

Introduction to HCAHPS Survey Training

March 2010



Introduction to HCAHPS Survey Training

Session II

Introduction to HCAHPS Survey Training

Data Coding

Overview

- Data Coding Quality Control
- General Data Coding
- Decision Rules for Data Capture (Mail)
- Decision Rules for Screener and Dependent Questions (All Modes)
- Final Survey Status/Disposition Codes
 - Definition of a Completed Survey
- Survey Response Rate Calculation

Data Coding Quality Control

- Hospitals/Survey vendors must develop, implement and **document** quality control procedures for data coding
- Hospitals'/Survey vendors' materials and trainings must include decision rules and coding guidelines from the *HCAHPS Quality Assurance Guidelines V5.0*

General Data Coding

- Enter survey responses as answered by the patient
- For surveys with “Final Survey Status” codes of “1 - Completed Survey” or “6 – Non-response: Break-off”
 - All survey questions must have an entered value
 - Appendix L: Data File Structure Version 3.2 provides valid values

General Data Coding *(cont'd)*

- Question 26 (Race) instructs the patient to mark “one or more” when appropriate. All responses are included in the data submission
- Question 27 (Language Speak) document “Some other language” and maintain in your internal records
- If a patient completes two surveys for the same hospital visit, use the first survey returned

Decision Rules for Data Capture (Mail)

- For coding responses to surveys returned by mail
- Standardized rules ensure consistency across hospitals/survey vendors
- Apply decision rules to both scanned and key-entered data

Decision Rules for Data Capture

(cont'd)

- If a mark falls between two choices and is obviously closer to one choice than another, select the choice to which the mark is closest

Example 1 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:

“2 - Sometimes”

Decision Rules for Data Capture

(cont'd)

- If a mark falls equidistant between two choices, code the value of the item as "M - Missing/Don't Know"
- Do not impute

Example 2 (Mail)

Never

x

Sometimes

Usually

Always



Code as:

"M - Missing/Don't Know"

Decision Rules for Data Capture

(cont'd)

- If a value is missing, code it as "M - Missing/Don't Know"
- Do not impute

Example 3 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:

"M - Missing/Don't Know"

Decision Rules for Data Capture

(cont'd)

- When more than one response choice is marked, code the value as "M - Missing/Don't Know"
 - Do not impute
- **Exception:** For **Q26** (Race), enter responses for ALL of the categories that the respondent selected

Example 4 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:

"M - Missing/Don't Know"

Decision Rules for Screener and Dependent Questions (All Modes)

- Screener Question – instructs patient to skip subsequent questions for select response choices
 - Questions 10, 12, 15, 18
- Dependent Question – questions skipped based on patient's response to screener question
 - Questions 11, 13, 14, 16, 17, 19, 20

Decision Rules for Screener and Dependent Questions (All Modes)

(cont'd)

- Code appropriately skipped questions as "8 - Not Applicable"
- Code other scenarios as answered by the patient (do not "clean" skip pattern errors)
- Hospitals/Survey vendors apply this rule to data collected via mail, telephone and IVR

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions

12. During this hospital stay, did you need medicine for pain?

Yes

No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

Never

Sometimes

Usually

Always

Example 1 (Mail)

Code as:

“1 - Yes”

Code as:

“M - Missing/Don't Know”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need medicine for pain?

Yes

No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

Never

Sometimes

Usually

Always

Example 2 (Mail)

Code as:

“1 - Yes”

Code as:

“3 - Usually”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

Example 3 (Mail)

Code as:

“2 - No”

Code as:

“8 - Not Applicable”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

Example 4 (Mail)

Code as:

“2 - No”

Code as:

“2 - Sometimes”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

Example 5 (Mail)

Code as:

“M - Missing/Don’t Know”

Code as:

“M - Missing/Don’t Know”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If no, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

Example 6 (Mail)

Code as:

“M - Missing/Don't Know”

Code as:

“3 - Usually”

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Decision Rules for Screener and Dependent Questions *(cont'd)*

- For the **telephone** and **IVR survey** modes, skip patterns should be programmed into the electronic telephone interviewing/IVR system
 - If screener questions are either “No” or “Another Health Facility,” then the appropriately skipped dependent questions should be coded as “8 – Not applicable”
 - If screener questions are “Missing/Don’t Know” (not answered), then the appropriately skipped dependent questions should be coded as “M – Missing/Don’t Know”

Final Survey Status Disposition Codes

- Codes may be Interim or Final
 - Interim codes are used for internal tracking
 - Hospitals/Survey vendors can use in-house codes
 - Final codes are used for data submission
 - Hospitals/Survey vendors are required to use the codes in the Final Survey Status/Disposition Codes Table of the *HCAHPS Quality Assurance Guidelines V5.0*

Final Survey Status Disposition Codes *(cont'd)*

- 1 - Completed Survey
 - No evidence of ineligibility
 - Meets completion threshold

Final Survey Status

Disposition Codes *(cont'd)*

Definition of a Completed Survey

- At least 50 percent of the questions applicable to all patients are answered
- Questions applicable to all patients:
 - 1 through 10, 12, 15, 18, 21 and 22
- Due to skip patterns, questions 11, 13, 14, 16, 17, 19, 20 are excluded
- “About You” questions (23 through 27) are also excluded

Final Survey Status Disposition Codes *(cont'd)*

Example: Completed Survey Calculation

- A mail survey is returned, or a telephone or IVR survey is conducted
- Of the questions that are applicable to all patients, the respondent answered the following: 1, 2, 3, 4, 5, 8, 12, and 18
- The remaining items applicable to everyone (6, 7, 9, 10, 15, 21, 22) were left blank or were coded as missing

Final Survey Status Disposition Codes *(cont'd)*

Example: Completed Survey Calculation *(cont'd)*

- Step 1: R = total number of questions answered = 8
- Step 2: Percentage Complete = $(8/15) \times 100 = 53.3\%$
- Step 3: Percentage Complete = 53.3% is greater than 50%. Therefore, this survey is a completed survey
- Hospital/Survey vendor assigns a disposition code of "1- Completed Survey"

Final Survey Status Disposition Codes *(cont'd)*

Ineligible

- 2 – Deceased
- 3 – Not in eligible population
 - See eligibility and exclusion criteria in *HCAHPS Quality Assurance Guidelines V5.0*
 - If a patient's ineligibility is determined after the sample is drawn, the patient is assigned this code

Final Survey Status Disposition Codes *(cont'd)*

Ineligible *(cont'd)*

- 4 – Language barrier
- 5 – Mentally or physically incapacitated
 - Patients discharged to health care facilities (e.g., nursing home, rehab, etc.) must not automatically be assigned this code
 - Hospital/Survey vendors must attempt to contact these patients

Final Survey Status Disposition Codes *(cont'd)*

Non-Response

- 6 – Break-off
 - Assigned when a patient provides some responses but does not meet criteria for completed survey

Final Survey Status Disposition Codes *(cont'd)*

Example: Break-off Survey Calculation

- A mail survey is returned, or a telephone or IVR survey is conducted
- Of the questions that are applicable to all patients, the respondent answered the following: 1, 3, 4, 8, 12, and 18
- The remaining items applicable to everyone (2, 5, 6, 7, 9, 10, 15, 21, 22) were left blank or were coded as missing

Final Survey Status Disposition Codes *(cont'd)*

Example: Break-off Survey Calculation *(cont'd)*

- Step 1: R = total number of questions answered = 6
- Step 2: Percentage Complete = $(6/15) \times 100 = 40.0\%$
- Step 3: Percentage Complete = 40.0% is less than 50%, which does not meet criteria for completed survey
- Hospital/Survey vendor assigns a disposition code of "6 – Non-Response: Break-off"

Final Survey Status Disposition Codes *(cont'd)*

Non-Response *(cont'd)*

- 7 – Refusal
 - Also assigned when a proxy completed the survey for the patient
- 8 – Non-response after maximum attempts
 - Patient has not completed the survey by the end of the survey administration time period
 - Lag time is greater than 84 days
 - If patient is selected for the sample and the discharge date is beyond the 42-day initial contact period
 - *Discrepancy Report must be filed*

Final Survey Status Disposition Codes *(cont'd)*

Non-Response *(cont'd)*

- 9 – Bad address
- 10 – Bad/no phone number

Assigning “9 - Bad Address” or “10 - Bad/No Phone Number”

- Assume the contact information is viable unless there is sufficient evidence to suggest the contrary
 - Attempts must be made to contact every eligible patient whether or not there is complete mailing address and/or telephone number
- Final Survey Status/Disposition Codes Table of the Quality Assurance Guidelines V5.0 provides instructions for assigning disposition codes of 8, 9, and 10

