

Introduction to HCAHPS Survey Training

March 2015



Introduction to HCAHPS Survey Training

Session I



Introduction to HCAHPS Survey Training

Welcome!

In the HCAHPS Training sessions, we will:

- *Explain purpose and use of HCAHPS Survey*
- *Provide instruction on managing the Survey*
- *Discuss modes of survey administration*
- *Instruct on sampling, data preparation, data submission and public reporting*
- *Review oversight and quality checks activities*

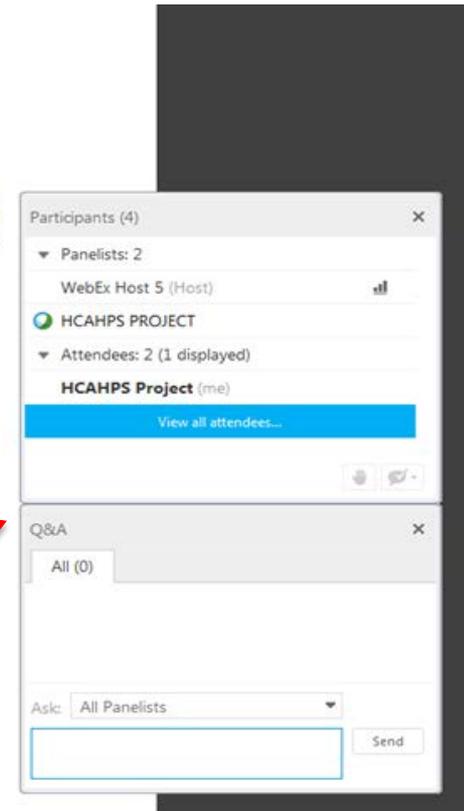


Introduction to HCAHPS Survey Training

Online Question Submission Illustration 1

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March 2015



Introduction to HCAHPS Survey Training

Online Question Submission *(cont'd)* Illustration 2



Introduction to HCAHPS Survey Training

March 2015



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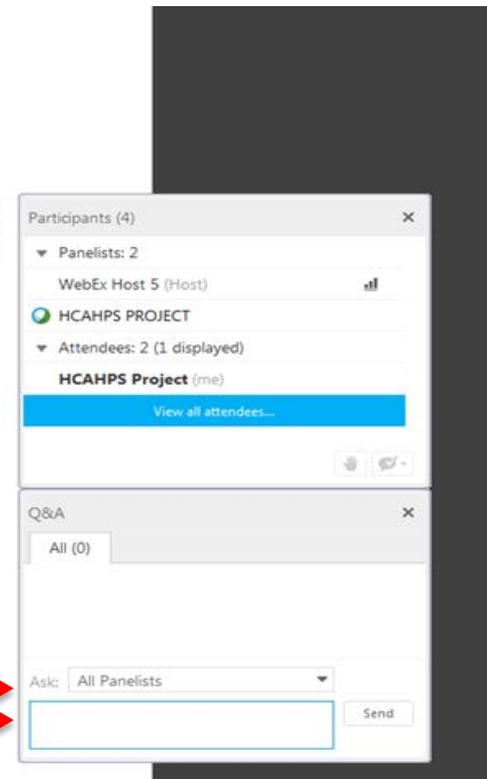
Online Question Submission *(cont'd)* Illustration 3

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March 2015



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Introduction to HCAHPS Survey Training

Background and Development of the HCAHPS Survey



Overview of Presentation

- Background and Development of HCAHPS
- Composition of the Survey
- Roles and Responsibilities
- HCAHPS and Hospital Value-Based Purchasing Program

The Name of the Survey

- Official name:

CAHPS[®] HOSPITAL SURVEY

- Also known as **Hospital CAHPS[®]** or

HCAHPS

➡ Pronounced *“H-caps”*

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

The Method of HCAHPS

- Ask patients (survey)
- Collect in standardized, consistent manner
- Analyze and adjust data
- Publicly report hospital results
- Use to improve hospital quality of care

4 Objectives of HCAHPS

- Standardization permits meaningful comparisons across hospitals for public reporting
- Increased hospital accountability and incentives for quality improvement
- Pay-for-performance (Hospital VBP) for IPPS hospitals
- Enhanced public accountability

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Using HCAHPS Scores for Intra-Hospital Comparisons

- HCAHPS was designed and intended for *inter-hospital* (hospital-to-hospital) comparisons
 - Identified by CMS Certification Number (CCN)
- CMS does not review or endorse the use of HCAHPS scores for *intra-hospital* comparisons
 - Such as comparing a ward, floor or individual staff member to others
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level

CAHPS Family of Surveys

*C*onsumer *A*ssessment of *H*ealthcare *P*roviders & *S*ystems:

- **HCAHPS**
- Home Health CAHPS
- Health Plan CAHPS
- Prescription Drug Plan CAHPS
- Hospice CAHPS
- ICH CAHPS
- ACO CAHPS

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HCAHPS 101

Participating Hospitals:

- Short-term, acute care hospitals
 - “*General Hospitals*” (AHA)
 - IPPS and Critical Access Hospitals
 - IPPS hospitals penalized if don’t participate
 - PPS-Exempt Cancer Hospitals can voluntarily participate
- Excludes pediatric, psychiatric and specialty hospitals

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HCAHPS 101 *(cont'd)*

Eligible Patients:

- Adult (18+)
- Medical, surgical or maternity care
- Overnight stay, or longer
- Alive at discharge
- *Excludes hospice discharge, prisoner, foreign address, "no-publicity" patients, patients excluded due to state regulations, and patients discharged to nursing homes, SNF swing bed within hospital, and skilled nursing facilities*
 - HCAHPS encompasses ~80-85% of inpatients

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HCAHPS 101 *(cont'd)*

Key Features:

- Survey *after discharge*
 - 48 hours to 42 calendar days post-discharge
- **Random** sample
- **Four modes** of administration
- **Standardized** data collection, submission, analysis and reporting
 - Self-administer; use survey vendor; or administer for other hospitals

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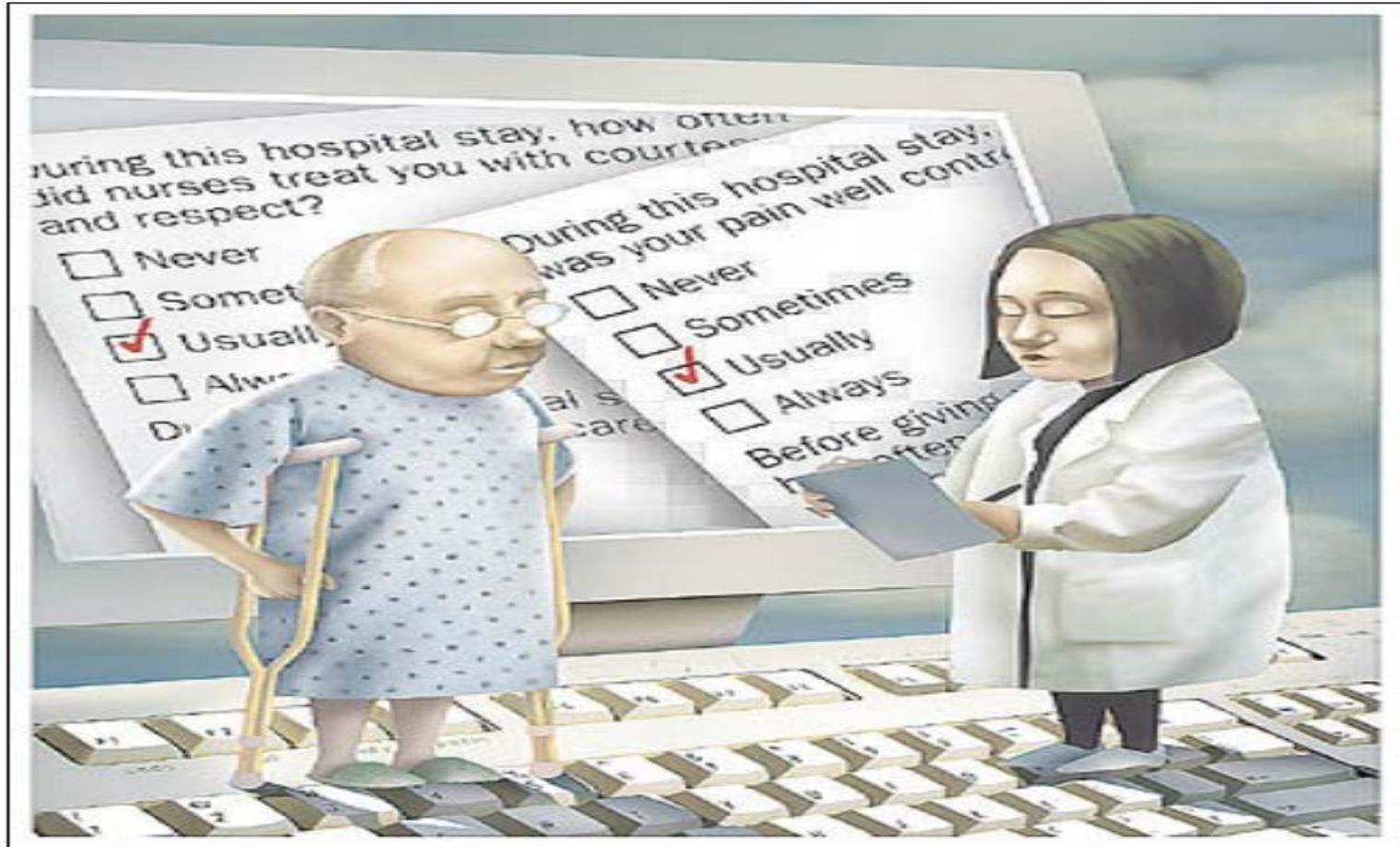
HCAHPS 101 *(cont'd)*

Also:

- 300+ completed surveys per 12-month reporting period
- Ongoing data collection
- Multiple attempts to contact patients
- No proxy respondents

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What's wrong with this cartoon?



