

HCAHPS Update Training

March 2010



HCAHPS Update Training

Welcome!

In the HCAHPS Update Training sessions, we will:

- Present HCAHPS program updates*
- Provide instruction on managing the survey*
- Discuss oversight of survey administration*
- Instruct on sampling, data preparation, data submission and public reporting*

HCAHPS Program Updates

Overview of Presentation

- *HCAHPS Upcoming events*
- *New for HCAHPS*
- *Participation in HCAHPS*
- *How to Join HCAHPS in 2010*

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 |

New and Noteworthy

- Continuing emphasis on oversight
- Modified Footnote **9**
- *HCAHPS Quality Assurance Guidelines V5.0*
- HCAHPS results beyond *Hospital Compare*
- *HCAHPS Bulletins* content in QAG V5.0
- Updated HCAHPS timeline in QAG V5.0

New and Noteworthy *(cont'd)*

- HCAHPS Version **3.2** effective for third quarter 2010 (July 1+) discharges
- In some health care reform proposals, HCAHPS is being considered for inclusion in future pay-for-performance formulas
- HCAHPS *Executive Insight* :
 - HCAHPS tables (“*Top-box*” summary, percentiles, and patient-level correlations)
 - Bibliography of HCAHPS research conducted by HPT

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SUMMARY OF HCAHPS RESULTS

Summary of HCAHPS Survey Results*
April 2008 to March 2009 Discharges

| State | Comm. with Nurses | Comm. with Doctors | Responsiveness of Hospital Staff | Pain Management | Comm. About Medicines | Cleanliness of Hosp. Env. | Quietness of Hosp. Env. | Discharge Information | Overall Hospital Rating | Recommend the Hospital | Publicly Reporting Hospitals | Survey Response Rate** |
|-------|-------------------|--------------------|----------------------------------|-----------------|-----------------------|---------------------------|-------------------------|-----------------------|-------------------------|------------------------|------------------------------|------------------------|
| AL | 79 | 86 | 67 | 73 | 64 | 70 | 69 | 79 | 67 | 71 | 100 | 34% |
| AK | 74 | 78 | 66 | 68 | 62 | 68 | 58 | 83 | 62 | 66 | 11 | 29% |
| AZ | 72 | 75 | 61 | 67 | 59 | 67 | 52 | 80 | 64 | 67 | 63 | 34% |
| AR | 76 | 83 | 65 | 70 | 60 | 69 | 63 | 78 | 65 | 67 | 50 | 31% |
| CA | 69 | 75 | 56 | 65 | 55 | 66 | 46 | 77 | 62 | 66 | 307 | 30% |
| CO | 74 | 78 | 63 | 69 | 60 | 72 | 58 | 84 | 68 | 72 | 53 | 33% |
| CT | 74 | 78 | 59 | 68 | 57 | 69 | 48 | 80 | 65 | 71 | 31 | 32% |
| DE | 73 | 77 | 61 | 67 | 55 | 63 | 47 | 81 | 59 | 63 | 5 | 29% |
| DC | 65 | 74 | 49 | 62 | 51 | 61 | 54 | 72 | 56 | 61 | 7 | 24% |
| FL | 68 | 74 | 54 | 63 | 53 | 64 | 52 | 77 | 58 | 63 | 166 | 30% |
| GA | 74 | 81 | 60 | 68 | 57 | 68 | 61 | 78 | 63 | 67 | 114 | 27% |
| HI | 69 | 77 | 57 | 64 | 57 | 68 | 50 | 76 | 57 | 61 | 14 | 34% |
| ID | 75 | 81 | 67 | 71 | 62 | 73 | 58 | 84 | 68 | 72 | 18 | 38% |
| IL | 73 | 79 | 59 | 67 | 57 | 68 | 53 | 80 | 63 | 65 | 148 | 33% |

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HCAHPS "Top-Box" Percentiles