Introduction to HCAHPS Survey Training

Final Survey Status Disposition Codes *(cont'd)*

Mail Only Methodology <i>Assigning Final Survey Status/Disposition Codes 8, 9, and 10</i>		
	<i>Viable Address and No Response After Maximum Attempts</i>	<i>Evidence of a Bad Address</i>
<i>Final Survey Status Code</i>	8	9
Telephone Only and Active IVR Methodologies <i>Assigning Final Survey Status/Disposition Codes 8, 9, and 10</i>		
	<i>Viable Telephone Number and No Response After Maximum Attempts</i>	<i>Evidence of a Bad/No Telephone Number</i>
<i>Final Survey Status Code</i>	8	10
Mixed Mode Methodology <i>Assigning Final Survey Status/Disposition Codes 8, 9, and 10</i>		
	<i>Viable Address and/or Telephone Number <u>and</u> No Response After Maximum Attempts</i>	<i>Evidence of <u>Both</u> a Bad Address and a Bad/No Telephone Number</i>
<i>Final Survey Status Code</i>	8	10

Survey Response Rate Calculation

$$\text{Response Rate} = \frac{\text{Surveys Completed}}{\text{Surveys Fielded} - \text{Ineligible Surveys}}$$

Surveys Completed: “Final Survey Status” of 1

Surveys Fielded: “Final Survey Status” of 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10

Ineligible Surveys: “Final Survey Status” of 2, 3, 4, or 5 (deceased or ineligible)

Example: Survey Response Rate Calculation

A hospital administers the HCAHPS survey to 833 discharged patients during a one-year period. Of the 833 surveys sent to patients, there were 300 returned completed surveys and an additional 85 were determined to be ineligible.

$$\text{Response Rate} = \frac{\text{Surveys Completed}}{\text{Surveys Fielded} - \text{Ineligible Surveys}}$$

$$\text{Response Rate} = \frac{300}{833 - 85}$$

$$\text{Response Rate} = 0.401 = 40.1\%$$

Introduction to HCAHPS Survey Training

Questions?

Data Preparation Process

Overview

- File Specifications Version 3.2
- File Submission Options
- File Layout
- File Layout Structure
 - XML File Layout
 - HCAHPS Online Data Entry Tool
- Preparing the Data File
- Data Submission Timeline

File Specifications Version 3.2

- Standardized file layouts
 - Appendix L – Data File Structure Version 3.2
 - Appendix M – XML File Layout Version 3.2
- Note: Version 3.2 applies to 3Q 2010 discharges and forward**
- One month's worth of data per hospital per CCN
 - Submit data via My QualityNet:
 - Monthly or
 - Quarterly - three monthly files of survey data are compiled for each quarter

File Submission Options

1. XML File Upload

- Commercial conversion software available
- May be combined in a zip file or directory folder
- File names must be 50 characters or less and contain no special characters

2. HCAHPS Online Data Entry Tool

- Self-administering hospitals with low monthly survey volume
- Enter data one survey at a time

File Layout

1. Header Record
 - Complete once per monthly file
2. Patient Administrative Data Record
 - Complete for every patient in the sample
3. Patient Response/Survey Results Record
 - Complete for patients who responded to the survey
 - “Final Survey Status” of “1 – Completed Survey” or “6 – Non-response: Break-off”
 - Enter missing responses as “M – Missing/Don’t Know” or “8 – Not Applicable”

Introduction to HCAHPS Survey Training

Header Record

Field Name	Description
Provider Name	Name of the hospital
Provider ID	CMS Certification Number (CCN), formerly known as the Medicare Provider Number
NPI	National Provider Identifier (<i>optional</i>)
Discharge Year	Year of discharge
Discharge Month	Month of discharge
Survey Mode	Mode of survey administration
Determination of Service Line	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey
Eligible Discharges	Number of eligible discharges in sample frame in the month
Sample Size	Number of sampled discharges in the month
Type of Sampling	Type of sampling utilized
DSRS Strata Name	If sampling type is DSRS, the name of strata
DSRS Eligible	If sampling type is DSRS, the number of eligible patients within the stratum
DSRS Sample Size	If sampling type is DSRS, the number of sampled patients within the stratum

Header Record *(cont'd)*

- All fields in the Header Record must have a valid value
- Exceptions:
 - NPI *(optional)*
 - DSRS Strata Name *(required only if DSRS)*
 - DSRS Eligible *(required only if DSRS)*
 - DSRS Sample Size *(required only if DSRS)*

Header Record *(cont'd)*

- CMS Certification Number (CCN)
 - Valid 6 digit CCN (formerly known as Medicare Provider Number)
 - Sample per unique CCN
 - Hospitals that share a common CCN must obtain a combined total of at least 300 completes per CCN per 12-month reporting period
- National Provider Identifier (NPI)
 - *Optional* data element at this time

Header Record *(cont'd)*

- Discharge Year and Month
 - July 2010 and forward discharges require use of Version 3.2
- Survey Mode
 - Code with the approved survey mode
 - Must be the same for all three months within a quarter
 - Code “5 – Exception” must not be used

Header Record *(cont'd)*

- Determination of Service Line
 - These are the options for determination of service line
 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, or 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

Header Record *(cont'd)*

- Eligible Discharges
 - Number of eligible discharges in the sample frame
 - All eligible discharges are included even if the patients' information is received from the hospital with discharge dates that are beyond the 42-day initial contact period

A Discrepancy Report must be filed to account for patient information received beyond the 42-day initial contact protocol

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - Hospitals with 5 or fewer eligible HCAHPS patient discharges in a month may choose **not** to survey those patients for that given month
 - An HCAHPS **Header Record** (Survey Month Data) **must still be submitted** online via My QualityNet if patients are not surveyed

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - In calculating the “Eligible Discharges” field, do not include patients later determined to be ineligible or excluded, regardless of whether they were selected for the survey sample

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - If a patient was selected for the survey sample and later determined to be ineligible (i.e., “Final Survey Status” code of “3 – Ineligible: Not in eligible population”), the patient must be subtracted when reporting the “Eligible Discharges” field (number of eligible discharges in sample in the month)
 - Does NOT apply to “Final Survey Status” codes of “2 – Ineligible: Deceased,” “4 – Ineligible: Language barrier,” or “5 – Ineligible: Mental/Physical incapacity.”
 - “Sample Size” can therefore be larger than the number of “Eligible Discharges”

Header Record *(cont'd)*

Example 1: Eligible Discharges Calculation

- 100 = Number of eligible patients in original sample frame (Eligible discharges)
- 100 = Number of patients selected for sample (Sample size)
- 2 = Number of patients with “Final Survey Status” code of “2 – Ineligible: Deceased”
- 5 = Number of patients with “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
- 2 = Number of patients with “Final Survey Status” code of “4 – Ineligible: Language Barrier”
- 4 = Number of patients with “Final Survey Status” code of “5 – Ineligible: Mental/Physical incapacity”
- 95 = Number reported in the “Eligible Discharges” field

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - If a patient was not selected for the survey sample and later determined to be ineligible (i.e., received an update with an ineligible MS-DRG code for the patient), the patient must be subtracted when reporting the “Eligible Discharges”

Header Record *(cont'd)*

Example 2: Eligible Discharges Calculation

100	=	Number of eligible patients in original sample frame (Eligible discharges)
50	=	Number of patients selected for sample (Sample size)
2	=	Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
-5	=	Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
2	=	Number of patients with "Final Survey Status" code of "4 – Ineligible: Language Barrier"
4	=	Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/Physical incapacity"
-10	=	Number of patients ineligible due to an updated MS-DRG code (These patients were NOT selected for the survey sample)
85	=	Number reported in the "Eligible Discharges" field

Header Record *(cont'd)*

- Type of Sampling
 1. Simple Random Sample (SRS)
 2. Proportionate Stratified Random Sample (PSRS)
 3. Disproportioned Stratified Random Sample (DSRS)

Sampling type must be the same for all three months within a quarter

Header Record *(cont'd)*

- Type of Sampling *(cont'd)*
 - When 100% of the eligible population (census) is sampled, the “Type of Sampling” should be coded as “1 – Simple Random Sample”

Header Record *(cont'd)*

- Type of Sampling *(cont'd)*
 - Disproportionate Stratified Random Sample (DSRS) means that dissimilar sampling ratios are used in drawing samples from different strata
 - “DSRS Strata Name”—At least two unique strata names must be defined. Once the strata names are defined they cannot be changed until the beginning of next quarter
 - “DSRS Eligible”—Number of eligible patients in each stratum
 - “DSRS Sample Size”—Number of sampled patients in each stratum (minimum of 10 sampled patients per stratum per month)
 - Requires an Exceptions Request

