

# NQF-Endorsed Measures for Person- and Family- Centered Care

PHASE 1 TECHNICAL REPORT

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# Contents

- Executive Summary..... 3
- Introduction ..... 5
  - PRO-PMs ..... 5
- Refining the Evaluation Process..... 6
  - Standing Steering Committee ..... 6
  - Voting by the Standing Committee..... 7
- NQF Portfolio of Performance Measures for Person- and Family-Centered Care..... 7
  - Improving NQF’s Person- and Family-Centered Care Portfolio ..... 8
- Person- and Family-Centered Care Measure Evaluation – Phase 1..... 9
  - Comments Received Prior to Committee Evaluation ..... 9
  - Overarching Issues ..... 9
  - Summary of Measure Evaluation..... 14
- Appendix A: Details of Measure Evaluation..... 22
  - Measures Endorsed ..... 23
  - Measures Not Endorsed ..... 68
  - Measures Withdrawn from Consideration ..... 72
- Appendix B: NQF Person- and Family-Centered Care Portfolio..... 73
- Appendix C: Person- and Family-Centered Care Portfolio—Use in Federal Programs..... 76
- Appendix D: Project Standing Committee and NQF Staff ..... 77
- Appendix E: Implementation Comments..... 80
- Appendix F: Measure Specifications ..... 81
- Appendix G1: Related and Competing Measures (tabular format) ..... 159
- Appendix G2: Related and Competing Measures (narrative format)..... 190

# NQF-Endorsed Measures for Person- and Family-Centered Care

## PHASE 1 FINAL REPORT

### Executive Summary

This is the first in a series of two reports describing NQF's 2014-2015 measure evaluation project for person- and family-centered care measures. The background and description of the project and review of NQF's person- and family-centered care portfolio are available on [NQF's project webpage](#). NQF is undertaking this project in two phases. Phase 1, detailed in this report, examines experience with care measures. Phase 2 will review measures of functional status, both clinician and patient-assessed. The experience-of-care measures submitted to this first phase use data gathered from surveys, and many of the submissions consisted of multiple performance measures. A detailed breakdown of the individual measures contained within each submission is included on page 10 of the report. The experience-of-care measures reviewed are all patient-reported outcome performance measures (PRO-PMs); importantly, NQF endorses performance measures that utilize survey data, but does not endorse instruments, surveys, or tools alone. On July 28-29, 2014, the Person- and Family-Centered Care Standing Committee evaluated one new measure and 11 measures undergoing maintenance against NQF's standard evaluation criteria. Ten of these 11 measures were recommended for endorsement; one was no longer recommended after the Committee chose a superior measure. One additional measure was withdrawn. The measures are listed below by recommendation status. The numbers of measures that comprise each submission are indicated below, in parentheses.

#### Recommended:

- 0005: CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child (4 adult measures, 6 child measures)
- 0006: CAHPS Health Plan Survey v 5.0 (Medicaid and Commercial) (8 adult measures, 8 child measures)
- 0166 Adult Hospital CAHPS (HCAHPS) (11 measures)
- 0208: Family Evaluation of Hospice Care (FEHC) (1 measure)
- 0228: 3-Item Care Transition Measure (3-CTM) (1 measure)
- 0258: CAHPS In-Center Hemodialysis Survey (3 multi-item measures, 3 global measures)
- 0517: CAHPS Home Health Care Survey (5 measures)
- 0726: Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey, Version 2.0 (6 measures)
- 1623: Bereaved Family Survey (1 measure)
- 2548: Child Hospital CAHPS (HCAHPS) (18 measures)

#### Not Recommended:

- 0725: Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay (13 measures)

Withdrawn:

- 1632: CARE - Consumer Assessments and Reports of End of Life

Brief summaries of the measures reviewed are included in the body of this report; detailed summaries of the Committee's discussion and ratings of the criteria are included in Appendix A.

## Introduction

Ensuring that every patient and family member is engaged as partners in their care is one of the core priorities of the National Quality Strategy (NQS). Despite recent and ongoing efforts to shift the healthcare paradigm from one in which patients are passive recipients of care to one in which they are empowered to actively participate in their own care, the current state of the system has a long way to go before this shift is realized. A recent definition of person- and family-centered care put forth by NQF emphasizes the inclusivity of recipients of healthcare services and their families and caregivers:

Person- and family-centered care is an approach to the planning and delivery of care across settings and time that is centered on collaborative partnerships among individuals, their defined family, and providers of care. It supports health and well-being by being consistent with, respectful of, and responsive to an individual's priorities, goals, needs, and values.

Examples of person- and family-centered care include patient and family engagement in care, care based on patient needs and preferences, shared decision-making, and activation for self-care management. Assessments and treatment should acknowledge and address medical, behavioral, and social needs and should reflect the ability or willingness of the care recipient to be an active participant in making decisions and self-advocating. The process of goal setting should be a collaborative one driven by the patient in collaboration with a primary care provider and other team members.

The first phase of the project, detailed in this report, focused on reviewing experience with care based measures. NQF's [2012 project on PROs](#) provided a basis for reviewing PRO-based performance measures, referred to as PRO-PMs.

## PRO-PMs

NQF endorses the performance measures that utilize these tools, not the instrument, survey, or tool alone. NQF policy states that the PRO-PM must be specified at a facility level of accountability so that it can distinguish performance. Therefore, PRO-PMs must be tested at the performance measure score level. The chart below describes the differences between PROs, PROMs, and PRO-PMs:

|   | <b>Definition</b>   | <b>Example:<br/>Patients With Clinical<br/>Depression</b> |
|---|---|---|
| <b>PRO<br/>(patient-reported<br/>outcome)</b>                   | The concept of any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else. | Symptom: depression                                       |
| <b>PROM<br/>(instrument, tool,<br/>single-item<br/>measure)</b> | Instrument, scale, or single-item measure used to assess the PRO concept as perceived by the patient, obtained by directly asking the patient to self-report (e.g., PHQ-9).                   | PHQ-9©, a standardized tool to assess depression          |

|   | <b>Definition</b>   | <b>Example:<br/>Patients With Clinical<br/>Depression</b>   |
|---|---|---|
| <b>PRO-PM<br/>(PRO-based<br/>performance<br/>measure)</b> | A performance measure that is based on PROM data aggregated for an accountable healthcare entity (e.g., percentage of patients in an accountable care organization whose depression score as measured by the PHQ-9 improved). | Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score >9 with a follow-up PHQ-9 score <5 at 6 months (NQF #0711) |

In addition to the common overarching issues that NQF Committee members often identify when evaluating measures, additional challenges unique to the submission and evaluation of experience-of-care measures were presented. These challenges are discussed in detail below in the “Overarching Issues” section.

### Refining the Evaluation Process

A change to the Consensus Development Process (CDP)—transitioning to Standing Committees—has been incorporated into the ongoing maintenance activities for the person- and family-centered care portfolio. These changes are described below.

### Standing Steering Committee

In an effort to remain responsive to its stakeholders’ needs, NQF is constantly working to improve the CDP. Volunteer, multistakeholder steering committees are the central component to the endorsement process, and the success of the CDP projects is due in large part to the participation of its Steering Committee members. In the past, NQF initiated the Steering Committee nominations process and seated new project-specific committees only when funding for a particular project had been secured. Seating new committees with each project not only lengthened the project timeline, but also resulted in a loss of process continuity and consistency because committee membership changed—often quite substantially—over time.

To address these issues in the CDP, NQF is beginning to transition to the use of Standing Steering Committees for various topic areas. These Standing Committees will oversee the various measure portfolios. This oversight function will include evaluating both newly-submitted and previously-endorsed measures against NQF’s measure evaluation criteria, identifying gaps in the measurement portfolio, providing feedback on how the portfolio should evolve, and serving on any ad hoc or expedited projects in their designated topic areas.

The Person- and Family- Centered Care Standing Committee currently includes 20 members (see Appendix D). Each member has been randomly appointed to serve an initial 2- or 3-year term, after which he or she may serve a subsequent 3-year term if desired.

## Voting by the Standing Committee

In response to stakeholder questions about determining consensus, in 2012 NQF established a Task Force to re-consider methods of voting throughout the CDP to determine consensus. The Task Force recommended a change from simple majority approval to the following:

A measure is recommended for endorsement by the Standing Committee when the vote margin on all major criteria (Importance, Scientific Acceptability) and overall is greater than 60% of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any major criterion or overall is less than 40% of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any major criterion or overall is between 40% and 60% in favor of endorsement.

When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be put out for NQF Member and public comment. The Standing Committee will consider the comments and re-vote on measures where consensus was not reached. After the re-vote, all measures that are recommended (>60% in favor of endorsement) by the Standing Committee or where consensus has not been reached (between 40% and 60% in favor of endorsement) will be put out for NQF Member vote.

## NQF Portfolio of Performance Measures for Person- and Family-Centered Care

Currently, NQF's portfolio of person- and family-centered care measures includes measures in the following categories: experience with care, functional status, health-related quality of life (HRQoL), symptoms/symptom burden (pain), and other miscellaneous measures of language communication, culture, and staff surveys. The portfolio contains 7 process and 49 outcome measures (see table below).

### NQF Person- and Family-Centered Care Portfolio of Measures

|  | Process  | Outcome   | Composite |
|--|----------|-----------|-----------|
| Experience with Care   | 0        | 21        | 0         |
| Function/HRQoL   | 4        | 16        | 0         |
| Symptom/Symptom Burden (Pain)                                  | 1        | 4         | 0         |
| Miscellaneous (language, communication, culture, staff survey) | 2        | 8         | 0         |
| <b>Total</b>   | <b>7</b> | <b>49</b> | <b>0</b>  |

Endorsement of measures by NQF is valued not only because the evaluation process itself is both rigorous and transparent, but also because evaluations are conducted by committees that represent multistakeholder perspectives, including those of clinicians and other experts from hospitals and other

healthcare providers, employers, health plans, public agencies, community coalitions, and patients—many of whom use measures on a daily basis to ensure better care. Moreover, NQF-endorsed measures undergo routine "maintenance" (i.e., re-evaluation) to ensure that they are still the best available measures and reflect the current science. Importantly, legislative mandate requires that preference be given to NQF-endorsed measures for use in federal public reporting and performance-based payment programs. NQF measures also are used by a variety of stakeholders in the private sector, including hospitals, health plans, and communities.

The Standing Committee and other stakeholders are encouraged to consider other measurement domains, such as measure type (e.g. process, outcome, patient-reported, etc.), care setting, data source, clinical area, or other relevant factors, for the purposes of identifying and highlighting gaps in measurement related to person- and family-centered care. Many of the measures in the person- and family-centered care portfolio are in use in at least one federal program such as Hospital Inpatient Quality Reporting, Hospital Compare, Nursing Home Compare and Home Health Quality Reporting (see Appendix C). In addition, a number of these measures have been used as part of state, regional, and community measurement initiatives, such as Aligning Forces for Quality (AF4Q) community alliances.

## Improving NQF's Person- and Family-Centered Care Portfolio

### *Committee Input on Gaps in the Portfolio*

The following themes regarding gaps in the portfolio arose as the Committee discussed future measure revisions and development:

- Measures, and related surveys, must be relevant and inclusive of populations that speak languages other than English;
- Measures should be developed for other care settings, including rehabilitation facilities; and
- A need exists to better understand commonly excluded populations and how their "voices" may not be heard across surveys (e.g., pediatrics, maternity, behavioral health).

Developers acknowledged these gaps and in many cases indicated that work was underway to address them; however, it was also noted that the cost of survey development, measure testing, and implementation is sometimes prohibitive.

### *Measures in the "Pipeline"*

NQF recently launched a *Measure Inventory Pipeline*—a virtual space for developers to share information on measure development activities. Developers can use the Pipeline to display data on current and planned measure development and to share successes and challenges. Information shared via the Pipeline is available in real time and can be revised at any time. NQF expects that developers will use the Pipeline as a tool to connect to, and collaborate with, their peers on measurement development ideas.

Currently, no measures related to person- and family-centered care have been submitted to the Pipeline.



## Person- and Family-Centered Care Measure Evaluation – Phase 1

On July 28-29, 2014, the Person- and Family-Centered Care Standing Committee evaluated one new measure and ten measures undergoing maintenance review against NQF's standard evaluation criteria. To facilitate the evaluation, the Committee and candidate standards were divided into four workgroups for preliminary review of the measures against the evaluation subcriteria prior to consideration by the entire Standing Committee. The Committee's discussion and preliminary ratings of the criteria are included in Appendix A.

### Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF has begun soliciting comments prior to the evaluation of the measures via an online tool located on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from June 13 to June 27, 2014, for the 12 measure submissions under review. Comments were provided to the Committee prior to their initial deliberations held during the workgroups' calls.

A total of two pre-evaluation comments were received (see Appendix F). One of these comments noted the similarities between measure #0725 (Validated Family-Centered Questionnaire for Parents' and Patients' Experiences during Inpatient Pediatric Hospital Stay) and measure #2548 (Child HCAHPS). The commenter was supportive of measure #2548 as it uses the rigorous methodology used by CAHPS and suggested it replace measure #0725. NQF staff had also identified these two measures as competing (both the same measure focus and the same target population) with one another. After the submission of additional testing data provided by the developer, the Committee recommended both #0725 and #2548 for endorsement. Subsequently, a conference call was held for the Committee to review both measures and consider if either should be deemed superior. The Committee's final recommendation is that #2548, the Child HCAHPS Survey, is superior, and #0725 is not recommended. A second comment regarded the specifications for measure #0726 (Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey). The commenter recommended specific changes to the denominator details, exclusions, and calculation algorithm.

### Overarching Issues

During the Standing Committee's discussion of the measure submissions, several overarching issues emerged that are reflected in the Committee's ratings and recommendations. In the instances where multiple measures were submitted in an individual submission, these discussions are not repeated in detail with each individual measure submission.

**Multiple measures in one submission.** NQF endorses individual performance measures that must meet the NQF criteria. It does not endorse surveys, instruments, or tools alone. In the past, for these measure submissions—which are derived from survey data—NQF accepted all measures in one form. Based on the number of measures that were related to each submission, and the potential redundancy of information required, developers were concerned about submitting the performance measures individually, and NQF allowed the practice to continue but provided detailed instructions for completing

the submission form. However, the Committee was repeatedly reminded that each measure needed to meet all the criteria individually, particularly evidence (rationale that the outcome is influenced by healthcare), performance gap, precise specifications, reliability, and validity. The Committee had the option to separate or split individual measures comprising the submissions for voting at their discretion. The following table provides a breakdown of the measures contained within each submission:

| Title   | Measures within Submissions   |
|---|---|
| <b>0005 CAHPS Clinician &amp; Group Surveys (CG-CAHPS) – Adult, Child</b> | <p>Adult</p> <ol style="list-style-type: none"> <li>1. Getting timely appointments, care, and information</li> <li>2. How well providers communicate with patients</li> <li>3. Helpful, courteous, and respectful office staff</li> <li>4. Overall rating of provider</li> </ol> <p>Child</p> <ol style="list-style-type: none"> <li>1. Getting timely appointments, care and information</li> <li>2. How well providers communicate with patients</li> <li>3. Helpful, courteous and respectful office staff</li> <li>4. Overall rating of provider</li> <li>5. Provider’s attention to child’s growth and development</li> <li>6. Provider’s advice on keeping your child safe and healthy</li> </ol> |
| <b>0166 HCAHPS</b>  | <p>Single-item</p> <ol style="list-style-type: none"> <li>1. Cleanliness of hospital environment</li> <li>2. Quietness of the hospital environment</li> <li>3. Overall rating of the hospital</li> <li>4. Recommendation of the hospital</li> </ol> <p>Multi-item</p> <ol style="list-style-type: none"> <li>1. Communication with doctors</li> <li>2. Communication with nurses</li> <li>3. Responsiveness of hospital staff</li> <li>4. Pain control</li> <li>5. Communication about medicines</li> <li>6. Discharge information</li> <li>7. Care transition</li> </ol>   |
| <b>0228 3-Item Care Transition Measure (CTM-3)</b>                        | <p><i>Single measure</i></p>  |

| Title   | Measures within Submissions  |
|---|--|
| <b>0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)</b> | Multi-item <ol style="list-style-type: none"> <li>1. Outcome of care</li> <li>2. Dignity</li> <li>3. Rights</li> <li>4. Participation in treatment</li> <li>5. Hospital environment</li> <li>6. Empowerment</li> </ol>   |
| <b>2548 Child Hospital CAHPS (HCAHPS)</b>   | Single-item <ol style="list-style-type: none"> <li>1. Privacy when talking with doctors, nurses, and other providers</li> <li>2. Keeping you informed about your child’s care in the Emergency Room</li> <li>3. Responsiveness to the call button</li> <li>4. Paying attention to your child’s pain</li> <li>5. Cleanliness of hospital room</li> <li>6. Quietness of hospital room</li> <li>7. Recommend hospital</li> <li>8. Overall rating</li> </ol> Multi-item <ol style="list-style-type: none"> <li>1. Communication between you and your child’s nurses</li> <li>2. Communication between you and your child’s doctors</li> <li>3. Communication about your child’s medicines</li> <li>4. Keeping you informed about your child’s care</li> <li>5. Preparing you and your child to leave the hospital</li> <li>6. How well nurses communicate with your child</li> <li>7. How well doctors communicate with your child</li> <li>8. Involving teens in their care</li> <li>9. Preventing mistakes and helping you report concerns</li> <li>10. Helping your child feel comfortable</li> </ol> |
| <b>0208 Family Evaluation of Hospice Care</b>   | <i>Single measure</i>  |

| Title  | Measures within Submissions  |
|--|--|
| <b>0517 CAHPS Home Health Care Survey (Experience with Care)</b> | Single-item<br>9. Overall rating of home healthcare<br>10. Would you recommend this agency<br><br>Multi-item<br>11. Care of patients<br>12. Communication between providers and patients<br>13. Specific care issues (pain, safety & medication)   |
| <b>0006: CAHPS Health Plan Survey</b>                            | Adult<br>1. Getting needed care<br>2. Getting care quickly<br>3. How well doctors communicate<br>4. Health plan information and customer service<br>5. How people rated their personal doctor<br>6. How people rated their specialist<br>7. How people rated their healthcare<br>8. How people rated their health plan<br><br>Child<br>1. Getting needed care<br>2. Getting care quickly<br>3. How well doctors communicate<br>4. Health plan information and customer service<br>5. How people rated their personal doctor<br>6. How people rated their specialist<br>7. How people rated their healthcare<br>8. How people rated their health plan |
| <b>0258: CAHPS In-Center Hemodialysis</b>                        | Single-item<br>1. Rating of the nephrologist<br>2. Rating of the dialysis center staff<br>3. Rating of the dialysis facility<br><br>Multi-item<br>1. Nephrologists' communication and caring<br>2. Quality of dialysis center care and operations<br>3. Providing information to patients  |

| Title   | Measures within Submissions   |
|---|---|
| <b>0725: Validated Family-Centered Survey Questionnaire for Parents' and Patients' Experiences During Inpatient Pediatric Hospital Stay</b> | Specific Domains <ol style="list-style-type: none"> <li>1. Partnership with nurses</li> <li>2. Partnership with doctors</li> <li>3. Identification of attending physician</li> <li>4. Patient comfort</li> <li>5. Communication about medications</li> <li>6. Admission</li> <li>7. Discharge and home care preparations</li> <li>8. Emotional satisfaction</li> </ol> Overall Experience: <ol style="list-style-type: none"> <li>1. Overall rating</li> <li>2. Confidence and trust that your child received safe medical care</li> <li>3. How well hospital met expectations for care your child should receive</li> <li>4. How likely or unlikely are you to recommend hospital to family and friends</li> </ol> |
| <b>1623: Bereaved Family Survey</b>   | <i>Single measure</i>   |

**Variable Quality of Measure Submission.** A number of the measure submissions followed NQF guidance and were relatively easy to follow. However, many of the submissions did not provide the requested information or did not provide it in the appropriate location, making the Committee’s review and evaluation more challenging. Some of the specific issues follow.

**Evidence: developers did not always identify and provide a rationale** that each patient experience was influenced by at least one healthcare structure process, intervention, or service as required for outcome performance measures. When not provided, the Committee used its own judgment to decide whether they believed that there was sufficient justification for an outcome.

**Unclear specifications.** For measures based on surveys, the measure specifications should indicate the questions in the surveys, the question numbers, and the wording of those questions. The data collection tool (i.e., survey) should be provided as a URL or in the submission appendix, similar to the details requested for codes and descriptors or measures based on standardized assessment tools such as MDS or OASIS. A number of developers provided specifications as requested in the numerator details (or data dictionary Excel file if exceeding one page). Others placed specifications in other locations within the submission form.

**Testing for reliability and validity was not provided for both levels: patient-level data (i.e. instrument/scale) and computed performance score.** The [2012 PRO project](#) provided guidance for PRO-based performance measures (PRO-PMs). Specifically, testing of both the instrument/scale and the performance measure that aggregates patient-level data on the instrument/scale should be completed for both reliability and validity. In addition, missing data are to be addressed. Some developers only submitted score-level testing, and others submitted only patient-level testing of the instrument. Some developers provided testing data for some of the measures in their submission, and not for others. Some developers said that they had the additional testing data and were allowed to submit during the comment period for the Committee’s consideration and potential re-vote.

**Case-mix adjustment analyses not provided.** Some measures that were not case-mix adjusted did not include a rationale or analyses to justify the lack of adjustment. Some measures that are case-mix adjusted described only the adjustment but not the analyses that led to adjustment and indicate that adequacy of adjustment.

**Related (either the same measure focus or the same target population) and Competing (both the same measure focus and the same target population) Measures.** Four of the measures submitted were identified as having a competing measure. #0208: Family Evaluation of Hospice Care and #1623 Bereaved Family Survey were considered as competing with each other due to similar measure focus on end-of-life care. The Committee was convened via conference call to consider additional data and information submitted by the measure developers for determination of both endorsement recommendation and competing status. Subsequent to that call, the Committee voted, and 15 of 17 members recommended that both measures be moved forward for endorsement due to substantial differences that make them noncompeting. In addition, as indicated above, measure #0725 – Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay – was recognized as competing with #2548 Child HCAHPS. The developers for these measures also submitted additional data and information for Committee consideration for endorsement. In this case, 11 Committee members voted to designate the measures as competing and thus voted on a superior or best-in-class measure. All 11 of the members who indicated that the measures are competing also voted #2548 Child HCAHPS as the superior measure.

## Summary of Measure Evaluation

The following section provides brief descriptions of the measures submitted for Committee evaluation as interpreted from the Measure Information Forms (MIFs) provided by the measure developers. Each submission description is followed by a paragraph summarizing the importance of the measure(s) and key points from the Committee discussions. The summaries are arranged in order of current status: Recommended; Not Recommended, and Withdrawn. Details of the Committee’s discussion and ratings of the criteria are included in Appendix A.

Recommended: The measures listed below were evaluated by the Committee as meeting the importance, priority, performance gap, reliability, validity, feasibility, and usability criteria:

## Clinician

One previously NQF-endorsed measure addressing clinicians was reviewed and recommended for endorsement.

### **0005: CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child (Agency for Healthcare Research and Quality): Recommended**

**Description:** *The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients age 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12 months are eligible to be surveyed. The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item. The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item; **Measure Type:** Outcome; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Patient Reported Data/Survey.*

The measures, 4 adult and 6 child, reported by the CG-CAHPS were initially endorsed in 2007 and are in use by the Centers for Medicare & Medicaid Services (CMS) to assess care provided through Accountable Care Organizations (ACOs); in addition, the measures are useful in the medical home setting. Since initial endorsement, the survey questions that inform the measures have had some minor adaptations to promote clarity and improve translation. The Committee discussed the notion of the measures assessing a “provider” versus a specific clinician and questioned the ability of the measures to provide information that could be useful in quality improvement for a specific clinician. The developers explained the focus on providers was to be responsive to the realities of healthcare where the care team is broader than a physician. They clarified that respondents are asked to designate a specific provider of focus to which the measures apply, and that the provider type could be broader than a physician. After review and discussion of each criterion for evaluation, the Committee voted the measures as suitable for endorsement. A note was made that there is a need to separate the measures to distinguish between adult and pediatric care to align with the CAHPS surveys. NQF will continue discussing this possibility with the developer.

## Acute Care

Four previously NQF-endorsed measure submissions and one new submission addressing acute care were reviewed. Four of the 5 measure submissions were recommended for endorsement.

### **0166: HCAHPS (Centers for Medicare & Medicaid Services): Recommended**

**Description:** *HCAHPS (NQF #0166) is a 32-item survey instrument that produces 11 publicly reported measures: 7 multi-item measures (communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, discharge information and care transition); and 4 single-item measures (cleanliness of the hospital environment, quietness of the hospital environment, overall rating of the hospital, and recommendation of hospital); **Measure***

**Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Hospital, Hospital/Acute Care Facility; **Data Source:** Patient Reported Data/Survey

The 11 measures included in this submission have been endorsed since 2006, and results have been tied to hospital pay for reporting since 2007 and tied to pay for performance starting in 2012. There continues to be variability in performance across hospitals, and there are some disparities in measure results. The developers indicated that they find racial and ethnic disparities on the survey where non-Hispanic whites tended to score better than minority groups. But within the same hospital, minority groups, blacks and Hispanics, tended to score higher than white non-Hispanics. These numbers could be because minority patients tend to go to poorer performing hospitals on average than white patients. It was also noted that the measures are publicly reported and a new measure component, care transitions, will be publicly reported for the first time in 2014. In discussion about case-mix adjustment, a question was raised about assessing for depression and determining if it impacted scores. CMS indicated that it has looked into this matter but did not find that patient assessment of their overall mental or emotional health impacted the scores more than could be accounted for by overall general health or any other patient mix adjusters.

#### **0228: 3-Item Care Transition Measure (University of Colorado): Recommended**

**Description:** The 3-Item Care Transition Measure (CTM-3) is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Hospital/Acute Care Facility; **Data Source:** Patient Reported Data/Survey

This patient-reported outcome of experience with transitional care measure was first endorsed in 2006 and examines: (1) the format and content of discharge instructions provided by the healthcare team; (2) reconciliation of existing and new medications; and (3) the opportunity for patients to ask questions regarding discharge instructions. Under Medicare Conditions of Participation (Statutory Authority) Regulations Addressing Discharge Planning, hospitals are required to provide patients with discharge preparation. The CTM-3 provides a patient-reported feedback loop on the effectiveness of this preparation. The Committee was made aware that the CTM-3 has recently been incorporated into HCAHPS, and thus measure revisions were made to align the survey methodologies and specifications. Changes to the CTM-3 included converting to the top box<sup>1</sup> reporting methodology used by CAHPS measures. There was general agreement that the measure is a valuable addition as a stand-alone, but also as part of the HCAHPS in targeting transition-of-care issues that can prevent readmissions. The Committee noted the importance of the measure in potentially identifying and addressing patient safety issues.

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<sup>1</sup> Top Box score is the percentage of respondents who gave the highest response possible on the survey scale (Yes, Definitely Yes, Always).



**0726: Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey, Version 2.0 (NRI: National Association of State Mental Health Program Directors Research Institute, Inc): Recommended**

**Description:** *The Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS) was developed to gather patients' evaluations of their inpatient psychiatric care. The survey is composed of the following 6 individual measures or domains: outcome of care, dignity, rights, participation in treatment, hospital environment, and empowerment; Measure Type: Outcome; Level of Analysis: Facility, Population: National, Population: Regional, Population : State; Setting of Care: Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post-Acute/Long Term Care Facility : Long Term Acute Care Hospital; Data Source: Patient Reported Data/Survey*

The 6 measures included in this submission were originally endorsed in 2011, after development by a series of task groups comprised of consumers, researchers, and hospital staff to ensure a strong focus on items related to the inpatient experience from the perspective of the consumer. An aspect of these measures that differed from others and was of importance to the Committee is that the population includes both adolescents and adults. In addition, the Committee recognized the importance of these measures in calculating the patient perspectives of not only their care, but involvement in the treatment process. An additional strength of the measures, noted by the Committee, was the variability in performance across measures, indicating opportunity for improvement.

**2548: Child Hospital CAHPS (HCAHPS) (Agency for Healthcare Research and Quality): Recommended**

**Description:** *The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child's experiences with inpatient hospital care. The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures: Communication with Parent, Communication with Child, Attention to Safety and Comfort, Hospital Environment, and a Global Rating; Measure Type: Outcome; Level of Analysis: Facility; Setting of Care: Hospital, Hospital/Acute Care Facility; Data Source: Patient Reported Data/Survey*

This is a new submission of 18 measures that were developed in response to requests for patient experience-of-care measures specific to the pediatric setting. Areas for future exploration/consideration for the Child HCAHPS measures include ensuring consistency in defining observational care, which would also be warranted in any hospital survey measure; and inclusion of adolescents overall and specifically teens in the hospital for pregnancy who are currently excluded. There was some discussion that most pediatric hospitals are currently using internally developed experience-of-care surveys for the pediatric population, and there is a need for a consistent tool and measures to promote comparison between facilities.

*Hospice and Palliative Care*

**0208: Family Evaluation of Hospice Care (National Hospice & Palliative Care Organization): Recommended**

**Description:** *Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery. The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice; Measure Type: Outcome;*

**Level of Analysis:** Facility, **Population:** National; **Setting of Care:** Hospice; **Data Source:** Patient Reported Data/Survey

The measure was first endorsed in 2009 and focuses on a health outcome that reflects the patient/family caregiver experience of hospice care. It was noted that the FEHC will have considerable overlap with the forthcoming Hospice CAHPS; even so, the developers seek continued endorsement as not all hospices will meet the eligibility criteria for the Hospice CAHPS. In review of the measure, the Committee noted what seemed like a lack of improvement over time. The developers reported that this seeming lack of improvement was an artifact of the number of new organizations utilizing and reporting on the measure. The results presented reflect a primarily white, English speaking population, which the Committee noted in their evaluation of feasibility and validity. The Committee expressed concern about the lack of results for wider population groups.

### **1623: Bereaved Family Survey (Department of Veterans Affairs/Hospice and Palliative Care): Recommended**

**Description:** *The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget. Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Hospice, Post-Acute/Long Term Care Facility, Nursing Home/Skilled Nursing Facility; **Data Source:** Patient Reported Data/Survey*

This measure was first endorsed in 2012 and is used across VA facilities to identify quality improvement opportunities to reduce variability in end-of-life care. Although the Committee evaluated the measure as important, of high priority and with room for improvement, the developer did not provide sufficient evidence to evaluate reliability at the facility level nor for the single-survey items. The developer provided additional information on the testing methodology for single-item instruments during the public comment period. The testing was re-evaluated by the Committee, and the measure was deemed suitable for endorsement.

### *Sub-Acute Care*

### **0258: CAHPS In-Center Hemodialysis Survey (Centers for Medicare & Medicaid Services): Recommended Three Multi-Item Scale Measures—Recommended.**

**Description:** *Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and nonmedical staff, the quality of dialysis care they receive, and information sharing about their disease. The measures assess the following constructs: nephrologist communication and caring; quality of dialysis center care and operations; providing information to patients; and three global ratings: nephrologist, center staff, and facility; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Dialysis Facility; **Data Source:** Patient Reported Data/Survey*

The measures derived from the ICH-CAHPS (3 multi-item, and 3 global) were first endorsed in 2007 and have been in regular use by dialysis facilities across the country. For the past 2 years, the measures have been considered as reporting measures used in the End-Stage Renal Disease (ESRD) Quality Improvement Program and are being moved to a full CAHPS protocol implementation requirement starting in the fall of 2014. The data provided for Committee consideration was the original field-test data from 2005 and thus reflected an older collection protocol. For the three multi-item measures, the Committee noted the need for measures focusing on the ESRD population with its known vulnerabilities, multiple comorbidities, and often cognitive impairments. Understanding patients' perceptions as reported by the full measure submission will fill important measurement gaps. The developers were unable to provide full reliability and validity testing on the three global measures, and thus the Committee discontinued evaluation of those global ratings and deferred a vote until additional data could be submitted during the public comment process. The measure developer provided reliability and validity data for the three global measures during the public commenting period. The Committee re-evaluated the global measures based on the newly submitted data and voted on the global measures and re-voted on the multi-item measures to gain consensus. Following this additional review, both the global and multi-item were deemed suitable for endorsement.

**0517: CAHPS Home Health Care Survey (Centers for Medicare & Medicaid Services): Recommended**

**Description:** *The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home healthcare in Medicare-certified home healthcare agencies; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Home Health; **Data Source:** Patient Reported Data/Survey*

These 5 measures were first endorsed in 2009 and are required for Medicare-certified home health agencies that have been publicly reporting the results for over 2 years. The developers noted that in looking at performance trends, the rates are somewhat flat due to the fact that many agencies enter and leave the market in any given year. CMS representatives and Committee members reported that the measures are in use in home health agencies across the country and impact quality improvement programs. The Committee acknowledged the strong need for the survey based on the amount of care received through home health agencies and the focus on a mostly vulnerable population: the elderly. The Committee shared a strong interest in expanding the eligible population to pediatric patients. Finally, the Committee raised a concern about the lack of attention to affordability of services and understanding duration of coverage; a member noted that home health is a highly regulated industry and these areas are addressed in regulatory requirements. Although the Committee noted opportunities for measure enhancements, they recommended the measure for endorsement.

*Health Plan*

**0006: CAHPS Health Plan Survey v5.0 - Medicaid and Commercial (Agency for Healthcare Research and Quality): Recommended**

**Description:** *The CAHPS Health Plan Survey is a standardized survey instrument which asks enrollees to report on their experiences accessing care and health plan information, and the quality of care received by physicians. The survey's target population includes individuals of all ages (18 and older for the Adult*

version; parents or guardians of children ages 0-17 for the Child version) who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment. The CAHPS Adult Health Plan Survey has 39 items, and the CAHPS Child Health Plan Survey has 41 core items. Ten of the adult survey items and 11 of the child survey items are organized into 4 composite measures, and each survey also has 4 single-item rating measures. Each measure is used to assess a particular domain of health plan and care quality from the patient's perspective: Getting Needed Care; Getting Care Quickly; How Well Doctors Communicate; Health Plan Information and Customer Service; How People Rated Their Personal Doctor; How People Rated Their Specialist; How People Rated Their Health Care; and How People Rated Their Health Plan; **Measure Type:** Outcome; **Level of Analysis:** Health Plan; **Setting of Care:** Other; **Data Source:** Patient Reported Data/Survey

These measures (8 adult and 8 child) have been endorsed since 2007 and remain in use by health plans as part of health plan accreditation requirements and are also required for Medicare Advantage plans by CMS. In addition, the measure results are used to inform the annual National Quality Report produced by the Agency for Healthcare Research and Quality. The Committee noted the importance of these measures with the advent of the Affordable Care Act and voted the adult measures favorably as suitable for endorsement. However, the developer did not provide sufficient information for the Committee to evaluate the validity of the child measures. During the public commenting period, the developer provided validity testing at the individual measure level for the three child measures. The Committee re-evaluated the child measures based on the newly submitted data and voted the measures suitable for endorsement.

### *Measures Not Recommended*

#### **0725: Validated Family-Centered Survey Questionnaire for Parents' and Patients' Experiences During Inpatient Pediatric Hospital Stay (Boston Children's Hospital): Not Recommended**

**Description:** This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance, but 35 rating questions can also be summarized into domain scores: Partnership with Nurses, Partnership with Doctors, Identification of Attending Physician, Patient Comfort, Communication about Medications, Admission, Discharge and Home Care Preparation, Emotional Satisfaction, and five overall experience measures. Measures are reported via survey administration to parents 18 years and older of children who were discharged from an inpatient stay.

**Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Hospital/Acute Care Facility; **Data Source:** Patient Reported Data/Survey

These 13 measures were first endorsed in 2011 and are being used by Boston Children's Hospital for internal purposes and reported to the Children's Hospital Association. The measures were identified as competing with the Child HCAHPS, however, because they did not pass Committee vote for reliability, a determination about superior measures was not held. Although the Committee noted the importance of the measures, and in some cases found domains to enhance information beyond what is available through Child HCAHPS, the measure did not pass the reliability criterion. The measure developer indicated additional reliability and validity data can be analyzed and provided during the public comment period. The Committee reviewed this additional information on its post-comment call and determined that the measure now demonstrates sufficient reliability and validity and thus meets the Scientific Acceptability criteria. NQF staff later identified this measure as competing with measure 2548

(Child HCAHPS), and on November 13, the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee subsequently voted that both measures were competing and chose measure #2548 as the superior measure that should be recommended for endorsement, and measure #0725 was no longer recommended for endorsement.

*Measures Withdrawn by the Developer From Further Consideration of Endorsement*

The following measure was withdrawn during the measure evaluation period:

| Measure  | Measure Steward  | Reason for withdrawal   |
|--|--|---|
| 1632: CARE - Consumer Assessments and Reports of End of Life | Brown University Center for Gerontology and Health Care Research | Data is currently unavailable for reliability and validity testing at the performance score level. In the future, the developer plans to merge this measure with the CAHPS Hospice instrument to create a new measure and thus chose to withdraw measure #1632 from consideration at this time. |

## Appendix A: Details of Measure Evaluation

|   |    |
|---|----|
| Measures Endorsed .....                   | 22 |
| Measure Not Endorsed .....                | 22 |
| Measure Withdrawn from Consideration..... | 22 |

### Measures Endorsed

|  |    |
|--|----|
| 0005 CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child.....  | 23 |
| 0166 HCAHPS .....  | 26 |
| 0208 Family Evaluation of Hospice Care.....  | 34 |
| 0228 3-Item Care Transition Measure (CTM-3) .....  | 37 |
| 0517 CAHPS® Home Health Care Survey (experience with care) .....   | 40 |
| 0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS) .....                                   | 44 |
| 2548 Child Hospital CAHPS (HCAHPS).....  | 49 |
| 0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey,<br>Version 5.0 (Medicaid and Commercial)..... | 55 |
| 0258 CAHPS In-Center Hemodialysis Survey .....   | 58 |
| 1623 Bereaved Family Survey.....   | 62 |

### Measure Not Endorsed

|   |    |
|---|----|
| 0725 Validated Family-Centered Survey Questionnaire for Parents’ and Patients’ Experiences<br>During Inpatient Pediatric Hospital Stay..... | 68 |
|---|----|

### Measure Withdrawn from Consideration

|   |    |
|---|----|
| 1632 CARE - Consumer Assessments and Reports of End of Life ..... | 72 |
|---|----|

## Measures Endorsed

**Rating Scale:** H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable; Y=Yes; N=No

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### 0005 CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child

[Submission](#) | [Specifications](#)

**Description:** The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months.

The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed.

CG-CAHPS Survey Version 1.0 was endorsed by NQF in July 2007 (NQF #0005). The development of the survey is through the CAHPS consortium and sponsored by the Agency for Healthcare Research and Quality. The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at <https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html>.

The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item for the following categories of care or services provided in the medical office:

1. Getting Timely Appointments, Care, and Information (5 items)
2. How Well Providers Communicate With Patients (6 items)
3. Helpful, Courteous, and Respectful Office Staff (2 items)
4. Overall Rating of Provider (1 item)

The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item for the following categories of care or services provided in the medical office,:

1. Getting Timely Appointments, Care, and Information (5 items)
2. How Well Providers Communicate With Patients (6 items)
3. Helpful, Courteous, and Respectful Office Staff (2 items)
4. Overall Rating of Provider (1 item)
5. Provider's Attention to Child's Growth and Development (6 items)
6. Provider's Advice on Keeping Your Child Safe and Healthy (5 items)

**Numerator Statement:** We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they “always” received the desired care or service for a given measure.

The top box numerator for the Overall Rating of Provider is the number of respondents who answered 9 or 10 for the item, with 10 indicating “Best provider possible”.

For more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.

**Denominator Statement:** The measure’s denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.

For more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.

**Exclusions:** The following are excluded when constructing the sampling frame:

- Patients that had another member of their household already sampled.
- Patients who are institutionalized (put in the care of a specialized institution) or deceased.

**Adjustment/Stratification:**

**Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

**Setting of Care:** Ambulatory Care : Clinician Office/Clinic

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Agency for Healthcare Research and Quality

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## STANDING COMMITTEE MEETING [07/29/2014]

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-17; N-0**; 1b. Performance Gap: **H-8; M-9; L-0; I-0**; 1c. Priority: **H-16; M-1; L-0; I-0**

Rationale:

- Though specific healthcare interventions that can influence the patient experience for each of the 10 measures were not included in the measure submission, the Committee substituted its judgment and determined the evidence for the measure is high.
- Data on performance score was submitted by the developer in the data dictionary. There were different levels of variation depending upon the community.
- The Committee was concerned about the lack of attention to disparities, noting that 90 percent of respondents were white and came from states with limited racial or cultural diversity.
- The Committee asked about the decision to change the survey from doctor-centric language to provider-centric language. The developer explained that the change was to recognize ongoing changes in care delivery, particularly in primary care settings where care can be delivered or managed by a physician, a nurse practitioner, a physician assistant, or a clinical nurse specialist. Some members expressed concern about grouping all of these roles together into one category, fearing it would make accountability even more difficult.
- Committee members agreed the measure is a high priority area of healthcare.
- The Committee acknowledged that sometimes the link between experience of care and ultimate health outcome is tenuous, but stressed the importance of measuring both.

