

Introduction to HCAHPS Survey Training

March 2010



Welcome!

In the HCAHPS training sessions, we will:

- Explain purpose and use of HCAHPS survey
- Provide instruction on managing the survey
- Discuss modes of survey administration
- Instruct on sampling, data preparation, data submission and public reporting

Introduction to HCAHPS Survey Training

Session I

Background and Development of the HCAHPS Survey

Overview of Presentation

- Background & Development of HCAHPS
- Composition of the Survey
- Roles and Responsibilities
- How to Join HCAHPS in 2010

The Name of the Survey

- Formal name: **CAHPS[®] Hospital Survey**
- Also known as Hospital CAHPS[®] or

HCAHPS

- Pronounced “*H-caps*”

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

The Method of HCAHPS

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

Upcoming for HCAHPS

- | | |
|-----------------|--|
| March 18, 2010 | Ninth public reporting of HCAHPS; July '08 - June '09 discharges; ~3,800 hospitals |
| April 14 | Submission deadline for 4 th quarter 2009 |
| April 9 – May 8 | <i>Preview Period</i> for June public reporting |
| ~ June 17 | Tenth public reporting of HCAHPS results |
| July 1 | <i>Release 3.2</i> effective for discharges |
| ~ September 16 | Eleventh public reporting of HCAHPS results |
| ~ December 16 | Twelfth public reporting of HCAHPS results |

Objectives of HCAHPS

- Standardized survey to allow meaningful comparisons across hospitals for public reporting
- Increased hospital accountability and incentives for quality improvement
- Enhanced public accountability

HCAHPS and the *HQA*

- Implementation through national **Hospital Quality Alliance (HQA)**
 - Public-private partnership on hospital quality reporting
 - Members include: AHA, FAH, AAMC, JCAHO, AMA, ANA, AARP, AFL-CIO, AHRQ, & CMS
- Currently reporting heart attack, heart failure, pneumonia care, surgical infection, mortality, children's asthma, and readmission rates

CAHPS Family of Surveys

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

- **HCAHPS**
- Home Health CAHPS
- Medicare Health Plan CAHPS
- Prescription Drug Plan CAHPS
- Clinician & Group CAHPS
- ESRD CAHPS
- Nursing Home CAHPS
- Dental CAHPS

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HCAHPS 101

- Short-term, acute care hospitals
 - “General Hospitals” (AHA)
 - Excludes pediatric, psychiatric and specialty hospitals
- Eligible patients
 - Adult
 - Medical, surgical or maternity care
 - Overnight stay, or longer
 - Alive at discharge
 - *Excludes hospice discharge, prisoner, foreign address, & “no-publicity” patients*
 - HCAHPS encompasses - 85% of inpatients
- Survey after discharge
 - Four modes of survey administration
 - Standardized data collection, submission, analysis and public reporting
 - Self-administer, use a survey vendor or administer for other hospitals

Survey Mode

Second quarter 2009 hospitals (3,865):

- Mail: 2,595 hospitals; 67%
- Telephone: 1,241 hospitals; 32%
- Mixed: 9 hospitals; 0.2%
- IVR: 20 hospitals; 1%

Participation in HCAHPS

Third quarter 2009:

- 44 Approved survey vendors
- 93 Self-administering hospitals
- 5 Multi-site hospitals

Serving Multiple Stakeholders

- Multiple stakeholders and viewpoints
- Accommodated to the extent possible
 - While adhering to goals of HCAHPS
- Evolving scope of HCAHPS
 - Key ingredient in *pay-for-reporting* for IPPS hospitals
 - New languages added for mail mode
 - In some health care reform proposals, HCAHPS is being considered for inclusion in future pay-for-performance formulas

Composition of Survey

HCAHPS contains 27 items:

- **Items 1-22:** Core of HCAHPS
 - Put first; do not alter; keep together
 - *18 substantive questions*
 - *4 “screeener” items*
- **Items 23-27:** Demographic (*“About You”*)
 - Place later; keep together; do not alter

HCAHPS Six Composites

What patients/consumers want to know:

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

HCAHPS Individual Items

What patients/consumers want to know:

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

HCAHPS Global Items

1. *'Overall rating of hospital'*
 - 0 to 10 scale

2. *'Recommend this hospital'*
 - Four point scale

HCAHPS Core Items (1-22)

Core HCAHPS items form module:

- Can be followed by hospital-specific items in an integrated format

— *or* —

- Entire HCAHPS can be used as stand-alone questionnaire

HCAHPS Public Reporting

- Only HCAHPS items submitted and reported
- Ten hospital-level measures that summarize responses to HCAHPS items
 - All patient data is de-identified
 - On *Hospital Compare* Web site, updated quarterly
- Only non-IPPS hospitals may suppress

Public Reporting Periods

Reporting is based on 12 months of discharges

HCAHPS PUBLIC REPORTING: MARCH 2010

- QUARTERS INCLUDED: 3Q08, 4Q08, 1Q09, 2Q09
- PREVIEW PERIOD: January 11 – February 9
- PUBLIC REPORTING: March 18, 2010
- Data from 2Q08 has rolled off

HCAHPS On-Line Web site

www.hcahpsonline.org

Information available:

- State and national summary table
- *“Top box”* percentiles for each measure
- Patient-level Pearson *“top-box”* correlations
- Bibliography of published HCAHPS research conducted by the HCAHPS Project Team

Roles and Responsibilities

Hospitals using a survey vendor

- The *Vendor's role* in data collection and submission:
 - Receive or develop sample frame of eligible discharges
 - Draw sample of discharges and administer survey
 - Submit HCAHPS data in standard format via My QualityNet
 - *Monitor submission reports*
 - *Comply with oversight process*
 - *Conduct ongoing quality assurance activities*
 - Monitor HCAHPS Web site for updates

Roles and Responsibilities *(cont'd)*

Hospitals using a survey vendor *(cont'd)*

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

Roles and Responsibilities *(cont'd)*

Self-administering Hospitals

- Develop sampling frame of eligible discharges
- Draw sample of discharges and administer survey
- Submit HCAHPS data in standard format via My QualityNet
- *Monitor submission and feedback reports*
- *Comply with oversight process*
- *Conduct ongoing quality assurance activities*
- Monitor HCAHPS Web site for updates

Roles and Responsibilities *(cont'd)*

Government: Support, Report & Oversee

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

Advertising Guidelines

- The *Hospital Compare* Web site is the official source of HCAHPS results
- CMS does not endorse hospitals or survey vendors
- *Hospital Compare* is designed to provide objective information to help consumers make informed decisions about health care providers

Steps to Join HCAHPS in 2010

1. Submit an HCAHPS Participation Form

- For self-administering hospitals, hospitals administering survey for multiple sites and survey vendors
- Form available online, March 5, 2010

2. Do an HCAHPS Dry Run

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

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

More information on HCAHPS

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

www.hcahpsonline.org

- Submitting HCAHPS data:

www.qualitynet.org

- Publicly reported HCAHPS results:

www.hospitalcompare.hhs.gov

Introduction to HCAHPS Survey Training

Questions?