Introduction to HCAHPS Survey Training

Patient Administrative Data Record

Field Name	Description
Provider ID	CMS Certification Number (CCN), formerly known as the Medicare Provider Number
Discharge Year	Year of discharge
Discharge Month	Month of discharge
Patient ID	Random, unique, de-identified, assigned patient ID by hospital/survey vendor
Point of Origin for Admission or Visit	Source of inpatient admission for the patient (<i>same as UB-04 field location 15</i>)
Reason Admission	Service line
Discharge Status	Patient's discharge status (<i>same as UB-04 field location 17</i>)
Strata Name	If sampling type is DSRS, name of the stratum the patient belongs to

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

Field Name	Description
Final Survey Status	Disposition of survey
Survey Completion Mode	Survey Mode used to complete a survey administered in the Mixed or IVR modes
Survey Language	Identify whether survey was completed in English, Spanish, Chinese, Russian or Vietnamese
Lag Time	Number of days between the patient's discharge from the hospital and the return of the mail survey, or the final disposition of the telephone or IVR survey.
Gender	Patient's gender <i>(same as UB-04 field location 11)</i>
Age at Admission	Patient's age at hospital admission

Patient Administrative Data Record *(cont'd)*

- All fields in the Patient Administrative Data Record must have a valid value
- Use code "M - Missing/Don't Know" for all missing fields, with the following exceptions:
 - "Point of Origin for Admission or Visit"—code as "9 – Information not available"
 - "Survey Language"—code as "8 – Not applicable"
 - "Lag Time"—code as "888 – Not applicable"

Patient Administrative Data Record *(cont'd)*

- Patient administrative information must be submitted for all patients selected in the survey sample
 - If a sampled patient is later found to be ineligible or excluded, the patient administrative information still must be submitted
 - The patient should be assigned a “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
 - Note that if the patient is selected for the HCAHPS survey and the discharge date is beyond the 42-day initial contact period, then the patient should be assigned a “Final Survey Status” code of “8 – Non-Response: Non-response after maximum attempts”

Patient Administrative Data Record *(cont'd)*

- Patient Identification (ID) Number
 - Hospital/Survey vendor is responsible for assigning a random, unique, de-identified Patient ID Number for each patient in the sample
 - Used to track and report whether the patient has returned the survey, or needs a repeat mailing or phone call
 - Does not disclose the patient's true identity
 - Does not include any existing identifiers that can be linked back to the patient (i.e., SSN, DOB, medical record number, discharge date, patient initials)
 - Assign a new Patient ID each month; numbers should not be repeated from month to month or used in a sequential numbering order unless the patient discharge list is randomized prior to the assignment of the Patient ID
 - Can be up to 16 characters in length (alphanumeric)

Patient Administrative Data Record *(cont'd)*

- Discharge Date
 - If a patient is discharged into a swing bed, use the discharge date from the acute care setting, not the discharge date from the swing bed
- Service Line (Reason Admission)
 - Based on one of the accepted methodologies for Determination of Service Line in the Header Record
 - Should not be coded as “M – Missing”
 - Male patients should not be reported in the “Maternity Care” service line

Patient Administrative Data Record *(cont'd)*

- Final Survey Status
 - Patients with a “Discharge Status” of “Expired” (codes 20 or 41)
 - Code “Final Survey Status” as “2 – Ineligible: Deceased”
 - Must not have “Final Survey Status” coded as “1 – Completed Survey” or “6 – Non-response: Break-off”

Patient Administrative Data Record *(cont'd)*

- Survey Completion Mode
 - New field with File Specification Version 3.2
 - July 2010 and forward patient discharges
 - Values
 - “1 – Mixed mode-mail”
 - “2 – Mixed mode-phone”
 - “3 – IVR mode-IVR”
 - “4 – IVR mode-phone”
 - “8 – Not applicable”

Patient Administrative Data Record *(cont'd)*

- Survey Completion Mode *(cont'd)*
 - Must be submitted if the “Survey Mode” in the Header Record is “3 – Mixed mode” or “4 - IVR” **and** the “Final Survey Status” is “1 – Completed survey” or “6 – Non-response: Break off”
 - HCAHPS Online Data Entry Tool: For all other “Final Survey Status” codes, select “Survey Completion Mode” “8 – Not applicable”
 - “Survey Completion Mode” is **not** required for “Survey Mode” of “1 – Mail only” and “2 – Telephone only”

Patient Administrative Data Record *(cont'd)*

- Survey Language
 - Based on the language in which the survey was administered
 - “1 – English” (All modes)
 - “2 – Spanish” (Mail Only, Telephone Only, and Mixed)
 - “3 – Chinese” (Mail Only)
 - “4 – Russian” (Mail Only)
 - “5 – Vietnamese” (Mail Only)

Patient Administrative Data Record *(cont'd)*

- Lag Time
 - Number of days between the patient's discharge from the hospital and the return of the mail survey, or the final disposition of the telephone or IVR survey
 - "Final Survey Status" code of "1 – Completed survey" or "6 – Non-response: Break-off" **must** contain the actual lag time
 - These surveys should NOT be coded "888 – Not Applicable" for lag time
 - "Final Survey Status" code of 2, 3, 4, 5, 7, 8, 9, 10, or M (that is, any "Final Survey Status" code OTHER THAN 1 or 6) need **not** contain the actual lag time
 - Such surveys MAY use either the actual lag time or "888 – Not Applicable"

Introduction to HCAHPS Survey Training

Patient Response/ Survey Results Record

Field Name	Description
Q1 (Nurses Courtesy and Respect)	“During this hospital stay, how often did nurses treat you with courtesy and respect?”
Q2 (Nurses Listen)	“During this hospital stay, how often did nurses listen carefully to you?”
Q3 (Nurses Explain)	“During this hospital stay, how often did nurses explain things in a way you could understand?”
Q4 (Call Button)	“During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?”
Q5 (Doctors Courtesy and Respect)	“During this hospital stay, how often did doctors treat you with courtesy and respect?”
Q6 (Doctors Listen)	“During this hospital stay, how often did doctors listen carefully to you?”
Q7 (Doctors Explain)	“During this hospital stay, how often did doctors explain things in a way you could understand?”

Introduction to HCAHPS Survey Training

Patient Response/ Survey Results Record *(cont'd)*

Field Name	Description
Q8 (Cleanliness)	“During this hospital stay, how often were your room and bathroom kept clean?”
Q9 (Quiet)	“During this hospital stay, how often was the area around your room quiet at night?”
Q10 (Bathroom Screener)	“During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?” (Screener 1)
Q11 (Bathroom Help)	“How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?”
Q12 (Med Screener)	“During this hospital stay, did you need medicine for pain?” (Screener 2)
Q13 (Pain Control)	“During this hospital stay, how often was your pain well controlled?”
Q14 (Help Pain)	“During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?”

Introduction to HCAHPS Survey Training

Patient Response/ Survey Results Record *(cont'd)*

Field Name	Description
Q15 (New Med Screener)	“During this hospital stay, were given any new medicine that you had not taken before?” (Screener 3)
Q16 (Med For)	“Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?”
Q17 (Side Effects)	“Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”
Q18 (Discharge Screener)	“After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?” (Screener 4)
Q19 (Help After Discharge)	“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?”
Q20 (Symptoms)	“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?”

Introduction to HCAHPS Survey Training

Patient Response/ Survey Results Record *(cont'd)*

Field Name	Description
Q21 (Overall Rate)	“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?”
Q22 (Recommend)	“Would you recommend this hospital to your friends and family?”
Q23 (Overall Health)	“In general, how would you rate your overall health?”
Q24 (Education)	“What is the highest grade or level of school that you have completed?”
Q25 (Ethnic)	“Are you of Spanish, Hispanic, or Latino origin or descent?”

Introduction to HCAHPS Survey Training

Patient Response/ Survey Results Record *(cont'd)*

Field Name	Description
Q26 (Race, White)	“What is your race? Please choose one or more.”
Q26 (Race, African-American)	“What is your race? Please choose one or more.”
Q26 (Race, Asian)	“What is your race? Please choose one or more.”
Q26 (Race, Pacific Islander)	“What is your race? Please choose one or more.”
Q26 (Race, American Indian/Alaska Native)	“What is your race? Please choose one or more.”
Q27 (Language)	“What language do you mainly speak at home?”

