

**Responses to the November 2004
Federal Register Notice
On the National Implementation of HCAHPS**

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COST OF IMPLEMENTATION issues

Cost of HCAHPS implementation comments:

Currently spending \$60,000 annually for a survey vendor.

Significantly increase costs by as much as 15%; cannot afford to take on additional expense.

Estimates of vendor costs to incorporate HCAHPS >\$3000, excluding postal costs.

Research costs will increase by \$9350 with no added value; hospital will be forced to use vendor's product at retail prices.

HCAHPS will cost more than \$5000 per year; costs will be lower if IVR is used.

Answer:

CMS is sensitive to the costs that will be born by the hospitals that voluntarily participate in the HCAHPS initiative. In order to gain a full and detailed understanding of the range of costs associated with implementation of HCAHPS, CMS commissioned Abt Associates to conduct a thorough investigation of the costs and benefits of HCAHPS.

Hospitals have the option to conduct HCAHPS as a stand-alone survey or to integrate it with their existing survey activities. They can choose to administer HCAHPS by mail, phone, or active IVR.

Costs associated with collecting HCAHPS will vary depending on:

- The method hospitals currently use to collect patient survey data;
- The number of patients surveyed (target is n=300 per year); and
- Whether it is possible to incorporate HCAHPS into their existing survey.

Abt estimates that the average data collection cost for a hospital conducting the 27-item version of HCAHPS as a stand-alone survey would be between \$3,300 - \$4,575 per year, assuming that 80-85 percent of hospitals collect HCAHPS by mail and the remainder by phone or active IVR.

Abt estimates that the data collection cost for conducting the 27-item version of HCAHPS would be between \$4.1 million and \$19.1 million per year if all eligible hospitals participated, depending upon the extent to which hospitals integrate HCAHPS with their existing survey activities or conduct it as a stand-alone survey.

In the context of overall hospital costs, HCAHPS costs represent less than 0.02 percent based on the maximum national cost estimate, even if all hospitals collect HCAHPS as a stand-alone survey.

Quantifying the cost of HCAHPS comments:

CMS cannot accurately estimate the costs of implementing HCAHPS nationwide, nor can it project the benefit, so the value of HCAHPS is unknown.

Though our survey vendor will not charge additional fees for adding HCAHPS items and reporting, opportunity costs will be great. Adding HCAHPS items will reduce our ability to measure clinically relevant and other useful aspects of care. HCAHPS will reduce our quality improvement efforts, redirect staff attention from the complete patient experience to a restricted set of items, and add costs for retraining staff.

Answer:

CMS is sensitive to the costs that will be born by the hospitals that voluntarily participate in the HCAHPS initiative. In order to gain a full and detailed understanding of the range of costs associated with implementation of HCAHPS, CMS commissioned Abt Associates, Inc. to conduct a thorough and independent investigation of the costs and benefits of HCAHPS.

While the potential benefits of HCAHPS cannot be enumerated as precisely as its costs, Abt concluded that:

“What we can conclude with some level of confidence is that the marginal costs associated with a longer version of HCAHPS are likely to be relatively small, so if there is a reasonable basis for believing that the 27-item version of HCAHPS offers better information to consumers than a shorter alternative, then there are good reasons for implementing the current 27-item version of HCAHPS.”

The full report produced by Abt Associates, “*Costs and Benefits of HCAHPS*,” can be found at the following internet site: <http://www.cms.hhs.gov/quality/hospital/> in the section labeled “*Perspectives on Care HCAHPS*”.

Funding HCAHPS comments:

Will CMS provide funding? Will CMS provide additional funding to cover the cost of the survey?

HCAHPS should remain voluntary.

Answer:

Participation in HCAHPS is voluntary. CMS does not plan to provide funding to cover the costs of HCAHPS data collection. CMS believes that the direct and indirect benefits of publicly reporting patients' perspectives of their hospital care will be of great benefit to consumers, taxpayers, hospitals and the healthcare system and will more than justify the costs incurred implementing the survey.

Cost of dual surveys or multiple mailings comments:

Reducing number of questions to 10 or fewer, and the number of survey mailings to one, will enable survey vendor to offer this service at no additional cost.

Imprudent use of hospital resources in needing both Press Ganey surveys to support current quality initiatives AND an additional HCAHPS survey.

A separate survey would incur substantial costs and a burden on patients and staff.

A second survey mailing should be required only when returns fall below a defined threshold. A second wave of mailing significantly raises costs does not effectively address non-response bias.

As a critical access hospital, our resources are limited. Cannot afford a new HCAHPS process and procedures as well as maintaining an existing system.

Answer:

To date, major survey vendors have offered to implement the 27-item HCAHPS survey for a range of prices. CMS has determined, and the NQF has endorsed, that the 27-item HCAHPS survey and the associated implementation procedures are necessary to meet the objectives of this project.

A large-scale pilot study of the HCAHPS survey indicated that respondents to the second mailing differed from respondents to the first mailing in a number of important ways. For instance, early mail responders were found to be more likely to provide positive ratings on almost all of the HCAHPS dimensions.

The full report of the HCAHPS pilot study, "*HCAHPS Three-State Pilot Study Analysis Results*," can be found at the following internet site: <http://www.cms.hhs.gov/quality/hospital/> in the section called "*Perspectives on Care HCAHPS*."

Integration of HCAHPS with existing surveys comments:

If hospital surveys get too long, more money will be taken from patient care with no value returned to patients. The shorter and simpler the survey, the greater the return and result. Recommends maximum of ten questions.

Because of its length, HCAHPS would most likely replace hospitals' internal quality improvement surveys, or hospitals would conduct HCAHPS as a stand-alone survey, which would be costly.

Answer:

In order to derive the optimal benefit from the HCAHPS initiative, CMS must balance the number of items on the survey, the value of the information the survey produces, and the cost to hospitals of implementing the survey. A survey of ten or fewer items would not produce sufficient information to meet the multiple goals of HCAHPS. Careful planning and extensive testing of the HCAHPS survey, coupled with a full review of comments from the public and consultation with key stakeholders, have led CMS to recommend the 27-item HCAHPS survey.

Burden on small entities and rural hospitals comments:

According to survey industry representatives, CMS may have underestimated the burden associated with the survey and should entertain reasonable alternatives that would reduce the burden on small entities.

CMS' highly specific information collection proposal will impose significant expenses on smaller hospitals, especially rural ones.

CMS should determine what impact the HCAHPS survey will have on the small survey industry.

Answer:

CMS is sensitive to the costs that will be born by the hospitals that voluntarily participate in the HCAHPS initiative. In order to gain a full and detailed understanding of the range of costs associated with implementation of HCAHPS, CMS commissioned Abt Associates, Inc. to conduct a thorough and independent investigation of the costs and benefits of HCAHPS. As part of its methodology, Abt Associates interviewed survey vendors of various sizes.

The full report produced by Abt Associates, "*Costs and Benefits of HCAHPS*," can be found at the following internet site: <http://www.cms.hhs.gov/quality/hospital/> in the section labeled "*Perspectives on Care HCAHPS*".

In order to accommodate smaller hospitals that wish to participate in HCAHPS, CMS requires that they sample all of their eligible discharged patients. Smaller hospitals that achieve 100 completed surveys can have their HCAHPS results publicly reported.

Costs related to implementation procedures comments:

Lack of staffing and funds to support additional work.

The greatest opportunity for reducing overall costs lie with further reduction in the number of completes required per year.

Allow alternative formats that are less expensive to print, mail and enter into a database.

A new survey will impact costs associated with beginning a new survey process and in maintaining an existing system.

Economics of proposed process seen as prohibitive.

HCAHPS will significantly increase cost of printing, mailing and postage and would necessitate eliminating surveying other large patient populations currently surveyed (ED, clinics, ambulatory).

Requirement of a “live” human operator before patient is transferred into the automated survey process makes use of IVR unnecessarily costly and more difficult to administer. The option of mail notification should also be allowed.

The threshold for HCAHPS of 47% (sic) is too aggressive and the administrative costs associated with attempting to reach this target could escalate significantly. We currently achieve 15-30% for mailed and ~50% for telephone surveys.

Answer:

CMS is sensitive to the costs that will be born by the hospitals that voluntarily participate in the HCAHPS initiative. In order to gain a full and detailed understanding of the range of costs associated with implementation of HCAHPS, CMS commissioned Abt Associates to conduct a thorough investigation of the costs and benefits of HCAHPS, with special attention given to smaller hospitals. The findings of this investigation will influence the final composition of the instrument and implementation procedures.

In order to accommodate smaller hospitals that wish to participate in HCAHPS, CMS requires that they sample all of their eligible discharged patients. Smaller hospitals that achieve 100 completed surveys can have their HCAHPS results publicly reported.

Hospitals have the option to conduct HCAHPS as a stand-alone survey or to integrate it with their existing survey activities. They can choose to administer HCAHPS by mail, phone, or active IVR.

Costs associated with collecting HCAHPS will vary depending on:

- The method hospitals currently use to collect patient survey data;
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Abt estimates that the average data collection cost for a hospital conducting the 27-item version of HCAHPS as a stand-alone survey would be between \$3,300 - \$4,575 per year, assuming that 80-85 percent of hospitals collect HCAHPS by mail and the remainder by phone or active IVR.

Abt estimates that the average data collection cost for a hospital integrating the 27-item version of HCAHPS with their existing survey activities would be between \$600 - \$2,500 per year, depending upon which mode of administration they chose. The weighted average is \$978.

The full report produced by Abt Associates, “*Costs and Benefits of HCAHPS*,” can be found at the following internet site: <http://www.cms.hhs.gov/quality/hospital/> in the section called “*Perspectives on Care HCAHPS*.”

DATA ADJUSTMENT issues

Definition of patient-mix comments:

Use another term other than “case mix” in describing factors to be used in adjusting ratings to reflect patient characteristics that are likely to influence how a patient rates a hospital but do not reflect actual differences in hospital performance.

Use another term than "case mix" to avoid confusion with CMS payment system terminology.

Answer:

To avoid confusion, HCAHPS will use the term “*patient-mix*” rather than the term “*case-mix*”.

Survey mode adjustments comments:

Survey methods show that results obtained from mail vs. telephone survey are different. Telephone surveys skew to more positive results than mail surveys. Do we intend to adjust the results accordingly or only compare telephone v telephone or mail-to-mail. Doing otherwise will not accurately reflect differences in patients' perspectives of the care they receive.

CMS does not specify an algorithm for addressing response differences due to mode of data collection. Not adjusting for data collection mode may give hospitals using telephone an unfair advantage.

Different survey modes will not be comparable; CMS should pick one methodology. How are survey responses going to be weighted based on type of mode?

Will the results from mail and telephone modes be considered in the same manner?

Limit comparisons between hospitals to those using the same data collection method. Adjusting scores based on mode is affected by acquiescence bias and ceiling effects on the instrumentation. The number of potential variables that must be accounted for in a conversion makes the exercise impractical and the data less transparent. It will also undermine trust in the data; hospitals will see differences between data reported and data collected.

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Answer:

We need to strike a difficult balance between allowing hospitals to use their current surveying practices and assuring comparability of results across hospitals. Prior to the national implementation of HCAHPS CMS will conduct a large scale mode experiment with 50 hospitals employing each of the four allowed modes of survey administration (mail, telephone, mail with telephone follow-up, and active IVR) to investigate, among other topics, the degree to which patients' perspectives of care varies by mode of survey administration. Appropriate adjustments will then be developed and applied when HCAHPS is fully implemented. The mode experiment will allow us to assess the impact of different modes and develop adjustments for any differences.

Patient characteristics comments:

Patient-mix adjustment and transmission of survey data recommendation: consider additions to the patient-mix adjustment that affect survey responses, including gender and use of a proxy to complete the survey tool. Additionally, we recommend that AHRQ and CMS clarify how certain data elements will be collected for use in the patient-mix adjustment because it does not appear that all of these elements are available from the HCAHPS survey.

Patients with different DRGs (maternity, heart surgery, etc.) have dramatic differences in ratings. Need a method to assess and adjust for these patient differences. Type of clinical unit may not reflect a patient's condition (for medical and surgery).

Patient survey results differ by region of the country. CMS should consider adding an adjustment by geographic region, perhaps beginning with the ten census regions, to determine if such adjustments create significantly different results.

It is inappropriate to re-weight a hospital's results based on patient characteristics (patient-mix) because hospitals serve different populations and must serve their patients well regardless of expected differences arising from individual patient characteristics. Patient sub-groups should not have their voices augmented or diminished.

The general health status item is of doubtful validity and reliability. HCAHPS claims the general health status item is a "linear variable" when it is ordinal and lacks equal interval scaling. Patient survey scores on HCAHPS cannot be adjusted accurately using ordinal data gathered by a one-item variable such as general health status. Inclusion of demographic items is not supported by usability or validity and should be removed, except those clearly mandated by law.

One cannot partial out cause and effect with demographics such as age, gender or education. Patient-mix adjustment reinforces the idea that groups of patients can be treated differently.

Gender and an indicator of whether the patient or a proxy completed the survey should be used for patient-mix adjustment. Both variables have significant effects on patient satisfaction survey responses.

It is unclear how CMS will obtain data on certain patient-mix items, such as hospital service, age, gender, and proxy when completing the risk-adjustment calculations, a broader selection of patient demographics should be included to more accurately reflect patient mix, severity, etc.

The standardized HCAHPS asks the same questions regardless of type of patient or condition, thus cannot provide the details of the complexity of healthcare, which limits its use for quality improvement.

The value of risk-adjusting process measures is questionable. The implied argument that ‘My patients were not as satisfied with the care because they were sicker’ does not make sense. Risk adjustment and severity ratings are of minimal importance in this measurement environment.

Answer:

The goal of HCAHPS is to collect information from patients using the HCAHPS survey and to present the information based on those surveys to consumers. One of the methodological issues associated with making comparisons among hospitals is the need to adjust appropriately for patient-mix differences. Patient-mix refers to patient characteristics that are not under the control of the hospital that may affect how patients respond to the survey, such as demographic characteristics and health status. The basic goal of adjusting for patient-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

Analyses of the HCAHPS pilot data were conducted to examine the effects of patient characteristics on their ratings of hospital care. These effects might be due to reporting tendencies (patients with certain characteristics tend to report more or less favorably given similar experiences with care). System effects of this sort create the potential for hospital ratings to be made higher or lower because of the characteristics of their patient population, rather than because of the quality of care they provide, making comparisons of unadjusted scores misleading.

There will be an adjustment for the hospital reports to control for patient characteristics that affect ratings and are differentially distributed across hospitals. Most of the patient-mix items are included in the “About You” section of the instrument, while others are from the participating hospital’s administrative records. Based on the pilot data, and consistent with previous studies of patient-mix adjustment in CAHPS and in previous hospital patient surveys, we will be using the following variables in the patient-mix adjustment model:

- Type of service (medical, surgical, or maternity care)
- Age (specified as a categorical variable)
- Education (specified as a linear variable)
- Self-reported general health status (specified as a linear variable)
- Language other than English spoken at home
- Interaction of age by service

We are also exploring adding the length of time between a patient’s hospital discharge and completion of the survey as another patient-mix adjustment variable.

There are two questions included on the HCAHPS survey to capture the race and ethnicity of the respondent but these items are not included in the patient-mix adjustment model. These items are included as analytic variables to support two Congressionally-mandated reports, “National Healthcare Disparities Report,” and “National Healthcare Quality Report.” These reports will provide annual, national-level breakdowns of HCAHPS scores by race and ethnicity. Many

hospitals collect information on race and ethnicity through their administrative systems, but coding is not standard across hospitals. Thus, it was determined that administrative data are not adequate to support the analyses needed for the reports and the items should be included in the questionnaire.

The patient himself or herself must complete the HCAHPS survey; no proxy respondents will be allowed.

Hospital characteristics comment:

When reporting hospital scores, limit comparisons to hospitals similar in bed size, census region, teaching status, religious affiliation, or size of community. Peer-group comparisons do not require that scores be adjusted in a patient-mix fashion.

Answer:

CMS will publicly report information on patients' perspectives of care in participating hospitals. Survey vendors, hospitals, or other interested parties can then use this data to create comparison groupings of interest to them.

Calculating composite scores comments:

Measures of statistical reliability typically assume that for composite measures, the actual ratings will be averaged and not the proportions. By averaging proportions, CMS is requesting a non-standard approach for developing composite domain level scores.

Answer:

The calculation of HCAHPS composites conform to the standards employed in other Consumer Assessment of Health Providers and Systems (CAHPS) surveys, as developed by the Agency for Healthcare Research and Quality, another agency of the U.S. Department of Health and Human Services.

The HCAHPS composites are calculated by averaging the unit (the hospital) means on several items. These are not proportions except in those cases in which the items are dichotomous (items 10, 12, 15, 19 and 20 in the 27-item version of the survey), or are dichotomized before calculation of scores. Such dichotomization simply generates another item score and does not affect the statistical principles of calculation of reliability.

HCAHPS mean scores are calculated at the hospital level and then combined, rather than being summed at the level of the individual respondent. The latter procedure is not applicable to the HCAHPS survey because each item is answered by a different set of respondents.