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How the Survey is Administered

Participating hospitals, second quarter 2014 (4,361):

- **Mail:** 2,657 hospitals; 61%
- **Telephone:** 1,692 hospitals; 39%
- **Mixed mode:** 4 hospitals; 0.1%
- **IVR:** 8 hospitals; 0.18%

Who Administers the Survey

Third quarter 2014:

- 57 Approved **survey vendors**
 - 99.2% of surveys
- 60 **Self-administering** hospitals
 - .3% of surveys
- 2 Multi-site hospitals
 - .5% of surveys

Evolving Scope of HCAHPS

- When HCAHPS was first implemented, hospital participation was fully voluntary (2006)
- ... *then* included in *pay-for-reporting* (Hospital IQR) for IPPS hospitals (2007)
 - 2% of Annual Payment Update at risk
- ... *then* included in **Hospital Value-Based Purchasing** (VBP) *pay-for-performance* program for IPPS hospitals (2012)
 - *Patient Protection and Affordable Care Act of 2010; Section 3001(a)*

HCAHPS Never Rests

- April 2015 publicly reported scores are based on more than **3.1 million completed surveys** from patients at **4,167 hospitals**
- **Every day** more than **8,400** patients **complete** the HCAHPS Survey

Composition of HCAHPS Survey

HCAHPS contains **32 items**:

- **Items 1-25**: Core of HCAHPS (25 questions)
 - Beginning of survey; do not alter; keep together
 - *21 substantive questions*
 - *4 "screening" items*
- **Items 26-32**: "About You" (7 questions)
 - Place later; keep together; do not alter

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Example of HCAHPS Survey Items: *"Your Care From Nurses"*

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

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

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

HCAHPS Content: Seven Composites

1. Communication with **nurses**
2. Communication with **doctors**
3. **Responsiveness** of hospital staff
4. **Pain** management
5. Communication about **medicines**
6. **Discharge** information
7. **Care transition**

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HCAHPS Content: Individual Items

1. **Cleanliness** of hospital environment
2. **Quietness** of hospital environment

HCAHPS Content: Global Items

1. *"Overall rating of hospital"*
 - 0 to 10 scale
2. *"Recommend this hospital"*
 - Four point scale

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HCAHPS Public Reporting

- Only the 32 HCAHPS Survey items are submitted to CMS
 - Supplemental items, if any, are not submitted to the data warehouse
- Currently, CMS publicly reports 11 hospital-level measures that summarize responses to HCAHPS items
 - All patient data are de-identified
 - On *Hospital Compare* Web site, updated quarterly
- Only non-IPPS hospitals may suppress

Public Reporting Periods

Reporting is based on 12 months of discharges

Public Reporting occurs in April, July, October, and December

HCAHPS PUBLIC REPORTING: April 2015

- **QUARTERS INCLUDED:** 3Q13, 4Q13, 1Q14, 2Q14
- **PREVIEW PERIOD:** December 2014 – January 2015
- **PUBLIC REPORTING:** April 16, 2015

HCAHPS Star Ratings

- Star Ratings for HCAHPS measures will appear on Hospital Compare in April 2015
 - Patients discharged from July 2013 to June 2014
 - HCAHPS Star Ratings are based on the same data as the HCAHPS measures publicly reported on Hospital Compare
- No current HCAHPS information will be removed from Hospital Compare when HCAHPS Star Ratings are added to the Web site

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HCAHPS Web Site

www.hcahpsonline.org

Information available:

- State and national **Summary** table
- *HCAHPS "Top-box" and "Bottom-box"* **Percentiles** for each HCAHPS measure
- Patient-level Pearson **Correlations** of HCAHPS measures
- HCAHPS **Hospital Characteristics Comparison Charts**
- **HCAHPS Star Ratings**
- *"What's New"* and updates
- Bibliography of published research from the HCAHPS Project Team



Roles and Responsibilities

All Hospitals

- Comply with all HCAHPS Survey protocols
 - HCAHPS *Quality Assurance Guidelines V10.0*
- Provide patient discharge list and administrative data in timely manner
 - To permit sampling and surveying within contact window
- Use survey versions in language of patients
- Review data warehouse feedback reports
- Do not influence patients about HCAHPS Survey
 - Communication with patients
 - Concurrent surveys

Roles and Responsibilities *(cont'd)*

Hospitals Using a Survey Vendor

- The *Vendor's role* in data collection and submission:
 - Receive or develop sample frame of eligible discharges
 - Draw sample of discharges and administer survey
 - Submit HCAHPS data in standard format via the QualityNet Secure Portal
 - Monitor submission reports
 - Including Review and Correction Reports
 - Comply with oversight process, including site visits
 - FY 2015 IPPS Rule
 - Conduct ongoing quality assurance activities
 - Including Data Quality Checks
 - Monitor HCAHPS Web site for updates

Roles and Responsibilities *(cont'd)*

Hospitals Using a Survey Vendor

- The *Hospital's role* in data collection and submission:
 - Submit entire discharge list to survey vendor, or develop sample frame of eligible discharges
 - In a timely manner
 - Monitor feedback reports
 - Including Review and Correction Reports
 - Comply with oversight process
 - Monitor HCAHPS Web site for updates

Roles and Responsibilities *(cont'd)*

Self-administering Hospitals

- Develop sampling frame of eligible discharges
- Draw sample of discharges and administer survey
- Submit HCAHPS data in standard format via the QualityNet Secure Portal
- Monitor submission and feedback reports
 - Including Review and Correction Reports
- Comply with oversight process
- Conduct ongoing quality assurance activities
 - Including Data Quality Checks
- Monitor HCAHPS Web site for updates

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Roles and Responsibilities *(cont'd)*

CMS: Support, Report & Oversee

- Provide training and technical assistance
- Accumulate data
- Calculate and publicly report results
- Analyze results
- Oversee all survey processes
- Issue *HCAHPS Bulletins*, as needed



Advertising Guidelines

- The *Hospital Compare* Web site is the official source of HCAHPS results
- CMS does not endorse hospitals or survey vendors
 - *Or commercial Hospital VBP tools, etc.*
- *Hospital Compare* is designed to provide objective information to help consumers make informed decisions about hospitals

HCAHPS and Hospital Value-Based Purchasing (Hospital VBP)



HCAHPS and Hospital VBP

- Hospital VBP links a portion of CMS payment to hospitals based on performance on a set of quality measures
 - Inpatient Prospective Payment System (IPPS) hospitals *only*
 - Established by the *Patient Protection and Affordable Care Act of 2010* (Public Law 111-148)
 - Affects payment for patients discharged October 1, 2012 (FY 2013) and forward

HCAHPS and Hospital VBP Scoring

Hospital VBP Total Performance Score (TPS)

- Four Hospital VBP Domains for **FY 2015**:
 - Clinical Process of Care (12 measures)
 - **Patient Experience of Care** (HCAHPS; 8 measures)
 - Outcomes (Mortality, Safety, HAI; 5 measures)
 - Efficiency (Medicare Spending per Beneficiary; 1 measure)
- Patient Experience Domain comprises **30%** of Hospital VBP Total Performance Score in FY 2015
 - Clinical Process comprises 20%; Outcomes 30%; Efficiency 20%
- HCAHPS data from Hospital IQR used in Hospital VBP
 - *NO additional data collection or submission required*

HCAHPS and Hospital VBP Scoring *(cont'd)*

Hospital VBP **Total Performance Score (TPS)**

- Four Hospital VBP Domains for **FY 2016**:
 - Clinical Process of Care (8 measures)
 - **Patient Experience of Care** (HCAHPS; 8 measures)
 - Outcomes (Mortality, Safety, HAI; 7 measures)
 - Efficiency (Medicare Spending per Beneficiary)
- Patient Experience Domain comprises **25%** of Hospital VBP Total Performance Score in FY 2016
 - Clinical Process: 10%; Outcomes: 40%; Efficiency: 25%

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HCAHPS and Hospital VBP Scoring *(cont'd)*

- **Eight HCAHPS Dimensions** in Hospital VBP
 - Communication with **Nurses**
 - Communication with **Doctors**
 - Staff **Responsiveness**
 - **Pain** Management
 - Communication about **Medicines**
 - **Discharge** Information
 - **Cleanliness & Quietness** of Hospital Environment *(combined)*
 - **Overall** Rating of Hospital
- Percent of patients who chose “Top-box” response

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Hospital VBP Time Periods, FY 2015 & FY 2016

Two time periods in Hospital VBP:

Baseline Period:

FY 2015: *January 2011 – December 2011*

FY 2016: *January 2012 – December 2012*

Performance Period:

FY 2015: *January 2013 – December 2013*

FY 2016: *January 2014 – December 2014*

- Need 100 completed HCAHPS Surveys in the *Performance Period* to be included in Hospital VBP

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Hospital IQR vs. Hospital VBP

Hospital IQR (Public Reporting)	Hospital VBP ("Pay-for-performance")
<ul style="list-style-type: none">• 11 HCAHPS Measures	<ul style="list-style-type: none">• Eight HCAHPS Dimensions<ul style="list-style-type: none">– "Cleanliness" and "Quietness" combined– No "Recommend"– No "Care Transition"
<ul style="list-style-type: none">• Non-IPPS hospitals can participate	<ul style="list-style-type: none">• IPPS hospitals only
	<ul style="list-style-type: none">• Minimum of 100 completed surveys in Performance Period

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Information on HCAHPS and Hospital VBP

- Available at new CMS Web site
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html>
- Hospital VBP slide set can be found at:
 - http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP_ODF_072711.pdf
 - NOTE: A summary of the *“Patient Experience of Care”* domain (HCAHPS) and how the score is calculated can be found on slides 35-61 at the URL above



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More information on HCAHPS

- Registration, applications, background information, reports, and HCAHPS *Executive Insight*:

www.hcahpsonline.org

- Submitting HCAHPS data:

www.qualitynet.org

- Publicly reported HCAHPS results:

www.medicare.gov/hospitalcompare



Participation and Program Requirements

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Participation Overview

- HCAHPS Web site and Technical Support
- Rules of Participation
 - Step 1: Introduction to HCAHPS Survey Training
 - Step 2: Program Participation Form and Teleconference
 - Step 3: The QualityNet Secure Portal Registration
 - Step 4: Data Collection
 - Step 5: Participate in Oversight Activities
 - Step 6: Public Reporting
 - Step 7: Update Training
- Minimum Requirements

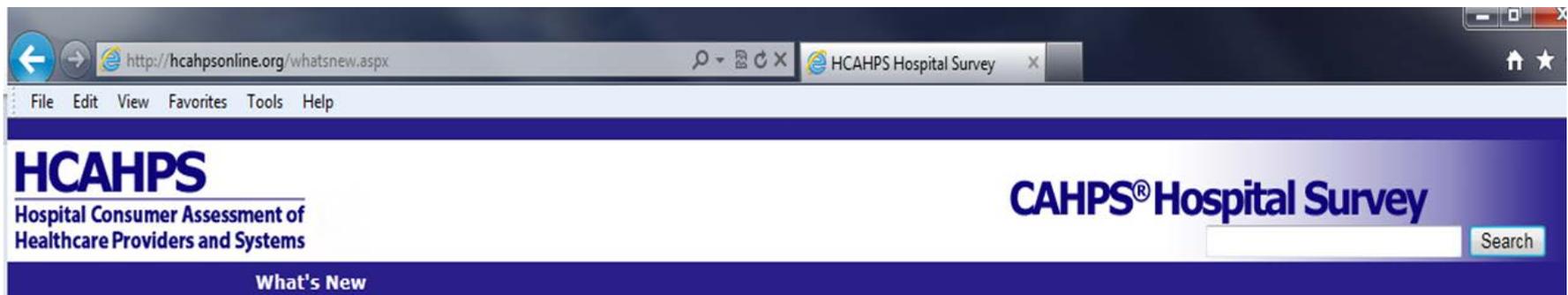


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HCAHPS Web site and Technical Support

www.hcahpsonline.org

- Official web site for content, announcements, *HCAHPS Bulletins*, updates, reminders
- Monitor weekly for “What’s New”
- Quick links to Current News, Background, Participation, etc.



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HCAHPS Web site Home Page

HCAHPS

Hospital Consumer Assessment of
Healthcare Providers and Systems

CAHPS® Hospital Survey

Welcome!