Patient Response/ Survey Results Record *(cont'd)*

- Required when "Final Survey Status" in the Patient Administrative Data Record is coded as "1 – Completed Survey" or "6 – Non-response: Break-off"
- All fields must have a valid value, including "M – Missing/Don't Know" or "8 – Not Applicable"

File Layout Structure

- Header Record completed once per monthly file
- Patient Administrative Data Record completed for every patient in the sample
- Patient Response/Survey Results Record completed for patients who responded to the survey
 - “Final Survey Status” codes of “1 – Completed Survey” or “6 – Non-response: Break-off”
 - Enter missing responses as “M – Missing/Don’t Know” or “8 – Not Applicable”

XML File Layout

- Header record is required at the beginning of each XML file
- Each variable begins with an opening tag `<header>` and ends with a closing tag but with a forward slash `</header>`
- See Appendix M in the *HCAHPS Quality Assurance Guidelines V5.0*
 - XML File Layout Specifications Version 3.2
 - Sample XML File Layouts

HCAHPS Online Data Entry Tool

- Enter one survey at a time and combine into one month's worth of survey data for one hospital
 - Survey Month Data (Header Record)
 - Administrative Data (Patient Administrative Data Record)
 - Survey Results (Patient Response/Survey Results Record)
- Refer to recorded WebEx training, "HCAHPS Online Data Entry," on the QualityNet Web site under QualityNet Training

Preparing the Data File

- Check data file
 - Check for missing values
 - Check for out of range values
 - Check frequency distributions of values
 - Check for valid file structure
- Submit data file via My QualityNet
- Retain paper surveys/scanned images, patient discharge files and de-identified electronic data files for a minimum of three years

Introduction to HCAHPS Survey Training

Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	File Specifications Version
October, November and December 2009	April 14, 2010	Version 3.1
January, February and March 2010	July 14, 2010	Version 3.1
April, May and June 2010	October 13, 2010	Version 3.1
July, August and September 2010	January 12, 2011	Version 3.2

Introduction to HCAHPS Survey Training

Questions?

Data Submission via MY QualityNet



Overview

- Registration Process for QualityNet Security Administrators and Non-Administrators
- Submission of HCAHPS Data via My QualityNet
- HCAHPS Warehouse Submission Reports
- HCAHPS Warehouse Feedback Reports
- Enhancements

My QualityNet

- Released as QNet Exchange in 2002
- URL: www.qualitynet.org
- My QualityNet is used to securely transmit patient protected health information (PHI) over the Internet
- QualityNet account becomes deactivated after 120 days of inactivity

Introduction to HCAHPS Survey Training

My QualityNet

Public Access: www.qualitynet.org

The screenshot shows the My QualityNet website interface. At the top left is the QualityNet logo. To its right is a sign-in area with the text "Sign in to My QualityNet (formerly QNet Exchange)" and a "Sign In" button. Further right is a search bar with a "Search" button. Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "MedQIC", and a "Help" link. The main content area is divided into several sections: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Nursing Homes", "ESRD", and "Quality Improvement". The "Hospitals - Inpatient" section is expanded, showing a list of links including "Hospital Quality Alliance (HQA)", "Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)", "Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)", "Agency for Healthcare Research and Quality (AHRQ) Indicators", "Mortality Measures", "Readmission Measures", "Premier", "Registration", "Specifications Manual", "Data Submission", "Data Collection (& CART)", "Data Validation", and "Vendor Communications". A "Getting started with QualityNet" link is also visible. The main content area features a "QualityNet News" section with a "More News >" link. The news article is titled "CMS conducting 'dry run' of Imaging Efficiency Measures" and discusses the Centers for Medicare & Medicaid Services (CMS) conducting a national "dry run" of reporting data for the four Outpatient Imaging Efficiency (OIE) measures. Below the news section is a "Headlines" section with links for "Hospital Compare Preview Period ends February 9" and "Outpatient Prospective Payment System APU Determination lists posted for CY 2010". There is also an "About QualityNet" section. On the right side of the page, there are three boxes: "Know the Security Policy" with a link to the "QualityNet System Security Policy (PDF)", "Downloads" with links for "CART - Inpatient", "CART - Outpatient", and "CART Module Designer", and "Training" with links for "CART Training", "QualityNet Quest Training", "QualityNet Training", and "QualityNet Event Center". At the bottom right, there is a "QualityNet Conference Presentations" section with text about the conference focused on the QIO program and its responsibilities.



Introduction to HCAHPS Survey Training

My QualityNet (Log in to Secure Location)

QualityNet Sign in to My QualityNet (formerly QNet Exchange)

Home My QualityNet Help

Sign In to My QualityNet

User ID

Password [Forgot your password?](#)

By signing in you agree to our [Terms of Use](#).

Sign In

Need a QualityNet account?
[Begin the Registration Process](#)

QualityNet Help Desk | [Accessibility Statement](#) | [Privacy Policy](#) | [Terms of Use](#)

My QualityNet Registration

- Types of Users:
 1. Security Administrator (Primary and Backup)
 2. Non-Administrator
- Additional Information on www.qualitynet.org:
 - Getting started with QualityNet - Registration
 - Recorded WebEx - QualityNet Registration and Setup Overview

Administrator Registration

- My QualityNet Security Administrator required
- Recommend Two Security Administrators
 - **Primary**
 - **Backup**
- Hospitals and Vendors **cannot** delegate administrator role
- Check for existing Security Administrators within the organization

Administrator Responsibilities

- Register new users
- Assign roles
- Approve, update and terminate user accounts
- Monitor My QualityNet usage
- Point of contact

Administrator Registration for all *Hospitals*

- Request the My QualityNet Security Administrator Form and Instructions from your State QIO
- Complete the forms
 - Sign and date the registration form in the presence of a Notary Public
 - Highest-level executive at your organization sign and date the Administrator Authorization form

Administrator Registration

Hospital (cont'd)

- Mail the completed **original** form to your QIO
 - Recommendation: Maintain a copy of your registration form
- The QualityNet Help Desk will process the registration form and send email when account is authorized

Administrator Registration *Survey Vendor*

- Request the QualityNet Security Administrator Form and Instructions from the HCAHPS Project Team
- Complete the form
 - Sign and date your registration form in the presence of a Notary Public
 - Highest-level executive at your organization sign and date the Security Administrator Authorization form

Administrator Registration *Survey Vendor (cont'd)*

- Mail the completed form to the HCAHPS Project Team
- The My QualityNet Help Desk will process the registration form and send email when complete
 - *Recommendation: Maintain a copy of your registration form*

Note: Hospitals administering surveys for multiple hospitals must register as a vendor

Non-Administrator Registration *Hospital/Survey Vendor*

- Notify the Security Administrator at your organization that you need to become a new user
- Provide information to the Security Administrator or designee who enters the registration online and prints a registration form
- Sign and date the registration form in the presence of a Notary Public

Non-Administrator Registration *Hospital/Survey Vendor (cont'd)*

- Mail the **original** notarized registration form to the QualityNet Help Desk
 - *Recommendation: Maintain a copy of your registration form*
- The Help Desk will process the registration form and authorize the account

User Log-in Preparation

- Receive email notification from the QualityNet Help Desk (typically received within 1 business day after paperwork received by Help Desk)
 - Registration is complete
 - User ID
 - Password change upon first log-in

Log-in Preparation *(cont'd)*

- Test workstation for the required software and configuration – Test Your System page on www.qualitynet.org
- Download and install the QNet Setup file from the Test Your System page
- WebEx available: QualityNet for New Users

Submission Options

1. XML File Upload

- XML File Format – conversion commercial software
- *50MB file size limit*
- *XML File Specifications Version 3.1 or 3.2*
source: www.hcahpsonline.org

Submission Options *(cont'd)*

1. XML File Upload *(cont'd)*

- XML file layout example
- Files must meet proper version specifications
 - Version 3.1 through 2Q10 discharges
 - Version 3.2 for 3Q10 discharges and forward

Submission Options *(cont'd)*

2. Online Data Entry

- An option for small hospitals not using a survey vendor
- **Not** to be used by survey vendors

Zero Case and 5 or Fewer Eligible Discharges

- “Zero Case” or “5 or fewer eligible discharges in a month” submissions **must** be submitted via the online tool or through an XML upload

Note: Instructions for both actions are on the HCAHPS Web site

Survey Vendor Authorization by Hospitals for Data Submission

- All hospitals must authorize their survey vendor via My QualityNet
 - Authorization updates in real time
 - My QualityNet – *Authorize Vendors to Submit Data*
 - Approved survey vendors are listed on *www.hcahpsonline.org*

Introduction to HCAHPS Survey Training

HCAHPS Vendor Authorization

Authorize Vendors to Submit Data | Hospital: Inpatient Patient Satisfaction

Add a new vendor to authorized vendors list

Provider: Test HOLY FAMILY HOSPITAL - 100000
State: IA
Provider ID/CCN: 161351

Vendor: HELLO VENDOR-V101075 (Select One)

Vendor ID: V101075 Telephone #:
Contact Name: Fax #:
Address:

Enter dates for which this vendor is authorized to submit data on your behalf.
Enter End dates only if you intend to discontinue authorization for this vendor on those dates. Otherwise, leave end dates blank.