The standard CAHPS analyses calculate standard errors for the composite scores using a procedure described in the Consumer Assessment of Health Providers and Systems documentation, and then calculate an F statistic based on comparison of between variance to sampling error (also as fully specified in the documentation).

To access the relevant CAHPS documents, please go to the CAHPS website, <http://www.cahps-sun.org/home/index.asp>, then choose “*Download CAHPS Kits*” on the left navigation bar. Next, select “*health plan,*” then “*download individual documents*” and “*analysis programs and instructions.*”

Calculating patient-mix adjustment comments:

The patient-mix approach presented is highly technical and will not be easily understood by many hospital personnel. CMS should provide an example of how the patient-mix adjustments will be made. How does CMS plan to estimate some of the intercepts and coefficients presented in the model?

Answer:

One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for patient-mix differences. Patient-mix refers to patient characteristics that are not under the control of the hospital that may affect how patients respond to the survey, such as demographic characteristics and health status. Systematic effects of this sort create the potential for hospital ratings to be higher or lower because of the characteristics of their patient population, rather than because of the quality of care they provide, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

CMS will provide details about the patient-mix methodology to hospitals and their survey vendors as we move closer to national implementation of the HCAHPS survey.

The patient-mix adjustment will use a regression methodology also referred to as covariance adjustment. As an example of how this will work, let y_{ipj} represent the response to item i of respondent j from hospital p (after recoding, if any, has been performed). The model for adjustment of a single item i is of the form;

$$y_{ipj} = \beta'_i x_{ipj} + \mu_{ip} + \varepsilon_{ipj}$$

where β_i is a regression coefficient vector, x_{ipj} is a covariate vector consisting of six or more adjuster covariates (as described above), μ_{ip} is an intercept parameter for hospital p , and ε_{ipj} is the error term. The estimates are given by the following equation:

$$\begin{pmatrix} \hat{\beta}'_i \\ \hat{\mu}'_i \end{pmatrix} = (\mathbf{X}'\mathbf{X})^{-1} \mathbf{X}' \mathbf{y}_i$$

where $\mu_i = (\mu_{i1}, \mu_{i2}, \dots, \mu_{ip})'$ is the vector of intercepts, \mathbf{y}_i is the vector of responses and the covariate matrix is

$$\mathbf{X} = \begin{pmatrix} \mathbf{X}_a & u_1 & u_2 & \dots & u_p \end{pmatrix}$$

where the columns of \mathbf{X}_a are the vectors of values of each of the adjuster covariates, and u_p is a vector of indicators for being discharge from hospital p, $p = 1, 2, \dots, P$, with entries equal to 1 for respondents in hospital p and 0 for others.

Finally, the estimated intercepts are shifted by a constant amount to force their mean to equal the mean of the unadjusted hospital means \bar{y}_{ip} (to make it easier to compare adjusted and unadjusted means), giving adjusted hospital means

$$\hat{a}_{ip} = \hat{\mu}_{ip} + (1/P) \sum_p \bar{y}_{ip} - (1/P) \sum_p \hat{\mu}_{ip}$$

For single-item responses, these adjusted means are reported. For composites, the several adjusted hospital means are combined using the weighted mean

$$\hat{a}_p = \sum_i w_i \hat{a}_{ip}$$

EXCLUSIONS issues

Exclusions comments:

Patients with legitimate privacy concerns or extenuating circumstances that can bias their evaluation of the hospital or place the hospital in the untenable position of meeting CMS requirements vs. respecting patient privacy issues. In addition, to protect hospitals from potential legal liability and/or noncompliance with HIPAA, and given the sensitivity of these conditions and the patients' reasonable expectations of privacy, these categories of patients ought to be excluded from HCAHPS:

- those discharged against medical advice;**
- those diagnosed with HIV; those treated for sexually transmitted diseases;**
- those treated for alcohol or drug abuse;**
- those diagnosed with suicidal tendencies;**
- those who have suffered physical abuse or rape, sexual assault or spousal abuse;**
- childbirth where infant died; stillborns should be excluded from OB populations**
 - similar excluding expired adults;**
- behavioral, substance abuse patients;**
- patients requesting no contact or "Confidential Status";**
- patients with no DRG coding;**
- patients who had an abortion;**
- patient in "risk management" process;**
- patients discharged from hospice unit;**
- patients whose files are in "re-abstract" (or coding not completed);**
- patients who have been transferred from another facility;**
- patients who have not been discharged to home or a home health facility; and,**
- any patient surveyed in the past ninety days.**

Answer:

CMS designed the HCAHPS survey with the intention of capturing the views of the broadest sample of patients discharged from short-term, acute care hospitals. Therefore, categorical exclusions of patients from the HCAHPS survey are few and are based on CMS policy decisions. Patients will be excluded only when the survey does not properly apply to them (pediatric patients below age 18, and psychiatric patients), or when they have died in hospital or prior to being surveyed.

CMS may revisit the issue of exclusion categories as it gains experience administering HCAHPS. In addition, future versions of HCAHPS may be developed for some patients who are currently excluded, i.e., pediatric patients.

While a wide spectrum of patients will be eligible for participation in HCAHPS, personal identities will not be asked for or revealed. Eligible discharged patients will be randomly surveyed by hospitals or their designated vendor and we have designed the data files so all protected health information (PHI) will be de-identified {See 45 CFR §164.514 (de-identification of PHI)} before transmission to CMS. Thus, a patient's personal identity will not be revealed to or used by CMS. It is our intent that hospitals will submit a thoroughly de-identified data set through the Quality Net Exchange. The data will be analyzed by the Health Services Advisory Group, a quality improvement organization. Hospital-level data will then be transmitted to CMS for public reporting.

CMS will periodically review the patient sampling process employed by participating hospitals to assure that patients are being properly included or excluded, and that patients are being surveyed at random.

If state laws mandate that a participating hospital exclude additional categories of patients, the hospital should notify CMS of this circumstance and we will grant exceptions.

IMPLEMENTATION PROCEDURES issues

Opposition to two waves of mailings comments:

Financial burden issues.

In the pilot studies little change was evident in hospital scores when responses to the second round of mailings were included. Thus, two waves of mailings could actually diminish the information hospitals receive, increase burden, and produce no tangible benefit in terms of changed hospital ratings

No second mailings in current survey methodology with statistically significant results

Will increase surveying costs; allow a single wave mailing provided they can achieve the annual minimum sample of 300

Two waves of mailing and five call attempts will create an unnecessary financial burden and focus resources and attention away from existing quality assessment processes

A two wave mail methodology will increase surveying costs; allow a single wave mailing provided hospitals can achieve the annual minimum sample of 300

Should not require two mailings of the HCAHPS survey, regardless of response rate. Most hospitals do just one mailing (but to a larger population than necessary to obtain 300 completes) in order to get a complete picture of patients' experiences. HCAHPS will force them to do a second mailing or reduce the number of patients surveyed. CMS is applying a higher threshold to HCAHPS than it does to the clinical measures it collects

Answer:

CMS believes that the second wave of mailings and the five telephone callback attempts are needed to gauge the experience of a representative sample of hospital patients.

An empirical analysis of the Three-State Pilot Study results demonstrated that the second wave of mailing of the HCAHPS survey significantly increased the participation of racial and ethnic minorities and younger persons, significantly changed several hospital measures, and affected the relative rankings of 16% of the hospitals that participated in the survey.

CMS is sensitive to the costs that will be born by the hospitals that voluntarily participate in the HCAHPS initiative. In order to gain a full and detailed understanding of the range of costs associated with implementation of HCAHPS, CMS commissioned Abt Associates to conduct a thorough investigation of the costs and benefits of HCAHPS. Abt found the following:

Costs of HCAHPS administered as a separate survey:

- Mail survey: \$10-\$15 per complete (\$3,000 - \$4,500 per hospital, assuming 300 completes)
- Phone survey: \$16.67 - \$20 per complete (\$5,000 - \$6,000 per hospital)
- Active IVR: \$10 per complete (\$3,000 per hospital)

Costs of HCAHPS Incorporated Into Existing Surveys

- Mail survey: \$2.01 per complete (\$603 per hospital)
- Phone surveys: \$8.26 (\$2,478 per hospital)
- Weighted average: \$3.26 (\$978 per hospital) (assuming 80 percent mail and 20 percent phone)

The full report produced by Abt Associates, “*Costs and Benefits of HCAHPS*”, can be found at the following internet site: <http://www.cms.hhs.gov/quality/hospital/> in the section called “*Perspectives on Care HCAHPS*”.

There are several possible options for hospitals that wish to participate in HCAHPS but who currently survey more patients than HCAHPS participation would require.

- The hospital could include the HCAHPS survey in only a portion of its sample of discharged patients, so long as that portion represented a simple random sample of patients eligible for HCAHPS.
- The hospital could include the HCAHPS survey in its entire survey of discharged patients.
 - In its training for HCAHPS CMS will provide techniques for converting disproportionate samples of patients to simple random samples.
- The hospital could select a simple random sample of eligible patients who would then receive only the HCAHPS survey.

Data for the clinical measures survey is taken directly from a hospital’s clinical records; patients are not directly contacted.

Concerns with the required response rate and follow-up mailing.

Because some hospitals survey 100% of patient discharges, they receive larger numbers of patient responses than the minimum of 300 required in HCAHPS. In only one mailing these hospitals achieve nearly 25% response rate with a broad and representative patient sample. To conduct a follow-up mailing would be expensive for these hospitals. We urge CMS to consider allowing hospitals to apply for exceptions to the general instructions for administration as long as they can demonstrate that they are fairly and broadly soliciting responses from patients and obtaining a significant proportion of responses.

Allow hospitals to select the number of survey waves and follow-up calls to be consistent with their current practices.

A second survey mailing should be required only when returns fall below a defined threshold. A second wave of mailing significantly raises costs does not effectively address non-response bias.

Answer:

In order to achieve the goal that HCAHPS will provide the basis for the public to make valid and credible “apples to apples” among hospitals, it is fundamental that all participating hospitals adhere to the same survey procedures. While current survey practices vary widely among hospitals, careful adherence to uniform HCAHPS procedures will assure all stakeholders that the publicly reported hospital measures reflect actual patient experiences, rather than variations in implementation procedures.

Second mailing viewed as intrusive to the patient.

In our experience, a second wave of mail surveying brought higher response rates, but also more patient complaints and queries. The multi-wave approach confused patients who could not recall the admission and generated complaints that their non-response to the first survey was intentional and the second attempt was an annoyance, which reflected on the hospital. One wave of mailing is preferable, producing more accurate information and fewer complaints. Having survey vendors vote on such matters is a conflict of interest.

We don't want to be intrusive when our patients have not completed a survey; cannot make multiple requests to our patients.

Viewed as excessive and as invasion of privacy.

A second mailing will lead to patient complaints from elderly and chronic patients in a small community.

Answer:

In order to ensure that a patient's response pertains to just one particular hospital stay, the HCAHPS survey form and introductory materials will clearly reference that one particular hospital stay. Patients will be contacted between 48 hours and six weeks of discharge of that stay to decrease the possibility that this stay might be confused with other stays. All survey-related contacts with patients will be confidential and will be conducted in a polite and courteous manner. Patients will have the right to refuse to participate in the survey, without any sanctions.

HCAHPS is a burden to participating hospitals comments:

Employees would be required to rework current processes adding undue pressure to what are already compressed schedules.

Complete revision of the survey process is unmanageable and counterproductive. The HCAHPS survey is a setback to an already well-designed process. Involves reallocating resources to re-educate staff on the new survey and the reports.

HCAHPS is too burdensome and complicated for hospitals to conduct the HCAHPS on their own. Survey vendors can most efficiently, accurately and accountably carry out the implementation of HCAHPS and will be more cost effective for CMS to audit than individual hospitals.

Allow hospitals to add selected HCAHPS questions to prevent duplication; allow hospitals to coordinate data collection and reporting of results through their current vendors.

Complete revision of the survey process unmanageable and counterproductive. HCAHPS survey seen as a setback to an already well-designed process. Involves reallocating resources to re-educate staff on the new survey and the reports.

Answer:

CMS will provide training to hospitals and survey vendors that wish to participate in the HCAHPS survey. This mandatory training will cover survey implementation procedures as well as how the HCAHPS survey can be integrated with current hospital patient surveys. In addition, hospital participation in HCAHPS is voluntary.

Participating hospitals will have the option of conducting the HCAHPS survey itself, or allowing a qualified survey vendor conduct the HCAHPS survey on its behalf. In either case, participating organizations must meet minimum requirements and participate in HCAHPS training.

Hospitals that participate in the HCAHPS survey will be required to use the same HCAHPS questions in the same sequence, and to place the HCAHPS questions at the beginning of their survey (except for the five "About You" demographic items). In some cases the HCAHPS questions may essentially duplicate current survey questions. Participating hospitals or survey vendors could choose to omit those questions and rely on the cognate HCAHPS items instead.

- CMS and AHRQ will provide information on how to construct historical trends when a new HCAHPS question replaces a slightly differently worded question from a hospital's ongoing patient survey.

Monthly data collection comments:

Monthly data collection is burdensome. HCAHPS should be reported to CMS on a quarterly basis.

To save time and costs, allow quarterly (rather than monthly) sampling; change requirement of completing “x” surveys per month to completing “x” surveys per quarter.

Answer:

The practice of surveying patients on a monthly basis throughout the year decreases the possibility that seasonal or temporal fluctuations will unduly influence HCAHPS results. In addition, a monthly survey timetable conforms with the current practice of many hospitals.

Survey format comments:

Allow survey vendors flexibility in formatting the HCAHPS questions; do not require columnar format. Not doing so will result in more room to print the current questions we don't wish to lose.

Allow alternative formats that are less expensive to print, mail and enter into a database.

Screeners questions lengthen the survey and make it visually unappealing and more cognitively complex, especially for older adults.

Answer:

In general, uniformity and standardization in the wording and sequence of HCAHPS questions are necessary in order to achieve comparability. However, CMS will provide flexibility in the formatting of the survey. Details about the degree of flexibility will be provided during training for survey implementation.

We considered dropping the screener questions. However, CAHPS testing has shown that without screeners respondents are more likely to give an inappropriate response, as opposed to checking off "*not applicable*." It was also thought that this would be further exacerbated by having different modes of administration.

Timing of administration of survey comments:

Timing of when the survey is administered can impact results but does not appear to be handled in a consistent manner.

There is too wide a timeframe for data collection, which will lead to non-comparable data with which to compare hospitals. Wide variations in methodology puts in question the credibility and validity of the data.

Timing of when the survey is administered can impact results but does not appear to be handled in a consistent manner. To ensure comparability of data, set guidelines for the data collection period and a cut-off point for inclusion in each reporting period.

Distribute surveys to patients within two weeks of discharge; current structure allows too much time.

Define whether the six week time frame for administration of the survey instrument includes the initial and second wave distribution of the survey instrument to non-respondents. We suggest setting one month post hospital discharges as the outside timeframe for distribution of the initial survey.

The proposed six-week post-discharge window for initiating survey is too short for some hospitals to assemble sample and apply exclusion filters. We propose this be lengthened to at least eight weeks.

Our internal data show no statistical difference in patient satisfaction ratings among patients who completed a survey within a month after discharge, compared to those who did so within 2-3 months.

We recommends that patients should be surveyed (by mail) prior to the hospital bill being dropped, which ranges from 4-21 days after discharge.

The time frame for telephone survey differs in small and large hospitals due to different staffing levels and the turn-around time to drop the bill. For larger hospitals, we recommend doing the survey four days prior to the bill, or 4-6 weeks after the bill.

For small hospitals, do survey within 21 days of discharge (prior to the bill).

Answer:

Practices of when to contact discharged patients vary widely among hospitals that administer patient satisfaction surveys. The HCAHPS standard (initial contact to occur between 48 hours and six weeks of discharge; completion of data collection within six weeks of initial contact) both accommodates the existing practices of most hospitals and assures uniformity across hospitals that participate in the HCAHPS survey.

CMS will record the length of time between hospital discharge and survey administration. This may be used as a patient-mix variable should testing show that it has a significant impact on HCAHPS results. CMS will also establish cut-off points for the data that can be included in each publicly reported quarter of HCAHPS results.

“Dry run” comments:

The length of "dry run" has not been specified. The initial dry run and analysis should be followed by a second before public reporting.

Answer:

Patients will be sampled over a two month period in the “dry run” of the HCAHPS survey. The dry run will permit hospitals and survey vendors to gain first-hand experience in collecting and transmitting CAHPS data -- without the public reporting of hospital results. Using the official survey instrument and the approved modes of implementation and data collection protocols, hospitals and survey vendors will collect HCAHPS data from eligible patients and report it to CMS. All hospitals that intend to participate in the initial data collection for HCAHPS must take part in the dry run for a one or two month period. In accordance with HCAHPS protocols, data collection may go on for up to twelve weeks after patient discharge, depending on how the hospital or survey vendor samples its patients. The data collected during the dry-run phase will not be publicly reported

Modes of administration comments:

Proxy respondents.