Participation and Program Requirements

Participation Overview

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

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HCAHPS Web site and Technical Support

www.hcahpsonline.org

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



Address <http://www.hcahpsonline.org/whatsnew.aspx>

HCAHPS
Hospital Care Quality Information
from the Consumer Perspective

CAHPS® Hospital Survey

What's New

Search

HCAHPS Web site Home Page

Home

Executive Insight

What's New

Facts

Mode & Patient-Mix Adj

Exception/Discrepancy

Approved Vendor List

Quality Assurance

Training Materials

Technical Specifications

Survey Instruments

Contact Us/Links

Welcome!

Quick links:

[Current News](#) | [HCAHPS and IPPS Payment Provisions](#) | [Background](#) | [About the Survey](#) | [Participation](#) | [For More Information](#) | [To Provide Comments or Questions](#) | [Internet Citation](#)

Current News

- [Patient-mix Coefficients for March 2010 HCAHPS Results Have Been Posted](#)
- [Update to Footnote 9](#)
- December 2009 Update...HCAHPS *Executive Insight* Click on Gold Navigation Button on the left side of this screen
- [HCAHPS Public Reporting Periods](#)
- [2010 HCAHPS Data Submission Deadlines](#)

HCAHPS Technical Support

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

Step 1: Introduction to HCAHPS Survey Training

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

Step 2: Program Participation Form and Teleconference

- Available online at www.hcahpsonline.org
 - Participation Forms available March 5, 2010 through May 31, 2010
- Who needs to submit a Participation Form?
 - Hospitals self-administering HCAHPS
 - Hospitals conducting HCAHPS for multiple sites
 - Survey vendors (administering on behalf of hospitals)
 - *Not required for hospitals contracting with survey vendor*

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

- Participation Form must be completed in its entirety
 - Additional explanations must be provided if applicable
 - Staff assigned as key HCAHPS project staff must be identified
- Submit Participation Form
 - Agreement to comply with all HCAHPS Protocols

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

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

Step 3: My QualityNet Exchange

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

Step 4: Data Collection

- Hospitals/Survey vendors will:
 - Adhere to the *HCAHPS Quality Assurance Guidelines V5.0 (QAG V5.0)*
 - Submit an Exceptions Request Form for approval for requesting variations to HCAHPS protocols
 - Review the compliance and the accuracy of their data collection processes
 - Alert HCAHPS Project Team to any discrepancies occurring during survey administration and submit a Discrepancy Report online via the HCAHPS Web site
 - Submit data by HCAHPS data submission deadline

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

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

Step 5: Participate in Oversight Activities

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

Step 6: Public Reporting

- HCAHPS results will be publicly reported on a quarterly basis on *Hospital Compare* Web site
- The appropriate pledges must be signed and on file
 - Contact your state QIO for more details

Step 7: Future Update Trainings

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

Minimum Requirements

1. Relevant survey experience
 - Demonstrated recent experience in fielding surveys using requested mode(s) of administration
 - Survey experience
 - Number of years in business
 - Number of years conducting surveys

Minimum Requirements *(cont'd)*

2. Organizational survey capacity

- Capability and capacity to handle a required volume of surveys and conduct surveys in specified time frame
 - Personnel *(no volunteers are permitted)*
 - System resources
 - Survey administration
 - Data submission *(cannot be subcontracted)*
 - Technical assistance/customer support

Minimum Requirements *(cont'd)*

3. Quality control procedures

- In-house training for staff and subcontractors involved in survey operations
- Quality control activities
 - Documentation of these activities
 - Discussion of these activities

Introduction to HCAHPS Survey Training

Questions?

Sampling Protocol

Overview

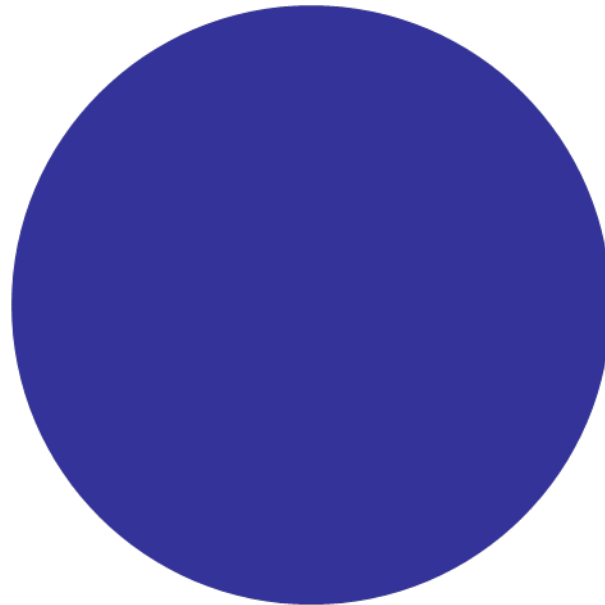
- Steps of Sampling Process
- Methods of Sampling
- Quality Control for Sampling
- Sampling Facts

Steps of Sampling Process

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

See *Quality Assurance Guidelines V5.0*, HCAHPS Sampling Protocol Illustration

Step A: Population (All Patient Discharges)



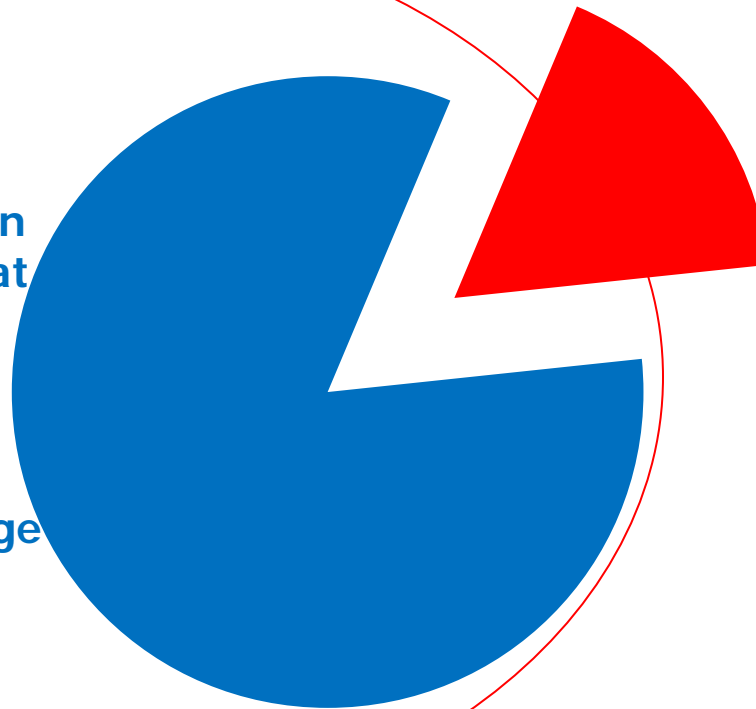
Step A: Population *(cont'd)*

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

Step B: Identify Eligible Patients

All Eligible Patients

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



- ### Ineligible Patients
- Record count of ineligible patients

Step B: Identify Eligible Patients

(cont'd)

- Adult Inpatients – 18 years or older
- Hospital Admission – minimum one overnight stay, or longer
- Non-Psychiatric MS-DRG/principal diagnosis at discharge
- Alive at discharge

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

Determination of HCAHPS Service Lines

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

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

- V.27 MS-DRG codes effective October 1, 2009
 - To classify into Medical and Surgical service lines
 - The Federal Register Notice – most recent August 27, 2009 (updated approximately twice per year)
 - To classify into Maternity Care service line
 - Use MS-DRG codes 765 – 768, 774, 775
- Current Service Line – MS-DRG Crosswalk Table
 - *HCAHPS Quality Assurance Guidelines V5.0*