HCAHPS "TOP-BOX" PERCENTILES -- December 2009 Public Reporting*

| Percentile among reporting hospitals** | Communication with Nurses | Communication with Doctors | Responsiveness of Hosp. Staff | Pain Management | Comm. about Medicines | Cleanliness of Hospital Env. | Quietness of Hospital Env. | Discharge Information | Overall Hospital Rating | Recommend the Hospital |
|--|---------------------------|----------------------------|-------------------------------|-----------------|-----------------------|------------------------------|----------------------------|-----------------------|-------------------------|------------------------|
| 5th | 62 | 70 | 47 | 58 | 48 | 56 | 40 | 71 | 48 | 50 |
| 25th | 70 | 76 | 56 | 65 | 55 | 64 | 48 | 77 | 59 | 61 |
| 50th | 75 | 80 | 62 | 68 | 58 | 69 | 55 | 81 | 65 | 68 |
| 75th | 79 | 83 | 69 | 72 | 63 | 75 | 63 | 84 | 71 | 75 |
| 95th | 85 | 89 | 79 | 78 | 71 | 84 | 76 | 88 | 81 | 85 |

*Percentiles for HCAHPS "top-box" scores of 3,766 hospitals publicly reported in December 2009 on *Hospital Compare*. Survey results are from patients discharged between April 2008 and March 2009. Scores have been adjusted for survey mode and patient-mix.

**For example, 5% of hospitals scored 62 or lower (5th percentile) on the "Communication with Nurses" measure, and 5% scored 85 or higher (95th percentile). The median score (50th percentile) on this measure was 75.

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Patient-level HCAHPS Correlations

HCAHPS "TOP-BOX" CORRELATIONS*

| | Communication with Nurses | Communication with Doctors | Responsiveness of Hosp. Staff | Pain Management | Comm. about Medicines | Cleanliness of Hospital Env. | Quietness of Hospital Env. | Discharge Information | Overall Hospital Rating | Recommend the Hospital |
|-------------------------------|---------------------------|----------------------------|-------------------------------|-----------------|-----------------------|------------------------------|----------------------------|-----------------------|-------------------------|------------------------|
| Communication with Nurses | 1 | 0.52 | 0.60 | 0.59 | 0.52 | 0.41 | 0.35 | 0.26 | 0.66 | 0.59 |
| Communication with Doctors | | 1 | 0.37 | 0.44 | 0.42 | 0.26 | 0.26 | 0.26 | 0.47 | 0.43 |
| Responsiveness of Hosp. Staff | | | 1 | 0.52 | 0.44 | 0.37 | 0.34 | 0.21 | 0.55 | 0.48 |
| Pain Management | | | | 1 | 0.46 | 0.33 | 0.32 | 0.25 | 0.56 | 0.49 |
| Comm. about Medicines | | | | | 1 | 0.34 | 0.31 | 0.37 | 0.50 | 0.44 |
| Cleanliness of Hospital Env. | | | | | | 1 | 0.31 | 0.18 | 0.44 | 0.39 |
| Quietness of Hospital Env. | | | | | | | 1 | 0.15 | 0.38 | 0.32 |
| Discharge Information | | | | | | | | 1 | 0.29 | 0.27 |
| Overall Hospital Rating | | | | | | | | | 1 | 0.77 |
| Recommend the Hospital | | | | | | | | | | 1 |

*Patient-level Pearson correlations of the "top-box" scores of publicly reported HCAHPS measures, for patients discharged between July 2007 and June 2008 (2.2 million completed surveys).

Note: All correlations are significant at $p < 0.001$.

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

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

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 now available online

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

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Questions?

Sampling Protocol

Overview

- Sample Frame Creation
 - HCAHPS Eligibility Criteria
 - Exclusions
- Determination of Service Line
- Review of HCAHPS Sampling
- Quality Control for Sampling
- Key Sampling Facts

Sample Frame Creation

- 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

HCAHPS Eligibility Criteria

- 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

Exclusions

- “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

Exclusions *(cont'd)*

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

Determination of Service Line

- **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*

Determination of Service Line *(cont'd)*

- Accepted methodologies for determination of 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

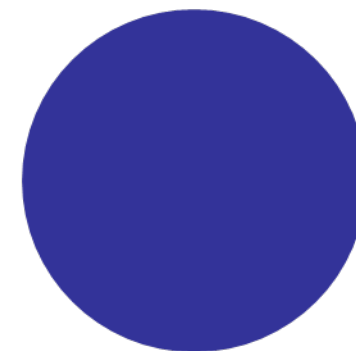
Review of HCAHPS Sampling

Population (All Patient Discharges)

