

Are you HCAHPS ready?

Join other rural hospitals
partnering with
Custom Survey Solutions!



History of the HCAHPS Survey

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients' perspectives of hospital care.

The HCAHPS Survey is composed various items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness of the hospital environment, quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and recommendation of hospital). The core set of HCAHPS questions can be combined with customized, hospital-specific items to complement the data hospitals collect to support internal customer service and quality-related activities.

Voluntary collection of HCAHPS data for public reporting began in 2006, and public reporting of HCAHPS scores began in 2008. Since July 2007, hospitals subject to IPPS payment provisions must collect, submit and publicly report HCAHPS data in order to receive their full IPPS annual payment update (APU). IPPS hospitals that fail to report the required quality measures, which include the HCAHPS survey, may receive an APU that is reduced by 2.0 percentage points. [Non-IPPS hospitals, such as Critical Access Hospitals, can voluntarily participate in HCAHPS.](#) HCAHPS Survey results also form the basis for the Patient Experience of Care domain in the Hospital Value-Based Purchasing program.*

*Source: cms.gov website

We understand the needs of
smaller, rural healthcare facilities



HCAHPS At A Glance

What you need to know

HCAHPS Patient Eligibility

The HCAHPS survey is broadly intended for patients of all payer types that meet the following criteria:

- 18 years or older at the time of admission
- At least one overnight stay in the hospital as an inpatient
- Non-psychiatric MS-DRG/principal diagnosis at discharge
 - Medical, Surgical or Maternity Care
- Alive at the time of discharge



Patients who meet these criteria (except those that fall into an exclusion category, described below) **must** be included in the sample frame from which the survey sample is drawn.

A patient's principal diagnosis at discharge is used to determine whether he or she falls into one of the three service line categories (medical, surgical or maternity care) for HCAHPS eligibility. The Medicare Severity-Diagnosis Related Group (MS-DRG) is the preferred method for determining whether the service line is Medical, Surgical or Maternity Care.

There are a few categories of otherwise eligible patients who, because of logistical difficulties in collecting data, are excluded from the sample frame before the random sample is selected. These are:

- Patients discharged to hospice care
- Patients discharged to nursing homes and skilled nursing facilities
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address
- "No-Publicity" patients (see below)
- Patients who are excluded because of rules or regulations of the state in which the hospital is located

Note: A "No publicity patient" is a patient who requests at admission that the hospital: 1) not reveal that he or she is a patient; and/or 2) not survey him or her.

Note: Hospitals must document their use of all patient exclusions.

Complete information about patient eligibility and exclusions for the HCAHPS survey can be found in the Quality Assurance Guidelines under "Quality Assurance" at www.hcahponline.org.

Remember... all healthcare facilities must check the HCAHPS website at www.hcahponline.org for updates and changes to policies and procedures related to the HCAHPS survey!

HCAHPS Communication Guidelines

HCAHPS guidelines allow hospitals/survey vendors to communicate about the HCAHPS survey before or at discharge; for example, hospitals may inform patients that they may receive this survey after discharge. However, certain types of communication (oral, written, or in the HCAHPS survey materials, e.g., cover letters and telephone/IVR scripts) are not permitted, since they may introduce bias in the survey results.

Hospitals are not allowed to:

- ask any HCAHPS or HCAHPS-like questions of patients prior to administration of the survey after discharge
- attempt to influence or encourage patients to answer HCAHPS questions in a particular way
- wear buttons denoting “Always” or “10”
- display signage denoting “Always” or “10”
- imply that the hospital, its personnel or agents will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses, or indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- ask patients to explain why he or she chose their specific response, for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family
- indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes,” or an “Always”
- offer incentives of any kind for participation in the survey
- show or provide the HCAHPS survey or cover letters to patients while they are in the hospital or at any time prior to the administration of the survey
- mail any pre-notification letters or postcards informing patients about the HCAHPS survey. However, it is permissible to notify the patient while in the hospital or at discharge that they may receive the survey after discharge.
- allowed to emphasize the HCAHPS questions or response options in posters, white boards, rounding questions, in room television, or other media accessible to patients

Use of HCAHPS with other Surveys

The HCAHPS survey and its administration protocols are designed to produce standardized information about patients’ perspective of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve quality of care while enhancing accountability in healthcare by increasing transparency.