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**2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)



2a. Reliability: **H-16; M-1; L-0; I-0** 2b. Validity: **H-11; M-6; L-0; I-0**

Rationale:

- The measures were tested for reliability of the patient-level instrument by using internal consistency reliability of scales. Validity testing for the patient-level instrument was provided in an article that was circulated to the Committee. All of the Cronbach's statistics were very strong and above .80 except for child access which was still within an acceptable range at .70. The measures were tested for reliability at the performance score level using a signal-to-noise analysis. The average reliability was greater than .70 for all performance scores and the average number of respondents was 100 or greater.
- Validity testing for the performance measures was conducted using correlation to the global performance measures. The adult performance measures correlated significantly with the global performance score, driven strongly by doctor communication.
- Mental health status was previously removed from the measure's case-mix adjustment due to concerns with stigma associated with mental health. The developer explained that stigma has dissipated in the last number of years and, as a result, mental health has been added back into the case-mix adjustment.
- As with other CAHPS measures, the Clinician & Group Survey is recommended to be case-mix adjusted based on age, self-reported health status, and education.

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**3. Feasibility: H-15; M-2; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

Rationale:

- The developers were asked to comment on the length of time an average survey takes to complete. The adult core survey takes on average less than fifteen minutes to complete and the child's version is slightly longer, taking about 17-18 minutes to complete.

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**4. Use and Usability: H-15; M-2; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

Rationale:

- The tool is currently mandatory for ACO participation and is being used for the physician quality reporting system. One Committee member noted that her healthcare organization uses the survey often and as a result has implemented multiple quality and process improvement initiatives based on the feedback in the survey results.

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**5. Related and Competing Measures**

- No related or competing measures noted.

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**Standing Committee Recommendation for Endorsement: Y-17; N-0**

**6. Public and Member Comment: September 5, 2014 – October 3, 2014**

Comments received:

- The commenter supported the utilization of this measure. Another commenter agreed with the Committee that gathering information on patient experience is valuable in improving overall care.

Committee response:

- Thank you for your comment. The Committee agrees that measure #0005 should be recommended for endorsement.

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#### 7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0

- **Decision:** Approved for Continued Endorsement

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#### 8. Board of Directors Vote: Yes (December 22, 2014)

- **Decision:** Ratified for Continued Endorsement

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### 9. Appeals

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## 0166 HCAHPS

[Submission](#) | [Specifications](#)

**Description:** HCAHPS (NQF #0166) is a 32-item survey instrument that produces 11 publicly reported measures:

7 multi-item measures (communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, discharge information and care transition); and

4 single-item measures (cleanliness of the hospital environment, quietness of the hospital environment, overall rating of the hospital, and recommendation of hospital)

**Numerator Statement:** The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 21 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are four screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals may include additional questions after the core HCAHPS items.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare beneficiaries. Hospitals may use an approved survey vendor or collect their own HCAHPS data if approved by CMS to do so. HCAHPS can be implemented in four survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR), each of which requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters.

For full details, see the current HCAHPS Quality Assurance Guidelines, V.9.0, pp. 49-55, at

<http://www.hcahpsonline.org/qaguidelines.aspx>

**Denominator Statement:** Eligibility for the HCAHPS Survey

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

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
- An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge

Note: Patients whose principal diagnosis falls within the Maternity Care, Medical, or Surgical service lines and who also have a secondary psychiatric diagnosis are still eligible for the survey.

- Alive at the time of discharge

Note: Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

**Exclusions from the HCAHPS Survey**

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- “No-Publicity” patients – Patients who request that they not be contacted (see below)
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing

surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses.

Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients discharged to hospice care are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a “Discharge Status” of “50 – Hospice – home” or “51 – Hospice – medical facility” would not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.

Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Skilled nursing facility”
- “61 – SNF Swing bed within hospital”
- “64 – Certified Medicaid nursing facility”
- “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission”
- “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission”

Hospitals/Survey vendors must retain documentation that verifies all exclusions and ineligible patients. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/ survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on any variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

For more details, see HCAHPS Quality Assurance Guidelines V9.0 (QAG V9.0), pp. 49-68 at <http://www.hcahponline.org/qaguidelines.aspx>

**Exclusions:** There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- “No-Publicity” patients – Patients who request that they not be contacted (see below)
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses

- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses.

Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients discharged to hospice care are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a “Discharge Status” of “50 – Hospice – home” or “51 – Hospice – medical facility” would not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.

Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Skilled nursing facility”
- “61 – SNF Swing bed within hospital”
- “64 – Certified Medicaid nursing facility”
- “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission”
- “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission”

Hospitals/Survey vendors must retain documentation that verifies all exclusions and ineligible patients. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/ survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on any variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

Patients Discharged to Health Care Facilities

Patients discharged to health care facilities other than nursing homes (e.g., long-term care facilities, assisted living facilities and group homes), who are deemed eligible based on the above criteria, must be included in the HCAHPS sample frame. Patients residing in halfway homes, who are deemed eligible, must be included in the HCAHPS sample frame. CMS is aware that contacting patients residing in these facilities may be difficult. Nevertheless, hospitals/survey vendors must attempt to contact all patients in the sample in accordance with HCAHPS protocols.

Note: Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS Survey administration. This applies to patients with a “Discharge Status” (UB-04 field location 17) of: “03 – Skilled nursing facility,” “61– SNF Swing bed within hospital” “64 – Certified Medicaid nursing facility,” “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission,” and “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission.”

**Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Hospital/Acute Care Facility

**Type of Measure:** Outcome

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Centers for Medicare & Medicaid Services

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**STANDING COMMITTEE MEETING [07/28/2014]**

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-18; N-0**; 1b. Performance Gap: **H-17; M-1; L-0; I-0**; 1c. Priority: **H-18; M-0; L-0; I-0**

Rationale:

- The Committee agreed there are structures, processes and interventions that could influence the experience of the patient. The developer clearly identified the 11 performance measures contained in the submission.
- The Committee noted that there is significant room for improvement on the performance scores where some of the means are considerably low. The Committee requested that the developer provide a brief summary about disparities data for the performance measures. The developer stated that they had identified racial and ethnic disparities; for instance, non-Hispanic whites score better than minorities (i.e., Blacks and Hispanics), due in part to the fact that minority patients tend to attend poorer performing hospitals.
- The Committee agreed that this measure addresses a high priority in healthcare.

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**2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-14; M-4; L-0; I-0** 2b. Validity: **H-17; M-0; L-0; I-0**

Rationale:

- Although NQF requires testing at both the data element and measure score level for measures based on surveys, only the computed measure score level testing was provided in the measure submission form. The developer provided additional testing information after the submission

deadline and during the meeting. The developer utilized inter-item correlations for the performance measure reliability testing. The Committee requested that the developer better describe the reliability testing results and provide explanations for the low scoring items such as discharge.

- The developer utilized top box correlations for the patient-level and performance measure validity testing. All correlations were found to be greater than .40, resulting in a strong validity score. The Committee requested that the developer better describe the validity testing results for the patient-level and hospital-level correlations of the scores and provide explanations for the low scoring items.
- The Committee noted that in one place in the submission, the domain of care encompasses cleanliness and quietness of physical environment together. In other places, they are considered to be stand-alone items. The developers clarified that cleanliness and quietness are closely linked to the hospital environment dimension in value-based purchasing and are presented together for that purpose. However, they are presented separately in other venues such as public reporting. Additional feedback from consumers and focus groups revealed that the separation of cleanliness and quietness were preferred since these two areas are both extremely important to patients and elicit various perspectives. The Committee agreed with this approach and stressed that factor analysis at the individual level may be important to demonstrate that these two items are not inter-correlated and therefore should be considered separate domains.
- The Committee sought clarification from the developer about the interchangeable use of the terms risk adjustment and case mix adjustment on the CAHPS Survey. The developer stated that while NQF uses the term risk adjustment, their own preferred terminology is case mix or patient mix adjustment. The developer further added that adjustments are made for characteristics that influence response tendencies such as age, education, overall health status, service line (e.g., maternity, surgical, or medical), self-referred health status, and survey mode (e.g., telephone versus mail survey completion). The developer also noted that adjustment for overall mental health (i.e., depression, emotional health) did not yield a significant difference in the impacted scores more than could be accounted for by overall general health or any other patient mix adjustments.
- Case mix adjustment is often used for public reporting or accountability in comparing hospitals. However, for quality improvement (i.e., comparing performance over time in hospital) case mix adjustment is only recommended when the patient mix changes dramatically over time. CAHPS survey users have the ability to choose whether or not to case mix adjust the characteristics that influence response tendencies or hospital characteristics (e.g., hospital bed size). They are, however, required to case mix adjust on the characteristics that influence response tendencies (i.e., age, education, overall health status, service line, self-referred health status, and survey mode) when reporting to CMS.
- The Committee asked the developer to explain the rationale for excluding the nursing home and observation patients. The developer cited low response rate, difficulty contacting, incorrect mailing addresses, nursing home staff refusal to allow phone contact, and small population with even smaller response rate.

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### **3. Feasibility: H-17; M-0; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

Rationale:

- The Committee had no questions or concerns on the feasibility of this measure.

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#### **4. Use and Usability: H-17; M-0; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

##### Rationale:

- The Committee had no questions or concerns on the use and usability of this measure.

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#### **5. Related and Competing Measures**

- No related or competing measures noted.

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#### **Standing Committee Recommendation for Endorsement: Y-17; N-0**

#### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

Comments received:

- The commenter was concerned with the signal the pain questions/measures within the HCAHPS surveys are sending and feel they are an inappropriate level of measurement for assessing patient satisfaction given the prevalence of opioid dependence by patients in this country. The commenter acknowledges that pain is one of the most common reasons for patients to seek medical attention and one of the most prevalent medical complaints in this country. However, the goals of pain management vary from patient to patient. When pain is acute, the overriding goal is to reduce pain intensity as quickly as possible, often in association with amelioration of its underlying cause. In those with persistent pain related to a serious medical illness, such as cancer, the goal of comfort may become linked to other concerns such as the relief of other symptoms and management of diverse problems undermining physical, psychosocial, and spiritual well-being. Although systemic pharmacotherapy is the mainstay approach in the treatment of acute and many types of persistent pain, optimal pain management involves diverse non-pharmacologic therapies. These include an array of non-invasive strategies and a large number of invasive approaches that can be administered in a multidisciplinary manner. The HCAHPS survey primarily focuses on the effective use of pharmacotherapy. This may be consistent with the patient's wishes, but it is not always in the patient's best interest. Clinical challenges also are increased in those populations particularly vulnerable to inadequate pain assessment or management. These include newborns and young children, the elderly (including those with cognitive impairment), racial/ethnic minorities, those with English as a second language, those with relatively low socioeconomic status, and other groups that share characteristics that may increase the risk of poorly controlled pain. These latter groups include patients with moderate to severe chronic pain due to cancer and other conditions, and patients with a history of substance abuse.

Committee response:

- The focus on pain in this measure is whether a patient's pain is under control in the hospital and does not stipulate specific methods on how to manage the pain; instead, the goal is to assess whether pain was controlled while the patient was in the hospital. The Committee's original recommendation was not changed.

Developer response:



- Thank you for your comment. CMS appreciates that pain management with inpatients may involve both pharmacological and non-pharmacological therapies. We understand and share your concerns about the rising level of abuse of opioid pain relievers in the United States. The HCAHPS Survey includes three questions about pain control to measure and publicly report patient experience of this common yet critical aspect of hospitalization. Pain control is an important part of patient care in a hospital and should be evaluated at the hospital level. While opioids are sometimes appropriate, several non-opioid pain medications are also available to treat pain. We are aware that many hospitals and health systems take a multi-disciplinary approach to pain control that includes pharmacologic and non-pharmacologic treatments. CMS is not aware of documented evidence (other than anecdotes in press articles) or scientific research that establishes a connection between HCAHPS scores and hospital prescription practices. In particular, there is no evidence of which we are aware that failing to prescribe unneeded pain medications lowers a hospital's HCAHPS scores. We are aware of research literature that casts doubt upon the posited connection between pain medication and patient survey results:
  - Schwartz, T. M., Tai, M., Babu, K. M., & Merchant, R. C. 2014. (in press). Lack of association between Press Ganey emergency department patient satisfaction scores and emergency department administration of analgesic medications. *Annals of Emergency Medicine*.
  - Nota, Sjoerd P.F.T. et al. Opioid use, satisfaction and pain intensity after orthopaedic surgery. *Psychosomatics*. Published online: September 05, 2014. DOI: <http://dx.doi.org/10.1016/j.psych.2014.09.003>

It is important to note that the HCAHPS Survey is designed to capture and report patient experience of care at the hospital level -- not at the level of physician, hospital staff, or hospital sub-unit, and that only inpatients are eligible for the HCAHPS Survey. HCAHPS sampling does not support reliable measurement of performance at the physician level. Any use of the HCAHPS survey to evaluate individual physicians contravenes CMS guidance. There is evidence that, in general, good physician and nurse communication are the strongest predictors of better patient experience survey scores, including HCAHPS scores, for instance:

- Elliott, Marc N. PhD; Kanouse, David E. PhD; Edwards, Carol A. BA; Hilborne, Lee H. 2009. Components of Care Vary in Importance for Overall Patient-Reported Experience by Type of Hospitalization. *Medical Care*. 47 (8), 842-849.

There is also evidence that physicians frequently err in thinking that patients or their representatives want treatments that are medically contraindicated. Some evidence suggests that patients who were denied a treatment but who were provided explanations often report higher satisfaction than those who were given inappropriate treatment. Clear communication to patients and adherence to appropriate prescribing practice are likely to be complementary practices that result in strong performance for a hospital in both the clinical and patient experience measures. CMS has tested the validity and reliability of the HCAHPS Survey on several occasions and is satisfied that the survey meets the highest standards. However, due to concerns expressed about the three survey items related to pain medications, CMS will conduct further testing on the wording and content of these items HCAHPS Survey.

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## 7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0

- **Decision:** Approved for Continued Endorsement

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## 8. Board of Directors Vote: Yes (December 22, 2014)

- **Decision:** Ratified for Continued Endorsement
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## 9. Appeals

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### 0208 Family Evaluation of Hospice Care

[Submission](#) | [Specifications](#)

**Description:** Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery.

**Target Population:** The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. **Timeframe:** The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year.

**Numerator Statement:** The numerator is the sum total of the weighted incidence of problem scores occurring in response to 17 specific items on each survey. The 17 questions focus on the following aspects of hospice care: symptom management, communication, provision of information, emotional support and care coordination.

**Denominator Statement:** The denominator represents the number of surveys with responses for at least 14 of the 17 questions required to compute the composite score in the FEHC survey.

**Exclusions:** If a survey has responses to fewer than 14 of the 17 FEHC survey questions included in calculation of the composite score, then a composite score will not be calculated for that survey and the survey will not be included in the calculation of a composite score for the hospice.

**Adjustment/Stratification:**

**Level of Analysis:** Facility, Population : National

**Setting of Care:** Hospice

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** National Hospice and Palliative Care Organization

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### STANDING COMMITTEE MEETING [07/28/2014]

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-16; N-1**; 1b. Performance Gap: **H-6; M-11; L-0; I-0**; 1c. Priority: **H-11; M-5; L-1; I-0**

**Rationale:**

- The Committee agreed that the information provided by the developer effectively explained the link between procedures, processes and outcomes.

- The Committee questioned why the average composite performance scores have not significantly increased over time, noting the relatively minor shift from 85.37% to 85.51%. The developer explained that the average change is diluted by the number of organizations who have recently begun to use the FEHC. For those who have utilized the FEHC continuously over a period of time, on the other hand, greater improvement in the scores is seen.
- The developer was asked how patients and/or family were involved in the selection of the content in the survey. The developer described that 16 focus groups with bereaved family members were conducted for family members of patients who had died in a nursing home, an acute-care hospital or at home without services. In subsequent follow-up articles, bereaved family members from six hospice programs were included specifically because those programs had a high Hispanic and African American population.

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**2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-13; M-4; L-0; I-0** 2b. Validity: **H-7; M-9; L-1; I-0**

Rationale:

- The measure was tested for reliability at the patient level with a Cronbach's alpha and demonstrated strong results. Signal-to-noise reliability based on the ANOVA and IUR were also tested with strong results.
- The measure was tested for validity of the family-level instrument using ANOVA. The family composite score increased as the global rating increased with significant differences. The measure was tested for validity of the performance score by assessing the correlation between the hospice score on the composite to the percentage of patients that rated overall quality as excellent with strong results.
- The developer confirmed that this measure examines deaths in all settings and is not limited to inpatient hospice facilities. The developer further clarified that the measure does not include the pediatric population and is for patients aged 18 and above.
- The Committee questioned whether the survey is provided in any languages other than English. The developer explained that a Spanish version can be provided upon request. Data on the Spanish version has limited testing, however, due to relatively low uptake. Therefore, the validity of any of conclusions is related to English-speaking populations only. The Committee ultimately determined the PRO-PM demonstrates sufficient validity, but stressed that future measures be developed to be responsive to different language and cultural norms for end of life care.

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**3. Feasibility: H-9; M-7; L-1; I-0**

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)

Rationale:

- The Committee asked about the response rate for the surveys. The developer clarified that the response rate is approximately 40 percent, a slightly lower value than in previous years due to new hospices that have begun using the FEHC. The Committee agreed the numbers indicate relatively high feasibility.

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#### **4. Use and Usability: H-5; M-7; L-5; I-X**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

##### Rationale:

- The developer explained that the Hospice CAHPS measure requires at least 50 eligible deaths in any measurement period; consequently, the FECH remains an important tool for smaller hospices that cannot participate in the Hospice CAHPS.
- A Committee member asked whether it was possible for a family member to request the average survey results from the hospice itself. The developer clarified that some hospices publically report their results online. However, the National Hospice and Palliative Care Organization cannot require third party or vendor survey administration like CMS does.
- The Committee agreed that the measure meets the Use and Usability criteria.

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#### **5. Related and Competing Measures**

- NQF staff identified this measure as competing with measure #1623 (Bereaved Family Survey) and #1632 (CARE – Consumer Assessments and Reports at End of Life). The Committee recommended both measures (0208 Family Evaluation of Hospice Care and 1623 Bereaved Family Survey) as suitable for endorsement and on November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that both measures were not competing and recommended that both measures continue to move forward for endorsement.
- The Committee’s rationale for this determination included the fact that the target population for the measures was different and that the Family Evaluation of Hospice Care population was broader than measure #1623.
- Due to the broader intent of this measure, the Committee determined the measures were more complimentary vs. competing.
- Measure #1632 was withdrawn from Committee consideration, thus not considered competing.

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#### **Standing Committee Recommendation for Endorsement: Y-16; N-1**

#### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

Comments received:

- The commenter suggested that consideration be given to individual questions rather than a composite score. It is thought that individual scoring or at least smaller grouping of questions for composite scoring would more easily identify specific areas of care needing improvement.

Developer response:

- The Composite Score of the Family Evaluation of Hospice Care survey is designed to assess the overall quality of care provided by a hospice from the perspective of the family caregiver. For hospice, an overall indication of quality is especially useful for consumers, most of whom are not familiar with the various elements of hospice care prior to receiving services. The FEHC composite is based on weighted scores for 17 quality indicator questions on the FEHC survey. As with any composite score, it is expected that a provider organization will review the scores for the individual questions that comprise the composite to identify problem areas that need

to be targeted for improvement. In practice, we have seen organizations have significant success improving their FEHC Composite Score when implementing targeted performance improvement projects utilizing this approach.

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#### 7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0

- **Decision:** Approved for Continued Endorsement

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#### 8. Board of Directors Vote: Yes (December 22, 2014)

- **Decision:** Ratified for Continued Endorsement

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### 9. Appeals

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#### 0228 3-Item Care Transition Measure (CTM-3)

[Submission](#) | [SpecificationsSp](#)

**Description:** The CTM-3 is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days.

**Numerator Statement:** The numerator is the hospital level sum of CTM-3 scores for all eligible sampled patients.

**Denominator Statement:** The denominator includes the number of eligible sampled adult patients discharged from a general acute care hospital.

**Exclusions:** N/A

**Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Hospital/Acute Care Facility

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** University of Colorado Denver Anschutz Medical Campus

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#### STANDING COMMITTEE MEETING [07/28/2014]

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-17; N-0**; 1b. Performance Gap: **H-16; M-1; L-0; I-0**; 1c. Priority: **H-17; M-0; L-0; I-0**

Rationale:

- The Committee agreed that there are care practices that influence a patient's experience with transitions of care from the hospital (acute setting) to home or step-down facility. The rationale notes relationship of discharge planning to re-hospitalization but does not discuss how the

identified care practices affect patient experience of preparation for self-care. However, the Committee agreed that the evidential information presented by the developer effectively explained the linkage between procedures, processes and outcomes.

- The developer provided data for individual hospitals in the state of Maine (mean 87.95; hospital score based on patient average score ranged from 83.61 to 94.51). The developer noted that the community-based care transition program data on performance scores showed room for improvement. Furthermore, of all the subcomponents of the HCAHPS, the care transition measure scores are the lowest, with the patient experience of care demanding greater attention from the performance standpoint.
- The Committee agreed that this measure addresses a high priority in healthcare, noting that that it includes patient satisfaction, safety, and quality of care, all of which are essential items to measure and report. The developer also noted the use of focus groups of older persons and caregivers to develop the CTM-3.
- The Committee encouraged the inclusion of the pediatric population into the CTM-3 and suggested using the CTM3 in the Child HCAHPS to address this gap. Another team of developers will be working on a pediatric version of the CTM-3 to include individuals under the age of 18.

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## **2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-13; M-3; L-1; I-0** 2b. Validity: **H-12; M-3; L-1; I-0**

### Rationale:

- The Committee was told that the CTM-3 has recently been incorporated into HCAHPS. Many measure revisions were therefore made to align the survey methodologies and specifications. The Committee reviewed both the individual CTM-3 measure as well as the HCAHPS measure which the CTM-3 is now a part of. The Committee continually stressed the importance of aligning the measure scoring methodology used by the CTM-3 (i.e., average scoring method) with that used by the HCAHPS measures (i.e., top box scoring method) to avoid confusion in the field. The developer has decided to adopt the HCAHPS top box approach.
- The Committee sought clarification on the patient-level instrument reliability (0.80 and 0.93) and hospital-level reliability (average scoring method or HCAHPS top box scoring method) presented by the developer. The developer clarified that the patient-level instrument reliability was tested with a Cronbach's alpha, resulting in 0.80. A Spearman-Brown reliability test resulted in 0.84 and was done in concert with the HCAHPS developers. Other patient-level instrument reliability showed a Cronbach's alpha of 0.94 (African Americans) and 0.93 (Hispanic American) showed the measure performance in diverse populations where the developer deliberately oversampled African American and Hispanic American in rural areas. The developer further noted that the hospital-level reliability presented in the supplemental materials utilizes the top box scoring that was shared from the HCAHPS data.
- The developer utilized known group validity testing for the patient-level instrument by comparing patients who had emergency department (ED) visits or re-hospitalization to those who did not. CTM-3 scores were lower for patients who had a subsequent ED visit or readmission for Congestive Heart Failure or Chronic Obstructive Pulmonary Disease. For the performance score level, the top box method testing from the HCAHPS assessed the correlation between the care transition measures to the other measures in the HCAHPS group. The

correlation between the discharge composite and care transition, for example, was mildly positive at 29.

- The Committee suggested that the developer also adopt the HCAHPS case mix adjustment approaches for the CTM-3. The developer will submit an updated case mix adjustment write-up for the CTM-3 based on the information provided in the HCAHPS.
- The Committee discussed harmonizing the CTM-3 with the discharge section of the HCAHPS, particularly noting the forms of testing used to distinguish the potential to eliminate redundancies for the discharge questions. The developer clarified that after performing head-to-head comparison they found that the CTM-3 items and the HCAHPS discharge items were measuring different constructs. Furthermore, they found that the two former discharge planning items on the HCAHPS were different from the three CTM items upon conducting different forms of validation. The Committee requested that the developer provide the correlation between the HCAHPS discharge items and the CTM-3 or the care transition and the discharge performance measures. The HCAHPS developer provided the top box correlation (0.29) between the discharge composite and care transition which showed a moderately positive correlation, but a lot of difference between the two groups of items measured. The committee agreed that this information shows that the HCAHPS discharge questions and the CTM-3 questions are related but not duplicative and therefore not redundant.

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### **3. Feasibility: H-16; M-0; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

#### Rationale:

- The Committee agreed that the measure meets the Feasibility criteria.

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### **4. Use and Usability: H-15; M-1; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

#### Rationale:

- The Committee had no questions or concerns about the use and usability of this measure.

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### **5. Related and Competing Measures**

- No related or competing measures noted.

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### **Standing Committee Recommendation for Endorsement: Y-16; N-0**

### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

#### Comments Received:

- Commenters were supportive of the recommended endorsement of this measure and appreciate the low respondent burden of a three-item survey and the introduction of a top box scoring methodology to align the implementation of this measure with the CAHPS measures. Additional comments suggested that the patient should be surveyed as close to the discharge date as possible, citing that 30 days may be too long for clear recollection of

discharge process. Comments also suggested expanding the patient population to include pediatrics.

Committee Response:

- Thank you for your comment. The Committee agrees that measure #0228 should be recommended for endorsement. Additionally, during its evaluation of this measure, the Committee encouraged the inclusion of the pediatric population in the CTM-3 and suggested using the CTM3 in the Child HCAHPS to address this gap.

Developer response:

- We agree that pursuing expansion to a pediatric population is both a worthwhile endeavor and a natural next step. At this time we do not have the resources to pursue this however. We agree that earlier patient response is preferable. The 30-day time period is designed to be aligned with the HCAHPS specifications.

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#### **7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Continued Endorsement

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#### **8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Continued Endorsement

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### **9. Appeals**

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## **0517 CAHPS® Home Health Care Survey (experience with care)**

[Submission](#) | [Specifications](#)

**Description:** The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. AHRQ and CMS supported the development of the Home Health CAHPS to measure the experiences of those receiving home health care with these three goals in mind: (1) to produce comparable data on patients' perspectives on care that allow objective and meaningful comparisons between home health agencies on domains that are important to consumers, (2) to create incentives for agencies to improve their quality of care through public reporting of survey results, and (3) to enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment. As home health agencies begin to collect these data and as they are publicly reported, consumers will have information to make more informed decisions about care and publicly reporting the data will drive quality improvement in these areas.

**Numerator Statement:** The numerator statement is that each measure encompasses the responses for all questions in the particular measure. Missing data for individual survey questions are not included in the calculations. Only data from a completed survey are used in the calculations. The measures scores averages the proportion of those responding to each answer choice in all questions. Each global rating is scored based on the number of the respondents in the distribution of top responses, such as the



percentage of patients rating a home health agency with a 9 or a 10, where 10 is the highest quality responses on a scale from 0 to 10.

**Denominator Statement:** The following are eligible to be included in the HHCAHPS Survey: patients who are at least 18 years old in the sample period, patients who are known to be alive, patients who received at least 2 home health visits during a 2-month look back period, patients who have not been selected for the monthly sample during any month in the current quarter or during the 5 months immediately prior to the sample month, patients who are not receiving hospice care, patients who do not have maternity as the primary reason for their home health care, patients who have not requested no publicity status, and patients with a condition or illness residing in a state with regulations and laws prohibiting the release of information for patients with that condition. HHCAHPS Surveys may be completed by proxy respondents who are family and friends of the home health patients but who do not work for home health agency being assessed by the patient respondent.

**Exclusions:** Numerator and Denominator Exclusions:

- Patients under 18 years of age at any time during their stay are excluded.
- Patients who died during the sample month are excluded.
- Patients who received fewer than 2 visits from home health agency personnel during a 2-month look-back period are excluded. (Note that the 2-month look-back period is defined as the 2-months prior to and including the last day in the sample month.)
- Patients have been previously selected for the HHCAHPS sample during any month in the current quarter, or during the last 5 months, are excluded.
- Patients who are currently receiving hospice, or are discharged to hospice, are excluded.
- Maternity patients are excluded.
- “No publicity” status patients are excluded.
- Patients receiving only non-skilled (aide) care are excluded.

**Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Home Health

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Centers for Medicare & Medicaid Services

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## STANDING COMMITTEE MEETING [07/28/2014]

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-18; N-0**; 1b. Performance Gap: **H-12; M-6; L-0; I-0**; 1c. Priority: **H-18; M-0; L-0; I-0**

Rationale:

- The Committee used its expert opinion to assess whether home health agencies can implement specific healthcare actions that will influence outcomes and emphatically agreed that this measure has a large evidence base behind it.
- The measure was praised for its examination of medication reconciliation moving beyond the traditional one-sided question of whether or not it was done.

- Information on performance gap was provided in the testing attachment in table 8. The results demonstrated variability of performance by comparing agencies that have more than ten completed surveys. Disparities data was provided in the data dictionary attachment submitted with the measure. The developer explained that racial minorities report lower scores than white patients for the following measurement domains: care of patients and communication between providers and patients measures. The Committee agreed that there is a gap in the performance of this measure.
- Results for the measure are posted quarterly on Home Health Compare and every quarter the patient mix is recalculated and the scores are updated. If a member of the public wishes to view the adjustment information, they can access a table on the website that lists the adjustment factors.
- The Committee overwhelmingly voted this measure to be a high priority.
- Members urged the inclusion of the pediatric population in the survey as it is currently excluded. The developer explained that the majority of CAHPS measures, including this one, focus on the Medicare population. A Committee member noted that many children who are able to access home care are Medicaid patients and would be of interest to CMS. The developer stated that conversations were taking place about potentially including pediatric populations in more CMS CAHPS measures.

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**2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-14; M-4; L-0; I-0** 2b. Validity: **H-11; M-6; L-1; I-0**

Rationale:

- Reliability testing of the patient-level instrument was conducted using internal consistency reliability. The Cronbach's alpha demonstrated an acceptable range. Reliability testing at the performance score level was conducted using ANOVA and interclass reliability (F-1)/F, a test similar to inter-unit reliability and mathematically equivalent to 1-(1/F). The performance score reliability for all performance measures was greater than .70.
- Validity testing of the patient-level instrument was reported as item to total correlation and IRT parameters. Correlation of the computed performance measures for scales to global ratings was also examined.
  - One member expressed concern that the standard for inclusion in the measure was only two home health care visits in two months, a seemingly modest number on which to base an assessment. The developer described the rationale for beginning at two visits: they do not want to exclude patients who may be receiving skilled nursing care for long periods of time.

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**3. Feasibility: H-17; M-1; L-0; I-0**

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)

Rationale:

- The Committee agreed that the measure can be feasibly implemented.

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#### **4. Use and Usability: H-17; M-1; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

##### Rationale:

- The Committee found the measure to be usable, noting its current use and public reporting.
- One member stressed that she has witnessed this measure being used to positively impact quality improvement programs and emphasized her support of the measure.

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#### **5. Related and Competing Measures**

- No related or competing measures noted.

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#### **Standing Committee Recommendation for Endorsement: Y-18; N-0**

#### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

##### Comments received:

- The commenter requested a clearer explanation/understanding of the methodology and validity of combining multiple response choices together for a composite score, i.e. the use of "never, sometime, usually, always" combined with a "yes/no" response. The commenter thought it would be more reliable to quantify like responses to correlated questions.

##### Developer response:

- Composite measures are composed of multiple questions that ask about a related topic or domain of care. The scoring on the HHCAHPS composites represents the proportion of respondents who responded with the most positive response, regardless of the number of response levels being used. Therefore, if a 4-level response scale of "Never", "Sometimes", "Usually" and "Always" is used, the composite will reflect the proportion of respondents who answered with "Always." If a 2-level response scale is used, the composite will reflect the proportion of respondents who answered either "Yes" or "No," depending on which represents the more positive answer. We provide an example below of how the Care of Patients Composite (Questions 9, 16, 19 and 24) is computed. The score for this composite is produced by combining responses to the four questions below:
  - Question 9, "In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?"
  - Question 16, "In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?"
  - Question 19, "In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?"
  - Question 24, "In the last 2 months of care, did you have any problems with the care you got through this agency?"

The response categories for Questions 9, 16, and 19 are "Never", "Sometimes", "Usually", and "Always" and for Question 24 the response categories are "Yes" and "No". The scoring on this composite represents the proportion of respondents who responded "Always" to Questions 9, 16, and 19 and "No" to Question 24. This general methodology of calculating any composite,

used repeatedly across all respondents for each and every home health agency, produces consistent, reliable results.

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#### **7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Continued Endorsement

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#### **8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Continued Endorsement

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#### **9. Appeals**

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### **0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)**

[Submission](#) | [Specifications](#)

**Description:** The Patient Experience of Psychiatric Care as Measure by the Inpatient Consumer Survey (ICS) was developed to gather patient's evaluation of their inpatient psychiatric care. The survey is composed of the following six individual measures or domains:

**Measure #1: Outcome of care-** The receipt of mental healthcare services should enable patients to effectively deal with their illness and with social situations. Patient's report of the effectiveness of the organization in enabling this improvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Outcome of care domain: Q1. I am able to deal with crisis.; Q2. My symptoms are not bothering me as much.; Q4. I do better in social situations.; and Q5. I deal more effectively with daily problems.

**Measure #2: Dignity-** The provision of mental healthcare services should be in an atmosphere where patients feel respected and treated with dignity. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Dignity domain: Q6. I was treated with dignity and respect.; Q7. Staff here believe that I can grow, change and recover.; Q8. I felt comfortable asking questions about my treatment and medications.; and Q9. I was encouraged to use self-help/support groups.

**Measure #3: Rights-** The provision of mental healthcare services should be in an atmosphere where patients feel that they can express disapproval with conditions or treatment and receive an appropriate response from the organization. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Rights domain: Q13. I felt free to complain without fear of retaliation.; Q14. I felt safe to refuse medication or treatment during my hospital stay.; and Q15. My complaints and grievances were addressed.

**Measure #4: Participation in treatment-** Patient's involvement in the treatment process and the coordination of discharge planning with their doctors or therapist from the community are enabling activities that strengthen patient's ability to care for themselves. Patient's report of the effectiveness of the organization in supporting this level of involvement is an important dimension of the quality of care

of the organization. The following questions of the ICS pertain to the Participation in treatment domain: Q16. I participated in planning my discharge.; Q17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.; and Q18. I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

Measure #5: Hospital environment - The provision of mental healthcare services should be in an environment conducive to patients feeling safe and enabling patients to focus on recovering from their illness. The following questions of the ICS pertain to the Hospital environment domain: Q19. The surroundings and atmosphere at the hospital helped me get better.; Q20. I felt I had enough privacy in the hospital.; Q21. I felt safe while in the hospital.; and Q22. The hospital environment was clean and comfortable.

Measure #6: Empowerment - The provision of mental healthcare services should be in an atmosphere where patients feel that they, interactively with their doctors and therapist, learn more about their illness and about their treatment options and are encouraged to determine their best plan to recovery. Patient's report of the effectiveness of the organization in enabling this respectful, compassionate, and supportable encounter among patients and healthcare professionals is an important dimension of the quality of care of the organization. The following questions pertain to the Hospital empowerment domain: Q25. I had a choice of treatment options.; Q26. My contact with my doctor was helpful.; and, Q27. My contact with nurses and therapist was helpful.

Question 28, "If I had a choice of hospitals, I would still choose this one", is considered as the anchor item utilized to measure overall satisfaction with the mental healthcare service received. This question does not pertain to any of the six measures/domains of the ICS.

Each measure is scored as the percentage of patients (adolescents aged 13-17 and adults aged 18 and older) at time of discharge or at annual review who respond positively to the domain on the survey for a given month. Survey questions are based on a standard 5-point Likert scale, evaluated on a scale from strongly disagree to strongly agree.

As a note, the words domain and measure are used interchangeably during the application.

**Numerator Statement:** Number of patients who respond positively to the domain (outcome of care, dignity, rights, participation in treatment, hospital environment, and empowerment.) Each domain is calculated separately.

Six domains are embedded in the ICS. Hospitals can choose to participate in any of the six performance measures, one for each domain. The outcome of care domain includes questions about the effect of the hospital stay on the patient's ability to deal with their illness and with social situations. The dignity domain includes questions about the quality of interactions between staff and patients that highlight a respectful relationship. The rights domain includes questions about the ability of patients to express disapproval with conditions or treatment and receive an appropriate response from the organization. The participation in treatment domain includes questions about patient's involvement in their hospital treatment as well as coordination with the patient's doctor or therapist from the community. The hospital environment includes questions about feeling safe in the hospital and the aesthetics of the hospital. The empowerment domain includes questions about patients having a choice of treatment options and about the helpfulness of their contact with their doctor or therapist.

**Denominator Statement:** Number of patients completing at least 2 questions included in the domain. Domains (or measures) include outcome of care, dignity, rights, participation in treatment, hospital environment, and empowerment.

**Exclusions:** There are no exclusions from target population. All patients discharged and patients on annual treatment review should be given the opportunity to respond to the survey.

**Adjustment/Stratification:**

**Level of Analysis:** Facility, Population : National, Population : Regional, Population : State

**Setting of Care:** Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)

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## **STANDING COMMITTEE MEETING [07/29/2014]**

### **1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-15; N-0**; 1b. Performance Gap: **H-14; M-1; L-0; I-0**; 1c. Priority: **H-14; M-1; L-0; I-0**

#### Rationale:

- Despite the lack of evidence included on the submission form, the Committee agreed that patient experience of psychiatric care is something the psychiatric facility can influence and is an important area for performance measurement
- The developer noted that the survey is voluntary and is given to patients (not proxies) to complete prior to discharge. The Committee felt it important to assess experience directly from the patient's perspective and not from the interpreted perspective of a proxy.
- The Committee agreed that all six measures had variability in performance (i.e., interquartile ranges from 11 to 18 points), a clear indicator of opportunities for improvement across facilities.
- The Committee sought clarification on the differences between population subgroups; this clarification primarily regarded characteristics related to disparities such as race, ethnicity, socioeconomic status, etc. The developer noted that they found differences in age, gender, race, length of stay, and commitment level.
- The Committee questioned whether patients were involved in identifying what is valued and meaningful to them, how many consumers were involved in the focus group, and whether the focus groups were representative of the population. The developer explained that patients were involved on three different occasions: (1) during the initial development, patients were involved in the design of the questions and, helped to generate the 43 items; (2) during pilot testing where the pilot sites asked their consumers what questions they found useful; and (3) during the analysis of the final renaming of the domains. The developer gave an estimate of three to four patients in a ten member focus group.
- The Committee agreed that this measure addresses a high priority in healthcare.

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### **2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-13; M-2; L-0; I-0** 2b. Validity: **H-11; M-4; L-0; I-0**

#### Rationale:

- The developer clarified a number of areas of confusion: the measure is not case mix adjusted, there is no sampling of patients, and patients admitted more than once are invited to participate for each admission. At each discharge, the patient is given the opportunity to

complete a survey. Patients with multiple episodes of care are given the survey for each episode of care. Patients with multiple episodes of care are given the survey for each episode.

- The survey is given to patients prior to discharge to be completed along with other discharge paperwork before they leave. If they wish, patients can complete the survey at home and mail it back. The Committee expressed concerns about the patients being reluctant to enter negative information about care when completing the survey. The developer stated that the facility is required to assure patients that the survey will not influence the facility decision to discharge patients or continue care plans. The developer's decision to require the survey completion prior to discharge was to increase the survey response rate, especially because mail back return rates are significantly lower and phone surveys are considered intrusive for this population because of the stigmatism associated with seeking psychiatric care.
- Testing was conducted in 68 state psychiatric hospitals in 23 states at both the data element and performance score level for measures. Each measure was tested for reliability of the patient-level instrument with internal consistency reliability of scales ranging from 0.81 (rights) to 0.88 (outcome). Each measure was tested for performance score reliability using signal-to-noise analysis with good reliability ranging from 0.91 (outcome of care) to 0.95 all other measures except empowerment which was a 0.94. The reliability was generally rated high.
- The developer did not provide the patient-level instrument validity, only the validity of the performance score. The Committee requested information on the validity for the patient-level instrument. The developer stated that confirmatory factor analysis validity testing was conducted and the domains were confirmed in the analysis. Each performance measure was tested for validity of the performance score by testing the relationship to overall satisfaction with care. The results indicated that the performance measures accounted for variability in overall satisfaction ranging from 30% (outcome), 57% (participation), 64% (dignity), 65% (rights), 66% (hospital environment), to 71% (empowerment). The Committee noted that the performance measure score validity testing for "outcome of care" was significantly lower than the other five domains, indicating that patients that feel empowered and feel that their rights are being respected, value that more than the actual outcome of the treatment. The developer further added that it is the personal experience of the interaction that has a higher relationship to overall satisfaction than the outcome.
- The Committee discussed case mix adjustment for accountability applications where facilities are being compared for public reporting. The developer stated that as measure developers they cannot display the facility-specific information publically, only the aggregate benchmark; however, facilities can choose to display their own rates publicly if they so choose.
- The Committee discussed missing data for this measure and whether the missing data impacts any of the domains. The developers noted that the missing data for each domain of care were below the 20% threshold. The developers further added that the participants in the treatment domain had the highest missing data due to patients completing the survey as part of their annual review instead of at discharge; therefore, the questions are not required to be completed.