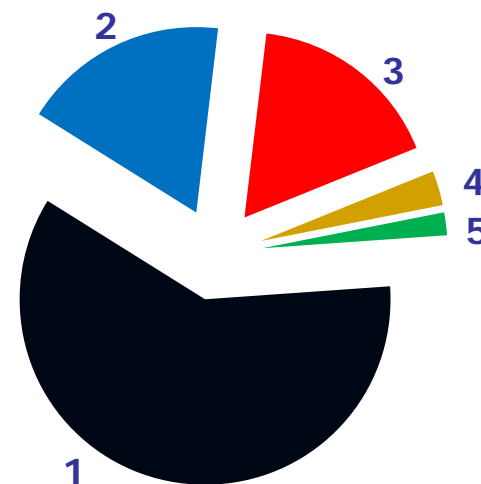
Hospital Population (All Patient Discharges) = 1 + 2 + 3 + 4 + 5

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

Sample: randomly selected = 1



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 random sample drawn first if multiple surveys administered*
- Do not stop sampling/surveying if 300 completes attained

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Questions?

Survey Administration

Overview

- Survey Translations and Materials
- Survey Management
- Modes of Survey Administration
- Exceptions Requests/Discrepancy Reports

Survey Translations and Materials

- No new survey translations for Mail Only, Telephone Only, Mixed Mode, or IVR
- CMS collecting input from hospitals/survey vendors about need for new translations

Survey Management

- Personnel Training and Oversight
 - **All subcontractors who play a “significant” role in HCAHPS are required to attend CMS update training**
 - Hospital/Survey vendor provides training for all HCAHPS project staff and subcontractors
 - Volunteer staff must not be used
 - **Staff cross-training recommended in case of unforeseen staff turnover or absence**

Survey Management *(cont'd)*

- Patient Confidentiality and Data Security
 - **Hospitals/Survey vendors and/or their subcontractors conducting any HCAHPS survey operations outside of their business location must complete and file an online Exceptions Request form**
 - **Exceptions Request includes description of security policies and procedures**

Survey Management *(cont'd)*

- Patient Confidentiality and Data Security *(cont'd)*
 - *Any patient identifiable information must not be sent or received by email*
 - Recommend that hospitals' data transmission methods for patient discharge files be reviewed by contracted hospitals' HIPAA/privacy officers to confirm compliance with HIPAA regulations

Survey Management *(cont'd)*

- Patient Confidentiality and Data Security (cont'd)
 - Test electronic data backup files **at a minimum on a quarterly basis** to make sure files are easily retrievable and systems are operational
 - Retain scanned images or paper surveys (if not scanned), **patient discharge files** and de-identified electronic data files for all survey modes for a minimum of three years
 - **All data files must be easily retrievable**

Modes of Administration

- Data collection begins within 48 hours to 6 weeks (42 days) after discharge from hospital
 - Lag time = the 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
- If a patient is found to be ineligible, discontinue survey administration for that patient
- No changes are permitted to the order of the 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**

Mail Only Mode

- Cover letter requirements
 - 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.”
 - **The OMB language cannot be printed on a separate sheet of paper and included with the mailing**

Mail Only Mode *(cont'd)*

- Question and Answer Category —
New Requirement
 - **Questions and response options must be formatted and listed vertically**
 - Response options listed horizontally or in a combined vertical and horizontal format are not allowed

Mail Only Mode *(cont'd)*

- Question and Answer Category — Requirements
 - *Wording that is underlined or **bolded** in the QAG 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 the hospital or survey vendor questionnaire*

Mail Only Mode *(cont'd)*

- Questionnaire Formatting — New Requirement
 - **Do not include the QAG's footer "March 2010" on printed questionnaires for mail-out**
 - *All survey instructions at the top of the survey template in the QAG must be copied verbatim*

Mail Only Mode *(cont'd)*

- Questionnaire Formatting — Requirements

Randomly generated, unique patient identifiers must be placed *on the first or last page of the questionnaire*, at a minimum

- Other identifiers may be placed on the survey for tracking purposes, e.g., unit identifiers
- The patient's name must not be printed on the survey questionnaire

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 Out—Requirements
 - Addresses acquired from hospital record
 - Addresses updated using commercial software
 - Mailings sent to patients by name
 - **Cover letters must be printed on hospital/survey vendor letterhead**
 - **Cover letters must be signed by hospital administrator or survey vendor project director**

Mail Only Mode *(cont'd)*

- Mail Questionnaire — Optional (New)
 - Hospital logos may be included on the questionnaire; other images 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 phrase 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)*

- Mail Receipt — **Blank Questionnaire (New)**
 - 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)*

- Quality control guidelines
 - Hospitals/Survey vendors must:
 - Conduct seeded mailings to designated hospital/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/IVR Script

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?