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

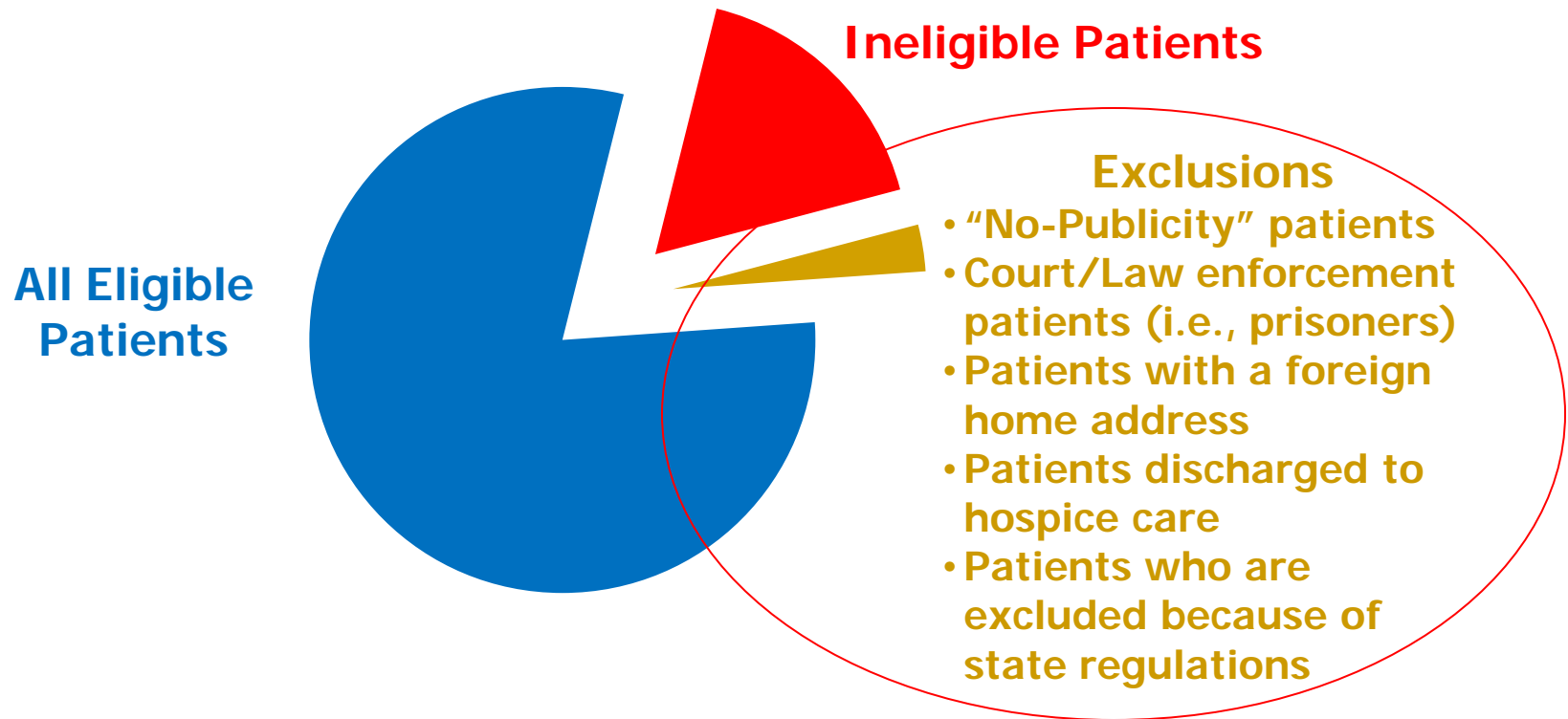
- Accepted methodologies for determination of HCAHPS service line (Exceptions Request not required)
 1. V.27, V.26 or V.25 MS-DRG codes
 2. V.24 CMS-DRG codes
 3. Mix of V.27, V.26, V.25, V.24 codes based on payer source
 4. ICD-9 codes
 5. Hospital unit
 6. New York State DRGs

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

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

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

Step C: Remove Exclusions



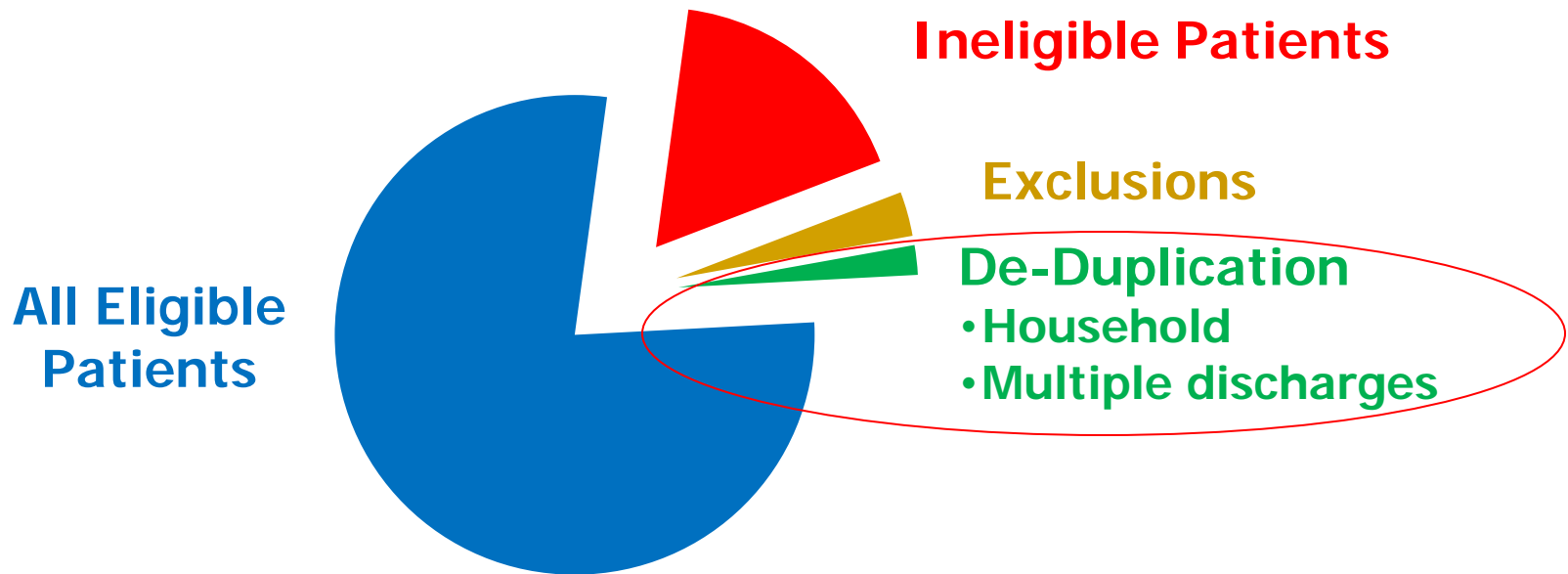
Step C: Remove Exclusions *(cont'd)*

- “No Publicity” patients
- Court/Law enforcement (i.e., prisoners)
- Foreign home address
 - *Note: U.S. territories—Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded*
- Discharged to hospice care
- Excluded as a result of state regulation