What assurance does CMS have that a mail survey was actually completed by the patient, not a proxy?

Allow a patient's proxy who is familiar with the patient's hospital stay to complete the survey when necessary. All patients must be represented in the HCAHPS survey. The sickest patients make up an integral part of the healthcare system and often have more occurrences with the system than those patients who are able to complete the survey on their own. Add a final question asking who completed the survey.

Give respondents explicit permission to obtain help filling out the survey.

Answer:

The questions on the HCAHPS survey directly query the actual experiences of hospital patients and their ratings of their hospital care. Because this experience cannot be known by other individuals, it is not permissible for the HCAHPS survey to be completed by anyone other than the actual patient. This policy is consistent with those of other CAHPS surveys.

Patients may ask for physical assistance when taking the survey, if needed. The answers to the questions, however, must be those of the patient alone. The instructions for the survey specify that only the patient should complete the survey.

In order to shorten the revised HCAHPS instrument to 27 items, CMS eliminated two items related to whether the patient received help in completing the survey.

Telephone difficulties.

Some patients have difficulties with telephone sampling due to comprehension, hearing or language problems.

Answer:

In selecting the standard modes of survey administration, CMS chose modes that could both achieve an average response rate of 40%, and which did not systematically discriminate against a significant segment of the patient population.

CMS's experience in testing survey methodologies with the Medicare-aged population cautions us against using Internet at this time. Internet-based methodologies tend to disproportionately exclude the elderly.

Active IVR issues.

In the interest of fairness, if respondents are offered an “opt out” option for IVR, CMS should allow similar flexibility in other response modes. Otherwise, should offer all respondents a complete response mode choice.

Requirement of a “live” human operator before patient is transferred into the automated survey process makes use of IVR unnecessarily costly and more difficult to administer. The option of mail notification should also be allowed.

CMS will require that a patient may “opt out” of an active IVR survey and request a “live” interviewer. There is no parallel requirement for other modes, e.g. that a mail-based approach offer a telephone survey if a patient requests so. CMS should be consistent and allow complete flexibility in response mode: either eliminate the “opt out” requirement from IVR, or require that all patients be offered a response mode choice.

Answer:

Hospital participation in the HCAHPS survey is voluntary, thus CMS is working to ensure that a hospital can easily accommodate the survey within its current surveying methodology without the need to acquire additional methodologies.

Because HCAHPS respondents are more likely to be unfamiliar with active IVR surveying methodology than with traditional survey modes (mail, telephone), the presence of a live operator will help boost response rates, yet the “opt out” will still be needed here

During the initial implementation of the survey, CMS is not considering any exceptions to the four administration protocols (mail, telephone, mixed mode, and active IVR). As we gain experience through the national implementation, we may consider exceptions in the future.

Concerns about the integrity of survey administration.

Self-administration of HCAHPS may not be credible; consultants know and promulgate methods of gaming self-administered surveys. Recommend that CMS develop rigorous audits and quality checks of HCAHPS administration procedures; that CMS certify all HCAHPS implementers. Requests that CMS carefully analyzes whether third party administration should be required.

To prevent hospitals from “cherry picking” completed surveys before submission to CMS, recommend that CMS institute a requirement that where a vendor is used, surveys come from the patient directly to the vendor for processing. Where hospitals don’t use a vendor, CMS should institute some form of attestation by specific hospital personnel that all received surveys are processed and submitted

Hospitals not using nationally recognized vendors should meet minimum standards that HCAHPS would provide

Provide additionally guidance on how the survey responses will need to be transmitted to CMS and specifically what processes will be used to validate data integrity in those situations where hospital administers the survey and transmits the data directly to CMS without using a vendor

Answer:

CMS will require all hospitals and survey vendors that wish to conduct the HCAHPS survey to meet a set of minimum business requirements, attend training, sign an agreement with CMS, comply with implementation standards and protocols, and attest to the integrity of all HCAHPS data that they submit. Participating hospitals will submit to CMS a record of each patient drawn in the HCAHPS sample, whether or not the survey was completed. All HCAHPS providers will be subject to reviews of their surveying operation.

During the course of HCAHPS training CMS will provide detailed information on the process of submitting HCAHPS data.

Number of modes of survey administration.

There are too many modes. This will lead to non-comparable data with which to compare hospitals. Wide variations in methodology puts in question the credibility and validity of the data.

Answer:

Prior to the national implementation of HCAHPS, CMS will conduct a large-scale mode experiment involving a nationally representative sample of acute care short stay hospitals and each of the four permitted modes of survey administration. This mode experiment will reveal whether mode effects exist and what degree of mode adjustment is necessary to neutralize them. CMS will apply the mode adjustments, if needed, to the submitted HCAHPS data before the data is publicly reported.

Replace HCAHPS with an existing patient satisfaction survey instrument comments:

Replace HCAHPS with the Press Ganey patient satisfaction tool because it is simple, easily understood with a reasonable length.

Replace HCAHPS with our hospital's current questions, which are better suited for measuring the overall patient experience.

Replace HCAHPS with our hospital's current survey because the questions are very similar to ones already asked.

HCAHPS should be incorporated into nationally recognized survey instruments.

Answer:

The HCAHPS survey instrument was created to accomplish a new objective: to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. While many hospitals currently collect information on patients' satisfaction with care, there is no national standard for collecting or publicly reporting this 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 is necessary to introduce a standard measurement approach.

CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop HCAHPS. AHRQ has carried out a rigorous, scientific process to develop and test the HCAHPS instrument. This process has entailed a public call for measures; review of existing literature; cognitive interviews; consumer focus groups; stakeholder input; public response to several Federal Register notices; and a three-state pilot test in Arizona, Maryland, and New York. The current version of the HCAHPS instrument and administration protocol reflects additional input and feedback from public comments, consumer testing, and small-scale field tests.

The planning, creation, testing and implementation of the HCAHPS survey have been carried out in a transparent fashion, which included multiple opportunities for public input, review by, and endorsement of the National Quality Forum.

Allow hospitals participating hospitals to chose how to implement HCAHPS comments:

Recommend that CMS allow hospitals to coordinate data collection and reporting of results through their current vendors.

Recommend that CMS allow hospitals to select the number of survey waves and follow-up calls to be consistent with their current practices.

Recommend that CMS allow hospitals to add selected HCAHPS questions to prevent duplication.

Answer:

Hospitals that participate in HCAHPS may contract with a survey vendor to implement the survey. However, in order to achieve the HCAHPS objective of consistency and comparability, all participating hospitals (whether they implement the survey on their own or through a survey vendor) must adhere to the same implementation procedures. Among these is the requirement of presenting the 22 core HCAHPS items at the beginning of the survey. Where an HCAHPS item substantially duplicates an item from the hospital's own survey, the hospital may wish to delete its item.

LENGTH of INSTRUMENT issues

Opposition to reducing the survey to 27, 25, or fewer items comments:

Comparative information on hospital performance in all six domains is critical and cannot be adequately addressed if the number of survey items is reduced.

Current survey is not long enough to adequately survey all pertinent dimensions of patient experience, specifically emotional support, coordination of care, and involvement of family and friends. Survey is too short at 25 items. Strongly disagree with efforts to further shorten it. Should re-incorporate the two items on physicians' and nurses' courtesy and respect.

The HCAHPS domains are most important to patients and their families. The usefulness of publicly reported data is dependent on asking the right questions in the right way, and asking enough of them to get meaningful, actionable data that hospitals can use to improve their quality of care. The core HCAHPS questionnaire is a good minimum baseline from which to start.

A robust survey instrument is critical. If there are further reductions in the number of questions, the patient experiences domains cannot be adequately addressed. Rapid adoption and implementation of HCAHPS is critical.

Any reduction in the number of survey questions would diminish the impact and purpose of the survey.

Strongly disagrees with any effort to further diminish the scope of an already minimal set of questions on HCAHPS.

The design, construction and validation of the HCAHPS instrument implies that CMS intends to use HCAHPS data for causal modeling purposes. To be useful in this regard, some additional questions should be added.

Reduction to a small number of questions would gut the true national benchmarking capability of HCAHPS, and eliminate the possibility of using HCAHPS data for any causal modeling.

Answer:

We have tried to balance the items included in each topic addressed by HCAHPS against the need to minimize the burden accepted by the hospitals that volunteer to survey their patients, and on the patients who are surveyed.

Survey is too long comments:

The 25-item (or the 27-item) HCAHPS survey instrument is too long as mentioned repeatedly by many experienced organizations.

Radical change to existing survey.

Eliminates important questions.

Renders historical data useless.

Financial burden.

Patients won't complete the survey because of the length; losing valuable feedback.

Will not result in achieving the level of feedback that could otherwise be received with a well-tested survey, including parameters on what the public is willing to fill out seen as intrusive.

Recently changed survey vendors because our customers told us that our survey was too long.

If embedded in current surveys, the current length has the potential of skewing data because respondents will become fatigued with its length.

Currently uses a 74 item questionnaire with a 20% return rate. Additional questions would be burdensome to patients and staff.

Inclusion of HCAHPS may cause demise of hospital's own quality improvement program.

A lengthy set of HCAHPS questions will produce a longer, more complex document that will require more time to complete and produce a lower rate of return, thus hurting existing improvement efforts.

Length of HCAHPS will necessitate it being a stand-alone survey. Integrating it with existing tracking surveys will increase length and result in poorer response patterns for customized questions due to respondent fatigue or confusion.

To fit the proposed 25 HCAHPS questions, numerous current questions would have to be deleted. The negative impact would be: revision of improvement goals; dropping customized versions of surveys for specific patient populations such as OB and pediatrics; eliminate questions about specific initiatives such as family-centered care, breastfeeding, first time mothers and ICU care.

Our customers, the majority over 65, do not want and will not complete a long, extensive survey.

Uses telephone mode for surveying patients with 60 questions; adding HCAHPS questions to front of survey would be redundant and harm data already collected.

The length may impede some patients from responding. Does not contain any traditional patient satisfaction hospital questions (food, parking, wait time, etc.). We will lose over 12 years of CSRP trending and knowledge due to the requirement of adding 27 items. Should add only four HCAHPS core questions into existing surveys.

Rankings of hospitals based on general questions about overall quality of care are very highly correlated with rankings based on specific questions about detailed aspects of quality of care. Thus, a brief survey based on summary indicators would more cost-effectively serve patients' need to compare hospitals.

Fitting 25 HCAHPS questions into a survey short enough that patients will complete it will cause us to delete numerous current questions and cause us to abandon customized versions of our survey for special populations and eliminate special questions for specific initiatives.

Five or six global questions are more than adequate for the goals set forth by AHRQ and CMS.

Embedding a longer survey will compromise the data and response rates of existing instruments and disrupt quality improvement initiatives.

Shorten the survey form and questions significantly.

Limit the total length of hospital surveys (that include 5 to 15 HCAHPS items) to no more than 35 questions. Lengthy surveys can result in bias due to respondent fatigue and/or reduced response rates.

Answer:

Following receipt of comments from three Federal Register Notices published to solicit public comments on HCAHPS pilot testing, the instrument and data collection protocol, CMS, AHRQ, the CAHPS grantees reviewed all comments and modified the survey instrument and implementation strategy based on those comments. The input we received was very conflicted. Survey vendors and many hospitals indicated that the HCAHPS was too long while consumer groups indicated that the full content was needed to support consumer choice. CMS and AHRQ followed up on the comments received with hospitals, vendors and consumers.

Based on lessons learned from the pilot testing, public comments, input from stakeholders and numerous team discussions, and the National Quality Forum consensus development process, the current version of HCAHPS is 27 items and the data collection protocol allows hospitals to integrate their own customized questions. The resulting core questionnaire maintains questions

in several dimensions of primary importance to the target audience: doctor communication, nurse communication, responsiveness of hospital staff, cleanliness and quiet of physical environment, communication about medicines, pain control and discharge information. We expect that by following the protocols developed for one of the four approved survey modes, hospitals can attain the targeted response rate of 40%. Individual hospitals and their vendors on their own have been testing HCAHPS items in combination with hospital survey items to ensure their compatibility.

CMS has designed the HCAHPS survey to be easy for hospitals to administer and easy for respondents to complete. For respondents, the number of items has been reduced and the time needed to complete the survey has been shortened. The questions have been crafted to explore the issues of greatest interest to patients, have been tested for reliability and validity, and are posed in clear, easily understandable language (either English and Spanish).

For hospitals, HCAHPS has been designed to allow for the integration of a hospital's customized survey items. Hospitals will not need to draw an additional sample but rather can use an integrated survey with one sample of discharged patients. Some HCAHPS items may substitute for similar items on current hospitals surveys. Participating hospitals will benefit by being able to compare their own patients' perspectives of care to those of patients in other participating hospitals. Thus, participating hospitals will be able to easily and directly compare their performance to that of other hospitals.

HCAHPS will require two surveys comments:

Patients won't respond to two surveys.

Concerned about the message sent to patients re: receiving two surveys about their stay.

Dual surveys would impact or lose integrity of trended data because of lower response rates.

Questions why data already collected by hospitals using standardized measurements for patient satisfaction cannot transfer that data to any regulatory entity.

Current survey represents the best practice in patient surveys in the country at this time and the questions have been statistically validated.

Will not participate if HCAHPS necessitated two surveys rather than one.

The lengthy survey proposed by federal government is inconsistent with current instrument that will necessitate a second survey to comply with new regulations. See Dr. Kessler's research.

If forced to conduct HCAHPS separately to our existing survey, we will incur substantial costs and place a burden on patients. Also, staff will be faced with two separate sets of patient data for quality improvement.

Answer:

The survey has been reduced from the original pool of 66 items to 27 items. Implementation procedures for HCAHPS have been set up in order for vendors or hospitals to have the opportunity to integrate their current survey questions with the HCAHPS ones. Hospitals or vendors can use mail, telephone or active IVR. We have offered multiple modes of survey administration so hospitals can continue their current practices. Participation in HCAHPS is voluntary so it will be up to the hospital to decide whether they would like to participate in HCAHPS.

Number of questions comments:

Comparative information on hospital performance in all six domains is critical and cannot be adequately addressed if the number of survey items is reduced.

The 25 questions do not measure the dimensions of care being touted by CMS; in a regression analysis only 6 of the 24 questions predict a hospital's overall rating.

HCAHPS does not measure patient satisfaction completely - only 4 questions deal with patient feelings regarding inpatient services; remaining Questions ask "how often" something occurred - assuming that frequency equals positive satisfaction - a flawed assumption.

Greater than 20 questions will force hospital to stay with current instrument.

Decrease to 10 or fewer questions.

Recommends 5-10 questions.

Recommendation is for 8-10 HCAHPS questions.

Reduce survey to 3 or 4 key questions: overall satisfaction, likelihood to recommend, overall nursing and possibly overall doctors.

If survey takes more than 8 minutes, patient interest wanes.

Reduce HCAHPS to 10 or fewer items. Including a separate insert of HCAHPS questions in our current survey will cause confusion and lead to a reduction in response rate.

Reduce HCAHPS to ten or fewer items. If HCAHPS is conducted as a stand-alone survey, this would reduce the pool of potential respondents for our current survey.

Adding 25 questions will more than triple the size of current survey and affect the size of our survey budget accordingly; reduce HCAHPS to no more than five questions.

Recommends reducing survey to 3 or 4 key questions: overall satisfaction, likelihood to recommend, overall nursing and possibly overall doctors.

Answer:

AHRQ's testing has shown that several aspects of hospital performance are needed to capture care from the patient's perspective. The measurement structure proposed for HCAHPS includes global ratings of the hospital and composite measures in seven key domains of care.

The proposed global ratings are ‘overall rating of the hospital’ and ‘extent to which patients are willing to recommend the hospital.’ The proposed domain-level composites are communication with doctors, communication with nurses, responsiveness of the hospital staff, pain control, communication about medicines, cleanliness and quiet of the physical environment, and discharge information.

AHRQ specifically asked consumers in eight focus groups if they had to choose one or the other, would they rather have just overall ratings or more specific domain-level information. About two-thirds of participants preferred the domain level information. However, when asked, virtually all participants in the focus groups indicated that they would prefer to have both the overall ratings and the domain-level information. The HCAHPS measurement structure includes this mix of general and specific aspects of hospital performance.

Table 1 below identifies each of the items in the questionnaire, its purpose, and what percent of consumers said that the individual item was a “must have” for choice. With the exception of three items, at least 85 percent of participants indicated that they must have information about each of the items included in the survey. The individual items that were rated lower were quiet of hospital environment, how often pain was well controlled, and whether staff spoke to the patient about the help they would need when they left the hospital. Although these three individual items receive relatively lower rankings, the quiet of hospital environment contributes to a domain that is very important from the perspective of patients. The other two items contribute to domains that are aligned with the National Quality Forum priority areas.