CMS guidelines are as follows:

- To increase the likelihood that patients respond to the survey, HCAHPS should be the first survey patients receive about their experience of hospital care.
- To ensure that responses to the HCAHPS survey are based on the patient’s own experience of care, proxies are never permitted to respond to the survey.
- To ensure that the patient’s responses are unbiased and reflect only his or her experience of care, hospitals and survey vendors (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS survey items. In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how patients, or which patients, respond to HCAHPS survey items should be avoided.

Hospital Responsibilities

Hospitals contracting with a survey vendor must adhere to the following guidelines:

- Ascertain from the survey vendor the date the patient discharge list must be received. Survey vendors set deadlines independently based on many factors, including survey administration timelines, due date for data file submission, and time they need to draw the random sample and generate the data file.
- Deliver the patient discharge list to their survey vendor by their specified date and according to the specified file layout, which allows the survey vendor to administer the survey and submit data files to the QualityNet Secure Portal by the data submission deadline.
- Hospitals must provide the administrative data that is required for HCAHPS in a timely manner to their survey vendor. This includes the patient MS-DRG code at discharge, or alternative information that can be used to determine the patient's service line. Hospitals are required to maintain complete discharge lists that indicate which patients are eligible for the HCAHPS Survey, which patients are not eligible, which patients are excluded, and the reason(s) for ineligibility and exclusion.

Hospitals are strongly encouraged to submit their entire patient discharge list to their survey vendor, excluding patients who had requested "no publicity" status or who are excluded because of State regulations.

- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital
- Authorize the survey vendor or hospital acting as a survey vendor to submit data via the QualityNet Secure Portal on the hospital's behalf
- Review the HCAHPS Warehouse Feedback Reports to verify that the survey vendor has submitted the data accurately and on time. These reports include: HCAHPS Warehouse Provider Survey Status Summary Report, HCAHPS Warehouse Data Submission Detail Report and Hospital IQR Reporting – Provider Participation Report.
- Review the HCAHPS Data Review and Correction Report
- Preview HCAHPS results prior to public reporting

HCAHPS Status Codes

Please see the tables below for CMS-approved codes.

Admission Codes:

1 = Non-healthcare Facility point of Origin
2 = Clinic or Physician's Office
4 = Transfer from a Hospital (Different Facility)
5 = Transfer from a SNF, ICF or ALF
6 = Transfer from another Health Care Facility
8 = Court/Law Enforcement (Exclude)
9 = Information not available
D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer
E = Transfer from Ambulatory Surgery Center

Discharge Codes:

1 = Home care or self care
2 = Short-term general hospital for inpatient care
3 = Skilled nursing facility (Exclude)
4 = Intermediate care facility
5 = Designated cancer center or children's hospital
6 = Home with home health services
7 = Left against medical advice
20 = Expired (Exclude)
21 = Discharged/transferred to court/law enforcement (Exclude)
40 = Expired at Home (Exclude)
41 = Expired in medical facility (Exclude)
42 = Expired, Place Unknown (Exclude)
43 = Federal healthcare facility
50 = Hospice – home (Exclude)
51 = Hospice – medical facility (Exclude)
61 = SNF swing bed within hospital (Exclude)
62 = Inpatient rehabilitation facility
63 = Long-term care hospital
64 = Certified Medicaid nursing facility (Excluded)
65 = Psychiatric hospital or psychiatric unit
66 = Critical Access Hospital
70 = Discharge/transfer to health care institution not defined elsewhere in the code list

Getting started...

Vendor Responsibilities:

- Comply with all HCAHPS survey protocols
- Attend yearly training sessions
- Submit HCAHPS data in standard format via My QualityNet
- Monitor submission and feedback reports
- Comply with oversight processes
- Conduct ongoing quality assurance activities
- Monitor HCAHPS website for updates
- Train customer support and data entry personnel with HCAHPS protocols
- Document all activities regarding the HCAHPS survey
- Store all completed questionnaires for three years
- Store all data files indefinitely
- Follow HIPAA and confidentiality guidelines
- Provide a toll-free line for patient support
- Respond to patient questions within 24 hours

Price Includes:

- Random sampling, along with a random ID number selected for each patient
- All patients receive a customized letter and questionnaire printed with your hospital's logo
- Initial cover letter and survey mailing
- Reminder cover letter and survey mailing, if necessary, for non-respondents
- All postage and printing costs
- All mailing administrative services
- All data entry and tabulation of results
- Report of data tabulation to your hospital
- Uploading data to CMS

All-inclusive cost per year: \$3200

“... There is a reason why CSSI is the only approved HCAHPS vendor in Montana, they are experienced, professional and customer focused.”
- Bren Lowe, CEO

Why choose us?