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

- Record count of patients by each exclusion category
- Hospitals/Survey vendors must retain documentation that verifies all exclusions

Step D: De-Duplication Process



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

- De-Duplication by Household
 - Sample only one patient per household in a given calendar month
 - De-duplicate by address and/or telephone number from medical records and patient unique IDs within each month
 - Do not de-duplicate by address and/or telephone number for nursing homes, long-term care facilities, etc. (unless residents are family members)

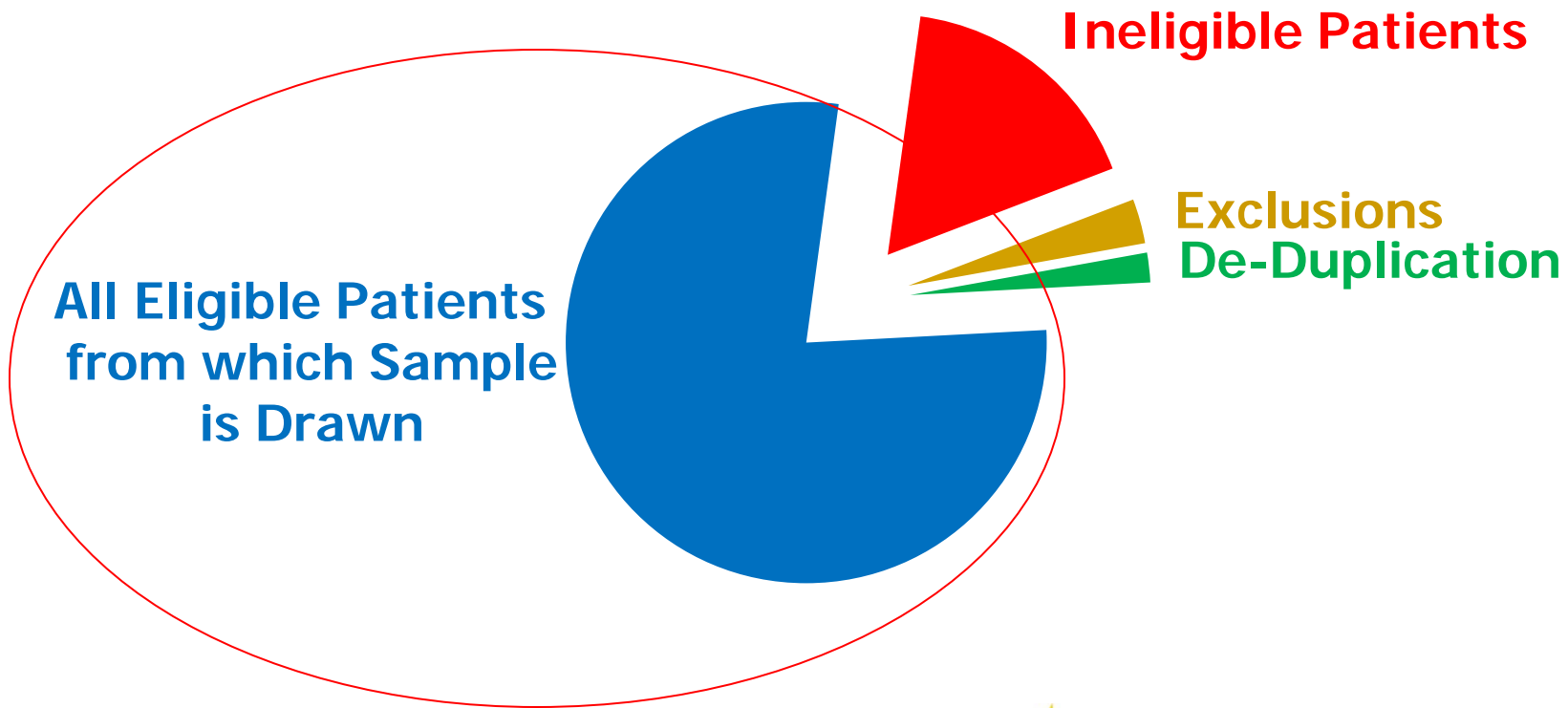
Step D: De-Duplication Process (*cont'd*)

- De-Duplication by Multiple Discharges
 - Sample patient only once in a given calendar month
 - For continuous sampling, use only the first discharge date
 - For weekly sampling, use only the last discharge date during the week
 - For end of the month sampling, de-duplicate across all discharges in the month and use only the last discharge date

Patients are eligible to be included in the sample in consecutive months

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Step E: HCAHPS Sample Frame



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

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

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

- Option 2: Hospital generates sample frame
 - File contains all patients that meet Eligible Population criteria
 - Hospital provides all required data file elements
 - Total count of ineligible patients
 - Total count of patients by each exclusions category
 - Survey vendor validates the integrity of the sample frame before sampling

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

- Include all patients:
 - Who meet eligible population criteria
 - Discharged between first and last days of month
- Include patients even if:
 - Missing or incomplete address/telephone number
 - Missing eligibility criteria

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

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

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

- Must maintain sample frame for a minimum of three years
- Example of sample frame layout (Appendix K)
 - File Content (i.e., All Patient Discharges or HCAHPS Sample Frame)
 - Total number of ineligibles
 - Total number of exclusions and number in each exclusions category
 - Total number of patient discharges

Step F: Draw Sample

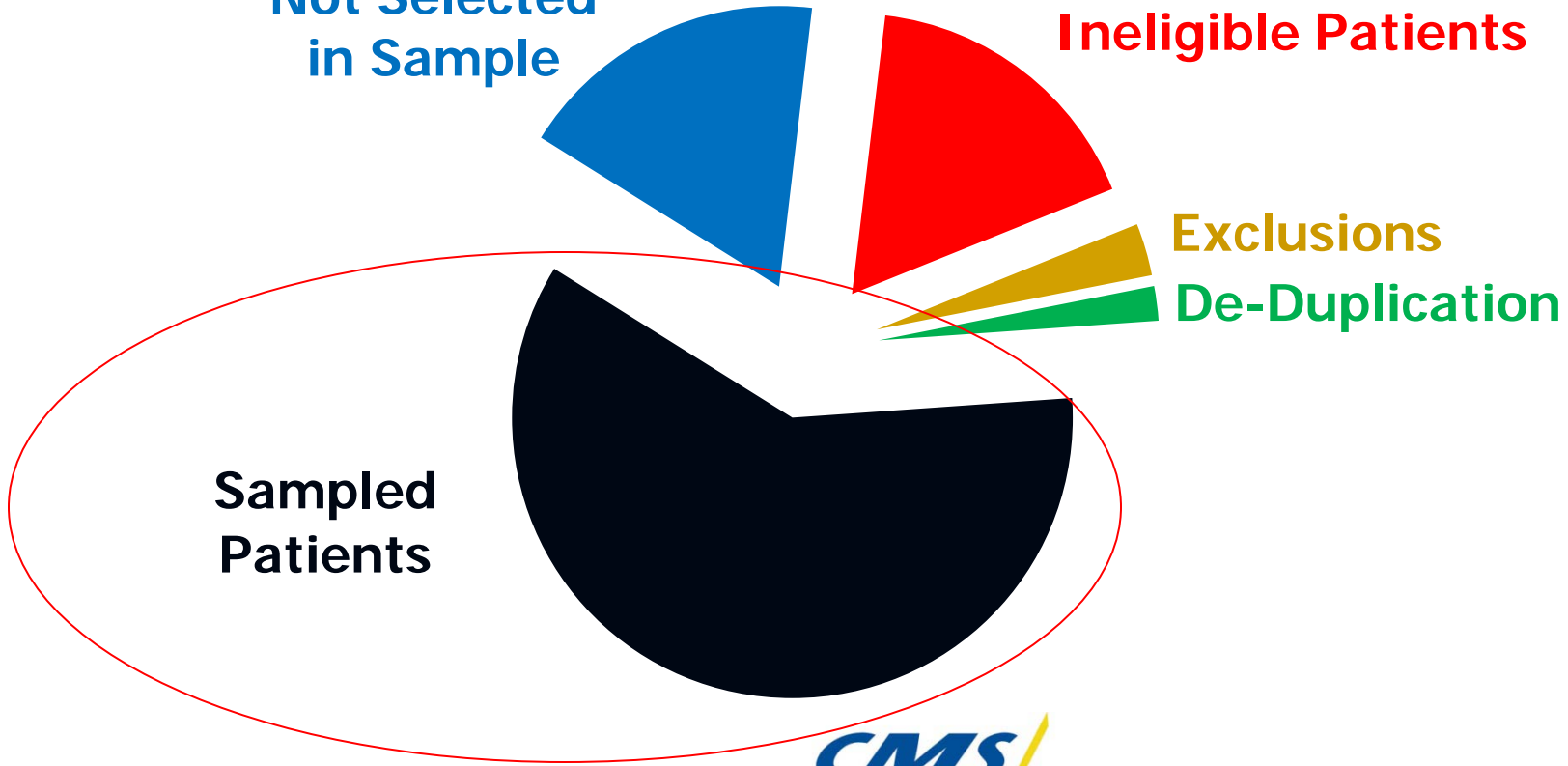
Eligible Patients
Not Selected
in Sample

