan?
  - Do you have suggestions on how we can improve the communication about your care?
  - Did your health care team make sure you understood and were informed as to how to take care of your health?
  - Did your health care team include your preferences and wishes in the design of your care plan?
  - Did you ask questions about your condition or treatment plan and feel satisfied with the answers you received?
  - Were you satisfied that your needs were met while in the hospital?
  - Did your healthcare professionals respond to your concerns?
  - Are you receiving assistance from our staff when requested?
- **Pain Management**
  - What could we do to improve the management of your pain?
  - Describe your level of pain.
  - Tell us about the pain level you are experiencing.
  - Have we done everything to make your stay comfortable?
- **Communications about Medicines**
  - Did you leave the hospital with any unanswered questions about your medication(s)?
  - Do you have any questions regarding your medications?
  - Did the nurses/doctors address questions you may have had about new medications?
- **Discharge Information**
  - Do you have any questions about your discharge instructions?
  - Have questions about planning for your care at home been addressed?
  - Did you leave the hospital with any unanswered questions about managing your health?
- **Hospital Environment**
  - Is your room comfortable?
  - How is your sleep at night?
  - Did you feel that your room was sanitary?

- **Hospital Stay Overall**
  - What can we do to make your stay more comfortable?
  - Please share with us how we could improve your hospital stay.
  - Do you have any comments on how your stay at this hospital might have been improved?
  - Tell us about your stay.
  - Do you have any comments about your hospital stay?
  - In general, how would you describe your experience at _____?
- **Recommend the Hospital**
  - Would you refer other people to _____?

Information for Hospitals Conducting Internal Inpatient Studies

CMS and the HPT understand that hospitals may want to perform studies that include HCAHPS-like items that focus on a particular unit, ward, patient population, diagnosis, procedure, or surgery, and utilize a set of standardized questions that are administered to patients while they are still in the hospital or after discharge but prior to the administration of the HCAHPS survey. In these instances, hospitals need to submit an Exceptions Request prior to implementation with specific details describing the topic, scope, methodology, survey mode, and the timing and duration, along with the set of questions and response categories that will be asked. These requests are reviewed on a case by case basis and should be submitted for approval a minimum of eight (8) weeks prior to implementation.

The review or acceptance of an Exceptions Request does not constitute formal CMS endorsement of those items, and the review or outcome of the review must not be used in for marketing or promotional purposes.

Other Requests for Review

Please note, the HPT does not review questions, materials and processes **not** directly associated with the implementation of a planned quality improvement activity. The HPT does not review materials for the development of marketable products or services