Introduction to HCAHPS Survey Training

March 2011
Welcome!

In the HCAHPS training sessions, we will:

• Explain purpose and use of HCAHPS survey
• Provide instruction on managing the survey
• Discuss modes of survey administration
• Instruct on sampling, data preparation, data submission and public reporting
Session I
Background and Development of the HCAHPS Survey
Introduction to HCAHPS Survey Training

Overview of Presentation

- Background & Development of HCAHPS
- Composition of the Survey
- Roles and Responsibilities
- How to Join HCAHPS in 2011
The Name of the Survey

- Formal name: CAHPS® Hospital Survey
- Also known as Hospital CAHPS® or HCAHPS

HCAHPS

Pronounced “H-caps”

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

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

Upcoming for HCAHPS

~April 21, 2011  13th HCAHPS public reporting; July ’09 - June ‘10 discharges; ~3,800 hospitals

April 13  Submission deadline for 4th quarter 2010

April 26 – May 26  Preview Period for July public reporting

July 1  Release 3.3 effective for discharges

~ July 21  14th public reporting of HCAHPS results

~ October 20  15th public reporting of HCAHPS results

~ January 2012  16th public reporting of HCAHPS results

March 2011

Centers for Medicare & Medicaid Services (CMS)
Objectives of HCAHPS

• Standardized survey to allow meaningful comparisons across hospitals for public reporting

• Increased hospital accountability and incentives for quality improvement

• Enhanced public accountability
HCAHPS and the *HQA*

- Implementation through national
  **Hospital Quality Alliance** (HQA)
  - Public-private partnership on hospital quality reporting
  - Members include: AHA, FAH, AAMC, JCAHO, AMA, ANA, AARP, AFL-CIO, AHRQ, & CMS

- Currently reporting heart attack, heart failure, pneumonia care, surgical infection, mortality, children’s asthma, and readmission rates
CAHPS Family of Surveys

*Consumer Assessment of Healthcare Providers & Systems:*

- HCAHPS
- Home Health CAHPS
- Medicare Health Plan CAHPS
- Prescription Drug Plan CAHPS
- Clinician & Group CAHPS
- ESRD CAHPS
- Nursing Home CAHPS
- Dental CAHPS
HCAHPS 101

- Short-term, acute care hospitals
  - “General Hospitals” (AHA)
    - Excludes pediatric, psychiatric and specialty hospitals

- Eligible patients
  - Adult
  - Medical, surgical or maternity care
  - Overnight stay, or longer
  - Alive at discharge
  - Excludes hospice discharge, prisoner, foreign address, “no-publicity” patients, & patients discharged to nursing homes and skilled nursing facilities

- Survey after discharge
  - Four modes of survey administration
  - Standardized data collection, submission, analysis and public reporting
  - Self-administer, use a survey vendor or administer for other hospitals
Survey Mode

Second quarter 2010 hospitals (3,892):

- Mail: 2,621 hospitals; 67%
- Telephone: 1,241 hospitals; 32%
- Mixed: 9 hospitals; 0.2%
- IVR: 21 hospitals; 1%
Participation in HCAHPS

Third quarter 2010:

- 41 Approved survey vendors
- 88 Self-administering hospitals
- 2 Multi-site hospitals
Serving Multiple Stakeholders

- Multiple stakeholders and viewpoints
- Accommodated to the extent possible
  - While adhering to goals of HCAHPS
- Evolving scope of HCAHPS
  - Part of pay-for-reporting for IPPS hospitals
  - New languages added for mail mode
  - Proposed for inclusion in CMS Hospital Value-Based Purchasing (VBP) pay-for-performance program
HCAHPS and Hospital VBP: PROPOSED

• **Baseline Period:** Patients discharged July 1, 2009 through March 31, 2010

• **Performance Period:** Patients discharged July 1, 2011 through March 31, 2012

• Program begins in Fiscal Year 2013
  - Patients discharged October 1, 2012 and forward
Composition of Survey

HCAHPS contains 27 items:

- **Items 1-22**: Core of HCAHPS
  - Put first; do not alter; keep together
    - 18 substantive questions
    - 4 “screener” items

- **Items 23-27**: Demographic (“About You”)
  - Place later; keep together; do not alter
HCAHPS Six Composites

What patients/consumers want to know:

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

What patients/consumers want to know:

1. Cleanliness of hospital environment
2. Quietness of hospital environment
HCAHPS Global Items

1. ‘Overall rating of hospital’
   - 0 to 10 scale

2. ‘Recommend this hospital’
   - Four point scale
HCAHPS Core Items (1-22)

Core HCAHPS items form module:

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

— or —

• Entire HCAHPS can be used as stand-alone questionnaire
HCAHPS Public Reporting

• Only official HCAHPS items are to CMS submitted and publicly reported

• Ten hospital-level measures that summarize responses to HCAHPS items
  - All patient data is de-identified
  - On Hospital Compare Web site, updated quarterly

• Only non-IPPS hospitals may suppress
Public Reporting Periods

Reporting is based on 12 months of discharges

HCAHPS PUBLIC REPORTING: April 2011

- QUARTERS INCLUDED: 3Q09, 4Q09, 1Q10, 2Q10
- PREVIEW PERIOD: January – February 2011
- PUBLIC REPORTING: April 21, 2011
- NEW Public Reporting dates: January, April, July, & Oct.
HCAHPS On-Line Web site
www.hcahpsonline.org

Information available:

- State and national summary table
- HCAHPS “Top-box” and “Bottom-box” percentiles for each HCAHPS measure
- Patient-level Pearson correlations of HCAHPS measures
- HCAHPS Hospital Characteristics Comparison Charts
- Bibliography of published HCAHPS research conducted by the HCAHPS Project Team
Roles and Responsibilities