Ineligible Patients

Exclusions

De-Duplication

Sampled
Patients



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

- Target: Obtain at least 300 completed HCAHPS surveys over the 12-month public reporting period
 - Small hospitals
 - If cannot obtain 300 completed surveys, sample all eligible discharges

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

- Why 300?
 - Target for the statistical precision of the ratings which is based on a reliability criterion
 - 300 completes ensure that the reliability for the publicly reported measures will be .80 or higher
 - All hospitals must calculate sample size based on target of at least 300 completes no matter the number of discharges

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

- Draw a random sample of eligible discharges on a monthly basis
 - Sampling may be continuous or at the end of the month
 - Continuous – every two days, each week, every two weeks, etc.
 - Same sampling ratio or timeframe maintained
 - End of month – one sample is drawn following last day of the month
 - Create sample frame in a timely manner in order to initiate contact for all sampled patients within 42 days of discharge
 - Sample frame must include eligible discharges from the entire month

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

- Draw sample per unique CMS Certification Number (CCN)
- Hospitals that share CCN
 - 300 completes are required per CCN
 - All hospitals under one CCN must participate
 - Use same survey vendor
 - Use same mode of administration
 - Use same sample type and frequency

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

Sample Size Calculation

- Estimate the proportion of patients expected to complete the survey:

I = proportion of discharged patients who are ineligible

R = expected response rate among eligible patients

P = the proportion of discharged patients who actually respond to the survey

$$P = (1 - I) \times R$$

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

- How many discharges are needed to produce 300 completes?

C/P = N₁₂ (Number of discharges to be sampled over 12 month period)

N₁₂/12 = N₁ (Number of discharges sampled each month)

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

Example: Sample Size Calculation

Assumptions:

- $\approx 17\%$ of discharged patients will be ineligible for the survey
 - Source: National Hospital Discharge Survey
- $\approx 40\%$ of eligible patients will respond to the survey
 - Source: CMS Three State Pilot
- Ineligible rates and response rates should be adjusted based on each hospital's experience

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

$$\begin{aligned} P &= (1 - I) \times R \\ &= (1 - .17) \times .40 \\ &= .33 \end{aligned}$$

- $300 / P = 300 / .33 = 909$ discharged patients should be surveyed
- Twelve-month public reporting period:
 - Number of discharges needed per month
 $= 909 / 12 = 76$

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

- Should estimate I and R from hospital's own data
- Should adjust the target in subsequent quarters

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

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

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

- If Less Than 300 Completes:
 - Attempt to obtain as many as possible
 - Survey all eligible discharges
 - All hospital results will be publicly reported on *Hospital Compare* Web site
 - For *less than 100 completes* results will be reported and lower precision of the ratings will be noted

Methods of Sampling

- **Option 1: Simple Random Sample (SRS)**
 - HCAHPS preferred sampling method
 - Group of patients randomly selected from a larger group
 - Census sample of all eligible patients is considered a simple random sample

Methods of Sampling *(cont'd)*

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

Methods of Sampling *(cont'd)*

Example of PSRS

- Hospital pulls sample each week, creating 4 strata named Wk1, Wk2, Wk3, and Wk4
- Even though the number of eligible discharges differs between weeks, the hospital takes the same proportion of 'sampled' to 'eligibles' each week
- 20% of eligible discharges are randomly pulled from each stratum

Number of 'eligibles' per week X proportion of 20/100 or .20

- Wk1: $20 \times .20 = 4$ sampled
 - Wk2: $25 \times .20 = 5$ sampled
 - Wk3: $30 \times .20 = 6$ sampled
 - Wk4: $15 \times .20 = 3$ sampled
- Results in different number sampled from each week, but each eligible discharge had an equal chance of being chosen

Methods of Sampling *(cont'd)*

- **Option 3: Disproportionate Stratified Random Sample (DSRS)**
 - Patient discharge population divided into strata
 - Dissimilar sampling ratio applied to each stratum
 - Sample a minimum of 10 eligible discharges in every stratum in every month
 - Additional information collected to weight data
 - Exceptions Request Form required

Methods of Sampling *(cont'd)*

Example of DSRS

- Hospital pulls a sample each month, creating four strata: Unit 1, Unit 2, Unit 3, and Unit 4
- Ten eligible discharges are randomly pulled from each unit
- The number of eligible discharges selected for the sample does not result in the same proportion of discharges across the four units
 - **Unit 1: 10 selected of 20 eligible = a proportion of 50%**
 - **Unit 2: 10 selected of 25 eligible = a proportion of 40%**
 - **Unit 3: 10 selected of 30 eligible = a proportion of 33%**
 - **Unit 4: 10 selected of 15 eligible = a proportion of 67%**
- DSRS sampling results in the same number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is different

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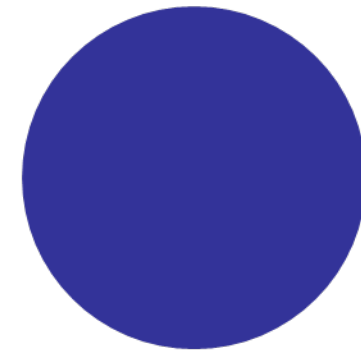
Population, Sample Frame and Sample

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

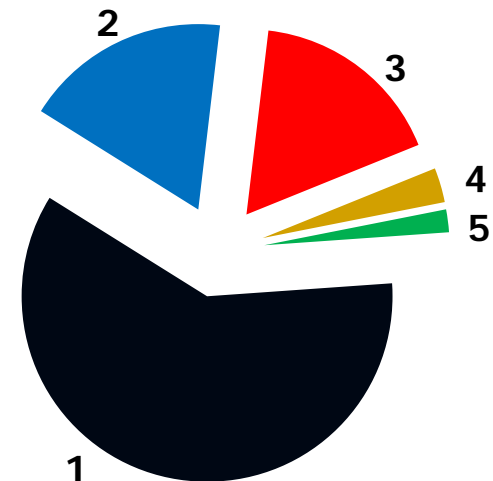
HCAHPS Sample Frame: generated by hospital/survey vendor (entire *Eligible Population*) = 1 + 2

Sample: randomly selected = 1

Population (All Patient Discharges)



Sample Drawn



Quality Control for Sampling

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

Key Sampling Facts

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

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Questions?