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### **3. Feasibility: H-5; M-9; L-1; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

Rationale:

- The Committee expressed concerns about securing the anonymity of patients who complete the survey. The developer explained that the ICS is anonymous unless the hospital chooses to identify the survey or the patient self-identifies.

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#### **4. Use and Usability: H-11; M-3; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

##### Rationale:

- There are ten identified facilities that publically publish their rates. No concerns related to use and usability were raised.

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#### **5. Related and Competing Measures**

- No related or competing measures were identified.

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#### **Standing Committee Recommendation for Endorsement: Y-14; N-0**

#### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

Comments received:

- The commenter stated the following:
  1. The measure initially state 6 domains, under numerator it lists 5. The empowerment domain is missing.
  2. It would be easier to understand the denominator if it stated: "...Number of clients completing at least 2 items in each domain."
  3. Similarly, in the exclusion section, "Non-respondents, persons who submit a blank survey, and persons completing only 1 question in each domain." Phrasing it with "each" makes it clearer.
  4. Each domain is scored as the percentage of clients at time of discharge or at annual review who respond positively to the domain on the survey for a given month. This is troublesome should the person be hospitalized multiple times with the first time being satisfied, but the next time not. It would be more beneficial based on most recent hospitalization. This would allow it to be tied to "at time of discharge or at annual review" stated in the first sentence under measure description.
  5. It would have been helpful when forming comments to see the actual questions within each domain to better understand this measure.

Developer response:

- The developer provided the following responses to the aforementioned comments:
  1. The measure initially state 6 domains, under numerator it lists 5. The empowerment domain is missing. It appears that the commenter may be reviewing the original submission from 2010 when only 5 domains were submitted. The newest documents all include the Empowerment domain in the Measure Information and in other sections.
  2. It would be easier to understand the denominator if it stated: "...Number of clients completing at least 2 items in each domain." The denominator statement states "the" domain because a patient's response is only excluded from a specific domain if there are too few questions answered for that specific domain. The patient's inclusion in a domain



is determined only by the items in that domain; therefore a patient may be included in 5 of the 6 domains if the patient responded to enough items in 5 of the 6 domains.

3. Similarly, in the exclusion section, “Non-respondents, persons who submit a blank survey, and persons completing only 1 question in each domain.” Phrasing it with “each” makes it clearer. The newest version of the Measure Specifications indicates that there are no exclusions from the target population. The statement from the commenter appears to be based on the original submission in 2010. After consideration of the intent of the Exclusion section, we determined that there are no patient or other characteristics that exclude a patient from the target population.
4. Each domain is scored as the percentage of clients at time of discharge or at annual review who respond positively to the domain on the survey for a given month. This is troublesome should the person be hospitalized multiple times with the first time being satisfied, but the next time not. It would be more beneficial based on most recent hospitalization. This would allow it to be tied to “at time of discharge or at annual review” stated in the first sentence under measure description. Patients with multiple admissions/discharges are given the opportunity to complete the survey at each discharge. Each hospitalization is unique in that the experience of the patient may differ between them; a survey at each discharge affords the patient voice for each hospitalization. Most surveys are anonymous and would not enable tracking for the last hospitalization. Measures are calculated monthly and each discharge in the month is included in the target population.
5. It would have been helpful when forming comments to see the actual questions within each domain to better understand this measure. It appears that the commenter may be reviewing the original submission from 2010. The newest submission includes the specific items in the Measure Information sections De.3 and S.6 as well as other locations.

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#### **7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Continued Endorsement

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#### **8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Continued Endorsement

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#### **9. Appeals**

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### **2548 Child Hospital CAHPS (HCAHPS)**

[Submission](#) | [Specifications](#)

**Description:** The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child’s experiences with inpatient hospital care.

The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures:

#### Communication with Parent

1. Communication between you and your child's nurses (3 items)
2. Communication between you and your child's doctors (3 items)
3. Communication about your child's medicines (4 items)
4. Keeping you informed about your child's care (2 items)
5. Privacy when talking with doctors, nurses, and other providers (1 item)
6. Preparing you and your child to leave the hospital (5 items)
7. Keeping you informed about your child's care in the Emergency Room (1 item)

#### Communication with Child

8. How well nurses communicate with your child (3 items)
9. How well doctors communicate with your child (3 items)
10. Involving teens in their care (3 items)

#### Attention to Safety and Comfort

11. Preventing mistakes and helping you report concerns (2 items)
12. Responsiveness to the call button (1 item)
13. Helping your child feel comfortable (3 items)
14. Paying attention to your child's pain (1 item)

#### Hospital Environment

15. Cleanliness of hospital room (1 item)
16. Quietness of hospital room (1 item)

#### Global Rating

17. Overall rating (1 item)
18. Recommend hospital (1 item)

We recommend that the scores for the Child HCAHPS composite and single-item measures be calculated using a top-box scoring method. The top box score refers to the percentage of respondents who answered survey items using the best possible response option. The measure time frame is 12 months. A more detailed description of the Child HCAHPS measure can be found in the Detailed Measure Specifications (Appendix A).

**Numerator Statement:** Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure.

For example, the top-box numerator for the communication between you and your child's nurses composite is the number of respondents who answered "Always" to questions about how well nurses communicated well with them.

**Denominator Statement:** The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.

**Exclusions:** SURVEY AND MEASURES 1-18

Exclude parents of certain patients from the measure (numerator and denominator) based on clinical and non-clinical criteria:

1. “No-publicity” patients
2. Court/law enforcement patients
3. Patients with a foreign home addresses
4. Patients discharged to hospice care (hospice-home or hospice-medical facility)
5. Patients who are excluded because of state regulations
6. Patients who are wards of the state
7. Healthy newborns
8. Patients admitted for obstetric care
9. Patients admitted for observation
10. Patients discharged to skilled nursing facilities

#### MEASURES 1-18

Exclude respondents from the numerator and denominator of a measure if they have completed survey items in the measure using multiple marks (i.e., they gave multiple answers to an individual question).

#### MEASURES 8-9

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” to screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)
2. All those whose child was under 3 years old at discharge as determined using administrative data

#### MEASURE 10

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 43 (During this hospital stay, was your child 13 years old or older?)
2. All those whose child was under 13 years old at discharge as determined using administrative data
3. All those who answered “No” in screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)

#### MEASURE 12

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 25 (During this hospital stay, did you or your child ever press the call button?)

#### MEASURE 14

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 30 (During this hospital stay, did your child have pain that needed medicine or other treatment?)

#### **Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Hospital/Acute Care Facility

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Center for Quality Improvement and Patient Safety -Agency for Healthcare Research and Quality

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## **STANDING COMMITTEE MEETING [07/29/2014]**

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-16; N-0**; 1b. Performance Gap: **H-13; M-3; L-0; I-0**; 1c. Priority: **H-16; M-0; L-0; I-0**

Rationale:

- Information provided by the developer included identifying specific provider actions that can influence the patient experience being measured. The Committee agreed the submitted information demonstrates high evidence.
- Performance scores in the 18 individual measures indicate considerable variation and opportunity for improvement.
- A detailed explanation of patient involvement in the survey development was provided. This involvement included the use of focus groups of patients and families to identify key experience domains. Cognitive interviews helped ensure the labels for reporting were understandable to patients.
- The developer was asked about the decision to structure the survey so that the questions are asked of parents instead of the child, particularly questions related to perceptions of communication. The developer explained that within the survey there are a number of key sections in which the parents are asked not to report on their own experiences of care but to report on their child's experience. Through cognitive testing it was found that parents were able to differentiate from how nurses and doctors were talking with their child versus talking to the adults. An adolescent self-report measure is being considered for the future. The Committee stressed the importance of giving adolescents a forum to articulate their hospital experience. The Committee further noted that too often providers only speak to adolescents' parents; members emphasized that viewing the adolescents as active participants in care will contribute to making their hospital experience less traumatic. The Committee discussed a desire to include teen mothers in the measures in order to capture their hospital experience; the developer explained, however, that obstetric care is excluded from the child HCAHPS, citing that it does not occur within the pediatric setting for which this measure is specified.
- The Committee overwhelmingly voted this measure to be a high priority.

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**2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-14; M-3; L-0; I-0** 2b. Validity: **H-15; M-2; L-0; I-0**

Rationale:

- The Committee discussed the risk adjustment model, which included variables for child age, and report of the following: child health status, relationship to child, age, education level, and language.

- The Committee discussed the sampling approach, noting the developer’s decision to include large urban centers. The developers did not take into account racial and ethnic diversity of the hospitals sample, and required 300 surveys per hospital for validation. The developer explained that the testing attempted to account for geographic diversity (i.e., Los Angeles, Boston, St. Louis, and Miami), and cultural diversity (i.e., Spanish population in Los Angeles and Miami).
- The developer performed initial testing in 70 hospitals in 33 states. Each measure was tested for reliability of the patient-level scales with internal consistency reliability testing. The Committee questioned the three items that had internal consistency reliability below 0.70: communication about meds (0.43), mistakes and concerns (0.26), child comfort (0.63). The developer specified that the internal consistency and reliability captures how well elements in each scale come together. It is therefore possible that the items themselves are conceptually related but might not be as empirically related as thought due to the different processes of care.
- Each measure’s performance score was tested for reliability using a signal-to-noise analysis. The Committee noted that the involving teens in care item with an inter-unit reliability of 0.62 was very low compared to other measures reliability ranged from 0.71 (informed in emergency room) to 0.93 (recommend hospital). The developer clarified that the involving teen hospital-level unit reliability is very close to 0.7 and is acceptable given that of the 300 random survey completes at a hospital, on average, only 20 percent would be teens who are eligible to answer the involving teens in care items.
- In the Committee discussion of exclusions there was a question raised about the ability of the measure to identify observation stays versus inpatient and outpatient stays. The Committee suggested ensuring the types of stays are clearly defined and acknowledged the lack of a consistent definition in the field itself.
- The Committee sought further clarification from the developer on the measure’s validity at both the scale and performance levels, noting that many of the survey items are not empirically tested.
- The developer provided several handouts describing the individual level composite and single-item correlation with the overall rating during the meeting. The Committee noted the positive correlation between the overall experience with care and rating the hospital, particularly recommending the hospital being the highest correlation with the overall rating.
- The Committee agreed that the composite-to-composite correlation was reasonably tested. The Committee requested further clarification on the low hospital-level correlations for: informed in ER (0.16), call button (0.19), cleanliness (-0.07), and quietness (0.02). The developer explained that parents are evaluating the aforementioned aspects of care as not being as essential to their overall care. Likewise, there may be differences in experience with the ER versus with inpatient stay.
- The Committee recommended prioritizing the survey question based on what the patients find most meaningful to their overall care in order to avoid the burden of completing a lengthy survey. For example, there have been studies linking cleanliness to safety and quality, demonstrating that this information is valuable to hospitals and patients.

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### **3. Feasibility: H-14; M-3; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)*

#### Rationale:

- The Committee commented that the survey could be considered burdensome due to its length.

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#### **4. Use and Usability: H-12; M-5; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

##### Rationale:

- The Committee indicated that there was no information in the submission that spoke to the intended use of the measure.
- The developer explained that this measure is currently being used in several hospitals some insurers are beginning to require use contractually.

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#### **5. Related and Competing Measures**

- NQF staff identified this measure as competing with measure #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay). Measure #0725 was not recommended by the Committee for NQF endorsement and consequently the Committee did not vote on a superior measure. The Committee later recommended both measures as suitable for endorsement and on November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that both measures were competing and chose measure #2548 as the superior measure that should be recommended for endorsement.
- The Committee commented that this measure was superior due to its consistency with the other HCAHPS tools, and because the scoring scales are more patient/family friendly.
- The measures from HCAHPS – Child Version have been tested and validated on a much wider group of hospital patients and were considered more thorough, thus considered stronger in both reliability and validity.
- There is greater likelihood of wide use and public reporting of the measures nationwide.

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#### **Standing Committee Recommendation for Endorsement: Y-17; N-0**

#### **6. Public and Member Comment: September 5, 2014 – October 3, 2014**

- One commenter supported #2458 (Child HCAHPS) over #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay), stating it was developed in accordance with CAHPS design principles and will be supported by the Agency for Healthcare Research and Quality.

##### NQF Response:

- The Committee chose measure #2548 as the superior measure that should be recommended for endorsement.

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#### **7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Endorsement

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#### **8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Endorsement

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## 9. Appeals

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### 0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)

[Submission](#) | [Specifications](#)

**Description:** The CAHPS Health Plan Survey is a standardized survey instrument which asks enrollees to report on their experiences accessing care and health plan information, and the quality of care received by physicians. HP-CAHPS Version 4.0 was endorsed by NQF in July 2007 (NQF #0006). The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at <https://cahps.ahrq.gov/surveys-guidance/hp/index.html>.

The survey's target population includes individuals of all ages (18 and older for the Adult version; parents or guardians of children aged 0-17 for the Child version) who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment.

The CAHPS Adult Health Plan Survey has 39 items, and the CAHPS Child Health Plan Survey has 41 core items. Ten of the adult survey items and 11 of the child survey items are organized into 4 composite measures, and each survey also has 4 single-item rating measures. Each measure is used to assess a particular domain of health plan and care quality from the patient's perspective.

Measure 1: Getting Needed Care (2 items)

Measure 2: Getting Care Quickly (2 items)

Measure 3: How Well Doctors Communicate (4 items in Adult survey & 5 items in Child survey)

Measure 4: Health Plan Information and Customer Service (2 items)

Measure 5: How People Rated Their Personal Doctor (1 item)

Measure 6: How People Rated Their Specialist (1 item)

Measure 7: How People Rated Their Health Care (1 item)

Measure 8: How People Rated Their Health Plan (1 item)

**Numerator Statement:** We recommend that CAHPS Health Plan Survey items and composites be calculated using a top-box scoring method. The top-box score refers to the percentage of patients whose responses indicated that they "always" received the desired care or service for a given measure.

The top box numerator for each of the four Overall Ratings items is the number of respondents who answered 9 or 10 for the item; with a 10 indicating the "Best possible."

**Denominator Statement:** The measure's denominator is the number of survey respondents who answered the question. The target population for the survey includes all individuals who have been enrolled in a health plan for at least 6 (Medicaid) or 12 (Commercial) months with no more than one 30-day break in enrollment. Denominators will vary by item and composite.

**Exclusions:** Individuals are excluded from the survey target population if:

- 1) They were not continuously enrolled in the health plan (excepting an allowable enrollment lapse of less than 30 days).
- 2) Their primary health coverage is not through the plan.
- 3) Another member of their household has already been sampled.

4) They have been institutionalized (put in the care of a specialized institution) or are deceased.

**Adjustment/Stratification:**

**Level of Analysis:** Health Plan

**Setting of Care:** Other

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Agency for Healthcare Research and Quality

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**STANDING COMMITTEE MEETING [07/29/2014]**

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-15; N-0**; 1b. Performance Gap: **H-8; M-7; L-0; I-0**; 1c. Priority: **H-14; M-1; L-0; I-0**

Rationale:

- Although the developer did not identify healthcare interventions that can influence the patient on the form, the Committee used its expert judgment and rated the evidence high.
- Data on performance gap was provided in the data dictionary. The interquartile ranges were generally fewer than ten points, meaning performance was in the 50-70% range.
- Distribution by gender, age group, and ethnicity were provided in the submission. Scores by gender and race/ethnicity were also provided in a separate excel spreadsheet.
- The developer explained that they conducted focus groups to identify survey questions. Patients described how wait times negatively impacted experience as well as the ability to have a relationship with one provider who could deliver continuity of care.

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**2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

*\*The testing of these measures was different for the adult and child measures that the measure is composed of. Therefore, for validity, the Committee elected to break the adult and child measures up and vote on each individually.*

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-3; M-11; L-0; I-1** 2b.

VALIDITY OF ADULT MEASURES: **H-7; M-8; L-0; I-0**

ORIGINAL VOTES FOR VALIDITY OF CHILD MEASURES: **H-1; M-2; L-6; I-6**

UPDATED VOTES FOR VALIDITY OF THE CHILD MEASURE: **H-9; M-9; L-0; I-0**

Rationale:

- Given the fact that this survey is administered at the health plan level, the Committee sought clarity regarding how the respondent would identify which “specialist” the question about specialist refers to. The developer explained that the patient is given a definition of specialist care and then asked if they’ve visited that a provider or physician who provides specialist care.
- The reliability testing of the patient-level instrument was determined through internal consistency reliability. The Cronbach’s alphas for three of the four adult and child scales were below .70. How well doctors communicate was above .80. There was no reliability testing of the single-item measures. Reliability of the performance scores was measured by analyzing



between- and within-plan variance (i.e. signal to noise). Most results were greater than .70. The developer explained that some of the specialist rating was due to the low number of respondents. Measure respondent number can be impacted by the number of health plan members that skipped certain survey items based on the services received or care utilized. For example, members may have skipped the Customer Service Rating if they had not contacted the health plan customer service department. The Committee expressed concern about the reliability of these items across health plans if this scenario was a common occurrence. The developer indicated that plans are notified that for certain questions, oversampling may need to occur in order to obtain statistically significant response rates. Based on some of the concerns raised, the Committee was given the option of separating the child measures from the adults; the Committee declined and both measures (i.e., child and adult measures) passed the reliability criteria.

- The validity testing for the plan-level performance scores were conducted with correlation to global ratings using Spearman rank order correlation. A number of the results were low, including the child global rating of the specialist and all four child multi-item measures (0.02, -0.07, -0.15, 0.03). Individual level validity testing was not provided for the child measures. Due to the lack of individual level validity indicators for the child measures, the Committee agreed to separate the validity votes for the child and adult measures. The Committee then voted the child measures to have insufficient validity testing. The developers indicated that they could submit the appropriate testing during the comment period. At that time, the Committee can review the updated testing and re-vote if it so decides.
- The measure specifications indicate that top box scoring is recommended. The developers chose to recommend top box because the CAHPS measures are frequently publically reported and there is evidence that consumers and patients find top box scoring more meaningful.
- There was confusion about whether or not proxy responses are allowed. The developer clarified that they are not.
- The developer explained that members of the same household are excluded because they had found that the correlation was too high.
- During the public commenting period, the developer provided the individual measure level validity testing results for the child measures. The information provided included item to composite correlations, composite to composite correlations and individual level composite and single item correlations with the overall rating. The information provided was consistent with the materials the Committee reviewed for the adult measure components.
- On its post-comment call, the Committee verified the data submitted met the same criteria as considered for the adult measures.

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### **3. Feasibility: H-11; M-4; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

#### Rationale:

- The Committee raised no concerns with the measure's feasibility.

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### **4. Use and Usability: H-14; M-0; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

Rationale:

- The Committee raised no concerns with the measure’s use or usability.
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**5. Related and Competing Measures**

- No related or competing measures noted.
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**Standing Committee Recommendation for Endorsement: Y-15; N-0 (ADULT MEASURES); Y-18; N-0 (CHILD MEASURES)**

**6. Public and Member Comment: September 5, 2014 – October 3, 2014**

- Commenter supported the Committee’s decision to evaluate the validity of the adult and child measures of the CAHPS Health Plan Survey submission separately, and to reconsider the child measures when the developer submits validity testing data. In advance of the additional testing data, the commenter strongly support the direction of the child measures and the developer’s use of top box scoring to the extent that it meaningfully distinguishes between health plans’ performance.
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**7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Continued Endorsement
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**8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Continued Endorsement
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**9. Appeals**

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**0258 CAHPS In-Center Hemodialysis Survey**

[Submission](#) | [Specifications](#)

**Description:** Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers , including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.

Three measures:

- M1: Nephrologists’ Communication and Caring
- M2: Quality of Dialysis Center Care and Operations
- M3: Providing Information to Patients

Three Global items:

- M4: Rating of the nephrologist
- M5: Rating of dialysis center staff

c. M6: Rating of the dialysis facility

The first three measures are created from six or more questions from the survey that are reported as one measure score. The three global items use a scale of 0 to 10 to measure the respondent's assessment

**Numerator Statement:** Each measure encompasses the responses for all questions included in the particular measure. Missing data for individual survey questions are not included in the calculations. Only data from a "completed survey" is used in the calculations. The measures score averages the proportion of those responding to each answer choice in all questions. Each global rating will be scored based on the number of respondents in the distribution of top responses; e.g., the percentage of patients rating the facility a "9" or "10" on a 0 to 10 scale (with 10 being the best).

**Denominator Statement:** Patients with ESRD receiving in-center hemodialysis at sampled facility for the past 3 months or longer are included in the sample frame. The denominator for each question is the sample members that responded to the particular question.

Proxy respondents are not allowed.

Only complete surveys are used. A complete survey is defined as a one where the sampled patient answered at least 50 percent of the questions that are applicable to all sample patients, which defines the completeness criteria.

**Exclusions:** Exclusions:

- a. Patients less than 18 years of age
- b. Patients not receiving dialysis at sampled facility for 3 months or more
- c. Patients who are receiving hospice care
- d. Any surveys completed by a proxy (mail only mode or mixed mode)
- e. Any ineligible patients due to death, institutionalization, language barrier, physically or mentally incapable.

**Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Dialysis Facility

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Centers for Medicare & Medicaid Services

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## STANDING COMMITTEE MEETING [07/28/2014]

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-18; N-0**; 1b. Performance Gap: **H-10; M-7; L-1; I-0**; 1c. Priority: **H-17; M-1; L-0; I-0**

Rationale:

- The Committee concluded that there are possible structures, process, interventions or services put in place by a dialysis center that would influence the experience of the patient.
- Though the developer didn't include data on performance of the measures, the Committee used its expert judgment to stress the significant gap in care this area, particularly when examining the vulnerability of the ESRD population and minority populations. Comorbidities such as

diabetes and heart disease are conditions that occur predominantly in the black population and therefore significant disparities exist.

- The developer conducted focus groups with ESRD patients and families to identify what items to include in the survey.
- The Committee found this measure to address a high priority.

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## **2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria**

*\*The testing of these measures was different for the multi-item measures and the global measures. Therefore, the Committee elected to break the multi-item measures and the global measures up and vote on each individually.*

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

ORIGINAL VOTES FOR MULTI-ITEM MEASURES: 2a. Reliability: **H-5; M-13; L-0; I-0** 2b. Validity: **H-2; M-6; L-2; I-8 (\*gray zone\*)**

UPDATED VOTES FOR MULTI-ITEM MEASURES: 2a. Reliability: **H-8; M-10; L-0; I-0** 2b. Validity: **H-5; M-13; L-0; I-0**

ORIGINAL VOTES FOR GLOBAL MEASURES: *The Committee agreed there was insufficient evidence and will vote on these measures in October when testing data is submitted.*

UPDATED VOTES FOR GLOBAL MEASURES: 2a. Reliability: **H-9; M-9; L-0; I-0** 2b. Validity: **H-8; M-10; L-0; I-0**

### Rationale:

- The Committee noted that the data provided was based on 2005 pilot data and questioned whether this information was outdated. The developer explained that the data currently submitted is the same data used in the originally endorsed measure but remarked that there would be new data in January 2015 with the first administration of the survey being reported to CMS. The Committee's review of this submission will examine the data *currently* provided.
- The Committee remarked that dialysis is now being provided in multiple settings such as nursing homes, patient homes, outpatient care and inpatient hospital treatment and questioned whether the administration limits the setting to only in-center hemodialysis. The developer confirmed that yes, the measures assess on patients receiving dialysis at in-center hemodialysis facilities, which represents the vast majority of ESRD dialysis treatment.
- The measure is composed of three multi-item measures and three single item, or global, measures. The multi-item measures were tested for reliability and validity at both the instrument and facility levels. No testing data was provided for the single-item measures. The Committee discussed the situation and determined it best to vote separately on the multi-items versus the global measures. The voting results above reflect this approach.
  - 3 multi-item measures:
    - The reliability of the multi-item measures was tested at the scale level using a Cronbach's alpha, with strong results. The reliability of the multi-item measures at the performance score level was also demonstrated to be high or moderate. The validity of the multi-item measures was determined to be insufficient due to insufficient data. The voting results leave the multi-item measures in the gray zone as they fell between 40 to 60 percent, meaning consensus was not reached according to NQF guidance. The Committee will again consider these measures following the public comment period.

- 3 global item measures:
  - The global items were voted to have insufficient testing data.
  - Upon further discussions between NQF and the developer, the developer agreed to submit reliability and validity testing data for the global measures during the public comment period. The Committee will examine this additional data in October and make a recommendation for endorsement at that time.
- During the public commenting period, the developer provided additional results related to the reliability and validity of the three global rating items: Rating of the Nephrologist(s); Rating of the Dialysis Center Staff; and, Rating of the Dialysis Center at both the patient and facility levels. Reliability testing results were strong; and facility level validity showed higher correlations between the individual questions and the global ratings as compared to the patient level.
- The Committee asked for clarification regarding the inclusion of home-dialysis patients and the developer responded that the survey was developed and tested for in-center hemodialysis only.
- The Committee also asked if the measures will be included in the Five-Star Rating System for Dialysis Facilities to be released in January. The developer indicated that the measures will not be included in 2015, but will be evaluated for inclusion in future years.

### **3. Original Votes For Feasibility: H-7; M-10; L-1; I-0**

#### **Updated Votes For Feasibility: H-9; M-9; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

#### Rationale:

- The Committee questioned how long it takes to administer the survey. The developer explained that the survey takes an average of 15 minutes to administer over the telephone. The survey has recently been shortened in preparation for national implementation.

### **4. Original Votes For Use and Usability: H-9; M-5; L-2; I-2**

#### **Updated Votes For Use and Usability: H-11; M-7; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

#### Rationale:

- One member questioned how the issue of the reluctance of patients to provide negative feedback is addressed. The developer explained that the survey may not be administered within the facility and instead has to be managed by a third party vendor who will contact the patient directly. This mitigates the unease a patient might feel to report negative information directly to the facility where he or she had recently received treatment

### **5. Related and Competing Measures**

- No related or competing measures noted.

**Original Votes For Standing Committee Recommendation for Endorsement: Y-10; N-8**

**Updated Votes For Standing Committee Recommendation for Endorsement: Y-18; N-0**

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## 6. Public and Member Comment: September 5, 2014 – October 3, 2014

- The commenter agreed to not recommend due to the lack of validity of the composite measures and inclusion of only in-center hemodialysis facilities.

Committee response:

- The developer submitted additional testing information during the comment period which the Committee reviewed during its post-comment call on October 20.

Developer response:

- In response to the comment regarding the inclusion of only in-center hemodialysis centers, about 370,000 ESRD beneficiaries were covered under fee-for-service Medicare and received dialysis from about 5800 dialysis facilities with \$10.7 billion in Medicare expenditures for all outpatient dialysis services included in the payment bundle in 2012.

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## 7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0

- **Decision:** Approved for Continued Endorsement

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## 8. Board of Directors Vote: Yes (December 22, 2014)

- **Decision:** Ratified for Continued Endorsement

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## 9. Appeals

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### 1623 Bereaved Family Survey

[Submission](#) | [Specifications](#)

**Description:** The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget.

Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received.

A growing body of research has underscored the degree to which end-of-life care in the United States needs to be improved. The challenges of end-of-life care are particularly significant in the U.S. Department of Veterans Affairs Health Care system because the VA provides care for an increasingly older population with multiple comorbid conditions. In FY2000, approximately 104,000 enrolled Veterans died in the U.S., and approximately 27,200 Veterans died in VA facilities. At least 30% of the Veterans are over age 65 now, and 46% will be over 65 by 2030. Therefore, it is clear that the number of deaths in VA facilities will increase substantially as the World War II and Korean War Veterans age.

These demographic trends mean that, like other healthcare systems, the VA will face substantial challenges of providing care to Veterans near the end-of-life.

The VA has addressed this challenge aggressively in the last 5 year, however the VA has not yet developed and implemented measures of the quality of end-of-life care it provides to Veterans. There are at least 3 reasons why adoption of a quality measurement tool is essential. First, it would make it possible to define and compare the quality of end-of-life care at each VA facility and to identify opportunities for improvement. Second, facilities and VISNs (geographic service divisions within the VA system) would be able to monitor the effectiveness of efforts to improve care locally and nationally, and would enable monitoring of the impact of the Comprehensive End of Life Care Initiative, ensuring that expenditures are producing improvements in care. Third, it will help the VA to recognize those facilities that provide outstanding end-of-life care, so that successful processes and structures of care can be identified and disseminated throughout the VA.

The BFS's 17 close-ended items ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support, pain management and personal care needs. Two additional items (not used in scoring) are open-ended and give family members the opportunity to provide comments regarding the care the patient received. The BFS has undergone extensive development and has been pilot-tested for all inpatient deaths in Q4FY2008 in seven VISNs (1,2,4,5,8,11, and 22). As of October 1, 2009, Q1FY2010, all inpatient deaths in all VISNs were included in the project.

**Numerator Statement:** The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.

**Denominator Statement:** The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); 3) deaths that occur in the operating room; and 4) deaths due to suicide or accidents. Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available to the family member.

**Exclusions:** - Veterans for whom a family member knowledgeable about their care cannot be identified (determined by family member's report)

- Absence of a current address and/or working telephone number for a family member or emergency contact.
- Deaths within 24 hours of admission without a prior hospitalization of last least 24 hours in the last 31 days of life.
- Deaths that occur in the operating room during an outpatient procedure.
- Deaths due to a suicide or accident
- Surveys in which less than 12 items were answered.

**Adjustment/Stratification:**

**Level of Analysis:** Facility, Population : National, Population : Regional

**Setting of Care:** Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility

**Type of Measure:** Outcome

**Data Source:** Electronic Clinical Data : Electronic Health Record, Other

**Measure Steward:** Department of Veterans Affairs / Hospice and Palliative Care

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## **STANDING COMMITTEE MEETING [07/28/2014]**

### **1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-18; N-0**; 1b. Performance Gap: **H-10; M-8; L-0; I-0**; 1c. Priority: **H-16; M-2; L-0; I-0**

#### Rationale:

- The Committee agreed that there are structures, processes and interventions that can influence the bereaved family's experience of care.
  - One member suggested changing the title of the measure to indicate it is a performance measure and to further distinguish this measure from the FEHC.
  - Additional information provided after the submission deadline demonstrate variability and opportunity for improvement. In addition, the developer described how performance scores have consistently risen and asserted that although the rise may seem low, even a change of one of two percent is significant. The Committee agreed.
  - The developer provided information about involving consumers through qualitative interviews with family representatives in four VA facilities.
  - One Committee member suggested the submission make clearer the fact that that this measure is for veterans who die in the hospice and not for all end of life veterans.
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### **2. Scientific Acceptability of Measure Properties:** The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

ORIGINAL VOTES FOR 2a. Reliability: **H-0; M-7; L-4; I-7** 2b. Validity: **H-0; M-0; L-0; I-0**

UPDATED VOTES FOR 2a. Reliability: **H-7; M-10; L-0; I-1** 2b. Validity: **H-9; M-7; L-1; I-1**

#### Rationale:

- A Cronbach's alpha was calculated for the survey-level; however, Cronbach's is intended to be used for testing of multi-item scales. In further discussions with NQF, the developer indicated testing appropriate for single-item scores could be conducted and agreed to submit this information during the public commenting period for the Committee to review.
- The instrument-level validity was conducted by analyzing correlation of the scale items and was acceptable at .58.
- Although required, no testing data was submitted for the computed facility score. Following the meeting, the developer noted that the testing data could be computed at a performance level score and submitted to NQF during the commenting period. The Committee will review the testing data at that time and determine whether or not it meets the NQF Criteria for Endorsement.
- There was concern that the significant number of exclusions—which include death by suicide, accidental deaths and other deaths that occur in the emergency department—could result in a loss of important feedback about veterans who experience mental health challenges. The developer believed this group to be relatively small but indicated further examination of the population was a possibility.



During the public and member commenting period, the developer provided extensive information on both reliability and validity testing of the single-item measures at the facility level. The Committee reviewed this additional data during its post-comment call. For validity testing, associations between the facility measures and the performance measure are analyzed, with the hypothesis that the higher the receipt of identified best practices, the greater the association with the performance measure itself. Testing demonstrated a consistent association. For the facility level reliability, the developers examined the variation within a facility using signal-to-noise interclass correlation coefficients. Results showed that the signal-to-noise of the between facility variability relative to the total variability was significant. A Spearman-Brown split-half for reliability was also conducted; for this test, the aggregated facility mean scores was .80, surpassing the recommended reliability threshold of .7.

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**3. Original Votes For Feasibility: H-0; M-0; L-0; I-0**

**Updated Votes For Feasibility: H-11; M-6; L-1; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

Rationale:

- The Committee raised no concerns with the measure's feasibility.

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**4. Original Votes For Use and Usability: H-0; M-0; L-0; I-0**

**Updated Votes For Use and Usability: H-8; M-10; L-0; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

Rationale:

- On the post-comment call, the developer explained that the measure results are reported within the VA but not yet publically reported. Anyone who has a VA log in can access the results through the BFSC system. The developer expressed confidence that within the next three years, the Bereaved Family Survey will be publically reported.
- The Committee noted the potential usefulness for this measure to be used in settings other than the VA and the developer explained that with a number of small changes to the measure specifications, this could be possible.

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**5. Related and Competing Measures**

- NQF staff identified this measure as competing with measure #0208 (Family Evaluation of Hospice Care) and #1632 (CARE – Consumer Assessments and Reports at End of Life). The Committee has recommended both measures (0208 Family Evaluation of Hospice Care and 1623 Bereaved Family Survey) as suitable for endorsement and on November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that both measures were not competing and recommended that both measures continue to move forward for endorsement.
- Measure #1632 CARE – Consumer Assessments and Reports at End of Life was withdrawn and not considered by the Committee.

- The Committee commented that the focused VA population for this measure made it sufficiently different from #0208 Family Evaluation of Hospice Care and thus not competing.
- There is a need for both measures, and they should be considered complimentary.

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**Original Votes For Standing Committee Recommendation for Endorsement: N/A**

**Updated Votes For Standing Committee Recommendation for Endorsement: Y-17; N-1**

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## **6. Public and Member Comment**

- The commenter supported the direction of this measure particularly for quality improvement within VA-operated hospice facilities. However, did not see sufficient evidence to endorse this measure over 0208: Family Evaluation of Hospice Care, which applies to a broader population and provides similar information.

NQF response:

- NQF staff identified measures measure #1623 (Bereaved Family Survey) and #0208 (Family Evaluation of Hospice Care) as competing with one another. At the time of the in-person meeting, the developer did not provide sufficient evidence to evaluate reliability at the facility level or for the single-survey items for measure #1623. The developer submitted additional testing information during the comment period which the Committee reviewed during its post-comment call on October 20. The Committee has recommended both measures as suitable for endorsement.

Developer response:

- We propose that measures #1623 (the Bereaved Family Survey (BFS) Overall Rating of EOL Care) and # 0208 (Family Evaluation of Hospice Care) be considered related measures. Although the BFS Overall Rating of EOL Care is currently only used in the VA health system, it could be applied to other health systems. The measure assesses care in the last 31 days of life regardless of setting and uses a single, global item rating. The FEHC utilizes a composite score only for patients and families who are receiving services from hospice agencies. Although much of the data analysis for the BFS Overall Rating of EOL Care is focused on the results of inpatient deaths, the measure is being applied to home deaths in the VA's Home Based Primary Care program where approximately 50% of all deaths are receiving hospice at the end of life. Unlike the FEHC, the BFS Overall Rating of EOL Care has developed a uniform process for identifying deaths, retrieving chart data (for demographic and clinical variables, and quality of care indicators), administering the survey, collecting and reporting the data. Additionally the BFS Overall Rating of EOL Care is linked with valuable demographic, clinical and process (i.e., quality of care indicators) variables, allowing for analysis of subgroups and effects of these variables on outcomes and actionable strategies to enhance EOL care.

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## **7. Consensus Standards Approval Committee (CSAC) Review (December 9, 2014): Y-12; N-0; A-0**

- **Decision:** Approved for Continued Endorsement

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## **8. Board of Directors Vote: Yes (December 22, 2014)**

- **Decision:** Ratified for Continued Endorsement

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## 9. Appeals

## Measures Not Endorsed

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### 0725 Validated Family-Centered Survey Questionnaire for Parents' and Patients' Experiences During Inpatient Pediatric Hospital Stay

[Submission](#) | [Specifications](#)

**Description:** This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores.

The 68 questions of the survey can be divided into 3 groups:

1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups:
  - a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical)
  - b. 3 skip questions to identify eligibility of following questions
  - c. 4 questions about the hospital environment
2. 35 questions that are part of 8 domains:
  - a. Partnership with nurses (9 questions)
  - b. Partnership with doctors (9 questions)
  - c. Identification of Attending Physician (1 question)
  - d. Patient Comfort (2 questions)
  - e. Communications about Medications (2 questions)
  - f. Admission (2 questions)
  - g. Discharge and Home Care Preparation (6 questions)
  - h. Emotional Satisfaction (4 questions)
3. 5 overall rating questions to be used individually
4. 2 open-ended questions allowing parents to write individual comments

**Type of Score:** The majority of the survey questions are categorical in nature. Ordinal measures enable the rating of experiences, dichotomous measures are used to assess if subsequent questions apply to the experiences of parents and the patient but a small number of questions are open-ended to allow any additional or more detailed comments. Domain scores are calculated as the percentage of domain questions answered in the most positive response category, the top-box, of all the domain questions the respondent answered.

**Target Population:** The target population is one of the parents, 18 years or older, of a child that stayed for at least one day in an inpatient unit at the hospital and was discharged during the previous time period, e.g. the last month or the last quarter.

**Timeframe:** Monthly or Quarterly

**Numerator Statement:** Rating questions can be categorized into one of following 8 measurement domains or are individual overall experience measures of parents' experiences during the last inpatient hospital stay of their child.

**8 Measurement Domains:**

1. Partnership with Nurses (9 questions)
2. Partnership with Doctors (9 questions)
3. Identification of Attending Physician (1 question)
4. Patient Comfort (2 questions)
5. Communication about Medications (2 questions)
6. Admission (2 questions)
7. Discharge and Home Care Preparation (6 questions)
8. Emotional Satisfaction (4 questions)

5 Individual Overall Experience Questions:

1. 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 child's stay?
2. How often did you feel confidence and trust that your child was receiving safe medical care?
3. How well did this hospital meet your expectations for the care you thought your child should receive?
4. How would you rate the overall quality of care that your child received?
5. How likely or unlikely are you to recommend this hospital to your family and friends?

**Denominator Statement:** Calendar Month:

The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar month.

Calendar Quarter:

The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar quarter.

**Exclusions:** All surveys are accepted even if item nonresponse is present. Item nonresponse might lead to a missing measure for certain questions. If none of the questions within a domain has been answered, the respondent will not have a score for this domain. No general exclusions.

**Adjustment/Stratification:**

**Level of Analysis:** Facility

**Setting of Care:** Hospital/Acute Care Facility

**Type of Measure:** PRO

**Data Source:** Patient Reported Data/Survey

**Measure Steward:** Boston Children's Hospital, Center for Patient Safety and Quality Research

**STANDING COMMITTEE MEETING [07/29/2014]**

**1. Importance to Measure and Report:** The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap, 1c. High Priority)

1a. Evidence: **Y-16; N-1**; 1b. Performance Gap: **H-9; M-6; L-2; I-0**; 1c. Priority: **H-9; M-3; L-4; I-1**

Rationale:

- The Committee agreed that there are structures, process and interventions that could influence the experience of the parent and patient's experiences during inpatient pediatric stay.

- The developer provided hospital level performance scores in the measuring testing attachment. Scores indicate considerable variation and opportunities for improvement.
- The Committee noted that the data presented on disparities was limited.
- The Committee discussed the use of parent focus groups (10 families) to identify ideal inpatient experience. The Committee requested that the developer explain the need to identify the “physician in charge” at a teaching hospital. The developer stated that identifying the attending physician was important to parents and was a challenge at large academic hospitals where care is commonly provided in teams and makes it hard to distinguish who is “in charge.” The developers noted that after adding this item on the survey, they saw improvements in performance.
- The Committee agreed that the measure was important for understanding physician and nurse communication and relationship with their patients, but falls short of understanding where quality improvement should be implemented in the hospital.
- The Committee questioned why the measures were only tested at Boston Children’s Hospital. The developer explained that this measure was limited to Boston Children’s Hospital due to limited resources, however the measure was later validated at a national level by recruiting hospitals through the Children’s Hospital Association. The developer noted several hospitals that were recruited opted out after being required by National Research Corporation (NRC) Picker to convert to a four-point scale in anticipation of the implementation of the HCAHPS.