Hospitals using a survey vendor

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

Hospitals using a survey vendor

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

**Self-administering Hospitals**

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

All Hospitals

- Comply with all HCAHPS survey protocols
  - HCAHPS *Quality Assurance Guidelines V6.0*

- Provide patient discharge list in timely manner
  - Allow sampling and surveying within contact window

- Provide all administrative data in timely manner

- Do not influence patients about HCAHPS survey
  - Communication with patients
  - Concurrent surveys
Roles and Responsibilities (cont’d)

Government: Support, Report & Oversee

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

• The *Hospital Compare* Web site is the official source of HCAHPS results

• CMS does not endorse hospitals or survey vendors

• *Hospital Compare* is designed to provide objective information to help consumers make informed decisions about health care providers
Steps to Join HCAHPS in 2011

1. **Submit an HCAHPS Participation Form**
   - For self-administering hospitals, hospitals administering survey for multiple sites and survey vendors
   - Form available online, *March 4, 2011*

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
Questions?
Participation and Program Requirements
Participation Overview

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

www.hcahpsonline.org

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

HCAHPS Web site Home Page

- Quick links:
  - Current News
  - HCAHPS and IPPS Payment Provisions
  - Background
  - About the Survey
  - Participation
  - For More Information
  - To Provide Comments or Questions

Internet Citation

Current News

- Medicare Proposes New Hospital Value Based Purchasing Program
- Patient-mix Coefficients for March 2011 HCAHPS Results Have Been Posted
- Hospital Compare Has Been Refreshed
- December 2010 Update...HCAHPS Executive Insight Click on Gold Navigation Button on the left side of this screen
- New Tables on Summary Analyses Page
- 2011 and 2012 HCAHPS Data Submission Deadlines
HCAHPS Technical Support

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

- Telephone: 1-888-884-4007
  - Contact information
  - Hospital name
  - Hospital 6 digit CMS Certification Number (CCN)
Step 1: Introduction to HCAHPS Survey Training

• Who is required to attend?
  - Survey Vendors
  - Hospitals conducting HCAHPS for multiple sites
  - Hospitals self-administering HCAHPS
  - Subcontractors (or HCAHPS Update training)
  - New project managers

• Who is recommended to attend?
  - New staff assigned to work on HCAHPS administration
  - Hospitals contracting with a survey vendor or another hospital for survey administration
  - Quality Improvement Organizations (QIOs)
Step 2: Program Participation Form and Teleconference

- Available online at [www.hcahpsonline.org](http://www.hcahpsonline.org)
  - Participation Forms available March 4, 2011 through May 31, 2011

- Who needs to submit a Participation Form?
  - Hospitals self-administering HCAHPS
  - Hospitals conducting HCAHPS for multiple sites
  - Survey vendors (administering on behalf of hospitals)
  - *Not required for hospitals contracting with survey vendor*
Step 2: Program Participation Form and Teleconference (cont’d)

• Participation Form must be completed in its entirety
  – Additional explanations must be provided if applicable
  – Staff assigned as key HCAHPS project staff must be identified

• Submit Participation Form
  – Agreement to comply with all HCAHPS Protocols
Introduction to HCAHPS Survey Training

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

- Teleconference
  - Key staff must be available to participate in a teleconference to discuss relevant survey experience, organizational survey capability and capacity, as part of the Participation Form review process.
Step 3: My QualityNet Exchange

- **Contact:**
  - State QIO (hospitals)
  - HCAHPS Information and Technical Support (survey vendors)

- If already registered with QualityNet, register specifically for HCAHPS and obtain necessary roles
  - Contact QualityNet Help Desk for questions on how to complete the forms
    - qnetsupport@sdps.org
Step 4: Data Collection

- Hospitals/Survey vendors will:
  - Adhere to the *HCAHPS Quality Assurance Guidelines V6.0 (QAG V6.0)*
  - Submit an Exceptions Request Form for approval for requesting variations to HCAHPS protocols
  - Review the compliance and the accuracy of their data collection processes
  - Alert HCAHPS Project Team to any discrepancies occurring during survey administration and submit a Discrepancy Report online via the HCAHPS Web site
  - Submit data by HCAHPS data submission deadline
Step 4: Data Collection (cont’d)

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

Step 5: Participate in Oversight Activities

• Submit HCAHPS Quality Assurance Plan
• Submit additional information as requested
• Comply with on-site visit requests
• Comply with conference call requests
• Implement corrective action(s), as necessary
Step 6: Public Reporting

- HCAHPS results will be publicly reported on a quarterly basis on *Hospital Compare* Web site

- The appropriate pledges must be signed and on file
  - Contact your state QIO for more details
Step 7: Future Update Trainings

- As scheduled by CMS
- Details to be posted on [www.hcahpsonline.org](http://www.hcahpsonline.org)
- Required for all approved survey vendors, hospitals conducting survey for multiple sites, self-administering hospitals, and subcontractors
- Recommended for hospitals using a survey vendor
- Recommended for QI O's
Minimum Requirements

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

2. Organizational survey capacity
   - Capability and capacity to handle a required volume of surveys and conduct surveys in specified time frame
     • Personnel (*no volunteers are permitted*)
     • System resources
     • Survey administration
     • Data submission (*cannot be subcontracted*)
     • Technical assistance/customer support
Minimum Requirements (cont’d)

3. Quality control procedures
   - In-house training for staff and subcontractors involved in survey operations
   - Quality control activities
     • Documentation of these activities
     • Discussion of these activities
Questions?
Sampling Protocol
Overview

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

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

See Quality Assurance Guidelines V6.0, HCAHPS Sampling Protocol Illustration
Introduction to HCAHPS Survey Training

Step A: Population
(All Patient Discharges)
Step A: Population (cont’d)