Custom Survey Solutions, Inc. is a full-service survey research firm located in Montana, where we truly understand the needs of rural health care facilities. We provide numerous affordable survey options, and produce reports that are easy to understand and user-friendly. Our products don't require additional consulting (with additional fees) to help you interpret your results. All mailings, administration and data entry etc. is completed in-house by trained, qualified personnel - nothing is ever sub-contracted. In addition to HCAHPS, we offer a wide variety of engagement and satisfaction surveys for the health care industry including: employee, physician, outpatient, long-term care, assisted living, ambulance, clinic, etc. We specialize in offering customized products and services to all of our clients.

- **Principals have 40+ years of survey research experience**
- **In-house, quality, trained personnel - nothing is outsourced**
- **Personalized service**
- **Simple, easy-to-interpret reporting; additional consulting is not needed**
- **Vast experience with small, rural hospitals and healthcare centers**
- **For small facilities, we will survey observation patients, who do not qualify for HCAHPS, and provide that analysis in your report**

Contact: Melissa Yuzeitis melissa@customsurveys.biz
Custom Survey Solutions, Inc. PO Box 312, Big Timber, MT 59011 406.932.6565 ext. 100



Methodology

HCAHPS questionnaires are mailed to hospital inpatients on a monthly basis with a reminder mailing to non-responders. Data is uploaded quarterly to CMS, and results are shared with the hospital facility on a quarterly basis.

Response rates are based upon ALL surveys sent and returned, and may include observation and/or swing bed patients.

52 surveys were mailed and 32 surveys were returned, resulting in a 62% response rate.



Data Snapshot

	Current Q Top Box	Previous Q Top Box	+/- Previous	Rolling 4 Quarters	MT Top Box	US Top Box	Rolling 4 Qtrs +/- MT
Communication with Nurses	80	91	-11	89	80	80	9
Nurses treat patients with courtesy and respect	95	100	-5	97			
Nurses listen carefully to patients	80	82	-2	88			
Nurses explain things in a way patients understand	65	91	-26	82			
Communication with Doctors	83	85	-2	90	82	82	8
Doctors treat patients with courtesy and respect	95	90	5	96			
Doctors listen carefully to patients	89	86	3	89			
Doctors explain things in a way patients understand	65	77	-12	84			
Responsiveness of Hospital Staff	76	69	6	78	72	69	6
Timely response to call buttons	73	89	-16	87			
Assistance with bathroom/bedpan as soon as wanted	78	50	28	71			
Pain Management	68	80	-12	75	70	71	5
Pain was well controlled	50	70	-20	71			
Staff did everything they could to help with pain	86	90	-4	79			
Communication about Medicines	59	90	-31	81	67	65	14
Staff explained purpose of new medication	82	100	-18	85			
Staff described possible side effects of new medicine	36	80	-44	78			
Discharge information	78	85	-7	78	84	87	-6
Staff talked about help after discharge	75	90	-15	80			
Written instructions about symptoms/health problems to look out for	81	80	1	76			
Care Transition	30	63	-33	72	52	52	20
Staff took preferences into account deciding needs upon leaving	32	58	-26	65			
Good understanding of things to manage health	30	65	-35	69			
Understood the purpose for taking medications	29	67	-38	81			
Cleanliness of Hospital Environment	80	95	-15	85	72	75	13
Room and bathroom kept clean	80	95	-15	85			
Quietness of Hospital Environment	65	81	-16	81	62	63	19
The area around patient room was quiet at night	65	81	-16	81			
Overall Rating of Hospital	55	95	-40	74	70	73	4
From 0 to 10, rate this hospital during stay	55	95	-40	74			
Willingness to Recommend Hospital	58	86	-28	74	70	72	4
Recommend this hospital to friends and family	58	86	-28	74			

MT and US data is from the December 2017 public report.