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**2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

ORIGINAL VOTES FOR 2a. Reliability: **H-1; M-3; L-1; I-12** 2b. Validity: **H-0; M-0; L-0; I-0**

UPDATED VOTES FOR 2a. Reliability: **H-10; M-8; L-0; I-0** 2b. Validity: **H-4; M-14; L-0; I-0**

Rationale:

- The measure was validated nationally using data from 13 hospitals. Measure testing was performed at the parent-level instrument with a test-retest and internal consistency reliability reported for eight of the thirteen measures. Test-retest reliability less than 0.60 for four of the single-item measures: identification of attending, patient comfort, communication about medications, and admission. The Committee requested further clarification on the testing results for communication about medications. The developer explained that the “communication about medications” domain has two items, and, while they are conceptually related, they may not be examining the same process.
- The Committee noted that the response rate was very low (40 percent) given that 2,500 surveys sent out by one hospital and only 221 were returned, yielding a response rate of 8.7 percent. The Committee asked the developer to comment on the low response rate and its effect on the measures reliability. The developer cited two reasons for the low response rate: a family cannot receive more than one survey in six months and hospitals had been using a previous version of the survey and did not have enough samples yet of the new version. The reliability of the computed hospital score was not provided. Given that both levels of reliability testing are required for PRO-PMs, the rating would be insufficient information. As such, the Committee voted the measure down on the reliability criterion. The developer indicated the hospital score reliability data during the public commenting period. The Committee will review the measure again following the provision of this additional testing data.

- During the public commenting period, the developers submitted additional data about the reliability and validity of the computed hospital scores. The reliability testing estimates were shown to be at .7 or above, thus deemed acceptable for all but one measurement domain which was at .63. Validity testing was assessed using a Pearson correlation coefficient with a fairly large result, consistent with the hypothesized results.
- Upon its review of the additional submitted data, the Committee determined the measure to meet the reliability and validity criteria.

**3. Original Votes For Feasibility: H-0; M-0; L-0; I-0**

**Updated Votes For Feasibility: H-5; M-13; L-0; I-0**

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)*

Rationale:

- The Committee raised no concerns with the measure’s feasibility.

**4. Original Votes For Use and Usability: H-0; M-0; L-0; I-0**

**Updated Votes For Use and Usability: H-11; M-6; L-1; I-0**

*(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)*

Rationale:

- The Committee raised no concerns with the measure’s use or usability.

**5. Related and Competing Measures**

- NQF staff identified this measure as competing with measure 2548 (Child HCAHPS) The Committee has recommended both measures as suitable for endorsement and on November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that both measures were competing and chose measure #2548 as the superior measure that should be recommended for endorsement and measure #0725 was no longer recommended for endorsement.
- The Committee indicated their preference for measure #2548 over #0725 predominantly based on the consistency with the testing and implementation of the CAHPS measures.
- The Committee considers #2548 more robust than #0725 and overall felt the reliability and feasibility of the CAHPS derived measures were stronger.

**Original Votes For Standing Committee Recommendation for Endorsement: N/A**

**Updated Votes For Standing Committee Recommendation for Endorsement: Y-17; N-1**

**6. Public and Member Comment: September 5, 2014 – October 3, 2014**

- Commenter encouraged the Committee to weigh the benefits of alignment with existing CAHPS surveys when recommending measure harmonization between 0725 and 2548.

NQF response:

- NQF staff identified measures #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay" and #2458 (CAHPS Hospital Survey - Child Version) as competing with one another. The Committee chose measure #2548 as the superior measure that should be recommended for endorsement and measure #0725 was no longer recommended for endorsement.

Developer response:

- We believe that measures #0725 and #2458 should each maintain endorsement. We acknowledge that there are some common concepts and questions between the two surveys on which the measures are based. There are also distinct strengths and features that are unique to each survey. Until we have further experience with the recently endorsed measure #2458 based on Child HCAHPS, we believe it is too early to conclude that endorsement should end for measure #0725.

### Measures Withdrawn from Consideration

The following measure that was previously endorsed by NQF has been withdrawn from maintenance of endorsement after initial submission:

| Measure   | Reason for withdrawal  |
|---|--|
| <p><b>1632 CARE - Consumer Assessments and Reports of End of Life</b></p> | <p>Data is currently unavailable to test for reliability and validity at the performance score level. In the future, the developer plans to merge this measure with the CAHPS Hospice instrument to create a new measure and thus chose to withdraw measure #1632 from consideration at this time.</p> |



## Appendix B: NQF Person- and Family-Centered Care Portfolio

NQF's person- and family-centered care portfolio consists of 56 measures. The Person and Family Centered Care Standing Committee is responsible for 12 measures (\*denotes phase 1 measures) in phase 1. One measure in red is newly submitted for consideration for endorsement by the Person and Family Centered Care Standing Committee in 2014.

### Person- and Family-Centered Care Portfolio Characteristics

#### **By Measure Type**

*Outcome: 49*  
*Process: 7*  
*Structure: 0*  
*Efficiency: 0*  
*Cost/Resource Use: 0*  
*Composite: 0*

#### **By Applicable Care Setting**

*Ambulatory/Outpatient Care: 33*  
*Dialysis Facility: 1*  
*Home Health: 7*  
*Hospice: 3*  
*Hospital/Acute Care: 3*  
*Post-Acute/Long-Term Care: 7*  
*Behavioral Health/Inpatient Psychiatric Facility: 2*  
*Imaging Facility: 0*  
*Laboratory: 0*  
*Urgent Care: 0*

#### **By Data Source**

*Electronic Administrative Claims: 2*  
*Electronic Administrative Claims (EHR): 8*  
*Electronic Clinical Data: 4*  
*Electronic Clinical Data (EHR): 3*  
*Paper Medical Records: 0*  
*Patient-Reported Data/Survey: 39*

#### **By Use in Federal Programs**

*Ambulatory Surgical Center Quality Reporting Program: 0*  
*Home Health Quality Reporting: 6*  
*Hospital Inpatient Quality Reporting: 3*  
*Hospital Value-Based Purchasing: 1*  
*Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults: 1*  
*Meaningful Use: 0*  
*Medicare Part C Plan Rating: 2*  
*Medicaid Shared Savings Program: 2*  
*Nursing Home Quality Initiative and Nursing Home Compare: 4*  
*PPS-Exempt Cancer Hospital Quality Reporting: 1*  
*Physician Feedback: 1*  
*Physician Quality Reporting System (PQRS): 10*

### Experience of Care

- 0005\* CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child
- 0006\* CAHPS Health Plan Survey v 4.0 - Adult questionnaire
- 0009 CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement
- 0010 Young Adult Health Care Survey (YAHCS)
- 0011 Promoting Healthy Development Survey (PHDS)
- 0166\* HCAHPS
- 0208\* Family Evaluation of Hospice Care
- 0228\* 3-Item Care Transition Measure (CTM-3)

- 0258\* CAHPS In-Center Hemodialysis Survey
- 0517\* CAHPS® Home Health Care Survey
- 0691 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument
- 0692 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument
- 0693 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument
- 0725\* Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay
- 0726\* Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services
- 1623\* Bereaved Family Survey
- 1632\* CARE - Consumer Assessments and Reports of End of Life
- 1741 Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey
- 1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy
- 1904 Clinician/Group's Cultural Competence Based on the CAHPS® Cultural Competence Item Set
- 2548\* Child Hospital CAHPS (HCAHPS) (\*new measure submission)

## Function/HRQoL

- 0030 Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment – A patient reported measure
- 0167 Improvement in Ambulation/locomotion
- 0174 Improvement in bathing
- 0175 Improvement in bed transferring
- 0176 Improvement in management of oral medications
- 0260 Assessment of Health-related Quality of Life in Dialysis Patients
- 0422 Functional status change for patients with knee impairments
- 0423 Functional status change for patients with hip impairments
- 0424 Functional status change for patients with foot/ankle impairments
- 0425 Functional status change for patients with lumbar spine impairments
- 0426 Functional status change for patients with shoulder impairments

- 0427 Functional status change for patients with elbow, wrist or hand impairments
- 0428 Functional status change for patients with general orthopedic impairments
- 0429 Change in Basic Mobility as Measured by the AM-PAC:
- 0430 Change in Daily Activity Function as Measured by the AM-PAC:
- 0673 Physical Therapy or Nursing Rehabilitation/Restorative Care for Long-stay Patients with New Balance Problem
- 0685 Percent of Low Risk Residents Who Lose Control of Their Bowels or Bladder (Long-Stay)
- 0688 Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)
- 0700 Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation
- 0701 Functional Capacity in COPD patients before and after Pulmonary Rehabilitation

### Miscellaneous (Language, communication, culture, staff survey)

- 1821 L2: Patients receiving language services supported by qualified language services providers
- 1824 L1A: Screening for preferred spoken language for health care
- 1888 Workforce development measure derived from workforce development domain of the C-CAT
- 1892 Individual engagement measure derived from the individual engagement domain of the C-CAT
- 1894 Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT
- 1896 Language services measure derived from language services domain of the C-CAT
- 1898 Health literacy measure derived from the health literacy domain of the C-CAT
- 1901 Performance evaluation measure derived from performance evaluation domain of the C-CAT
- 1905 Leadership commitment measure derived from the leadership commitment domain of the C-CAT
- 1919 Cultural Competency Implementation Measure

### Symptom/Symptom Burden (Pain)

- 0177 Improvement in pain interfering with activity
- 0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment
- 0420 Pain Assessment Prior to Initiation of Patient Therapy
- 0676 Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)
- 0677 Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)

## Appendix C: Person- and Family-Centered Care Portfolio—Use in Federal Programs

| NQF # | Title  | Federal Programs: Finalized as of 2013 - 2014  |
|-------|--|--|
| 0005  | CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child (4 adult measures, 6 child measures) | Medicare Shared Savings Program; Physician Quality Reporting System (PQRS)   |
| 0006  | CAHPS Health Plan Survey v 4.0 - Adult questionnaire   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS) |
| 0166  | HCAHPS   | Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing; PPS-Exempt Cancer Hospital Quality Reporting  |
| 0228  | 3-Item Care Transition Measure (CTM-3)   | Hospital Inpatient Quality Reporting   |
| 0517  | CAHPS® Home Health Care Survey   | Home Health Quality Reporting  |

## Appendix D: Project Standing Committee and NQF Staff

### STANDING COMMITTEE

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## Appendix E: Implementation Comments

Comments received as of June 27, 2014

| Topic   | Commenter                               | Comment  |
|---|---|--|
| 0726: Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)   | Submitted by Ms. Samantha Shugarman, MS | <p>1) The measure initially state 6 domains, under numerator it lists 5. The empowerment domain is missing.</p> <p>2) It would be easier to understand the denominator if it stated: “...Number of clients completing at least 2 items in each domain.”</p> <p>3) Similarly, in the exclusion section, “Non-respondents, persons who submit a blank survey, and persons completing only 1 question in each domain.” Phrasing it with “each” makes it clearer.</p> <p>4) Each domain is scored as the percentage of clients at time of discharge or at annual review who respond positively to the domain on the survey for a given month. This is troublesome should the person be hospitalized multiple times with the first time being satisfied, but the next time not. It would be more beneficial based on most recent hospitalization. This would allow it to be tied to “at time of discharge or at annual review” stated in the first sentence under measure description.</p> <p>5) It would have been helpful when forming comments to see the actual questions within each domain to better understand this measure.</p> |
| 0725: Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay<br>2548: Child Hospital CAHPS (HCAHPS) | Submitted by Ms. Marie Castelli, MPH    | <p>NQF #0725: This measure is redundant with NQF #2548 Child HCAHPS. This measure should not be retained because it is intended for the same population as the Child HCAHPS survey and includes duplicative concepts and questions. It should be replaced with NQF #2548.</p> <p>NQF #2548: We strongly support this measure as the best survey option to measure the parents’ perspective on their child’s inpatient experience. This survey was developed in accordance with CAHPS design principles and will be supported by the Agency for Healthcare Research and Quality. This survey should replace NQF #0725 based on the rationale outlined by the measure submitted as part of their response to 5.b.1.</p>  |



## Appendix F: Measure Specifications

|   |     |
|---|-----|
| 0005 CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child (4 adult measures, 6 child measures).....                                  | 82  |
| 0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial).....       | 86  |
| 0166 HCAHPS .....   | 91  |
| 0208 Family Evaluation of Hospice Care.....   | 105 |
| 0228 3-Item Care Transition Measure (CTM-3).....  | 107 |
| 0258 CAHPS In-Center Hemodialysis Survey .....  | 110 |
| 0517 CAHPS® Home Health Care Survey (experience with care) .....  | 116 |
| 0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay ..... | 124 |
| 0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS) .....                                      | 130 |
| 1623 Bereaved Family Survey.....  | 135 |
| 1632 CARE - Consumer Assessments and Reports of End of Life .....   | 139 |
| 2548 Child Hospital CAHPS (HCAHPS).....   | 144 |

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## 0005 CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child (4 adult measures, 6 child measures)

### STATUS

Steering Committee Review

### STEWARD

Agency for Healthcare Research and Quality

### DESCRIPTION

The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months.

The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed.

CG-CAHPS Survey Version 1.0 was endorsed by NQF in July 2007 (NQF #0005). The development of the survey is through the CAHPS consortium and sponsored by the Agency for Healthcare Research and Quality. The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at <https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html>.

The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item for the following categories of care or services provided in the medical office:

1. Getting Timely Appointments, Care, and Information (5 items)
2. How Well Providers Communicate With Patients (6 items)
3. Helpful, Courteous, and Respectful Office Staff (2 items)
4. Overall Rating of Provider (1 item)

The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item for the following categories of care or services provided in the medical office,:

1. Getting Timely Appointments, Care, and Information (5 items)
2. How Well Providers Communicate With Patients (6 items)
3. Helpful, Courteous, and Respectful Office Staff (2 items)
4. Overall Rating of Provider (1 item)
5. Provider's Attention to Child's Growth and Development (6 items)
6. Provider's Advice on Keeping Your Child Safe and Healthy (5 items)

### TYPE

PRO

## DATA SOURCE

Patient Reported Data/Survey CAHPS Clinician & Group, Adult Survey 2.0

CAHPS Clinician & Group, Child Survey 2.0

Available in English and Spanish at <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/surveysummary.html>

Available at measure-specific web page URL identified in S.1 Attachment CG\_CAHPS\_Main\_Supplementary\_Tables\_5-05-14.xlsx

## LEVEL

Clinician : Group/Practice, Clinician : Individual

## SETTING

Ambulatory Care : Clinician Office/Clinic

## TIME WINDOW

Respondents describe their experiences accessing and using care, and interacting with their providers, over the past 12 months. There are not different time periods for the numerator and denominator.

## NUMERATOR STATEMENT

We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they “always” received the desired care or service for a given measure.

The top box numerator for the Overall Rating of Provider is the number of respondents who answered 9 or 10 for the item, with 10 indicating “Best provider possible”.

For more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.

## NUMERATOR DETAILS

For each individual item, the top box numerator is the number of respondents who answered “Always” (the most positive response) for the item.

There are two basic steps to calculating a composite score for a practice site:

1. Calculate the proportion of patient responses in the top box or most positive response category for each item in a composite.
2. Calculate the mean top-box proportions across all items in a composite to determine the composite’s top box score.

Step 1 – Calculate the proportion of cases in the top box or most positive response for each item in a composite

Example: Applying the Proportional Scoring Method to the composite “Helpful, Courteous, and Respectful Office Staff”:

Step 1 – Calculate the proportion of cases in the top box or most positive response for each item in a composite

Example: Items in “Helpful, Courteous, and Respectful Office Staff ” (2 items) have four response options: Never, Sometimes, Usually, Always. The top box percentage for each item in the composite is the proportion of respondents who answered “Always.”

Item #1 “Clerks and receptionists at this provider’s office were as helpful as you thought they should be.” = Proportion of respondents who answered “Always” = 80%

Item #2 “Clerks and receptionists at the provider’s office treat you with courtesy and respect.” = Proportion of respondents who answered “Always” = 90%

Step 2 – Average the top box item scores to form the overall composite top box score

Calculate the average top box score across the items in the composite. In the above example, the calculation would be as follows:

Top box score for “Helpful, Courteous, and Respectful Office Staff” = (Item1 \* Item2) / 2 = (80% + 90%) / 2 = 85%

#### DENOMINATOR STATEMENT

The measure’s denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.

For more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.

#### DENOMINATOR DETAILS

For each item in a composite and the provider rating item, the top box denominator is the number of respondents who answered the item per aggregate-level entity (e.g., a physician or practice site). For each composite score, the denominator is the number of respondents who answer at least one item within the composite. Composite scores are the average proportion of respondents who gave the highest rating across the items in the composite (as discussed in S.6).

#### EXCLUSIONS

The following are excluded when constructing the sampling frame:

- Patients that had another member of their household already sampled.
- Patients who are institutionalized (put in the care of a specialized institution) or deceased.

#### EXCLUSION DETAILS

The following should be excluded from the denominator:

- 1) Survey users and vendors should exclude surveys where the respondent reports he or she has not visited the sampled entity (e.g., a physician or practice site). This might be indicated by a “no” response to Question 1 (e.g., “Our records show that you got care from the provider named below in the last 12 months. Is that right?”).
- 2) Individuals from a household that has already been sampled.
- 3) Respondents who did NOT answer at least one item of the measure are NOT included in the denominator.

Some users also exclude a survey from scoring and analysis if someone else answered the questions (as a proxy) for the respondent. (Question #34 on Adult survey.)

Survey code specifications --- including how to code an appropriately skipped item, multiple marks or blank items --- can be found in the Instructions for Analyzing Data available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf).

## RISK ADJUSTMENT

### Statistical risk model

Case-mix adjustment is done via linear regression. The CAHPS consortium recommends self-reported overall health, age, and education as adjusters. CG-CAHPS Version 2.0 has introduced a new measure, self-reported overall mental and emotional health that can be used for case-mix adjustment. These items are printed in the “About You” section of the survey.

### Items Recommended for Case-Mix Adjustment

In general, how would you rate your overall health?

1=Excellent

2=Very good

3=Good

4=Fair

5=Poor

What is your age?

1=18 to 24 years

2=25 to 34 years

3=35 to 44 years

4=45 to 54 years

5=55 to 64 years

6=65 to 74 years

7=75 years or older

What is the highest grade or level of school that you have completed?

1=8th grade or less

2=Some high school, but did not graduate

3=High school graduate or GED

4=Some college or 2-year degree

5=4-year college graduate

6=More than 4-year college degree

The case-mix adjustment uses a regression methodology, also called covariance adjustment. If data are missing for an adjuster variable, the program either (at the option of the user) deletes the case or imputes the entity mean for that variable. The latter procedure avoids losing observations because of missing data; it is acceptable in this setting because, typically, both the size of the adjustment and the amount of missing data on adjusters are small.

Available in attached Excel or csv file at S.2b

## STRATIFICATION

If survey users want to combine data for reporting from different sampling strata, they will need to create a text file that identifies the strata and indicates which ones are being combined and the identifier of the entity obtained by combining them.

See pages 18-19 of the Instructions for Analyzing Data available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf).

## TYPE SCORE

Other (specify): 1.) Top-box score; 2) case-mix adjusted score better quality = higher score

## ALGORITHM

Top Box Score Calculation:

- 1) Target Population: Patients that had at least one visit during the past 12-months
- 2) Exclusions = Patients who did not answer at least one item of the composite measures or rating item.
- 3) Screener items. Example: Patients who answered “No” to the first item indicating that they did not receive care from the provider entity in the last 12 months
- 4) Top-box scores (percent with highest rating) are computed for each item
- 5) Top-box scores are averaged across the items within each composite, weighting each item equally.

Case-mix Adjusted Scores:

The steps for user-defined calculations of risk-adjusted scores can be found in Instructions for Analyzing Data from CAHPS® Surveys: Using the CAHPS Analysis Program Version 4.1 available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf) No diagram provided

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable.

5b.1 If competing, why superior or rationale for additive value: Not Applicable.

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## **0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)**

### STATUS

Steering Committee Review

### STEWARD

Agency for Healthcare Research and Quality

## DESCRIPTION

The CAHPS Health Plan Survey is a standardized survey instrument which asks enrollees to report on their experiences accessing care and health plan information, and the quality of care received by physicians. HP-CAHPS Version 4.0 was endorsed by NQF in July 2007 (NQF #0006). The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at <https://cahps.ahrq.gov/surveys-guidance/hp/index.html>.

The survey's target population includes individuals of all ages (18 and older for the Adult version; parents or guardians of children aged 0-17 for the Child version) who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment.

The CAHPS Adult Health Plan Survey has 39 items, and the CAHPS Child Health Plan Survey has 41 core items. Ten of the adult survey items and 11 of the child survey items are organized into 4 composite measures, and each survey also has 4 single-item rating measures. Each measure is used to assess a particular domain of health plan and care quality from the patient's perspective.

Measure 1: Getting Needed Care (2 items)

Measure 2: Getting Care Quickly (2 items)

Measure 3: How Well Doctors Communicate (4 items in Adult survey & 5 items in Child survey)

Measure 4: Health Plan Information and Customer Service (2 items)

Measure 5: How People Rated Their Personal Doctor (1 item)

Measure 6: How People Rated Their Specialist (1 item)

Measure 7: How People Rated Their Health Care (1 item)

Measure 8: How People Rated Their Health Plan (1 item)

## TYPE

PRO

## DATA SOURCE

Patient Reported Data/Survey CAHPS Health Plan Survey, Adult Version 5.0 (Medicaid and Commercial)

CAHPS Health Plan Survey, Child Version 5.0 (Medicaid and Commercial)

Available at measure-specific web page URL identified in S.1 Attachment  
HP\_CAHPS\_Main\_Submission\_Form\_Supplementary\_Tables\_4-30-14.xlsx

## LEVEL

Health Plan

## SETTING

Other Health Plan Enrollees (CAHPS Health Plan Survey covers care received by multiple providers and health care received during the reference period overall. Specific settings are not referenced.)

## TIME WINDOW

Respondents describe their experiences accessing and using care, and interacting with their health plans, over the past 6 months (Medicaid) or 12 months (Commercial Health Plans).

## NUMERATOR STATEMENT

We recommend that CAHPS Health Plan Survey items and composites be calculated using a top-box scoring method. The top-box score refers to the percentage of patients whose responses indicated that they “always” received the desired care or service for a given measure.

The top box numerator for each of the four Overall Ratings items is the number of respondents who answered 9 or 10 for the item; with a 10 indicating the “Best possible.”

## NUMERATOR DETAILS

For each individual item, the top box numerator is the number of respondents who answered “Always” (the most positive response) for the item. The top box composite score is the average proportion of respondents who answered “Always” across the items in the composite.

There are two basic steps to calculating a composite score for a health plan:

1. Calculate the proportion of patient responses in the top box or most positive response category for each item in a composite.
2. Calculate the mean top-box proportions across all items in a composite to determine the composite’s top box score.

Example: Applying the Proportional Scoring Method to the composite “Getting Care Quickly”:

Step 1 – Calculate the proportion of cases in the top box or most positive response for each item in a composite

Example: Items in “Getting Care Quickly” (2 items) have four response options: Never, Sometimes, Usually, Always. The top box percentage for each item in the composite is the proportion of respondents who answered “Always.”

Item #1 “Got care for illness/injury as soon as needed” = Proportion of respondents who answered “Always” = 80%

Item #2 “Got non-urgent appointment as soon as needed” = Proportion of respondents who answered “Always” = 90%

Step 2 – Average the top box item scores to form the overall composite top box score

Calculate the average top box score across the items in the composite. In the above example, the calculation would be as follows:

Top box score for “Getting Care Quickly” =  $(\text{Item1} * \text{Item2}) / 2 = (80\% + 90\%) / 2 = 85\%$

## DENOMINATOR STATEMENT

The measure’s denominator is the number of survey respondents who answered the question. The target population for the survey includes all individuals who have been enrolled in a health plan for at least 6 (Medicaid) or 12 (Commercial) months with no more than one 30-day break in enrollment. Denominators will vary by item and composite.

## DENOMINATOR DETAILS

For each item in a composite as well as the global rating items, the top box denominator is the number of respondents who answered the item per health plan. For each composite score, the denominator is the number of respondents who answer at least one item within the composite.



Composite scores are the average proportion of respondents who gave the highest rating across the items in the composite (as discussed in S.6).

Survey population (adult): All adult (age 18 and older) health plan enrollees who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment.

Survey population (child): Parents of children (age 0-17) enrolled in a health plan who have been enrolled in for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment.

Denominator for Measures 1-4 (composites): The number of respondents who answer at least one item within the composite.

Denominator for Measures 5-8 (ratings): The number of respondents who answered the item

## EXCLUSIONS

Individuals are excluded from the survey target population if:

- 1) They were not continuously enrolled in the health plan (excepting an allowable enrollment lapse of less than 30 days).
- 2) Their primary health coverage is not through the plan.
- 3) Another member of their household has already been sampled.
- 4) They have been institutionalized (put in the care of a specialized institution) or are deceased.

## EXCLUSION DETAILS

The following should be excluded from the denominator:

- 1) Individuals not continuously enrolled in the health plan (excepting an allowable enrollment lapse of less than 30 days) or those for whom their primary health coverage is not through the plan.
- 2) Individuals from a household that has already been sampled.

Some users also exclude a survey from scoring and analysis if someone else answered the questions (as a proxy) for the respondent. (Question #38 on Adult survey.)

Survey code specifications --- including how to code an appropriately skipped item, multiple marks or blank items --- can be found in the Instructions for Analyzing Data available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf).

## RISK ADJUSTMENT

### Other case-mix adjustment

Case-mix adjustment is done via linear regression. The CAHPS consortium recommends self-reported overall health, overall mental and emotional health, age, and education as adjusters. These items are included in the “About You” section of the survey.

### Items Recommended for Case-Mix Adjustment

In general, how would you rate your overall health?

1=Excellent

2=Very good

3=Good

4=Fair

5=Poor

In general, how would you rate your overall mental or emotional health?

1=Excellent

2=Very good

3=Good

4=Fair

5=Poor

What is your age?

1=18 to 24 years

2=25 to 34 years

3=35 to 44 years

4=45 to 54 years

5=55 to 64 years

6=65 to 74 years

7=75 years or older

What is the highest grade or level of school that you have completed?

1=8th grade or less

2=Some high school, but did not graduate

3=High school graduate or GED

4=Some college or 2-year degree

5=4-year college graduate

6=More than 4-year college degree

The case-mix adjustment uses a regression methodology, also called covariance adjustment. If data are missing for an adjuster variable, the program either (at the option of the user) deletes the case or imputes the entity mean for that variable. The latter procedure avoids losing observations because of missing data; it is acceptable in this setting because, typically, both the size of the adjustment and the amount of missing data on adjusters are small.

Provided in response box S.15a

#### STRATIFICATION

If survey users want to combine data for reporting from different sampling strata, they will need to create a text file that identifies the strata and indicates which ones are being combined and the identifier of the entity obtained by combining them.

See pages 18-19 of the Instructions for Analyzing Data available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf).

#### TYPE SCORE

Other (specify): 1. Top-box score 2. Case-mix adjusted score better quality = higher score

#### ALGORITHM

Top Box Score Calculation:

- 1) Target Population = continuous enrollment in health plan for past 6 (12) months with no more than 30 day lapse in enrollment
- 2) Exclusions = lapse in enrollment or enrollment less than 6 (12) months, household already represented in sample, primary health care is not with this health plan
- 3) Screener items identify beneficiaries who meet the target process for each composite, such as whether the beneficiary sought any medical care, saw a personal doctor, saw a specialist, or interacted with the health plan’s customer service. Composites are only calculated using enrollees who experienced a particular service/process.
- 4) Top-box scores (percent with highest rating) are computed for each item
- 5) Top-box scores are averaged across the items within each composite, weighting each item equally.

Case-Mix Adjusted Scores:

The steps for user-defined calculations of risk-adjusted scores can be found in Instructions for Analyzing Data from CAHPS® Surveys: Using the CAHPS Analysis Program Version 4.1 available at [https://cahps.ahrq.gov/surveys-guidance/docs/2015\\_instructions\\_for\\_analyzing\\_data.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/2015_instructions_for_analyzing_data.pdf) No diagram provided

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5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

**0166 HCAHPS**

STATUS

Steering Committee Review

STEWARD

Centers for Medicare & Medicaid Services

DESCRIPTION

HCAHPS (NQF #0166) is a 32-item survey instrument that produces 11 publicly reported measures:

7 multi-item measures (communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, discharge information and care transition); and

4 single-item measures (cleanliness of the hospital environment, quietness of the hospital environment, overall rating of the hospital, and recommendation of hospital)

TYPE

Outcome

#### DATA SOURCE

Patient Reported Data/Survey HCAHPS is available in official English, Spanish, Chinese, Russian, Vietnamese and Portuguese versions. The surveys can be found in the HCAHPS Quality Assurance Guidelines, V.9.0 manual on the official HCAHPS On-Line Web site, [www.hcahpsonline.org](http://www.hcahpsonline.org). See Appendices A - J.

Available at measure-specific web page URL identified in S.1 No data dictionary

#### LEVEL

Facility

#### SETTING

Hospital/Acute Care Facility

#### TIME WINDOW

HCAHPS measures are based on survey data from four consecutive calendar quarters, ie. 12 months. Eligible patients are surveyed between 2 and 42 days after hospital discharge. The survey must be completed within 42 days after the initial contact with the patient.

#### NUMERATOR STATEMENT

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 21 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are four screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals may include additional questions after the core HCAHPS items.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare beneficiaries. Hospitals may use an approved survey vendor or collect their own HCAHPS data if approved by CMS to do so. HCAHPS can be implemented in four survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR), each of which requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters.

For full details, see the current HCAHPS Quality Assurance Guidelines, V.9.0, pp. 49-55, at <http://www.hcahpsonline.org/qaguidelines.aspx>

#### NUMERATOR DETAILS

For each question in a measure, the proportion of responses in the “top” (most positive response) and “bottom” (least positive response) boxes are calculated for a given hospital (completed surveys only). For clarification on which answer values go in each box for each measure go to [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). To obtain a hospital’s raw score for the top or bottom box category, the mean proportion for all the questions in a given measure is calculated. Note that the middle box is the proportion remaining after the top and bottom boxes have been calculated; see below for details.

The following raw score calculations are performed for each eligible hospital and within each quarter.

- Composite Item Calculation – Communication with Nurses (3 questions):

Pi1 = Proportion of respondents who said “Never” to question i

Pi2 = Proportion of respondents who said “Sometimes” to question i

Pi3 = Proportion of respondents who said “Usually” to question i

Pi4 = Proportion of respondents who said “Always” to question i

The index i represents the number of questions in the composite, here i = 1, 2, 3.

The bottom box consists of the answer value categories of “Never” and “Sometimes”. Bottom Box Composite Score =

The top box consists only of the answer category “Always”.

Top Box Composite Score =

- Individual Item Example – Cleanliness of Hospital Environment (1 question):

P1 = Proportion of respondents who said “Never” to the question

P2 = Proportion of respondents who said “Sometimes” to the question

P3 = Proportion of respondents who said “Usually” to the question

P4 = Proportion of respondents who said “Always” to the question

The bottom box consists of the answer value categories of “Never” and “Sometimes”.

Bottom Box Individual Item Score = P1 + P2

The top box consists only of the answer category “Always”.

Top Box Individual Item Score = P4

- Global Item Example – Overall Hospital Rating (1 question):

P0 = Proportion of respondents who rated the hospital as 0 (worst hospital possible)

P1 = Proportion of respondents who rated the hospital as 1

P2 = Proportion of respondents who rated the hospital as 2

P3 = Proportion of respondents who rated the hospital as 3

P4 = Proportion of respondents who rated the hospital as 4

P5 = Proportion of respondents who rated the hospital as 5

P6 = Proportion of respondents who rated the hospital as 6

P7 = Proportion of respondents who rated the hospital as 7

P8 = Proportion of respondents who rated the hospital as 8

P9 = Proportion of respondents who rated the hospital as 9

P10 = Proportion of respondents who rated the hospital as 10 (best hospital possible)

The bottom box consists of hospital rating response values from 0 to 6.

Bottom Box Global Item Score = P0 + P1 + P2 + P3 + P4 + P5 + P6

The top box consists of hospital rating response values of 9 and 10.

Top Box Global Item Score = P9 + P10

#### DENOMINATOR STATEMENT

Eligibility for the HCAHPS Survey

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

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
- An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).

Non-psychiatric MS-DRG/principal diagnosis at discharge

Note: Patients whose principal diagnosis falls within the Maternity Care, Medical, or Surgical service lines and who also have a secondary psychiatric diagnosis are still eligible for the survey.

Alive at the time of discharge

Note: Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

Exclusions from the HCAHPS Survey

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

“No-Publicity” patients – Patients who request that they not be contacted (see below)

Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses

- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code

(UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses.

Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients discharged to hospice care are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a “Discharge Status” of “50 – Hospice – home” or “51 – Hospice – medical facility” would not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.

Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Skilled nursing facility”
- “61 – SNF Swing bed within hospital”
- “64 – Certified Medicaid nursing facility”
- “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission”
- “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission”

Hospitals/Survey vendors must retain documentation that verifies all exclusions and ineligible patients. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/ survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on any variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

For more details, see HCAHPS Quality Assurance Guidelines V9.0 (QAG V9.0), pp. 49-68 at <http://www.hcahponline.org/qaguidelines.aspx>

#### DENOMINATOR DETAILS

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

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
- An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).

- Non-psychiatric MS-DRG/principal diagnosis at discharge  
Note: Patients whose principal diagnosis falls within the Maternity Care, Medical, or Surgical service lines and who also have a secondary psychiatric diagnosis are still eligible for the survey.
- Alive at the time of discharge  
Note: Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

## EXCLUSIONS

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- “No-Publicity” patients – Patients who request that they not be contacted (see below)
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses.

Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients discharged to hospice care are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a



“Discharge Status” of “50 – Hospice – home” or “51 – Hospice – medical facility” would not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.

Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Skilled nursing facility”
- “61 – SNF Swing bed within hospital”
- “64 – Certified Medicaid nursing facility”
- “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission”
- “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission”

Hospitals/Survey vendors must retain documentation that verifies all exclusions and ineligible patients. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/ survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on any variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

#### Patients Discharged to Health Care Facilities

Patients discharged to health care facilities other than nursing homes (e.g., long-term care facilities, assisted living facilities and group homes), who are deemed eligible based on the above criteria, must be included in the HCAHPS sample frame. Patients residing in halfway homes, who are deemed eligible, must be included in the HCAHPS sample frame. CMS is aware that contacting patients residing in these facilities may be difficult. Nevertheless, hospitals/survey vendors must attempt to contact all patients in the sample in accordance with HCAHPS protocols.

Note: Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS Survey administration. This applies to patients with a “Discharge Status” (UB-04 field location 17) of: “03 – Skilled nursing facility,” “61– SNF Swing bed within hospital” “64 – Certified Medicaid nursing facility,” “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission,” and “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission.”

#### EXCLUSION DETAILS

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- “No-Publicity” patients – Patients who request that they not be contacted (see below)

- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses.

Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

Patients discharged to hospice care are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a “Discharge Status” of “50 – Hospice – home” or “51 – Hospice – medical facility” would not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.

Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Skilled nursing facility”
- “61 – SNF Swing bed within hospital”
- “64 – Certified Medicaid nursing facility”
- “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission”
- “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission”

Hospitals/Survey vendors must retain documentation that verifies all exclusions and ineligible patients. This documentation is subject to review.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/ survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If

information is missing on any variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

#### Patients Discharged to Health Care Facilities

Patients discharged to health care facilities other than nursing homes (e.g., long-term care facilities, assisted living facilities and group homes), who are deemed eligible based on the above criteria, must be included in the HCAHPS sample frame. Patients residing in halfway homes, who are deemed eligible, must be included in the HCAHPS sample frame. CMS is aware that contacting patients residing in these facilities may be difficult. Nevertheless, hospitals/survey vendors must attempt to contact all patients in the sample in accordance with HCAHPS protocols.

Note: Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS Survey administration. This applies to patients with a “Discharge Status” (UB-04 field location 17) of: “03 – Skilled nursing facility,” “61– SNF Swing bed within hospital” “64 – Certified Medicaid nursing facility,” “83 – Skilled nursing facility with a planned acute care hospital inpatient readmission,” and “92 – Certified Medicaid nursing facility with a planned acute care hospital inpatient readmission.”

### RISK ADJUSTMENT

#### Statistical risk model

A randomized Mode Experiment of 27,229 discharges from 45 hospitals was used to develop adjustments for the effects of survey mode (Mail Only, Telephone Only, Mixed, or Active Interactive Voice Response) on responses to the CAHPS® Hospital Survey (also known as Hospital CAHPS or HCAHPS). In general, patients randomized to the Telephone Only and Active Interactive Voice Response modes provided more positive evaluations than patients randomized to Mail Only and Mixed (Mail with Telephone follow-up) modes. These mode effects varied little by hospital and were strongest for the Responsiveness, Pain Management, and Discharge Information composites, the Cleanliness and Quiet items, and the global Rating and Recommendation. The Mode Experiment was also used to develop a model for patient-mix adjustment in order to account for the effect on HCAHPS responses of patient characteristics not under the control of hospitals. Adjustments for the effects of survey mode and patient-mix are necessary for valid comparison of scores across hospitals. After making these adjustments, no adjustments for nonresponse are necessary.

Available in attached Excel or csv file at S.2b

### STRATIFICATION

For information on the statistical risk model and variables, please see:

Mode & Patient-Mix Adjustment Abstract (revised 5/2/08)

At <http://www.hcahponline.org/modeadjustment.aspx>

For the patient-mix adjustment coefficients currently applied, please see:

Patient-Mix Coefficients for July 2014 Publicly Reported HCAHPS Results Have Been Posted. Click here to view the complete Patient-Mix Coefficients for July 2014 Publicly Reported HCAHPS Results Document.

### TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

### 4. SCORING AND PATIENT-MIX ADJUSTMENTS

#### 4.1 Data timeframe

- 12 months of data on a “rolling” basis

#### 4.2 Sampling rates

- Monthly samples must be weighted to control for varying sampling rates throughout the year in order to make the combined monthly samples representative of the full population of discharges

#### 4.3 Global rating

- Measured by the overall rating of the hospital and the extent to which patients are willing to recommend the hospital (Q21 & Q22)

#### 4.4 Domains of care

- Communication with doctors (Q5, Q6, & Q7)
- Communication with nurses (Q1, Q2, & Q3)
- Responsiveness of the hospital staff (Q4, Q10, & Q11)
- Pain control (Q12, Q13, & Q14)
- Communication about medicines (Q15, Q16, & Q17)
- Cleanliness and quiet of physical environment (Q8 & Q9)
- Discharge information (Q18, Q19, & Q20)

#### 4.5 Production of scores—Global ratings

- Overall rating of the hospital

For this item, respondents are asked, “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?” The scoring on this item will represent the proportion of respondents who gave a rating of 0-7, 8-9, or 10 to the hospital.

The steps to calculate a hospital’s score for “overall rating” follow:

Step 1 – Assign appropriate sampling weight to each case

CMS expects that most hospitals will sample a fixed number of discharges each month to reach the target of 300 completes annually. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year. There are more total discharges in some months than others in most hospitals. Thus sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This will be done as follows:

Calculate the expansion weight for each month ( $E_m$ ).

$E_m = (\text{Population size for the month}) / (\text{Sample size for the month})$

Calculate the mean expansion weight for the number of months covered in the score (e.g., 12 months).

$E = (\sum mE_m) / (\text{number of months})$

Calculate the relative weight for each month as the expansion weight for the month divided by the mean expansion weight.

$$W_m = E_m / E$$

Assign a sampling weight to each case ( $W_i$ ) based on the month in which the person was discharged and corresponding value of  $W_m$ .

Step 2 – Identify relevant cases

Include only cases where survey status is a completed survey.

Include only cases with non-missing values on the overall rating question.

Step 3 – Calculate the proportion of cases in each response category

Proportion of respondents who gave the hospital an overall rating of 0-7:

The numerator is the number of respondents for whom the overall rating ( $X_i$ ) is 0-7. Each case is weighted by the appropriate sampling weight for the month the person was discharged.

The denominator is the total number of respondents (each weighted by the appropriate sampling weight for the month the person was discharged).

The proportion can be defined as follows:

Let  $X_{1i} = 1$  when  $X_i$  is 0-7

= 0 otherwise

$$P_1 = (\sum W_i X_{1i}) / \sum W_i$$

Proportion of respondents who gave the hospital an overall rating of 8 or 9:

The numerator is the number of respondents for whom the overall rating ( $X_i$ ) is 8 or 9. Each case is weighted by the appropriate sampling weight for the month the person was discharged.

The denominator is the total number of respondents (each weighted by the appropriate sampling weight for the month the person was discharged).

The proportion can be defined as follows:

Let  $X_{2i} = 1$  when  $X_i$  is 8 or 9

= 0 otherwise

$$P_2 = (\sum W_i X_{2i}) / \sum W_i$$

Proportion of respondents who gave the hospital an overall rating of 10:

The numerator is the number of respondents for whom the overall rating ( $X_i$ ) is 10. Each case is weighted by the appropriate sampling weight for the month the person was discharged.

The denominator is the total number of respondents (each weighted by the appropriate sampling weight for the month the person was discharged).