Home

Executive Insight

What's New

Facts

Mode & Patient-Mix Adj

Summary Analyses

HCAHPS Star Ratings

HCAHPS and Hospital VBP

Exception/Discrepancy

Approved Vendor List

Quality Assurance

Training Materials

Technical Specifications

Survey Instruments

Contact Us/Links

Sitemap

Quick links:
[Current News](#) | [Background](#) | [About the Survey](#) | [HCAHPS Publications by the HCAHPS Project Team](#) | [Participation](#) | [For More Information](#) | [To Provide Comments or Questions](#) | [Internet Citation](#)

Current News

- [URGENT: January 7, 2015 HCAHPS Data Submission Deadline](#)
- [Patient-Mix Coefficients for April 2015 HCAHPS Results Have Been Posted](#)
- [Star Ratings Technical Notes Have Been Updated for April 2015 Public Reporting](#)
- [The December 2014 Public Report Preview Period begins December 31, 2014](#)
- [HCAHPS Public Reporting Periods for April 2015 Through December 2016 Have Been Posted](#)
- [Data Submission Deadlines for 2016 Have Been Posted](#)
- [Hospital Compare Has Been Refreshed](#)
- [Summary Analyses Page Tables Have Been Updated](#)
- [HCAHPS 2015 Training Sessions](#)
- [Star Ratings: National Provider Call Audio and Presentation Slides now Available](#)
- [Mode Adjustment Table Posted](#)
- [V.32 MS-DRG Codes Effective October 1, 2014](#)

Background

The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. While many hospitals have collected information on patient satisfaction, prior to HCAHPS there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals. In order to make "apples to apples" comparisons to support consumer choice, it was necessary to introduce a standard measurement approach: the HCAHPS survey, which is also known as the CAHPS® Hospital Survey, or Hospital CAHPS. HCAHPS is a core set of questions that can be combined with a broader, customized set of hospital-specific items. HCAHPS survey items complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspective on 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



HCAHPS Technical Support

- Email: hcahps@HCQIS.org
 - Hospital 6 digit CMS Certification Number (CCN)
 - Contact information
 - Hospital name
- Telephone: 1-888-884-4007
 - Hospital 6 digit CCN
 - Contact information
 - Hospital name

Introduction to HCAHPS Survey Training

Step 1: Introduction to HCAHPS Survey Training

- Who is required to attend?
 - Survey Vendors
 - Hospitals conducting HCAHPS for multiple sites
 - Hospitals self-administering HCAHPS
 - Subcontractors
 - New project managers
- Who is recommended to attend?
 - New staff assigned to work on HCAHPS administration
 - Hospitals contracting with a survey vendor or another hospital for survey administration

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Step 2: Program Participation Form and Teleconference

- Available online at www.hcahpsonline.org
 - Participation Forms available March 5, 2015 through March 26, 2015
- Who needs to submit a Participation Form?
 - Hospitals self-administering HCAHPS
 - Hospitals conducting HCAHPS for multiple sites
 - Survey vendors (administering on behalf of hospitals)
 - *Not required for hospitals contracting with survey vendor*

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Step 2: Program Participation Form and Teleconference *(cont'd)*

- Participation Form must be completed in its entirety
 - Organizations approved to administer the HCAHPS Survey must conduct all business operations within the United States, applicable to all staff and subcontractors
 - An applicant's prior CAHPS survey administration experience will be considered when reviewing Participation Forms
 - Additional explanations must be provided if applicable
 - Staff assigned as key HCAHPS project staff must be identified
 - Subcontractors must meet the minimum requirements for the roles they are performing

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Step 2: Program Participation Form and Teleconference *(cont'd)*

- Submit Participation Form
 - Agreement to comply with all HCAHPS Protocols
- Teleconference
 - Key staff must be available to participate in a teleconference to discuss relevant survey experience, organizational survey capability and capacity, as part of the Participation Form review process

Step 3: The QualityNet Secure Portal

- Contact:
 - QualityNet Help Desk (hospitals)
 - HCAHPS Information and Technical Support (survey vendors)
- If already registered with QualityNet, register specifically for HCAHPS and obtain necessary roles
 - Contact QualityNet Help Desk for questions on how to complete the forms
 - qnetsupport@HCQIS.org

Step 4: Data Collection

- Hospitals/Survey vendors will:
 - Adhere to the *HCAHPS QAG V10.0*
 - Submit an Exceptions Request Form for consideration of approval for requesting variations to HCAHPS protocols
 - Review the compliance and the accuracy of their data collection processes
 - Alert HCAHPS Project Team to any discrepancies occurring during survey administration and submit a Discrepancy Report online via the HCAHPS Web site
 - Submit data by HCAHPS data submission deadline

Step 4: Data Collection *(cont'd)*

- Dry run
 - Participation in a dry run is voluntary
 - Strongly suggested
 - Last month in calendar quarter
 - Contact the HCAHPS Project Team to provide notification of participation in a dry run
 - hcahps@HCQIS.org
 - Dry run data are not publicly reported

Step 5: Participate in Oversight Activities

- Submit HCAHPS Quality Assurance Plan
- Submit additional information as requested
- Comply with on-site visit requests
- Comply with conference call requests
- Implement corrective action(s), as necessary

Step 6: Public Reporting

- HCAHPS results will be publicly reported on a quarterly basis on *Hospital Compare* Web site (www.medicare.gov/hospitalcompare)
- The appropriate pledges must be signed and on file
 - Contact the QualityNet Helpdesk for more details

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Step 7: Future Update Trainings

- As scheduled by CMS
- Details to be posted on www.hcahpsonline.org
- Required for all approved survey vendors, hospitals conducting survey for multiple sites, self-administering hospitals, and subcontractors
- Recommended for hospitals using a survey vendor

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FY 2015 IPPS Final Rule

- Codified in Rule
 - “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 hospital’ and survey vendors’ company location.”
 - “CMS approves an application for an entity to administer the HCAHPS survey as an approved HCAHPS survey vendor on behalf for one or more hospitals when a applicant has met the Minimum Survey Requirements and rules of Participation that can be found on the Official HCAHPS On-Line Web site, and agree to comply with the current survey administration protocols that can be found on the official HCAHPS On-Line 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.”
 - <http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>



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FY 2015 IPPS Final Rule *(cont'd)*

- CMS strongly encourages hospitals that serve a significant patient population who speak Spanish, Chinese, Russian, Vietnamese, or Portuguese to offer the HCAHPS Survey in these languages

Minimum Requirements

1. Relevant survey experience (also applies to subcontractor)
 - Demonstrated recent experience in fielding patient-specific surveys as an organization using requested mode(s) of administration
 - Survey experience
 - Number of years in business
 - Number of years conducting patient-specific surveys
 - Sampling experience

Minimum Requirements *(cont'd)*

2. Organizational survey capacity

- Capability and capacity to handle a required volume of surveys and conduct surveys in specified time frame
 - Personnel *(no volunteers are permitted)*
 - System resources
 - Sample frame creation
 - Survey administration
 - Data submission
 - Technical assistance/customer support

Minimum Requirements *(cont'd)*

- The following activities must be performed by staff directly employed by the organization approved to administer the survey
 - Sampling process
 - Data submission

Minimum Requirements *(cont'd)*

3. Quality control procedures

- Established systems for conducting and documenting quality control activities
 - In-house training for staff and subcontractors involved in survey operations
 - Quality control activities
 - Documentation of these activities
 - Discussion of these activities
 - Data Quality Checks
 - Traceable data trail
 - Review of data files
 - Accuracy of data processing activities

Steps to Join HCAHPS in 2015

1. Submit an HCAHPS Participation Form

- For self-administering hospitals, hospitals administering survey for multiple sites and survey vendors
- Form available online, **MARCH 5, 2015**

2. Do an HCAHPS Dry Run

- Voluntary, but strongly suggested
- Last month in calendar quarter
- Contact HCAHPS Project Team for details
 - hcahps@HCQIS.org

3. Collect and submit HCAHPS Survey data on a continuous basis

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Questions?



Sampling Protocol

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Overview

- Steps of Sampling Process
- Methods of Sampling
- Quality Control for Sampling
- Sampling Facts

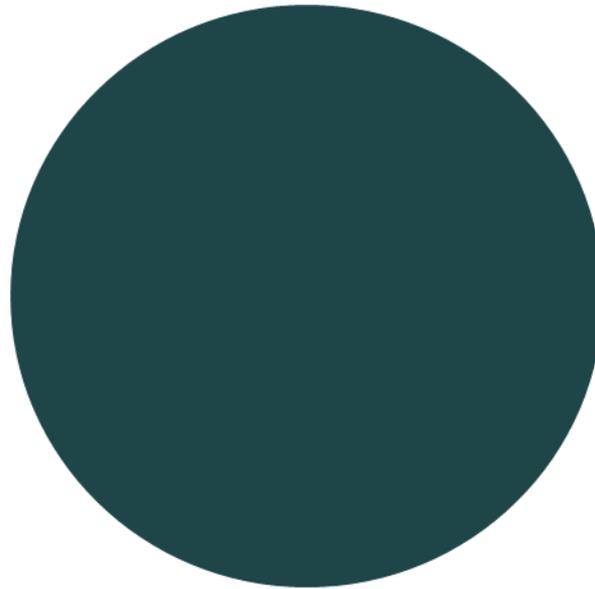
Steps of Sampling Process

- A. Population (All Patient Discharges)
- B. Identify *Initially* Eligible Patients
- C. Remove Exclusions
- D. Perform De-Duplication
- E. HCAHPS Sample Frame
- F. Draw Sample

See *QAG V10.0*, HCAHPS Sampling Protocol Illustration

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Step A: Population (All Patient Discharges)



Step A: Population *(cont'd)*

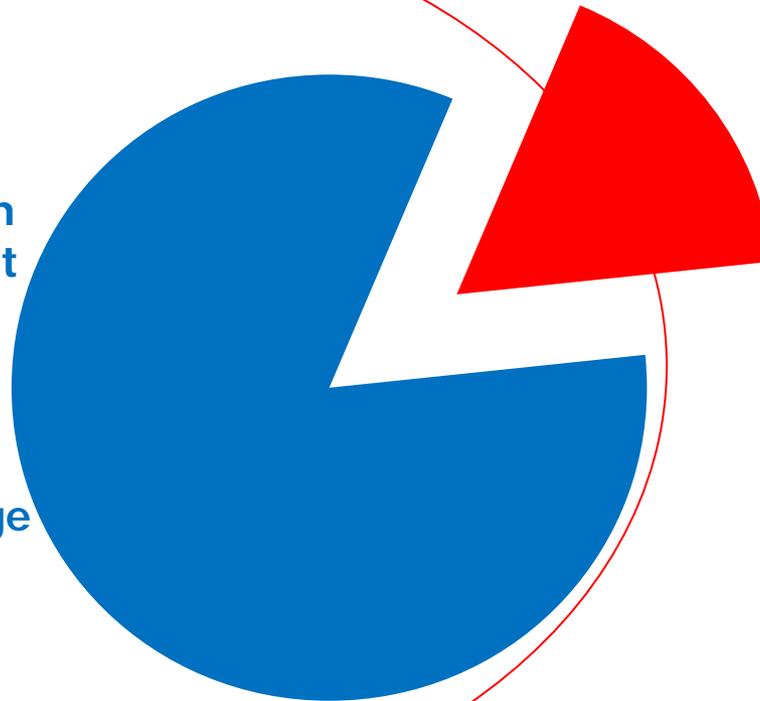
- Patients of all payer types are eligible for sampling
- Hospitals contracting with survey vendors are strongly encouraged to provide entire patient discharge lists (excluding no-publicity patients and patients excluded because of state regulations) to their survey vendor

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Step B: Identify *Initially* Eligible Patients

All *Initially* Eligible Patients

- 18 years or older at the time of admission
- Admission includes at least one overnight stay in hospital
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge



Ineligible Patients

- *Record count of ineligible patients*

Step B: Identify *Initially* Eligible Patients *(cont'd)*

- Adult Inpatients – 18 years or older
- Hospital Admission – minimum one overnight stay, or longer
- Non-Psychiatric MS-DRG code/principal diagnosis at discharge
 - MS-DRG Codes in the ineligible categories include patients with MS-DRGs for newborn, psychiatric, rehabilitation, or deceased, and MS-DRGs with no assigned type
- Alive at discharge

Step B: Identify *Initially* Eligible Patients *(cont'd)*

Determination of Service Lines

- Use the principal discharge MS-DRG code to...
 - Identify the eligible patients
 - Classify into the Service Line as either:
 - Medical
 - Surgical
 - Maternity Care
- Hospitals without Surgical or Maternity Care departments may participate

Step B: Identify *Initially* Eligible Patients *(cont'd)*

- V.32 MS-DRG codes effective October 1, 2014
 - To classify into Medical and Surgical service lines
 - The Federal Register Notice – most recent August 1, 2014 (updated approximately twice per year)
 - To classify into Maternity Care service line
 - Use MS-DRG codes 765 – 768, 774, 775
- Current Service Line – MS-DRG Crosswalk Table
 - *QAG V10.0*

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Step B: Identify *Initially* Eligible Patients *(cont'd)*

- Accepted methodologies for determination of service line (Exceptions Request not required)
 1. V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes
 2. V.24 CMS-DRG codes
 3. Mix of V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 codes based on payer source
 4. ICD-9 codes
 - ICD-10 to be implemented in the future
 5. Hospital unit
 6. APR-DRG codes/New York State DRGs

Hospitals/Survey vendors must submit an Exceptions Request Form online for approval to use other means

Step B: Identify *Initially* Eligible Patients *(cont'd)*

- Include patients unless there is positive evidence that a patient is ineligible
 - Missing or incomplete MS-DRG, address and/or telephone number does not exclude patient from being sampled

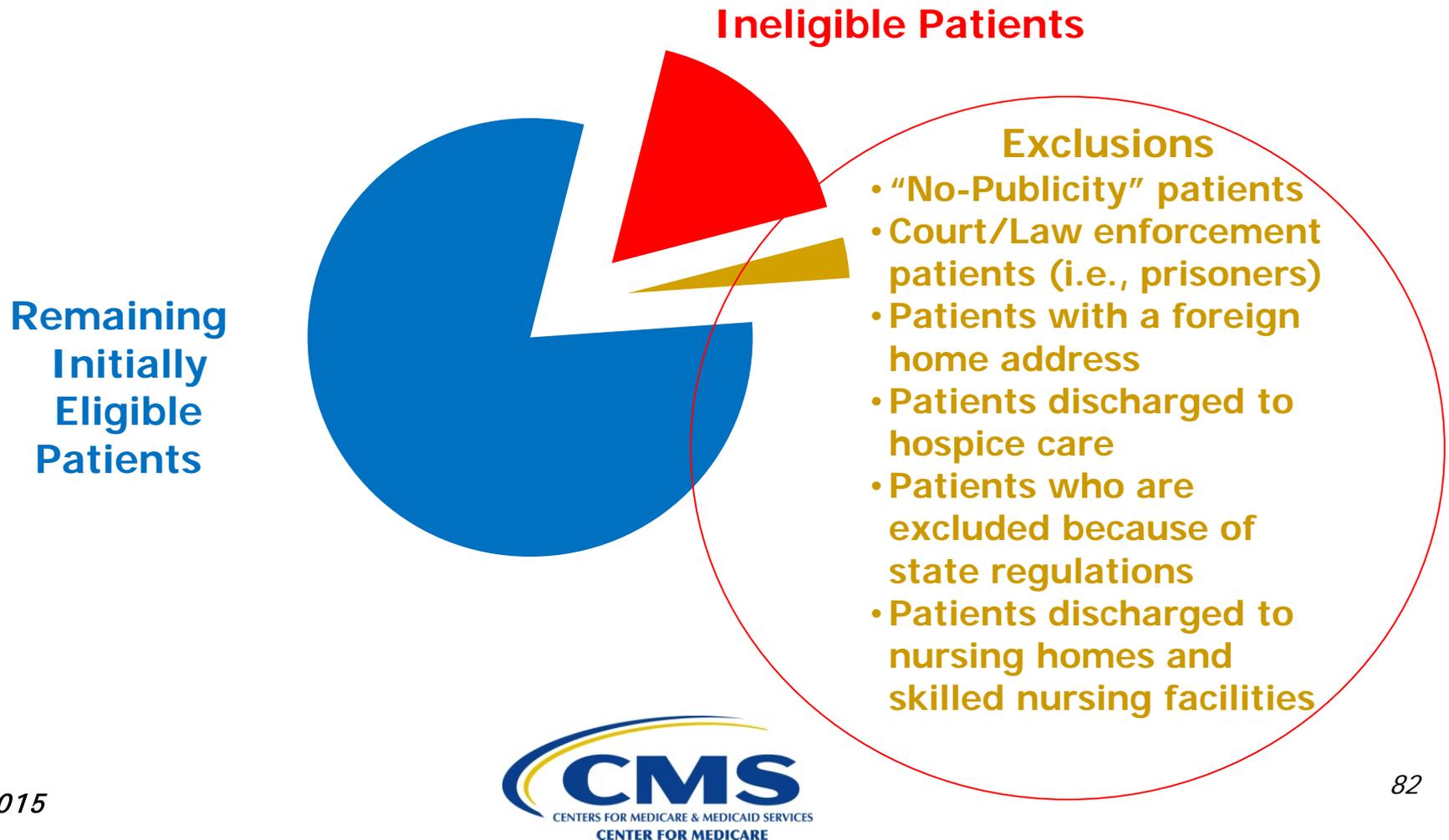
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Step B: Identify *Initially* Eligible Patients *(cont'd)*

- Hospitals with zero eligible HCAHPS patient discharges (“zero cases”)
 - Submit an HCAHPS Header Record (Survey Month Data) monthly or quarterly online via the QualityNet Secure Portal
- Hospitals with five or fewer eligible HCAHPS patient discharges for that given 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

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Step C: Remove Exclusions



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Step C: Remove Exclusions *(cont'd)*

- “No Publicity” patients
- Court/Law enforcement (i.e., prisoners)
 - Does not apply to patients residing in halfway houses
- Foreign home address
 - Note: 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 care
- Excluded as a result of state regulation
- Discharged to nursing homes and skilled nursing facilities

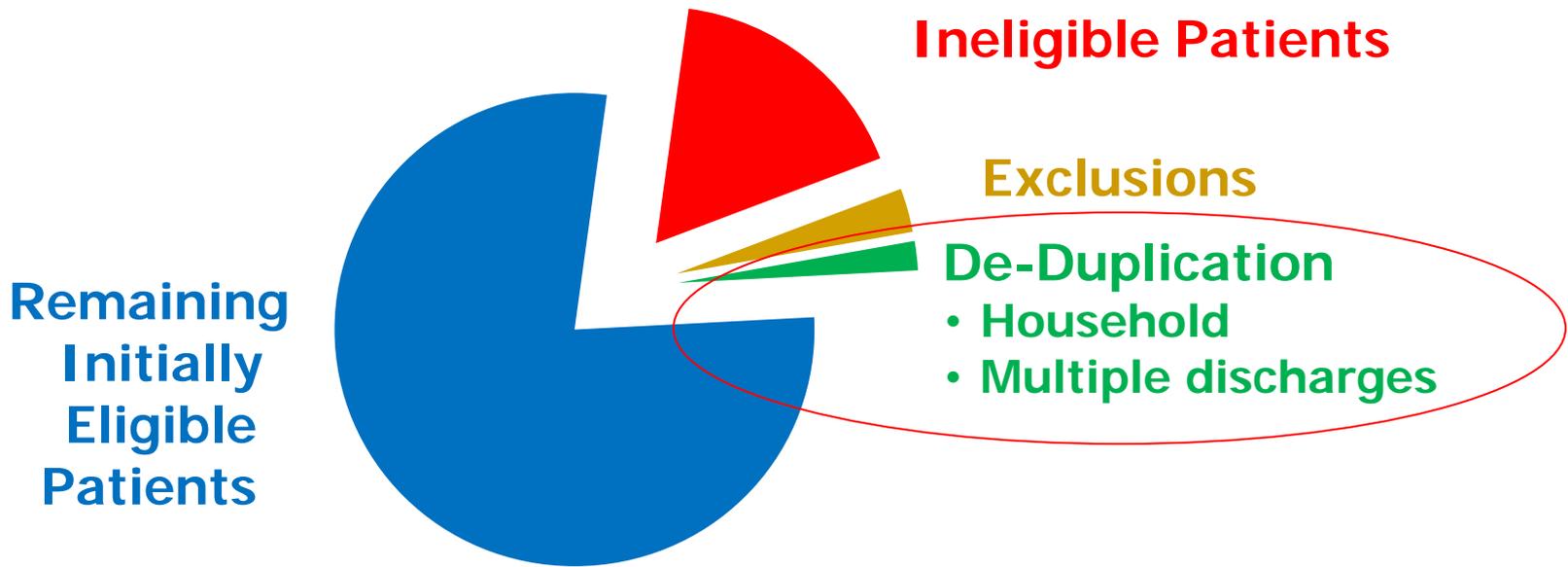
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Step C: Remove Exclusions *(cont'd)*

- Document count of discharged patients who do not meet the eligibility criteria for the HCAHPS Survey
- Document count of patients by each exclusion category
- Hospitals/Survey vendors **must retain** documentation that verifies all exclusions **and ineligible** patients

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Step D: Perform De-Duplication



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Step D: Perform De-Duplication *(cont'd)*

- De-Duplication by Household
 - Include only one patient per household in the sample frame for a given calendar month
 - De-duplicate by address and/or telephone number from medical records and patient unique IDs within each month
 - Do not de-duplicate by address and/or telephone number for health care facilities and halfway houses

Step D: Perform De-Duplication *(cont'd)*

- De-Duplication by Multiple Discharges
 - Include patient only once in the sample frame for a given calendar month
 - Patients are eligible to be included in the sample frame in consecutive months

Step D: Perform De-Duplication *(cont'd)*

- De-Duplication by Multiple Discharges
 - For daily sample frame creation, use only the first discharge date
 - Each daily list should be compared to previous discharge lists in the month to exclude additional discharges for a particular patient