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BREAK

Survey Administration

Overview

- Survey Management
- Survey Instrument and Materials
- Options for Survey Integration
- Supplemental Questions
- Modes of Survey Administration

Survey Management

- Establish survey management process to administer survey
 - System resources
 - Customer support lines
 - Personnel training
 - Monitoring and quality oversight
 - Safeguarding patient confidentiality and privacy
 - Data security
 - Data retention

Survey Management *(cont'd)*

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

Survey Management *(cont'd)*

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

Survey Management *(cont'd)*

- Personnel training
 - Project staff and subcontractors
 - Customer support personnel
 - Mail data entry personnel
 - Telephone interviewers and IVR operators

Survey Management *(cont'd)*

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

Survey Management *(cont'd)*

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

Survey Management *(cont'd)*

- Patient Confidentiality and Data Security
 - Patient identifiable information **must not** be sent or received by email
 - Recommend that hospital's HIPAA privacy officer confirm that hospital's transmission methods for patient discharge files are in compliance with HIPAA regulations

Survey Management *(cont'd)*

- Confidentiality and privacy assurances to patient
 - HCAHPS survey question responses will be confidential and private and reported in an aggregate format to CMS
 - Hospital supplemental questions may voluntarily ask for patient name

Survey Management *(cont'd)*

- Physical and electronic data security guidelines
 - Returned mail surveys stored in secure and environmentally controlled location
 - Firewalls and other mechanisms for preventing unauthorized system access
 - Access levels and security passwords to safeguard sensitive data
 - Electronic data files must be easily retrievable regardless of whether they have been archived
 - Backup procedures in place to safeguard system data
 - Frequent saves to media to minimize data losses
 - Electronic data backup files must be tested quarterly

Survey Instrument and Materials

- Survey instrument content
 - Core Survey questions 1-22
 - “About You” questions 23-27
- Survey materials availability—questionnaires, cover letters and OMB language
 - English language materials (Appendix A)
 - Spanish language materials (Appendix B)
 - Chinese language materials (Appendix C)
 - Russian language materials (Appendix D)
 - Vietnamese language materials (Appendix E)
- Survey materials availability—scripts
 - English telephone script (Appendix F)
 - Spanish telephone script (Appendix G)
 - English IVR script (Appendix H)

Options for Integration of Hospital Surveys

1. Integrated hospital and HCAHPS survey using one consistent format and transitions
 - HCAHPS Items 1-22 (Core questions) are first questions
 - HCAHPS Items 23-27 (“About You” questions)
2. Two separate mailings – one with the HCAHPS survey and another with the hospital-specific survey

Supplemental Questions

- May add a reasonable number of supplemental questions to the survey after the Core survey items (1-22)
 - Must ask the “About You” questions (23-27) following the Core survey items but placement in the survey is at the discretion of the hospital/survey vendor
- Use appropriate phrasing to transition from the HCAHPS survey to the supplemental items
 - Example: “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 topics.”

Supplemental Questions *(cont'd)*

- Avoid the following types of supplemental questions
 - Numerous, lengthy and complex questions
 - Questions with potential impact on responses to HCAHPS questions
 - Sensitive medical or personal topics which may cause a person to terminate the survey
 - Questions that may jeopardize a patient's confidentiality such as SSN
 - Questions that ask the patient to explain why he or she did not choose the most positive response

Modes of Survey Administration

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

Modes of Administration Overview

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

Modes of Administration Overview *(cont'd)*

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

Mail Only Mode

- Protocol
 - Send first questionnaire with initial cover letter to sampled patient(s) between 48 hours and 6 weeks (42 days) after discharge
 - Send second questionnaire with follow-up cover letter to non-respondent(s) approximately 21 days after the first questionnaire mailing
 - Complete data collection within 42 days after the first questionnaire mailing
 - Submit data to CMS via My QualityNet by the data submission deadline

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

- Cover Letter Specifications *(cont'd)*
 - Language indicating the purpose of the unique patient identifier must be printed either on the cover letter or after the survey instructions on the questionnaire (or on both)
 - “You may notice a number on the survey. This number is ONLY used to let us know if you returned your survey so we don’t have to send you reminders.”

Mail Only Mode *(cont'd)*

- Cover letter language requirements:
 - Purpose of survey
 - “Questions 1-22 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals.”
 - Answers may be shared with hospitals for the purposes of quality improvement
 - Participation is voluntary
 - Hospital name and discharge date of patient
 - Patient’s health benefits will not be affected by participation in the survey
 - Customer support number

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
 - OMB Paperwork Reduction Act language: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981. The time required to complete this information collected is estimated to average 7 minutes per response for questions 1-22 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

Mail Only Mode *(cont'd)*

- Cover letter options
 - English, Spanish, Chinese, Russian, and Vietnamese versions of cover letters
 - Language directing the patient how to request the mail survey in Spanish, Chinese, Russian, and Vietnamese
 - Repetition of any instructions that appear on the questionnaire
 - Return address of hospital/survey vendor

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
 - Question and answer category wording is not changed nor is the order of Core HCAHPS questions or answer categories (items 1-22)
 - “About You” questions follow the Core HCAHPS questions and remain as one block
 - Question and answer categories remain together in the same columns and on the same pages
 - Randomly generated unique identifiers for patient tracking purposes are placed on the first or last pages of the survey and may appear on all pages

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
 - Question and response options must be formatted and listed vertically
 - Response options listed horizontally or in a combined vertical and horizontal format are not allowed
 - No matrix formats for question and answer categories
 - Wording that is underlined or **bolded** in the HCAHPS questionnaire must be underlined or **bolded** in the hospital or survey vendor questionnaire
 - Arrows | ➔ | that show skip patterns in the HCAHPS questionnaire must be included in hospital or survey vendor questionnaire

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting options
 - Small coding numbers next to response choices
 - Patient discharge date
 - Place for patients to voluntarily fill in their name/telephone number placed after the core HCAHPS questions (1-22)

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting – suggestions
 - Minimum font size 10 point
 - Readable font such as Arial
 - Margins are wide (at least 3/4 inch) and survey has white space to enhance its readability
 - Question formatting in two columns

Mail Only Mode *(cont'd)*

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

Note: First class postage or indicia, suggested

Mail Only Mode *(cont'd)*

- Timing of Mailings
 - Survey mail out timing begins with first mailing
 - Timing does not restart if another “first mailing” is sent out due to address correction or update