The proportion can be defined as follows:

Let  $X_{3i} = 1$  when  $X_i$  is 10

= 0 otherwise

$$P_3 = (\sum W_i X_{3i}) / \sum W_i$$

- Willingness to recommend the hospital

For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" to which they can respond "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The approach to

the production of a hospital's score on this item follows the same steps noted for "overall rating of the hospital."

#### 4.6 Production of scores—Domain ratings

There are seven domain-level composites included in the HCAHPS measure: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information. The steps to calculate composite scores follow:

- Communication with doctors

This composite is produced by combining responses to three questions that ask:

- o "During this hospital stay, how often did doctors listen carefully to you?"
- o "During this hospital stay, how often did doctors explain things in a way you could understand?"
- o "During this hospital stay, how often did doctors treat you with courtesy and respect?"

Respondents can answer "never," "sometimes," "usually," or "always" to each. A hospital's score on the "doctor communication" composite is the proportion of cases in each response category.

The steps to calculate a hospital's composite score follow:

Step 1 – Calculate the proportion of cases in each response category for each question

Follow the same steps for calculating the proportion of cases in a response category discussed above for "overall rating of the hospital" to obtain proportions for the first question:

P11 = Proportion of respondents who said "never" to the first question

P12 = Proportion of respondents who said "sometimes" to the first question

P13 = Proportion of respondents who said "usually" to the first question

P14 = Proportion of respondents who said "always" to the first question

Follow the same steps for calculating the proportion of cases in a response category discussed above for "overall rating of the hospital" to obtain proportions for the second question:

P21 = Proportion of respondents who said "never" to the second question

P22 = Proportion of respondents who said "sometimes" to the second question

P23 = Proportion of respondents who said "usually" to the second question

P24 = Proportion of respondents who said "always" to the second question

Follow the same steps for calculating the proportion of cases in a response category discussed above for "overall rating of the hospital" to obtain proportions for the third question:

P31 = Proportion of respondents who said "never" to the third question

P32 = Proportion of respondents who said "sometimes" to the third question

P33 = Proportion of respondents who said "usually" to the third question

P34 = Proportion of respondents who said "always" to the third question

Step 2 – Combine responses from the questions to form the composite

Calculate the average proportion responding to each category across the three questions in the composite:

PC1 = Composite proportion who said "never" =  $(P11 + P21 + P31) / 3$

PC2 = Composite proportion who said "sometimes" =  $(P12 + P22 + P32) / 3$

PC3 = Composite proportion who said “usually” = (P13 + P23 + P33) / 3

PC4 = Composite proportion who said “always” = (P14 + P24 + P34) / 3

- Communication with nurses

This composite is produced by combining responses to three questions that ask:

- o “During this hospital stay, how often did nurses listen carefully to you?”
- o “During this hospital stay, how often did nurses explain things in a way you could understand?”
- o “During this hospital stay, how often did nurses treat you with courtesy and respect?”

Respondents can answer “never,” “sometimes,” “usually,” or “always” to each. The steps to calculate a hospital’s composite score for this domain are the same as for “doctor communication.”

- Responsiveness of hospital staff

This composite is produced by combining responses to two questions that ask:

[A screener question identifies patients who needed help getting to the bathroom or using a bedpan]

- o “During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted?”
- o “How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?”

Respondents can answer “never,” “sometimes,” “usually,” or “always” to each of the two non-screener questions. The steps to calculate a hospital’s composite score are the same as for “doctor communication,” except that only respondents who answered “yes” to the screener question (i.e., they needed help getting to the bathroom or using a bedpan) are included in calculating the proportions for the second question. [The two questions are equally weighted in calculating the composite, because CMS views them as equally important, even though there will be fewer respondents to the second question.]

- Pain control

This composite is produced by combining responses to two questions that ask:

[A screener question identifies patients who needed medicine for pain]

- o “During this hospital stay, how often was your pain controlled?”
- o “During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?”

Respondents can answer “never,” “sometimes,” “usually,” or “always” to each of the two (non-screener) questions. The steps to calculate a hospital’s composite score are the same as for “doctor communication,” except that only respondents who answered “yes” to the screener question (i.e., they needed medicine for pain) are included in calculating the proportions.

- Communication about medicines

This composite is produced by combining responses to two questions that ask:

[A screener question identifies patients who were given medicine they had not taken before during their hospital stay]

- o “Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?”

- o “Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”

Respondents can answer “never,” “sometimes,” “usually,” or “always” to each of the two (non-screener) questions. The steps to calculate a hospital’s composite score are the same as for “doctor communication,” except that only respondents who answered “yes” to the screener question (i.e., they were given medicine they had not taken before) are included in calculating the proportions.

- Cleanliness and quiet of the hospital environment

This composite is produced by combining responses to two questions that ask:

- o “During this hospital stay, how often were your room and bathroom kept clean?” (note addition of quote)

- o “During this hospital stay, how often was the area around your room quiet at night?”

Respondents can answer “never,” “sometimes,” “usually,” or “always” to each. The steps to calculate a hospital’s composite score are the same as for “doctor communication.”

- Discharge information

This composite is produced by combining responses to two questions that ask:

[A screener question identifies patients discharged to home]

- o “During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?”

- o “During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”

Respondents can answer “yes” or “no” to each. The steps to calculate a hospital’s composite score are the same as for “doctor communication,” except that only respondents who answered “yes” to the screener question (i.e., they were discharged to home) are included in calculating the proportions.

#### 4.7 Patient-Mix Adjustment

Specifications 4.5 and 4.6 provide for the steps to producing raw hospital scores. Final scores shall include a patient-mix adjustment and adjustment for mode effects to better ensure the comparability of scores across hospitals—that is, the purpose of adjusting for patient mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

- The following variables shall be used in the patient-mix adjustment model for HCAHPS:

- o Type of service (medical, surgical, obstetric)
- o Age (specified as a categorical variable)
- o Education (specified as a linear variable)
- o Self-reported general health status (specified as a linear variable)
- o Language other than English spoken at home
- o Interaction of age by service

- The patient-mix adjustment shall be a regression methodology also referred to as covariance adjustment. As an example:

Let  $r_{ij}$  represent the response to item  $i$  of respondent  $j$  from hospital  $p$  (after recoding, if any, has been performed). The model for adjustment of a single item  $i$  is of the form:



where  $\beta$  is a regression coefficient vector,  $X$  is a covariate vector consisting of six or more adjuster covariates (as described above),  $\alpha_p$  is an intercept parameter for hospital  $p$ , and  $\epsilon$  is the error term. The estimates are given by the following equation:

where  $\alpha$  is the vector of intercepts,  $Y$  is the vector of responses, and the covariate matrix is:

where the columns of  $X$  are the vectors of values of each of the adjuster covariates, and  $I$  is a vector of indicators for being discharged from hospital  $p$ ,  $p = 1, 2, \dots, P$ , with entries equal to 1 for respondents in hospital  $p$  and 0 for others.

The estimated intercepts are shifted by a constant amount to force their mean to equal the mean of the unadjusted hospital means (to make it easier to compare adjusted and unadjusted means), giving adjusted hospital means:

For single-item responses, these adjusted means are reported. For composites, the several adjusted hospital means are combined using the weighted mean: No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: We are not aware of other measures that have the same measure focus or target the same population as HCAHPS, NQF 0166.

5b.1 If competing, why superior or rationale for additive value:

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## 0208 Family Evaluation of Hospice Care

### STATUS

Steering Committee Review

### STEWARD

National Hospice and Palliative Care Organization

### DESCRIPTION

Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery.

Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year.

### TYPE

PRO

## DATA SOURCE

Patient Reported Data/Survey The Family Evaluation of Hospice Care survey, a 62 question paper survey mailed to the primary family caregivers of deceased hospice patients. Surveys are mailed one to three months after the death of the patient. Respondents complete the survey and mail the response back to the hospice. In some cases, hospices contract with a third party vendor to perform survey administration and data collection. Surveys are administered via paper and pencil. The survey is available only in English.

Available at measure-specific web page URL identified in S.1 Attachment  
NQF2014\_FEHC\_DataCodes-635357610420429333.docx

## LEVEL

Facility, Population : National

## SETTING

Hospice

## TIME WINDOW

The hospice level Composite Score is calculated once a calendar year quarter.

## NUMERATOR STATEMENT

The numerator is the sum total of the weighted incidence of problem scores occurring in response to 17 specific items on each survey. The 17 questions focus on the following aspects of hospice care: symptom management, communication, provision of information, emotional support and care coordination.

## NUMERATOR DETAILS

Responses to each of 17 questions are coded 0 or 1, where 0 represents the best possible response for that question and 1 represents all other responses. Each response is then multiplied by a weighting factor and summed. The sum of all 17 weighted scores is then multiplied by 14.00006. The product is then subtracted from 100 then divided by 100. This yields the Composite Score for an individual survey. The scores for each survey are added together to create the FEHC Composite Score numerator at the organization (hospice) level.

## DENOMINATOR STATEMENT

The denominator represents the number of surveys with responses for at least 14 of the 17 questions required to compute the composite score in the FEHC survey.

## DENOMINATOR DETAILS

Total number of survey with responses to at least 14 of the 17 FEHC questions needed to calculate the composite score.

## EXCLUSIONS

If a survey has responses to fewer than 14 of the 17 FEHC survey questions included in calculation of the composite score, then a composite score will not be calculated for that survey and the survey will not be included in the calculation of a composite score for the hospice.

#### EXCLUSION DETAILS

See S.10

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

N/A

#### STRATIFICATION

No stratification

#### TYPE SCORE

Other (specify): Composite Score is a number expressed as a percent, on a range from 0% to 100% better quality = higher score

#### ALGORITHM

1. Obtain data (responses to questions) for the 17 questions from the FEHC survey that comprise the Composite Score
2. Dichotomize all constituent questions into a) most desirable response; and b) all other responses for each question. "No answer" or non-valid responses = null.
3. Calculate composite score for each of the 17 questions for each survey using the following formula:  $Composite\_Score = (100 - (14.00006 * (F1 * 0.4125 + F2 * 0.2331 + F3 * 0.3659 + E2 * 0.3259 + E3 * 0.4792 + E4 * 0.4059 + D3 * 0.4766 + D4 * 0.5646 + D5 * 0.5295 + D7 * 0.5433 + D8 * 0.5819 + D9 * 0.5323 + B2 * 0.3236 + B6 * 0.3629 + B10 * 0.4435 + B8 * 0.4211 + B4 * 0.44379))) / 100$
4. Calculate composite score for hospice by averaging the composite scores for each survey No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

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### 0228 3-Item Care Transition Measure (CTM-3)

#### STATUS

Steering Committee Review

#### STEWARD

University of Colorado Denver Anschutz Medical Campus

#### DESCRIPTION

The CTM-3 is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days.

#### TYPE

PRO

#### DATA SOURCE

Patient Reported Data/Survey <http://www.caretransitions.org/documents/CTM3Specs0807.pdf>  
Available at measure-specific web page URL identified in S.1 No data dictionary

#### LEVEL

Facility

#### SETTING

Hospital/Acute Care Facility

#### TIME WINDOW

The time period is within 30 days of patient discharge from hospital.

#### NUMERATOR STATEMENT

The numerator is the hospital level sum of CTM-3 scores for all eligible sampled patients.

#### NUMERATOR DETAILS

The numerator consists of the sum of individual patient-reported scores on the 3-item CTM.

The 3-item CTM is comprised of the following questions:

Q1 During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.

Q2 When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

Q3 When I left the hospital, I clearly understood the purpose for taking each of my medications.

There are 4 response options for Q1 and Q2: Strongly Disagree = 1, Disagree = 2, Agree = 3, Strongly Agree = 4

There are 5 response options for Q3: Strongly Disagree = 1, Disagree = 2, Agree = 3, Strongly Agree = 4, I was not given any medication when I left the hospital = 5.

#### DENOMINATOR STATEMENT

The denominator includes the number of eligible sampled adult patients discharged from a general acute care hospital.

#### DENOMINATOR DETAILS

The denominator includes the number of eligible sampled adult patients discharged from a general acute care hospital.

#### EXCLUSIONS

N/A

#### EXCLUSION DETAILS

Population Exclusions:

- Pediatric patients under age 18 years

- Patients who died in the hospital
- Patients who did not stay at least one night in the hospital
- Other patients as required by law or regulation in the state in which the hospital operates

#### RISK ADJUSTMENT

No risk adjustment or risk stratification  
N/A

#### STRATIFICATION

None or N/A

#### TYPE SCORE

Continuous variable, e.g. average better quality = higher score

#### ALGORITHM

Target Population: Adults 18 years and older discharged from a general acute care hospital.

Population exclusions:

- Pediatric patients under age 18 years
- Patients who died in the hospital
- Patients who did not stay at least one night in the hospital
- Other patients as required by law or regulation in the state in which the hospital operates

Scoring:

Date timeframe – 30 days from hospital discharge

To calculate the score:

- Step 1 – Calculate the sum of responses across the 3 items (score Strongly Disagree = 1; Disagree = 2; Agree = 3; Strongly Agree = 4)
- Step 2 – Count the number of questions answered
- Step 3 – Calculate the mean response (sum divided by count)
- Step 4 – Use linear transformation to convert to 0 – 100 score
- Step 5 – Calculate the hospital level arithmetic mean score across patients (sum of patient scores divided by the number of eligible patients). Available at measure-specific web page URL identified in S.1

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

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## 0258 CAHPS In-Center Hemodialysis Survey

### STATUS

Steering Committee Review

### STEWARD

Centers for Medicare & Medicaid Services

### DESCRIPTION

Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers , including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.

Three measures:

- a. M1: Nephrologists' Communication and Caring
- b. M2: Quality of Dialysis Center Care and Operations
- c. M3: Providing Information to Patients

Three Global items:

- a. M4: Rating of the nephrologist
- b. M5: Rating of dialysis center staff
- c. M6: Rating of the dialysis facility

The first three measures are created from six or more questions from the survey that are reported as one measure score. The three global items use a scale of 0 to 10 to measure the respondent's assessment

### TYPE

PRO

### DATA SOURCE

Patient Reported Data/Survey The survey instrument is the In-Center Hemodialysis CAHPS survey.

Modes: mail only, telephone only, or mixed mode.

Languages of administration: English, Spanish, Chinese, Samoan (only English or Spanish may be conducted by telephone mode or mixed-mode).

Please see <https://ichcahps.org/SurveyandProtocols.aspx> for the English version of the survey and translations.

Available at measure-specific web page URL identified in S.1 No data dictionary

### LEVEL

Facility

### SETTING

Dialysis Facility

## TIME WINDOW

Results will be aggregated using two survey administration semi-annual periods, with the replacement of the oldest data with the most recent semi-annual period when the data are publicly reported.

Questions in the M1 - Nephrologists' Communication measure ask patients about the past 3 months; for the measure M3-Providing Information to Patients, ask about the previous 12 months

## NUMERATOR STATEMENT

Each measure encompasses the responses for all questions included in the particular measure. Missing data for individual survey questions are not included in the calculations. Only data from a "completed survey" is used in the calculations. The measures score averages the proportion of those responding to each answer choice in all questions. Each global rating will be scored based on the number of respondents in the distribution of top responses; e.g., the percentage of patients rating the facility a "9" or "10" on a 0 to 10 scale (with 10 being the best).

## NUMERATOR DETAILS

Each of the measures that consist of multiple survey items is produced by combining responses to all of the questions included in the measure.

Step 1 – Identify relevant cases: include only cases where survey status is a completed survey and include only cases with non-missing values on each of the individual questions.

Step 2 - Calculate the proportion of cases in each of the response categories for each question.

Step 3 – Combine responses from each of the questions to form the measure by calculating the average proportion responding to each category across all of the questions in the measure.

Measure: M1 - Nephrologists' Communication – Q3,Q4,Q5,Q6,Q7, and Q9;

Measure: M2 - Quality of Dialysis Center Care and Operations:

q10,Q11,Q12,Q13,Q14,Q15,Q16,Q17,Q21,Q22,Q24,Q25,Q26,Q27,Q33,Q34, and Q43

Measure: M3 - Providing Information to Patients: Q19,Q28,Q29,Q30,Q31,Q36,Q38,Q39,and Q40

Global Ratings

Step 1 – Identify relevant cases: Include only cases where survey status is a completed survey and include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category: proportion of respondents who gave the agency an overall rating of 0-6:

The numerator is the number of respondents for whom the global rating (Xi) is 0-6.

The denominator is the total number of respondents that responded to this question (Wi)

The proportion can be defined as follows:

Let  $X_{1i} = 1$  when Xi is 0-6

= 0 otherwise

$P1 = (\text{Sum}iX_{1i}) / \text{Sum}iW_i$

Proportion of respondents who gave a rating of 7 or 8:

The numerator is the number of respondents for whom the global rating (Xi) is 7 or 8.

The denominator is the total number of respondents (Wi).

The proportion can be defined as follows:

Let  $X_{2i} = 1$  when  $X_i$  is 7 or 8  
= 0 otherwise

$$P_2 = (\text{Sum}iX_{2i}) / \text{Sum}iW_i$$

Proportion of respondents who gave a global rating of 9 or 10:

The numerator is the number of respondents for whom the global rating ( $X_i$ ) is 9 or 10.

The denominator is the total number of respondents.

The proportion can be defined as follows:

Let  $X_{3i} = 1$  when  $X_i$  is 9 or 10  
= 0 otherwise

$$P_3 = (\text{Sum}iX_{3i}) / \text{Sum}iW_i$$

A facility's score on the global rating item is the proportion of cases in each response category.

Global Item – M4 - Rating of nephrologists : Q8

Global Item – M5 - Rating of the dialysis center staff: Q32

Global Item – M6 - Rating of the dialysis facility: Q35

#### DENOMINATOR STATEMENT

Patients with ESRD receiving in-center hemodialysis at sampled facility for the past 3 months or longer are included in the sample frame. The denominator for each question is the sample members that responded to the particular question.

Proxy respondents are not allowed.

Only complete surveys are used. A complete survey is defined as a one where the sampled patient answered at least 50 percent of the questions that are applicable to all sample patients, which defines the completeness criteria.

#### DENOMINATOR DETAILS

See information in S.6 for details.

#### EXCLUSIONS

Exclusions:

- a. Patients less than 18 years of age
- b. Patients not receiving dialysis at sampled facility for 3 months or more
- c. Patients who are receiving hospice care
- d. Any surveys completed by a proxy (mail only mode or mixed mode)
- e. Any ineligible patients due to death, institutionalization, language barrier, physically or mentally incapable.

#### EXCLUSION DETAILS

Code Description

110 Completed Mail Questionnaire

This code is only applicable to mail-only cases and to mixed-mode cases in which the sample patient responded to the survey by mail. For this code to be assigned, the respondent must have answered at least 50 percent of the questions that are applicable to all sample patients (a list of



these questions is included below in the “Definition of a Completed Questionnaire” section). That is, the questionnaire must meet the completeness criteria.

120 Completed Phone Interview

Assign this code for telephone-only cases and for mixed-mode cases if the sample patient responded by phone. For this code to be assigned, the respondent must have answered at least 50 percent of the questions that are applicable to all sample patients (see list below in the “Definition of a Completed Questionnaire” section).

130 Completed Mail Questionnaire—Survey Eligibility Unknown

This code is only applicable to mail-only cases and to mixed-mode cases in which the sample patient responded to the survey by mail. Assign this code if the respondent answered one or more of Questions 3 through 44 AND one or more of the following applies:

- Q1 – The answer to Q1 is “Receive dialysis care at home or I do not currently receive dialysis”
- Q2 – The answer to Q2 is “Less than 3 Months.”
- Q2 – The answer to Q2 is “No longer receives dialysis at this facility.”

(continued)

Table 9-1. ICH CAHPS Survey Disposition Codes (continued)

| Code | Description |
|------|-------------|
|------|-------------|

|     |          |
|-----|----------|
| 150 | Deceased |
|-----|----------|

Assign this code if the sample patient is reported as deceased during the data collection period.

160 Ineligible: Does Not Meet Eligibility Criteria

Assign this code to either mail or telephone survey cases if it is determined during the data collection period that the sample patient does not meet the eligibility criteria for being included in the survey. This includes the following:

- The sample patient is under age 18.
- The sample patient is receiving hospice care.
- The sample patient resides in a nursing home or some other institution, including a jail or prison.
- The sample patient is receiving dialysis at home or has not received hemodialysis care at his or her current facility for 3 months or longer AND did not mark an answer to one or more of the questions Qs. 3–44.

170 Language Barrier

Assign this code to sample patients who do not speak one of the approved ICH CAHPS Survey language(s) or a language offered by the ICH CAHPS Survey vendor.

180 Mentally or Physically Incapacitated

Assign this code if it is determined that the sample patient is unable to complete the survey because he or she is mentally or physically incapable. This includes sample patients who are visually impaired (for mail surveys only) or hearing impaired with no TTY service (for telephone surveys only). Note that proxy respondents are not allowed to respond for a sample patient on the ICH CAHPS Survey.

190 Ineligible: No Longer Receiving Care at Sampled Facility

Assign this code to sample patients who report in Q2 that they no longer receive ICH care at the sampled facility and they skipped Qs. 3–44 as instructed.

210 Breakoff

Assign this code if the sample patient responds to some questions but not enough to meet the completeness criteria.

220 Refusal

Assign this code if the sample patient indicates either in writing or verbally (for telephone administration) that he or she does not wish to participate in the survey.

230 Bad Address/Undeliverable Mail

This code, which is applicable only for cases in the mail-only mode, should be assigned if it is determined that the sample patient's address is bad (e.g., the questionnaire is returned by the Post Office as undeliverable with no forwarding address).

240 Wrong, Disconnected, or No Telephone Number

This code, which will be used in telephone-only or mixed-mode survey administration, should be assigned if it is determined that the telephone number the survey vendor has for the sample patient is bad (disconnected, does not belong to the sample patient) and no new telephone number is available.

250 No Response After Maximum Attempts

This code can be used in all three approved data collection modes. It should be assigned when the contact information for the sample patient is assumed to be viable, but the sample patient does not respond to the survey/cannot be reached during the data collection period.

There are three final disposition codes that indicate whether a sample patient is eligible to be included in the ICH CAHPS Survey—Codes 130, 160, and 190. The correct disposition code to assign depends on the response option marked in Qs. 1 and 2 and whether the respondent correctly followed the skip instruction that appeared beside the response option marked, as noted below.

Code 130, Completed Mail Survey; Eligibility Unknown

Assign this code only to mail survey cases in which the respondent marked a response to one or more of the questions from Qs. 3–Q44, but indicated in Q1 that he or she currently receives dialysis care at home, or indicated in Q2 that he or she has received dialysis care at the sample facility for fewer than 3 months or no longer receives care at that facility. Assign Code 160 (see below) if the respondent marked an answer in Q1 or Q2 that makes him or her ineligible for the survey, but he or she correctly skipped Qs. 3–44.

Code 160, Ineligible: Does Not Meet Eligibility Criteria

Assign Code 160 if the sample patient's response to Q1 or Q2 indicates that he or she is ineligible to participate in the survey because he or she receives dialysis at home or has received dialysis at that facility for 3 months or fewer AND he or she CORRECTLY skipped to Q45. That is, the respondent did not mark a response option to any of the questions from Q3 to Q44. Also assign Code 160 to patients who are receiving hospice care, those under 18 years of age, and those who are institutionalized.

Code 190, Ineligible: No Longer Receives Dialysis at Sample Facility

This code is similar to Code 160 in that the sample patient marked an answer that makes him or her ineligible for the survey, and he or she correctly followed the skip instruction beside that response option. However, the difference between Code 190 and Code 160 is that Code 190

should be assigned only if the sample patient indicates in the response to Q2 that he or she no longer receives dialysis care at the sample facility.

#### Steps for Determining Whether a Questionnaire Meets Completeness Criteria

Use the steps below to determine whether a survey can be considered “complete.”

Step 1: Sum the number of core ICH CAHPS questions (shown in Table 9-2) that the respondent answered. Note that survey vendors must recode “Don’t Know” and “Refuse” responses to missing (Code M). Do not include “Don’t Know” responses in the count of questions that the respondent answered.

Step 2: Divide the total number of questions answered by 38, which is the total number of core ICH CAHPS questions applicable to all sample patients, and then multiply by 100 to determine the percentage.

Step 3: If the percentage is = 50%, assign the final disposition code to indicate a “Completed Survey” (either 110 or 120, as appropriate). If the percentage is < 50%, assign final disposition code “210—Break-off.”

#### RISK ADJUSTMENT

Other Risk adjustment is not relevant to patient experience measures. Usually patient experience surveys are adjusted for factors not under the control of the provider that impact response tendencies. This is called patient mix or case mix adjustment. The pilot of the ICH CAHPS surveys suggests that the survey responses should be adjusted for 4 variables: self-reported health, age, education, and language. When further data become available, with more data from more patients who speak Spanish and other languages, the team will reevaluate whether we should adjust for specific languages.

The survey has not been implemented nationally yet. As stated above, it will be implemented in 2014 nationally. For nationally implemented surveys the coefficients for the case-mix models need to be re-estimated for each public reporting period. Although the adjustments do not change significantly from period to period, they should be re-estimated from the data being displayed.

Provided in response box S.15a

#### STRATIFICATION

Not applicable.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

1. Only surveys that meet the completeness criteria of greater than or equal to 50% will be included in the calculation of measures/global ratings
2. Each of the three measures consists of 6 or more questions that are reported as one measure score. Scores are created by first determining the proportion of answers to each response option for all questions in the measure. The final measure score averages the proportion of those responding to each answer choice in all questions. Only questions that are answered by survey respondents will be included in the calculation of measure scores.
3. If necessary, adjustments will be made for mode of administration, non-response, and/or patient-mix

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5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Because there are no competing measures differences, rationale, impact of interpretability and data collection burden do not exist.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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**0517 CAHPS® Home Health Care Survey (experience with care)**

STATUS

Steering Committee Review

STEWARD

Centers for Medicare & Medicaid Services

DESCRIPTION

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. AHRQ and CMS supported the development of the Home Health CAHPS to measure the experiences of those receiving home health care with these three goals in mind: (1) to produce comparable data on patients' perspectives on care that allow objective and meaningful comparisons between home health agencies on domains that are important to consumers, (2) to create incentives for agencies to improve their quality of care through public reporting of survey results, and (3) to enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment. As home health agencies begin to collect these data and as they are publicly reported, consumers will have information to make more informed decisions about care and publicly reporting the data will drive quality improvement in these areas.

TYPE

PRO

DATA SOURCE

Patient Reported Data/Survey HHCAHPS Survey, please see our website at <https://homehealthcahps.org>.

Available at measure-specific web page URL identified in S.1 No data dictionary

LEVEL

Facility

SETTING

Home Health

## TIME WINDOW

The data is collected monthly. The data is analyzed quarterly and annually.

## NUMERATOR STATEMENT

The numerator statement is that each measure encompasses the responses for all questions in the particular measure. Missing data for individual survey questions are not included in the calculations. Only data from a completed survey are used in the calculations. The measures scores averages the proportion of those responding to each answer choice in all questions. Each global rating is scored based on the number of the respondents in the distribution of top responses, such as the percentage of patients rating a home health agency with a 9 or a 10, where 10 is the highest quality responses on a scale from 0 to 10.

## NUMERATOR DETAILS

This section contains both the Numerator and Denominator Details.

Please note that the Protocols and Guidelines Manual, version 6, at <https://homehealthcahps.org> has full details about these measures and calculations.

Missing data for individual survey questions are not included in the calculation of the HHCAHPS agency-level measures.

Only data from a “completed survey” is used in the calculations. A survey is considered complete if at least 50 percent of the “core” HHCAHPS survey questions are answered by the respondent.

Each of the three HHCAHPS measures that consist of multiple survey items (Care of Patients, Communication Between Providers and Patients, and Specific Care Issues) are calculated as the average of its four, six or seven question items. In following previous CAHPS practice, items within a measure are first individually patient-mix adjusted and then are weighted so as to give each survey item equal influence within the measure.

Five HHCAHPS measures include two global ratings and three measures consisting of multiple survey items.

### Global ratings

The global ratings include an overall rating of the home health agency and willingness to recommend the agency. The basic approach to the production of scores for these items follows.

### Measure 4: Overall Rating of Home Health Care

Time window: global rating given their experience at this agency

For this item, respondents are asked, “Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency’s home health providers?” The scoring on this item will represent the proportion of respondents who gave ratings of 0-6, 7-8, 9-10.

The basic steps to calculate an agency’s score is as follows:

We expect that most agencies sample a fixed number of patients each month to reach the target of 300 completes annually. The sampling rates may change from quarter to quarter to ensure that a sufficient number of patients are surveyed over the year and based on the number of eligible home health patients each month/quarter.

### Step 1 – Identify relevant cases

Include only cases where survey status is a completed survey.

Include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category

Proportion of respondents who gave the agency an overall rating of 0-6:

The numerator is the number of respondents for whom the overall rating ( $X_i$ ) is 0-6.

The denominator is the total number of respondents that responded to this question ( $W_i$ )

The proportion can be defined as follows:

Let  $X_{1i} = 1$  when  $X_i$  is 0-6

= 0 otherwise

$$P_1 = (\text{Sum } X_{1i}) / \text{Sum } W_i$$

Proportion of respondents who gave the hospital an overall rating of 7 or 8:

The numerator is the number of respondents for whom the overall rating (Sum  $i$ ) is 7 or 8.

The denominator is the total number of respondents ( $W_i$ ).

The proportion can be defined as follows:

Let  $X_{2i} = 1$  when  $X_i$  is 7 or 8

= 0 otherwise

$$P_2 = (\text{Sum } X_{2i}) / \text{Sum } W_i$$

Proportion of respondents who gave the agency an overall rating of 9 or 10:

The numerator is the number of respondents for whom the overall rating ( $X_i$ ) is 9 or 10.

The denominator is the total number of respondents.

The proportion can be defined as follows:

Let  $X_{3i} = 1$  when  $X_i$  is 10

= 0 otherwise

$$P_3 = (\text{Sum } X_{3i}) / \text{Sum } W_i$$

An agency's score on the overall rating item is the proportion of cases in each response category.

Measure 5: Would You Recommend this Agency

Time Window: global rating based on experiences at this agency

For this item, respondents are asked, "Would you recommend this agency to your family and friends if they needed home health care?" The scoring on this item will represent the proportion of respondents who said they definitely would recommend, probably would recommend, and would not recommend (definitely and probably not recommend). The basic steps to calculate an agency's score is as follows:

Step 1 – Identify relevant cases

Include only cases where survey status is a completed survey.

Include only cases with non-missing values on the "Would you recommend" question.

Step 2 – Calculate the proportion of cases in each response category

Proportion of respondents who said they definitely would recommend the agency:

The numerator is the number of respondents who said they definitely would recommend the agency ( $X_i$ ).

The denominator is the total number of respondents that responded to this question ( $W_i$ )

The proportion can be defined as follows:

Let  $X_{1i} = 1$  when  $X_i$  is would definitely recommend  
= 0 otherwise

$$P_1 = (\text{Sum } X_{1i}) / \text{Sum } W_i$$

Proportion of respondents who said they would probably recommend:

The numerator is the number of respondents who said they probably would recommend ( $X_i$ ).

The denominator is the total number of respondents ( $W_i$ ).

The proportion can be defined as follows:

Let  $X_{2i} = 1$  when  $X_i$  is probably would recommend  
= 0 otherwise

$$P_2 = (\text{Sum } X_{2i}) / \text{Sum } W_i$$

Proportion of respondents who said they definitely or probably would not recommend the agency:

The numerator is the number of respondents who said they definitely or probably would not recommend ( $X_i$ ).

The denominator is the total number of respondents.

The proportion can be defined as follows:

Let  $X_{3i} = 1$  when  $X_i$  is 10  
= 0 otherwise

$$P_3 = (\text{Sum } X_{3i}) / \text{Sum } W_i$$

An agency's score on the "Would you Recommend" item is the proportion of cases in each response category.

Measures that consist of Multiple Survey Items

There are three measures that consist of multiple survey items included in the HHCAHPS measure: 1) Care of Patients, 2) Communication between Providers and Patients, and 3) Specific Care Issues (pain, safety & medication). The basic approach to the production of scores is described below.

For each of these measures, include only cases where survey status is a completed survey.

Include only cases with non-missing values on the specific question in the calculations.

Measure 1: Care with Patients

This measure is produced by combining responses to four questions that ask:

- "In the last 2 months of care, how often did home health providers from the agency seem informed and up-to-date about all the care or treatment you got at home?" Response Category: Never, Sometimes, Usually, Always
- "In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?" Response Category: Never, Sometimes, Usually, Always
- "In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?" Response Category: Never, Sometimes, Usually, Always
- "In the last 2 months of care, did you have any problems with the care you got through this agency?" Response Category: Yes, No

Time Window: Last 2 months

Respondents could answer “never,” “sometimes,” “usually,” or “always” to each of the first three questions and “yes” or “no” to the last question. The basic steps in calculating an agency’s score follows:

Step 1 – Calculate the proportion of cases in each of the response categories for each question

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the first question:

P11 = Proportion of respondents who said “never” or “sometimes” to the first question

P12 = Proportion of respondents who said “always” to the first question

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the second question:

P21 = Proportion of respondents who said “never” or “sometimes” to the second question

P22 = Proportion of respondents who said “always” to the second question

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the third question:

P31 = Proportion of respondents who said “never” or “sometimes” to the third question

P32 = Proportion of respondents who said “always” to the third question

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the fourth question:

P41 = Proportion of respondents who said “no” to the fourth question

P42 = Proportion of respondents who said “yes” to the fourth question

Step 2 – Combine responses from the four questions to form the Measure

Calculate the average proportion responding to each category across the three questions in the measure

PC1 = Proportion who said “never”, “sometimes” or “no” =  $(P11 + P21 + P31 + P41) / 4$

PC2 = Proportion who said “always” =  $(P12 + P22 + P32 + P42)/4$

Measure 2: Communication Between Providers and Patients

This measure is produced by combining responses to six questions that ask:

- When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? Response Category: Yes, No
- In the last two months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? Response Category: Never, Sometimes, Usually, Always
- In the last two months of care, how often did home health providers from this agency explain things in a way that was easy to understand? Response Category: Never, Sometimes, Usually, Always
- In the last two months of care, how often did home health providers from this agency listen carefully to you? Response Category: Never, Sometimes, Usually, Always
- In the last two months of care, when you contacted this agency’s office did you get the help or advice you needed? Response Category: Yes, No
- When you contacted this agency’s office, how long did it take for you to get the help or advice you needed? Response Category: Same day/1-5 days/6-14 days/more than 14 days {It is converted into whether a measure of whether the patient got help on the same day – yes/no}



Time Window: Last two months

The individual measure scores have two different response categories: “never,” “sometimes,” “usually,” or “always”, or “yes” or “no”. The basic steps in calculating an agency’s measure score follows:

Step 1 – Calculate the proportion of cases in each of the categories.

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the first question:

P11 = Proportion of respondents who said “no” to the first question

P12 = Proportion of respondents who said “yes” to the first question

Follow the same steps for the second question:

P21 = Proportion of respondents who said “never” or “sometimes” to the second question

P22 = Proportion of respondents who said “always” to the second question

Follow the same steps for the third question:

P31 = Proportion of respondents who said “never” or “sometimes” to the third question

P32 = Proportion of respondents who said “always” to the third question

Follow the same steps for the fourth question:

P41 = Proportion of respondents who said “never” or “sometimes” to the fourth question

P42 = Proportion of respondents who said “always” to the fourth question

Follow the same steps for the fifth question:

P51 = Proportion of respondents who said “no” to the fifth question

P52 = Proportion of respondents who said “yes” to the fifth question

Follow the same steps for the sixth question if the patient received help or advice the same day:

P61 = Proportion of respondents who said “no” (did not receive help same day) to the sixth question

P62 = Proportion of respondents who said “yes” (did receive help same day) to the sixth question

Step 2 – Combine responses from the six questions to form the measure

Calculate the average proportion responding to each category across the questions in the measure

PC1 = Measure proportion who said “never,” “sometimes” or “no” =  $(P11 + P21 + P31 + P41 + P51 + P61) / 6$

PC2 = Measure proportion who said “always” or “yes” =  $(P12 + P22 + P32 + P42 + P52 + P62)/6$

Measure 3: Specific Care Issues

This measure is produced by combining responses to seven questions that ask:

- When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely? Response Category: Yes, No
- When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking? Response Category: Yes, No
- When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking? Response Category: Yes, No

- In the last two months of care, did you and a home health provider from this agency talk about pain? Response Category: Yes, No
- In the last two months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines? Response Category: Yes, No (there is a screener question)
- In the last two months of care, did home health providers from the agency talk with you about when to take these medicines? Response Category: Yes, No
- In the last two months of care, did home health providers from this agency talk with you about the important side effects of these medicines? Response Category: Yes/No

Time Window: Initial receipt of care and last two months

The individual questions have one response category: “yes” or “no”. The basic steps in calculating an agency’s score follows:

Step 1 – Calculate the proportion of cases in each response category for each question

Follow the same steps for calculating the proportion of cases in a response category discussed above for “overall rating of agency care” to obtain proportions for the first question:

P11 = Proportion of respondents who said “no” to the first question

P12 = Proportion of respondents who said “yes” to the first question

Follow the same steps for the second question:

P21 = Proportion of respondents who said “no” to the second question

P22 = Proportion of respondents who said “yes” to the second question

Follow the same steps for the third question:

P31 = Proportion of respondents who said “no” to the third question

P32 = Proportion of respondents who said “yes” to the third question

Follow the same steps for the fourth question:

P41 = Proportion of respondents who said “no” to the fourth question

P42 = Proportion of respondents who said “yes” to the fourth question

Follow the same steps for the fifth question:

P51 = Proportion of respondents who said “no” to the fifth question

P52 = Proportion of respondents who said “yes” to the fifth question

Follow the same steps for the sixth question if the patient received help or advice the same day:

P61 = Proportion of respondents who said “no” to the sixth question

P62 = Proportion of respondents who said “yes” to the sixth question

Follow the same steps for the seventh question if the patient received help or advice the same day:

P71 = Proportion of respondents who said “no” to the seventh question

P72 = Proportion of respondents who said “yes” to the seventh question

Step 2 – Combine responses from the seven questions to form the measure

Calculate the average proportion responding to each category across the three questions in the

PC1 = Measure proportion who said “no” =  $(P11 + P21 + P31 + P41 + P51 + P61 + P71) / 7$

PC2 = Measure proportion who said “yes” =  $(P12 + P22 + P32 + P42 + P52 + P62 + P72) / 7$

## DENOMINATOR STATEMENT

The following are eligible to be included in the HHCAHPS Survey: patients who are at least 18 years old in the sample period, patients who are known to be alive, patients who received at least 2 home health visits during a 2-month look back period, patients who have not been selected for the monthly sample during any month in the current quarter or during the 5 months immediately prior to the sample month, patients who are not receiving hospice care, patients who do not have maternity as the primary reason for their home health care, patients who have not requested no publicity status, and patients with a condition or illness residing in a state with regulations and laws prohibiting the release of information for patients with that condition. HHCAHPS Surveys may be completed by proxy respondents who are family and friends of the home health patients but who do not work for home health agency being assessed by the patient respondent.

## DENOMINATOR DETAILS

### EXCLUSIONS

Numerator and Denominator Exclusions:

- Patients under 18 years of age at any time during their stay are excluded.
- Patients who died during the sample month are excluded.
- Patients who received fewer than 2 visits from home health agency personnel during a 2-month look-back period are excluded. (Note that the 2-month look-back period is defined as the 2-months prior to and including the last day in the sample month.)
- Patients have been previously selected for the HHCAHPS sample during any month in the current quarter, or during the last 5 months, are excluded.
- Patients who are currently receiving hospice, or are discharged to hospice, are excluded.
- Maternity patients are excluded.
- “No publicity” status patients are excluded.
- Patients receiving only non-skilled (aide) care are excluded.

### EXCLUSION DETAILS

We have details in the Protocols and Guidelines Manual, Version 6, on <https://homehealthcahps.org>.

### RISK ADJUSTMENT

#### Other Patient Mix Adjustment

Patient Mix Adjustment is used to adjust the data so that it is comparable. Please refer to attached measure testing file about PMA. The PMA re-estimations occur every reporting period (quarterly). Although these adjustments are not always significant from reporting period to reporting period, these PMA re-estimations occur for the data period.

Available in attached Excel or csv file at S.2b

### STRATIFICATION

#### TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

Only surveys that meet the completeness criteria of 50% or more are included in the calculation of the measures. Each of the measures consist of four or more questions that are reported as one measure score. The final measure score averages the proportion of those responding to each answer choice in all of the survey questions that are associated with that measure score. Only questions that are answered by respondents are included in the calculation of the measure scores, the data is adjusted for patient mix so that it is comparable for all of the home health agencies. Available at measure-specific web page URL identified in S.1

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This is a patient experience survey where patients report on experiences where the patient is the best source of the information. The CAHPS data complements the OASIS data, so they both fulfill the goals of the DHHS Secretary's goals in the Home Health Quality Reporting Program.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures. This is the only patient perspectives of care survey in the United States to validly allow for comparisons for all home health agencies. It be can on a voluntary basis in October 2009 and it was required on a monthly basis beginning October 2010. The data from the first 12 months of data from October 2010 through September 2011 was publicly reported April 2012 on Home Health Compare on [www.medicare.gov](http://www.medicare.gov). HHCAHPS measures complement the OASIS measure and together comprise the requirements for the Home Health Quality Reporting Program for the annual payment program in Medicare.