<u>Measure Set</u>	<u>Discharge Date (MM/DD/YYYY)</u>	<u>Data Transmission Date (MM/DD/YYYY)</u>
HCAHPS	Start: <input type="text"/> <input type="button" value="calendar"/> End: <input type="text"/> <input type="button" value="calendar"/>	Start: <input type="text"/> 01/22/2009 <input type="button" value="calendar"/> End: <input type="text"/> <input type="button" value="calendar"/>

- Enter transmission and discharge start dates
- Unauthorized submissions by vendor → data rejection

Introduction to HCAHPS Survey Training

BREAK

HCAHPS Data Upload – XML

Purpose: Upload data through My QualityNet for processing

1. Log-in to My QualityNet
2. Click on Patient Satisfaction (HCAHPS)
3. Choose to upload files or a directory
4. Select file(s) or directory to upload
5. Upload complete message displayed
6. Logout of My QualityNet

HCAHPS Data Upload – XML (*cont'd*)

Purpose (*cont'd*)


7. Email notification received
8. Log-in to My QualityNet
9. Access HCAHPS Warehouse Submission Reports
10. Correct any errors and resubmit data if necessary

Introduction to HCAHPS Survey Training

HCAHPS Data Upload – XML (cont'd)

My Tasks

Submit Data

- Hospital: Inpatient Clinical
- Hospital: Outpatient Clinical
- Patient Satisfaction (HCAHPS) 
- Patient Satisfaction (HCAHPS) Data Entry

Authorize Vendors to Submit Data

- Hospital: Inpatient Clinical
- Hospital: Outpatient Clinical
- Hospital: Inpatient Patient Satisfaction

Manage Pledges

Hospital Outpatient

- View / Edit Pledge(s), Contact(s), NPIs & Campus(es)

Exchange Files

- Send / Receive

Manage Measures

Hospital Inpatient

- View / Edit Measure Designation
- View / Edit Population & Sampling

Hospital Outpatient

- View / Edit Population & Sampling

Reports

- Run
- View
- Approve Access Requests
- APU Dashboard

Manage Security

- Create User
- Approve User
- Edit User

HCAHPS Data Upload – XML *(cont'd)*

HCAHPS: Submit Data

To submit data to the HCAHPS Warehouse, click the **Upload Individual File(s)** button and select the file(s) you would like to upload or click the **Upload Entire Directory** button to upload a directory.

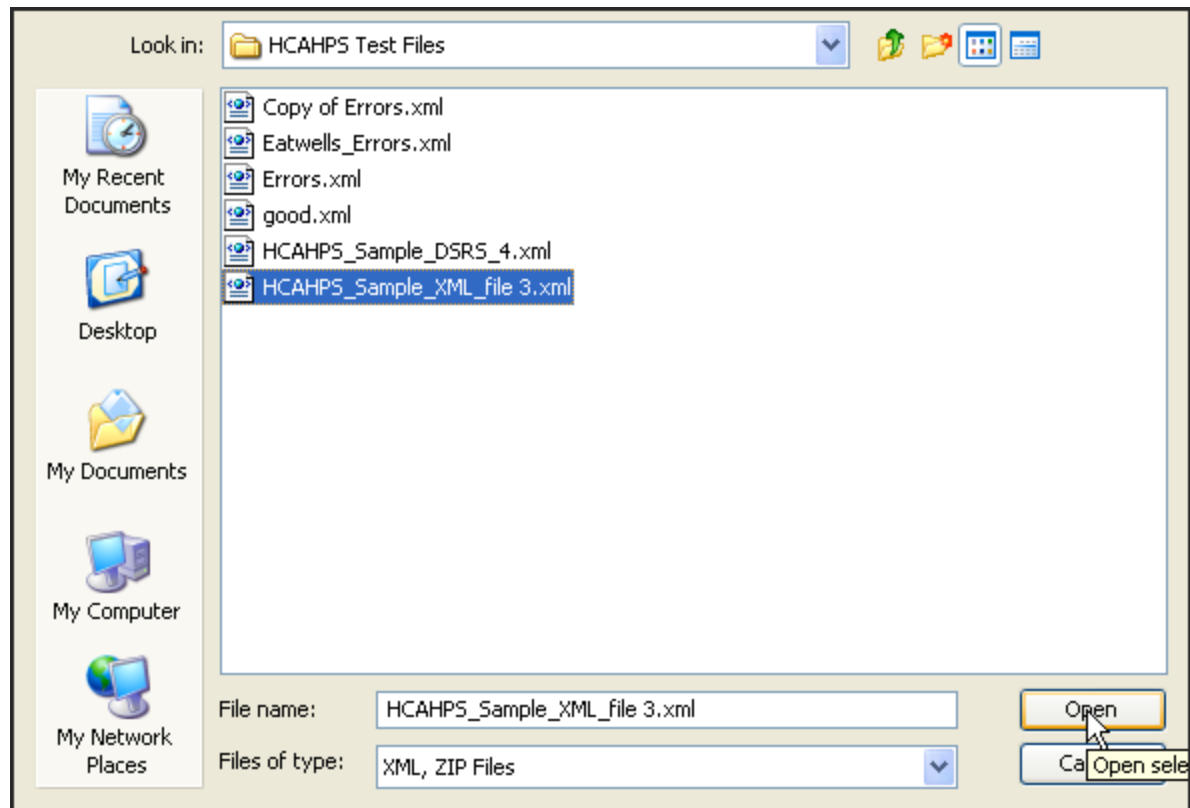
When processing is complete, you will receive an e-mail notification. At that time, it is important that you run a HCAHPS Warehouse Submission Report to verify the status of the file(s).

Upload Individual File(s)

Upload Entire Directory

Introduction to HCAHPS Survey Training

HCAHPS Data Upload – XML (cont'd)

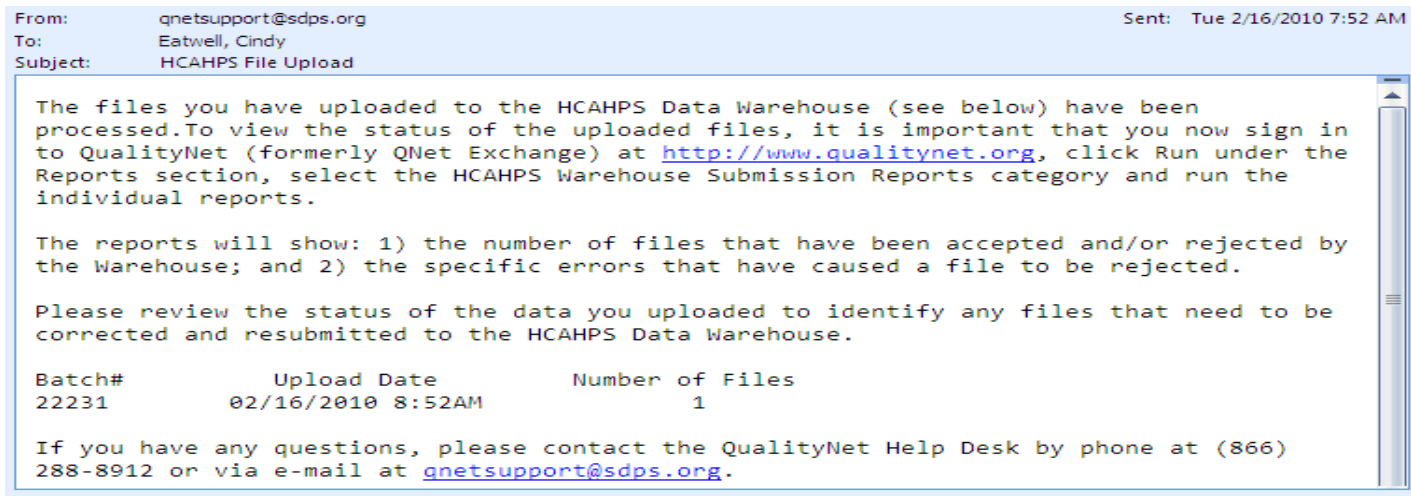
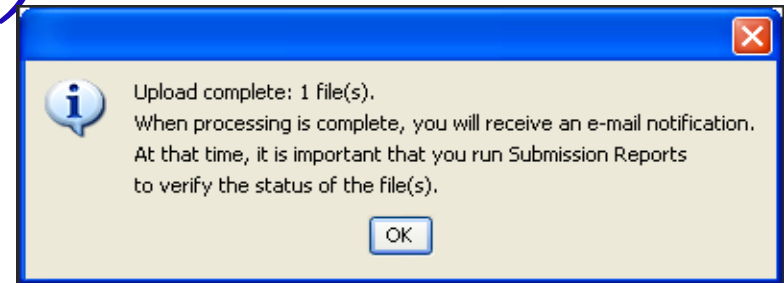