Table 2 lists each of the domains and several different indicators of the importance of these domains. The column headed “National Quality Forum (NQF) priority area to which domain contributes” indicates the extent to which each domain contributes to measurement in NQF priority areas for improvement in quality. The HCAHPS domains “communication with doctors,” “communication with nurses,” and “communication about medicines” will contribute to the NQF’s priority on improving care coordination and communication. The HCAHPS “pain control” domain will contribute to the NQF’s pain management priority. And, the HCAHPS “discharge information” domain will contribute to the priority on improving self management and health literacy. The latter is especially important to note given the relatively low percentage of consumers who rated data on “discharge information” as something they must have in making a choice between hospitals. Consumers may not fully be aware of the importance or impact of discharge information on their ability for self management after they leave the hospital. The ability for self management after discharge can have significant consequences for patient health and costs. Poor preparation for discharge can be a key factor in hospital readmission. The inclusion of this domain in HCAHPS will provide information that complements the information on the adequacy of discharge information for heart failure patients that is included in CMS’s clinical measure set.

The next column in the table indicates how the measure will contribute to quality of care. HCAHPS measures are designed to support consumer choice and to provide incentives for hospital improvement in areas that are important from the patient’s perspective.

The next two columns provide information from ten consumer focus groups of people who had a recent hospitalization. The first column indicates the proportion of participants who identified information on each domain as something they must have in making a choice between hospitals (i.e., unconstrained choice). With the exception of “discharge information,” at least 80 percent of participants indicated that they must have information about each of the domains. The last column indicates the proportion of participants who identified each domain as one of the top two domains for which they wanted information (i.e., constrained choice). Four of the composites emerged as most important in the constrained choice situation: communication with doctors, communication with nurses, responsiveness of the hospital staff, and cleanliness and quiet of the physical environment (with cleanliness being the key factor). While all of the domains are important to consumers, these four are of highest priority.

Multiple items make up each domain in the survey. Multiple items within each domain provide more granularity and variation in information as well as create more actionable incentives that are aligned, in many cases, with national priorities for improvement.

The Nurse Communication domain includes three items that capture different aspects of communication. These different items are combined to create a composite measure of nurse communication. These different dimensions include treating the patient with courtesy and respect, listening carefully, and explaining things in a way the patient could understand. All of these are important, but they reflect different dimensions of communication. The construction of the Doctor Communication domain is very similar to Nurse Communication.

The Cleanliness and Quiet of Hospital Environment Domain consists of two items that measure cleanliness of room and bathroom and how quiet the area around the room was at night. From the perspective of consumers, these two items are critical indicators of the quality of the hospital environment.

The Responsiveness of Hospital Staff domain includes just two questions. The first is a screener to assure that the appropriate people respond to the question about getting help to get the bathroom or using a bedpan. Although this domain is not a National Quality Forum priority area, it was critical from the perspective of patients.

The Pain Management domain includes three questions. The first question is a screener to assure that the appropriate people respond to the pain management questions. The other questions that contribute to this domain capture two different aspects of pain management: how often was your pain well controlled, and how often did hospital staff do everything they could to help you with your pain.

The Communication about Medicines domain includes three questions. The first question is a screener to assure that the appropriate people respond to questions in this domain. The other questions capture two different aspects of communication. One is whether the hospital staff told the patient what the medicine was for, and the other is whether hospital staff described possible side effects.

The final domain is Discharge Information. There is a screener item to ensure that a patient was discharged to home. The other two items in the domain capture two different aspects of discharge. The first is whether someone spoke to the patient about whether they would have the help they needed when they left the hospital, and the other is whether the patient received information in writing about what symptoms or health problems to look out for when they left the hospital.

The five remaining items on the survey are used for patient mix adjustment and other analytic purposes. The questions about race and ethnicity are included to support the congressionally mandated “*National Healthcare Disparities Report*” and the “*National Healthcare Quality Report*.”

Table 1: Individual HCAHPS Items

Question Number	Question	Purpose	Input from Consumers Proportion Saying "must have" for choice (unconstrained)
1	During this hospital stay, how often did nurses treat you with courtesy and respect?	Part of "Nurse Communication" domain	0.93
2	During this hospital stay, how often did nurses listen carefully to you?	Part of "Nurse Communication" domain	0.93
3	During this hospital stay, how often did nurses explain things in a way you could understand?	Part of "Nurse Communication" domain	0.88
4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted?	Part of "Responsiveness of Hospital Staff" domain	0.9
5	During this hospital stay, how often did doctors treat you with courtesy and respect?	Part of "Doctor Communication" domain	0.91
6	During this hospital stay, how often did doctors listen carefully to you?	Part of "Doctor Communication" domain	0.94
7	During this hospital stay, how often did doctors explain things in a way you could understand?	Part of "Doctor Communication" domain	0.98
8	During this hospital stay, how often were your room and bathroom kept clean?	Part of "Cleanliness and Quiet of Hospital Environment" domain	0.98
9	During this hospital stay, how often was the area around your room quiet at night?	Part of "Cleanliness and Quiet of Hospital Environment" domain	0.56

10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?	Screeners to be sure appropriate people respond to the following question	N/A
11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	Part of "Responsiveness of Hospital Staff" domain	0.92
12	During this hospital stay, did you need medicine for pain?	Screeners to be sure appropriate people respond to the following two questions	N/A
13	During this hospital stay, how often was your pain well controlled?	Part of "Pain Control" domain	0.74
14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?	Part of "Pain Control" domain	0.92
15	During this hospital stay, were you given any medicine that you had not taken before?	Screeners to be sure appropriate people respond to the following two questions	N/A
16	Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	Part of "Communication about Medicines" domain	0.96
17	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	Part of "Communication about Medicines" domain	0.86
18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?	Screeners to be sure appropriate people respond to the following two questions	N/A

19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	Part of "Discharge Information" domain	0.72
20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	Part of "Discharge Information" domain	0.94
21	Using any number from 0 to 10, where 0 is the worst possible hospital and 10 is the best hospital possible, what number would you use to rate this hospital?	One of the two global hospital ratings	N/A
22	Would you recommend this hospital to your friends and family?	One of the two global hospital ratings	N/A
23	In general, how would you rate your overall health?	Included in patient mix adjustment model	N/A
24	What was the highest grade or level of school that you have completed?	Included in patient mix adjustment model	N/A

25	Are you of Hispanic or Latino origin or decent?	Analytic variable to be used in congressionally-mandated "National Healthcare Disparities Report" and "National Healthcare Quality Report." These reports will provide national breakdowns of HCAHPS scores by ethnicity. Many hospitals collect information on ethnicity through their administrative systems, but coding is not standard. Thus, these administrative data can't be used for the needed analyses.	N/A
26	What is your race?	Analytic variable to be used in congressionally-mandated "National Healthcare Disparities Report" and "National Healthcare Quality Report." These reports will provide national breakdowns of HCAHPS scores by race. Many hospitals collect information on race through their administrative systems, but coding is not standard. Thus, these administrative data can't be used for the needed analyses.	N/A
27	What language do you mainly speak at home?	Included in patient mix adjustment model.	N/A

Table 2: HCAHPS Domains

Domain	National Quality Forum priority area to which domain contributes	Role in Quality ^a	Input from Consumers	
			Proportion saying "must have" for choice (unconstrained)	Proportion saying domain in top two (constrained)
Nurse Communication	Care Coordination and Communication	CI, I	0.9	0.32
Doctor Communication	Care Coordination and Communication	CI, I	0.93	0.39
Responsiveness of Hospital Staff		CI, I	0.93	0.35
Cleanliness and Quiet of Hospital Environment		CI, I	0.91	0.34
Pain Control	Pain Management	CI, I	0.81	0.07
Communication about Medicines	Care Coordination and Communication	CI, I	0.8	0.07
Discharge Information	Self management/ health literacy	CI, I	0.57	0.07

^a CI = consumer information.

I = create incentive through public reporting for hospital to improve performance.

QUESTION WORDING and MODIFICATIONS issues

Additional items to include on survey comments:

Privacy, emotional support, patient involvement in decision-making process, the admission process, coordination of care.

Integration of care is more significant and applicable in measuring patient satisfaction.

Would like domains for patient safety, complications and infections, cultural competence, and care transitions.

Should reintroduce the overall physician and overall nursing ratings (using the same 0-10 scale as the overall rating of hospital question). and drop the related individual items; Physician and nursing care as a whole are important to consumers, so ask about the entire experience; this would provide excellent summary measures for Nurses and Doctors and allow for more direct analysis in relating those questions to the overall hospital rating question.

Add two questions that ask whether the patient was denied any services or medical information the patient felt was needed, and why that information was denied.

Reinstate the “admissions” section; the admissions process provides patients with important information about their care.

Add a question about whether the hospital informed the patient about reasons it might refuse to honor an advance directive.

Answer:

Thank you for these suggestions about future HCAHPS additions. At this point, we are not adding additional items onto the HCAHPS survey. We will take these suggestions into account if we develop any HCAHPS supplements.

Include items on courtesy and respect comments:

If a decision is reached to reinsert questions related to courtesy and respect, inquire separately about courtesy and respect. These are two different attributes of care that should be asked about separately so that hospitals can better target actions to response.

Supports reinsertion of questions on respect and caring of physician and nurses.

The NQF arbitrarily reintroduced the two items on nurse and physician courtesy and respect, contrary to what the data show.

Answer:

As a result of a recommendation from the National Quality Forum's Consensus Development Process, the two courtesy and respect items have been added back into the survey. The review committee felt that these questions are important to all patients, but may be particularly meaningful to patients who are members of racial and ethnic minority groups.

Patient information to include on survey comment:

In order to accurately reflect on particular hospital stay by one particular patient, the survey must state the patient's name, discharge date and hospital name at the beginning of the survey.

Answer:

We recommend that survey sponsors include both the hospital name and discharge date on the front cover, as cues to orient the patient to the sampled hospital stay. CMS would approve of survey users providing further customization (such as an additional reference to discharge date in the instructions to Question 1). However, CMS is not requiring additional fields of customized text as this may result in increased vendor costs for survey formatting and production.

All patient data will be completely de-identified before being transferred to CMS. The identity of individual patients will not be revealed to CMS or any outside party.

Items to exclude from survey comments:

Bathroom help;

Frequency of cleaning;

Patients' perceptions of room and bathroom cleanliness, which will be biased against hospitals with an older plant.

Integration of care, which is more significant and more applicable to patient satisfaction.

Drop the "About You" section because larger hospitals can populate the demographic items from the information they already possess.

Fewer questions that address specific areas of concerns.

Ten or fewer "overall rating" questions for each of the identified domains would provide enough detail for consumers.

The easiest data for consumers to interpret will come from the overall rating questions.

Six questions can effectively predict patients' likelihood of recommending a hospital. CMS should reinsert the summary evaluation items for nurses and physicians and use only these and similar summary evaluation question for each domain.

A set of eight questions predicts the likelihood of recommending hospital and overall rating of hospital and account for the same amount of variance as the current full set of items. This data-driven approach supports a more stream-lined instrument.

HCAHPS doesn't measure patient satisfaction completely; only four questions deal with patient feelings regarding inpatient services; remaining questions ask "how often" something occurred, which makes the flawed assumption that frequency equals positive satisfaction.

Answer:

AHRQ's testing has shown that several aspects of hospital performance are needed to capture care from the patient's perspective. The measurement structure proposed for HCAHPS includes global ratings of the hospital and composite measures in seven key domains of care.

The proposed global ratings are 'overall rating of the hospital' and 'extent to which patients are willing to recommend the hospital'. The proposed domain-level composites are communication with doctors, communication with nurses, responsiveness of the hospital staff, pain control, communication about medicines, cleanliness and quiet of the physical environment, and discharge information.

AHRQ specifically asked consumers in eight focus groups if they had to choose one or the other, would they rather have just overall ratings or more specific domain-level information. About two-thirds of participants preferred the domain level information. However, when asked, virtually all participants in the focus groups indicated that they would prefer to have both the overall ratings and the domain-level information. The HCAHPS measurement structure includes this mix of general and specific aspects of hospital performance.

Table 1 below identifies each of the items in the questionnaire, its purpose, and what percent of consumers said that the individual item was a “must have” for choice. With the exception of 3 items, at least 85 percent of participants indicated that they must have information about each of the items included in the survey. The individual items that were rated lower were quiet of hospital environment, how often pain controlled, and whether staff spoke to the patient about the help they would need when they left the hospital. Although these three individual items receive relatively lower rankings, the quiet of hospital environment contributes to a domain that is very important from the perspective of patients. The other two items contribute to domains that are aligned with the National Quality Forum priority areas.

Table 2 lists each of the domains and several different indicators of the importance of these domains; see below. The column headed “*National Quality Forum (NQF) priority area to which domain contributes*” indicates the extent to which each domain contributes to measurement in NQF priority areas for improvement in quality. The HCAHPS domains “communication with doctors,” “communication with nurses,” and “communication about medicines” will contribute to the NQF’s priority on improving care coordination and communication. The HCAHPS “pain control” domain will contribute to the NQF’s pain management priority. And, the HCAHPS “discharge information” domain will contribute to the priority on improving self management and health literacy. The latter is especially important to note given the relatively low percentage of consumers who rated data on “discharge information” as something they must have in making a choice between hospitals. Consumers may not fully be aware of the importance or impact of discharge information on their ability for self management after they leave the hospital. The ability for self management after discharge can have significant consequences for patient health and costs. Poor preparation for discharge can be a key factor in hospital readmission. The inclusion of this domain in HCAHPS will provide information that complements the information on the adequacy of discharge information for heart failure patients that is included in CMS’s clinical measure set.

The next column in Table 2 indicates how the measure will contribute to quality of care. HCAHPS measures are designed to support consumer choice and to provide incentives for hospital improvement in areas that are important from the patient’s perspective.

The next two columns provide information from ten consumer focus groups of people who had a recent hospitalization. The first column indicates the proportion of participants who identified information on each domain as something they must have in making a choice between hospitals (i.e., unconstrained choice). With the exception of “discharge information,” at least 80 percent of participants indicated that they must have information about each of the domains. The last column indicates the proportion of participants who identified each domain as one of the top two

domains for which they wanted information (i.e., constrained choice). Four of the composites emerged as most important in the constrained choice situation: communication with doctors, communication with nurses, responsiveness of the hospital staff, and cleanliness and quiet of the physical environment (with cleanliness being the key factor). While all of the domains are important to consumers, these four are of highest priority.

Multiple items make up each domain in the survey. Multiple items within each domain provide more granularity and variation in information as well as create more actionable incentives that are aligned, in many cases, with national priorities for improvement.

The Nurse Communication domain includes three items that capture different aspects of communication. These different items are combined to create a composite measure of nurse communication. These different dimensions include treating the patient with courtesy and respect, listening carefully, and explaining things in a way the patient could understand. All of these are important, but they reflect different dimensions of communication. The construction of the Doctor Communication domain is very similar to Nurse Communication.

The Cleanliness and Quiet of Hospital Environment Domain consists of two items that measure cleanliness of room and bathroom and how quiet the area around the room was at night. From the perspective of consumers, these two items are critical indicators of the quality of the hospital environment.

The Responsiveness of Hospital Staff domain includes just two questions. The first is a screener to assure that the appropriate people respond to the question about getting help to get the bathroom or using a bedpan. Although this domain is not a National Quality Forum priority area, it was critical from the perspective of patients.

The Pain Management domain includes three questions. The first question is a screener to assure that the appropriate people respond to the pain management questions. The other questions that contribute to this domain capture two different aspects of pain management: how often was your pain well controlled, and how often did hospital staff do everything they could to help you with your pain.

The Communication about Medicines domain includes three questions. The first question is a screener to assure that the appropriate people respond to questions in this domain. The other questions capture two different aspects of communication. One is whether the hospital staff told the patient what the medicine was for, and the other is whether hospital staff described possible side effects.

The final domain is Discharge Information. There is a screener item to ensure that a patient was discharged to home. The other two items in the domain capture two different aspects of discharge. The first is whether someone spoke to the patient about whether they would have the help they needed when they left the hospital, and the other is whether the patient received information in writing about what symptoms or health problems to look out for when they left the hospital.

The five remaining items on the survey are used for patient mix adjustment and other analytic purposes. The questions about race and ethnicity are included to support the congressionally mandated “National Healthcare Disparities Report” and the National Healthcare Quality Report.”