Top Rated Attributes

5. How often did doctors treat you with courtesy and respect?

1. How often did nurses treat you with courtesy and respect?

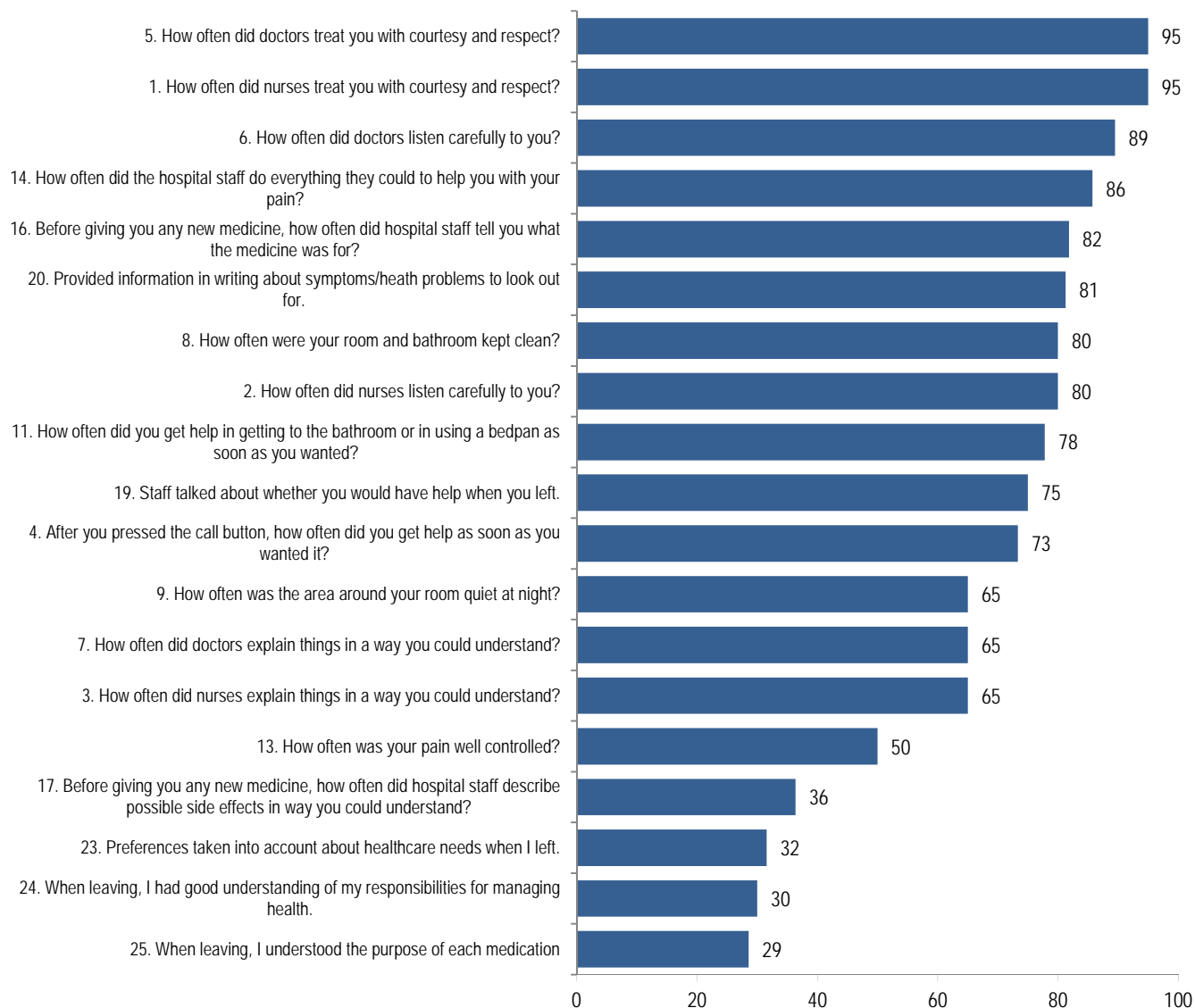


Lowest Scoring Areas

25. When leaving, I understood the purpose of each medication

24. When leaving, I had good understanding of my responsibilities for managing health.

All Questions - Sorted by Top Box



Measures Reported to CMS

A Note About HCAHPS "Boxes" HCAHPS results are publicly reported on Hospital Compare as "top-box," "bottom-box" and "middle-box" scores.

The **"top-box"** is the most positive response to HCAHPS survey questions. The "top-box" response is *"Always"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, Communication about Medicines, and Care Transition) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"Yes"* for the seventh composite, Discharge Information, *"9" or "10" (high)* for the Overall Hospital Rating item, and *"Would definitely recommend"* for the Recommend the Hospital item.

