



**American Hospital  
Association**

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October 28, 2013

Richard Kronick, Ph.D.  
Director  
Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, MD 20850

***RE: Request for Comments re: Pilot Test of an Emergency Department Discharge Tool***

Dear Dr. Kronick:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Agency for Healthcare Research and Quality's (AHRQ) proposed pilot test of an emergency department discharge tool (EDT). The EDT uses patient surveys complimented by medical record review to collect information on emergency department (ED) patients deemed to have the highest risk of frequent ED use. AHRQ suggests that the EDT can help hospitals reduce avoidable re-visits to EDs by providing hospitals information on a patient's risk factors (e.g., lack of insurance), thereby informing the selection of interventions that reduce the likelihood of ED revisits.

**The AHA believes that reducing avoidable ED visits has the potential to improve patient outcomes and reduce costs. While we support AHRQ's proposed pilot test of the EDT, we also strongly urge the agency to use the pilot to address issues that may hinder the wider implementation of the tool in the future. Specifically, the agency should minimize the data collection burden of the EDT to hospitals and patients by coordinating EDT patient surveys with the existing Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and by limiting the number of patient survey questions in the tool. Additionally, AHRQ must ensure that the tool can collect information on a wide range of patients, such as non-English speakers, and patients lacking home addresses.**

**The AHA is concerned that the proliferation of patient surveys has become overly burdensome for hospitals and patients.** The proposed EDT surveys patients during an ED visit, and requires follow up surveys one and three months after an ED visit. However, hospitals already are required to administer the Hospital CAHPS (HCAHPS) survey as part of the inpatient quality reporting and value-based purchasing programs. Moreover, the CAHPS family



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of surveys has continued to expand, with surveys either available or under development for physicians, hospitals, EDs, ambulatory surgical centers and more. If the EDT were more widely used, patients receiving care in more than one setting could receive multiple CAHPS surveys, as well as EDT surveys.

We agree that patient surveys are valuable tools for identifying areas for improving and tracking performance. **Nevertheless, over-surveying patients can create confusion about which provider or facility is actually being assessed, and could lower survey response rates over time. Moreover, there is a substantial cost burden to hospitals for administering surveys, particularly larger hospitals and systems with an array of inpatient and outpatient services.** While patient survey instruments may be available free of charge, hospitals usually have to pay vendors to administer surveys, provide performance reports for internal use and facilitate data reporting to external agencies.

**For these reasons, we strongly urge AHRQ to explore the feasibility of integrating EDT follow up survey questions into CAHPS surveys.** We believe that using an existing survey tool would avoid unnecessary duplication of survey activities and result in less patient confusion about what part of their care is actually being assessed. It also would help hospitals use patient survey resources more efficiently. Supplemental questions have been successfully added over time to several CAHPS surveys. For example, a three-item Care Transition Measure (CTM-3) was developed, endorsed by the National Quality Forum, and incorporated into the HCAHPS survey. **However, to facilitate this integrative approach, we recommend that AHRQ limit the number of patient survey items in the EDT.** We expect that the pilot project will test a significant number of survey questions; however, the goal should be to include only those questions that help hospitals identify the most important risk factors for ED re-visits. This will ensure that patient time spent responding to surveys is used efficiently.

**Lastly, we urge AHRQ to ensure the EDT can collect information on the widest possible range of patients.** For example, many patients that frequently access ED services do not speak English, and may not have a home address. We encourage the agency to develop and test translations of the tool in a variety of languages, as it has for CAHPS surveys. AHRQ also should develop methods to collect survey information on patients that may not have a home address for a mailed survey, such as telephonic surveys.

Thank you again for the opportunity to comment, and we look forward to learning the results of the pilot project. If you have questions, please contact me or Akin Demehin, AHA senior associate director for policy, at (202) 626-2365 or [ademehin@aha.org](mailto:ademehin@aha.org).

Sincerely,

/s/

Nancy Foster  
Vice President  
Quality and Patient Safety Policy