YES [GO TO INTRO]

NO [REFUSAL]

NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR]. We are conducting a survey about healthcare. I am calling to talk to [SAMPLED PATIENT NAME].

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:

For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

Telephone/IVR Script *(cont'd)*

SPEAKING WITH SAMPLED PATIENT

INTRO Hi, this is [INTERVIEWER NAME] calling on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. This survey is part of a national initiative to measure the quality of care in hospitals. Survey results can be used by people to choose a hospital. Your answers may be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your health care or your benefits. It should take about 7 minutes [OR VENDOR SPECIFY] to answer.

This call may be monitored [recorded] for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:

I'd like to begin the survey now, is this a good time for us to continue?

NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER HCAHPS IS INTEGRATED WITH HOSPITAL-SPECIFIC QUESTIONS.

Telephone Script

S1 Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY IF NECESSARY

- | | | |
|-----|------------|------------------|
| <1> | YES | [GO TO Q1_INTRO] |
| <2> | NO | [GO TO INEL1] |
| <3> | DON'T KNOW | [GO TO INEL1] |
| <4> | REFUSAL | [GO TO INEL1] |

IVR Script

S1 Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY IF NECESSARY

- | | | |
|-----|------------|---------------|
| <1> | YES | [GO TO S2] |
| <2> | NO | [GO TO INEL1] |
| <3> | DON'T KNOW | [GO TO INEL1] |
| <4> | REFUSAL | [GO TO INEL1] |

IVR Script *(cont'd)*

- S2 Thank you. You will now be connected to an automated interviewing system. If at any time you would like to speak with a live operator, please press [VENDOR SPECIFY] to be connected with someone.

Telephone/IVR Script *(cont'd)*

CONFIRMING INELIGIBLE PATIENTS

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 DATE 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).

Telephone Script Only

BEGIN HCAHPS QUESTIONS

Q1_INTRO Please answer the questions in this survey about this stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

IVR Script Only

BEGIN HCAHPS QUESTIONS

MESSAGE 1: You have been successfully connected to the automated interviewing system. The survey will now begin. You may enter [VENDOR SPECIFY] at any time to return to the telephone operator. If you cannot choose one of the response options after a particular question, please wait for further instruction.

Telephone/IVR Script *(cont'd)*

- Introduction to Q8
 - Edited script to read: “The next set of questions are about the hospital environment.” – not “...about the hospital conditions.”

Telephone Script

- Education Question

Q24. 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

Telephone Script *(cont'd)*

- Ethnicity Question

Q25. Are you of Spanish, Hispanic or Latino origin or descent? Please listen to all five response choices before you answer. Would you say...

- <1> No, not Spanish/Hispanic/Latino,
- <2> Yes, Puerto Rican,
- <3> Yes, Mexican, Mexican-American, Chicano,
- <4> Yes, Cuban, or
- <5> Yes, other Spanish/Hispanic/Latino?
- <M> MISSING/DK

Telephone Script Only

Q27A. What other language do you mainly speak at home?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS.]

Telephone/IVR

- Quality control guidelines
 - Formal interviewer training to ensure standardized, non-directive interviews
 - Telephone monitoring and oversight of staff and subcontractors
 - At least 10% of **all** HCAHPS survey interviewers'/operators' interviews/attempts are monitored
 - **Monitoring includes both English and Spanish (Telephone Only) survey administration**

IVR Mode

- 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

Mixed Mode

- 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

Exceptions Requests/ Discrepancy Reports

- Form Changes
 - “Applicant Organization” is now “Organization Submitting Form”
 - Modifications to Discrepancy Reports—Section III
- Must include:
 - Hospital Name
 - CMS Certification Number (CCN)

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Questions?