Table 1: Individual HCAHPS Items

Question Number	Question	Purpose	Input from Consumers Proportion Saying "must have" for choice (unconstrained)
1	During this hospital stay, how often did nurses treat you with courtesy and respect?	Part of "Nurse Communication" domain	0.93
2	During this hospital stay, how often did nurses listen carefully to you?	Part of "Nurse Communication" domain	0.93
3	During this hospital stay, how often did nurses explain things in a way you could understand?	Part of "Nurse Communication" domain	0.88
4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted?	Part of "Responsiveness of Hospital Staff" domain	0.9
5	During this hospital stay, how often did doctors treat you with courtesy and respect?	Part of "Doctor Communication" domain	0.91
6	During this hospital stay, how often did doctors listen carefully to you?	Part of "Doctor Communication" domain	0.94
7	During this hospital stay, how often did doctors explain things in a way you could understand?	Part of "Doctor Communication" domain	0.98
8	During this hospital stay, how often were your room and bathroom kept clean?	Part of "Cleanliness and Quiet of Hospital Environment" domain	0.98
9	During this hospital stay, how often was the area around your room quiet at night?	Part of "Cleanliness and Quiet of Hospital Environment" domain	0.56

10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?	Screeners to be sure appropriate people respond to the following question	N/A
11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	Part of "Responsiveness of Hospital Staff" domain	0.92
12	During this hospital stay, did you need medicine for pain?	Screeners to be sure appropriate people respond to the following two questions	N/A
13	During this hospital stay, how often was your pain well controlled?	Part of "Pain Control" domain	0.74
14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?	Part of "Pain Control" domain	0.92
15	During this hospital stay, were you given any medicine that you had not taken before?	Screeners to be sure appropriate people respond to the following two questions	N/A
16	Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	Part of "Communication about Medicines" domain	0.96
17	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	Part of "Communication about Medicines" domain	0.86
18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?	Screeners to be sure appropriate people respond to the following two questions	N/A

19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	Part of "Discharge Information" domain	0.72
20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	Part of "Discharge Information" domain	0.94
21	Using any number from 0 to 10, where 0 is the worst possible hospital and 10 is the best hospital possible, what number would you use to rate this hospital?	One of the two global hospital ratings	N/A
22	Would you recommend this hospital to your friends and family?	One of the two global hospital ratings	N/A
23	In general, how would you rate your overall health?	Included in patient mix adjustment model	N/A
24	What was the highest grade or level of school that you have completed?	Included in patient mix adjustment model	N/A

25	Are you of Hispanic or Latino origin or decent?	Analytic variable to be used in congressionally-mandated "National Healthcare Disparities Report" and "National Healthcare Quality Report." These reports will provide national breakdowns of HCAHPS scores by ethnicity. Many hospitals collect information on ethnicity through their administrative systems, but coding is not standard. Thus, these administrative data can't be used for the needed analyses.	N/A
	What is your race?	Analytic variable to be used in congressionally-mandated "National Healthcare Disparities Report" and "National Healthcare Quality Report." These reports will provide national breakdowns of HCAHPS scores by race. Many hospitals collect information on race through their administrative systems, but coding is not standard. Thus, these administrative data can't be used for the needed analyses.	N/A
27	What language do you mainly speak at home?	Included in patient mix adjustment model	N/A

Table 2: HCAHPS Domains

Domain	National Quality Forum priority area to which domain contributes	Role in Quality ^a	Input from Consumers	
			Proportion saying "must have" for choice (unconstrained)	Proportion saying domain in top two (constrained)
Nurse Communication	Care Coordination and Communication	CI, I	0.9	0.32
Doctor Communication	Care Coordination and Communication	CI, I	0.93	0.39
Responsiveness of Hospital Staff		CI, I	0.93	0.35
Cleanliness and Quiet of Hospital Environment		CI, I	0.91	0.34
Pain Control	Pain Management	CI, I	0.81	0.07
Communication about Medicines	Care Coordination and Communication	CI, I	0.8	0.07
Discharge Information			0.57	0.07
	Self management/health literacy	CI, I		

^aCI = consumer information; I = create incentive through public reporting for hospital to improve performance.

Exclude phrase from survey comments:

Delete the phrase "*During this hospital stay*" at the beginning of every question and place it once in the instructions

Question 1: "*During this hospital stay, how often did nurses listen carefully to you?*" should include the phrase "*...the hospital stay for the hospital listed on the cover.*"

Answer:

During the NQF consensus development process, we received feedback from the review committee that it was critical to have the phrase "*During this hospital stay*" at the beginning of each question to ensure that the respondent is referring to the appropriate stay.

The phrase, "*...the hospital stay for the hospital listed on the cover*", is included in the instructions for the survey.

HCAHPS Question 3 ('call button') comments:

HCAHPS Question 3 (“During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?”) should be designed to talk about the response to a call bell, rather than as soon as they wanted it. Our industry is not designed for immediate response but to protect, take care and facilitate health care. The way this measure will be reported is going to be negative for the industry. We would prefer: “how often did they respond to your call as soon as you wanted it?”

The “call button” question should ask whether patients received responses ‘within a reasonable time frame’, rather than ‘as fast as they wanted it.’ (sic).

The phrase “as soon as you wanted” should be eliminated from Question 3 because it introduces subjectivity based on each patient’s expectations regarding acceptable response time.

Rephrase Question 3 to “...how often do you get help in a reasonable time frame.”

Answer:

In the HCAHPS pilot, this question was strongly related to patients’ overall experience of hospital care and whether they would recommend the hospital. It was also a sensitive marker of differences among hospitals [please see HCAHPS Three-State Pilot Study Analysis Report at www.cms.hhs.gov/quality/hospital.] We used the phrase “as soon as you wanted” because patients are valid reporters of what they want. In contrast, patients may not have the medical background necessary to report on what they need (that is, what is medically necessary or possible).

This phrase is necessary to avoid giving a positive score to hospitals that respond to patients’ requests after delays so long that the help is no longer required. We choose not to specify a length of time because we did not want to set a de facto standard. In testing, we find that patients have realistic expectations and can provide answers that are meaningful indicators that are also correlated with their overall satisfaction.

HCAHPS Questions 8 & 9 ('help getting to bathroom') comments:

Eliminate Question 8, “During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?” Question 3 speaks to same issue.

Eliminate Question 9, “How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?” Question 3 speaks to same issue.

Rephrase Question 9 to “...as soon as you needed,” rather than “...as soon as you wanted.”

The phrase “as soon as you wanted” should be eliminated from Question 9 because it introduces subjectivity based on each patient’s expectations regarding acceptable response time.

Respondents must be reminded that their answers are to pertain to the hospital stay listed at the beginning of the survey. The phrase “During this hospital stay” should precede Question 9.

Answer:

Question 8 is the screener question for Question 9. Question 9 correlates significantly with ratings of the hospital. Question 9 also correlates highly with items in the composites of which it is a part. Most important, there are other reasons for including this item besides correlations with patient satisfaction. A strong case can be made to measure tending to basic patient needs (Question 9) even if it were not correlated with patient satisfaction.

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The phrase “as soon as you wanted” is necessary to avoid giving a positive score to hospitals that respond to patients’ requests after delays so long that the help is no longer required. We choose not to specify a length of time because we did not want to set a de facto standard. In testing, we find that patients have realistic expectations and can provide answers that are meaningful indicators that are also correlated with their overall satisfaction.

Question 8, the screener question that precedes Question 9, includes the phrase “During this hospital stay...”

HCAHPS Question 11 ('pain well controlled') comments:

**Eliminate Question 11, “*During this hospital stay, how often was your pain well controlled?*”
Only Question 12 really matters.**

The phrase “*well controlled*” is ambiguous. Should quantify the question to ask on a 1-4 scale how the individual’s pain was controlled in hospital. The response set a 1-4 scale, with 1 = poor, and 4 = very good.

Rephrase Question 11 to “...how often your pain was reasonably controlled.”

Delete Question 11 because it is nearly impossible to have a patient’s pain always well controlled; Question 12 (staff help with pain control) is more appropriate because it reflects the staff’s efforts to manage pain.

Answer:

Question 11, “*During this hospital stay, how often was your pain well controlled,*” allows the patient an opportunity to report his or her perception of how often the hospital staff attended to his or her pain. In our testing of the data from the HCAHPS Three-State Pilot Study we found Question 11 to be psychometrically sound. It also passed our cognitive testing of the survey. The response scale employed here is consistent with that used for other HCAHPS items.

HCAHPS Question 12 ('help with pain control') comments:

In Question 12, “During this hospital stay, how often did the hospital staff do everything they could to help you with your pain,” the phrase “do everything” can be interpreted many ways. Reword to ask, “did hospital staff utilize other mechanisms, such as changing your position, massage, music therapies, etc... in combination with medication to relieve your pain?”

Reword Question 12 to: “During this hospital stay, how often did the staff do everything to effectively manage your pain.”

The standard of care is to offer alternatives, and this could be evaluated more accurately with Question 12 rephrased as “Did the hospital make attempts to reduce your pain.”

Answer:

Question 12 helps to measure how well patients think pain was managed, and surely it would be useful to learn how well or poorly patients thought hospitals were performing in that area.

The focus of this comment is not clear. Perhaps it refers to the fact that the question asks for the frequency of efforts at pain control, rather than just asking for a yes/no response. The problem with asking this as a yes/no question is that our testing shows that experience within a stay can be variable. While technically a respondent could answer this question “no” if there was even one time when the patient found efforts at pain control to be wanting, respondents find it frustrating not to be able to describe the variability and we lose information that the “always” to “never” approach to answering helps to capture.

The problem with asking this as a yes/no question is that our testing shows that experience within a stay can be variable. While technically a respondent could answer this question “no” if there was even one time when the patient found efforts at pain control to be wanting, respondents find it frustrating not to be able to describe the variability and we lose information that the “always” to “never” approach to answering helps us capture

It would be impossible meaningfully to interpret the answers without information about the patient’s condition, and that goes well beyond the scope of the survey.

HCAHPS Question 14 ('new medicine') comments:

To Question 14, “*Before giving you any new medicine, how often did hospital staff tell you what the medicine was for,*” add the phrase “and how would it affect you.”

Respondents must be reminded that their answers are to pertain to the hospital stay listed at the beginning of the survey. The phrase “*During this hospital stay*” should precede Question 14.

Answer:

The screener question proceeding Question 14 includes the phrase “*During this hospital stay...*” The question that follows Question 14 focuses on possible side effects of any new medicines.

HCAHPS Question 15 ('new medicine side effects') comments:

Eliminate Question 15, “*Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?*” Question 2 speaks to same issue.

Respondents must be reminded that their answers are to pertain to the hospital stay listed at the beginning of the survey. The phrase “*During this hospital stay*” should precede Question 15.

Answer:

Question 15 focuses specifically on Medication management, while Question 2 has a broader focus. The screener for Question 15 contains the phrase “*During this hospital stay...*”

HCAHPS Question 16 ('discharge destination') comment:

Respondents must be reminded that their answers are to pertain to the hospital stay listed at the beginning of the survey. The phrase “*During this hospital stay*” should precede Question 16, “*After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?*”

Answer:

Question 16 is preceded by a screener question that includes the phrase, “*During this hospital stay...*” The items that follow Question 16 also include the phrase “*During this hospital stay...*”

HCAHPS Question 19 ('hospital rating') comments:

Question 19, overall rating of hospital, is a leading question with a negative connotation; it encourages a patient to choose “*Worst hospital*”. Should be re-structured to present best hospital first.

The ‘Overall Rating of Hospital’ item (Question 19) should reflect the patient’s overall stay at a hospital, rather than worst to best hospital. What would the comparison be if a patient has never before been hospitalized, or never stayed at another hospital? A patient may have had a bad experience on “a unit” of a hospital, but that should not be viewed as an indictment of the entire facility. Recommend that item be reworded to ask patient on a scale of 1-10 to rate their care from worst to best.

Eliminate Question 19 or 20; either tells any consumer what they need to know.

Question 19 should include the phrase “...the hospital stay for the hospital listed on the cover.”

Answer:

The use of the 0 to 10 rating scale is one of the hallmarks of CAHPS® surveys. In the course of developing CAHPS 1.0 we did extensive testing of alternative approaches for the collection of consumer ratings of care including comparing adjectival versus numeric ratings. A detailed description of the process and findings that informed scale development can be found in Harris-Kojetin et al. (“The Use of Cognitive Testing to Develop and Evaluate CAHPS 1.0 Core Survey Items,” Medical Care, volume 37, 1999). The 0 to 10 response scale yields larger between unit variation and comparability in translation across languages than the adjectival scale. This question does refer them to the stay at the hospital names on the cover.

HCAHPS Question 20 ('recommend hospital') comment:

Reword Question 20, “*Would you recommend this hospital to your friends and family?*”, to specify that the patient should rate the hospital based on the care they received during “this stay.”

Answer:

The introduction to this section directs the respondent to answer the following questions about their stay at the hospital named on the cover and not to include any other hospital stays in their answer.

HCAHPS Questions 23 and 24 (ethnicity and race) comments:

Question 23, “Are you of Hispanic or Latino origin or descent,” could be included in Question 24 to shorten the survey.

Add “Other” as a response option for Question 24, “What is your race? Please choose one or more.”

Allow patients to write in they race they consider themselves. Perceptions of quality of care are often based o race, ethnicity, culture or religion. The five categories of race cannot adequately represent our country’s patients.

Expand demographic Question 24 to include Hispanic or Latino, and eliminate Question 23.

The questions on Spanish ethnicity and race should be combined into one item that asks about “race or ethnic background.”

Answer:

All CAHPS® surveys follow the guidelines outlined by OMB for the collection of data on race and ethnicity. OMB guidelines are designed to “promote uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies” (SOURCE: *Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity, Appendix A to Provisional Guidance on the Implementation of the 1977 Standards for Federal Data on Race and Ethnicity*, December 2000, which is available at <http://www.whitehouse.gov/omb/inforeg/statpolicy.html#dr>).

According to OMB guidelines the collection of self-reported data on race and ethnicity should employ a two-item format: one item to collect Hispanic origin, and one item to collect race.

Question 29 (race) is a standardized item developed to conform to OMB guidelines for the collection of data on race and ethnicity. This item has an established history of use and can be found in all CAHPS® Surveys as well as numerous other surveys.

HCAHPS Question 25 ('language spoken at home') comment:

In Question 25, “*What language do you mainly speak at home,*” if language is truly a concern, then it should be asked first so that an appropriate questionnaire can be given to the patient.

Answer:

Patient demographic items provide data that are necessary to describe the sample of respondents, report data that have been adjusted for patient mix, and report data for different subsets of the patient population. This information may indeed inform hospital quality improvement efforts, as it will provide for the analysis of data on subsets of the population.

“About You” section comments:

The demographic items (other than the Congressionally-mandated ones) do not add value: they account for less than 1% of variance; cause and effect cannot be partialled out with age, gender or education; and, there is doubt about the validity of “general health status” item.

The variance accounted for by the demographic variables is minimal, they do not add value, and have questionable validity.

The ‘general health status’ item is of doubtful validity and reliability. HCAHPS claims the general health status item is a “linear variable” when it is ordinal and lacks equal interval scaling. Patient survey scores on HCAHPS cannot be adjusted accurately using ordinal data gathered by a one-item variable such as general health status.

Inclusion of demographic items is not supported by usability or validity and should be removed, except those clearly mandated by law.

Answer:

In terms of validity, the ‘general health status’ item predicts death five years hence, as well as the utilization of health care services (Medical Outcomes Study). It is one of the most widely used survey indicators of health, appearing on many government-sponsored surveys (e.g. BRFSS, NHIS, MCBS). Thus, it enables the comparison of any large nationally-representative data bases with the HCAHPS sample. In addition, the general health status item has been shown in CAHPS studies in general, and in HCAHPS in particular, to be an important case-mix adjuster of consumer scores across units of comparison. Case mix adjustment is often required in order to support the validity of comparisons across units that happen to have a different proportion of difficult-to-treat patients.

There is not a consensus in the scientific literature among statisticians and psychometricians on whether parametric statistics are appropriate for use on ordinal data. However, the bulk of the literature employing simulation studies demonstrates that the use of parametric statistics with ordinal data does not lead to differences in conclusions drawn from the analysis, so the switch to less flexible and less available parametric methods is not justified.

HCAHPS items duplicative comment:

The HCAHPS items duplicate questions we already ask; they duplicate rather than complement the information hospitals already collect.

Answer:

Our testing indicates one good way to handle this issue is by using transitional phrasing between the HCAHPS questions and the hospital-specific ones. An example of such phrasing is as follows: *“Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics”*

HCAHPS items subjective comment:

The HCAHPS questions are highly subjective and have not been tested statistically for reliability.

Answer:

All surveys items in which humans are asked to report on or rate an experience are subjective from the standpoint that they require the respondent to evaluate the question that is asked, then to remember the event(s), determine how to respond to the question in light of their memory of the experience, and then respond. The frequency scale is no more subjective than other scales in terms of the response task the respondent faces. In fact, the frequency scale provides a more direct report of the event than a rating. The rating asks the respondent to evaluate the event and give it a rating. The satisfaction scale, another form of rating, further asks the respondent to evaluate the event and then indicate how his/her rating of the event compares to what he/she expected the event would be.

There is a long-standing debate in the literature regarding the appropriateness of applying parametric statistical techniques to data derived from ordinal scales, one which has not been resolved to this day. Most simulation studies that compare ordinal to interval data find that conclusions derived from parametric statistics do not differ. Interval-level scoring algorithms for psychometric measures (such as CAHPS) are currently being developed based on Item Response Theory. We are currently exploring the appropriateness of applying this method to the scoring of CAHPS composites.

Patients unfamiliar with medical techniques comments:

Patients are not familiar enough with medical techniques to know what quality of care they are receiving.

Since patients have nothing to compare their level of care with, they must rely on the hospital to provide that (highest) level of care.

