

HCAHPS Quality Assurance Guidelines

Summary of Updates and Emphasis in V5.0

This document is provided as a reference tool to highlight the major changes from the *HCAHPS Quality Assurance Guidelines V4.0* to *V5.0*. It is not a substitute for reviewing the *HCAHPS Quality Assurance Guidelines V5.0* in its entirety. The *HCAHPS Quality Assurance Guidelines V5.0* manual went into effect upon its release in March 2010. Required changes to HCAHPS protocols must be fully implemented by July 1, 2010. General format and minor wording revisions have occurred throughout the manual but are not included in this change matrix. Please contact HCAHPS Technical Assistance for any specific questions.

Section of the <i>QAG V5.0</i>	Summary of Key Changes in V5.0
General Revisions	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ V4.0 changed to V5.0 ○ For 3Q2010 (July 1, 2010) data collection and forward, use V3.2 XML File Specifications and HCAHPS Online Data Entry Tool • Emphasis: <ul style="list-style-type: none"> ○ Clarified protecting personal health information (PHI) and the documentation of quality checks/activities ○ The “About You” questions must remain as one block of questions, whether they follow the Core HCAHPS questions, or follow hospital/survey vendor supplemental questions ○ Hospital/Survey vendors must not ask patients to explain why they did not choose the most positive response ○ HCAHPS data (including paper questionnaires and/or scanned images) must be easily retrievable ○ The HCAHPS survey must not be administered while the patient is still in the hospital
Introduction and Overview	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ <i>HCAHPS Results Beyond Hospital Compare</i> and <i>HCAHPS Bulletins</i> sections have been added to this Chapter ○ The <i>HCAHPS Development, Data Collection and Public Reporting Timeline</i> was updated
Program Requirements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ <i>HCAHPS Bulletin 2009-01 Revised</i> was incorporated into the <i>Purpose of the HCAHPS Survey</i> section ○ Number of Years Conducting Surveys requirement increased to 2 years for self-administering hospitals ○ The designated HCAHPS Project Manager for self-administering hospitals must have survey experience ○ Subcontractors are now required to participate in HCAHPS Training Sessions

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Survey Management	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added <i>Use of Subcontractors</i> section ○ An Exceptions Request is now required for HCAHPS survey administration tasks performed away from a commercial business address ○ Added specification that backup files must be tested on at least a quarterly basis • Emphasis: <ul style="list-style-type: none"> ○ Recommend cross-training HCAHPS project staff ○ Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s) ○ Patient discharge files must be retained for a minimum of three years ○ All data files must be easily retrievable
Sampling Protocol	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added information regarding discharge status code “21 – Discharged/transferred to court/law enforcement” ○ Added American Samoa to list of U.S. territories ○ Added information regarding strata weighting for DSRS ○ Added new HCAHPS Sampling Protocol Illustration ○ Updated MS-DRG Codes and Service Line Categories table to V.27 MS-DRG codes
Mail Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Mail Questionnaire <ul style="list-style-type: none"> ▪ Response options must be formatted vertically ▪ The text indicating the purpose of the unique patient identifier (“You may notice a number on the survey. This number is ONLY used to let us know if you returned your survey so we do not have to send you reminders”) must be printed either immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both ▪ The phrase “Use only blue or black ink” may be printed on the survey ▪ The name of the hospital may be printed on the questionnaire in the introduction to Question 1 and in the introduction to Question 21 ▪ The phrase “There are only a few remaining items left” before the “About You” questions may be eliminated