Mail Only Mode *(cont'd)*

- Mail Receipt—Blank Questionnaire
 - If the first survey mailing is returned with all missing responses (i.e., no questions are answered), send a second survey to the patient, if the data collection time period has not expired
 - If the second survey mailing is returned with all missing responses, then code the final Survey Status as “7—Non-response: Refusal”
 - If the second mailing is not returned, then code the Final Survey Status as “8—Non-response: Non-response after maximum attempts”

Mail Only Mode *(cont'd)*

- Data receipt and entry
 - Surveys receipt is recorded in a timely manner
 - Surveys are date stamped
 - Ambiguous situations follow HCAHPS decision rules
 - Key entry or scanning allowed for data capture
 - Key-entered data are entered a second time by different staff and any discrepancies between the two entries are identified; any discrepancies should be reconciled
 - Programs verify that record is unique and has not been returned already
 - Programs identify invalid or out-of-range responses

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

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

Telephone Only Mode

- Protocol
 - Initiate systematic telephone contact with sampled patient(s) between 48 hours and 6 weeks (42 days) after discharge
 - Complete telephone sequence within 42 days of initiation so that a total of 5 telephone calls are attempted
 - at different times of day
 - on different days of the week
 - in more than one week
 - and between 9 AM and 9 PM respondent time
 - Submit data to CMS via My QualityNet by the data submission deadline

Telephone Only Mode *(cont'd)*

- Telephone script
 - Standardized telephone script provided for HCAHPS portion of survey
 - Question and answer category wording may not be changed nor the order of questions and answer categories
 - “About You” questions 23-27 must be placed anywhere after the Core survey questions 1-22 and remain together as one block of questions
 - Supplemental questions may be added after the Core survey questions 1-22
 - Transitional phrases must be added before supplemental questions

Telephone Only Mode *(cont'd)*

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

Telephone Only Mode *(cont'd)*

- Obtaining telephone numbers
 - Main source of telephone numbers is hospital discharge records
 - Update missing or incorrect telephone numbers using
 - commercial software
 - internet directories
 - directory assistance
 - other tested methods

Telephone Only Mode *(cont'd)*

- Data receipt and data entry
 - Electronic data collection, CATI
 - Linked electronically to survey management system
 - Manual data collection of paper questionnaires
 - Key entry
 - Scanning

Telephone Only Mode *(cont'd)*

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

Telephone Only Mode *(cont'd)*

- Quality control guidelines
 - Formal interviewer training to ensure standardized, non-directive interviews
 - Telephone monitoring and oversight of staff and subcontractors
 - At least 10% of HCAHPS attempts and interviews must be monitored
 - All interviewers conducting HCAHPS surveys must be monitored

Mixed Mode

- Protocol—Mail followed by telephone
 - Send questionnaire with cover letter to sampled patient(s) between 48 hours and 6 weeks (42 days) after discharge
 - Initiate systematic telephone contact for all non-respondent(s) approximately 21 days after mailing the questionnaire
 - Complete telephone sequence within 42 days of initiation so that a total of 5 telephone calls are attempted
 - at different times of day
 - on different days of the week
 - in more than one week
 - and between 9 AM and 9 PM respondent time

Mixed Mode *(cont'd)*

- Protocol
 - Mixed mode survey administration
 - Follow guidelines for Mail Only mode
 - Use one questionnaire mailing instead of two
 - Follow guidelines for Telephone Only mode
 - Submit data to CMS via My QualityNet by the data submission deadline

Mixed Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode in which each survey was completed (i.e., mail or telephone):
 1. For completed surveys retain documentation in survey management system that the patient completed the survey in the mail phase or telephone phase of the Mixed mode of survey administration, then
 2. Assign the appropriate "Survey Completion Mode" in the administrative record for this patient

Active Interactive Voice Response (IVR) Mode

- Protocol
 - Initiate systematic IVR contact to sampled patient(s) between 48 hours and 6 weeks (42 days) after discharge
 - Complete IVR sequence within 42 days after initiation so that a total of 5 telephone calls are attempted
 - at different times of day
 - on different days of the week
 - in more than one week
 - and between 9 AM and 9 PM respondent time
 - Submit data to CMS via My QualityNet by the data submission deadline

Active IVR Mode *(cont'd)*

- IVR interviewing systems
 - Programmed with standardized HCAHPS IVR script
 - Capable of recording and storing patient answers
 - Capable of touch tone key pad response
 - Opt out option available for patients who do not want to continue with IVR (other interviewing option available)

Active IVR Mode *(cont'd)*

- Live operator
 - Introduces patient to the survey and IVR system
 - Obtains patient consent to participate
 - Transitions patient to IVR
 - Available to answer questions/FAQs
 - Available to triage patients to another electronic system (CATI) or to conduct the interview themselves for reluctant respondents

Active IVR Mode *(cont'd)*

- Follow Telephone Only mode guidelines
 - Data collection
 - Data receipt and retention
 - Quality control guidelines
 - Staff/subcontractor training
 - Monitoring and oversight
 - Documentation

Active IVR Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode in which each survey was completed (i.e., IVR or telephone):
 1. For completed surveys retain documentation in the survey management system that the patient completed the survey in the IVR mode or Telephone mode of the IVR mode of survey administration, then
 2. Assign the appropriate "Survey Completion Mode" in the administrative record for this patient

Introduction to HCAHPS Survey Training

Questions?

Telephone and Active IVR Training

Overview

- Telephone and Active IVR Script and Programs
- Survey Introduction
- Guidelines for Reaching Respondents
- Identifying Possible Ineligible Respondents
- Definition of a Telephone/Active IVR Attempt
- Interviewing Guidelines and Conventions
 - System Conventions
 - Avoiding Refusals
 - Probing for Complete Answers
- Customer Service FAQs

Telephone & Active IVR Script and Programs

- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS questions
- The “About You” HCAHPS questions must remain together
- No changes are permitted to the order of the “About You” HCAHPS questions, even if they are placed before or after any supplemental questions

Telephone & Active IVR Script and Programs *(cont'd)*

- All underlined content must be emphasized
- Only one language (English or Spanish) may appear on the electronic telephone interviewing system screen
- Supplemental questions allowed for hospital-specific items
- Skip patterns should be programmed into the telephone and IVR systems
- Conventions provide instructions for programmers and interviewers
- Every question should have a “Missing/Don’t Know” option programmed
- See Appendices F, G & H in the *HCAHPS Quality Assurance Guidelines V5.0* for scripts

Survey Introduction

- Critical to gaining cooperation
- Provides survey purpose
- Confirms respondent eligibility
- Informs respondent that survey will take about seven minutes or [VENDOR SPECIFY]
- Any changes to the survey introduction require an approved Exceptions Request before implementation

Survey Introduction *(cont'd)*

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

Introducing Active IVR

- Live operator connects patient to active IVR system after:
 - gaining participation through initial telephone contact
 - confirming patient eligibility
- Patient will hear electronic message confirming successful connection to active IVR system
- Required to use live operators to conduct the HCAHPS interview when a patient does **not** wish to continue with the IVR interview

Guidelines for Reaching Respondents

- Five attempts to reach patient
- Do not leave messages on answering machines since this could violate a patient's privacy
- Maximize the probability of reaching the patient by attempting contacts
 - at various times of the day
 - on different days of the week
 - in more than one week
 - and between 9 AM and 9 PM respondent time