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## 0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay

### STATUS

Steering Committee Review

### STEWARD

Boston Children's Hospital, Center for Patient Safety and Quality Research

### DESCRIPTION

This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores.

The 68 questions of the survey can be divided into 3 groups:

1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups:
  - a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical)
  - b. 3 skip questions to identify eligibility of following questions

- c. 4 questions about the hospital environment
- 2. 35 questions that are part of 8 domains:
  - a. Partnership with nurses (9 questions)
  - b. Partnership with doctors (9 questions)
  - c. Identification of Attending Physician (1 question)
  - d. Patient Comfort (2 questions)
  - e. Communications about Medications (2 questions)
  - f. Admission (2 questions)
  - g. Discharge and Home Care Preparation (6 questions)
  - h. Emotional Satisfaction (4 questions)
- 3. 5 overall rating questions to be used individually
- 4. 2 open-ended questions allowing parents to write individual comments

Type of Score: The majority of the survey questions are categorical in nature. Ordinal measures enable the rating of experiences, dichotomous measures are used to assess if subsequent questions apply to the experiences of parents and the patient but a small number of questions are open-ended to allow any additional or more detailed comments. Domain scores are calculated as the percentage of domain questions answered in the most positive response category, the top-box, of all the domain questions the respondent answered.

Target Population: The target population is one of the parents, 18 years or older, of a child that stayed for at least one day in an inpatient unit at the hospital and was discharged during the previous time period, e.g. the last month or the last quarter.

Timeframe: Monthly or Quarterly

TYPE

PRO

DATA SOURCE

Patient Reported Data/Survey Pediatric Inpatient Experience Survey (PIES)  
 Available in attached appendix at A.1 Attachment PIES\_Codebook\_Final.xlsx

LEVEL

Facility

SETTING

Hospital/Acute Care Facility

TIME WINDOW

The measures can be calculated for a 1 calendar month or 3-month period (calendar quarter). Parents of patients are sent survey as soon as possible after their child is discharged from the hospital but latest 2 weeks after discharge date. Surveys that are received within 6 weeks from the original survey send date are included in the data. Data are then summarized by discharge dates either for each calendar month or each calendar quarter.

## NUMERATOR STATEMENT

Rating questions can be categorized into one of following 8 measurement domains or are individual overall experience measures of parents' experiences during the last inpatient hospital stay of their child.

8 Measurement Domains:

1. Partnership with Nurses (9 questions)
2. Partnership with Doctors (9 questions)
3. Identification of Attending Physician (1 question)
4. Patient Comfort (2 questions)
5. Communication about Medications (2 questions)
6. Admission (2 questions)
7. Discharge and Home Care Preparation (6 questions)
8. Emotional Satisfaction (4 questions)

5 Individual Overall Experience Questions:

1. 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 child's stay?
2. How often did you feel confidence and trust that your child was receiving safe medical care?
3. How well did this hospital meet your expectations for the care you thought your child should receive?
4. How would you rate the overall quality of care that your child received?
5. How likely or unlikely are you to recommend this hospital to your family and friends?

## NUMERATOR DETAILS

Each domain score of the 8 following measurement domains is based on the percentage of the most positive responses, the top-box, among all answered questions in that domain (see attached spreadsheet "PIES Codebook", worksheet "Numerator – 8 Measurement Domains"):

1. Partnership with Nurses (9 questions): Q1-Q8, Q17
2. Partnership with Doctors (9 questions): Q9-Q12, Q14-Q16, Q18, Q19
3. Identification of Attending Physician (1 question): Q13
4. Patient Comfort (2 questions): Q21, Q22
5. Communication about Medications (2 questions): Q28, Q29
6. Admission (2 questions): Q31, Q32
7. Discharge and Home Care Preparation (6 questions): Q33, Q35-Q39
8. Emotional Satisfaction (4 questions): Q47-Q50

The individual overall experience questions are reported in top-box format as well (see attached Excel spreadsheet "PIES Codebook", worksheet "Ind Experience – Topbox"):

1. Q40 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 child's stay? (10 – best hospital possible)
2. Q41 How often did you feel confidence and trust that your child was receiving safe medical care? (Always)

3. Q42 How well did this hospital meet your expectations for the care you thought your child should receive? (Exceeded my expectations)

4. Q43 How would you rate the overall quality of care that your child received? (Exceptional)

5. Q44 How likely or unlikely are you to recommend this hospital to your family and friends? (Very likely)

For each of the individual rating questions, including the individual overall experience questions, this percentage is calculated as follows. This calculation is applicable to the following questions: Q1-Q19, Q21-Q26, Q28, Q29, Q31-Q33, Q35-Q44, Q47-Q50.

Percentage (P) = # responding in the top box\*100/(# of respondents who answered the question - # of respondents who checked the not-applicable response option)

There are 10 questions among those individual rating questions with a not-applicable response options and their detailed percentage calculations is described in more detail here:

1. Q5 Ease to let nurses know about any concerns you may have had about your child's care:

$P(Q5) = \# \text{ responding "Extremely easy"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns"})$

2. Q6 Frequency with which nurses addressed any concerns or complaints promptly:

$P(Q6) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns or complaints"})$

3. Q14 Ease to let doctors know about any concerns you may have had about your child's care:

$P(Q14) = \# \text{ responding "Extremely easy"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns"})$

4. Q16 Frequency with which different doctors made you confused by telling you different things:

$P(Q16) = \# \text{ responding "Never"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I talked to only one doctor"})$

5. Q21 Frequency with which hospital staff did everything they could to control child's pain:

$P(Q21) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child had no pain"})$

6. Q23 Overall quality of meals rating:

$P(Q23) = \# \text{ responding "Excellent"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child was not served meals"})$

7. Q26 Frequency of cleanliness of child's bed:

$P(Q26) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child did not have a bed"})$

8. Q32 Frequency with which staff informed you about reasons for delays during admission process:

$P(Q32) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "We had no delays"})$

9. Q38 Quality of how staff prepared you to deal with any pain your child might have at home:

$P(Q38) = \# \text{ responding "Very well"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "Does not apply to my child"})$

10. Q39 Quality of how staff prepared you to give your child his/her new medicines at home:

$P(Q39) = \# \text{ responding "Very well"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "Does not apply to my child"})$

Specific calculation of percentage for the individual overall experience questions:

1. Hospital Rating Q40:  $P(Q40) = \# \text{ responding with "10"} \text{ to Q40} * 100 / \# \text{ responding to Q40}$

2. Safe Care Q41:  $P(Q41) = \# \text{ responding with "Always"} \text{ to Q41} * 100 / \# \text{ responding to Q41}$

3. Expectations Met Q42:  $P(Q42) = \# \text{ responding with "Exceeded my expectations"} \text{ to Q42} * 100 / \# \text{ responding to Q42}$

4. Overall Quality of Care Rating Q43:  $P(Q43) = \# \text{ responding with "Exceptional"} \text{ to Q43} * 100 / \# \text{ responding to Q43}$

5. Likelihood to Recommend Hospital Q44:  $P(Q44) = \# \text{ responding with "Very likely"} \text{ to Q44} * 100 / \# \text{ responding to Q44}$

For the domain scores:

The measure calculations of the domain scores is based on the percentage of questions with responses in the best response category possible among all questions answered for this domain and therefore represents the average top-box percentage.

Average Top-Box Percentage (AP) for domain = Sum of Ps of all questions included in domain/number of questions included in the domain

Calculation of domain scores for each different domain:

1. Partnership with Nurses:  $AP(\text{Partnership with Nurses}) = (P(Q1) + P(Q2) + P(Q3) + P(Q4) + P(Q5) + P(Q6) + P(Q7) + P(Q8) + P(Q17)) / 9$

2. Partnership with Doctors:  $AP(\text{Partnership with Doctors}) = (P(Q9) + P(Q10) + P(Q11) + P(Q12) + P(Q14) + P(Q15) + P(Q16) + P(Q18) + P(Q19)) / 9$

3. Identification of Attending Physician:  $AP(\text{Identification of Attending Physician}) = P(Q13)$

4. Patient Comfort:  $AP(\text{Patient Comfort}) = (P(Q21) + P(Q22)) / 2$

5. Communication about Medications:  $AP(\text{Communication about Medications}) = (P(Q28) + P(Q29)) / 2$

6. Admission:  $AP(\text{Admission}) = (P(Q31) + P(Q32)) / 2$

7. Discharge and Home Care Preparation:  $AP(\text{Discharge and Home Care Preparation}) = (P(Q33) + P(Q35) + P(Q36) + P(Q37) + P(Q38) + P(Q39)) / 6$

8. Emotional Satisfaction:  $AP(\text{Emotional Satisfaction}) = (P(Q47) + P(Q48) + P(Q49) + P(Q50)) / 4$

#### DENOMINATOR STATEMENT

Calendar Month:



The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar month.

Calendar Quarter:

The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar quarter.

#### DENOMINATOR DETAILS

An inpatient stay is defined as having spent at least one night at the hospital, excluding the emergency room.

The following patients are excluded when constructing the sampling frame.

- Parents of patients who were discharged more than 4 weeks prior to the start of the survey.
- Parents younger than 18 years old at the time of the discharge of their child from inpatient stay.
- Pediatric patients who are institutionalized (put in the care of a specialized institution) or deceased as identified by the discharge status.

#### EXCLUSIONS

All surveys are accepted even if item nonresponse is present. Item nonresponse might lead to a missing measure for certain questions. If none of the questions within a domain has been answered, the respondent will not have a score for this domain. No general exclusions.

#### EXCLUSION DETAILS

No general exclusions.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

N/A

#### STRATIFICATION

N/A

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

There is one step for individual questions:

1. Calculate the percentage of patient responses in the most positive response category, the top-box

There are two basic steps to this approach for domains:

1. Calculate the percentage of patient responses in the most positive response category, the top-box, for each item in a domain.
2. Average these percentages for all items in a domain. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures: 0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0724 : Measure of Medical Home for Children and Adolescents

0010 : Young Adult Health Care Survey (YAHCS)

0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0166 : HCAHPS

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: # 0166: HCAHPS

HCAHPS focuses on inpatient experience of an adult population. We used some of the same measurement concepts in our survey and also incorporated some of the data collection methodology. Slight wording changes compared to HCAHPS and additional items not included in HCAHPS can be explained because of the pediatric population PIES targets and its different needs. # 0005: CAHPS Clinician/Group Surveys – (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) This survey has a pediatric version and focuses on patient experience but in an outpatient setting while PIES focuses on parents’ experiences with pediatric inpatient care. # 0724: Measure of Medical Home for Children and Adolescents While conceptually related, this survey focuses on outpatient settings while PIES focuses on parents’ experiences with pediatric inpatient care # 0010: Young Adult Health Care Survey (YACHS) While conceptually related, this survey focuses exclusively on young adults while PIES focuses on parents’ experiences with pediatric inpatient care of all children less than 18 years of age.

5b.1 If competing, why superior or rationale for additive value: N/A

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## 0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)

### STATUS

Steering Committee Review

### STEWARD

National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)

### DESCRIPTION

The Patient Experience of Psychiatric Care as Measure by the Inpatient Consumer Survey (ICS) was developed to gather patient's evaluation of their inpatient psychiatric care. The survey is composed of the following six individual measures or domains:

Measure #1: Outcome of care- The receipt of mental healthcare services should enable patients to effectively deal with their illness and with social situations. Patient's report of the effectiveness of the organization in enabling this improvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Outcome of care domain: Q1. I am able to deal with crisis.; Q2. My symptoms are not bothering me as much.; Q4. I do better in social situations.; and Q5. I deal more effectively with daily problems.

Measure #2: Dignity- The provision of mental healthcare services should be in an atmosphere where patients feel respected and treated with dignity. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality

of care of the organization. The following questions of the ICS pertain to the Dignity domain: Q6. I was treated with dignity and respect.; Q7. Staff here believe that I can grow, change and recover.; Q8. I felt comfortable asking questions about my treatment and medications.; and Q9. I was encouraged to use self-help/support groups.

Measure #3: Rights- The provision of mental healthcare services should be in an atmosphere where patients feel that they can express disapproval with conditions or treatment and receive an appropriate response from the organization. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Rights domain: Q13. I felt free to complain without fear of retaliation.; Q14. I felt safe to refuse medication or treatment during my hospital stay.; and Q15. My complaints and grievances were addressed.

Measure #4: Participation in treatment- Patient's involvement in the treatment process and the coordination of discharge planning with their doctors or therapist from the community are enabling activities that strengthen patient's ability to care for themselves. Patient's report of the effectiveness of the organization in supporting this level of involvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Participation in treatment domain: Q16. I participated in planning my discharge.; Q17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.; and Q18. I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

Measure #5: Hospital environment - The provision of mental healthcare services should be in an environment conducive to patients feeling safe and enabling patients to focus on recovering from their illness. The following questions of the ICS pertain to the Hospital environment domain: Q19. The surroundings and atmosphere at the hospital helped me get better.; Q20. I felt I had enough privacy in the hospital.; Q21. I felt safe while in the hospital.; and Q22. The hospital environment was clean and comfortable.

Measure #6: Empowerment - The provision of mental healthcare services should be in an atmosphere where patients feel that they, interactively with their doctors and therapist, learn more about their illness and about their treatment options and are encouraged to determine their best plan to recovery. Patient's report of the effectiveness of the organization in enabling this respectful, compassionate, and supportable encounter among patients and healthcare professionals is an important dimension of the quality of care of the organization. The following questions pertain to the Hospital empowerment domain: Q25. I had a choice of treatment options.; Q26. My contact with my doctor was helpful.; and, Q27. My contact with nurses and therapist was helpful.

Question 28, "If I had a choice of hospitals, I would still choose this one", is considered as the anchor item utilized to measure overall satisfaction with the mental healthcare service received. This question does not pertain to any of the six measures/domains of the ICS.

Each measure is scored as the percentage of patients (adolescents aged 13-17 and adults aged 18 and older) at time of discharge or at annual review who respond positively to the domain on the survey for a given month. Survey questions are based on a standard 5-point Likert scale, evaluated on a scale from strongly disagree to strongly agree.

As a note, the words domain and measure are used interchangeably during the application.

TYPE

PRO

## DATA SOURCE

Patient Reported Data/Survey Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS) collection instrument

No data collection instrument provided No data dictionary

## LEVEL

Facility, Population : National, Population : Regional, Population : State

## SETTING

Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital

## TIME WINDOW

The performance measure is based on all surveys completed during the month. Patients complete the survey at the time of discharge or annual review and are asked to respond to the survey items based on their experiences during the entire hospital stay.

## NUMERATOR STATEMENT

Number of patients who respond positively to the domain (outcome of care, dignity, rights, participation in treatment, hospital environment, and empowerment.) Each domain is calculated separately.

Six domains are embedded in the ICS. Hospitals can choose to participate in any of the six performance measures, one for each domain. The outcome of care domain includes questions about the effect of the hospital stay on the patient's ability to deal with their illness and with social situations. The dignity domain includes questions about the quality of interactions between staff and patients that highlight a respectful relationship. The rights domain includes questions about the ability of patients to express disapproval with conditions or treatment and receive an appropriate response from the organization. The participation in treatment domain includes questions about patient's involvement in their hospital treatment as well as coordination with the patient's doctor or therapist from the community. The hospital environment includes questions about feeling safe in the hospital and the aesthetics of the hospital. The empowerment domain includes questions about patients having a choice of treatment options and about the helpfulness of their contact with their doctor or therapist.

## NUMERATOR DETAILS

Included in the numerator are patients who are discharged or have an annual review during the month, complete at least 2 questions in the domain, and average a positive rating for those questions. A positive rating is a categorization of the responses in the domain. Each item is evaluated on a 5-point scale where 1 represents strongly disagree and 5 represents strongly agree. The values for items in the domain are averaged. When the average score for a domain is greater than 3.5, the response is categorized as responded positively.

Items in the Outcome of Care domain are:

Item 1. I am better able to deal with crisis.

Item 2. My symptoms are not bothering me as much.

Item 4. I do better in social situations.

Item 5. I deal more effectively with daily problems.

Items in the Dignity domain are:

Item 6. I was treated with dignity and respect.

Item 7. Staffs here believe that I can grow, change and recover.

Item 8. I felt comfortable asking questions about my treatment and medications.

Item 9. I was encouraged to use self-help/support groups.

Items in the Rights domain are:

Item 13. I felt free to complain without fear of retaliation.

Item 14. I felt safe to refuse medication or treatment during my hospital stay.

Item 15. My complaints and grievances were addressed.

Items in the Participation in Treatment are:

Item 16. I participated in planning my discharge.

Item 17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.

Item 18. I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

Items in the Hospital Environment domain are:

Item 19. The surroundings and atmosphere at the hospital helped me get better.

Item 20. I felt I had enough privacy in the hospital.

Item 21. I felt safe while in the hospital.

Item 22. The hospital environment was clean and comfortable.

Items in the Empowerment domain are:

Item 25. I had a choice of treatment options.

Item 26. My contact with my doctor was helpful.

Item 27. My contact with nurses and therapist was helpful.

#### DENOMINATOR STATEMENT

Number of patients completing at least 2 questions included in the domain. Domains (or measures) include outcome of care, dignity, rights, participation in treatment, hospital environment, and empowerment.

#### DENOMINATOR DETAILS

Patients who were discharged or had an annual review during the month and completed at least 2 questions in the domain. The count of patients is determined separately for each domain.

#### EXCLUSIONS

There are no exclusions from target population. All patients discharged and patients on annual treatment review should be given the opportunity to respond to the survey.

#### EXCLUSION DETAILS

Does not apply. There are no exclusions from target population.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

No risk adjustment or risk stratification. Stratification reports that portray measure rates by subgroups have been preferred by users.

#### STRATIFICATION

Stratifications can be compiled using the self-reported demographic items included at the end of the survey. Results can be stratified by the following:

- Age groups (13-17, 18-24, 25-34, 35-54, 55-64, 65 and older)
- Gender (male, female, unknown)
- Race (Native American/Alaskan Native, Asian/Pacific Islander, Black/African American, Hispanic/Latino, White/Caucasian, Other, Unknown)
- Length of stay (1 week or less, 1 month or less, 3 months or less, more than 3 months, unknown)
- Legal status (voluntary by patient, voluntary by parent, guardian, etc., involuntary – civil, involuntary – criminal, involuntary – juvenile justice, other)

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

Each domain is calculated separately using the same steps. The score for a patient is calculated first. Scores across patients are combined to create a measure rate for the hospital. Each item within the domain is evaluated on a 5-point scale where 1=strongly disagree to 5=strongly agree and 9=not applicable.

Measure calculation steps:

1. For each patient, count number of valid responses to the three/four questions included in the domain (valid response values are 1, 2, 3, 4, 5)
  - a. If the number of valid responses  $\geq 2$ , then the domain score is calculated
    - i. Sum response values across items (exclude value 9 for Not Applicable)
    - ii. Divide the sum of responses by the number of responses
    - iii. If result is  $> 3.5$ , classify patient as “respond positively”
  - b. If the number of valid responses  $< 2$ , the domain score is not calculated
2. For a hospital (organizational entity), calculate measure rate
  - a. Numerator: Count number of patients categorized as “respond positively” for domain
  - b. Denominator: Count number of patients with number of valid responses  $\geq 2$  for the same domain Available in attached appendix at A.1

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures: 0166 : HCAHPS

0166 : HCAHPS

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016

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The target population for the ECHO is persons receiving behavioral healthcare services through State Medicaid agencies, State mental health agencies, managed behavioral health organizations, and managed care organizations. There are questions in the survey that relate to the financing and availability of care options. ECHO's level of analysis is a health plan (HMO, PPO, Medicare, Medicaid, commercial). The ICS specifically focuses on the patient's perception of the care they received in a psychiatric hospital. The level of analysis is at the individual hospital level to help guide local quality improvement efforts.

5b.1 If competing, why superior or rationale for additive value:

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## 1623 Bereaved Family Survey

### STATUS

Steering Committee Review

### STEWARD

Department of Veterans Affairs / Hospice and Palliative Care

### DESCRIPTION

The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget.

Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two

additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received.

A growing body of research has underscored the degree to which end-of-life care in the United States needs to be improved. The challenges of end-of-life care are particularly significant in the U.S. Department of Veterans Affairs Health Care system because the VA provides care for an increasingly older population with multiple comorbid conditions. In FY2000, approximately 104,000 enrolled Veterans died in the U.S., and approximately 27,200 Veterans died in VA facilities. At least 30% of the Veterans are over age 65 now, and 46% will be over 65 by 2030. Therefore, it is clear that the number of deaths in VA facilities will increase substantially as the World War II and Korean War Veterans age. These demographic trends mean that, like other healthcare systems, the VA will face substantial challenges of providing care to Veterans near the end-of-life.

The VA has addressed this challenge aggressively in the last 5 years, however the VA has not yet developed and implemented measures of the quality of end-of-life care it provides to Veterans. There are at least 3 reasons why adoption of a quality measurement tool is essential. First, it would make it possible to define and compare the quality of end-of-life care at each VA facility and to identify opportunities for improvement. Second, facilities and VISNs (geographic service divisions within the VA system) would be able to monitor the effectiveness of efforts to improve care locally and nationally, and would enable monitoring of the impact of the Comprehensive End of Life Care Initiative, ensuring that expenditures are producing improvements in care. Third, it will help the VA to recognize those facilities that provide outstanding end-of-life care, so that successful processes and structures of care can be identified and disseminated throughout the VA.

The BFS's 17 close-ended items ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support, pain management and personal care needs. Two additional items (not used in scoring) are open-ended and give family members the opportunity to provide comments regarding the care the patient received. The BFS has undergone extensive development and has been pilot-tested for all inpatient deaths in Q4FY2008 in seven VISNs (1,2,4,5,8,11, and 22). As of October 1, 2009, Q1FY2010, all inpatient deaths in all VISNs were included in the project.

#### TYPE

Outcome

#### DATA SOURCE

Electronic Clinical Data : Electronic Health Record, Other For 2a1.25 - Family reported data/survey.

For 2a1.26 - Bereaved Family Survey

Available in attached appendix at A.1 No data dictionary

#### LEVEL

Facility, Population : National, Population : Regional

#### SETTING

Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility



#### TIME WINDOW

Does not apply to this measure

#### NUMERATOR STATEMENT

The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.

#### NUMERATOR DETAILS

Included are those patients included in the denominator with completed surveys (at least 12 of 17 structured items completed) that receive an optimal response on the global item question.

#### DENOMINATOR STATEMENT

The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); 3) deaths that occur in the operating room; and 4) deaths due to suicide or accidents. Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available to the family member.

#### DENOMINATOR DETAILS

The indicator denominator is comprised of the number of Veterans who die in an inpatient VA facility (intensive care, acute care, hospice unit, nursing home care or community living center) for whom a survey is completed. Completed surveys are defined as those with at least 12 of the 17 structured items completed.

#### EXCLUSIONS

- Veterans for whom a family member knowledgeable about their care cannot be identified (determined by family member's report)
- Absence of a current address and/or working telephone number for a family member or emergency contact.
- Deaths within 24 hours of admission without a prior hospitalization of last least 24 hours in the last 31 days of life.
- Deaths that occur in the operating room during an outpatient procedure.
- Deaths due to a suicide or accident
- Surveys in which less than 12 items were answered.
- 

#### EXCLUSION DETAILS

Name, address, and phone number of patient's family member or emergency contact are required for determining exclusion. In addition, information regarding the patient's admission(s)

during the last 31 days of life, including length of stay and circumstances of death are also required to determine exclusion.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

N/A

Provided in response box S.15a

#### STRATIFICATION

Variables necessary to stratify the measure are VISN, facility, quarter, year, outcome. VISN refers to "Veterans Integrated Service Network" and is a geographic area of the country where a facility is located. Facility is the actual VA medical center or affiliated community living center where the Veteran died. Quarter is the 3 month time period in which the patient died. Year is the VA fiscal year (runs from Oct 1 to Sept 30). Outcome refers to whether or not a survey was completed.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

The 17 structured items of the Bereaved Family Survey are scored as either "1" (optimal response) or "0" (all other answer choices). A score of "1" indicates that the family member perceived that the care they and/or the Veteran received was the best possible care (Always or Excellent). For instance, that Veteran's health care provider always communicated in a way that was understandable, or that the Veteran's pain was always controlled to a level that was comfortable in a way that was comfortable for him/her. As score of "0" reflects all other possible responses (Usually, Sometimes, or Never). Items are coded as missing if respondents cannot or refuse to answer the item. Thus, the score for each item can be expressed as a fraction corresponding to the number of families who reported that the Veteran received optimal care (numerator), divided by the number of valid, non-missing responses for that item (denominator). Similarly, the score for the 17-item survey is calculated based on the global question item (Overall, how would you rate the care received in the last month of life? - Excellent, Very Good, Good, Fair, Poor). The global item is scored as the # of optimal responses/# of valid, non missing responses for all completed surveys (12 of 17 structured items answered). This scoring system produces a facility- or VISN-level score that reflects the proportion of Veterans who received the best possible care overall (BFS score) and in specific areas corresponding to BFS items (e.g. pain management, communication, personal care, etc).  
URL

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5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: NQF 0208 Family Evaluation of Hospice Care

NQF 0308 LBP: Evaluation of Patient Experience

Although the Bereaved Family Survey is in many ways similar to the Family Evaluation of Hospice Care, it provides information on a specific population (Veterans) and measures the quality of care provided a single health care system. Unlike the FEHC, the BFS provides a coherent measurement strategy that allows comparisons across systems of care and sites of death in a single health care system. This measure assesses the quality of care of the largest unified health care system in the United States and cares for more than 5 million patients annually. Because it is a unified health system, the VA is uniquely situated to make use of the quality data that can be easily and quickly disseminated. The BFS also measures satisfaction of care that are unique to a Veteran population (i.e, survivor and funeral benefits, PTSD). The population of Veterans and families that the VA serves is unique in several key respects: 1) Veterans and their families may face different challenges at the end of life than non-Veterans do. The costs of hospitalization are less likely to be relevant to non-VA populations.

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## 1632 CARE - Consumer Assessments and Reports of End of Life

### STATUS

Steering Committee Review

### STEWARD

Center for Gerontology and Health Care Research

### DESCRIPTION

The CARE survey is mortality follow back survey that is administered to the bereaved family members of adult persons (age 18 and older) who died of a chronic progressive illness receiving services for at least 48 hours from a home health agency, nursing homes, hospice, or acute care hospital. The survey measures perceptions of the quality of care either in terms of unmet needs, family reports of concerns with the quality of care, and overall rating of the quality of care. The time frame is the last 2 days of life up to last week of life spent in a hospice, home health agency, hospital, or nursing home.

The survey is based on structured literature review,(1) cognitive testing,(2) pre-test,(2) and national survey of the quality of end of life care.(3) The conceptual model is patient focused, family centered care(1) that posits that high quality care at the end of life is obtained when health care institutions: 1) provide the desired level of symptom palliation and emotional support; 2) treat the patient with respect; 3) promote shared decision making; 4) attend to the needs of caregivers for information and skills in providing care for the patient; 5) provide emotional support to the family before and after the patient's death; and 6) coordinates care across settings of care and health care providers.

We are asking NQF approval for a single composite derived from the survey items that is presented as single score that varies from 0 to 100. This score indicates an institution quality of care end of life care in the last week of life.

This is the "parent" survey of the Family Evaluation of Hospice Care Survey (4-7) that my colleagues and I have collaborated with the National Hospice and Palliative Care Organization to create a self-administered survey that is used widely by hospices in the USA and other nations. With the proposed development of accountable care organizations and other potential innovations in health care financing, we recognized the need for an instrument that would allow the comparisons across place of care when there is one entity coordinating and/or financing the

care for population of decedents. We have decided to submit the telephone based survey for NQF consideration based on the void of validated measures to capture consumer perceptions (i.e, bereaved family members) of the quality of care at the end of life across place of care. This submission is not meant to be competitive with the existing NQF endorsed Family Evaluation of Hospice Care survey.

This new proposed measure for NQF consideration consists of the survey which has six domains and the new creation of 0-100 composite score that is composed of 14 of 17 core items.

1. Teno JM, Casey VA, Welch L, Edgman-Levitan S. Patient-Focused, Family-Centered End-of-Life Medical Care: Views of the Guidelines and Bereaved Family Members. *J Pain Symptom Manage-Special Section on Measuring Quality of Care at Life's End II*. 2001 Sep 2001;22(3):738-751.
2. Teno JM, Clarridge B, Casey V, Edgman-Levitan S, Fowler J. Validation of Toolkit After-Death Bereaved Family Member Interview. *J Pain Symptom Manage*. 2001 Sep 2001;22(3):752-758.
3. Teno JM, Clarridge BR, Casey V, et al. Family perspectives on end-of-life care at the last place of care. *JAMA*. 2004 Jan 7 2004;291(1):88-93.
4. Rhodes RL, Mitchell SL, Miller SC, Connor SR, Teno JM. Bereaved family members' evaluation of hospice care: what factors influence overall satisfaction with services? *J Pain Symptom Manage*. 2008 Apr 2008;35(4):365-371.
5. Mitchell SL, Kiely DK, Miller SC, Connor SR, Spence C, Teno JM. Hospice care for patients with dementia. *J Pain Symptom Manage*. 2007 Jul 2007;34(1):7-16.
6. Rhodes RL, Teno JM, Connor SR. African American bereaved family members' perceptions of the quality of hospice care: lessened disparities, but opportunities to improve remain. *J Pain Symptom Manage*. 2007 Nov 2007;34(5):472-479.
7. Connor SR, Teno J, Spence C, Smith N. Family Evaluation of Hospice Care: Results from Voluntary Submission of Data Via Website. *J Pain Symptom Manage*. 2005 Jul 2005;30(1):9-17.

#### TYPE

Outcome

#### DATA SOURCE

Other CARE survey - which is retrospective post death survey of the person who knew best and was or would have been involved in decision making is sent as appendix.

Available in attached appendix at A.1 No data dictionary

#### LEVEL

Population : Community, Facility, Population : National, Population : Regional

#### SETTING

Home Health, Hospice, Hospital/Acute Care Facility, Post Acute/Long Term Care Facility :  
Nursing Home/Skilled Nursing Facility

#### TIME WINDOW

Depending on the size of the health care system, we recommend that a sufficient sample of deaths ( $\geq 100$ ) be done. As noted, the respondent is asked about the quality of care in the last 2-7 days of life that the decedent was that institutional setting.

#### NUMERATOR STATEMENT

The numerator of the total of bereaved family member reports of concerns with the quality of care in the last 2-7 days of life at that institutional setting. Respondent reports of concerns with the quality of care, their self-efficacy in basic tasks of caregiving, or unmet needs that indicate an opportunity to improved end of life care provided by either a nursing home, hospital, hospice, or home health agency.

#### NUMERATOR DETAILS

Detailed information is provided below.

#### DENOMINATOR STATEMENT

Non-traumatic deaths and deaths from chronic progressive illnesses based on ICD 9/10 codes are included. A list will be provided as technical appendix to the proposed survey. Note the survey is for only persons that died with the following services or location of care: nursing home, hospital, hospice, or home health agency

#### DENOMINATOR DETAILS

##### 1. Denominator for Mortality Follow Back Survey

Decedents age 18 and older with chronic progressive illness who receive care from an home health agency, hospice, hospital, or nursing home.

Respondents are the person who stated they know best about the decedent and would have or were involved in medical decision making.

It is easiest to define the chronic progressive illness by listing what diseases are excluded.

Accidents or trauma listed as cause of death - V01---V99, W00—W99, X00-X99, Y00—Y89.9

Acute overwhelming infections A00—A99, B03—B81.8, J00—J06

Death from complications of pregnancy 024.9—099.8

Please note a list of these codes are at

[http://www.chcr.brown.edu/dying/SAMPLE\\_FOR\\_MFB\\_FOR\\_WWW\\_SITE\\_JAMA\\_FINAL.PDF](http://www.chcr.brown.edu/dying/SAMPLE_FOR_MFB_FOR_WWW_SITE_JAMA_FINAL.PDF)

The denominators for the domains will be explained separately in the specification of the denominator for each of those domains.

#### EXCLUSIONS

We excluded deaths due to accidents, trauma, during surgery, lethal injection, acute overwhelming infections, and from complications of pregnancy. If there are more than 3 items missing, than a composite score will not be calculated.

#### EXCLUSION DETAILS

See answer to S.9

## RISK ADJUSTMENT

No risk adjustment or risk stratification

## STRATIFICATION

There is no proposed stratification variable

## TYPE SCORE

Other (specify): Composite score is a number expressed as percent, ranging from 0 to 100.  
better quality = higher score

## ALGORITHM

The CARE instrument is composed of 6 domains based on the conceptual model of patient focused, family centered medical care. A home care agency, hospice, hospital, or nursing home provides high quality of care when they:

1. Provided the desired physical comfort and emotional support;
2. Promote shared decision making – that medical decisions are based on the goals and values of the dying patient ;
3. Treat the dying patient with respect;
4. Attend to the need of the caregiver for information and skills in providing care for the patient measured by 2 composite scores;
5. Attend to the needs of caregivers for emotional and spiritual support prior to and after the death of the patient;
6. Coordination of care across settings of care and health care providers.

A 0-100 composite score

The survey is attached as an appendix. In the table below, we list questions that correspond to the actual proposed domain listed above.

Domain            Questionnaire Items

Provided desired physical comfort and emotional support            D3 (pain), D5b (dyspnea), D6b (patient's emotions) - each scored as single item, an unmet need.

Promote Shared Decision Making

C4 and C4a – as single item, scored as concern if they state they wanted to speak with a physician and did not.

For those who spoke with a physician, C5, C6, C7, C8 as problem score that counts the number of concerns with the quality of that communication.

Treat the dying patient with respect            D7 – treated with respect

Attend to the needs of caregiver for information and skills in providing care for the patient

Composite score = D4 and D4a, D12 and D12a, D13 and D13a, scored as 3 item problem score indicating that they wanted (some/more) information.

Score = D12b, D13b, and D4b

Attend to the needs of the caregiver for emotional and spiritual support E.1., 1a, 1b, 1c, E2, E3, E3a, E3b, scored as 3 items score indicating an unmet need and/or opportunity to improve.

Coordination            D11 - scores as single item

Please note that we are proposing either a single item or composite score for each domains and overall 0-100 score that is made up all the domains except promote shared decision making. The reason that we dropped that domain is based on the number of persons that state they did not speak with a physician (even when they were in a hospital).

We will describe the approach to them sequentially.

Provide desired physical comfort and emotional support

This is based on 3 questions that get scored as an unmet need. In this case of pain, the unmet need is defined as stating they did not receive enough, too much, or the patient was in pain without the receipt of any medications. A similar strategy was followed for dyspnea and emotions except the wording of the question focuses on help rather than medications. Each items is reported as dichotomous item.

Promote shared decision-making

You can't ask about shared decision making with a physician unless a conversation occurred with a physician at the place of care. Thus, we divided this domain into two type of reports. For those persons who did not talk with a physician, a rate of how many persons wanted to speak with a physician. The second composite score is a count of opportunities to improve the quality of that conversation based on 3 survey items. An indication that the respondent had a problem understanding the physician, that the physician did not listen to what they had to say about medical treatment, or that they receive "too little" or "too much" information about the patient's medical condition was counted as an opportunity to improve. The composite score varies between 0 and 3 with 3 indicating more concerns with the quality of conversation with the physician.

Treat the dying patient with respect

A single item asks how often was the patient treated with respect. For the purpose of quality improvement, we report out the rate of response that indicates the patient was NOT always treated with respect.

Attend to the needs of the caregiver for information and skills

Three items ask about information needs of the family. The response that they wanted more information is treated as a unmet need. The composite score varies between 0 and 3.

A second scale was created by three questions (12b, 13b, and 14b) that asks about the respondent's confidence in certain tasks that caregivers are involved at the end of life. These items are reversed coded (very confident =3) to create a scale between 1 and 9.

Attend to the needs of the caregiver for emotional and spiritual support

Three items ask about the provision of emotional and spiritual support to the respondent. In the first question, the response that they did not receive the "right amount" support about the patients' death was counted an unmet need. For the question about whether someone talked to the respondent about your spiritual beliefs or how you might feel after the patient's death, the response that they did not have that conversation and wanted that information or the conversation was not done in a sensitive manner are counted as opportunity to improve. The composite score varies between 0 and 3 with the score of 3 indicating more concerns with the quality of care.

Coordination – information continuity

A single item ask whether there was problem with the doctor or nurse not knowing enough about the patient's medical history. The response yes was counted as an opportunity to improve the quality of care.

0- to 100 score is based on 14 out of the 17 items. We created this score based on factor analysis with imputation that if a decedent did not experience a symptom that score was treated as a “met” need.

The calculation of this score is as follows based on the following STATA Code.

```
gen overall_step1a = ((imp_unmet_pain_scale *.2632) + (imp_unmet_sob_scale *.2045) +  
(imp_unmet_anx_scale *.3691)+ (n_e2 *.5775) + (n_e3 *.4674) + (n_e1 *.4605) +  
(med_info_scale *.6275) + (die_info_scale*.6618) + (time_of_death_info_scale * .6591) +  
(not_respect_scale * .4558)+ (imp_nd16 * 0.5001) + (imp_nd4b*.5865)+ (imp_nd12b*.5773)+  
(imp_nd13b*.5517))  
gen overall_0_100a = 14.36 * overall_step1a  
gen overall_100_scorea = 100-overall_0_100a No diagram provided
```

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5.1 Identified measures:

5a.1 Are specs completely harmonized? NoNo

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: As stated previously, the CARE survey predates the FEHC survey. The FEHC survey has undergone modifications that make it the superior (self-administered, question wording better suited to the hospice environment, and widespread use and acceptance by the hospice industry) and preferred instrument for measurement of the quality of hospice care. Our goal in submission of the CARE survey is to be responsive to an unmet need as identified as part of the NPCRC Key Palliative Measures Bundle. The CARE survey can measure bereaved persons’ perceptions of the quality of care across settings of care. Thus, CARE would be practical for use with innovative healthcare financing models, such as Accountable Care Organizations, or for managed care organizations and provider networks as a consistent and equivalent tool to examine the quality of end-of-life care for their enrollees across multiple care settings.

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## 2548 Child Hospital CAHPS (HCAHPS)

### STATUS

Steering Committee Review

### STEWARD

Center for Quality Improvement and Patient Safety -Agency for Healthcare Research and Quality

### DESCRIPTION

The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child’s experiences with inpatient hospital care.

The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures:

Communication with Parent



1. Communication between you and your child’s nurses (3 items)
2. Communication between you and your child’s doctors (3 items)
3. Communication about your child’s medicines (4 items)
4. Keeping you informed about your child’s care (2 items)
5. Privacy when talking with doctors, nurses, and other providers (1 item)
6. Preparing you and your child to leave the hospital (5 items)
7. Keeping you informed about your child’s care in the Emergency Room (1 item)

Communication with Child

8. How well nurses communicate with your child (3 items)
9. How well doctors communicate with your child (3 items)
10. Involving teens in their care (3 items)

Attention to Safety and Comfort

11. Preventing mistakes and helping you report concerns (2 items)
12. Responsiveness to the call button (1 item)
13. Helping your child feel comfortable (3 items)
14. Paying attention to your child’s pain (1 item)

Hospital Environment

15. Cleanliness of hospital room (1 item)
16. Quietness of hospital room (1 item)

Global Rating

17. Overall rating (1 item)
18. Recommend hospital (1 item)

We recommend that the scores for the Child HCAHPS composite and single-item measures be calculated using a top-box scoring method. The top box score refers to the percentage of respondents who answered survey items using the best possible response option. The measure time frame is 12 months. A more detailed description of the Child HCAHPS measure can be found in the Detailed Measure Specifications (Appendix A).

TYPE

PRO

DATA SOURCE

Patient Reported Data/Survey Consumer Assessment of Healthcare Provider and Systems Hospital Survey – Child Version (Child HCAHPS)

The survey is available in English and Spanish. The recommended modes of administration are Mail-Only, Telephone-Only, and Mixed mode. For a detailed explanation of survey administration modes, see S.21 – Survey/Patient Reported Data.

Available in attached appendix at A.1 Attachment Data\_dictionary\_Final.xlsx

LEVEL

Facility

## SETTING

Hospital/Acute Care Facility

## TIME WINDOW

The performance measures are calculated for a 12-month period. Surveys are sent to parents by a hospital or approved vendor between 48 hours and six weeks after the child's discharge date.

## NUMERATOR STATEMENT

Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure.

For example, the top-box numerator for the communication between you and your child's nurses composite is the number of respondents who answered "Always" to questions about how well nurses communicated well with them.

## NUMERATOR DETAILS

### SURVEY

The numerator is the number of parents who return a completed survey. A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS, see Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I).