Step D: Perform De-Duplication *(cont'd)*

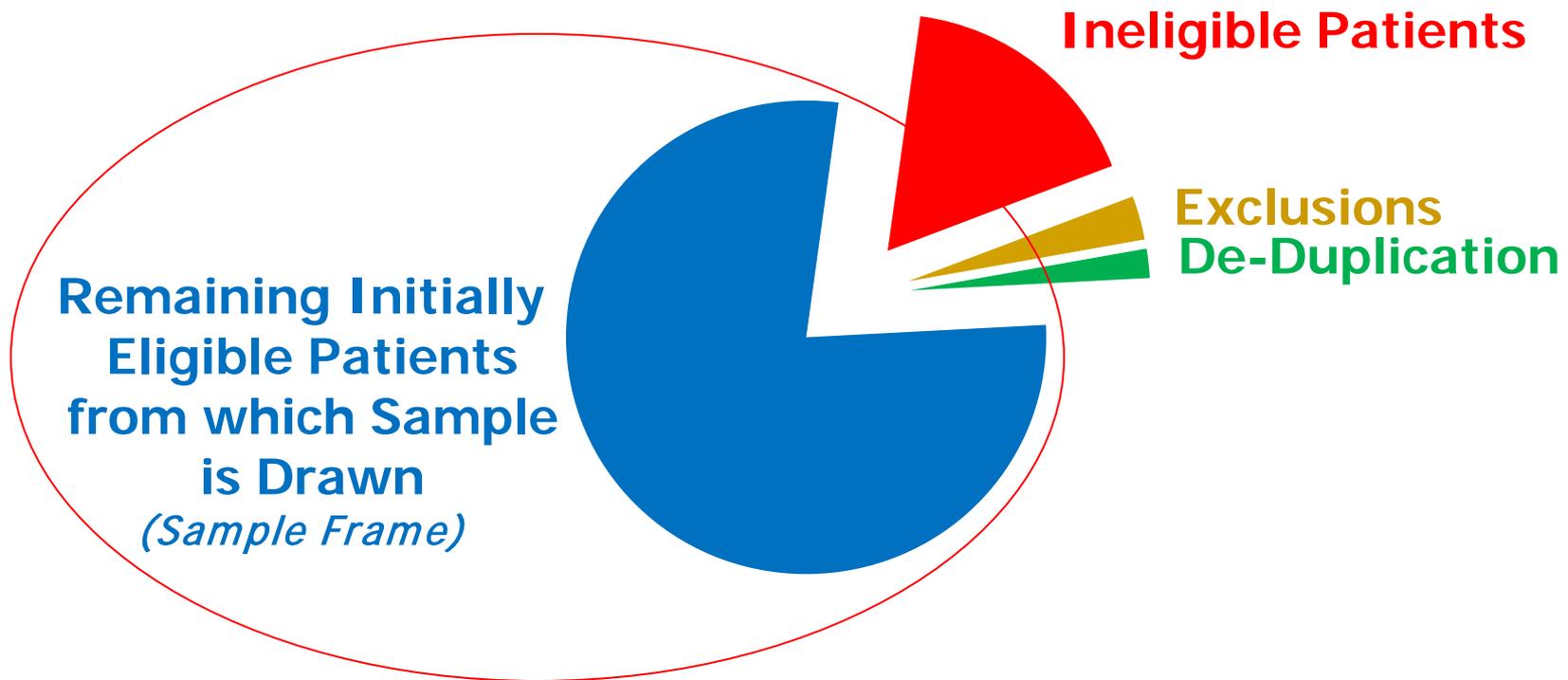
- De-Duplication by Multiple Discharges
 - For weekly sample frame creation, use the first discharge encountered in the sample frame
 - Discharges encountered in subsequent weeks would be excluded from the sample frame
 - In the event a patient is listed with two discharges in the same week
 - and patient had not been included in the sample frame in an earlier week within the same month
 - 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

Step D: Perform De-Duplication *(cont'd)*

- De-Duplication by Multiple Discharges
 - In the sample frame for the month, use only the last discharge date

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Step E: HCAHPS Sample Frame



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Step E: HCAHPS Sample Frame *(cont'd)*

- Option 1: Survey vendor generates sample frame (Strongly recommended)
 - Contracted hospital submits their entire patient discharge list, excluding no-publicity patients and patients excluded because of state regulations
 - Survey vendor applies Eligibility Criteria, removes Exclusions and generates the sample frame before sampling

Step E: HCAHPS Sample Frame *(cont'd)*

- Option 2: Self-administering Hospital generates sample frame
 - File contains all patients that meet eligibility criteria
 - Hospital includes all required data file elements
 - Total count of ineligible patients
 - Total count of patients by each exclusion category

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Step E: HCAHPS Sample Frame *(cont'd)*

- Include all patients:
 - Who meet eligibility criteria
 - Discharged from 1st to last days of month
- Include patients even if:
 - Missing or incomplete address/telephone number
 - Missing eligibility criteria

Step E: HCAHPS Sample Frame *(cont'd)*

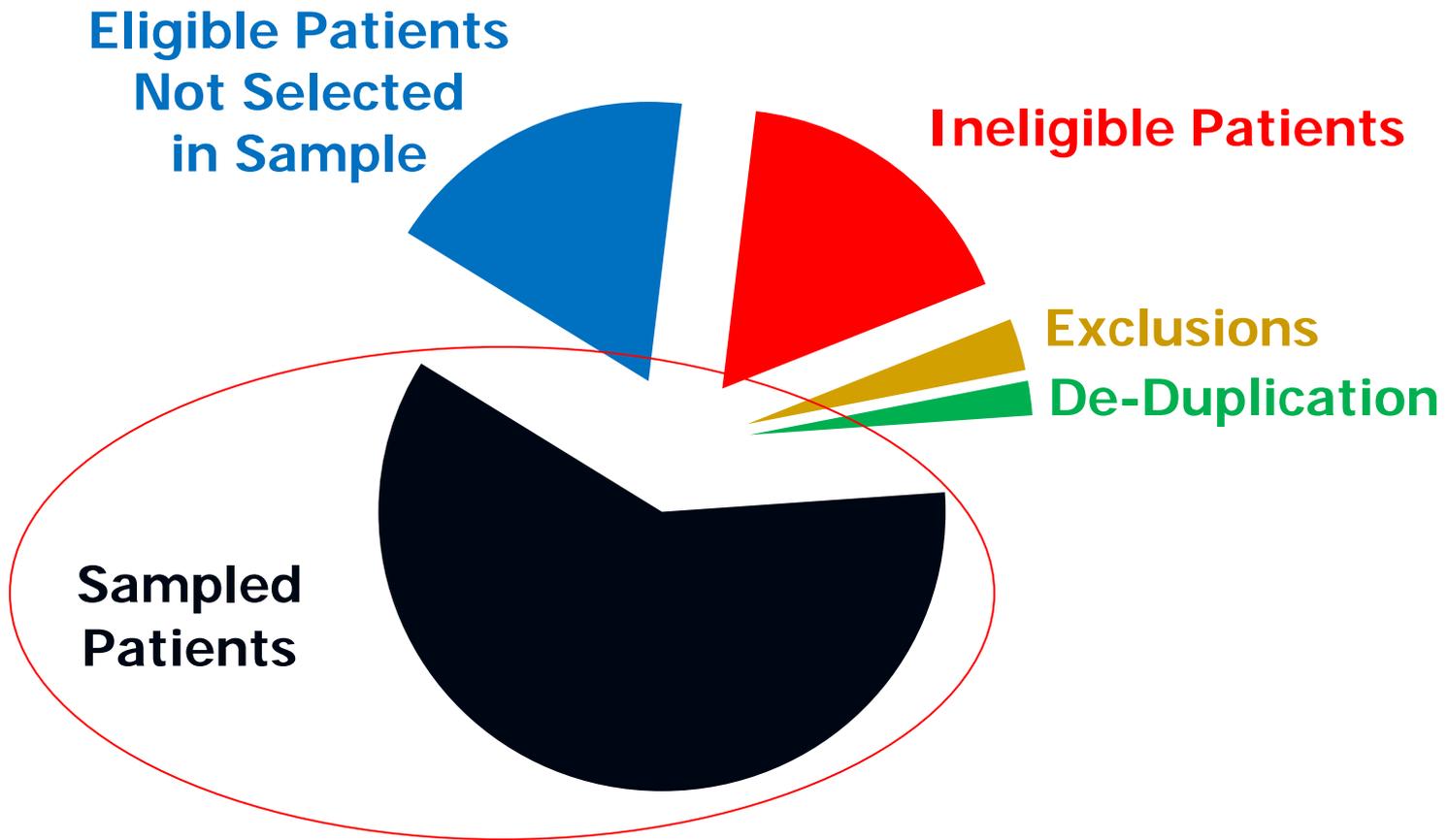
- Do not include patients in the *Sample Frame* whose discharge dates are beyond the 42-day initial contact period
 - If this is known before the sample is drawn
- Include these patients towards the count in the *Eligible Discharges* field
- Must file a Discrepancy Report to account for patient information received beyond the 42-day initial contact protocol

Step E: HCAHPS Sample Frame *(cont'd)*

- Example of sample frame layout (Appendix M)
 - Strongly recommend that hospitals/survey vendors collect all of the elements from this layout
 - File content (i.e., All Patient Discharges or HCAHPS Sample Frame)
 - Total number of ineligibles
 - Total number of exclusions and number in each exclusions category
 - Total number of patient discharges
- Must maintain sample frame for a minimum of three years

Introduction to HCAHPS Survey Training

Step F: Draw Sample



Step F: Draw Sample *(cont'd)*

- Requirement: Obtain at least 300 completed HCAHPS Surveys in a rolling four-quarter period
 - Small hospitals
 - If cannot obtain 300 completed surveys, sample all eligible discharges

Step F: Draw Sample *(cont'd)*

- Why 300?
 - For statistical precision of the ratings, which is based on a reliability criterion
 - At least 300 completes ensures that the reliability for the publicly reported measures will be 0.80 or higher
 - Calculate sample size based on target of **335** completes
 - To ensure attaining 300 completes most of the time

Step F: Draw Sample *(cont'd)*

- Draw a random sample of eligible discharges on a monthly basis
 - Sampling may be daily, weekly, bi-weekly, or at the end of the month
 - Sample frame must include eligible discharges from the entire month
 - All eligible discharges must have a chance of being sampled

Step F: Draw Sample *(cont'd)*

- Draw sample for each unique CCN
- Hospitals that share CCN
 - At least 335 completes for CCN
 - All hospitals sharing one CCN must participate
 - Use same survey vendor
 - Use same mode of administration
 - Use same sampling type and frequency

Step F: Draw Sample *(cont'd)*

Sample Size Calculation

- Estimate the proportion of patients expected to complete the survey:
 - I = proportion of discharged patients who are ineligible
 - R = expected response rate among eligible patients
 - P = the proportion of discharged patients who actually respond to the survey
 - P = (1 - I) x R**

Step F: Draw Sample *(cont'd)*

- How many patients need to be sampled to consistently produce at least 300 completes?