Answer:

CAHPS surveys traditionally ask patients only about aspects of care that they are able to evaluate. It does not ask about the more technical aspects of care.

Scope of HCAHPS items comments:

The scope of HCAHPS items is very limited and does not provide the full range of detail we need about, for instance, nursing care.

Only the physician and nursing composite scores will be publicly reported, so why ask for the details (from the six physician and nurse items) that are not reported?

Quality measures based on several detailed questions in a specific topic area provide no more useful information to patients for purposes of comparing hospitals than a single measure based on an overall question.

Answer:

For the display formats on the web, consumers will first see the composite scores such as nurse communication and then will be able to drill down for more specific information (individual items) for this composite.

Skip patterns comments:

Skip patterns reduce respondents' personal investment in completing the questionnaire. Should use non-applicable response options that are less visually complex and allow all respondents to answer every question.

Concerns with the self-administered surveys with skip patterns requiring arrows yield much lower response rates than do the simpler more user friendly designs.

Our hospitals serve urban populations and individuals with low literacy; the directions to skip some questions may be a challenge for some patients.

Eliminate the qualifying "skip patterns" and replace with a "not applicable" response in the follow-up question.

The different scales and "go to" questions are not weighted the same or structured for similar response, which will affect the end results.

The "If not, go to" phrase in Questions 8, 10, 13 & 16 is problematic. Will CMS monitor and block out the data if the questions were answered inappropriately? This language will cause problems for illiterate, geriatric and non-English speaking patients on the mail survey who may answer items inappropriately, causing the survey to be invalid.

Answer:

These screener items are included to ensure that only appropriate respondents answer questions that follow. For example, there is a screener item that asks whether during the hospital stay you were given any medicine that you had not taken before. Only respondents who answer "yes" are directed to answer the two following questions about how often hospital staff explained what the medicine was for and possible side effects.

We considered dropping the screener questions; however, CAHPS testing has shown without screeners respondents are more likely to give an inappropriate response versus checking off "not applicable." It was also thought that this would be further exacerbated by having different modes of administration

Integration of current survey comment:

Additional research needed on ways to better integrate questions in existing commercial and patient satisfaction surveys to allow for better flow of questions and seamlessness of questionnaires without compromising the validity of responses to HCAHPS questions. It is best to incorporate into existing surveys but with being unduly burdensome to respondent and without reducing response rate and therefore validity.

Answer:

CMS has developed a range of data collection procedures to allow maximum flexibility while ensuring the comparability of the data. HCAHPS has been designed to allow it to be integrated within patient satisfaction surveys currently used by hospitals or their vendors, or to be used as a stand-alone instrument. The CAHPS team has previously handled the issue of revisiting domains covered earlier in a questionnaire by using transitional phrasing such as: *“Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics.”*

For hospitals, HCAHPS has been designed to allow for the integration of a hospital’s customized survey items. Hospitals will not need to draw an additional sample but rather can use an integrated survey with one sample of discharged patients. Some HCAHPS items may substitute for similar items on current hospitals surveys. Participating hospitals will benefit by being able to compare their own patients’ perspectives of care to those of patients in other participating hospitals. Thus, participating hospitals will be able to easily and directly compare their performance to that of other hospitals.

HCAHPS has been designed such that it can be integrated with a hospital’s own patient satisfaction survey, thus avoiding the need to conduct two separate surveys. Hospitals that participate in the HCAHPS initiative may either conduct the survey themselves, or engage the services of a survey vendor. In either case, those who conduct the survey must meet CMS’ minimum business requirements and attend a training session.

Placement of HCAHPS questions comments:

Placing the HCAHPS core questions first will interfere with the current survey process - would prefer to integrate core questions into current process.

HCAHPS questions should be placed after existing survey questions to avoid bias to historical trended data.

Hospitals should have the right to embed their customized items into the established domains. The requirement of a strict sequence of HCAHPS items should be relaxed.

Not allowing hospitals to integrate their items among similar HCAHPS items will confuse respondents and lead to degradation of responses to hospitals' items. CMS should evaluate the actual order effect vs. respondent confusion for embedded HCAHPS.

Allow hospitals' customized questions to appear throughout the survey. Placing these only after the HCAHPS questions will confuse respondents if those subjects were already addressed earlier.

Allow embedding of HCAHPS items into appropriate groupings of like questions in hospitals' current survey; will improve flow of survey.

Answer:

In order to enable consumers to make fair comparisons across hospitals it is necessary that the core set of HCAHPS items always be presented in the same identical manner. Thus, the core set of HCAHPS items must precede all other items if it is combined with a hospital's patient satisfaction survey. However, the set of "About You" items may be placed at the end of a combined survey form along with other similar items.

The CAHPS team has previously handled the issue of revisiting domains covered earlier in a questionnaire by using transitional phrasing such as: "Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics"

Completed survey comment:

Please clarify more specifically what constitutes a completed survey instrument.

Answer:

A questionnaire should be considered complete if half or more of the items applicable to everyone (i.e., excluding items that apply to only a subset of hospitalized patients) are completed. Specific instructions will be provided in training for HCAHPS.

Maintain core set of HCAHPS items comment:

CMS should maintain the core set of HCAHPS items without major modification for a reasonable period of time to allow for trending and avoid costly reworking of survey instruments

Answer:

CMS intends to maintain the same items in HCAHPS for the foreseeable future.

REPORTING issues

Turn-around of results comments:

Direct improvement efforts based on comments and suggestions from patient satisfaction.

Relies on timely feedback regarding care and services obtained through existing patient surveys.

Local hospitals need to manage patient surveys to learn quickly about service issues.

Public reporting in 2006 will not allow enough time to adjust the data for valid comparisons.

Finalize the instrument and implementation protocol to allow public reporting as soon as possible.

Prompt follow-up to patient expressing concerns.

Answer:

HCAHPS can be viewed as a consistent core set of questions that can be combined with a broader, customized set of hospital-specific items. HCAHPS is meant to complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

HCAHPS is designed to gather only the necessary data that CMS needs for comparative public reporting. HCAHPS should complement, not replace, the data that hospitals are currently collecting to support improvement in internal hospital customer services and related activities. We expect that most hospitals will combine the HCAHPS module with items they currently use for internal improvement purposes. However, hospitals also have the flexibility to use the HCAHPS questionnaire as a stand-alone questionnaire if they choose.

Once the HCAHPS instrument has been finalized and the “dry run” has occurred, we anticipate that data collection will begin in 2006, followed by public reporting in 2007.

Data will be collected from patients in each monthly sample and will be cumulated to create a rolling 12-month data file for each hospital. Hospital-level scores for the HCAHPS measure will be produced using 12 months of data. Thus, once HCAHPS is fully implemented CMS intends to report one year’s worth of results.

Participating hospitals using the HCAHPS instrument (either as a stand-alone instrument, or with their customized items integrated with the instrument) will report only the HCAHPS items to

CMS (via the Quality Net Exchange) for analysis and public reporting. Hospitals will at all times have possession of all of their data. They may use this data for their own internal quality improvement purposes and their own internal reporting in addition to submitting the HCAHPS items to CMS.

The data that a participating hospital collects for the HCAHPS survey belongs to that hospital. While CMS will apply the necessary mode and patient-mix adjustments to the submitted data prior to publicly reporting it, the raw data remains in the possession of the participating hospital. The submitting hospital will not have to wait for CMS to provide feedback on this data. Furthermore, participation in the HCAHPS initiative, either by integrating HCAHPS within an existing survey, or by fielding HCAHPS as a separate, stand-alone survey, should not affect the timing or content of feedback that a hospital obtains from its existing patient survey.

Adequacy of current hospital surveys comment:

There is no need to reinvent the patient satisfaction survey. Rather, let the public see the data already available before undergoing a massive restructuring of the hospital surveys already in place.

Answer:

The goal of the Hospital CAHPS (HCAHPS) initiative is to uniformly measure and publicly report patients' perspectives on their inpatient care. While many hospitals currently collect information on patients' satisfaction with care, there is no national standard for collecting this 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 is necessary to introduce a standard measurement approach. The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care.

HCAHPS will serve the public's interest in improving the quality of care in America's hospitals by providing consumers, healthcare professionals and individual hospitals with standardized and comparable information on how patients view their quality of care experience. HCAHPS will furnish valid and reliable information on critical aspects of the hospital experience and will do so on a continuous basis. In addition to gaining valuable information about their own care processes, participating hospitals will be able to compare themselves to other hospitals and the industry as a whole on exactly the same indicators. This information could be fed directly into the hospital's assessment and improvement program. The ongoing and standardized nature of the survey will also allow hospitals to track changes in patient perspectives on care over time. The HCAHPS survey will become part of the Hospital Quality Alliance.

Number of responses needed to publicly report results comment:

Only valid Ns (over 50 in size) per question per hospital should be publicly reported by CMS.

Answer:

CMS will publicly report HCAHPS results only when a hospital has submitted a minimum of 300 completed surveys over a twelve month period (exception for small hospitals is noted below). CMS will indicate in its public reports of survey results if an item is based on fewer than 300 responses.

In order to enable smaller hospitals to voluntarily participate in the HCAHPS initiative, CMS has devised special rules for surveying and sample size. Smaller hospitals are defined, for HCAHPS purposes, as those with fewer than approximately 750 eligible discharges per year. If a participating hospital expects to have fewer than approximately 750 eligible discharges, it should survey all eligible discharges. CMS will publicly report the HCAHPS results for a smaller hospital only when it has submitted a minimum of 100 completed surveys in a twelve month period.

Use of data comment:

Concern that data will be used by CMS in a punitive manner.

Answer:

Participation in Hospital CAHPS is entirely voluntary. There are no incentives or penalties associated with participation or non-participation in this initiative.

Items to be reported comments:

Will this data be publicly reported to the general public, and how?

Because each of the domains is important to patients, we support the public reporting of all elements, rather than combining them

Answer:

Once HCAHPS is fully implemented, its results will be publicly reported on the Hospital Compare website, which can be found at www.hospitalcompare.hhs.gov, or through a link on www.medicare.gov.

The format of the reporting tool is under development. Most likely, it will resemble the tools for presenting comparative data in other health care sectors that are currently available on www.medicare.gov (see “Nursing Home Compare” on www.medicare.gov as an example). These tools present consumer-friendly descriptions of what the measure is, why it is important, and how to understand the data. The data (typically rates or percentages) for each provider identified by the user’s search criteria are displayed in a horizontal bar graph, along with national and state averages. CMS will conduct several rounds of research with consumers to identify the best way to describe the data in a clear, simple, and meaningful way. Hospitals will be able to preview their data before it is reported to the public. In addition, CMS will conduct testing to determine the best way to present HCAHPS data along with hospitals’ clinical measures on the Hospital Compare and Medicare websites.

HCAHPS will provide nine measures for public reporting. These consist of two global ratings, plus seven composites that combine two or three questions that measure doctor communication, responsiveness of hospital staff, cleanliness of the hospital environment, nurse communication, pain control, communication about medicines, and discharge information.

In the website, users will have the option of “drilling down” within a composite to obtain a hospital’s scores on the two or three individual questions that comprise the composite measure.

Limit reporting and comparisons comments:

Will the final report lump hospitals together with varying service abilities?

Will there be consideration whether the hospital is an academic setting?

Will there be comparisons of the data once it has been “leveled out” so that it is equal data?

When reporting hospital scores, limit comparisons to hospitals similar in bed size, census region, teaching status, religious affiliation, or size of community. Peer-group comparisons do not require that scores be adjusted in a case-mix fashion.

Limit comparisons between hospitals to those using the same data collection method.

Adjusting scores based on mode is affected by acquiescence bias and ceiling effects on the instrumentation.

The number of potential variables that must be accounted for in a conversion makes the exercise impractical and the data less transparent. It will also undermine trust in the data; hospitals will see differences between data reported and data collected.

Answer:

CMS will publicly report information on patients' perspectives of care in participating hospitals. Survey vendors, hospitals, or other interested parties can then use this data to create comparison groupings of interest to them.

Similar to the display of clinical measures on the Hospital Compare website, the website will enable users to view the scores of an individual hospitals, or to select a set of hospitals to compare scores. CMS will place no limitations on the criteria that website users can use to select and compare hospitals.

Before any HCAHPS results are publicly reported, CMS will adjust the data for patient-mix and mode of administration effects, and provide an opportunity for participating hospitals to preview their data.

Reporting of response rates comment:

Why post hospital response rates on the CMS website?

Answer:

CMS will publicly report the overall response rate achieved by each participating hospital. However, only when a smaller hospital has collected a minimum of 100 responses for a question will the results for that question be publicly reported.

CMS anticipates that, in addition to consumers, there will be a variety of users interested in viewing HCAHPS results posted on the www.hospitalcompare.hhs.gov website. Hospital administrators, healthcare professionals, consumer groups, third-party purchasers may be interested in the number of respondents to the survey.

Reporting of statistics comment:

A t-test should be conducted to reflect statistical difference in market performance amongst hospitals.

Margin of error should be reported.

Answer:

Currently, the hospital measures publicly reported on the Hospital Compare website (found at www.hospitalcompare.hhs.gov) do not provide t-tests or information on margin of error. However, we appreciate your comment and will consider it as HCAHPS report formats are finalized.

Reporting of descriptive statistics on the HCAHPS items comment:

Because the measures are ordinal, HCAHPS can only report the number or percentage of patients who responded “*Sometimes*” or “*Always*”, not more useful statistics such as item means, scores and standard deviations for items. This limits the power of HCAHPS for quality improvement.

Answer:

CMS will publicly report percentages. However, hospitals will maintain possession of all of their data that was collected for HCAHPS purposes. Hospitals, or their survey vendors, can analyze this data in any manner they find helpful for their quality improvement purposes.

Reporting items that comprises a composite comments:

To maximize transparency and ease of interpretation, results from individual items should be reported (rather than composites of multiple questions). This would be parallel with the method of reporting clinical measures of hospital performance.

Only the physician and nursing composite scores will be publicly reported, so why ask for the details (from the six physician and nurse items) that are not reported?

Answer:

Each HCAHPS composite is produced by combining responses to two or more questions. In addition to the physician and nursing composite scores, scores on responsiveness of hospital staff, pain control, communication about medicines, hospital environment, and discharge information will also be publicly reported.

When a hospital's HCAHPS results are posted on the Hospital Compare website, users will have the option of "drilling down" within a composite to obtain the hospital's scores on the two or three individual questions that comprise the composite measure.

Reporting of global ratings comments:

Reporting only global ratings will force hospitals to attend to the entire experience and foster creativity and ingenuity on the part of hospitals and survey vendors.

Global ratings avoid the problem of HCAHPS pre-determining what unique aspects of care are most important to each patient, and will also avoid any possibility of a “training for the test” mentality

Answer:

HCAHPS will provide nine measures for public reporting. These consist of two global ratings (*‘Overall rating of hospital’* and *‘Would you recommend hospital’*), plus seven composites that combine two or three questions that measure doctor communication, responsiveness of hospital staff, cleanliness of the hospital environment, nurse communication, pain control, communication about medicines, and discharge information.

In the website, users will have the option of “drilling down” within a composite to obtain a hospital’s scores on the two or three individual questions that comprise the composite measure.

In order to cater to the differing needs of a diverse set of potential users of HCAHPS information, CMS will report both global ratings and composite measures on the Hospital Compare website. By publicly reporting HCAHPS scores, users will be able to access information that suits their particular needs.

Role of HCAHPS in hospital quality improvement efforts comments:

Because it will report only 12 month rolling averages, when we analyze normal and special cause variation on a monthly basis, HCAHPS cannot drive quality improvement.

It would take several data collection periods before feeling confident with results.

Answer:

Hospitals will at all times have possession of all of their data. In addition to submitting the HCAHPS items to CMS, hospitals can use this data for their own internal quality improvement purposes and their own internal reporting. The submitting hospital will not have to wait for CMS to provide feedback on this data. Participation in the HCAHPS initiative should not affect the timing of feedback that a hospital obtains from its existing patient survey.

Use of results comments:

The physician does not ask the patient what hospital he would prefer; he will admit him to the hospital where he has privileges and is familiar with the staff.

Only ~0.5% of patients will research hospitals in their area on the internet. Who is going to choose to drive 2-3 hours to another hospital that scored 25 percentage points better than the hospital down the street? The prospective patient will go where his physician directs him, or to the nearest hospital.

Patients do not select hospitals for their care based on public satisfaction ratings; insurers and physicians have greatest influence on where patients get cared for.

Answer:

HCAHPS will serve the public's interest in improving the quality of care in America's hospitals by providing consumers, healthcare professionals and individual hospitals with standardized and comparable information on how patients view their quality of care experience. HCAHPS will furnish valid and reliable information on several critical aspects of the hospital experience and will do so on a continuous basis. In addition to gaining valuable information about their own care processes, participating hospitals will be able to compare themselves to other hospitals and the industry as a whole on exactly the same indicators. This information could be fed directly into the hospital's assessment and improvement program. The ongoing and standardized nature of the survey will also allow hospitals to track changes in patient perspectives on care over time.