Introduction to HCAHPS Survey Training

HCAHPS Data Upload – XML

(cont'd)

- Upload complete – data will be evaluated
- Verification email – post processing



HCAHPS Data Upload – XML *(cont'd)*

- Log-in to My QualityNet
- Verify status of files – HCAHPS Warehouse Submission Reports
- Files **must** be successfully accepted to the HCAHPS Data Warehouse before the HCAHPS Data Submission Deadline

HCAHPS Data Upload – XML (*cont'd*)

- One XML file per Month per Provider
 - File must include all data for the month
- Valid resubmitted data will overwrite previously submitted data
- Valid data included in the latest file upload will be the *final* data in the warehouse

Switching Survey Vendors

- Know and understand the contract dates for incoming and outgoing vendors
 - Last discharge date for eligible patients
 - Must be at the end of a quarter
 - Submission deadline for that discharge quarter
 - First discharge date for eligible patients
 - Must be at the beginning of a quarter
 - First date that vendor can submit for those patients

Introduction to HCAHPS Survey Training

Vendor Authorization Switch

Example cites current vendor being terminated after Q3/09 patient discharge data collection and the new vendor beginning collection of Q4/09 patient discharge data.

Day 1 – Close out “Current” HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	07/01/2007	07/01/2007
End Date	09/30/2009	01/14/2010
	(last day of the month for eligible discharge data collection)	(One day after HCAHPS Data Submission Deadline)

Discharge Dates CANNOT Overlap between old and new survey vendors

Data Transmission Dates CAN Overlap Between old and new survey vendors

Day 2 – Authorize “New” HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	10/1/2009	01/14/2010
End Date		

Strongly recommended that end date fields be left blank until survey authorization is terminated



HCAHPS Warehouse Submission Reports

1. Hospitals Authorizing Vendor to Upload Data
2. HCAHPS Warehouse Data Submission Detail
3. HCAHPS Warehouse Submission Summary
 - HCAHPS Data Upload Role – **required**
 - Submission Reports available to submitter of data

1. *Hospitals Authorizing Vendor to Upload Data Report*

- Purpose – inform the vendor what authorizations have been completed
- Content
 - Provider ID/name
 - Transmission start & end dates
 - Discharge start & end dates

2. *HCAHPS Warehouse Data Submission Detail Report*

- File Information
 - File Name
 - Discharge Date
 - Status: Accepted/Rejected
 - Error Messages
- Submission Information
 - Upload Date
 - Provider
 - Batch ID
 - Totals

3. *HCAHPS Warehouse Submission Summary Report*

- Content
 - Summary of uploaded data per provider and batch
 - Number accepted/rejected

Comprehensive Submission Report Results

- Data Submission Detail
- Submission Summary

Select only the *Upload Start* and *End Dates* (may include *Batch ID*) to capture *all* submission data (accepted, rejected, could not be parsed)

HCAHPS Online Data Entry Steps

Purpose: Enter data directly via the HCAHPS Online tool

1. Log-in to My QualityNet
2. Click on the Patient Satisfaction (HCAHPS) Data Entry link

HCAHPS Online Data Entry Steps *(cont'd)*

Purpose *(cont'd)*

3. Create a new or edit an existing survey month
4. Click on Add Patient Survey
5. Enter Administrative data and Survey data results (if available)
6. Exit the HCAHPS Online Data Entry Tool

Introduction to HCAHPS Survey Training

HCAHPS Online Data Entry

Step 1 - Create New Survey Month

[Back To My Tasks](#) | [Help](#)

CCN:
Provider: HOSPITAL

* indicates required fields

*Discharge Month:

▾

*Discharge Year:

▾

Introduction to HCAHPS Survey Training

HCAHPS Online Data Entry (cont'd)

Step 2 - Create New Survey Month

[Back To My Tasks](#) | [Help](#)

CCN: 100000
Provider: Test HOSPITAL

Discharge Month: January
Discharge Year: 2010

* indicates required fields

NPI:
*Eligible Discharges:
*Sample Size:
*Determination of Service Line: -Select One-
*Survey Mode: -Select One-
*Type of Sampling: -Select One-

The following fields are for Disproportionate Stratified Random Sample. Two Strata are required, however, additional Strata may be added as needed.

Strata Name:
DSRS Number Eligible for Strata:
DSRS Number Sampled for Strata:



Introduction to HCAHPS Survey Training

HCAHPS Online Data Entry (cont'd)

Step 1 - Enter Administrative Data

[Back To My Tasks](#) | [Help](#)

CCN: 100000
Provider: Test HOSPITAL
NPI:
Discharge Date: January, 2010

* indicates required fields

* Patient ID:

* Admission Source:

* Reason for Admission:

* Discharge Status:

* Gender:

* Age at Admission:

* Lag Time (In Days): 0-365, if missing or unknown enter 888

* Final Survey Status:

* Survey Language:



Introduction to HCAHPS Survey Training

HCAHPS Online Data Entry (cont'd)

Step 2 - Enter Survey Results

[Back To My Tasks](#) | [Help](#)

CCN: 100000
Provider: Test HOSPITAL
NPI:
Discharge Date: January, 2010

* indicates required fields

YOUR CARE FROM NURSES

- *1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- *2. During this hospital stay, how often did nurses listen carefully to you?
- *3. During this hospital stay, how often did nurses explain things in a way you could understand?
- *4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

Introduction to HCAHPS Survey Training

HCAHPS Online Data Entry (cont'd)

Patient Satisfaction (HCAHPS) Data Entry | Survey Submitted

Print

Submitted: 02/17/2010 07:26 PM EST

CCN: 100000

Provider: Test HOSPITAL

NPI:

Discharge Date: January, 2010

Administrative Information

Patient ID:	6	Gender:	1 - Male
Admission Source:	1 - Non-Health Care Facility Point of Origin	Age at Admission:	1 - 18 to 24
Reason for Admission:	1 - Maternity Care	Lag Time (In Days):	1
Discharge Status:	1 - Home care or self care	Final Survey Status:	1 - Completed Survey
		Survey Language:	1 - English

Survey Data

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect? 1 - Never



Introduction to HCAHPS Survey Training

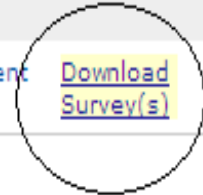
HCAHPS Online Data Entry (cont'd)

Surveys [Back To My Tasks](#) | [Create New Survey Month](#) | [Help](#)

Provider/CCN:

Discharge Year:

Discharge Month	Discharge Year	Eligible Discharges	Sample Size	Survey Mode	Type of Sampling				
January	2010	55	55	1 - Mail only	Simple Random Sample	Edit	Add Patient Survey	Download Survey(s)	Delete Survey(s)



HCAHPS Warehouse Feedback Reports

1. Provider Survey Status Summary
2. Data Submission Detail
3. RHQDAPU Provider Participation Report

HCAHPS Warehouse Feedback Reports *(cont'd)*

- Feedback Reports not automatically available to vendors
- HCAHPS Feedback Reports Role - **required**
- Feedback Reports available for hospitals to check the status of data being submitted on their behalf
- Hospitals are ultimately responsible for their data

Feedback Report Authorization

- Survey vendor or healthcare system requests authorization
- Facility accepts, denies or ignores the request
- If authorized, the requestor is alerted via email

1. *Provider Survey Status Summary Report*

- Summary of HCAHPS Warehouse provider survey submission status
- Number of surveys submitted/month
 - XML Files
 - HCAHPS Online Data Entry Tool

2. *Data Submission Detail Report*

- File Information
 - File Name
 - Discharge Date
 - Status: Accepted/Rejected
 - Error Messages
- Submission Information
 - Upload Date
 - Provider
 - Batch ID
 - Totals

3. *RHQDAPU Provider Participation Report*

- A summary of HCAHPS data requirements for hospitals participating in the RHQDAPU initiative
 - Submit files – yes/no
 - Submit zero case files – yes/no

HQA Preview Report

- Includes HCAHPS Measures
- Available for 30 days per quarter per year
- Required role: QIO Clinical Warehouse Feedback Reports
- Report category: HQA Preview Reports
- Help Summary available

My QualityNet Resources

- QualityNet WebEx Recorded Sessions
- QualityNet User's Guide
- QualityNet Help Desk

Introduction to HCAHPS Survey Training

WebEx Training

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a sign-in area with the text "Sign in to My QualityNet (formerly QNet Exchange)" and a "Sign In" button. Further right is a search bar with a "Search" button. Below this is a navigation bar with tabs for "Home", "My QualityNet", and "MedQIC", and a "Help" link on the far right. A secondary navigation bar lists categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Nursing Homes", "ESRD", and "Quality Improvement".