C = Number of completed surveys targeted (335)

N_{12} = Number of discharges to be sampled over 12 month period

N_1 = Number of discharges sampled each month

$$N_{12} = C/P$$

$$N_1 = N_{12}/12$$

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

Assumptions:

- $\approx 17\%$ of discharged patients will be ineligible for the survey
 - Source: National Hospital Discharge Survey
- $\approx 32\%$ of eligible patients will respond to the survey
 - Source: Historical national average for HCAHPS
- Ineligible rates and response rates should be adjusted based on each hospital's experience

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

1. Estimate the proportion of patients expected to complete the survey:

$$\begin{aligned} P &= (1 - I) \times R \\ &= (1 - 0.170) \times 0.320 \\ &= 0.266 \end{aligned}$$

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

- Determine how many discharges are needed to produce 335 completes:

Per 12-month

$$\begin{aligned} N_{12} &= C/P \\ &= 335/.266 \\ &= 1,259 \end{aligned}$$

Per month

$$\begin{aligned} N_1 &= N_{12}/12 \\ &= 1,259/12 \\ &= 105 \end{aligned}$$

Step F: Draw Sample *(cont'd)*

- Should estimate I and R from hospital's own data
- Should adjust the target in subsequent quarters if not regularly obtaining at least 300 completed surveys
 - Sampling rates should be consistent among the months in a given quarter

Step F: Draw Sample *(cont'd)*

- If More than 300 Completed Surveys:
 - Do not stop surveying when a total of 300 is reached
 - Continue to survey every patient in the sample
 - Surveying must continue even if hospital's predetermined target (quota) has been met
 - Full protocol for each mode of administration must be completed
 - Submit the entire sample

Step F: Draw Sample *(cont'd)*

- If Less Than 300 Completed Surveys:
 - Attempt to obtain as many as possible
 - Survey all eligible discharges
 - All hospital results will be publicly reported on Hospital Compare Web site
 - The lower precision of scores based on less than 100 and less than 50 completed surveys will be noted in public reporting

Methods of Sampling

- **Option 1: Simple Random Sample (SRS)**
 - Group of patients randomly selected from a larger group
 - Census sample of all eligible patients is considered a simple random sample
 - *All patients have equal probability of selection (equiprobable)*

Methods of Sampling *(cont'd)*

- **SRS Example 1: Daily simple random sampling throughout the month**
 - Based on randomly sorting each day's eligible discharges and sampling 40% from each day
 - Day 1:
 - 10 eligible discharges are randomly sorted, then numbered 1 through 10
 - 4 patients (40%) would be selected for Day 1
 - Since patients are randomly sorted, the first 4 patients are chosen
[1, 2, 3, 4, 5, 6, 7, 8, 9, 10]
 - Day 2:
 - 8 eligible discharges are randomly sorted, then numbered 1 through 8
 - 40% of 8 patients is 3.2, which rounds to 3 patients
 - Again, since random sorting was performed, the first 3 patients are selected
[1, 2, 3, 4, 5, 6, 7, 8]

Methods of Sampling *(cont'd)*

- **SRS Example 2: Census sampling**
 - Hospital chooses to sample all eligible discharges
 - Each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
 - Hospital has 80 eligible discharges for a given month
 - Each of the 80 eligible patients is included in the hospital's HCAHPS sample

Methods of Sampling *(cont'd)*

- **SRS Example 3: End of month sampling**
 - Sampling for hospital is conducted only once for a given month at the end of the month
 - Hospital has 150 eligible discharges for a given month and uses a 50% sampling rate
 - Randomly sort all 150 eligible patients prior to sampling
 - 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

Methods of Sampling *(cont'd)*

- **Option 2: Proportionate Stratified Random Sample (PSRS)**
 - Patient discharge population divided into strata
 - Due to sampling (by day or by week)
 - Divided by hospital unit, or floor, etc.
 - Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before each hospital's data are combined
 - Same sampling ratio applied to each stratum
 - *All eligible discharges have equal probability of selection (equiprobable)*
 - Exceptions Request Form not required

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Methods of Sampling *(cont'd)*

- **PSRS Example 1: Weeks—Strata are defined as weeks within a month**
 - Sample is pulled each week, creating 5 strata: Wk1, Wk2, Wk3, Wk4, Wk5
 - Even though the number of eligible discharges differs across the five weeks, the same proportion (or percentage) of “sampled” discharges is used each week
 - 20% of eligible discharges are randomly pulled from each stratum
 - Results in different number sampled from each week, but each eligible discharge had an equal chance of being chosen

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	$30 * 0.20 = 6$
4	4	15	0.20	$15 * 0.20 = 3$
5	5	10	0.20	$10 * 0.20 = 2$

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Methods of Sampling *(cont'd)*

- **PSRS Example 2: Hospital Units—Strata are defined as units within a hospital**
 - Sample is pulled from three units, creating 3 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 sampling ratio is used for each unit
 - 30% of eligible discharges are randomly pulled from each stratum
 - Results in different number sampled from each unit, but each eligible discharge had an equal chance of being chosen

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	$400 * 0.30 = 120$

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Methods of Sampling *(cont'd)*

- **PSRS Example 3:
Combinations of Location
and Time Period**

- Sample is pulled each week from 2 locations, creating 10 (2x5) strata
- 50% of the eligible discharges are randomly pulled from each hospital location per week
- The number of sampled patients differs in the two locations and among the five weeks
- Every eligible discharge had an equal chance of being selected for sampling, regardless of location or week

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

Methods of Sampling *(cont'd)*

- **Option 3: Disproportionate Stratified Random Sample (DSRS)**
 - Patient discharge population divided into strata
 - Dissimilar sampling ratio applied to each stratum
 - *Some patients have higher probability of selection (not equiprobable)*
 - Sample a minimum of 10 eligible discharges in every stratum in every month
 - Additional information collected to weight data
 - Exceptions Request Form required

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Methods of Sampling *(cont'd)*

- **DSRS Example 1: Hospital Units—Strata are defined as units within a hospital**
 - A sample is pulled for three units in each month, 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 from each unit is selected
 - Ten eligible discharges are randomly pulled from each unit
 - 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	$100 * 0.10 = 10$

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Methods of Sampling *(cont'd)*

- **DSRS Example 2: Weeks—Strata are defined as weekly time periods**
 - A sample is pulled in each week of the month
 - Sampling rates used are: 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively

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	$30 * 0.50 = 15$

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Methods of Sampling *(cont'd)*

- **DSRS Example 3: All Combinations of Hospital Unit and Time Period**
 - A 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)
 - Since there are 5 weeks within the time period (month) and 3 units, this sampling scenario utilizes 15 strata (5 x 3)
 - Sample ratios are: 25% of eligible discharges from Unit 1, 50% from Unit 2, and 100% from Unit 3 across all 5 weeks

Stratum	Week	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	1	100	0.25	100 * 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 = 25
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

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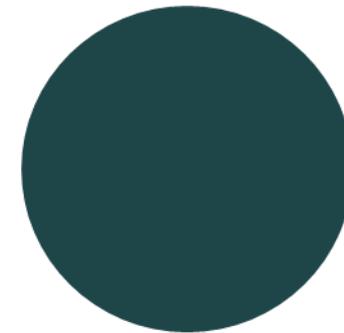
Population, Sample Frame and Sample

Hospital Population (All Patient Discharges) = 1 + 2 + 3 + 4 + 5

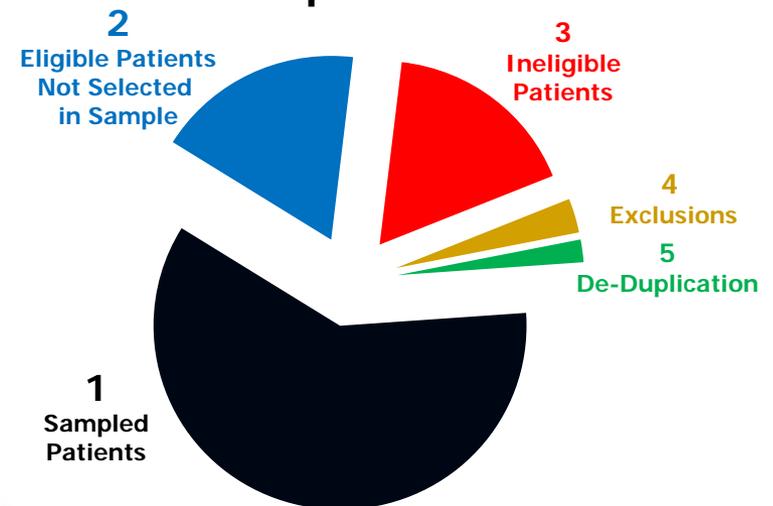
HCAHPS Sample Frame: = 1 + 2

Sampled Patients: = 1

Population (All Patient Discharges)



Sample Drawn



Quality Control for Sampling

- Receipt of patient discharge list
 - Within 42-day initial contact period
 - Secure file transfer
- Application of eligibility and exclusion criteria
- Method used to determine HCAHPS service line
- Update patient discharge information
- All patients have opportunity to be selected

Key Sampling Facts

- Same sampling type must be maintained throughout the quarter
- Sample must include discharges from each month in the 12-month reporting period
- HCAHPS sample drawn first if multiple surveys administered
- Do not stop sampling/surveying if 300 completed surveys are attained

Introduction to HCAHPS Survey Training

Questions?



Survey Administration



Introduction to HCAHPS Survey Training

Overview

- Survey Management
- Survey Instruments and Materials
- Supplemental Questions
- Modes of Survey Administration



Survey Management

- Establish survey management process to administer survey (Chapter V, *QAG V10.0*)
 - System resources
 - Customer support lines
 - Personnel training
 - Monitoring and quality oversight
 - Safeguarding patient confidentiality and privacy
 - Data security
 - Data retention

Survey Management *(cont'd)*

- System resources
 - Adequate physical plant resources available to handle survey volume
 - Survey system to track sampled patients through the data collection protocol
 - Store the sample frame
 - Track key events
 - Assign random, unique, de-identified IDs and match to outcome for each sampled patient

Survey Management *(cont'd)*

- Hospitals/Survey vendors and their subcontractor(s), if applicable, 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
- Review Chapter V, *QAG V10.0*, for links to HIPAA regulations

Survey Management *(cont'd)*

- Requirements for hospital/survey vendor customer support telephone lines
 - Survey vendor must maintain a dedicated toll-free customer support line
 - Telephone staffed live during business hours
 - Voice mail is acceptable “after hours,” but must be regularly monitored and replied to within one business day
 - Voice mail recording must specify that the caller can leave a message about the HCAHPS Survey
 - Database or tracking log of calls maintained

Survey Management *(cont'd)*

- Recommendations for customer support telephone line operations
 - Staffed live 9 AM to 8 PM Monday thru Friday
 - Sufficient capacity – 90% answered live
 - Voice mailbox for nights and weekends
 - Messages returned within one business day
 - Established return call standard of two business days for questions that cannot be answered at the time of the call
- Provide optional support via the Internet

Survey Management *(cont'd)*

- Customer support lines provided by hospitals that contract with survey vendors
 - The survey vendor is responsible for monitoring the hospital's customer support line, **at a minimum on a quarterly basis**
 - Blind calls are placed to each hospital client's customer support line to check the accuracy of responses to questions and to assess hospital compliance with HCAHPS customer support guidelines
 - Questions from Appendix L, Section I should be used during the quarterly monitoring/assessment activity
 - Hospitals/Survey vendors must document questions and responses

Survey Management *(cont'd)*

- Personnel training
 - HCAHPS project staff (no volunteers permitted)
 - Customer support
 - Mailout and data entry
 - Telephone interviewers/IVR operators
 - Programmers
 - Subcontractors

Survey Management *(cont'd)*

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

Survey Management *(cont'd)*

- Safeguarding patient data
 - **Follow HIPAA guidelines**
 - Restrict access to confidential data
 - Obtain confidentiality agreements from staff and subcontractors who have access to confidential information
 - Agreements must mention “HCAHPS” or “surveys”
 - Establish protocols for identifying security breaches and instituting corrective actions

Survey Management *(cont'd)*

- Patient confidentiality and data security
 - Establish protocols for secure patient discharge file transfer from hospitals
 - Emailing of PHI via unsecure email is prohibited
 - Recommend that hospital's HIPAA privacy officer confirm that hospital's transmission methods for patient discharge files are in compliance with HIPAA regulations