Data Coding, Preparation and Submission

Overview

- File Specifications Version 3.2
- Header Record Version 3.2
- Patient Administrative Data Record Version 3.2
- Data Submission Timeline

File Specifications Version 3.2

- Effective with patient discharges beginning **3Q 2010**
 - Appendix L – Data File Structure Version 3.2
 - Appendix M – XML File Layout Version 3.2
- Monitor HCAHPS Web site for notification of release

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Header Record Version 3.2

| 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 Version 3.2 *(cont'd)*

- Discharge Year and Month
 - **Use of Version 3.2 requires July 2010 and forward**
- 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

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Patient Administrative Data Record Version 3.2

| 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 |

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Patient Administrative Data Record Version 3.2 *(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 Version 3.2 *(cont'd)*

- Discharge Status
 - **New code “21 – Discharged/transferred to court/law enforcement”**
- Final Survey Status
 - 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 Version 3.2 *(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 Version 3.2 *(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”

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 |

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Questions?

Data Submission via My QualityNet



My QualityNet Security Administrator

- Primary and Secondary highly recommended
- Register new users
- Assign, approve, update and terminate user accounts
- Monitor My QualityNet usage
- Point of contact

Data Submission

- *50MB File size*
- Recommend submitting final data, including corrections, no later than 48 hours prior to deadline
- Review HCAHPS Reports

Submission and Feedback Reports

- Submission and Feedback reports
 - Survey vendors and Healthcare Systems
 - Report authorization
 - Feedback reports role

HCAHPS Update Training

Switching Survey Vendors

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



QualityNet Training and User's Guides

- Web-Ex available to the public
 - www.qualitynet.org
 - Training – QualityNet Training
- QualityNet User's Guides available on the secure pages of My QualityNet "Help" link
 - QualityNet
 - QualityNet Reports

QualityNet Exchange Resources

- Web site: www.qualitynet.org
- QualityNet Help Desk:
Phone: (866) 288-8912
Email: qnetsupport@sdps.org
Availability: 8 AM – 8 PM ET Monday - Friday

HCAHPS Update Training

Questions?

Data Adjustment and Public Reporting

Overview

- Reporting HCAHPS Results
- Data Adjustments
- Hospitals with 5 or fewer HCAHPS Eligible Patients
- Footnotes
- Forms for Public Reporting
- Hospital Preview Reports
- Suppression of 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 is able to drill down for more detailed results
- Results aggregated into rolling four quarters (12 months) by hospital
- Footnotes are applied as applicable
- Each hospital's results are displayed with national and state averages
- Results are updated quarterly

Reporting HCAHPS Results (*cont'd*)

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

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

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

- Hospitals are no longer required to collect and submit HCAHPS data for that month
 - A header record must be submitted to My QualityNet through the HCAHPS On-line 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 data for public reporting, 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
 - 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 the their state QIO

HCAHPS Update Training

Questions?

Oversight Activities and Compliance

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
 - Changes must be indicated clearly (*Track Changes*)
 - 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)*

- **QAP Annual Update:**
 - To the previous QAP:
 - Add survey materials
 - And new quality control materials
 - Please note changes in *Track Changes* mode

Quality Assurance Plan *(cont'd)*

- **QAP Annual Update** *(cont'd)*:
 - Mail survey materials
 - Survey form, initial and follow-up letter, etc.
 - Telephone and IVR scripts
 - Discussion of recent quality assurance activities
 - Results from recent quality control process improvements
 - Including resolution of any identified issues

Non-Compliance with Program Requirements

- 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*

Non-Compliance with Program Requirements *(cont'd)*

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

Communicating with Patients about the HCAHPS Survey

- Hospital/Survey vendors are not allowed to:
 - Attempt to influence or encourage patients to answer HCAHPS questions a particular way
 - Ask patients to explain why they didn't rate a hospital with most favorable rating possible
 - Indicate the hospital's goal is for all patients to rate them as an *"Always"* or other top response

HCAHPS Bulletins

- Number 2008-01
 - *Calculation and Submission of Lag Time for the HCAHPS Survey*
- Number 2009-01 Revised
 - *The Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys*

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

Contact Us

HCAHPS Information and Technical Support

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

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