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

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

Ineligible Patients
- Record count of ineligible patients
Step B: Identify Eligible Patients (cont’d)

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

Step B: Identify Eligible Patients (cont’d)

Determination of Service Lines

• Use the principal discharge MS-DRG code to...
  - Identify the eligible patients
  - Classify into the Service Line as either:
    • Medical
    • Surgical
    • Maternity Care

• Hospital without Surgical or Maternity Care departments may participate
Step B: Identify Eligible Patients (cont’d)

- V.28 MS-DRG codes effective October 1, 2010
  - To classify into Medical and Surgical service lines
    - The Federal Register Notice – most recent August 16, 2010 (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
  - Quality Assurance Guidelines V6.0
Step B: Identify Eligible Patients (cont’d)

- Accepted methodologies for determination of service line (Exceptions Request not required)
  1. V.28, V. 27, V.26, or V.25 MS-DRG codes
  2. V.24 CMS-DRG codes
  3. Mix of V.28, V.27, V.26, V.25, V.24 codes based on payer source
  4. ICD-9 codes
  5. Hospital unit
  6. New York State DRGs

Hospitals/ Survey vendors must submit an Exceptions Request Form online for approval to use other means
Step B: Identify Eligible Patients (cont’d)

• Include patients unless there is positive evidence that a patient is ineligible
  
  – Missing or incomplete MS-DRG, address and/or telephone number does not exclude patient from being sampled
Step B: Identify Eligible Patients (cont’d)

- Hospitals with **zero** eligible HCAHPS patient discharges (“zero cases”)
  - Submit monthly or quarterly, an HCAHPS Header Record (Survey Month Data) online via My QualityNet

- Hospitals with **five or fewer** eligible HCAHPS patient discharges for that given month
  - May choose not to survey those patients for that given month
  - If patients are not surveyed, an HCAHPS Header Record (Survey Month Data) will still need to be submitted online via My QualityNet
Step C: Remove Exclusions

Exclusions:
- “No-Publicity” patients
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address
- Patients discharged to hospice care
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities
Step C: Remove Exclusions

(cont’d)

- “No Publicity” patients
- Court/Law enforcement (i.e., prisoners)
- Foreign home address
  - Note: U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore are not excluded
- Discharged to hospice care
- Excluded as a result of state regulation
- Discharged to nursing homes and skilled nursing facilities (beginning with July 1, 2011 and forward patient discharges)
Step C: Remove Exclusions (cont’d)

- Record count of patients by each exclusion category
- Hospitals/Survey vendors must retain documentation that verifies all exclusions
Step D: De-Duplication Process

- Exclusions
  - Household
  - Multiple discharges

All Eligible Patients

Ineligible Patients
Step D: De-Duplication Process (cont’d)

• De-Duplication by Household
  - Sample only one patient per household in a given calendar month
  
    • De-duplicate by address and/or telephone number from medical records and patient unique IDs within each month
    
    • Do not de-duplicate by address and/or telephone number for health care facilities (unless residents are family members)
Step D: De-Duplication Process

(cont’d)

• De-Duplication by Multiple Discharges
  - Sample patient only once in a given calendar month
  - Patients are eligible to be included in the sample in consecutive months
Step D: De-Duplication Process (cont’d)

• De-Duplication by Multiple Discharges (cont’d)
  – For continuous daily sampling, use only the first discharge date
  • Each daily list should be compared to previous discharge lists in the month to exclude additional discharges for a particular patient
Step D: De-Duplication Process (cont’d)

• De-Duplication by Multiple Discharges (cont’d)
  – For weekly sampling, use the first discharge encountered in the sample frame
    • Discharges encountered in subsequent weeks would be excluded from the sample frame
    • In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame
  • Each weekly discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient
Step D: De-Duplication Process (cont’d)

• De-Duplication by Multiple Discharges (cont’d)
  – For end of the month sampling, de-duplicate across all discharges in the month and use only the last discharge date.
Introduction to HCAHPS Survey Training

Step E: HCAHPS Sample Frame

All Eligible Patients from which Sample is Drawn

Ineligible Patients

Exclusions

De-Duplication
Step E: HCAHPS Sample Frame (cont’d)

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

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

(cont’d)

• Include all patients:
  – Who meet eligible population criteria
  – Discharged between first and last days of month

• Include patients even if:
  – Missing or incomplete address/telephone number
  – Missing eligibility criteria
Step E: HCAHPS Sample Frame
(cont’d)

• Do not include patients in the Sample Frame whose discharge dates are beyond the 42-day initial contact period
  – if this is known before the sample is drawn

• Include these patients towards the count in the Eligible Discharge field

• Must file a Discrepancy Report to account for patient information received beyond the 42-day initial contact protocol
Step E: HCAHPS Sample Frame

(cont’d)

• Example of sample frame layout (Appendix K)
  – Strongly recommend that hospitals/survey vendors collect all of the elements from this layout
  – File content (i.e., All Patient Discharges or HCAHPS Sample Frame)
  – Total number of ineligibles
  – Total number of exclusions and number in each exclusions category
  – Total number of patient discharges

• Must maintain sample frame for a minimum of three years
Step F: Draw Sample

- Eligible Patients
  - Not Selected in Sample
- Ineligible Patients
- Exclusions
- De-Duplication

Sampled Patients
Step F: Draw Sample (cont’d)

• Target: Obtain at least 300 completed HCAHPS surveys over the 12-month public reporting period
  – Small hospitals
    • If cannot obtain 300 completed surveys, sample all eligible discharges
Step F: Draw Sample (cont’d)

• Why 300?
  – Target for the statistical precision of the ratings, which is based on a reliability criterion
  – 300 completes ensures that the reliability for the publicly reported measures will be 0.80 or higher
  – All hospitals must calculate sample size based on target of at least 300 completes no matter the number of discharges
Step F: Draw Sample (cont’d)