Survey Management *(cont'd)*

- Confidentiality and privacy assurances to patients
 - HCAHPS Survey question responses are confidential and private, and are de-identified in the submission to CMS
 - Hospital supplemental questions may ask for patients to volunteer their name
 - If data from HCAHPS are used for quality improvement purposes, the patient's identity should not be shared with direct care staff

Survey Management *(cont'd)*

- Physical and electronic data security guidelines
 - Returned mail surveys and electronically scanned questionnaires are stored in secure and environmentally controlled location
 - All HCAHPS-related files, including patient discharge files, must be retained for a minimum of three years
 - Firewalls and other mechanisms are employed for preventing unauthorized system access
 - Access levels and security passwords are used to safeguard sensitive data

Survey Management *(cont'd)*

- Physical and electronic data security guidelines
 - Electronic data files must be easily retrievable regardless of whether they have been archived
 - Backup procedures are in place to safeguard system data
 - Frequent saves are made to media to minimize data losses
 - Electronic data backup files must be tested quarterly

Survey Instruments and Materials

- HCAHPS Survey
 - 32 question survey
 - Questions 1-25 are Core questions
 - Questions 26-32 are “About You” questions

Survey Instruments and Materials

- Survey materials availability—questionnaires, cover letters and OMB language
 - English language materials (Appendix A)
 - Spanish language materials (Appendix B)
 - Chinese language materials (Appendix C)
 - Russian language materials (Appendix D)
 - Vietnamese language materials (Appendix E)
 - Portuguese language materials (Appendix F)
- Survey materials availability—scripts
 - English telephone script (Appendix G)
 - Spanish telephone script (Appendix H)
 - English IVR script (Appendix I)
 - Spanish IVR script (Appendix J)

Communication with Patients about the HCAHPS Survey

- Cannot show the HCAHPS Survey or cover letter to patients prior to discharge from the hospital
- Cannot mail any pre-notification letters or postcards after discharge informing patients about the HCAHPS Survey
- See Chapter III, *QAG V10.0*

Program Requirements

- **Guidelines for using other hospital inpatient surveys with HCAHPS**
 - HCAHPS Survey given prior to any inpatient or post discharge hospital surveys
 - Questions asked in a neutral tone and not directed to a particular outcome
 - Questions must not resemble any HCAHPS questions or response categories
 - **Chapter III, QAG V10.0—examples provided of permissible and not permissible questions**

Program Requirements *(cont'd)*

- 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

Supplemental Questions

- May add a reasonable number of supplemental questions to the HCAHPS Survey
 - Questions may be added after the set of Core items or may be added before or after the set of “About You” items
- Use appropriate phrasing to transition from the HCAHPS Survey to the supplemental items
 - Examples: *“The following questions focus on additional care you may have received from Hospital X.” [OR]*
“This next set of questions is to provide the hospital additional feedback about your hospital stay.”

Supplemental Questions *(cont'd)*

- Avoid the following types of supplemental questions
 - Numerous, lengthy and complex questions
 - Questions with potential impact on responses to HCAHPS questions
 - Questions that try to influence the response to HCAHPS questions
 - Sensitive medical or personal topics which may cause a person to terminate the survey
 - Questions that may jeopardize a patient's confidentiality such as SSN
 - Questions that ask the patient to explain why he or she chose their specific response

Modes of Survey Administration

- Mail Only
- Telephone Only
- Mixed (Mail with Telephone Follow-up)
- Active Interactive Voice Response (IVR)

Modes of Administration Overview

- Data collection begins between 48 hours and 6 weeks (42 calendar days) after discharge from hospital
- No proxy respondents
- No communication to patients that is intended to influence survey results
- No incentives of any kind
- If a patient is found to be ineligible, discontinue survey administration for that patient

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Modes of Administration Overview *(cont'd)*

- No changes are permitted to the content or order of the HCAHPS questions or answer categories for the Core or “About You” questions
- The “About You” questions must remain as one block of questions, regardless of whether they follow the Core or supplemental questions
- Final data files are submitted to CMS via the QualityNet Secure Portal by the data submission deadline

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Modes of Administration Overview *(cont'd)*

- Copyright language must be added to the HCAHPS Survey:
 - *“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 The Care Transitions Program[®] (www.caretransitions.org).”*

Mail Only Mode

- Protocol
 - Send first questionnaire with initial cover letter to sampled patient(s) between 48 hours and 6 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 42 calendar days after the first questionnaire mailing
 - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

Mail Only Mode *(cont'd)*

- Cover letter specifications
 - Name and address of sampled patient included
 - “To Whom It May Concern” is not acceptable salutation
 - OMB language included
 - Letter is not attached to the survey
 - Customization is acceptable; cannot add content that would introduce bias
 - Letter printed on hospital or survey vendor letterhead
 - Signed by hospital administrator or survey vendor project director

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Cover letter specifications
 - Language indicating the purpose of the unique patient identifier must be printed either on the cover letter or after the survey instructions on the questionnaire (or on both)
 - “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.”

Mail Only Mode *(cont'd)*

- Cover letter specifications *(cont'd)*
 - 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
 - Cannot use language such as “visit date” or “stayed on”

Mail Only Mode *(cont'd)*

- Cover letter language requirements
 - Purpose of 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.”
 - Participation is voluntary
 - Hospital name and discharge date of patient
 - Patient’s health benefits will not be affected by participation in the survey
 - Customer support number
 - If applicable, add language that answers will be shared with hospitals for purposes of quality improvement

Mail Only Mode *(cont'd)*

- Cover letter requirements
 - OMB Paperwork Reduction Act language: “According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981. The time required to complete this information collected is estimated to average 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.”

Mail Only Mode *(cont'd)*

- Cover letter options
 - English, Spanish, Chinese, Russian, Vietnamese, and Portuguese versions of cover letters
 - Information directing the patient how to request the mail survey in Spanish, Chinese, Russian, Vietnamese, and Portuguese
 - Repetition of any instructions that appear on the questionnaire
 - Adding the day of the week to the discharge date, e.g., Monday, June 1, 2015
 - Return address of hospital/survey vendor (required on survey)
 - If hospital/survey vendor name is used, must not use aliases or tag lines

Mail Only Mode *(cont'd)*

- 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”

Mail Only Mode *(cont'd)*

- Cover letters must NOT:
 - 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

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
 - Question and answer category wording is not changed nor is the order of Core HCAHPS questions or answer categories
 - “About You” questions follow the Core HCAHPS questions and remain as one block
 - Question and answer categories remain together in the same columns and on the same pages
 - Randomly generated unique identifiers for patient tracking purposes are placed on the first or last pages of the survey and may appear on all pages

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
 - All instructions on the top of the survey are copied verbatim
 - The patient's name is not printed on the survey
 - Name and return address of hospital/survey vendor must be printed on the last page of questionnaire
 - If hospital/survey vendor name is used, must not use alias or tag line
 - The OMB control number (OMB #0938-0981) must appear on the front page of the survey or on the cover letter

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
 - Question and response options must be listed vertically
 - Response options listed horizontally or in a combined vertical and horizontal format are not allowed
 - No matrix formats allowed for question and answer categories
 - Wording that is underlined or **bolded** in the HCAHPS questionnaire must be underlined or **bolded** in the hospital or survey vendor questionnaire
 - Arrows | ➔ | that show skip patterns in the HCAHPS questions or response options must be included in hospital or survey vendor questionnaire
 - Survey materials must be in a readable font (e.g. Arial, Times New Roman) with a font size of 10-point or larger

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting options allowed
 - Small coding numbers next to response choices
 - Patient discharge date
 - Space for patients to voluntarily fill in their name/telephone number placed after the Core HCAHPS questions
 - Preceded by a transition statement

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting options
 - Hospital logos may be included on the questionnaire; other images and tag lines are not permitted
 - Title of questionnaire “HCAHPS Survey” may be eliminated
 - Phrase “Use only blue or black ink” may be used
 - Name of hospital may be printed in transition phrases before Q1 and Q21
 - Phrase “There are only a few remaining items left” before the “About You” questions may be eliminated

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting options *(cont'd)*
 - 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

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting – strongly suggested
 - Margins are wide (at least 3/4 inch) and survey has white space to enhance readability
 - Question formatting in two columns

Mail Only Mode *(cont'd)*

- Mail Out—Requirements
 - Guidelines for mailings
 - Addresses acquired from hospital record
 - Addresses updated using commercial software
 - Mailings sent to patients by name
 - Mailing content
 - Survey mailings include
 - Cover letter
 - Questionnaire
 - Self-addressed, stamped business reply envelope
 - First class postage or indicia, suggested

Mail Only Mode *(cont'd)*

- Patients without Mailing Addresses
 - Hospitals/Survey vendors must make every reasonable attempt to obtain a patient's address, including recontacting the hospital client to inquire about an address update for patients with no mailing address
 - Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without fixed mailing addresses, such as the homeless
 - *Note: these patients cannot be removed from the sample*
 - Attempts to obtain patient's address must be documented

Mail Only Mode *(cont'd)*

- Mail Receipt—Blank Questionnaire
 - If first survey mailing is returned with all missing responses (i.e., no questions are answered), send a second survey mailing to the patient, if the data collection time period has not expired
 - If second survey 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”

Mail Only Mode *(cont'd)*

- Data receipt and entry
 - Key entry or scanning allowed for data capture
 - Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
 - Programs verify that record is unique and has not been returned already
 - Programs identify invalid or out-of-range responses

Mail Only Mode *(cont'd)*

- Data receipt and entry
 - Record survey receipt in a timely manner
 - Surveys are date stamped
 - Ambiguous responses follow HCAHPS decision rules
 - Calculate lag time
 - Assign final survey status code
 - Capture mail wave attempt

Mail Only Mode *(cont'd)*

- Data retention/storage guidelines
 - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
 - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years and are easily retrievable

Mail Only Mode *(cont'd)*

- Quality control guidelines
 - Hospitals/Survey vendors must:
 - Update address information
 - National Change of Address (NCOA)
 - USPS CASS Certified Zip+4 software
 - Other commercial software/search engines
 - Check quality of printed materials
 - Check survey packet contents

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
 - Hospitals/Survey vendors must:
 - Check a sample of mailings for inclusion of all sampled patients
 - Check for timeliness of manual or automated date stamping
 - Provide ongoing oversight of staff and subcontractors
 - Check for accuracy of mailing contents

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
 - Hospitals/Survey vendors must:
 - Conduct seeded (embedded) mailings to designated hospital or survey vendor HCAHPS project staff on a quarterly basis to check for:
 - Timeliness of delivery
 - Accuracy of address
 - Accuracy of mailing contents
 - Document results of all oversight activities

Telephone Only Mode

- Protocol
 - Initiate first telephone attempt with sampled patients between 48 hours and 6 weeks (42 calendar days) after discharge
 - Complete data collection within 42 calendar days after the first telephone attempt
 - Maximum of 5 telephone attempts made at different times of day, on different days of the week in more than one week (**eight days or more**), between 9AM and 9PM patient time
 - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

Telephone Only Mode *(cont'd)*

- Telephone Script
 - Standardized HCAHPS telephone script provided in Appendices G (English) and H (Spanish) in *QAG V10.0*
 - Entire telephone script must be read verbatim
 - Question and answer category wording must not be changed nor the order of questions and answer categories
 - Core survey questions come at the beginning of the survey
 - “About You” questions placed anywhere after the Core survey questions and must remain together as one block of questions
 - Only one language (English or Spanish) may appear on the interviewing screen at a time