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Mail Only Survey Administration
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- Mail Cover Letter
 - Cover letters must not include any content that attempts to advertise or market the hospital’s services, or offer patients the opportunity to complete the survey over the telephone
- The HCAHPS survey and a separate hospital survey must not be mailed in the same envelope
- Seeded mailings must be conducted on at least a quarterly basis
- New guidance for dispositioning returned blank surveys
- Emphasis:
 - Mail Questionnaire
 - Wording that is **bolded** or underlined in the questionnaire provided in the *HCAHPS Quality Assurance Guidelines V5.0* must be emphasized in the same manner in the hospital’s/survey vendor’s questionnaire
 - Arrow placement (➔) in the questionnaire that specifies skip patterns must not be altered
 - The OMB Paperwork Reduction Act language cannot be printed on a separate sheet of paper
 - Do not include the footers in the *HCAHPS Quality Assurance Guidelines V5.0* on the printed questionnaires that are sent to patients
 - Question section headings (e.g., YOUR CARE FROM NURSES) must be included on the questionnaire and must be capitalized, as shown in *HCAHPS Quality Assurance Guidelines V5.0*
 - Randomly generated unique patient identifiers must be placed on the first or last page of the questionnaire, at a minimum
 - Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
 - It is optional to place the title “HCAHPS Survey” on the questionnaire
 - Page numbers may be included on the questionnaire
 - Transition statements must be added to the survey when the hospital-specific supplemental questions are placed between the Core HCAHPS questions and the “About You” questions, or after the “About You” questions
 - Mail Cover Letter
 - The cover letter must be printed on the hospital’s /survey vendor’s letterhead and must include the appropriate signature
 - The hospital’s/survey vendor’s return address may be included on the cover letter to ensure the questionnaire is returned to the correct address in the event that the enclosed returned envelope is misplaced by the patient
 - The timing of the HCAHPS survey administration protocol begins with the first mailing and does not restart if another “first mailing” is sent to the patient due to an address correction/update
 - Documentation of customer support inquiries about HCAHPS must be maintained

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<p>Telephone Only Survey Administration</p>	<ul style="list-style-type: none"> • Emphasis: <ul style="list-style-type: none"> ○ Phrases must be added to indicate a transition from the HCAHPS questions to the hospital-specific supplemental questions when the supplemental questions are placed between the Core HCAHPS questions and the “About You” questions, or after the “About You” questions ○ Only one language (English or Spanish) may appear on the electronic interviewing system screen ○ Hospitals/Survey vendors must monitor at least 10 percent of all HCAHPS interviews (both English and Spanish) through silent monitoring of interviewers using the electronic telephone interview system software or an alternative system. Monitoring must include all staff conducting HCAHPS interviews.
<p>Mixed Mode Survey Administration</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Hospitals/Survey vendors utilizing the Mixed Mode of survey administration must now keep track of the mode in which each survey was completed (Mail Mode or Telephone Mode) and identify the survey completion mode in the data submission file • See Mail Only and Telephone Only modes
<p>Active Interactive Voice Response (IVR) Administration</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Hospitals/Survey vendors utilizing the IVR Mode of survey administration must now keep track of the mode in which the survey was completed (IVR Mode or Telephone Mode) and identify the survey completion mode in the data submission file • See Telephone Only mode
<p>Data Specifications and Coding</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated file layout and specifications in accordance with HCAHPS File Specifications V3.2 are required for patient discharges from July 1, 2010 and forward ○ New “Survey Completion Mode” Field in the patient administrative record for Mixed Mode and IVR Mode of survey administration ○ Added additional examples under <i>Decision Rules for Screener and Dependent Questions</i> section ○ Added Eligible Discharges Calculation examples ○ Updated the Final Survey Status code for patients selected for the HCAHPS survey with a discharge date beyond the 42-day initial contact period, from “Final Survey Status” code of “3 – Ineligible: Not in eligible population”, to “Final Survey Status” code of “8 – Non-response: Non-response after maximum attempts” • Emphasis: <ul style="list-style-type: none"> ○ The random unique de-identified patient identification number must not include any combinations of letters or numbers that could reveal the patient’s identity: e.g., discharge date, birth date (month, date and/or year) or hospital ID