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

- Draw sample for each unique CMS Certification Number (CCN)
- Hospitals that share CCN
  - 300 completes for CCN
  - All hospitals under one CCN must participate
  - Use same survey vendor
  - Use same mode of administration
  - Use same sample type and frequency
Step F: Draw Sample (cont’d)

Sample Size Calculation

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

  \[ P = (1 - I) \times R \]

  - \( I \) = proportion of discharged patients who are ineligible
  - \( R \) = expected response rate among eligible patients
  - \( P \) = the proportion of discharged patients who actually respond to the survey
Step F: Draw Sample (cont’d)

• How many discharges are needed to produce 300 completes?

  \[ C = \text{number of completed surveys needed (300)} \]
  \[ N_{12} = \text{Number of discharges to be sampled over 12 month period} \]
  \[ N_1 = \text{Number of discharges sampled each month} \]

  \[ N_{12} = \frac{C}{P} \]
  \[ N_1 = \frac{N_{12}}{12} \]

March 2011
Step F: Draw Sample (cont’d)

Example: Sample Size Calculation

Assumptions:

• ≈17% of discharged patients will be ineligible for the survey
  – Source: National Hospital Discharge Survey
• ≈40% of eligible patients will respond to the survey
  – Source: CMS Three State Pilot
• Ineligible rates and response rates should be adjusted based on each hospital’s experience
Step F: Draw Sample (cont’d)

Example: Sample Size Calculation

1. Estimate the proportion of patients expected to complete the survey:

\[ P = (1 - I) \times R \]

\[ = (1 - 0.17) \times 0.40 \]

\[ = 0.33 \]
Step F: Draw Sample (cont’d)

Example: Sample Size Calculation

2. Determine how many discharges are needed to produce 300 completes?

Per 12-month
\[ N_{12} = \frac{C}{P} \]
\[ = 300 / .33 \]
\[ = 909 \]

Per month
\[ N_1 = \frac{N_{12}}{12} \]
\[ = \frac{909}{12} \]
\[ = 75 \]
Step F: Draw Sample (cont’d)

- Should estimate I and R from hospital’s own data
- Should adjust the target in subsequent quarters
  - Sampling rates should be consistent among the months in a given quarter
Step F: Draw Sample (cont’d)

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

• If Less Than 300 Completed Surveys:
  - Attempt to obtain as many as possible
  - Survey all eligible discharges
  - All hospital results will be publicly reported on Hospital Compare Web site
  - The lower precision of scores based on less than 100 and less than 50 completed surveys will be noted in public reporting
Methods of Sampling

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

• **SRS Example 1: Continuous daily sampling throughout the month**
  
  - Based on sampling 2 out of every 5 (this is equal to a 40% sampling rate) eligible discharges is utilized for drawing a sample for the hospital

• **Day 1:**
  
  - 12 eligible patients are randomly sorted, then numbered 1 through 12
  
  - 4 patients would be selected with 2 patients left over to begin the next day’s count.

• **Day 2:**
  
  - 8 eligible patients are randomly sorted, then numbered 1 through 8
  
  - Add the two patients left over from Day 1
  
  - 4 patients would be selected, with 0 patients left over to begin the next day’s count

\[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12\] \[11, 12, 1, 2, 3, 4, 5, 6, 7, 8\]
Methods of Sampling

• **SRS Example 2: Census sampling**
  - Hospital chooses to sample all eligible discharges
    - Each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
  - Hospital has 80 eligible discharges for a given month
    - Each of the 80 eligible patients is included in the hospital’s HCAHPS sample
Methods of Sampling

• SRS Example 3: End of month sampling
  - Sampling for hospital is conducted only once for a given month at the end of the month
  - Hospital has 150 eligible discharges for a given month and uses a 50% sampling rate
    • Randomly sort all 150 eligible patients prior to sampling
    • Select 50% of the 150 eligible discharges for a monthly sample size of 75 patients
    • Since the eligible discharge list is already randomly sorted, the first 75 patients may be selected to form the monthly random sample
Introduction to HCAHPS Survey Training

Methods of Sampling (cont’d)

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

- **PSRS Example 1: Weeks**—Strata are defined as weeks within a month
  - Sample is pulled each week, creating 5 strata: Wk1, Wk2, Wk3, Wk4, Wk5
  - Even though the number of eligible discharges differs across the five weeks, the same proportion (or percentage) of “sampled” discharges is used each week
  - 20% of eligible discharges are randomly pulled from each stratum
  - Results in different number sampled from each week, but each eligible discharge had an equal chance of being chosen

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Week</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>20</td>
<td>0.20</td>
<td>20 * 0.20 = 4</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>25</td>
<td>0.20</td>
<td>25 * 0.20 = 5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>30</td>
<td>0.20</td>
<td>30 * 0.20 = 6</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>15</td>
<td>0.20</td>
<td>15 * 0.20 = 3</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>10</td>
<td>0.20</td>
<td>10 * 0.20 = 2</td>
</tr>
</tbody>
</table>
Methods of Sampling (cont’d)

- **PSRS Example 2: Hospital Units**—Strata are defined as units within a hospital
  - Sample is pulled from three units, creating 3 strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same sampling ratio is used for each unit
  - 30% of eligible discharges are randomly pulled from each stratum
  - Results in different number sampled from each unit, but each eligible discharge had an equal chance of being chosen

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Unit</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>150</td>
<td>0.30</td>
<td>150 * 0.30 = 45</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>50</td>
<td>0.30</td>
<td>50 * 0.30 = 15</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>400</td>
<td>0.30</td>
<td>400 * 0.30 = 120</td>
</tr>
</tbody>
</table>
Methods of Sampling (cont’d)