### MEASURE 1: Communication between you and your child's nurses

The numerator is the percentage number of respondents who answered "Always" to questions about how well nurses communicated well with them.

### MEASURE 2: Communication between you and your child's doctors

The numerator is the number of respondents who answered "Always" to questions about how well doctors communicated well with them.

### MEASURE 3: Communication about your child's medicines

The numerator is the number of respondents who answered "Yes, Definitely" to questions about whether providers communicated well about their child's medicines.

### MEASURE 4: Keeping you informed about your child's care

The numerator is the number of respondents who answered "Always" to questions about whether providers kept them informed about their child's care.

### MEASURE 5: Privacy when talking with doctors, nurses, and other providers

This numerator is the number of respondents who answered "Always" to a question about whether they were given as much privacy as they wanted when discussing their child's care with providers.

### MEASURE 6: Preparing you and your child to leave the hospital

The numerator is the number of respondents who answered "Yes, Definitely" to questions about whether providers prepared them and their child to leave the hospital.

### MEASURE 7: Keeping you informed about your child's care in the Emergency Room

The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether they were kept informed about their child's care in the Emergency Room.

### MEASURE 8: How well nurses communicate with your child

The numerator is the number of respondents who answered “Always” to questions about whether nurses communicated well with their child.

MEASURE 9: How well doctors communicate with your child

The numerator is the number of respondents who answered “Always” to questions about whether doctors communicated well with their child.

MEASURE 10: Involving teens in their care

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers involved teens in their care.

MEASURE 11: Preventing mistakes and helping you report concerns

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers prevented mistakes and helped them report concerns.

MEASURE 12: Responsiveness to the call button

The numerator is the number of respondents who answered “Always” to a question about how often providers were responsive to the call button.

MEASURE 13: Helping your child feel comfortable

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers helped their child feel comfortable.

MEASURE 14: Paying attention to your child’s pain

The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether providers and hospital staff paid attention to their child’s pain.

MEASURE 15: Cleanliness of hospital room

The numerator is the number of respondents who answered “Always” to a question about how often their child’s room and bathroom were kept clean.

MEASURE 16: Quietness of hospital room

The numerator is the number of respondents who answered “Always” to a question about how often their child’s room was quiet at night.

MEASURE 17: Overall rating

The numerator is the number of respondents who gave their hospital a rating of 9 or 10 on a scale from 0 (worst hospital) to 10 (best hospital).

MEASURE 18: Recommend hospital

The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether they would recommend the hospital.

#### DENOMINATOR STATEMENT

The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.

#### DENOMINATOR DETAILS

##### SURVEY

The denominator for the survey is all parents of patients who meet the following criteria:

1. Children under 18 years old
2. Admission includes at least one overnight stay in the hospital
3. Non-psychiatric MS-DRG/principal diagnosis at discharge
4. Alive at time of discharge

MEASURE 1: Communication between you and your child's nurses

The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q13, Q14, and Q15.

MEASURE 2: Communication between you and your child's doctors

The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q16, Q17, and Q18.

MEASURE 3: Communication about your child's medicines

The denominator is the total number of completed surveys with at least one response to any of the following items: Q4, Q5, Q38, and Q39.

MEASURE 4: Providers keep you informed about your child's care

The denominator is the total number of completed surveys with at least one response to either of the following items: Q22 and Q24.

MEASURE 5: Privacy when talking with providers

The denominator is the total number of surveys with a response to the following item: Q19.

MEASURE 6: Preparing you and your child to leave the hospital

The denominator is the total number of completed surveys with at least one response to any of the following items: Q35, Q36, Q40, Q41, and Q42.

MEASURE 7: Keeping you informed about your child's care in the Emergency Room

The denominator is the total number of completed surveys with a response to the following item: Q3.

MEASURE 8: How well nurses communicate with your child

The denominator is the total number of completed surveys with at least one response to any of the following items: Q7, Q8, and Q9.

MEASURE 9: How well doctors communicate with your child

The denominator is the total number of completed surveys with at least one response to any of the following items: Q10, Q11, and Q12.

MEASURE 10: Involving teens in their care

The denominator is the total number of completed surveys with at least one response to any of the following items: Q44, Q45, and Q46.

MEASURE 11: Preventing mistakes and helping you report concerns

The denominator is the total number of completed surveys with at least one response to either of the following items: Q28 and Q29.

MEASURE 12: Responsiveness to the call button

The denominator is the total number of completed surveys with a response to the following item: Q26.

MEASURE 13: Helping your child feel comfortable

The denominator is the total number of completed surveys with at least one response to any of the following items: Q20, Q21, and Q34.

MEASURE 14: Paying attention to your child's pain

The denominator is the total number of completed surveys with a response to the following item: Q31.

MEASURE 15: Cleanliness of hospital room

The denominator is the total number of completed surveys with a response to the following item: Q32.

MEASURE 16: Quietness of hospital room

The denominator is the total number of completed surveys with a response to the following item: Q33.

MEASURE 17: Overall rating

The denominator is the total number of completed surveys with a response to the following item: Q47.

MEASURE 18: Recommend hospital

The denominator is the total number of completed surveys with a response to the following item: Q48.

## EXCLUSIONS

### SURVEY AND MEASURES 1-18

Exclude parents of certain patients from the measure (numerator and denominator) based on clinical and non-clinical criteria:

1. "No-publicity" patients
2. Court/law enforcement patients
3. Patients with a foreign home addresses
4. Patients discharged to hospice care (hospice-home or hospice-medical facility)
5. Patients who are excluded because of state regulations
6. Patients who are wards of the state
7. Healthy newborns
8. Patients admitted for obstetric care
9. Patients admitted for observation
10. Patients discharged to skilled nursing facilities

### MEASURES 1-18

Exclude respondents from the numerator and denominator of a measure if they have completed survey items in the measure using multiple marks (i.e., they gave multiple answers to an individual question).

### MEASURES 8-9

Exclude the following respondents from the numerator and denominator:

1. All those who answered "No" to screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)

2. All those whose child was under 3 years old at discharge as determined using administrative data

#### MEASURE 10

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 43 (During this hospital stay, was your child 13 years old or older?)
2. All those whose child was under 13 years old at discharge as determined using administrative data
3. All those who answered “No” in screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)

#### MEASURE 12

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 25 (During this hospital stay, did you or your child ever press the call button?)

#### MEASURE 14

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 30 (During this hospital stay, did your child have pain that needed medicine or other treatment?)

### EXCLUSION DETAILS

“No-publicity” patients are defined as those whose parents voluntarily sign a “no-publicity” request while hospitalized or directly request that a hospital or survey vendor not contact them (“Do Not Call List”).

Court/law enforcement patients (i.e., prisoners) are excluded from the sample frame because of the logistical difficulties of administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.

Patients with a foreign home address are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The US territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)

Patients discharged to hospice care are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.

Some state regulations place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.

Patients who are wards of the state are excluded because they do not have parents to assess their experiences in the hospital.

Healthy newborns are excluded because their care may be closely associated with a mother's obstetric care and thus may not reflect a pediatric hospital's quality of care. Healthy newborns are identified based on administrative billing codes; see Codes to Identify Healthy Newborns for Exclusion in the Data Dictionary Code Table.

Patients admitted for obstetric care are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.

Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.

Patients discharged to skilled nursing facilities are excluded because of concerns that parents would not be able to adequately distinguish the care received at the two facilities and also might be more difficult to locate. Patients with a discharge status code (UB-04 field location 17) of "03 – Skilled Nursing Facility," "61 – SNF Swing bed within Hospital," or "64 – Certified Medicaid Nursing Facility" should not be included in the sample frame.

Note: Patients should be included in the Child HCAHPS sample frame unless the hospital/survey vendor has positive evidence that they are ineligible or fall within an excluded category. If information is missing on ANY variable that affects survey eligibility when the sample frame is constructed, the patient should not be excluded in the sample frame because of that variable.

## RISK ADJUSTMENT

Statistical risk model

Case-mix adjustment via linear regression is used to adjust hospital-level scores based on patient characteristics, thus facilitating comparisons among hospitals. We recommend adjusting for child age and global health status and respondent age, relationship to child, education, and preferred language.

The case-mix data are obtained from items in the "About You" section of the survey and from hospital administrative records:

1. Child age: obtained from administrative records
2. Respondent-reported health of child: Q49
3. Respondent relationship to child: Q52
4. Respondent age: Q53
5. Respondent education level: Q54
6. Respondent preferred language: Q55

Available in attached Excel or csv file at S.2b

## STRATIFICATION

Stratification is not required. However, users of the survey may choose to stratify scores. Variables commonly used to stratify inpatient patient experience of care measures include service (e.g., medical versus surgical) or condition (e.g., patients with the primary diagnosis of asthma).

## TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items. The production of unadjusted hospital scores for each measure and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.

### ASSIGN APPROPRIATE SAMPLING WEIGHT TO EACH CASE

Prior to calculating any of the measure scores, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month, in which case sampling weights are not needed. Alternatively, some hospitals will sample a fixed number of discharges each month to reach the annual target of 300 completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This is done using the approach below. For a more detailed description, see the production of hospital scores section of the Detailed Measure Specifications (Appendix A).

Step 1 – Calculate the expansion weight for each month

Expansion weight = (Population size for the month) / (Sample size for the month)

Step 2 – Calculate the mean expansion weight for the number of months covered by the score (e.g., 12 months)

Step 3 – Calculate the relative weight for each month as the expansion weight for the month divided by the mean expansion weight

Step 4 – Assign a sampling weight to each case based on the month in which the person was discharged and the corresponding value of the mean expansion weight

### GLOBAL MEASURES

The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The approach for producing scores for these items is below.

Overall Rating of the Hospital.

For this item, respondents are asked, “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 child’s stay?” The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.

The steps to calculate a hospital’s score, including the top-box score, are as follows:

Step 1 – Identify relevant cases

Include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category

(1) Proportion of respondents who gave the hospital an overall rating of 0-6 (P1):

The numerator is the number of respondents for whom the overall rating is 0-6. Each case is weighted by the appropriate sampling weight for the discharge month.



The denominator is the total number of respondents, each weighted by the appropriate sampling

weight for the discharge month.

(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10 (P3):

The numerator is the number of respondents for whom the overall rating is 9 or 10. Each case is weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling

weight for the discharge month.

(3) Proportion of respondents who gave the hospital an overall rating of 7 or 8 (P2)

The proportion can be defined as follows:

$$P2 = 1 - P1 - P3$$

A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories may be informative for hospitals' quality improvement efforts.

Willingness to Recommend the Hospital

For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes."

A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which the response is "definitely yes." Production of a hospital's score on this item follows the same steps discussed above.

DOMAIN-LEVEL COMPOSITES

There are 10 domain-level composites included in Child HCAHPS; see the Data Dictionary Code Table for survey items in domain-level composite measures. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.

Composite example: Communication between you and your child's doctors

This composite is produced by combining responses to three questions:

- "During this hospital stay, how often did your child's doctors listen carefully to you?"
- "During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?"
- "During this hospital stay, how often did your child's doctors treat you with courtesy and respect?"

Response options for each question are "never," "sometimes," "usually," or "always." The basic steps to calculate a hospital's composite score are as follows:

Step 1 – Calculate the proportion of cases in the "always" response category for each question:

- P11 = Proportion of respondents who said "always" to the first question
- P12 = Proportion of respondents who said "always" to the second question
- P13 = Proportion of respondents who said "always" to the third question

Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:

- $PC1 = \text{Composite proportion who said "always"} = (P11 + P12 + P13) / 3$

The most positive response categories for the composites are listed below:

1. Nurse-parent communication: Always
2. Doctor-parent communication: Always
3. Communication about medicines: Yes, definitely
4. Informed about child's care: Always
5. Preparing to leave hospital: Yes, definitely
6. Nurse-child communication: Always
7. Doctor-child communication: Always
8. Involving teens in care: Always/Yes, definitely
9. Mistakes and concerns: Always/Yes, definitely
10. Child comfort: Always/Yes, definitely

Production of a hospital's scores on these composites follows the same steps discussed above; see Survey Items in the Data Dictionary Code Table for the list of items that comprise each composite.

#### DOMAIN-LEVEL SINGLE ITEMS

There are eight domain-level single items included in Child HCAHPS; see Survey Items in the Data Dictionary Code Table for single-item measures. Scores are generated by calculating top-box proportions. Production of item scores is described below.

Example of domain-level single item: "During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?"

Response options are "never," "sometimes," "usually," or "always". To determine a hospital's score, calculate the proportion of cases in the "always" response category for this question.

The most positive response categories for the single items are listed below:

1. Privacy with providers: Always
2. Informed in emergency room: Always
3. Call button: Always
4. Child pain: Always
5. Cleanliness: Always
6. Quietness: Always

Production of a hospital's scores on these items follows the same approach described above.

The discussion above describes the steps used to produce unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.

#### CASE-MIX ADJUSTMENT

One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect measures of outcomes or processes. Systematic effects of this sort create the potential for a hospital's ratings to be higher or lower because of the characteristics of its patient population, rather than because of the quality of care it provides, making

comparisons of unadjusted scores misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients. Detailed instructions regarding how to use the case-mix adjustment model can be found in Case-Mix Adjustment Methodology (Appendix K). No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures: 0725 : Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay

0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0005 : CAHPS Clinician & Group Survey, Version 2.0

0166

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: \*NOTE: THE SUBMISSION FORM WOULD NOT ALLOW FOR FORMATTING. FOR THE FORMATTED VERSION, SEE MEASURE HARMONIZATION (APPENDIX P).\* Our candidate survey fills a gap in pediatric quality measurement by addressing the current dearth of quality measures that assess inpatient care. Child HCAHPS addresses the need for a pediatric inpatient patient experience of care survey. We have harmonized our survey with the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Adult Version (Adult HCAHPS) (NQF # 0166), which was endorsed by NQF in 2005, and the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey – Child Version (Child CG CAHPS) (NQF # 0005), which was endorsed by NQF in 2007. The Centers for Medicare & Medicaid Services (CMS) uses Adult HCAHPS results to inform consumer choice through public reporting on the Hospital Compare website and to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.[1] Like the Adult HCAHPS survey, Child HCAHPS could be used as a national standard for collecting or publicly reporting information on patients' perspectives of care that would enable valid comparisons to be made across all hospitals.[2] In developing Child HCAHPS, we followed the same rigorous survey development methodology that other CAHPS survey development teams have employed, including, but not limited to, conducting focus groups, cognitive interviews and end-user testing. We also built upon CAHPS patient experience domains and items when developing our survey. Additionally, the CAHPS Consortium collaborated with us on the development of Child HCAHPS. Child HCAHPS covers the pediatric population, with an age eligibility criterion that is identical to that of Child CG CAHPS (under 18 years old) and complementary to that of the Adult HCAHPS survey (18 years or older). While Child HCAHPS and Child CG CAHPS have the same age eligibility criterion, Child HCAHPS has been developed for inpatient pediatric populations, while Child CG CAHPS is targeted to the outpatient pediatric population. Like the Adult HCAHPS and Child CG CAHPS surveys, Child HCAHPS also uses a statistical model to case-mix adjust scores, but our model was specifically developed for inpatient pediatric patients. Various aspects of the Child HCAHPS survey, such as item wording and response categories, have been harmonized with the Adult HCAHPS and Child CG CAHPS surveys. The Child HCAHPS survey assesses many of the same domains as the Adult HCAHPS survey, and where appropriate, also addresses similar domains to those found in the Child CG CAHPS survey, such as communication with providers. Additional domains shared by the Adult and Child HCAHPS surveys include experiences with nurses, experiences with doctors, pain management, the hospital environment, discharge planning from the hospital, and overall hospital rating. Furthermore, the Child HCAHPS survey

assesses aspects of care that are particularly relevant to children. For example, Child HCAHPS assesses whether providers talk and interact with the child in a way that is age-appropriate. Child HCAHPS also gathers information from parents on their teenagers who have experienced a hospitalization. These items are not included in the Adult HCAHPS survey but are valuable to the Child HCAHPS survey because they assess the unique experiences of adolescents, an important population that previously has not been heavily targeted for quality improvement initiatives.[3,4] Lastly, the Child HCAHPS survey assesses new domains not mentioned above that are not found in the other CAHPS surveys include communication in the emergency room, family involvement, privacy, and safety. The Child HCAHPS survey is a parent-reported survey, a notable difference from the self-reported Adult HCAHPS survey. While most items are of the parent's experience of their child's care, similar to Child CG CAHPS, Child HCAHPS also assesses the experiences of the child for a subset of items by relying on a parent's assessment of the child's experience of care. In pediatrics, parents' assessment of their child's care is commonly accepted for a variety of methodological and logistical reasons.[5] We do not anticipate that differences between the Child HCAHPS survey and the Adult HCAHPS or Child CG CAHPS survey would affect the interpretability or data collection burden of Child HCAHPS.

REFERENCES

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5b.1 If competing, why superior or rationale for additive value: The Child HCAHPS survey and the Children's Hospital Boston Inpatient Experience Survey (CHB-IES) both aim to assess the experiences of parents and their children with inpatient hospital care. Although both surveys fill a gap in the measurement of inpatient pediatric patient experience, the Child HCAHPS survey has advantages. Its development in accordance with CAHPS design principles ensures that this tool is well-harmonized with patient experience measurement instruments that are widely accepted and implemented in a variety of healthcare settings (e.g., CAHPS Hospital Survey – Adult Version and Clinician and Group CAHPS Survey – Child Version). The following points of comparison illustrate some of the advantages of the Child HCAHPS survey. We are basing our comments on the CHB-IES instrument and on the NQF forms that are currently available online. Overall, there are multiple ways in which it has better validity, reliability, and usability than the CHB-IES measure.

#### VALIDITY:

#### CASE-MIX ADJUSTMENT

Child HCAHPS case-mix adjusts scores. Case-mix refers to patient characteristics such as demographic characteristics and health status that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population

rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would score if they all provided care to comparable groups of patients. Because CHB-IES does not adjust for case-mix, the differences in hospital performance for the measure may be strongly influenced by the characteristics of the patient population and not only by the quality of the care provided. The Child HCAHPS survey accounts for these differences by case-mix adjusting for child age and global health status, and respondent age, education, relationship to child, and language preference. In addition, it is standard practice for patient experience surveys to adjust for respondent age; CHB-IES does not ask for respondent age in the survey and hospitals do not collect parent age, therefore, unlike Child HCAHPS, CHB-IES would be unable to adjust for this characteristic. The case-mix adjustment strategy used in the Child HCAHPS survey ensures that hospital performance scores are a more accurate reflection of quality of care. Ultimately, by not case-mix adjusting, CHB-IES measures are likely to produce less valid results as the differences found could be due to differences in hospital patient population rather than the quality of the care.

#### SCREENER ITEMS

The Child HCAHPS Survey generally makes use of screener questions to identify the respondents for whom items are relevant to their child's inpatient hospitalization in situations when the experience is not universal. Rather than consistently using screener items throughout the survey, CHB-IES includes an additional response category indicating that the question does not apply. In doing so, there is a greater opportunity for respondents to incorrectly answer an item that is not relevant to their child's hospitalization. This could result in a more difficult data cleaning process and increases the possibility that performance scores will be skewed by inappropriately answered items. Additionally, screener items may allow the respondent to complete the survey in a shorter time period, decreasing the time burden of the survey for the respondent.

#### RESPONSE SCALES

The Child HCAHPS survey uses fewer response scales than CHB-IES. Child HCAHPS consistently uses two response scales throughout the survey in addition to the two scales used for the global rating item and the recommend item. CHB-IES uses seven different response scales throughout the survey in addition to the two scales used for the global rating and recommend items. Also, the response scales used in CHB-IES can be confusing to respondents because there are survey items that have similar, but not identical, response scales. For example, the survey contains three different variations of a poor to good rating scale (i.e., a 5-point very poorly to very well scale, a 5-point poor to excellent scale, and a 6-point poor to exceptional scale). Furthermore, some of the scales use wording that is difficult for respondents. For instance, CHB-IES uses "average" in one of the response scales; for a respondents to give an "average" rating on a measure of patient experience at a hospital, he or she would have to have had additional experiences at other hospitals with which to compare. When a survey has multiple response scales, especially when some of them are similar, it is possible that respondents will be more likely to give erroneous answers because respondents are confused or do not notice that the response scales have changed. Moreover, the cognitive burden does not affect everyone equally.[1] It is easier for respondents to complete the Child HCAHPS survey due to the consistency of response options. Additionally, when combining individual items into composite measures, having the same or similar response forms within a composite makes calculating and communicating multi-item indices easier. A recent study supported the use of the main response scale used in Child HCAHPS.[2]

## RELIABILITY:

### HOSPITAL-LEVEL RELIABILITY

According to the CHB-IES' NQF submission, CHB-IES' reliability testing included test-retest reliability and internal consistency reliability. However, these analyses are not the most important form of reliability testing for patient experience measures. Unit-level reliability is critical as it demonstrates whether a measure is able to distinguish performance among different units of analysis. In the case of an inpatient measure, the unit of analysis is the hospital. We conducted hospital-level reliability analyses for Child HCAHPS and demonstrated that Child HCAHPS has sufficient reliability to distinguish performance among different hospitals; see Measure Testing Form 2a2: Reliability Testing. Because CHB-IES does not appear to have done a unit-level reliability analysis, it is unclear whether CHB-IES can be used for comparison across hospitals.

## USABILITY:

### END-USER TESTING

It is important to assess the understandability of reported measure results to ensure that these results will be useful to patients and their families. We assessed the clarity and usefulness of labels and descriptions used to name and report composite and single-item measures from the Child HCAHPS survey through end-user testing. End-user testing involves conducting cognitive interviews with the intended "end users" of the survey (e.g., parents/guardians of pediatric patients) to ensure the understandability of the reporting format. After finalizing the Child HCAHPS survey instrument, two rounds of cognitive interviews were held to test proposed Child HCAHPS measure concepts and labels. Item groupings and measure labels were modified to reflect the information learned through these interviews, resulting in 18 composite and single-item measures (see Survey Items in the Data Dictionary Code Table). However, CHB-IES composite measures did not undergo end-user cognitive testing. Although these measures may be appropriately grouped on the basis of statistical analyses, additional testing is needed to ensure that patients and their families view the items within each measure as conceptually related and that measure titles adequately reflect the measured construct.

## REFERENCES

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2. Drake KM, Hargraves JL, Lloyd S, Gallagher PM, Cleary PD. The Effect of Response Scale, Administration Mode, and Format on Responses to the CAHPS Clinician and Group Survey. *Health Serv Res*. 2014:n/a-n/a. doi:10.1111/1475-6773.12160.

## Appendix G1: Related and Competing Measures (tabular format)

### Comparison of NQF 0208 and NQF 1623

|                     | 0208<br>Family Evaluation of Hospice Care   | 1623<br>Bereaved Family Survey  |
|---------------------|---|---|
| Steward             | National Hospice & Palliative Care Organization   | PROMISE Center  |
| Description         | <p>Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery.</p> <p>Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year.</p> | <p>The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&amp;D Merit Award and have been approved for use by the Office of Management and Budget. Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received.</p> |
| Type                | Process   | Outcome   |
| Data Source         | Patient Reported Data/Survey  | Electronic Clinical Data : Electronic Health Record, Other  |
| Level               | Facility, Population : National   | Facility, Population : National, Population : Regional  |
| Setting             | Hospice   | Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility   |
| Numerator Statement | The numerator is the sum total of the weighted incidence of problem scores occurring in response to 17 specific items on each survey. The 17 questions focus on the following aspects of hospice care: symptom management, communication, provision of information, emotional support and care coordination.  | The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.   |
| Numerator Details   | Responses to each of 17 questions are coded 0 or 1, where 0 represents the best possible response for that question and 1 represents all other responses. Each response is then multiplied by a   | Included are those patients included in the denominator with completed surveys (at least 12 of 17 structured items completed) that  |

|                       | 0208<br>Family Evaluation of Hospice Care   | 1623<br>Bereaved Family Survey   |
|-----------------------|---|--|
|                       | weighting factor and summed. The sum of all 17 weighted scores is then multiplied by 14.00006. The product is then subtracted from 100 then divided by 100. This yields the Composite Score for an individual survey. The scores for each survey are added together to create the FEHC Composite Score numerator at the organization (hospice) level. | receive an optimal response on the global item question.   |
| Denominator Statement | The denominator represents the number of surveys with responses for at least 14 of the 17 questions required to compute the composite score in the FEHC survey.   | The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); 3) deaths that occur in the operating room; and 4) deaths due to suicide or accidents. Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available to the family member. |
| Denominator Details   | Total number of survey with responses to at least 14 of the 17 FEHC questions needed to calculate the composite score.  | The indicator denominator is comprised of the number of Veterans who die in an inpatient VA facility (intensive care, acute care, hospice unit, nursing home care or community living center) for whom a survey is completed. Completed surveys are defined as those with at least 12 of the 17 structured items completed.  |
| Exclusions            | If a survey has responses to fewer than 14 of the 17 FEHC survey questions included in calculation of the composite score, then a composite score will not be calculated for that survey and the survey will not be included in the calculation of a composite score for the hospice.   | <ul style="list-style-type: none"> <li>- Veterans for whom a family member knowledgeable about their care cannot be identified (determined by family member's report)</li> <li>- Absence of a current address and/or working telephone number for a family member or emergency contact.</li> <li>- Deaths within 24 hours of admission without a prior hospitalization of last least 24 hours in the last 31 days of life.</li> <li>- Deaths that occur in the operating room during an outpatient procedure.</li> <li>- Deaths due to a suicide or accident</li> <li>- Surveys in which less than 12 items were answered</li> </ul>   |



|                   | 0208<br>Family Evaluation of Hospice Care   | 1623<br>Bereaved Family Survey  |
|-------------------|---|---|
| Exclusion Details | See S.10  | Name, address, and phone number of patient's family member or emergency contact are required for determining exclusion. In addition, information regarding the patient's admission(s) during the last 31 days of life, including length of stay and circumstances of death are also required to determine exclusion.  |
| Risk Adjustment   | No risk adjustment or risk stratification<br>N/A  | No risk adjustment or risk stratification<br>N/A<br>Provided in response box S.15a  |
| Stratification    | No stratification   | Variables necessary to stratify the measure are VISN, facility, quarter, year, outcome. VISN refers to "Veterans Integrated Service Network" and is a geographic area of the country where a facility is located. Facility is the actual VA medical center or affiliated community living center where the Veteran died. Quarter is the 3 month time period in which the patient died. Year is the VA fiscal year (runs from Oct 1 to Sept 30). Outcome refers to whether or not a survey was completed.  |
| Type Score        | Other (specify): Composite Score is a number expressed as a percent, on a range from 0% to 100% better quality = higher score   | Rate/proportion better quality = higher score   |
| Algorithm         | <ol style="list-style-type: none"> <li>1. Obtain data (responses to questions) for the 17 questions from the FEHC survey that comprise the Composite Score</li> <li>2. Dichotomize all constituent questions into a)most desirable response; and b) all other responses for each question. "No answer" or non-valid responses = null.</li> <li>3. Calculate composite score for each of the 17 questions for each survey using the following formula: <math>Composite\_Score = (100 - (14.00006 * (F1 * 0.4125 + F2 * 0.2331 + F3 * 0.3659 + E2 * 0.3259 + E3 * 0.4792 + E4 * 0.4059 + D3 * 0.4766 + D4 * 0.5646 + D5 * 0.5295 + D7 * 0.5433 + D8 * 0.5819 + D9 * 0.5323 + B2 * 0.3236 + B6 * 0.3629 + B10 * 0.4435 + B80.4211 + B4 * 0.44379)))) / 100</math></li> <li>4. Calculate composite score for hospice by averaging the composite scores for each survey No diagram provided</li> </ol> | The 17 structured items of the Bereaved Family Survey are scored as either "1" (optimal response) or "0" (all other answer choices). A score of "1" indicates that the family member perceived that the care they and/or the Veteran received was the best possible care (Always or Excellent). For instance, that Veteran's health care provider always communicated in a way that was understandable, or that the Veteran's pain was always controlled to a level that was comfortable in a way that was comfortable for him/her. As score of "0" reflects all other possible responses (Usually, Sometimes, or Never). Items are coded as missing if respondents cannot or refuse to answer the item. Thus, the score for each item can be expressed as a fraction corresponding to the number of families who reported that the Veteran received optimal care (numerator), divided by the number of valid, non-missing responses for that item (denominator). Similarly, the score for the 17-item survey is calculated based on the global question item (Overall, how would you rate the care received in the last month of life? - |

|                  | 0208<br>Family Evaluation of Hospice Care  | 1623<br>Bereaved Family Survey  |
|------------------|--|---|
|                  |  | Excellent, Very Good, Good, Fair, Poor). The global item is scored as the # of optimal responses/# of valid, non missing responses for all completed surveys (12 of 17 structured items answered). This scoring system produces a facility- or VISN-level score that reflects the proportion of Veterans who received the best possible care overall (BFS score) and in specific areas corresponding to BFS items (e.g. pain management, communication, personal care, etc). URL  |
| Submission items | <p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized?</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact:</p> <p>5b.1 If competing, why superior or rationale for additive value:</p> | <p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact:</p> <p>5b.1 If competing, why superior or rationale for additive value: NQF 0208 Family Evaluation of Hospice Care</p> <p>NQF 0308 LBP: Evaluation of Patient Experience</p> <p>Although the Bereaved Family Survey is in many ways similar to the Family Evaluation of Hospice Care, it provides information on a specific population (Veterans) and measures the quality of care provided a single health care system. Unlike the FEHC, the BFS provides a coherent measurement strategy that allows comparisons across systems of care and sites of death in a single health care system. This measure assesses the quality of care of the largest unified health care system in the United States and cares for more than 5 million patients annually. Because it is a unified health system, the VA is uniquely situated to make use of the quality data that can be easily and quickly disseminated. The BFS also measures satisfaction of care that are unique to a Veteran population (i.e, survivor and funeral benefits, PTSD). The population of Veterans and families that the VA serves is unique in several key respects: 1) Veterans and their families may face different challenges at the end of life than non-Veterans do. The costs of hospitalization are less likely to be relevant to non-VA populations.</p> |

## Comparison of NQF 0725 and NQF 2548

|             | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)  |
|-------------|--|--|
| Steward     | Children's Hospital Boston   | Agency for Healthcare Research and Quality   |
| Description | <p>This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores.</p> <p>The 68 questions of the survey can be divided into 3 groups:</p> <ol style="list-style-type: none"> <li>1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups: <ol style="list-style-type: none"> <li>a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical)</li> <li>b. 3 skip questions to identify eligibility of following questions</li> <li>c. 4 questions about the hospital environment</li> </ol> </li> <li>2. 35 questions that are part of 8 domains: <ol style="list-style-type: none"> <li>a. Partnership with nurses (9 questions)</li> <li>b. Partnership with doctors (9 questions)</li> <li>c. Identification of Attending Physician (1 question)</li> <li>d. Patient Comfort (2 questions)</li> <li>e. Communications about Medications (2 questions)</li> <li>f. Admission (2 questions)</li> <li>g. Discharge and Home Care Preparation (6 questions)</li> <li>h. Emotional Satisfaction (4 questions)</li> </ol> </li> <li>3. 5 overall rating questions to be used individually</li> <li>4. 2 open-ended questions allowing parents to write individual comments</li> </ol> | <p>The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child's experiences with inpatient hospital care.</p> <p>The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures:</p> <p>Communication with Parent</p> <ol style="list-style-type: none"> <li>1. Communication between you and your child's nurses (3 items)</li> <li>2. Communication between you and your child's doctors (3 items)</li> <li>3. Communication about your child's medicines (4 items)</li> <li>4. Keeping you informed about your child's care (2 items)</li> <li>5. Privacy when talking with doctors, nurses, and other providers (1 item)</li> <li>6. Preparing you and your child to leave the hospital (5 items)</li> <li>7. Keeping you informed about your child's care in the Emergency Room (1 item)</li> </ol> <p>Communication with Child</p> <ol style="list-style-type: none"> <li>8. How well nurses communicate with your child (3 items)</li> <li>9. How well doctors communicate with your child (3 items)</li> <li>10. Involving teens in their care (3 items)</li> </ol> <p>Attention to Safety and Comfort</p> <ol style="list-style-type: none"> <li>11. Preventing mistakes and helping you report concerns (2 items)</li> <li>12. Responsiveness to the call button (1 item)</li> </ol> |

|                     | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|                     |  | 13.Helping your child feel comfortable (3 items)<br>14.Paying attention to your child's pain (1 item)<br>Hospital Environment<br>15.Cleanliness of hospital room (1 item)<br>16.Quietness of hospital room (1 item)<br>Global Rating<br>17.Overall rating (1 item)<br>18.Recommend hospital (1 item)   |
| Type                | Process  | Process  |
| Data Source         | Patient Reported Data/Survey   | Patient Reported Data/Survey   |
| Level               | Facility   | Facility   |
| Setting             | Hospital/Acute Care Facility   | Hospital/Acute Care Facility   |
| Numerator Statement | <p>Rating questions can be categorized into one of following 8 measurement domains or are individual overall experience measures of parents' experiences during the last inpatient hospital stay of their child.</p> <p>8 Measurement Domains:</p> <ol style="list-style-type: none"> <li>1. Partnership with Nurses (9 questions)</li> <li>2. Partnership with Doctors (9 questions)</li> <li>3. Identification of Attending Physician (1 question)</li> <li>4. Patient Comfort (2 questions)</li> <li>5. Communication about Medications (2 questions)</li> <li>6. Admission (2 questions)</li> <li>7. Discharge and Home Care Preparation (6 questions)</li> <li>8. Emotional Satisfaction (4 questions)</li> </ol> | <p>Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure.</p> <p>For example, the top-box numerator for the communication between you and your child's nurses composite is the number of respondents who answered "Always" to questions about how well nurses communicated well with them.</p> |

|                   | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay  | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|                   | <p>5 Individual Overall Experience Questions:</p> <ol style="list-style-type: none"> <li>1. 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 child's stay?</li> <li>2. How often did you feel confidence and trust that your child was receiving safe medical care?</li> <li>3. How well did this hospital meet your expectations for the care you thought your child should receive?</li> <li>4. How would you rate the overall quality of care that your child received?</li> <li>5. How likely or unlikely are you to recommend this hospital to your family and friends?</li> </ol>  |  |
| Numerator Details | <p>Each domain score of the 8 following measurement domains is based on the percentage of the most positive responses, the top-box, among all answered questions in that domain (see attached spreadsheet "PIES Codebook", worksheet "Numerator – 8 Measurement Domains"):</p> <ol style="list-style-type: none"> <li>1. Partnership with Nurses (9 questions): Q1-Q8, Q17</li> <li>2. Partnership with Doctors (9 questions): Q9-Q12, Q14-Q16, Q18, Q19</li> <li>3. Identification of Attending Physician (1 question): Q13</li> <li>4. Patient Comfort (2 questions): Q21, Q22</li> <li>5. Communication about Medications (2 questions): Q28, Q29</li> <li>6. Admission (2 questions): Q31, Q32</li> <li>7. Discharge and Home Care Preparation (6 questions): Q33,</li> </ol> | <p>SURVEY</p> <p>The numerator is the number of parents who return a completed survey. A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS, see Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I).</p> <p>MEASURE 1: Communication between you and your child's nurses</p> <p>The numerator is the percentage number of respondents who answered "Always" to questions about how well nurses communicated well with them.</p> <p>MEASURE 2: Communication between you and your child's doctors</p> <p>The numerator is the number of respondents who answered "Always" to questions about how well doctors communicated well with them.</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay  | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  | <p>Q35-Q39</p> <p>8. Emotional Satisfaction (4 questions): Q47-Q50</p> <p>The individual overall experience questions are reported in top-box format as well (see attached Excel spreadsheet "PIES Codebook", worksheet "Ind Experience – Topbox"):</p> <p>1. Q40 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 child's stay? (10 – best hospital possible)</p> <p>2. Q41 How often did you feel confidence and trust that your child was receiving safe medical care? (Always)</p> <p>3. Q42 How well did this hospital meet your expectations for the care you thought your child should receive? (Exceeded my expectations)</p> <p>4. Q43 How would you rate the overall quality of care that your child received? (Exceptional)</p> <p>5. Q44 How likely or unlikely are you to recommend this hospital to your family and friends? (Very likely)</p> <p>For each of the individual rating questions, including the individual overall experience questions, this percentage is calculated as follows. This calculation is applicable to the following questions: Q1-Q19, Q21-Q26, Q28, Q29, Q31-Q33, Q35-Q44, Q47-Q50.</p> <p>Percentage (P) = # responding in the top box*100/(# of respondents who answered the question - # of respondents who checked the not-applicable response option)</p> <p>There are 10 questions among those individual rating questions with</p> | <p>MEASURE 3: Communication about your child's medicines</p> <p>The numerator is the number of respondents who answered "Yes, Definitely" to questions about whether providers communicated well about their child's medicines.</p> <p>MEASURE 4: Keeping you informed about your child's care</p> <p>The numerator is the number of respondents who answered "Always" to questions about whether providers kept them informed about their child's care.</p> <p>MEASURE 5: Privacy when talking with doctors, nurses, and other providers</p> <p>This numerator is the number of respondents who answered "Always" to a question about whether they were given as much privacy as they wanted when discussing their child's care with providers.</p> <p>MEASURE 6: Preparing you and your child to leave the hospital</p> <p>The numerator is the number of respondents who answered "Yes, Definitely" to questions about whether providers prepared them and their child to leave the hospital.</p> <p>MEASURE 7: Keeping you informed about your child's care in the Emergency Room</p> <p>The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether they were kept informed about their child's care in the Emergency Room.</p> <p>MEASURE 8: How well nurses communicate with your child</p> <p>The numerator is the number of respondents who answered "Always" to questions about whether nurses communicated well</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  | <p>a not-applicable response options and their detailed percentage calculations is described in more detail here:</p> <ol style="list-style-type: none"> <li>Q5 Ease to let nurses know about any concerns you may have had about your child's care:<br/>P (Q5) = # responding "Extremely easy"*100/(# of respondents who answered the question - # of respondents who checked "I had no concerns")</li> <li>Q6 Frequency with which nurses addressed any concerns or complaints promptly:<br/>P (Q6) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "I had no concerns or complaints")</li> <li>Q14 Ease to let doctors know about any concerns you may have had about your child's care:<br/>P (Q14) = # responding "Extremely easy"*100/(# of respondents who answered the question - # of respondents who checked "I had no concerns")</li> <li>Q16 Frequency with which different doctors made you confused by telling you different things:<br/>P (Q16) = # responding "Never"*100/(# of respondents who answered the question - # of respondents who checked "I talked to only one doctor")</li> <li>Q21 Frequency with which hospital staff did everything they could to control child's pain:<br/>P (Q21) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "My child</li> </ol> | <p>with their child.</p> <p>MEASURE 9: How well doctors communicate with your child<br/>The numerator is the number of respondents who answered "Always" to questions about whether doctors communicated well with their child.</p> <p>MEASURE 10: Involving teens in their care<br/>The numerator is the number of respondents who answered "Always" or "Yes, Definitely" to questions about whether providers involved teens in their care.</p> <p>MEASURE 11: Preventing mistakes and helping you report concerns<br/>The numerator is the number of respondents who answered "Always" or "Yes, Definitely" to questions about whether providers prevented mistakes and helped them report concerns.</p> <p>MEASURE 12: Responsiveness to the call button<br/>The numerator is the number of respondents who answered "Always" to a question about how often providers were responsive to the call button.</p> <p>MEASURE 13: Helping your child feel comfortable<br/>The numerator is the number of respondents who answered "Always" or "Yes, Definitely" to questions about whether providers helped their child feel comfortable.</p> <p>MEASURE 14: Paying attention to your child's pain<br/>The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether providers and hospital staff paid attention to their child's pain.</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)   |
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|  | <p>had no pain")</p> <p>6. Q23 Overall quality of meals rating:<br/>P (Q23) = # responding "Excellent"*100/(# of respondents who answered the question - # of respondents who checked "My child was not served meals")</p> <p>7. Q26 Frequency of cleanliness of child's bed:<br/>P (Q26) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "My child did not have a bed")</p> <p>8. Q32 Frequency with which staff informed you about reasons for delays during admission process:<br/>P (Q32) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "We had no delays")</p> <p>9. Q38 Quality of how staff prepared you to deal with any pain your child might have at home:<br/>P (Q38) = # responding "Very well"*100/(# of respondents who answered the question - # of respondents who checked "Does not apply to my child")</p> <p>10. Q39 Quality of how staff prepared you to give your child his/her new medicines at home:<br/>P (Q39) = # responding "Very well"*100/(# of respondents who answered the question - # of respondents who checked "Does not apply to my child")</p> <p>Specific calculation of percentage for the individual overall</p> | <p>MEASURE 15: Cleanliness of hospital room<br/>The numerator is the number of respondents who answered "Always" to a question about how often their child's room and bathroom were kept clean.</p> <p>MEASURE 16: Quietness of hospital room<br/>The numerator is the number of respondents who answered "Always" to a question about how often their child's room was quiet at night.</p> <p>MEASURE 17: Overall rating<br/>The numerator is the number of respondents who gave their hospital a rating of 9 or 10 on a scale from 0 (worst hospital) to 10 (best hospital).</p> <p>MEASURE 18: Recommend hospital<br/>The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether they would recommend the hospital.</p> |