The main content area is divided into three columns:

- Left Column: Getting started with QualityNet**
 - System Requirements
 - Test Your System
 - Registration
 - Sign-In Instructions
 - Security Statement
 - Password Rules
 - QualityNet User's Guide, PDF
 - QualityNet Reports User's Guide, PDF
- Middle Column: QualityNet Training**
 - For All Users**
 - [QualityNet for New Users](#), 31 min. (07/02/08)
 - [QualityNet Enhancement Overview for All Users](#), 28 min. (02/22/08)
 - [QualityNet Registration and Setup Overview](#), 29 min. (01/22/07)
 - [Send and Receive Files](#), 28 min. (06/12/09)
 - [Transcript](#), PDF - 63 KB
 - [QualityNet Report Access](#), 18 min. (02/22/08)
 - For users with special (authorized) roles**
 - [Authorize Vendors to Submit Data](#), 10 min. (02/22/08)
 - [Auto Route](#), 11 min. (02/22/08)
 - [Manage Security](#), 30 min. (02/22/08)
 - [Reset Password for Selected User](#), 6 min. (02/22/08)
 - For hospitals, health care systems, hospital data vendors**
 - [APU Dashboard Overview](#), 13 min. (01/06/09)
 - [HCAHPS Online Data Entry](#), 28 min. (04/23/09)
 - [Transcript](#), PDF
 - [Hospital Inpatient Population and Sampling](#), 30 min. (04/16/09)
 - [Transcript](#), PDF
 - [Slides](#), PDF
- Right Column: Training**
 - CART Training
 - QualityNet Quest Training
 - QualityNet Training
 - QualityNet Event Center
- WebEx Player**

To view the recorded trainings, download the WebEx (.WRF) Player.

Summary

- My QualityNet registration required to participate
- Two types of My QualityNet users
- HCAHPS-specific roles
- Two options to submit HCAHPS data
- Submitter has access to HCAHPS Warehouse Submission Reports to check status of uploaded files
- Hospital should review HCAHPS Warehouse Feedback Reports – ultimate responsibility

QualityNet Help Desk

Phone: 866-288-8912

Fax: (888) 329-7377

E-mail: *qnetsupport@sdps.org*

Availability: 8 AM – 8 PM ET Monday - Friday

Mailing Address:

1401 50th Street, Suite 200

West Des Moines, IA 50266

Introduction to HCAHPS Survey Training

Questions?

Data Adjustment and Public Reporting

Overview

- CMS Hospital Compare Web site
- Measures Reported
- Data Adjustment
 - Adjust for Patient-Mix
 - Adjust for Mode of Survey Administration
- Reporting HCAHPS Results
- Hospitals with 5 or fewer HCAHPS Eligible Patients
- Footnotes
- Forms for Public Reporting
- Hospital Preview Reports
- Suppression of Results

CMS Hospital Compare Web site

- Developed by CMS and Hospital Quality Alliance (HQA)
- Results updated on a quarterly basis
- www.hospitalcompare.hhs.gov

Measures Reported

- Composite measures
 - Communication with nurses (Q1, Q2, Q3)
 - Communication with doctors (Q5, Q6, Q7)
 - Responsiveness of hospital staff (Q4, Q11)
 - Pain management (Q13, Q14)
 - Communication about medicines (Q16, Q17)
 - Discharge information (Q19, Q20)
- Individual items
 - Cleanliness of hospital environment (Q8)
 - Quietness of hospital environment (Q9)
- Global items
 - Overall rating of hospital (Q21)
 - Willingness to recommend hospital (Q22)

Communication with Nurses (Composite)

- "During this hospital stay..."
 - "How often did nurses treat you with courtesy and respect?" (Q1)
 - "How often did nurses listen carefully to you?" (Q2)
 - "How often did nurses explain things in a way you could understand?" (Q3)

Communication with Doctors (Composite)

- "During this hospital stay..."
 - "How often did doctors treat you with courtesy and respect?" (Q5)
 - "How often did doctors listen carefully to you?" (Q6)
 - "How often did doctors explain things in a way you could understand?" (Q7)

Responsiveness of Hospital Staff *(Composite)*

- "During this hospital stay..."
 - *"After you pressed the call button, how often did you get help as soon as you wanted it?" (Q4)*
 - *"How often did you get help in getting to the bathroom or using a bedpan as soon as you wanted?" (Q11)*

Pain Management *(Composite)*

- "During this hospital stay..."
 - *"How often was your pain well controlled?"* (Q13)
 - *"How often did the hospital staff do everything they could to help you with your pain?"* (Q14)

Communication About Medicines (*Composite*)

- *" Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?" (Q16)*
- *" Before giving you any new medicine, how often did hospital staff describe side effects in a way you could understand?" (Q17)*

Discharge Information *(Composite)*

- "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?" (Q19)*
 - *"Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?" (Q20)*

Cleanliness of Hospital Environment *(Individual)*

- "During this hospital stay..."
 - *"How often were your room and bathroom kept clean?"* (Q8)

Quietness of Hospital Environment *(Individual)*

- "During this hospital stay..."
 - *"How often was the area around your room quiet at night?"* (Q9)

OVERALL RATING OF HOSPITAL (*Global*)

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. 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?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

WILLINGNESS TO RECOMMEND HOSPITAL (*Global*)

22. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

Data Adjustment

- Purpose
 - Differences in hospital ratings should reflect differences in quality *only*
 - To permit valid comparison of all hospitals regardless of the mode
- Will adjust the results to “level the playing field”
 - That is, adjust for factors not directly related to hospital performance
- Adjusted as needed for data comparability:
 - Patient-mix
 - Mode of administration
- Mode Experiment
 - Conducted a Mode Experiment I in Spring 2006 to test such effects
 - Summary document of the Mode Experiment I results is available on HCAHPS Web site (www.hcahpsonline.org)
 - Conducted Mode Experiment II in late 2008

Adjust for Patient-Mix

- Purpose
 - Certain patient characteristics impact how someone may respond to the survey
- Patient-Mix Adjuster Variables
 - Type of **Service** (medical, surgical and maternity care)
 - **Age**
 - **Education**
 - Self-reported **general health status**
 - **Language** other than English spoken at home
 - Admission from **emergency room**
 - **Lag time** between discharge and survey completion
- Adjustments updated quarterly and published on *www.hcahpsonline.org*

Adjust for Patient-Mix *(cont'd)*

- Exploring expanding the categories for patient-mix adjustment related to 'Language other than English spoken at home':
 - Spanish
 - *Chinese*
 - *Vietnamese*
 - *Russian*
- Soliciting additional languages for consideration

Adjust for Survey Mode

- Purpose
 - Patient responses are affected by mode of survey administration
 - Choice of mode affects cross-hospital comparisons
- Survey modes
 - Mail Only
 - Telephone Only
 - Mixed Mode (mail with telephone follow-up)
 - Active Interactive Voice Response (IVR)

Additional Modes

- CMS conducted Mode Experiment II to examine the feasibility of adding Internet and Speech-Enabled Active IVR to the approved HCAHPS modes
- These additional modes are not being approved for HCAHPS at this time

Application of Data Adjustments

- Only adjusted results will be publicly reported
 - Adjusted results will be the official results
 - Adjusted results may differ from the unadjusted results

Reporting HCAHPS Results

- Results reported for the six composites, two individual items, two global items
- Number of completed surveys and response rate also reported
- The user will be able to drill down for more detailed results
- Results aggregated into rolling four quarters (12 months) by hospital
- Each hospital's results will be displayed with national and state averages
- Results will be updated quarterly

Reporting HCAHPS Results (*cont'd*)

- On *Hospital Compare* Web site at www.hospitalcompare.hhs.gov
- Hospitals will be able to view and approve a preview report of their results

Hospital Preview Reports

- Preview report data will encompass:
 - Aggregate of rolling 4 quarters (12 months)
 - All information that will be publicly reported for each hospital
- Preview period is 30 days via My QualityNet

Introduction to HCAHPS Survey Training

Hospital Compare Screenshot

	Acute Care	Acute Care	Acute Care
--	------------	------------	------------

Check the boxes next to the topics for which you would like to view correlating graphs or tables.