The **"bottom-box"** is the least positive response category for HCAHPS measures. The "bottom-box" response is *"Sometimes or never"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, Communication about Medicines, and Care Transition) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"No"* for the seventh composite, Discharge Information, *"6" or lower (low)"* for the Overall Hospital Rating item, and *"Would not recommend"* for the Recommend the Hospital item.

The **"middle-box"** captures intermediate responses to HCAHPS survey items. The "middle-box" response is *"Usually"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, Communication about Medicines, and Care Transition) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), *"7" or "8" (medium)"* for the Overall Hospital Rating item, and *"Would probably recommend"* for the Recommend the Hospital item. There is no "middle-box" response in the Discharge Information composite.

Composite Measures

				CMS December 2017 Report (April 2016 - March 2017 Discharges)	
	Top Box = Always	Bottom Boxes = Sometimes/Never	Middle Box = Usually	MT Top Box	US Overall Top Box
Communication with nurses (Q1, Q2, Q3)	80	0	20	80	80
Communication with doctors (Q5, Q6, Q7)	83	0	17	82	82
Responsiveness of hospital staff (Q4, Q11)	76	6	19	72	69
Pain management (Q13, Q14)	68	0	32	70	71
Communication about medicines (Q16, Q17)	59	14	27	67	65
Discharge information (Q19, Q20)	78	22		84	87
Care Transition (Q23, Q24, Q25)	30	2	68	52	52

Individual Items

				CMS December 2017 Report (April 2016 - March 2017 Discharges)	
	Top Box = Always	Bottom Boxes = Sometimes/Never	Middle Box = Usually	MT Top Box	US Overall Top Box
Cleanliness of hospital environment (Q8)	80	15	5	72	75
Quietness of hospital environment (Q9)	65	5	30	62	63

Global Items

				CMS December 2017 Report (April 2016 - March 2017 Discharges)	
	Top Box = High (Yes)	Bottom Box = Low (No)	Middle Box	MT Top Box	US Overall Top Box
Overall rating of hospital (Q21)	55	5	40	70	73
Willingness to recommend hospital (Q22)	58	5	37	70	72

HCAHPS® Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out the survey, if you were not the patient.
- Answer all the questions by completely filling in the circle to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: Yes

No → **If No, Go to Question 1**

Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981.

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

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
2. During this hospital stay, how often did nurses listen carefully to you?
 Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 Never
 Sometimes
 Usually
 Always
 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
6. During this hospital stay, how often did doctors listen carefully to you?
 Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
 Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
 Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
 Yes
 No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
 Never
 Sometimes
 Usually
 Always
12. During this hospital stay, did you have any pain?
 Yes
 No → If No, Go to Question 15
13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
 Never
 Sometimes
 Usually
 Always
14. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
 Never
 Sometimes
 Usually
 Always
15. During this hospital stay, were you given any medicine that you had not taken before?
 Yes
 No → If No, Go to Question 18
16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
 Never
 Sometimes
 Usually
 Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
 Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home
 Someone else's home
 Another health facility → If another, go to Question 21
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
 Yes
 No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
 Yes
 No

OVERALL RATING OF HOSPITAL

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

21. Using a number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible
22. Would you recommend this hospital to your friends and family?
- Definitely no
- Probably no
- Probably yes
- Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
- Strongly disagree
- Disagree
- Agree
- Strongly agree
24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
- Strongly disagree
- Disagree
- Agree
- Strongly agree
25. When I left the hospital, I clearly understood the purpose for taking each of my medications.
- Strongly disagree
- Disagree
- Agree
- Strongly agree
- I was not given any medication when I left the hospital

ABOUT YOU

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?
- Yes
- No
27. In general, how would you rate your overall health?
- Excellent
- Very good
- Good
- Fair
- Poor
28. In general, how would you rate your overall mental or emotional health?
- Excellent
- Very good
- Good
- Fair
- Poor

29. What is the highest grade or level of school that you have completed?
- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree
30. Are you of Spanish, Hispanic or Latino origin or descent?
- No, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino
31. What is your race? Please choose one or more.
- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
32. What language do you mainly speak at home?
- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- Some other language (please print): _____

Thank you.

Please return the completed survey in the postage-paid envelope.

Custom Survey Solutions Inc.,
PO Box 312, Big Timber, MT 59011

Questions 1-22 and 26-32 are part of the HCAHPS Survey and 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. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.