In order to cater to the differing needs of a diverse set of potential users of HCAHPS information, CMS will report both global ratings and composite measures (and allow users to "drill down" to see the individual items that comprise the composite measure). By publicly reporting HCAHPS scores, users will be enabled to access to the information that best suits their particular needs.

RESPONSE RATE issues

Validity of responses comment:

Will CMS receive valid responses, and will patients really fill out a national survey?

Answer:

Yes, sufficient valid response is possible if the guidelines and lessons learned from the Three-State Pilot, which was a 66-item questionnaire, are incorporated in the national implementation. We are confident that patients will complete the national survey.

Contacts between the survey vendor that conducted the pilot survey and the respondents were viewed as very positive. The refusal rate was much lower than expected in the pilot study; only 37 sample members explicitly refused to complete the hardcopy questionnaire that was received by mail. Telephone interviewers reported that patients were generally very cooperative and willing to participate.

HCAHPS will be available in English and Spanish. Cognitive testing by AHRQ has shown that respondents do not have a problem dealing with the questions and response categories.

Cost of obtaining a significant response rate comment:

Will participating hospitals incur additional expenses to in order to ensure a statistically significant response rate?

Answer:

HCAHPS allows for flexibility in administering the survey. It may be integrated with a hospital's existing patient survey, or used as a stand-alone instrument.

Participating hospitals should not incur significant extra expense in reaching the recommended response rate for HCAHPS. The cost-benefit analysis conducted by Abt Associates, Inc. found that while the cost of implementation varied with mode of implementation and integration, these costs are relatively small; see <http://www.cms.hhs.gov/quality/hospital/>, [HCAHPS Costs and Benefits - Final Report by Abt Associates, Inc.](#)

CMS has revised its recommendation to a target response rate of 40% of surveyed patients and 300 completes per year. Assuming a target 40% response rate, a hospital should survey about 750 discharged patients to achieve 300 completed surveys. Put another way, a hospital would survey about 63 discharged patients each month, or 188 each quarter, in order to attain about 25 completed surveys per month, or 75 per quarter.

Please note: participating hospitals that discharge fewer than 750 eligible patients per year will be governed by a slightly different rule; see below.

40% response rate too low comments:

A 40% response rate is too low/not statistically valid.

To avoid non-response bias and unfair comparisons a response rate of at least 50% is needed to provide statistical reliability.

40% is not adequate for statistically valid results. A response rate of at least 50% is needed to provide statistical reliability and to avoid non-response bias and unfair comparisons – especially if hospitals are to be compensated for quality improvements. AHRQ cites studies that show non-respondents are less satisfied with their care but under current guidelines there could be more people not responding than responding. This bias will lead to higher ratings among low-response rate surveys.

Answer:

In order to encourage the highest level of voluntary participation in HCAHPS, CMS has targeted an average response rates of 40%. More definitively, CMS requires participating hospitals to follow the specified administration protocols to achieve at least 300 completed surveys per year, or 100 from small hospitals.

We received a great deal of feedback about our earlier recommendation of a mandatory 50% response rate. A target response rate of 40% more satisfactorily addresses concerns expressed by all parties.

Participation in Hospital CAHPS is entirely voluntary; there are no incentives or penalties associated with participation or non-participation in this effort.

40% response rate too high comments:

A 40% response rate is too high.

Many hospitals send a patient satisfaction survey to 100% of inpatient discharges and achieve a response rate of 30-35%. They would then, at great cost, have to send a second wave to 70% of all inpatient discharge non-respondents to achieve the required 40% response rate. Should allow hospitals to survey 100% as long as they realize a 30% or greater response rate in the first mailing and can meet the 300 completed survey requirement over 12 months.

Difficulty achieving sufficient response rate to allow for evaluation statistically valid issues, a longer survey would decrease response rate.

Current response rate is about 15% despite aggressive survey tactics; a lengthy survey will drive response rates down.

Allow hospitals to sample large numbers of patients with no second mailing if they can demonstrate broad and fair responses; the 40% response rate is too high. Two waves of mailings produces no tangible benefits in terms of hospital ratings.

The threshold for HCAHPS of 47% (stet.) is too aggressive and the administrative costs associated with attempting to reach this target could escalate significantly. We currently achieve 15-30% for mailed and ~50% for telephone surveys.

Answer:

In order to encourage the highest level of voluntary participation in HCAHPS, CMS has recommended a target response rate of 40%. We are asking hospitals and their survey vendors to follow the established protocols for administration of the survey. We will tolerate response rates that fall below 40% as long as the established protocols were carefully followed.

Addition of HCAHPS items will degrade current response rate comment:

We have used our current survey tool used since 1996 with statistically valid return rate. We expect that the response rate will degrade with longer survey.

Answer:

We are asking hospitals and survey vendors to follow our defined administration protocols. As long as the protocols are followed, the HCAHPS data submitted by hospitals will be publicly reported.

Calculation of response rate comments:

Define “response rate.”

Remove bad contact information from the response rate denominator. Hospitals that serve large numbers of homeless and/or may be located in areas where the population is transient (tourists, immigrants) have difficulty obtaining and verifying valid contact information.

Answer:

The “response rate” for the HCAHPS survey is the ratio of the number of completed surveys to the total number of administered surveys within a defined period of time.

The raw response rate is the total number of completed surveys divided by the total number of respondents sampled. A questionnaire is considered complete if over half of the items applicable to everyone (e.g., excluding items about new prescription medicine that apply to only a subset of hospitalized patients) are completed. In addition, the denominator of the raw response rate will be adjusted for any patients who were included in the sample but were unable to complete the survey because they were deceased during the data collection period or were ineligible for the survey (were not a patient at the sampled hospital during the interval being assessed). Hospitals or their survey vendors should make every effort to obtain complete surveys from all eligible respondents. Bad contact information (out-of-date addresses or phone numbers) and other reasons (respondent out of town on vacation) are eligible cases that should not be removed from the denominator.

Definition of completed survey comment:

Clarify specifically what constitutes a completed survey instrument.

Answer:

A questionnaire is considered complete if over half of the items applicable to everyone (including demographic items), though excluding items that apply to only a subset of hospitalized patients such as the one about new prescription medicines, are completed.

Effect of multiple waves of mail or telephone calls on response rate comments:

Is there evidence that additional mail waves or phone will achieve the 40% response rate goal, or that data collected in additional waves provides a better estimator of hospital performance than a method using only one wave.

Data on presence and effect of non-response bias should be compared when utilizing a one- and two-wave mail methodology. Is the score or relative position of a facility significantly different when multiple waves are used?

We use a two-wave mail methodology, but please clarify the number of annual completed surveys required versus the required 40% response rate. What is the impact of the 40% rate on calculating monthly completed responses, assuming the minimum target of 300 is achieved.

Answer:

Our recommendation to require two mailings in surveys is based on the HCAHPS Three-State Pilot analyses carried out to compare individuals who responded to the first mailing versus the second mailing of the instrument. The response rate after the first mailing was 25.5 percent. The second mailing increased the response rate by 9.7 percentage points, yielding an overall response rate of 35.2 percent.

Other findings that support the impact of second mailings:

- Differences in the health and socio-demographic characteristics. We found a higher response rate from patients with obstetric-related hospitalizations in the second mailing.
- From the first mailings we noticed that minorities were less likely to respond; likewise, younger patients were less likely to respond to the first mailing.
- For seven items asking about nurse respect, nurse listen, nurse explain, doctor respect, pain controlled, pain help, and recommend hospital we found that second mailings gave lower ratings on these survey items; a larger proportion of second mailing respondents answered “usually”, while a larger proportion of first mailing respondents answered “always”.
- After controlling for overall health, education, age, and service line, the global hospital rating differed between first mailing and second mailing respondents.
- Applying the CAHPS case-mix adjustment macro to the pilot data, we determined that by excluding the second mailing respondents, 9 hospitals increase significantly in their average ratings, while 9 hospitals experience a significant decrease in average ratings.

Response rate is arbitrary; accuracy should be required comments:

A 40% response rate is arbitrary.

Analysis of response rate may be useful to evaluate efficiency and effectiveness of survey administration but it is hard to adequately gauge response bias because cannot compare respondents and non-respondents. There is no reason that CMS should arbitrarily require any response rate. CMS should require accuracy.

A 40% response rate is arbitrary. CMS should require accuracy, which is judged by margin of error.

Answer:

Both classical and modern psychometrics are useful in assessing questionnaire test results. Response rate does affect accuracy. Accuracy is a function of statistical precision and bias. Follow-up attempts don't eliminate non-response bias but they reduce it and therefore improve accuracy. Simply sampling larger numbers to get the same number of completions does nothing to improve accuracy.

Without including follow-up attempts, there will be non-response bias in the measures. To minimize any non-response bias, we have designed protocols for survey administration that target a 40% response rate.

Larger hospitals participating in HCAHPS would survey approximately 750 eligible discharged patients per year assuming an average response rate of 40% using an approved survey administration mode. This should yield 300 completed surveys (Please note, these standards represent a reduction from the 50% response rate and 500 completed surveys suggested for the earlier, 32-item version of the HCAHPS survey). Smaller hospitals that have fewer than 750 eligible discharged patients per year should survey all of their eligible discharges.

CMS will publicly report the overall response rate achieved by each participating hospital. However, only when a smaller hospital has collected a minimum of 100 responses for a question will the results for that question be publicly reported.

Posting of response rates comment:

Posting response rates on the CMS web site serves no purpose for consumers.

Answer:

CMS will publicly report the overall response rate achieved by each participating hospital. However, only when a smaller hospital has collected a minimum of 100 responses for a question will the results for that question be publicly reported.

SAMPLING issues

Inclusion in survey comment:

Only acute patients 65+ should be surveyed; including all payers includes more variation and causes comparison inequities.

Answer:

Both CMS and the stakeholders believe that, as all patients experience quality of care of hospitals, all patients should be surveyed. Therefore, with some exclusions, all patients will be eligible to be sampled for the HCAHPS survey. Input from hospitals also suggested that HCAHPS would be easier to integrate into their current survey efforts if it is for all patients.

In order to fairly capture patients' perspectives of their care in hospital, the HCAHPS survey will be administered to widest possible range of live discharged inpatients. All adult patients (age 18+) of participating hospitals with a stay of at least one night and discharged within a defined period will be eligible to be randomly selected into the survey. This population includes both people with Medicare and non-Medicare patients, and patients treated in the medical, surgical, and ob/gyn services. The only patient categories that are excluded are pediatric patients under age 18 and psychiatric patients.

Of course, patient participation in HCAHPS is entirely voluntary. Patients who are contacted for this survey have the option of not participating.

Category of Patient	Reason for Exclusion
Pediatric patients	The HCAHPS survey was not designed to address the situation of pediatric patients. Additionally a basic principle of CAHPS' surveys is that the respondent be the actual patient, which would be problematic in some pediatric cases.
Psychiatric patients	The HCAHPS survey was not designed to address the behavioral health issues pertinent to psychiatry.

In addition to the excluded categories, hospitals in some states may face state law restrictions on contacting other categories of patients. If so, participating hospitals will be asked to notify CMS and identify the categories of patients that are excluded from their sample.

Alternatives to proposed sampling methodology comments:

Modify existing languages for alternative modes of survey administration to allow hospitals to survey 100 percent of hospital discharges as long as they realize a 30 percent or greater response rate from the initial distribution of the survey instrument and can meet the minimum number of completed surveys over a 12 month time period.

Allow hospitals to sample large numbers of patients with no second mailing if they can demonstrate broad and fair responses; the 40% response rate is too high. Two waves of mailings produces no tangible benefits in terms of hospital ratings.

Many hospitals send a patient satisfaction survey to 100% of inpatient discharges and achieve a response rate of 30-35%. They would then, at great cost, have to send a second wave to 70% of all inpatient discharge non-respondents to achieve the required 40% response rate. CMS should allow hospitals to survey 100% as long as they realize a 30% or greater response rate in the first mailing and can meet the 300 completed survey requirement over 12 months.

Hospitals feel their sample size will vary depending on the mode of surveying they chose. Requiring 300 completed surveys per year does not address the more important issue of ‘what sample size is necessary for each hospital to insure that the results are accurate within the same margin of error’. HCAHPS does not address the key issues of how well the sample represents the population, or how accurate are the results. To create a level playing field, recommend that HCAHPS scores be based on an identical margin of error. Public reporting data with varying accuracy doesn’t benefit consumers or healthcare providers.

If HCAHPS is to be used for causal modeling analysis, it would be best done by pooling responses from multiple institutions, and modeling after making appropriate patient-mix adjustments. Thus, there is an opportunity to reduce the total annual sampling requirements by one-third.

Use a confidence interval approach to determine sample size. This would remove the inequities imposed on smaller hospitals that force them to use expensive telephone or mixed modes to attain 100-300 completed surveys.

A commonly accepted statistical sampling procedure should be used for HCAHPS to insure that fair comparisons can be made, rather than requiring 300 completed surveys per year.

A standard margin of error, such as +/- 2.5 with a confidence level of 95%, is familiar to consumers and should be adopted.

Answer:

We are asking participating hospitals to follow the established administration protocols to ensure the data across hospitals are comparable.

To keep sampling as simple as possible, the hospital/vendor will draw a simple random sample each month from the sampling frame of relevant discharges. Sampling can be done at one time after the end of the month or continuously throughout the month as long as a simple random sample is generated for the month (the hospital/vendor can chose what works best with their current survey activities for internal improvement).

We have chosen an infinite population sampling model for sampling with a target of 300 completed surveys per year, per hospital. Larger hospitals participating in HCAHPS would survey approximately 750 eligible discharged patients per year assuming an average response rate of 40% using an approved survey administration mode. This should yield 300 completed surveys (Please note, these standards represent a reduction from the 50% response rate and 500 completed surveys suggested for the earlier, 32-item version of the HCAHPS survey).

Smaller hospitals that have fewer than approximately 750 eligible discharged patients per year (and assuming the targeted 40% response rate) should survey all of their eligible discharges.

Accommodating small and rural hospitals comments:

Requiring 300 responses is very difficult for a small rural facility.

The required number of responses should be stratified by size of facility.

300 completed surveys, or 100 minimum per response, is not a representative number for all hospitals. Larger hospitals would like to incorporate what they are already doing to meet this requirement. 300 is a tremendous burden on smaller and Critical Access hospitals.

Answer:

In order to enable smaller hospitals to voluntarily participate in the HCAHPS initiative, CMS has devised special rules for surveying and sample size. Smaller hospitals may not have approximately 750 eligible discharges in a given year, assuming the targeted 40% response rate. If a participating hospital expects to have fewer than approximately 750 eligible discharges, it should survey all eligible discharges. However, only when a smaller hospital has collected a minimum of 100 responses for a question will the results for that item be publicly reported.

To keep sampling as simple as possible, the hospital/vendor will draw a simple random sample each month from the sampling frame of relevant discharges. Sampling can be done at one time after the end of the month or continuously throughout the month as long as a simple random sample is generated for the month (the hospital/vendor can choose what works best with their current survey activities for internal improvement).

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Smaller hospitals that have fewer than approximately 750 eligible discharged patients per year (and assuming the targeted 40% response rate) should survey all of their eligible discharges.

Continuous sampling and quarterly sampling comments:

It is important to collect data throughout the year in order to trend results over time, emphasize the need to continuously be vigilant in patient care, see data in a timely manner, and promote a day-to-day mindset focused on patient experiences.

HCAHPS' goal should be to collect just enough samples to be representative of the institution, which is a function of the raw number of completes and the extent to which those are representative (or weighted accordingly). Quarterly sampling and reporting (on a non-rolling basis) should be sufficient to represent an institution.

Answer:

“Continuous basis” means that the participating hospital or its survey vendor may take daily, weekly, or monthly samples of eligible discharged patients for HCAHPS. Patient surveying must begin between 48 hours and six weeks following the patients’ discharge from hospital.

The HCAHPS survey will be administered on a continuous basis throughout the year so that it can mesh most easily with the current survey practices employed by many hospitals. Continuous sampling will diminish the impact of seasonal variations in hospital admissions, staffing, or other factors. It is less susceptible to unique events that could impact performance at one point of time. In addition, improvements in hospital care can more quickly be reflected in hospital scores. Finally, continuous sampling enables smaller hospitals to obtain sufficient sample sizes without having to go back and sample patients who were discharged much earlier in the year.

Effect of HCAHPS on current sampling practices comments:

We need some guidance on how not to sample patients more than once every 90 days when HCAHPS is done as a separate survey.

Collecting 300 HCAHPS surveys per year will cut into the pool of potential survey respondents for our current patient satisfaction survey.

HCAHPS would look at only a small fraction of our patient population; we currently receive 3000 responses from 45,000 patients annually from our survey vendor, Press Ganey because sampling is at the overall hospital level and sample sizes are not sufficient to “drill down”, HCAHPS will not help us to improve various units/locations within the hospital.

The second mailing should be required only to bring the target response to a target threshold. Our second mailing rarely produces an increase more than 10%, and even less when the initial yield was large. A second mailing just creates “junk mail”.