Guidelines for Reaching Respondents *(cont'd)*

- If the patient is away temporarily, he or she is contacted upon return
- If the patient does not speak the language the survey is being administered in, thank the patient for his or her time and terminate the interview
- If the patient is temporarily ill, re-contact the patient to see if there has been a recovery before the end of data collection
- Attempt to correct wrong telephone numbers

Identifying Possible Ineligible Respondents

- INEL1: Were you ever at this hospital?
 - <1> YES [GO TO INEL2]
 - <2> NO [GO TO INEL_END]
- INEL2: Were you a patient at this hospital in the last year?
 - <1> YES [GO TO INEL3]
 - <2> NO [GO TO INEL_END]
- INEL3: When was this?
 - IF ANY PERIOD WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.
- INEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

Definition of a Telephone/ Active IVR Attempt

- Telephone rings six times with no answer
- Busy signal—interviewer gets a busy signal on each of 3 consecutive attempts (counts as one attempt)
- Interviewer or operator reaches the household and is told that the patient is not available to come to the telephone
- Patient asks the interviewer or operator to call back at a more convenient time

Interviewing Guidelines and Conventions

- Interviewer/Operator tone:
 - Speak in an upbeat and courteous tone
 - Establish rapport
 - Maintain professional and neutral relationship
 - Do not provide personal information or opinions
 - Do not try to influence patients' responses to questions in a certain way
- See Appendix I in *HCAHPS Quality Assurance Guidelines V5.0*

Interviewing Guidelines and Conventions *(cont'd)*

- Question asking:
 - Questions, transitions and response choices are read *exactly* as worded on script
 - Do not provide extra information or lengthy explanations to respondent questions
 - Never skip questions
 - End the survey by thanking the respondent for his or her time

Interviewing Guidelines and Conventions *(cont'd)*

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

Interviewing Guidelines and Conventions *(cont'd)*

- Avoiding refusals
 - Be prepared to convert a refusal into a completed survey
 - Emphasize importance of participation
 - Never argue with or antagonize a patient
 - Remember! First moments of the interview are most critical for gaining participation

Interviewing Guidelines and Conventions *(cont'd)*

- Probing for complete data
 - When respondent fails to provide adequate answer
 - Never interpret answers for respondents
 - Code “Missing/Don’t Know” when respondent cannot/does not provide complete answer after probing

Interviewing Guidelines and Conventions *(cont'd)*

- Types of probes:
 - Repeat question and answer categories
 - Interviewer says:
 - “Take a minute to think about it”
 - “So would you say...”
 - “Which would you say is closer to the answer?”

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 21

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

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

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 21 *(cont'd)*

- Patient 1 answers
 - “The hospital is fine.”
- Probe for Patient 1
 - “Please pick a number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible. What number would you say is closest to your answer?”
- Patient 2 answers
 - “I would give the hospital a rating of 7.5.”
- Probe for Patient 2
 - “We’re asking you to choose one response. What number would you use to rate this hospital, a **7 or 8?**”

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 23

In general, how would you rate your overall health? Would you say that it is...

- | | |
|-----|------------|
| <1> | Excellent, |
| <2> | Very good, |
| <3> | Good, |
| <4> | Fair, or |
| <5> | Poor? |
| <M> | MISSING/DK |

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 23 *(cont'd)*

- Patient 1 answers
 - “My health is okay.”
- Probe for Patient 1
 - “We’re asking you to choose one response. Would you say your overall health is...”
[Repeat all answer categories]
- Patient 2 answers
 - “My health is great.”
- Probe for Patient 2
 - “Would you then rate your overall health as **Excellent , Very good or Good?**”

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 24

What is the highest grade or level of school that you have completed?
Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than 4-year college degree?
- <M> MISSING/DK

Interviewing Guidelines and Conventions *(cont'd)*

Example of response probe: Question 24 *(cont'd)*

- Patient 1 answers
 - “I graduated from school.”
- Probe for Patient 1
 - “We’re asking you about the highest grade or level of school that you completed. Would you say you completed...” **[Repeat all answer categories]**
- Patient 2 answers
 - “I graduated from college.”
- Probe for Patient 2
 - “We’re asking you about the highest grade or level of school that you completed. So would you say **completed some college or earned a 2-year degree, graduated from a 4-year college, or completed more than 4-year college degree?**”

Interviewing Guidelines and Conventions *(cont'd)*

- [FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-E]
- **Q26 When I read the following list, please tell me if the category describes your race. You may choose one or more.**
 - Q26A Are you White?
 - <1> YES/WHITE
 - <0> NO/NOT WHITE
 - <M> MISSING/DK
 - Q26B Are you Black or African-American?
 - <1> YES/BLACK OR AFRICAN-AMERICAN
 - <0> NO/NOT BLACK OR AFRICAN-AMERICAN
 - <M> MISSING/DK

Read Questions A through E to capture multiple races. Do not stop reading the list when you get a Yes answer.

Customer Service FAQs

- Interviewers/Operators should be knowledgeable about the survey and its goals, and be prepared to answer questions
- FAQs provide answers to:
 - General questions about the survey
 - Concerns about participating in the survey
 - Questions about completing/returning the survey
- See Appendix J in *HCAHPS Quality Assurance Guidelines V5.0*

Exceptions Requests and Discrepancy Reports

Purpose

- Exceptions Request
 - Request alternative methodologies
- Discrepancy Report
 - Notification of variation from HCAHPS protocols during survey administration

Exceptions Request

- Allowable exceptions to standardized protocols
 - Disproportionate stratified random sampling
 - Service line determination
 - Other exceptions
- Exception request proposal must include how the proposed exception will maintain the integrity of data collection
- *Exceptions not allowed for alternative modes of survey administration*

Exceptions Request *(cont'd)*

- Request for exceptions
 - Submit Exceptions Request Form(s) online
 - Justification for exception
 - Submit Exceptions Request Form through *www.hcahponline.org*
 - Exceptions Request must be submitted and **approved** prior to implementing
 - **Exceptions must be submitted by survey vendors on behalf of their contracted hospitals**

Exceptions Request *(cont'd)*

- Appeals process for unapproved exception
 - Written notification with explanation provided by HCAHPS Project Team
 - Hospital/Survey vendor has five business days to appeal an unapproved exception
 - Use Exceptions Request Form

Discrepancy Report

- Notification of inadvertent and temporary survey administration discrepancies
 - Examples: missing eligible discharges from a particular date or computer programming issues that caused an otherwise eligible discharge to be excluded from the sample frame

Discrepancy Report *(cont'd)*

- Complete and submit report immediately upon discovery of issue
 - Provide sufficient detail
 - Hospital CCN
 - How issue was discovered
 - Number of eligible discharges affected
 - Corrective action plan
 - Other details and information
- **Discrepancy Reports should be submitted by survey vendors on behalf of their contracted hospitals**

Discrepancy Report *(cont'd)*

- Review Process
 - Assessment of actual or potential impact on publicly reported results, therefore there may be a delay before results of review are communicated
 - Reviews may result in assignment of footnotes to publicly reported results
 - Additional information may be requested
 - Notification of review outcome

Introduction to HCAHPS Survey Training

Questions?

Contact Us

HCAHPS Information and Technical Support

- Web site: *www.hcahpsonline.org*
- Email: *hcahps@azqio.sdps.org*
- Telephone: 1-888-884-4007