<input type="checkbox"/> Select All Reset Checkboxes View Graphs View Tables				
<input type="checkbox"/>	Percent of patients who reported that their nurses "Always" communicated well.	70%	77%	68%
<input type="checkbox"/>	Percent of patients who reported that their doctors "Always" communicated well.	74%	84%	74%
<input type="checkbox"/>	Percent of patients who reported that they "Always" received help as soon as they wanted.	53%	60%	54%
<input type="checkbox"/>	Percent of patients who reported that their pain was "Always" well controlled.	64%	72%	65%
<input type="checkbox"/>	Percent of patients who reported that staff "Always" explained about medicines before giving it to them.	53%	63%	56%



Introduction to HCAHPS Survey Training

Hospital Compare Screenshot

Hide Information

How often did nurses communicate well with patients?

These results are from patients who had overnight hospital stays from April 2007 through March 2008.

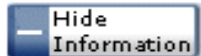
Patients reported how often their nurses communicated well with them during their hospital stay. "Communicated well" means nurses **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

	Nurses "always" communicated well	Nurses "usually" communicated well	Nurses "sometimes" or "never" communicated well		
Average For All Reporting Hospitals In The United States	74%	20%	6%		
Average For All Reporting Hospitals In Maryland	71%	21%	8%	Number of Completed Surveys [What is This?]	Survey Response Rate [What is This?]

Introduction to HCAHPS Survey Training

Hospital Compare Screenshot

Graph 1 of 10



How often did nurses communicate well with patients?

These results are from patients who had overnight hospital stays from April 2007 through March 2008.

Patients reported how often their nurses communicated well with them during their hospital stay. "Communicated well" means nurses **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

Bars below tell the percent of patients who reported that their nurses "always" communicated well.

How often did nurses communicate well with patients?



CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Hospitals with 5 or Fewer HCAHPS Eligible Patients in a Given Month

- Hospitals are not required to collect and submit HCAHPS data for that month
 - A header record must be submitted to My QualityNet through the HCAHPS Online Data Entry Tool or XML file submission
- These hospitals can voluntarily collect and submit data for these months

Public Reporting: Footnote 6

- *Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.*

The number of completed surveys the hospital or its vendor provided to CMS is less than 100.

Public Reporting: Footnote 7

- *Survey results are based on less than 12 months of data.*

Footnote 7 is applied when HCAHPS results are based on less than 12 months of survey data.

Public Reporting: Footnote 8

- *Survey results are not available for this period.*

This footnote is applied when a hospital did not participate in HCAHPS, did not collect sufficient HCAHPS data for public reporting purposes, or chose to suppress their HCAHPS results.

Public Reporting: Footnote 9

- *No or very few patients were eligible for the HCAHPS survey. The scores shown, if any, reflect a very small number of surveys.*

Applied when a hospital has no patients eligible to participate in the HCAHPS survey, or when HCAHPS scores are based on 10 or fewer completed surveys.

Public Reporting: Footnote 11

- *There were discrepancies in the data collection process.*

Footnote 11 is applied when there have been deviations from HCAHPS data collection protocols. CMS is working with survey vendors and/or hospitals to correct any discrepancies.

Forms for Public Reporting

- Hospitals must have either a Hospital Quality Alliance (HQA) Pledge or a RHDQAPU Notice of Participation Form submitted to have their data displayed on *www.Hospitalcompare.hhs.gov*
- Forms are accessible on My QualityNet (*www.qualitynet.org*)

Suppression of Results: IPPS Hospitals

- IPPS hospitals cannot suppress their results from Hospital Compare
 - Must withdraw from RHQDAPU program to suppress

Suppression of Results: CAHs

- CAHs may suppress their results
 - Must suppress complete set of HCAHPS results
 - Will receive footnote 8
- To suppress, the CAH must complete the HQA Request for Withholding Data from Public Reporting Form (found on the My QualityNet www.qualitynet.org) and submit it to their state QIO

Introduction to HCAHPS Survey Training

Questions?

Oversight Activities

Overview

- Purpose of Oversight
- Description of Oversight activities
- Quality Assurance Plan (QAP) requirements
- On-Site visits and Conference calls
- Oversight and Compliance

Purpose of Oversight

- Ensure compliance with HCAHPS protocols
- Ensure that survey data collected and submitted are complete, valid and timely
- Ensure standardization and transparency of publicly reported HCAHPS results

Description of Oversight Activities

The HCAHPS Project Team (HPT):

- Reviews Quality Assurance Plans
- Reviews survey materials
- Analyzes submitted data
- Conducts on-site visits & conference calls

Quality Assurance Plan

- Documents understanding, application and compliance with HCAHPS protocols
 - Sufficiently detailed to enable someone to administer the survey without prior knowledge of the survey process
 - Updated annually
 - See “*Tips*” in QAG V5.0, Appendix N

Quality Assurance Plan *(cont'd)*

- Serves as an organization-specific guide for administering and training project staff to conduct the HCAHPS survey
- *Must reflect actual survey processes and practices*
- Provides a guide for the on-site visit
- Ensures high quality data collection and continuity in survey processes

Quality Assurance Plan *(cont'd)*

- New QAP submitted after participation approval by CMS as self-administering hospital, hospital administering multiple sites, or survey vendor
 - New QAP submissions due on April 16, 2010
- QAP must be **updated annually** *and* when changes in key events or key project staff occur
 - Annual QAP update due by April 16, 2010
- HCAHPS Project Team *“accepts”* QAP
 - Acceptance does not imply approval of data collection processes

Quality Assurance Plan *(cont'd)*

- To produce the QAP
 - Follow the outline and specifications in Appendix N, QAG V5.0
- Submit to HCAHPS Project Team through the HCAHPS Technical Assistance email (hcahps@azqio.sdps.org)

Quality Assurance Plan *(cont'd)*

- Submitted QAP documentation includes:
 - Organizational background and structure relevant to the project
 - Work plan for survey administration
 - Survey and data management system and quality controls

Quality Assurance Plan *(cont'd)*

- Submitted QAP documentation *(cont'd)*:
 - Mail survey materials
 - Survey form, initial and follow-up letter, etc.
 - Telephone and IVR scripts

Quality Assurance Plan *(cont'd)*

- Submitted QAP documentation *(cont'd)*:
 - Confidentiality/privacy and security procedures in accordance with HIPAA
 - Description of results from recent quality control activities
 - Including resolution of any identified issue
 - Especially important in annual QAP Update

On-Site Visits/Conference Calls

- Purpose: To ensure compliance with HCAHPS survey protocols
- Review of survey systems
- Discussions with project staff, *including subcontractors*
- All materials related to survey administration are subject to review
 - Includes survey forms, letters, scripts, etc.

On-Site Visits/Conference Calls *(cont'd)*

- On-site visit feedback report will include HCAHPS Project Team's observations of the visit
 - Survey administration
 - Customer support
 - Data preparation, specifications, coding & submission
 - Action items for follow-up
- Documentation of corrections will be required
- Further review and conference calls may occur

On-Site Visits/Conference Calls *(cont'd)*

- **Conference calls**

- Held with survey vendors, self-administering hospitals, and multi-site hospitals
- May cover same topics as on-site visits
- May also be conducted as a follow-up to on-site visits

Analysis of Submitted Data

- HPT carefully examines survey data submitted to HCAHPS warehouse
 - Outliers, anomalies, unusual patterns, etc.
- Will contact hospitals/survey vendors regarding submitted data, as needed

HCAHPS Oversight

- If a hospital (*or its survey vendor*) fails to adhere to HCAHPS protocols, it must develop and implement corrective actions
 - *Footnotes may be added to publicly reported results, as appropriate*
- If problems persist, hospital may not qualify as meeting the APU requirements for HCAHPS
 - *Hospital's APU may be jeopardized*

HCAHPS Oversight *(cont'd)*

If a survey vendor or self-administering hospital does not fix persistent problems, it may lose its *"approved"* status for conducting HCAHPS.

HCAHPS Oversight *(cont'd)*

A participating hospital should:

- Work closely with its survey vendor (if using one)
- Monitor HCAHPS Warehouse Feedback Reports
- Read *Quality Assurance Guidelines V5.0*
- Visit the HCAHPS On-Line Web site for news, updates and announcements
- Comply with all HCAHPS oversight activities, as requested

Next Steps

- Hospitals/Survey vendors:
 - Submit Program Participation Form
 - Submit QNet Registration Form
 - Begin data collection/participate in dry run
 - Monitor Submission/Feedback Reports
 - Participate in Update Training
 - Monitor our Web site, *www.hcahpsonline.org*
 - Contact us

Contact Us

HCAHPS Information and Technical Support

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

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