Answer:

CMS has designed the HCAHPS survey to be easy for hospitals to administer and easy and quick for respondents to complete. For respondents, the number of items has been reduced and the time needed to complete the survey has been shortened. The questions have been crafted to explore the issues of greatest interest to patients, have been tested for reliability and validity, and are posed in clear, easily understandable language (both English and Spanish).

For hospitals, HCAHPS has been designed to allow for the integration of a hospital's customized survey items. Hospitals will not have to draw an additional sample but rather can use an integrated survey with one sample of discharged patients. Some HCAHPS items may substitute for similar items on current hospitals surveys. Participating hospitals will benefit by being able to compare their own patients' perspectives of care to those of patients in other participating hospitals. Participating hospitals will be able to easily and directly compare their performance to that of other hospitals.

We have reduced the sample size requirements for HCAHPS. On average, about 63 inpatient discharges will receive a survey monthly; smaller hospitals will sample fewer discharges. Hospitals can take the HCAHPS respondents out of their sampling frames for their other surveys.

Hospitals may, if they wish, supplement this sample in order to allow drill down to identify trends or opportunities among sub-groups or patient mix groups. Hospitals will submit to CMS only the data collected on HCAHPS items and will maintain possession of all of the data they collect, which they can analyze any way they choose.

Time frame for sampling comment:

We are unclear whether the six week timeframe for survey administration includes the initial and second wave of survey distribution. Please define.

Answer:

Data collection for sampled discharged patients must be initiated between 48 hours and six weeks after discharge. Data collection should be closed out for a particular respondent by six weeks following the initial contact. The six week data collection period encompasses all waves of mail or telephone contact.

Mail Only

For the mail only option, the hospital/vendor will be required to send the HCAHPS questionnaire, alone or combined with hospital-specific questions, along with a cover letter, between 48 hours and six weeks following discharge. The hospital/vendor will be asked to send a second questionnaire with a reminder/thank you letter to those not responding approximately 21 days after the first mailing. Data collection would be closed out for a particular respondent within 21 days following the mailing of the second questionnaire.

Telephone Only

For the telephone only option, the hospital/vendor will be required to begin data collection between 48 hours and six weeks following discharge. The hospital/vendor must attempt to contact respondents up to five times unless the respondent explicitly refuses to complete the survey. These attempts must be made on different days of the week and different times of the day and in different weeks to ensure that as many respondents are reached as feasible. Data collection would be closed out for a particular respondent 42 days following the first telephone attempt.

Mixed Mode

In the mixed mode of administration, there will be one wave of mailing (cover letter and questionnaire) and up to five telephone call-back attempts for non-respondents. The first survey would be sent out between 48 hours and six weeks following discharge. Telephone follow-up will be initiated for all non-respondents approximately 21 days after the initial questionnaire mailing. The telephone attempts would be made on different days of the week and different times of the day, and in different weeks to ensure that as many respondents are reached as feasible. Telephone interviewing would end six weeks after the first survey mailing.

Active IVR

For active IVR, hospitals/vendors will need to initiate data collection by phone between 48 hours to six weeks following discharge. Similar to the telephone mode, the hospital/vendor must call each respondent up to 5 times unless the respondent refuses to complete the survey. These attempts must be made on different days of the week and different times of the day, and in different weeks to ensure that as many respondents are reached as feasible. Data collection would be closed out for a particular respondent 42 days following the first telephone attempt.

Limit of time frame for sampling comment:

One month post hospital discharge should be the limit for distribution of the initial survey (rather than six weeks).

Answer:

Thank you for your suggestion. Participating hospitals may initiate the survey as soon as (but no sooner than) 48 hours after discharge and must initiate contact no later than six weeks following discharge.

Based on comments and suggestions we have received, we feel that contact about the HCAHPS survey must not occur while the patient is still in the hospitals. 48 hours is the minimum period for the discharged patient to re-acclimate to the post-hospital setting. After six weeks the patient's recollection of the specific details about his or her hospital stay that are queried in the HCAHPS survey may become dim. Six weeks should allow sufficient time for all participating hospitals to pull their random sample from the hospital's complete universe of eligible patients at the end of the month.

In the large-scale mode experiment that will precede national implementation of HCAHPS, CMS will investigate the effect, if any, of the length of time between hospital discharge and completion of the HCAHPS survey on hospital scores. If there is a systematic effect and it has a significant bearing on HCAHPS scores, CMS will propose an adjustment.

Sample selection comment:

Who is going to manage the random selection process?

Answer:

Individual hospitals or the survey vendor will pull the random sample of eligible discharged patients in accordance with the guidelines CMS will issue. Full details and instructions about the sample selection process will be provided at the training sessions, currently planned for early 2006.

Each hospital that wishes to voluntarily participate in HCAHPS must meet minimum requirements to qualify to administer the survey. Participating hospitals and their survey vendors will be required to attest to the validity of the data they submit to CMS and the conformance of their sampling, data collection and reporting procedures to the guidelines set by CMS.

In addition to providing training, CMS will periodically monitor the HCAHPS survey activities of participating hospitals and their survey vendors. Sanctions will be applied to hospitals or survey vendors found to be in violation of HCAHPS program guidelines.

TRENDING and INTEGRITY of EXISTING DATA issues

Trending comments:

Minimize major revisions to the HCAHPS survey tool for a reasonable period of time to allow for trending and to avoid costly reworking of survey.

Effects on data trending:

- **Over 12 years of data trending and knowledge will be lost due to the requirement of adding 27 questions.**
- **Professional survey vendors have a wealth of historical data based on a set of existing questions used consistently over time. To protect the integrity of the trend data, HCAHPS will need to be "net new" to the current surveys, thus increasing length and lowering response rate.**
- **Use of HCAHPS will void data base and our historical benchmarks that we use to compare our scores to similar facilities.**

Answer:

CMS does not plan to make major revisions to the HCAHPS survey itself or to its implementation procedures soon after HCAHPS' national implementation.

The HCAHPS team recognizes the value of trending data from past hospital surveys. Items that are needed for trending can be administered along with the HCAHPS survey to chart trends in performance over time. Introduction of the HCAHPS survey can affect trending of quality measures because if the HCAHPS survey is combined with the survey instrument previously used in a hospital, the process of responding to the added HCAHPS items might affect responses to the previous instrument (whether or not the previous instrument is concurrently modified). We recommend that where possible (and on a voluntary basis), data from previous instruments be collected, linked to HCAHPS data, to make it possible to develop models that can be used by hospitals to adjust trends for the impact of introduction of HCAHPS.

Impact of HCAHPS items on current survey comments:

To fit the proposed 27 HCAHPS questions, numerous questions currently asked would have to be deleted. The negative impact would include:

- **revision of improvement goals; compromise QI initiatives thus reducing ability to identify and improve care & service;**
- **dropping customized versions of surveys for specific patient populations such as obstetrics and pediatrics;**
- **eliminating questions about specific initiatives such as family-centered care, breastfeeding, first time mothers and ICU care.**

Our hospital currently uses telephone mode for surveying patients with 60 questions; adding HCAHPS questions in the front of their survey would be redundant and harm data already collected.

Our hospital has used one survey firm the past four years; dual surveys would impact or lose integrity of trended data because of lower response rates; employees would be required to rework current processes, adding undue pressure to what are already compressed schedules.

Answer:

To promote its wide and rapid adoption, HCAHPS has been carefully designed to fit within the framework of patient satisfaction surveying that hospitals currently employ. Still, CMS fully understands that participation in the HCAHPS initiative will require some effort and expense on the part of hospitals that volunteer to take part. CMS will provide mandatory training for HCAHPS (for no fee) to fully inform hospitals and survey vendors about implementation, reporting, and other issues. In addition, hospitals will have the opportunity to fully trial HCAHPS (but with no public reporting of results) during the “dry run” that will precede full national implementation.

CMS does not require that hospitals drop any items from their ongoing patient satisfaction surveys in order to participate in the HCAHPS initiative. The content of the HCAHPS survey has been kept to the minimum number of items necessary to fulfill the objective of providing valid and comparable information on topics of greatest importance to consumers. CMS does suggest that hospitals consider removing current items that essentially duplicate HCAHPS items. CMS makes no recommendations with respect to hospital items that are unrelated to HCAHPS domains, or to patient surveys targeted at those not eligible for HCAHPS.

Similarly, CMS does not require or recommend that participating hospitals abandon their customized surveys of specific patient groups. The required number of completed HCAHPS surveys (300 per year from a random sample of eligible patients; 100 from smaller hospitals) can

be accommodated within the surveying plans of most hospitals that conduct patient satisfaction surveys.

A hospital's participation in HCAHPS does not mean that it can or should survey only enough of its patients to produce 300 completed surveys per year. At its discretion, a hospital may submit more than 300 completed HCAHPS surveys, sample patients not eligible for HCAHPS, stratify patients according to its own criteria, or over-sample certain types of patients. During training CMS will present detailed information on sampling for HCAHPS, including how the HCAHPS sample can be accommodated within the stratified sampling schemes employed by hospitals.

Tailored patient groups comments:

Existing surveys are tailored to patient groups; embedding a shorter survey will allow them to continue to compare satisfaction among each unique group rather than trying to create a universal patient experience.

We currently surveys both inpatients and ER patients.

HCAHPS would eliminate our current areas of feedback in those areas it does not address.

Answer:

CMS does not require or recommend that participating hospitals abandon their customized surveys of specific patient groups. The required number of completed HCAHPS surveys (300 per year from a random sample of eligible patients;100 from smaller hospitals) can be accommodated within the surveying plans of most hospitals that conduct patient satisfaction surveys. In addition, the expected response rate of 40% for HCAHPS surveys should compare favorably with those of current patient surveys.

A hospital's participation in HCAHPS does not mean that it can or should survey only enough of its patients to produce 300 completed surveys per year. At its discretion, a hospital may submit more than 300 completed HCAHPS surveys, sample patients not eligible for HCAHPS, stratify patients according to its own criteria, or over-sample certain types of patients. During training CMS will present detailed information on sampling for HCAHPS, including how the HCAHPS sample can be accommodated within the stratified sampling schemes employed by hospitals.

USE of SCALES issues

Order within scales comments:

Order of answers should be from positive to negative; “Always” should be listed first.

Revise certain questions in the survey tool and reverse order of survey responses to avoid predisposing a patient to respond in a negative way.

The terminology should be reversed to present the positive options first and the negative lasts.

Items that have a negative response listed first will predispose patients to respond in a negative way.

Answer:

We have found no recency effect with the scale in this direction. The order of the “0-10” items is the same as the “never-always” items.

Shorter scale comments:

The HCAHPS survey doesn't use the standard 5-point Likert scale; length is too long without any traditional patient satisfaction questions (food, parking, wait time).

Replace the 11 point overall rating scale with a 5-point Likert scale or alternatively label each pt in the 11 pt scale with a description so that the respondent can better determine is between a 6 vs. 7 or 8 on the 11 pt scale.

Survey team raised concerns regarding answer choices of "*never, sometimes, usually, and always*" as options; a more objective numeric rating scale of 1-5 should be considered.

The 11-point scale in Question 19 is too broad and subject to interpretation. Replace with a 5-point Likert scale, or each point in the 11-point scale should be labeled with a description to help patient determine what the difference is between a 6, 7, or 8.

HCAHPS should use the standard 5-point Likert scale; a 10-point scale does not allow patients to rate their feelings accurately. The 4-point scale will reflect higher than actual satisfaction ratings; need a middle value for those how are truly neutral.

The range of the proposed 0-10 scale is too broad and open to interpretation. Recommend a 5-point Likert scale, or if a 1-10 scale, that each point be labeled with a description.

Answer:

The "0-10" items allow the respondents to rate overall aspects of the care they received. The CAHPS research team moved to include both report and rating items because qualitative research with consumers indicates they prefer to receive both reports on varying aspects of care as well as the overall ratings. The report items are intended to give detail about different domains of quality that consumers see as important to them (e.g., nursing services or communication). These report items identify domains in which a hospital may not do well and wish to improve. Specific issues that might be the underlying cause of a weakness in a particular domain are not measured by HCAHPS. Additional research by the hospital would be needed to get information on these specifics.

We chose an 11-point scale for ratings because it provides a better overall distribution than shorter scales. We chose to label just the extremes of the scale, giving the respondent these anchor points. Descriptions of each point on a 0-10 scale would be cumbersome.

When hospitals change vendors and surveys for any reason, vendors make adjustments and maintain trending data wherever possible. There is no difference between this normal business activity and the effort required to make adjustments where HCAHPS items differ from those of the surveys hospitals currently use.

The CAHPS team, NCQA, CMS and many sponsors of the CAHPS surveys for health plans have extensive experience in the resolution of such trending issues. The health plan CAHPS survey was tested against NCQA's instrument several years ago, and a convergence of the two instruments was completed, based on this testing. Similar work is now being undertaken with the Pacific Business Group on Health to harmonize versions of a patient experience instrument for assessment of individual providers and group practices. We are certain that the same kinds of processes can be employed to resolve trending issues with HCAHPS and other hospital surveys.

Multiple scales comments:

Different scaling systems is confusing and will lead to radical changes.

Cannot harmonize our 4-point scale questions with HCAHPS scaling, so place HCAHPS at end.

Switching back and forth between two different scales adds burden and introduces systematic unexplained variance. Should use a 1-10 scale throughout the survey to improve reliability and validity and interpretation of results.

To keep respondents' confusion to a minimum and enhance the quality, utility and clarity of the information, use the 0-10 point scale from Question 19 for experiential questions throughout the survey, not the three current different response scales. Question 1 would thus be anchored “Never” (0) – “Always” (10); Question 19, “Worst Hospital Possible” (0) – “Best Hospital Possible” (10); Question 20, “Definitely would not recommend” (0) – “Would definitely recommend” (10), and Question 21, “Poor” (0) – “Excellent” (10).

Answer:

The response options included in the HCAHPS questionnaire that will be used for reporting patients' assessment of health care quality include “never-always”; “yes/no,” and “0-10”. These three response sets provide respondents an opportunity to report on their experience with care and also to rate that care. The “never-always” and “yes/no” items permit the respondent to report the frequency with which important health care quality events took place or whether they occurred or not. The “never-always” set is used when an event may occur more than once. Therefore, the respondent can report a frequency. The “yes/no” items are used when an event occurs once or not at all. Both items permit the respondent to report on the quality of their care from their perspective. The “0-10” items allow the respondents to rate overall aspects of the care they received. The CAHPS research team moved to include both types of items because qualitative research with consumers indicates that they prefer to receive both reports on varying aspects of care as well as the overall ratings.

As we have done with trending concerns in other surveys, hospitals or vendors can calibrate their results for HCAHPS using the 11 point rating to the four point ratings many hospitals may be using.

Another way to handle this issue is by using transitional phrasing between the HCAHPS questions and the hospital-specific ones. An example of such phrasing is as follows: “Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics”.

Testing by the CAHPS team has shown that respondents do not have a problem dealing with response options that vary as long as a transition is provided. Also, it is better to have the response options match the response task.

Other scales comments:

The never-to-always scale is ordinal but was analyzed using multivariate techniques as if it were interval (in the Three-State Pilot Study report), resulting in meaningless results.

Data from the 4-point questions cannot be properly analyzed as interval data; statistics such as means and standard deviation are inappropriate. Recommend using statistical methodology that accounts for the non-interval nature of these data.

How will data from the 4-point scale questions be analyzed and reported? Data from the 4-point scale questions will be difficult to use in conjunction 10-point dependent variable questions.

The 11-point (0 to 10) scale introduces bias. The inclusion of “0” indicates absence of something, on the worst possible evaluation. The anchors “worst” and “best” imply a scale with a mid-point of 0, which introduces systematic variance.

The current 4-point (“Never to Always”) scale leaves room of misinterpretation of data. The meaning of a five-point quality scale (“Excellent to Very Poor”; or “Very Satisfied to Very Dissatisfied”) is more evident to the public.

Hospitals prefer the ranking: “very poor, poor, fair, good, very good,” rather than using a time frame.

The scales being used measure frequency. They should measure patient satisfaction, not frequency of occurrence. For instance, the items do not address how well the pain was managed.

Answer:

All surveys items in which humans are asked to report on or rate an experience are subjective from the standpoint that they require the respondent to evaluate the question that is asked, then to remember the event(s), determine how to respond to the question in light of their memory of the experience, and then respond. The frequency scale is no more subjective than other scales in terms of the response task the respondent faces. In fact, the frequency scale provides a more direct report of the event than a rating. The rating asks the respondent to evaluate the event and give it a rating. The satisfaction scale, another form of rating, further asks the respondent to evaluate the event and then indicate how his/her rating of the event compares to what he/she expected the event would be.

There is a long-standing debate in the literature regarding the appropriateness of applying parametric statistical techniques to data derived from ordinal scales, one which has not been resolved to this day. Most simulation studies that compare ordinal to interval data find that conclusions derived from parametric statistics do not differ. Interval-level scoring algorithms for psychometric measures (such as CAHPS) are currently being developed based on Item Response

Theory. We are currently exploring the appropriateness of applying this method to the scoring of CAHPS composites.