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Data Preparation and Submission	<ul style="list-style-type: none"> • Emphasis: <ul style="list-style-type: none"> ○ Organizations should designate a secondary QualityNet Security Administrator ○ Added additional clarification and an illustration for switching survey vendors ○ Provided additional information for deletion of a previously submitted HCAHPS survey via the HCAHPS Online Data Entry Tool
Data Reporting	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated the Reporting Period dates
Appendices	
Appendices A, B, C, D, and E HCAHPS Survey Mail Materials	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Instructions before Q1 and Q21 have been standardized ○ Added instructions to print name and return address of hospital/survey vendor on back of survey form ○ Updated the CMS mail address in the OMB Paperwork Reduction Act language
Appendices F and G HCAHPS Telephone Script	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added new headings (i.e., INITIATING CONTACT, SPEAKING WITH SAMPLED PATIENT, CONFIRMING INELIGIBLE PATIENTS, and BEGIN HCAHPS QUESTIONS) ○ Added new commands to S1, INEL1, INEL2, and INEL3 ○ Eliminated the phrase "...about a recent healthcare experience" in the "IF ASKED WHO IS CALLING" question that may be asked by the patient ○ Changed the wording in Q8 introduction from "conditions" to "environment" ○ Changed the instructions in Q24 to read "Please listen to all six response choices before you answer" ○ Changed the instructions in Q25 to read "Please listen to all five response choices before you answer" ○ Added a response option of "M – Missing/DK" for Q27 ○ Added [NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS] to Q27A
Appendix H HCAHPS IVR Script	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added new headings (i.e., INITIATING CONTACT, SPEAKING WITH SAMPLED PATIENT, CONFIRMING INELIGIBLE PATIENTS, and BEGIN HCAHPS QUESTIONS) ○ Added new commands to INEL1, INEL2, and INEL3, and Q21 ○ Eliminated the phrase "...about a recent healthcare experience" in the "IF ASKED WHO IS CALLING" question that may be asked by the patient ○ Changed the wording in Q8 introduction from "conditions" to "environment" ○ Added [NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS] to Q27A

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Appendix I Interviewing Guidelines	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated the <i>Conventions on Telephone and IVR Survey Instruments</i> to make them parallel with the <i>General Interviewing Conventions and Instructions</i> in the Telephone and IVR Script
Appendix J Frequently Asked Questions	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added the following questions and suggested responses: <ul style="list-style-type: none"> ▪ “Is there a government agency that I can contact to find out more about this survey?” ▪ “On the cover letter, there is a web site listed where I can access information on hospital results. I do not have access to the Internet. How can I obtain information on the results for my hospital?” ▪ “You called my cell phone. Can you call back after [PATIENT SPECIFY TIME] so that the call does not use any of my cell phone minutes?”
Appendix K Sample Frame File Layout	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added Guam and American Samoa to list of U.S. territories ○ Added <i>Patient Discharge Status</i> of “21 – Discharged/transferred to court/law enforcement” ○ Added MS-DRG codes V.27 to <i>Determination of Service Line</i>
Appendix L Data File Structure	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated to correspond with the HCAHPS XML File Specifications Version 3.2
Appendix M XML File Specifications V 3.2	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ HCAHPS XML File Specifications Version 3.2 become effective with 3Q10 (July 1, 2010) eligible discharges and forward ○ Added <i>Patient Discharge Status</i> of “21 – Discharged/transferred to court/law enforcement” ○ Added MS-DRG codes V.27 to <i>Determination of Service Line</i> ○ Added <i>Survey Completion Mode</i> field for Mixed Mode and IVR Mode of survey administration
Appendix O Participation Form for Hospitals Self-administering Survey	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Forms modified slightly

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<p>Appendix P Participation Form for Hospitals Administering Survey for Multiple Sites</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Forms modified slightly
<p>Appendix Q Participation Form for Survey Vendors</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Forms modified slightly
<p>Appendix R Exceptions Request Form</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ “Applicant Organization” changed to “Organization Submitting Form”
<p>Appendix S Discrepancy Report</p>	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ “Applicant Organization” changed to “Organization Submitting Form” ○ Forms modified slightly