- **PSRS Example 3:** Combinations of Location and Time Period
  - Sample is pulled each week from 2 locations, creating 10 (2x5) strata
  - 50% of the eligible discharges are randomly pulled from each hospital location per week
  - The number of sampled patients differs in the two locations and among the five weeks
  - Every eligible discharge had an equal chance of being selected for sampling, regardless location or week

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Week</th>
<th>Location</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>East</td>
<td>100</td>
<td>0.50</td>
<td>100 * 0.50 = 50</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>West</td>
<td>60</td>
<td>0.50</td>
<td>60 * 0.50 = 30</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>East</td>
<td>110</td>
<td>0.50</td>
<td>110 * 0.50 = 55</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>West</td>
<td>72</td>
<td>0.50</td>
<td>72 * 0.50 = 36</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>East</td>
<td>130</td>
<td>0.50</td>
<td>130 * 0.50 = 65</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>West</td>
<td>54</td>
<td>0.50</td>
<td>54 * 0.50 = 27</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>East</td>
<td>96</td>
<td>0.50</td>
<td>96 * 0.50 = 48</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>West</td>
<td>64</td>
<td>0.50</td>
<td>64 * 0.50 = 32</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>East</td>
<td>106</td>
<td>0.50</td>
<td>106 * 0.50 = 53</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>West</td>
<td>70</td>
<td>0.50</td>
<td>70 * 0.50 = 35</td>
</tr>
</tbody>
</table>
Methods of Sampling (cont’d)

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

- **DSRS Example 1: Hospital Units—Strata are defined as units within a hospital**
  - A sample is pulled for three units in each month, creating three strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges from each unit is selected
  - Ten eligible discharges are randomly pulled from each unit
  - The number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Unit</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>20</td>
<td>0.50</td>
<td>20 * 0.50 = 10</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>40</td>
<td>0.25</td>
<td>40 * 0.25 = 10</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>100</td>
<td>0.10</td>
<td>100 * 0.10 = 10</td>
</tr>
</tbody>
</table>
Methods of Sampling (cont’d)

- **DSRS Example 2: Weeks**—Strata are defined as weekly time periods
  - A sample is pulled in each week of the month at a lower rate at the beginning and end of the month
  - Sampling rates used are: 10%, 50%, 50%, 10%, and 10% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Week</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>100</td>
<td>0.10</td>
<td>$100 \times 0.10 = 10$</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>108</td>
<td>0.50</td>
<td>$108 \times 0.50 = 54$</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>102</td>
<td>0.50</td>
<td>$102 \times 0.50 = 51$</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>110</td>
<td>0.10</td>
<td>$110 \times 0.10 = 11$</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>30</td>
<td>0.10</td>
<td>$30 \times 0.10 = 3$</td>
</tr>
</tbody>
</table>
Methods of Sampling (cont’d)

- **DSRS Example 3: All Combinations of Hospital Unit and Time Period**
  - A sample is pulled once per week (Week 1, Week 2, Week 3, Week 4, and Week 5) from each of three hospital units (Unit 1, Unit 2, and Unit 3)
  - Since there are 5 weeks within the time period (month) and 3 units, this sampling scenario utilizes 15 strata (5 x 3)
  - Sample ratios are: 25% of eligible discharges from Unit 1, 10% from Unit 2, and 50% from Unit 3 across all 5 weeks

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Week</th>
<th>Unit</th>
<th>Eligible Discharges</th>
<th>Sampling Rate</th>
<th>Sampled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>40</td>
<td>0.25</td>
<td>40 * 0.25 = 10</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>60</td>
<td>0.10</td>
<td>60 * 0.10 = 6</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td>0.50</td>
<td>18 * 0.50 = 9</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>1</td>
<td>52</td>
<td>0.25</td>
<td>52 * 0.25 = 13</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>2</td>
<td>50</td>
<td>0.10</td>
<td>50 * 0.10 = 5</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>0.50</td>
<td>12 * 0.50 = 6</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>1</td>
<td>44</td>
<td>0.25</td>
<td>44 * 0.25 = 11</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>2</td>
<td>60</td>
<td>0.10</td>
<td>60 * 0.10 = 6</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>3</td>
<td>14</td>
<td>0.50</td>
<td>14 * 0.50 = 7</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>1</td>
<td>60</td>
<td>0.25</td>
<td>60 * 0.25 = 15</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
<td>2</td>
<td>70</td>
<td>0.10</td>
<td>70 * 0.10 = 7</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>3</td>
<td>16</td>
<td>0.50</td>
<td>16 * 0.50 = 8</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>1</td>
<td>28</td>
<td>0.25</td>
<td>28 * 0.25 = 7</td>
</tr>
<tr>
<td>14</td>
<td>5</td>
<td>2</td>
<td>20</td>
<td>0.10</td>
<td>20 * 0.10 = 2</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>3</td>
<td>12</td>
<td>0.50</td>
<td>12 * 0.50 = 6</td>
</tr>
</tbody>
</table>
Introduction to HCAHPS Survey Training

Population, Sample Frame and Sample

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

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

Sample: randomly selected = 1
Quality Control for Sampling

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

- Same sampling type must be maintained throughout the quarter
- Sample must include discharges from each month in the 12-month reporting period
- HCAHPS sample drawn first if multiple surveys administered
- Do not stop sampling/surveying if 300 completed surveys are attained
Questions?
BREAK
Survey Administration
Overview

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

• Establish survey management process to administer survey
  - System resources
  - Customer support lines
  - Personnel training
  - Monitoring and quality oversight
  - Safeguarding patient confidentiality and privacy
  - Data security
  - Data retention
Survey Management (cont’d)