Telephone Only Mode *(cont'd)*

- Interviewing Systems
 - Electronic telephone interviewing, including CATI or other alternative systems (required of survey vendors and of hospitals conducting surveys for multiple sites)
 - Programmed with standardized HCAHPS telephone script
 - Manual data collection (allowed only for hospitals self-administering surveys)
 - Follow standardized HCAHPS telephone script using paper questionnaires to record responses

Telephone Only Mode *(cont'd)*

- Interviewing Systems *(cont'd)*
 - Monitoring and recording of telephone calls
 - Follow state regulations
 - Caller ID
 - May be programmed to display “on behalf of [HOSPITAL NAME]” with permission and compliance of hospital’s HIPAA/Privacy officer
 - Do not pre-program a specific response category as the default option
 - Every question should have a “MISSING/DON’T KNOW” option available
 - All underlined content must be emphasized
 - Skip patterns and conventions should be programmed into system

Telephone Only Mode *(cont'd)*

- Obtaining Telephone Numbers
 - Main source of telephone numbers is hospital discharge records
 - Make attempts to update missing or incorrect telephone numbers using
 - *Commercial software*
 - *Internet directories*
 - *Directory assistance*
 - *Other tested methods*

Telephone Only Mode *(cont'd)*

- Definition of a Telephone Attempt
 - Telephone rings six times with no answer
 - Interviewer reaches a wrong number
 - An answering machine or voice mail is reached (do not leave message)
 - Busy signal—interviewer gets a busy signal on each of three consecutive attempts (counts as one attempt)
 - Interviewer reaches the household and is told that the patient is not available to come to the telephone or has a new number
 - Patient asks the interviewer to call back at a more convenient time
 - If possible, the call back should be scheduled at the patient's convenience

Telephone Only Mode *(cont'd)*

- Scheduling Calls
 - If the patient is temporarily away, re-contact the patient upon return
 - If the patient does not speak the language the survey is being administered in, thank the patient for his or her time and terminate the interview
 - If the patient is temporarily ill, re-contact the patient to see if there has been a recovery before the end of data collection
 - Attempt to correct wrong telephone numbers
 - If a patient requests to complete a telephone survey already in progress at a later date, a call back should be scheduled to resume with the question where the patient left off
 - If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the survey

Telephone Only Mode *(cont'd)*

- Data Receipt and Data Entry
 - Electronic data collection, CATI
 - Linked electronically to survey management system
 - Manual data collection of patient responses (self-administering hospitals only)
 - Key entry
 - Scanning

Telephone Only Mode *(cont'd)*

- Data Receipt and Data Entry
 - Maintain a crosswalk of interim disposition codes to HCAHPS Final Survey Status codes
 - Assign final survey status code
 - Capture the telephone attempt in which the final disposition of the survey is determined
 - Calculate lag time

Telephone Only Mode *(cont'd)*

- Data Retention and Storage Guidelines
 - Data collected through electronic telephone interviewing systems must be maintained in a secure manner for a minimum of three years
 - Paper questionnaires collected manually and then key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
 - Optically scanned paper questionnaire images must be retained in a secure manner for a minimum of three years

Telephone Only Mode *(cont'd)*

- Quality Control Guidelines
 - Formal interviewer training to ensure standardized, non-directive interviews
 - Interviewers should be knowledgeable about the survey and prepared to answer questions
 - See HCAHPS FAQs in Appendix L

Telephone Only Mode *(cont'd)*

- Quality Control Guidelines *(cont'd)*
 - Telephone monitoring and oversight of staff and subcontractors
 - At least 10% of HCAHPS attempts and interviews must be monitored by survey vendor and its subcontractor (if applicable)
 - All interviewers conducting HCAHPS Surveys must be monitored

Telephone Only Mode *(cont'd)*

- Interviewer Training
 - Survey Introduction
 - Interviewing Guidelines and Conventions
 - System Conventions
 - Avoiding Refusals
 - Probing for Complete Answers

Telephone Only Mode *(cont'd)*

- Survey Introduction
 - Critical to gaining cooperation
 - Provides survey purpose
 - Confirms respondent eligibility
 - Informs respondent that survey will take about eight minutes or [HOSPITAL/SURVEY VENDOR SPECIFY]

Telephone Only Mode *(cont'd)*

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

Telephone Only Mode *(cont'd)*

- Survey Introduction *(cont'd)*
 - Identifying Possible 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], 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).

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions
 - System conventions
 - Text that appears in lower case letters must be read out loud
 - Text in UPPER CASE letters must **not** be read out loud
 - Text that is underlined must be emphasized
 - Characters in < > must not be read out loud
 - [Square brackets] are used to show programming instructions that must not actually appear on the computerized interviewing screens
 - Skip patterns should be programmed into the electronic telephone interviewing system

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Interviewer tone:
 - Speak in an upbeat and courteous tone
 - Establish rapport
 - Maintain professional and neutral relationship
 - Do not provide personal information or opinions
 - Do not try to influence patients' responses in any way
 - See Appendix K in *QAG V10.0*

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Asking questions and probing:
 - Questions, transitions and response choices are read *exactly* as worded on script
 - Do not provide extra information or lengthy explanations to respondent questions
 - End the survey by thanking the respondent for his or her time

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Avoiding refusals
 - Be prepared to convert a soft refusal into a completed survey
 - Emphasize importance of participation
 - Never argue with or antagonize a patient
 - Remember! First moments of the interview are most critical for gaining participation

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Refusal Avoidance Examples

- 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 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. Perhaps we could get started, and see what the questions are like. We can stop any time you like.

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Probing for complete data
 - When respondent fails to provide adequate answer
 - Never interpret answers for respondents
 - Code “MISSING/DON’T KNOW” when respondent cannot/does not provide complete answer after probing

Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Types of probes:
 - Repeat question and answer categories
 - Interviewer says:
 - “Take a minute to think about it”
 - “So would you say...”
 - “Which would you say is closer to the answer?”

Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Rating (Question 21)**

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

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

Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Rating (Question 21) *(cont'd)***
 - Patient 1 Answers
 - “The hospital is fine.”
 - Probe for Patient 1
 - “Please pick a number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible. What number would you say is closest to your answer?”
- Patient 2 Answers
 - “I would give the hospital a rating of 7.5”
- Probe for Patient 2
 - “We’re asking you to choose one response. What number would you use to rate this hospital, a **7 or 8?**”

Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 27)**

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

Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 27) *(cont'd)***

- Patient 1 Answers
 - “My health is okay.”
- Probe for Patient 1
 - “We’re asking you to choose one response. Would you say your overall health is...”
[Repeat all answer categories]

- Patient 2 Answers
 - “My health is great.”
- Probe for Patient 2
 - “Would you then rate your overall health as **Excellent , Very good or Good?**”

Telephone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 29) *(cont'd)***

What is the highest grade or level of school that you have **completed**? 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

Telephone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 29) *(cont'd)***

- Patient 1 Answers

- “I graduated from school.”

- Probe for Patient 1

- “We’re asking you about the highest grade or level of school that you completed. Would you say you completed...” [**Repeat all answer categories**]

- Patient 2 Answers

- “I graduated from college.”

- Probe for Patient 2

- “We’re asking you about the highest grade or level of school that you completed. So would you say **completed some college or earned a 2-year degree, graduated from a 4-year college, or completed more than a 4-year college degree?**”

Telephone Only Mode *(cont'd)*

- Ethnicity Question (Question 30)

Are you of Spanish, Hispanic or Latino origin or descent?

<X> YES

<1> NO

<M> MISSING/DK

IF YES: Would you say you are

<2> Puerto Rican,

<3> Mexican, Mexican American, Chicano,

<4> Cuban, or

<5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

Telephone Only Mode *(cont'd)*

- Ethnicity Question (Question 30) *(cont'd)*
 - Two part question
 - A patient should provide an initial yes or no response
 - When a patient responds “Yes,” read through the response categories
 - When a patient responds “No,” move on to Question 31
 - If the patient does not provide a response to any ethnicity category or skips the question, enter “M – MISSING/DON’T KNOW”

Introduction to HCAHPS Survey Training

Telephone Only Mode *(cont'd)*

Race Question (Question 31)

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

Telephone Only Mode *(cont'd)*

- Race Question (Question 31) *(cont'd)*
 - Broken into parts A – E
 - Do not stop reading the list when you get a “Yes” answer
 - Enter all of the race categories that the patient has answered
 - 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 race categories or skips the question, enter “M – MISSING/DON'T KNOW”

Introduction to HCAHPS Survey Training

Mixed Mode

- Protocol – Mail followed by Telephone
 - Mixed mode survey administration
 - Follow guidelines for Mail Only mode
 - Use one questionnaire mailing instead of two
 - Send questionnaire with cover letter to sampled patients between 48 hours and six weeks (42 calendar days) after discharge
 - Follow guidelines for Telephone Only mode
 - Initiate first telephone attempt for all non-respondents approximately 21 calendar days after mailing the questionnaire
 - Maximum of five telephone attempts made at different times of day, on different days of the week in more than one week (**eight days or more**), between 9AM and 9PM patient time
 - Complete Telephone sequence within 42 calendar days of Mixed Mode initiation
 - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

Introduction to HCAHPS Survey Training

Mixed Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode and attempt in which each survey was completed (i.e., mail or telephone):
 1. For completed surveys retain documentation in survey management system that the patient completed the survey in the mail phase **or** telephone phase of the Mixed mode of survey administration, then
 2. Assign the appropriate “Survey Completion Mode” and the “Number of Survey Attempts – Telephone” in which the final disposition of the survey is determined

Active Interactive Voice Response (IVR) Mode

- Protocol
 - Initiate first IVR attempt with sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge
 - Complete data collection within 42 calendar days after the first IVR attempt
 - Maximum of five IVR attempts made at different times of day, on different days of the week in more than one week (**eight days or more**), between 9AM and 9PM patient time
 - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

Active IVR Mode *(cont'd)*

- IVR Interviewing Systems
 - Programmed with standardized HCAHPS IVR script provided in Appendices I and J of *QAG V10.0*
 - Follow Telephone Only mode system conventions
 - English and Spanish
 - Capable of recording and storing patient answers
 - Capable of touch tone key pad response
 - Telephone interviewing option must be available for patients who do not want to continue with IVR

Active IVR Mode *(cont'd)*

- Live Operator
 - Reads IVR introduction script
 - Transitions patient to IVR
 - Must be available to answer questions/FAQs
 - Must be available to triage patients to another electronic system (CATI) or to conduct the interview themselves for reluctant respondents

Active IVR Mode *(cont'd)*

- Follow Telephone Only Mode Guidelines
 - Data collection
 - Data receipt and retention
 - Quality control guidelines
 - Staff/Subcontractor training
 - Monitoring and oversight
 - Documentation

Introduction to HCAHPS Survey Training

Active IVR Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode and attempt in which each survey was completed (i.e., IVR or telephone):
 1. For completed surveys retain documentation in the survey management system that the patient completed the survey in the IVR mode or Telephone mode of the IVR mode of survey administration, then
 2. Assign the appropriate "Survey Completion Mode" and "Number of Survey Attempts – Telephone" in which the final disposition of the survey is determined

HCAHPS Modes Review

- Mail Only Mode
- Telephone Only Mode
- Mixed Mode
- Active IVR Mode

Introduction to HCAHPS Survey Training

Questions?



Introduction to HCAHPS Survey Training

Contact Us

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