

# The CAHPS<sup>®</sup> Hospital Survey (*HCAHPS*)

## FACT SHEET

CENTERS FOR MEDICARE & MEDICAID SERVICES

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### **Overview**

The intent of the CAHPS<sup>®1</sup> Hospital Survey, also known as Hospital CAHPS<sup>®</sup> or HCAHPS, is to introduce a standardized survey instrument and data collection methodology for measuring and publicly reporting patients' perspectives of hospital care. While many hospitals collect information on patient satisfaction, until the HCAHPS initiative there has been no national standard for collecting or publicly reporting information that would allow valid comparisons to be made across hospitals.

Three broad goals have shaped HCAHPS. First, the survey is designed to produce data on patients' perspectives of care that allow objective and meaningful comparison of hospitals on topics that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey will be credible, useful, and practical. This methodology and the information it generates will be made available to the public.

### **HCAHPS Development**

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop HCAHPS. The HCAHPS survey is composed of 27 questions: 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and recommendation of hospital); four items to skip patients to appropriate questions; three items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports.

Hospitals implement HCAHPS under the auspices of the Hospital Quality Alliance (HQA), a private/public partnership that includes major hospital associations, consumer groups, measurement and accrediting bodies, government, and other stakeholders who share a common interest in improving hospital quality. In May 2005, the HCAHPS survey was endorsed by the National Quality Forum (NQF), which represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. In December 2005, the federal Office of Management and Budget gave its

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<sup>1</sup> CAHPS<sup>®</sup> (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

final approval for the national implementation of HCAHPS for public reporting purposes. The HCAHPS has also endorsed HCAHPS.

### **National Implementation and Public Reporting**

Voluntary collection of HCAHPS data for public reporting began in October 2006. The first public reporting of HCAHPS results, which will encompass eligible discharges from October 2006 through June 2007, will occur in March 2008. Subsequently, HCAHPS results will be published on a quarterly basis and will be comprised of the most recent four quarters of data. Hospitals' HCAHPS results will be posted on the *Hospital Compare* website, found at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov), or through a link on [www.medicare.gov](http://www.medicare.gov). A downloadable version of HCAHPS results will be made available later in 2008. Prior to public reporting, data will be adjusted to account for the effects of mode of survey administration and patient mix characteristics on HCAHPS results. To assure that HCAHPS data are collected correctly, CMS has initiated a series of quality oversight activities, including inspection of survey administration procedures, analysis of submitted data, and site visits of approved HCAHPS survey vendors and self-administering hospitals.

Acute care hospitals have an additional incentive to participate in HCAHPS. As part of the Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program, hospitals that are subject to IPPS payment provisions ("subsection (d) hospitals") must collect and submit HCAHPS data in order to receive their full IPPS annual payment update (APU) for fiscal year 2008. IPPS hospitals that fail to report the required quality measures, which include the HCAHPS survey, may receive an APU that is reduced by 2.0 percentage points. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS.

### **HCAHPS "Dry Run"**

A short "dry run" of the survey is highly recommended for hospitals that wish to join HCAHPS. Future dry runs are planned for December 2007 and March 2008. The dry run is a valuable opportunity for hospitals (and their survey vendors) to gain first-hand experience collecting and transmitting HCAHPS data -- without data being publicly reported. Using the official survey instruments and data collection protocols, hospitals and survey vendors will collect HCAHPS data for eligible patients discharged in the dry run month and submit it to CMS via QualityNet Exchange. Data collected for the dry run will not be publicly reported.

### **Quick Facts about HCAHPS**

- HCAHPS is the first national, standardized, publicly reported survey of hospital patients' perspectives of their care
- All short-term, acute care, non-specialty hospitals are strongly encouraged to participate
- Hospitals may use an approved survey vendor, or collect their own HCAHPS data if they qualify to do so
- Hospitals can conduct the survey in one of four modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR)
- Hospitals may either integrate HCAHPS with their own patient satisfaction survey, or implement HCAHPS as a stand-alone survey
- The survey is administered 48 hours to six weeks after discharge to a random sample of patients who were 18 or older, had an inpatient overnight stay, and had a non-psychiatric

primary diagnosis (HCAHPS excludes patients who were discharged to hospice, were prisoners, or had a foreign home address)

- Hospitals must survey patients throughout each month and submit data to CMS (via QualityNet Exchange) on a monthly or quarterly basis
- Hospitals and their survey vendors must be registered users of QualityNet Exchange
- CMS will adjust HCAHPS data for mode and patient-mix effects prior to public reporting
- Hospitals may preview their HCAHPS results before public reporting
- Hospitals can maintain and analyze their own HCAHPS data; however, the “official” HCAHPS results will be those reported on the *Hospital Compare* website
- Detailed information on implementing HCAHPS, including sampling, data coding, and file submission, can be found in the Quality Assurance Guidelines, Version 2.0 and policy updates, both available at [www.hcahpsonline.org](http://www.hcahpsonline.org)
- Please check the [www.hcahpsonline.org](http://www.hcahpsonline.org) website regularly for updated information

### **For More Information**

To learn more about HCAHPS, please visit the following Web sites:

- For information about the survey, administration procedures, training, and participating in HCAHPS: [www.hcahpsonline.org](http://www.hcahpsonline.org)
- For background information: [www.cms.hhs.gov/HospitalQualityInits/](http://www.cms.hhs.gov/HospitalQualityInits/)

### **To Provide Comments or Ask Questions:**

- To communicate with CMS staff about implementation issues: [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov)
- For technical assistance, contact the [Arizona QIO: hcahps@azqio.sdps.org](mailto:hcahps@azqio.sdps.org) or 1-888-884-4007