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

- Establish customer support telephone lines
  - Survey vendor lines must be toll-free
  - Telephone staffed live during business hours
  - Voice mail is acceptable “after hours,” but must be regularly monitored and replied to within one business day
  - Voice mail recording must specify that the caller can leave a message about the survey
  - Database or tracking log of calls maintained
Survey Management (cont’d)

• Establish customer support telephone lines
  – Recommendations for support line operations
    • Staffed live 9 AM to 8 PM Monday thru Friday
    • Sufficient capacity – 90% answered live
    • Voice mailbox for nights and weekends
    • Messages returned within one business day
    • Established return call standard of two business days for questions that cannot be answered at the time of the call

• Provide optional support via the Internet
Survey Management (cont’d)

• Personnel training
  – Project staff and subcontractors
  – Customer support personnel
  – Mail data entry personnel
  – Telephone interviewers and IVR operators
Survey Management (cont’d)

• Monitoring and quality oversight
  - Ongoing monitoring of staff and subcontractors and the survey administration process
  - Performance evaluations and feedback
  - System to evaluate patterns of errors
  - Detection and correction of performance problems
  - Documentation of QA activities
Survey Management (cont’d)

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

- Patient Confidentiality and Data Security
  - Establish protocols for secure patient discharge file transfer from hospitals
    - Emailing of PHI via unsecure email is prohibited
  - Recommend that hospital’s HIPAA privacy officer confirm that hospital’s transmission methods for patient discharge files are in compliance with HIPAA regulations
Survey Management (cont’d)

- Confidentiality and privacy assurances to patients
  - HCAHPS survey question responses are confidential and private and reported in an aggregate format to CMS
  - Hospital supplemental questions may voluntarily ask for patient name
Survey Management (cont’d)

- Physical and electronic data security guidelines
  - Returned mail surveys stored in secure and environmentally controlled location
  - All HCAHPS-related files, including patient discharge files, must be retained for a minimum of three years
  - Firewalls and other mechanisms for preventing unauthorized system access
  - Access levels and security passwords to safeguard sensitive data
Survey Management (cont’d)

• Physical and electronic data security guidelines
  – Electronic data files must be easily retrievable regardless of whether they have been archived
  – Backup procedures in place to safeguard system data
  – Frequent saves to media to minimize data losses
  – Electronic data backup files must be tested quarterly
Survey Instrument and Materials

• Survey instrument content
  - Core Survey questions 1-22
  - “About You” questions 23-27

• Survey materials availability—questionnaires, cover letters and OMB language
  - English language materials (Appendix A)
  - Spanish language materials (Appendix B)
  - Chinese language materials (Appendix C)
  - Russian language materials (Appendix D)
  - Vietnamese language materials (Appendix E)

• Survey materials availability—scripts
  - English telephone script (Appendix F)
  - Spanish telephone script (Appendix G)
  - English IVR script (Appendix H)
Patient Pre-notification Guidelines

• Cannot show the HCAHPS survey or cover letter to patients prior to discharge from the hospital

• Cannot mail any pre-notification letters or postcards after discharge informing patient about the HCAHPS survey
Options for Integration of Hospital Surveys

1. Integrated hospital and HCAHPS survey using one consistent format and transitions
   - HCAHPS Items 1-22 (Core questions) are first questions
   - HCAHPS Items 23-27 ("About You" questions)

2. Two separate mailings – one with the HCAHPS survey and another with the hospital-specific survey
Supplemental Questions

• May add a reasonable number of supplemental questions to the survey after the Core survey items (1-22)
  – Must ask the “About You” questions (23-27) following the Core survey items but placement in the survey is at the discretion of the hospital/survey vendor

• Use appropriate phrasing to transition from the HCAHPS survey to the supplemental items
  – Example: “Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about topics.”
Supplemental Questions (cont’d)

• Avoid the following types of supplemental questions
  - Numerous, lengthy and complex questions
  - Questions with potential impact on responses to HCAHPS questions
  - Sensitive medical or personal topics which may cause a person to terminate the survey
  - Questions that may jeopardize a patient’s confidentiality such as SSN
  - Questions that ask the patient to explain why he or she chose their specific response
Introduction to HCAHPS Survey Training

Modes of Survey Administration

• Mail Only
• Telephone Only
• Mixed (Mail with Telephone Follow-up)
• Active Interactive Voice Response (IVR)
Modes of Administration

Overview

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

Overview (cont’d)

• No changes are permitted to the order of the HCAHPS questions or answer categories for the Core or “About You” questions

• The “About You” questions must remain as one block of questions, regardless of whether they follow the Core or hospital/survey vendor supplemental questions

• Final data files submitted to CMS via My QualityNet by the data submission deadline
Modes of Administration Overview (cont’d)

• Copyright language
  – HCAHPS questions cannot be copyrighted
  – In the event an organization copyrights their survey materials, then the following language must be included:
    • “The Core HCAHPS questions (Questions 1-22) and ‘About You’ HCAHPS questions (Questions 23-27) are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws.”
Mail Only Mode

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

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

• Cover letter specifications
  - Language indicating the purpose of the unique patient identifier must be printed either on the cover letter or after the survey instructions on the questionnaire (or on both)

• “You may notice a number on the survey. This number is ONLY used to let us know if you returned your survey so we don’t have to send you reminders.”
Mail Only Mode (cont’d)

• Cover letter language requirements
  - Purpose of survey
    • “Questions 1-22 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals.”
  - Participation is voluntary
  - Hospital name and discharge date of patient
  - Patient’s health benefits will not be affected by participation in the survey
  - Customer support number
  - If applicable add--“Survey responses will be shared with hospitals for quality control purposes.”
Mail Only Mode (cont’d)

- 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.”
Mail Only Mode (cont’d)

