

# FAQ's on HCAHPS

## What is HCAHPS and what does it stand for?

HCAHPS (also known as Hospital CAHPS) stands for Hospital Consumer Assessment of Healthcare Providers and Systems and is a standardized survey of hospital patients that captures patients' unique perspectives on hospital care for the purpose of providing the public with comparable information on hospital quality.

HCAHPS consists of a standardized survey instrument and a set of data collection and reporting procedures. These are used by hospitals (or their survey vendors) to gather information about patients' perspectives on care in the organization. The core set of HCAHPS questions can either be added to a hospital's current patient survey, or used as a stand-alone instrument. HCAHPS is part of a public/private partnership dedicated to publicly reporting valid and comparable information on hospital care quality. This information serves the goal of increasing consumers' knowledge of hospital care. It also provides hospitals with data and benchmarks to gauge their performance relative to others.

## HCAHPS Development, Testing and Endorsement

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop and test the HCAHPS Survey. AHRQ carried out a rigorous and multi-faceted scientific process, including a public call for measures; literature review; cognitive interviews; consumer focus groups; stakeholder input; a three-state pilot test; extensive psychometric analyses; consumer testing; and numerous small-scale field tests. In addition, CMS provided three separate opportunities for the public to comment on HCAHPS, and responded to well over one thousand comments.

In May 2005, the HCAHPS Survey was endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS for public reporting purposes. CMS implemented the HCAHPS Survey in October 2006, and the first public reporting of HCAHPS results occurred in March 2008. The survey, its methodology and the results it produces are in the public domain. Enactment of the Deficit Reduction Act of 2005 created an additional incentive for acute care hospitals to participate in HCAHPS. Since July 2007, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions ("subsection (d) hospitals") must collect and submit HCAHPS data in order to receive their full annual payment update. IPPS hospitals that fail to publicly report the required quality measures, which include the HCAHPS Survey, may receive an annual payment update that is reduced by 2.0 percentage points. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS.

The incentive for IPPS hospitals to improve patient experience of care was further strengthened by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program, beginning with discharges in October 2012.

## Why should my hospital partake in HCAHPS?

HCAHPS serves the public's interest in improving the quality of care in America's hospitals by providing consumers, healthcare professionals and individual hospitals with standardized and comparable information on how patients view their quality of care experience. HCAHPS furnishes valid and reliable information on several critical aspects of the hospital experience on a continuous basis. In addition to gaining valuable information about their own care processes, participating hospitals are able to compare themselves to other hospitals and the industry as a whole on exactly the same indicators. This information could be fed directly into the hospitals assessment and improvement program. The ongoing and standardized nature of the survey also allows hospitals to track changes in patient perspectives on care over time.

There are 10 core areas the survey measures from the inpatient patient experience:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medications
- Cleanliness of the Hospital Environment
- Quietness of the Hospital Environment
- Discharge Instructions
- Overall Rating of the Hospital (Scale from 1 to 10)
- Likelihood of Recommending the Hospital to your Friends and Family

## What is HCAHPS protocol?

The HCAHPS Survey is designed to be completed by adult patients who had a recent medical, surgical or obstetrical visit to an acute care hospital. There are certain exclusions for patients who should not receive the survey. For example, patients with certain illnesses or diseases are excluded, as well as patients who are not alive at discharge.

- All payor types are included in HCAHPS. Even though this is a CMS initiative, it is not focused on Medicare beneficiaries.
- Patients under age 18 are not included in HCAHPS.
- Specialty hospitals are not included in HCAHPS. Only general acute care hospitals are covered by the protocol.
- Some patient exclusions are required. These include expired patients, most psychiatric cases, and patients who are discharged to hospice, etc. Exclusions are based on DRG and admit or discharge status.

## How is the survey administered?

The HCAHPS protocol supports several modes of data collection. There are advantages and disadvantages for each mode. ICAHN currently only offers the Mail Only mode.

- Mail Only: An initial survey mailing to the sample followed by a second survey to non-respondents about three weeks later.
- Mixed Mode: Using this approach, an initial survey mailing is distributed and then a phone call is made to non-respondents of the mail survey.

- Phone Only: This protocol uses exclusively telephone to collect the results. Five survey attempts must be made to each selected patient.
- IVR: IVR stands for Interactive Voice Response. Using this mode, patients will be contacted by telephone and then transitioned to an electronic survey they can completed with their touch-tone telephone.

## What is the sampling methodology?

Sampling will be a simple random sample of all eligible patients (after the exclusions noted above are completed).

- Sampling will occur at least bi-monthly, but may be more often. ICAHN will distribute surveys on a bi-monthly basis or more often depending on hospital discharge numbers.

## What is the sample size?

- To achieve the desired level of statistical reliability, the targeted number of completed surveys is at least 300 per 12 month period. Therefore, participating hospitals should have at least 25 completed surveys per month. To help our critical access hospitals meet this target, ICAHN will survey 100% of all eligible discharges.

## What is the HCAHPS Survey?

### The HCAHPS Survey contains 27 questions

Q1 to 22: Core Questions

- Must be asked before any other questions
- Must stay together and in order
- Cannot be changed in any way

Q23 to 27: Demographic Questions

- Must be last
- Cannot be changed in any way

Customized questions may be inserted after question 22

### Composite Measures

#### — Nurse Communication (Q1 – 3)

During this hospital stay.

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

#### — Doctor Communication (Q5 – 7)

During this hospital stay.

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

#### — Responsiveness of hospital staff (Q4, Q11)

Responses to the following questions are included in the rates for this composite measure:

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

#### — Cleanliness and quiet of hospital environment (Q8, Q9)

During this hospital stay.

- How often was the area around your room quiet at night? (Q9)
- How often were your room and bathroom kept clean? (Q8)

#### — Pain Management (Q13, Q14)

During this hospital stay.

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

#### — Communication about medicines (Q16, Q17)

Before giving you any new medicine.

- How often did hospital staff tell you what the medicine was for? (Q16)
- How often did hospital staff describe possible side effects in a way you could understand? (Q17)

#### — Discharge information (Q19, Q20)

During this hospital stay.

- Did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Q19)
- Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Q20)

#### — Overall Rating of Hospital (Q21)

- 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? (Q21)

#### — Willingness to Recommend Hospital (Q22)

- Would you recommend this hospital to your friends and family? (Q22)

# Communicating HCAHPS to Patients

HCAHPS Quality Assurance Guidelines – February 2009

## Hospitals may:

- Inform patients that they may receive a survey after discharge

## To prevent bias of survey results, hospitals may not:

- Post or hand out copies of the survey prior to the survey administration
- Ask patients any HCAHPS questions prior to administration of the survey
- Encourage patients to answer HCAHPS questions in a particular way
- Indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- Imply anyone will be rewarded for positive feedback from patients by asking patients to choose certain responses
- Ask patients to explain why they did not rate a hospital with the most favorable rating possible
- Offer incentives of any kind for participation in the survey

# How HCAHPS Is Publicly Reported

- **Hospital Compare:** [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

- Top Box % reported

– By Theme or Question (Always or Yes)

6 Composite Themes

2 Individual Questions

- Cleanliness of Hospital
- Quietness of Hospital

Overall Hospital Rating (9 or 10)

Likelihood to Recommend (Yes – Definitely)