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

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

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

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

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

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

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

• Mail Out - Requirements
  – Guidelines for mailings
    • Addresses acquired from hospital record
    • Addresses updated using commercial software
    • Mailings sent to patients by name
  – Mailing content
    • Survey mailings include
      – Cover letter
      – Questionnaire
      – Self-addressed, stamped business reply envelope
      – First class postage or indicia, suggested
Mail Only Mode (cont’d)

Timing of Mailings
- Survey mail out timing begins with first mailing
- Acceptable to send an additional mailing within the 42-day survey administration period due to address correction or patient request
  - Timing does not restart if another “first mailing” is sent out
  - Must not send any mailings after the 42-day survey administration period has concluded
Mail Only Mode (cont’d)

• Mail Receipt—Blank Questionnaire
  - If 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 second survey mailing is returned with all missing responses, then code the final Survey Status as “7—Non-response: Refusal”
    • If the second mailing is not returned then code the Final Survey Status as “8—Non-response: Non-response after maximum attempts”
Mail Only Mode (cont’d)

• Data receipt and entry
  - Key entry or scanning allowed for data capture
    • Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; any discrepancies should be reconciled
  • Programs verify that record is unique and has not been returned already
  • Programs identify invalid or out-of-range responses
Mail Only Mode (cont’d)

• Data receipt and entry
  – Survey receipt is recorded in a timely manner
  – Surveys are date stamped
  – Ambiguous situations follow HCAHPS decision rules
Mail Only Mode (cont’d)

• Data receipt and entry
  – Final survey status codes
    • Calculate lag time for all codes
    • Maintain a crosswalk of interim disposition codes to HCAHPS Final Survey Status codes
    • Capture the mail wave attempt in which the final disposition of the survey is determined
Mail Only Mode (cont’d)

• Data retention/storage guidelines
  - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
  - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years and are easily retrievable
Mail Only Mode (cont’d)

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

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

• Quality control guidelines
  – Hospitals/Survey vendors must:
    • Conduct seeded (embedded) mailings to designated hospital or survey vendor HCAHPS project staff on a quarterly basis to check for:
      – Timeliness of delivery
      – Accuracy of address
      – Accuracy of mailing contents
    • Document results of all oversight activities
Telephone Only Mode

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

• Scheduling calls
  – If it is determined that the patient may be available in the latter part of the 42-day data collection time period, then hospitals/survey vendors MUST use the entire data collection time period to schedule telephone calls with that patient.
Telephone Only Mode (cont’d)

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

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

- Interviewing systems
  - Monitoring and recording of telephone calls
    - Follow state regulations (see QAG, page 75)
  - Caller ID
    - May be programmed to display “on behalf of [HOSPITAL NAME]” with permission and compliance of hospital’s HIPAA/Privacy officer
- Dropped calls
  - Calls that are inadvertently dropped must be re-contacted immediately
- Default response option
  - DO NOT pre-program a specific response as a default option
Telephone Only Mode (cont’d)

• Obtaining telephone numbers
  - Main source of telephone numbers is hospital discharge records
  - Update missing or incorrect telephone numbers using
    • commercial software
    • internet directories
    • directory assistance
    • other tested methods
Telephone Only Mode (cont’d)

• Data receipt and data entry
  – Electronic data collection, CATI
    • Linked electronically to survey management system
  – Manual data collection of paper questionnaires
    • Key entry
    • Scanning
Telephone Only Mode (cont’d)

- Data receipt and entry
  - Final survey status codes
    - Calculate lag time for all codes
    - Maintain a crosswalk of interim disposition codes to HCAHPS Final Survey Status codes
    - Capture the telephone attempt in which the final disposition of the survey is determined
Telephone Only Mode (cont’d)

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

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

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

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

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

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

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

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

- Follow Telephone Only mode guidelines
  - Data collection
  - Data receipt and retention
  - Quality control guidelines
    - Staff/subcontractor training
    - Monitoring and oversight
    - Documentation
Active IVR Mode (cont’d)

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

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

Telephone & Active IVR Script and Programs

• Question and answer category wording must not be changed.

• No changes are permitted to the order of the HCAHPS questions.

• The five “About You” HCAHPS questions must remain together.

• No changes are permitted to the order of the “About You” HCAHPS questions, even if they are placed before or after any supplemental questions.
• All underlined content must be emphasized

• Only one language (English or Spanish) may appear on the electronic telephone interviewing system screen

• Supplemental questions allowed for hospital-specific items

• Skip patterns should be programmed into the telephone and IVR systems
Telephone & Active IVR Script and Programs (cont’d)

- Conventions provide instructions for programmers and interviewers
- Every question should have a “Missing/Don’t Know” option programmed
- Do not program a specific response category as the default option
- See Appendices F, G & H in the Quality Assurance Guidelines V6.0 for scripts
Survey Introduction

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

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

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

- Five attempts to reach patient
- Do not leave messages on answering machines since this could violate a patient’s privacy
- Maximize the probability of reaching the patient by attempting contacts
  - at various times of the day
  - on different days of the week
  - and in more than one week
Guidelines for Reaching Respondents (cont’d)

- If the patient is away temporarily, he or she is contacted upon return.
- If the patient does not speak the language the survey is being administered in, thank the patient for his or her time and terminate the interview.
- If the patient is temporarily ill, re-contact the patient to see if there has been a recovery before the end of data collection.
- Attempt to correct wrong telephone numbers.
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey.
Identifying Possible Ineligible Respondents

- INEL1: Were you ever at this hospital?
  - <1> YES [GO TO INEL2]
  - <2> NO [GO TO INEL_END]

- INEL2: Were you a patient at this hospital in the last year?
  - <1> YES [GO TO INEL3]
  - <2> NO [GO TO INEL_END]

- INEL3: When was this?
  - IF ANY PERIOD WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

- INEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).
Definition of a Telephone/Active IVR Attempt

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

• Interviewer/Operator tone:
  - Speak in an upbeat and courteous tone
  - Establish rapport
  - Maintain professional and neutral relationship
  - Do not provide personal information or opinions
  - Do not try to influence patients’ responses to questions in a certain way

• See Appendix I in Quality Assurance Guidelines V6.0
Interviewing Guidelines and Conventions (cont’d)

• Question asking:
  - Questions, transitions and response choices are read exactly as worded on script
  - Do not provide extra information or lengthy explanations to respondent questions
  - Never skip questions
  - End the survey by thanking the respondent for his or her time
Interviewing Guidelines and Conventions (cont’d)

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

- Be prepared to convert a refusal into a completed survey
- Emphasize importance of participation
- Never argue with or antagonize a patient
- Remember! First moments of the interview are most critical for gaining participation
Interviewing Guidelines and Conventions (cont’d)

• Probing for complete data
  - When respondent fails to provide adequate answer
  - Never interpret answers for respondents
  - Code “Missing/Don’t Know” when respondent cannot/does not provide complete answer after probing
Interviewing Guidelines and Conventions (cont’d)

• Types of probes:
  - Repeat question and answer categories
  - Interviewer says:
    • “Take a minute to think about it”
    • “So would you say…”
    • “Which would you say is closer to the answer?”
Example of response probe: Question 21

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

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
Interviewing Guidelines and Conventions (cont’d)

Example of response probe: Question 21 (cont’d)

- Patient 1 Answers
  - “The hospital is fine.”

- Probe for Patient 1
  - “Please pick a number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible. What number would you say is closest to your answer?”

- Patient 2 Answers
  - “I would give the hospital a rating of 7.5”

- Probe for Patient 2
  - “We’re asking you to choose one response. What number would you use to rate this hospital, a 7 or 8?”
Example of response probe: Question 23

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

<1> Excellent,
<2> Very good,
<3> Good,
<4> Fair, or
<5> Poor?
<M> MISSING/DK
Interviewing Guidelines and Conventions (cont’d)

Example of response probe: Question 23 (cont’d)

- Patient 1 Answers
  - “My health is okay.”

- Probe for Patient 1
  - “We’re asking you to choose one response. Would you say your overall health is…”
  [Repeat all answer categories]

- Patient 2 Answers
  - “My health is great.”

- Probe for Patient 2
  - “Would you then rate your overall health as Excellent, Very good or Good?”
Example of response probe: Question 24

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

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

Example of response probe: Question 24 (cont’d)

- **Patient 1 Answers**
  - “I graduated from school.”

- **Probe for Patient 1**
  - “We’re asking you about the highest grade or level of school that you completed. Would you say you completed…” [Repeat all answer categories]

- **Patient 2 Answers**
  - “I graduated from college.”

- **Probe for Patient 2**
  - “We’re asking you about the highest grade or level of school that you completed. So would you say completed *some college or earned a 2-year degree*, graduated *from a 4-year college*, or completed more than *4-year college degree*?”
Q26: When I read the following list, please tell me if the category describes your race. I am required to read all five categories. You may choose one or more.

Q26A Are you White?
<1> YES/WHITE
<0> NO/NOT WHITE
<M> MISSING/DK

Q26B Are you Black or African-American?
<1> YES/BLACK OR AFRICAN-AMERICAN
<0> NO/NOT BLACK OR AFRICAN-AMERICAN
<M> MISSING/DK

Q26C Are you Asian?
<1> YES/ASIAN
<0> NO/NOT ASIAN
<M> MISSING/DK

Q26D Are you Native Hawaiian or other Pacific Islander?
<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<M> MISSING/DK

Q26E Are you American Indian or Alaska Native?
<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE
<M> MISSING/DK
• Q26 (cont’d)
  – Question 26 is broken into parts A – E
  – Do not stop reading the list when you get a “Yes” answer
  – Enter all of the race categories that the patient has selected
    • If the patient responds “Yes” to a race category, enter “1.”
    • If the patient responds “No” to a race category, enter “0.”
    • If the patient does not provide a response to any race categories or skips the question, enter “M – Missing/Don’t Know.”
Customer Service FAQs

- Interviewers/Operators should be knowledgeable about the survey and its goals, and be prepared to answer questions.
- FAQs provide answers to:
  - General questions about the survey
  - Concerns about participating in the survey
  - Questions about completing/returning the survey
- See Appendix J in *Quality Assurance Guidelines V6.0*
Exceptions Requests and Discrepancy Reports
Introduction to HCAHPS Survey Training

**Purpose**

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

• Allowable exceptions to standardized protocols
  – Disproportionate stratified random sampling
  – Service line determination
  – Other exceptions

• Exception request proposal must include how the proposed exception will maintain the integrity of data collection

• Exceptions not allowed for alternative modes of survey administration
Exceptions Request (cont’d)

• Request for exceptions
  – Submit Exceptions Request Form(s) online
    • Justification for exception
    • Submit Exceptions Request Form through www.hcahpsonline.org
  – Exceptions Request must be submitted and approved prior to implementing
  – Exceptions must be submitted by survey vendors on behalf of their contracted hospitals
Exceptions Request (cont’d)

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

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

• Discrepancy Reports must be submitted by survey vendors on behalf of their contracted hospitals
Discrepancy Report (cont’d)

- Complete and submit report immediately upon discovery of issue
  - Provide sufficient detail
    - Hospital CCN
    - How issue was discovered
    - Average monthly eligible count
    - Number of eligible discharges affected
    - Average monthly sample size
    - Number of sampled patients affected
    - Corrective action plan
    - Other details and information, including time period affected
Discrepancy Report (cont’d)

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

HCAHPS Information and Technical Support

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