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|  | <p>experience questions:</p> <ol style="list-style-type: none"> <li>Hospital Rating Q40: <math>P(Q40) = \# \text{ responding with "10"} \text{ to } Q40 * 100 / \# \text{ responding to } Q40</math></li> <li>Safe Care Q41: <math>P(Q41) = \# \text{ responding with "Always"} \text{ to } Q41 * 100 / \# \text{ responding to } Q41</math></li> <li>Expectations Met Q42: <math>P(Q42) = \# \text{ responding with "Exceeded my expectations"} \text{ to } Q42 * 100 / \# \text{ responding to } Q42</math></li> <li>Overall Quality of Care Rating Q43: <math>P(Q43) = \# \text{ responding with "Exceptional"} \text{ to } Q43 * 100 / \# \text{ responding to } Q43</math></li> <li>Likelihood to Recommend Hospital Q44: <math>P(Q44) = \# \text{ responding with "Very likely"} \text{ to } Q44 * 100 / \# \text{ responding to } Q44</math></li> </ol> <p>For the domain scores:</p> <p>The measure calculations of the domain scores is based on the percentage of questions with responses in the best response category possible among all questions answered for this domain and therefore represents the average top-box percentage.</p> <p>Average Top-Box Percentage (AP) for domain = Sum of Ps of all questions included in domain/number of questions included in the domain</p> <p>Calculation of domain scores for each different domain:</p> <ol style="list-style-type: none"> <li>Partnership with Nurses: <math>AP(\text{Partnership with Nurses}) = (P(Q1) + P(Q2) + P(Q3) + P(Q4) + P(Q5) + P(Q6) + P(Q7) + P(Q8) + P(Q17)) / 9</math></li> <li>Partnership with Doctors: <math>AP(\text{Partnership with Doctors}) = (P(Q9) + P(Q10) + P(Q11) + P(Q12) + P(Q14) + P(Q15) + P(Q16) + P</math></li> </ol> |                                       |

|                       | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)   |
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|                       | <p><math>(Q18) + P(Q19))/9</math></p> <p>3. Identification of Attending Physician: AP (Identification of Attending Physician) = <math>P(Q13)</math></p> <p>4. Patient Comfort: AP (Patient Comfort) = <math>(P(Q21) + P(Q22))/2</math></p> <p>5. Communication about Medications: AP (Communication about Medications) = <math>(P(Q28) + P(Q29))/2</math></p> <p>6. Admission: AP (Admission) = <math>(P(Q31) + P(Q32))/2</math></p> <p>7. Discharge and Home Care Preparation: AP (Discharge and Home Care Preparation) = <math>(P(Q33) + P(Q35) + P(Q36) + P(Q37) + P(Q38) + P(Q39))/6</math></p> <p>8. Emotional Satisfaction: AP (Emotional Satisfaction) = <math>P(Q47) + P(Q48) + P(Q49) + P(Q50)/4</math></p> |   |
| Denominator Statement | <p>Calendar Month:<br/>The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar month.</p> <p>Calendar Quarter:<br/>The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar quarter.</p>  | <p>The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.</p> |
| Denominator Details   | <p>An inpatient stay is defined as having spent at least one night at the hospital, excluding the emergency room.</p> <p>The following patients are excluded when constructing the sampling frame.</p> <ul style="list-style-type: none"> <li>Parents of patients who were discharged more than 4 weeks prior to the start of the survey.</li> </ul>   | <p>SURVEY</p> <p>The denominator for the survey is all parents of patients who meet the following criteria:</p> <ol style="list-style-type: none"> <li>Children under 18 years old</li> <li>Admission includes at least one overnight stay in the hospital</li> </ol>   |

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|--|--|---|
|  | <ul style="list-style-type: none"> <li>• Parents younger than 18 years old at the time of the discharge of their child from inpatient stay.</li> <li>• Pediatric patients who are institutionalized (put in the care of a specialized institution) or deceased as identified by the discharge status.</li> </ul> | <p>3. Non-psychiatric MS-DRG/principal diagnosis at discharge</p> <p>4. Alive at time of discharge</p> <p>MEASURE 1: Communication between you and your child's nurses<br/>The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q13, Q14, and Q15.</p> <p>MEASURE 2: Communication between you and your child's doctors<br/>The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q16, Q17, and Q18.</p> <p>MEASURE 3: Communication about your child's medicines<br/>The denominator is the total number of completed surveys with at least one response to any of the following items: Q4, Q5, Q38, and Q39.</p> <p>MEASURE 4: Providers keep you informed about your child's care<br/>The denominator is the total number of completed surveys with at least one response to either of the following items: Q22 and Q24.</p> <p>MEASURE 5: Privacy when talking with providers<br/>The denominator is the total number of surveys with a response to the following item: Q19.</p> <p>MEASURE 6: Preparing you and your child to leave the hospital<br/>The denominator is the total number of completed surveys with at least one response to any of the following items: Q35, Q36, Q40, Q41, and Q42.</p> <p>MEASURE 7: Keeping you informed about your child's care in the Emergency Room<br/>The denominator is the total number of completed surveys with a response to the following item: Q3.</p> <p>MEASURE 8: How well nurses communicate with your child</p> |

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|  |  | <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q7, Q8, and Q9.</p> <p>MEASURE 9: How well doctors communicate with your child</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q10, Q11, and Q12.</p> <p>MEASURE 10: Involving teens in their care</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q44, Q45, and Q46.</p> <p>MEASURE 11: Preventing mistakes and helping you report concerns</p> <p>The denominator is the total number of completed surveys with at least one response to either of the following items: Q28 and Q29.</p> <p>MEASURE 12: Responsiveness to the call button</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q26.</p> <p>MEASURE 13: Helping your child feel comfortable</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q20, Q21, and Q34.</p> <p>MEASURE 14: Paying attention to your child's pain</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q31.</p> <p>MEASURE 15: Cleanliness of hospital room</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q32.</p> <p>MEASURE 16: Quietness of hospital room</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q33.</p> <p>MEASURE 17: Overall rating</p> <p>The denominator is the total number of completed surveys with a</p> |

|            | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay  | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|            |   | <p>response to the following item: Q47.</p> <p>MEASURE 18: Recommend hospital</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q48.</p>  |
| Exclusions | <p>All surveys are accepted even if item nonresponse is present. Item nonresponse might lead to a missing measure for certain questions. If none of the questions within a domain has been answered, the respondent will not have a score for this domain. No general exclusions.</p> | <p><b>SURVEY AND MEASURES 1-18</b></p> <p>Exclude parents of certain patients from the measure (numerator and denominator) based on clinical and non-clinical criteria:</p> <ol style="list-style-type: none"> <li>1. "No-publicity" patients</li> <li>2. Court/law enforcement patients</li> <li>3. Patients with a foreign home addresses</li> <li>4. Patients discharged to hospice care (hospice-home or hospice-medical facility)</li> <li>5. Patients who are excluded because of state regulations</li> <li>6. Patients who are wards of the state</li> <li>7. Healthy newborns</li> <li>8. Patients admitted for obstetric care</li> <li>9. Patients admitted for observation</li> <li>10. Patients discharged to skilled nursing facilities</li> </ol> <p><b>MEASURES 1-18</b></p> <p>Exclude respondents from the numerator and denominator of a measure if they have completed survey items in the measure using multiple marks (i.e., they gave multiple answers to an individual question).</p> <p><b>MEASURES 8-9</b></p> <p>Exclude the following respondents from the numerator and denominator:</p> <ol style="list-style-type: none"> <li>1. All those who answered "No" to screener question 6 (Is your child able to talk with nurses and</li> </ol> |

|           | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|           |  | <p>doctors about his or her health care?)</p> <p>2. All those whose child was under 3 years old at discharge as determined using administrative data</p> <p>MEASURE 10</p> <p>Exclude the following respondents from the numerator and denominator:</p> <p>1. All those who answered "No" in screener question 43 (During this hospital stay, was your child 13 years old or older?)</p> <p>2. All those whose child was under 13 years old at discharge as determined using administrative data</p> <p>3. All those who answered "No" in screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)</p> <p>MEASURE 12</p> <p>Exclude the following respondents from the numerator and denominator:</p> <p>1. All those who answered "No" in screener question 25 (During this hospital stay, did you or your child ever press the call button?)</p> <p>MEASURE 14</p> <p>Exclude the following respondents from the numerator and denominator:</p> <p>1. All those who answered "No" in screener question 30 (During this hospital stay, did your child have pain that needed medicine or other treatment?)</p> |
| Exclusion | No general exclusions.   | "No-publicity" patients are defined as those whose parents   |

|         | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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| Details |  | <p>voluntarily sign a “no-publicity” request while hospitalized or directly request that a hospital or survey vendor not contact them (“Do Not Call List”).</p> <p>Court/law enforcement patients (i.e., prisoners) are excluded from the sample frame because of the logistical difficulties of administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.</p> <p>Patients with a foreign home address are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The US territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)</p> <p>Patients discharged to hospice care are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.</p> <p>Some state regulations place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.</p> <p>Patients who are wards of the state are excluded because they do not have parents to assess their experiences in the hospital.</p> <p>Healthy newborns are excluded because their care may be closely associated with a mother’s obstetric care and thus may not reflect a pediatric hospital’s quality of care. Healthy newborns are identified based on administrative billing codes; see Codes to Identify Healthy</p> |

|                 | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)   |
|-----------------|--|---|
|                 |  | <p>Newborns for Exclusion in the Data Dictionary Code Table.</p> <p>Patients admitted for obstetric care are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.</p> <p>Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.</p>  |
| Risk Adjustment | No risk adjustment or risk stratification<br>N/A   | <p>Statistical risk model</p> <p>Case-mix adjustment via linear regression is used to adjust hospital-level scores based on patient characteristics, thus facilitating comparisons among hospitals. We recommend adjusting for child age and global health status and respondent age, relationship to child, education, and preferred language.</p> <p>The case-mix data are obtained from items in the "About You" section of the survey and from hospital administrative records:</p> <ol style="list-style-type: none"> <li>1. Child age: obtained from administrative records</li> <li>2. Respondent-reported health of child: Q49</li> <li>3. Respondent relationship to child: Q52</li> <li>4. Respondent age: Q53</li> <li>5. Respondent education level: Q54</li> <li>6. Respondent preferred language: Q55</li> </ol> <p>Available in attached Excel or csv file at S.2b</p> |
| Stratification  | N/A  | Stratification is not required. However, users of the survey may choose to stratify scores. Variables commonly used to stratify inpatient patient experience of care measures include service (e.g., medical versus surgical) or condition (e.g., patients with the primary diagnosis of asthma).   |
| Type Score      | Rate/proportion better quality = higher score  | Rate/proportion better quality = higher score   |
| Algorithm       | There is one step for individual questions:<br>1. Calculate the percentage of patient responses in the most                            | The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items.  |



|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay   | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  | <p>positive response category, the top-box</p> <p>There are two basic steps to this approach for domains:</p> <ol style="list-style-type: none"> <li>1. Calculate the percentage of patient responses in the most positive response category, the top-box, for each item in a domain.</li> <li>2. Average these percentage for all items in a domain. No diagram provided</li> </ol> | <p>The production of unadjusted hospital scores for each measure and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.</p> <p><b>ASSIGN APPROPRIATE SAMPLING WEIGHT TO EACH CASE</b></p> <p>Prior to calculating any of the measure scores, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month, in which case sampling weights are not needed. Alternatively, some hospitals will sample a fixed number of discharges each month to reach the annual target of 300 completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This is done using the approach below. For a more detailed description, see the production of hospital scores section of the Detailed Measure Specifications (Appendix A).</p> <p>Step 1 – Calculate the expansion weight for each month<br/> Expansion weight = (Population size for the month) / (Sample size for the month)</p> <p>Step 2 – Calculate the mean expansion weight for the number of months covered by the score (e.g., 12 months)</p> <p>Step 3 – Calculate the relative weight for each month as the expansion weight for the month divided by the mean expansion weight</p> <p>Step 4 – Assign a sampling weight to each case based on the month in which the person was discharged and the corresponding value of the mean expansion weight</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  |  | <p><b>GLOBAL MEASURES</b></p> <p>The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The approach for producing scores for these items is below.</p> <p><b>Overall Rating of the Hospital.</b></p> <p>For this item, respondents are asked, "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 child's stay?" The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.</p> <p>The steps to calculate a hospital's score, including the top-box score, are as follows:</p> <p><b>Step 1 – Identify relevant cases</b></p> <p>Include only cases with non-missing values on the overall rating question.</p> <p><b>Step 2 – Calculate the proportion of cases in each response category</b></p> <p><b>(1) Proportion of respondents who gave the hospital an overall rating of 0-6 (P1):</b></p> <p>The numerator is the number of respondents for whom the overall rating is 0-6. Each case is weighted by the appropriate sampling weight for the discharge month.</p> <p>The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.</p> <p><b>(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10 (P3):</b></p> <p>The numerator is the number of respondents for whom the overall rating is 9 or 10. Each case is weighted by the appropriate sampling weight for the discharge</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  |  | <p>month.</p> <p>The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.</p> <p>(3) Proportion of respondents who gave the hospital an overall rating of 7 or 8 (P2)</p> <p>The proportion can be defined as follows:</p> $P2 = 1 - P1 - P3$ <p>A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories may be informative for hospitals' quality improvement efforts.</p> <p><b>Willingness to Recommend the Hospital</b></p> <p>For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which the response is "definitely yes." Production of a hospital's score on this item follows the same steps discussed above.</p> <p><b>DOMAIN-LEVEL COMPOSITES</b></p> <p>There are 10 domain-level composites included in Child HCAHPS; see the Data Dictionary Code Table for survey items in domain-level composite measures. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.</p> <p>Composite example: Communication between you and your child's doctors</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  |  | <p>This composite is produced by combining responses to three questions:</p> <ul style="list-style-type: none"> <li>• “During this hospital stay, how often did your child’s doctors listen carefully to you?”</li> <li>• “During this hospital stay, how often did your child’s doctors explain things to you in a way that was easy to understand?”</li> <li>• “During this hospital stay, how often did your child’s doctors treat you with courtesy and respect?”</li> </ul> <p>Response options for each question are “never,” “sometimes,” “usually,” or “always.” The basic steps to calculate a hospital’s composite score are as follows:</p> <p>Step 1 – Calculate the proportion of cases in the “always” response category for each question:</p> <ul style="list-style-type: none"> <li>• P11 = Proportion of respondents who said “always” to the first question</li> <li>• P12 = Proportion of respondents who said “always” to the second question</li> <li>• P13 = Proportion of respondents who said “always” to the third question</li> </ul> <p>Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:</p> <ul style="list-style-type: none"> <li>• PC1 = Composite proportion who said “always” = <math>(P11 + P12 + P13) / 3</math></li> </ul> <p>The most positive response categories for the composites are listed below:</p> <ol style="list-style-type: none"> <li>1. Nurse-parent communication: Always</li> <li>2. Doctor-parent communication: Always</li> <li>3. Communication about medicines: Yes, definitely</li> </ol> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  |  | <p>4. Informed about child's care: Always</p> <p>5. Preparing to leave hospital: Yes, definitely</p> <p>6. Nurse-child communication: Always</p> <p>7. Doctor-child communication: Always</p> <p>8. Involving teens in care: Always/Yes, definitely</p> <p>9. Mistakes and concerns: Always/Yes, definitely</p> <p>10. Child comfort: Always/Yes, definitely</p> <p>Production of a hospital's scores on these composites follows the same steps discussed above; see Survey Items in the Data Dictionary Code Table for the list of items that comprise each composite.</p> <p><b>DOMAIN-LEVEL SINGLE ITEMS</b></p> <p>There are eight domain-level single items included in Child HCAHPS; see Survey Items in the Data Dictionary Code Table for single-item measures. Scores are generated by calculating top-box proportions. Production of item scores is described below.</p> <p>Example of domain-level single item: "During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?"</p> <p>Response options are "never," "sometimes," "usually," or "always". To determine a hospital's score, calculate the proportion of cases in the "always" response category for this question.</p> <p>The most positive response categories for the single items are listed below:</p> <ol style="list-style-type: none"> <li>1. Privacy with providers: Always</li> <li>2. Informed in emergency room: Always</li> <li>3. Call button: Always</li> <li>4. Child pain: Always</li> <li>5. Cleanliness: Always</li> <li>6. Quietness: Always</li> </ol> <p>Production of a hospital's scores on these items follows the same</p> |

|                  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay  | 2548<br>Child Hospital CAHPS (HCAHPS)   |
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|                  |   | <p>approach described above.</p> <p>The discussion above describes the steps used to produce unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.</p> <p><b>CASE-MIX ADJUSTMENT</b></p> <p>One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect measures of outcomes or processes. Systematic effects of this sort create the potential for a hospital's ratings to be higher or lower because of the characteristics of its patient population, rather than because of the quality of care it provides, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients. Detailed instructions regarding how to use the case-mix adjustment model can be found in Case-Mix Adjustment Methodology (Appendix K). No diagram provided</p> |
| Submission items | <p>5.1 Identified measures: 0166 : HCAHPS<br/>0005 : CAHPS Clinician &amp; Group Survey, Version 2.0<br/>0724 : Measure of Medical Home for Children and Adolescents<br/>0010 : Young Adult Health Care Survey (YAHCS)<br/>0166 : HCAHPS<br/>0005 : CAHPS Clinician &amp; Group Survey, Version 2.0<br/>0166 : HCAHPS</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: # 0166: HCAHPS HCAHPS focuses on inpatient experience of an adult population. We used some of the same measurement concepts in our survey and also incorporated some of the data collection methodology. Slight wording changes compared to</p> | <p>5.1 Identified measures: 0725 : Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay<br/>0166 : HCAHPS<br/>0005 : CAHPS Clinician &amp; Group Survey, Version 2.0<br/>0005 : CAHPS Clinician &amp; Group Survey, Version 2.0<br/>0166</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: *NOTE: THE SUBMISSION FORM WOULD NOT ALLOW FOR FORMATTING. FOR THE FORMATTED VERSION, SEE MEASURE HARMONIZATION (APPENDIX P).*</p> <p>Our candidate survey fills a gap in pediatric quality measurement by</p>   |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay  | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  | <p>HCAHPS and additional items not included in HCAHPS can be explained because of the pediatric population PIES targets and its different needs. # 0005: CAHPS Clinician/Group Surveys – (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) This survey has a pediatric version and focuses on patient experience but in an outpatient setting while PIES focuses on parents' experiences with pediatric inpatient care. # 0724: Measure of Medical Home for Children and Adolescents While conceptually related, this survey focuses on outpatient settings while PIES focuses on parents' experiences with pediatric inpatient care # 0010: Young Adult Health Care Survey (YACHS) While conceptually related, this survey focuses exclusively on young adults while PIES focuses on parents' experiences with pediatric inpatient care of all children less than 18 years of age.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p> | <p>addressing the current dearth of quality measures that assess inpatient care. Child HCAHPS addresses the need for a pediatric inpatient patient experience of care survey. We have harmonized our survey with the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Adult Version (Adult HCAHPS) (NQF # 0166), which was endorsed by NQF in 2005, and the Consumer Assessment of Healthcare Providers and Systems Clinician &amp; Group Survey – Child Version (Child CG CAHPS) (NQF # 0005), which was endorsed by NQF in 2007. The Centers for Medicare &amp; Medicaid Services (CMS) uses Adult HCAHPS results to inform consumer choice through public reporting on the Hospital Compare website and to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.[1] Like the Adult HCAHPS survey, Child HCAHPS could be used as a national standard for collecting or publicly reporting information on patients' perspectives of care that would enable valid comparisons to be made across all hospitals.[2] In developing Child HCAHPS, we followed the same rigorous survey development methodology that other CAHPS survey development teams have employed, including, but not limited to, conducting focus groups, cognitive interviews and end-user testing. We also built upon CAHPS patient experience domains and items when developing our survey. Additionally, the CAHPS Consortium collaborated with us on the development of Child HCAHPS.</p> <p>Child HCAHPS covers the pediatric population, with an age eligibility criterion that is identical to that of Child CG CAHPS (under 18 years old) and complementary to that of the Adult HCAHPS survey (18 years or older). While Child HCAHPS and Child CG CAHPS have the same age eligibility criterion, Child HCAHPS has been developed for inpatient pediatric populations, while Child CG CAHPS is targeted to the outpatient pediatric population. Like the Adult HCAHPS and Child CG CAHPS surveys, Child HCAHPS also uses a statistical model to case-mix adjust scores, but our model was specifically developed for inpatient pediatric patients. Various aspects of the Child HCAHPS survey, such as item wording and response categories, have been harmonized with the Adult HCAHPS and Child CG CAHPS surveys. The</p> |

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|  | <p>0725<br/>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p> | <p>2548<br/>Child Hospital CAHPS (HCAHPS)</p>  |
|  |  | <p>Child HCAHPS survey assesses many of the same domains as the Adult HCAHPS survey, and where appropriate, also addresses similar domains to those found in the Child CG CAHPS survey, such as communication with providers. Additional domains shared by the Adult and Child HCAHPS surveys include experiences with nurses, experiences with doctors, pain management, the hospital environment, discharge planning from the hospital, and overall hospital rating. Furthermore, the Child HCAHPS survey assesses aspects of care that are particularly relevant to children. For example, Child HCAHPS assesses whether providers talk and interact with the child in a way that is age-appropriate. Child HCAHPS also gathers information from parents on their teenagers who have experienced a hospitalization. These items are not included in the Adult HCAHPS survey but are valuable to the Child HCAHPS survey because they assess the unique experiences of adolescents, an important population that previously has not been heavily targeted for quality improvement initiatives.[3,4] Lastly, the Child HCAHPS survey assesses new domains not mentioned above that are not found in the other CAHPS surveys include communication in the emergency room, family involvement, privacy, and safety.</p> <p>The Child HCAHPS survey is a parent-reported survey, a notable difference from the self-reported Adult HCAHPS survey. While most items are of the parent's experience of their child's care, similar to Child CG CAHPS, Child HCAHPS also assesses the experiences of the child for a subset of items by relying on a parent's assessment of the child's experience of care. In pediatrics, parents' assessment of their child's care is commonly accepted for a variety of methodological and logistical reasons.[5] We do not anticipate that differences between the Child HCAHPS survey and the Adult HCAHPS or Child CG CAHPS survey would affect the interpretability or data collection burden of Child HCAHPS.</p> <p>REFERENCES 1. Centers for Medicare &amp; Medicaid. HospitalHCAHPS. 2013. Available at: <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-</a></p> |



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|  |  | <p>Instruments/HospitalQualityInits/HospitalHCAHPS.html. Accessed November 29, 2013. 2. HCAHPS - Hospital Survey. Available at: <a href="http://www.hcahponline.org/home.aspx">http://www.hcahponline.org/home.aspx</a>. Accessed February 12, 2014. 3. Van Staa A, Jedeloo S, van der Stege H, On Your Own Feet Research Group. "What we want": chronically ill adolescents' preferences and priorities for improving health care. Patient Prefer Adherence. 2011;5:291-305. doi:10.2147/PPA.S17184. 4. Chesney M, Lindeke L, Johnson L, Jukkala A, Lynch S. Comparison of child and parent satisfaction ratings of ambulatory pediatric subspecialty care. J Pediatr Health Care Off Publ Natl Assoc Pediatr Nurse Assoc Pract. 2005;19(4):221-229. doi:10.1016/j.pedhc.2005.02.003. 5. Shaul JA, Fowler FJ Jr, Zaslavsky AM, Homer CJ, Gallagher PM, Cleary PD. The impact of having parents report about both their own and their children's experiences with health insurance plans. Med Care. 1999;37(3 Suppl):MS59-68.</p> <p>5b.1 If competing, why superior or rationale for additive value: The Child HCAHPS survey and the Children's Hospital Boston Inpatient Experience Survey (CHB-IES) both aim to assess the experiences of parents and their children with inpatient hospital care. Although both surveys fill a gap in the measurement of inpatient pediatric patient experience, the Child HCAHPS survey has advantages. Its development in accordance with CAHPS design principles ensures that this tool is well-harmonized with patient experience measurement instruments that are widely accepted and implemented in a variety of healthcare settings (e.g., CAHPS Hospital Survey – Adult Version and Clinician and Group CAHPS Survey – Child Version). The following points of comparison illustrate some of the advantages of the Child HCAHPS survey. We are basing our comments on the CHB-IES instrument and on the NQF forms that are currently available online. Overall, there are multiple ways in which it has better validity, reliability, and usability than the CHB-IES measure.</p> <p>VALIDITY:<br/>CASE-MIX ADJUSTMENT</p> |

| 0725 | Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)   |
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|      |  | <p>Child HCAHPS case-mix adjusts scores. Case-mix refers to patient characteristics such as demographic characteristics and health status that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would score if they all provided care to comparable groups of patients. Because CHB-IES does not adjust for case-mix, the differences in hospital performance for the measure may be strongly influenced by the characteristics of the patient population and not only by the quality of the care provided. The Child HCAHPS survey accounts for these differences by case-mix adjusting for child age and global health status, and respondent age, education, relationship to child, and language preference. In addition, it is standard practice for patient experience surveys to adjust for respondent age; CHB-IES does not ask for respondent age in the survey and hospitals do not collect parent age, therefore, unlike Child HCAHPS, CHB-IES would be unable to adjust for this characteristic. The case-mix adjustment strategy used in the Child HCAHPS survey ensures that hospital performance scores are a more accurate reflection of quality of care. Ultimately, by not case-mix adjusting, CHB-IES measures are likely to produce less valid results as the differences found could be due to differences in hospital patient population rather than the quality of the care.</p> <p><b>SCREENER ITEMS</b></p> <p>The Child HCAHPS Survey generally makes use of screener questions to identify the respondents for whom items are relevant to their child's inpatient hospitalization in situations when the experience is not universal. Rather than consistently using screener items throughout the survey, CHB-IES includes an additional response category indicating that the question does not apply. In doing so, there is a greater opportunity for respondents to incorrectly answer</p> |

|  | 0725<br>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay | 2548<br>Child Hospital CAHPS (HCAHPS)  |
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|  |  | <p>an item that is not relevant to their child's hospitalization. This could result in a more difficult data cleaning process and increases the possibility that performance scores will be skewed by inappropriately answered items. Additionally, screener items may allow the respondent to complete the survey in a shorter time period, decreasing the time burden of the survey for the respondent.</p> <p><b>RESPONSE SCALES</b></p> <p>The Child HCAHPS survey uses fewer response scales than CHB-IES. Child HCAHPS consistently uses two response scales throughout the survey in addition to the two scales used for the global rating item and the recommend item. CHB-IES uses seven different response scales throughout the survey in addition to the two scales used for the global rating and recommend items. Also, the response scales used in CHB-IES can be confusing to respondents because there are survey items that have similar, but not identical, response scales. For example, the survey contains three different variations of a poor to good rating scale (i.e., a 5-point very poorly to very well scale, a 5-point poor to excellent scale, and a 6-point poor to exceptional scale). Furthermore, some of the scales use wording that is difficult for respondents. For instance, CHB-IES uses "average" in one of the response scales; for a respondents to give an "average" rating on a measure of patient experience at a hospital, he or she would have to have had additional experiences at other hospitals with which to compare. When a survey has multiple response scales, especially when some of them are similar, it is possible that respondents will be more likely to give erroneous answers because respondents are confused or do not notice that the response scales have changed. Moreover, the cognitive burden does not affect everyone equally.[1] It is easier for respondents to complete the Child HCAHPS survey due to the consistency of response options. Additionally, when combining individual items into composite measures, having the same or similar response forms within a composite makes calculating and communicating multi-item indices easier. A recent study supported the use of the main response scale used in Child</p> |

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|  | <p>0725<br/>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p> | <p>2548<br/>Child Hospital CAHPS (HCAHPS)</p>  |
|  |  | <p>HCAHPS.[2]<br/>RELIABILITY:<br/>HOSPITAL-LEVEL RELIABILITY<br/>According to the CHB-IES' NQF submission, CHB-IES' reliability testing included test-retest reliability and internal consistency reliability. However, these analyses are not the most important form of reliability testing for patient experience measures. Unit-level reliability is critical as it demonstrates whether a measure is able to distinguish performance among different units of analysis. In the case of an inpatient measure, the unit of analysis is the hospital. We conducted hospital-level reliability analyses for Child HCAHPS and demonstrated that Child HCAHPS has sufficient reliability to distinguish performance among different hospitals; see Measure Testing Form 2a2: Reliability Testing. Because CHB-IES does not appear to have done a unit-level reliability analysis, it is unclear whether CHB-IES can be used for comparison across hospitals.<br/>USABILITY:<br/>END-USER TESTING<br/>It is important to assess the understandability of reported measure results to ensure that these results will be useful to patients and their families. We assessed the clarity and usefulness of labels and descriptions used to name and report composite and single-item measures from the Child HCAHPS survey through end-user testing. End-user testing involves conducting cognitive interviews with the intended "end users" of the survey (e.g., parents/guardians of pediatric patients) to ensure the understandability of the reporting format. After finalizing the Child HCAHPS survey instrument, two rounds of cognitive interviews were held to test proposed Child HCAHPS measure concepts and labels. Item groupings and measure labels were modified to reflect the information learned through these interviews, resulting in 18 composite and single-item measures (see Survey Items in the Data Dictionary Code Table). However, CHB-IES composite measures did not undergo end-user cognitive testing.</p> |

|  |  |   |
|--|--|---|
|  | <p>0725<br/>Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p> | <p>2548<br/>Child Hospital CAHPS (HCAHPS)</p>   |
|  |  | <p>Although these measures may be appropriately grouped on the basis of statistical analyses, additional testing is needed to ensure that patients and their families view the items within each measure as conceptually related and that measure titles adequately reflect the measured construct.</p> <p>REFERENCES</p> <ol style="list-style-type: none"> <li>1. Klein DJ, Elliott MN, Haviland AM, Saliba D, Burkhart Q, Edwards C, Zaslavsky AM. Understanding nonresponse to the 2007 Medicare CAHPS survey. <i>The Gerontologist</i>. 2011;51(6):843-855. doi:10.1093/geront/gnr046.</li> <li>2. Drake KM, Hargraves JL, Lloyd S, Gallagher PM, Cleary PD. The Effect of Response Scale, Administration Mode, and Format on Responses to the CAHPS Clinician and Group Survey. <i>Health Serv Res</i>. 2014:n/a-n/a. doi:10.1111/1475-6773.12160.</li> </ol> |

## Appendix G2: Related and Competing Measures (narrative format)

### Comparison of NQF 0208 and NQF 1623

0208 Family Evaluation of Hospice Care

1623 Bereaved Family Survey

#### *Steward*

##### **0208 Family Evaluation of Hospice Care**

National Hospice & Palliative Care Organization

##### **1623 Bereaved Family Survey**

PROMISE Center

#### *Description*

##### **0208 Family Evaluation of Hospice Care**

Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery.

Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year.

##### **1623 Bereaved Family Survey**

The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget. Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received.

#### *Type*

##### **0208 Family Evaluation of Hospice Care**

Process

##### **1623 Bereaved Family Survey**

Outcome

#### *Data Source*

##### **0208 Family Evaluation of Hospice Care**

Patient Reported Data/Survey

### **1623 Bereaved Family Survey**

Electronic Clinical Data : Electronic Health Record, Other

#### *Level*

### **0208 Family Evaluation of Hospice Care**

Facility, Population : National

### **1623 Bereaved Family Survey**

Facility, Population : National, Population : Regional

#### *Setting*

### **0208 Family Evaluation of Hospice Care**

Hospice

### **1623 Bereaved Family Survey**

Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility

#### *Numerator Statement*

### **0208 Family Evaluation of Hospice Care**

The numerator is the sum total of the weighted incidence of problem scores occurring in response to 17 specific items on each survey. The 17 questions focus on the following aspects of hospice care: symptom management, communication, provision of information, emotional support and care coordination.

### **1623 Bereaved Family Survey**

The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.

#### *Numerator Details*

### **0208 Family Evaluation of Hospice Care**

Responses to each of 17 questions are coded 0 or 1, where 0 represents the best possible response for that question and 1 represents all other responses. Each response is then multiplied by a weighting factor and summed. The sum of all 17 weighted scores is then multiplied by 14.00006. The product is then subtracted from 100 then divided by 100. This yields the Composite Score for an individual survey. The scores for each survey are added together to create the FEHC Composite Score numerator at the organization (hospice) level.

### **1623 Bereaved Family Survey**

Included are those patients included in the denominator with completed surveys (at least 12 of 17 structured items completed) that receive an optimal response on the global item question.

## *Denominator Statement*

### **0208 Family Evaluation of Hospice Care**

The denominator represents the number of surveys with responses for at least 14 of the 17 questions required to compute the composite score in the FEHC survey.

### **1623 Bereaved Family Survey**

The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); 3) deaths that occur in the operating room; and 4) deaths due to suicide or accidents. Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available to the family member.

## *Denominator Details*

### **0208 Family Evaluation of Hospice Care**

Total number of survey with responses to at least 14 of the 17 FEHC questions needed to calculate the composite score.

### **1623 Bereaved Family Survey**

The indicator denominator is comprised of the number of Veterans who die in an inpatient VA facility (intensive care, acute care, hospice unit, nursing home care or community living center) for whom a survey is completed. Completed surveys are defined as those with at least 12 of the 17 structured items completed.

## *Exclusions*

### **0208 Family Evaluation of Hospice Care**

If a survey has responses to fewer than 14 of the 17 FEHC survey questions included in calculation of the composite score, then a composite score will not be calculated for that survey and the survey will not be included in the calculation of a composite score for the hospice.

### **1623 Bereaved Family Survey**

- Veterans for whom a family member knowledgeable about their care cannot be identified (determined by family member's report)
- Absence of a current address and/or working telephone number for a family member or emergency contact.
- Deaths within 24 hours of admission without a prior hospitalization of last least 24 hours in the last 31 days of life.
- Deaths that occur in the operating room during an outpatient procedure.
- Deaths due to a suicide or accident
- Surveys in which less than 12 items were answered



### *Exclusion Details*

#### **0208 Family Evaluation of Hospice Care**

See S.10

#### **1623 Bereaved Family Survey**

Name, address, and phone number of patient's family member or emergency contact are required for determining exclusion. In addition, information regarding the patient's admission(s) during the last 31 days of life, including length of stay and circumstances of death are also required to determine exclusion.

### *Risk Adjustment*

#### **0208 Family Evaluation of Hospice Care**

No risk adjustment or risk stratification

N/A

#### **1623 Bereaved Family Survey**

No risk adjustment or risk stratification

N/A

Provided in response box S.15a

### *Stratification*

#### **0208 Family Evaluation of Hospice Care**

No stratification

#### **1623 Bereaved Family Survey**

Variables necessary to stratify the measure are VISN, facility, quarter, year, outcome. VISN refers to "Veterans Integrated Service Network" and is a geographic area of the country where a facility is located. Facility is the actual VA medical center or affiliated community living center where the Veteran died. Quarter is the 3 month time period in which the patient died. Year is the VA fiscal year (runs from Oct 1 to Sept 30). Outcome refers to whether or not a survey was completed.

### *Type Score*

#### **0208 Family Evaluation of Hospice Care**

Other (specify): Composite Score is a number expressed as a percent, on a range from 0% to 100% better quality = higher score

#### **1623 Bereaved Family Survey**

Rate/proportion better quality = higher score

### *Algorithm*

#### **0208 Family Evaluation of Hospice Care**

1. Obtain data (responses to questions) for the 17 questions from the FEHC survey that comprise the Composite Score
2. Dichotomize all constituent questions into a) most desirable response; and b) all other responses for each question. "No answer" or non-valid responses = null.

3. Calculate composite score for each of the 17 questions for each survey using the following formula:  $\text{Composite\_Score} = (100 - (14.00006 * (F1 * 0.4125 + F2 * 0.2331 + F3 * 0.3659 + E2 * 0.3259 + E3 * 0.4792 + E4 * 0.4059 + D3 * 0.4766 + D4 * 0.5646 + D5 * 0.5295 + D7 * 0.5433 + D8 * 0.5819 + D9 * 0.5323 + B2 * 0.3236 + B6 * 0.3629 + B10 * 0.4435 + B80.4211 + B4 * 0.44379)))) / 100$

4. Calculate composite score for hospice by averaging the composite scores for each survey  
No diagram provided

### 1623 Bereaved Family Survey

The 17 structured items of the Bereaved Family Survey are scored as either "1" (optimal response) or "0" (all other answer choices). A score of "1" indicates that the family member perceived that the care they and/or the Veteran received was the best possible care (Always or Excellent). For instance, that Veteran's health care provider always communicated in a way that was understandable, or that the Veteran's pain was always controlled to a level that was comfortable in a way that was comfortable for him/her. A score of "0" reflects all other possible responses (Usually, Sometimes, or Never). Items are coded as missing if respondents cannot or refuse to answer the item. Thus, the score for each item can be expressed as a fraction corresponding to the number of families who reported that the Veteran received optimal care (numerator), divided by the number of valid, non-missing responses for that item (denominator). Similarly, the score for the 17-item survey is calculated based on the global question item (Overall, how would you rate the care received in the last month of life? - Excellent, Very Good, Good, Fair, Poor). The global item is scored as the # of optimal responses/# of valid, non-missing responses for all completed surveys (12 of 17 structured items answered). This scoring system produces a facility- or VISN-level score that reflects the proportion of Veterans who received the best possible care overall (BFS score) and in specific areas corresponding to BFS items (e.g. pain management, communication, personal care, etc). URL

### Submission items

#### 0208 Family Evaluation of Hospice Care

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

#### 1623 Bereaved Family Survey

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: NQF 0208 Family Evaluation of Hospice Care

NQF 0308 LBP: Evaluation of Patient Experience

Although the Bereaved Family Survey is in many ways similar to the Family Evaluation of Hospice Care, it provides information on a specific population (Veterans) and measures the quality of care provided a single health care system. Unlike the FEHC, the BFS provides a coherent measurement strategy that allows comparisons across systems of care and sites

of death in a single health care system. This measure assesses the quality of care of the largest unified health care system in the United States and cares for more than 5 million patients annually. Because it is a unified health system, the VA is uniquely situated to make use of the quality data that can be easily and quickly disseminated. The BFS also measures satisfaction of care that are unique to a Veteran population (i.e, survivor and funeral benefits, PTSD). The population of Veterans and families that the VA serves is unique in several key respects: 1) Veterans and their families may face different challenges at the end of life than non-Veterans do. The costs of hospitalization are less likely to be relevant to non-VA populations.

## Comparison of NQF 0725 and NQF 2548

0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay

2548 Child Hospital CAHPS (HCAHPS)

### *Steward*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Children's Hospital Boston

**2548 Child Hospital CAHPS (HCAHPS)**

Agency for Healthcare Research and Quality

### *Description*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores.

The 68 questions of the survey can be divided into 3 groups:

1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups:
  - a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical)
  - b. 3 skip questions to identify eligibility of following questions
  - c. 4 questions about the hospital environment
2. 35 questions that are part of 8 domains:
  - a. Partnership with nurses (9 questions)
  - b. Partnership with doctors (9 questions)
  - c. Identification of Attending Physician (1 question)
  - d. Patient Comfort (2 questions)
  - e. Communications about Medications (2 questions)
  - f. Admission (2 questions)
  - g. Discharge and Home Care Preparation (6 questions)

- h. Emotional Satisfaction (4 questions)
- 3. 5 overall rating questions to be used individually
- 4. 2 open-ended questions allowing parents to write individual comments

**2548 Child Hospital CAHPS (HCAHPS)**

The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child’s experiences with inpatient hospital care.

The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures:

Communication with Parent

- 1. Communication between you and your child’s nurses (3 items)
- 2. Communication between you and your child’s doctors (3 items)
- 3. Communication about your child’s medicines (4 items)
- 4. Keeping you informed about your child’s care (2 items)
- 5. Privacy when talking with doctors, nurses, and other providers (1 item)
- 6. Preparing you and your child to leave the hospital (5 items)
- 7. Keeping you informed about your child’s care in the Emergency Room (1 item)

Communication with Child

- 8. How well nurses communicate with your child (3 items)
- 9. How well doctors communicate with your child (3 items)
- 10. Involving teens in their care (3 items)

Attention to Safety and Comfort

- 11. Preventing mistakes and helping you report concerns (2 items)
- 12. Responsiveness to the call button (1 item)
- 13. Helping your child feel comfortable (3 items)
- 14. Paying attention to your child’s pain (1 item)

Hospital Environment

- 15. Cleanliness of hospital room (1 item)
- 16. Quietness of hospital room (1 item)

Global Rating

- 17. Overall rating (1 item)
- 18. Recommend hospital (1 item)

*Type*

**0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay**

Process

**2548 Child Hospital CAHPS (HCAHPS)**

Process

### *Data Source*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Patient Reported Data/Survey

**2548 Child Hospital CAHPS (HCAHPS)**

Patient Reported Data/Survey

### *Level*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Facility

**2548 Child Hospital CAHPS (HCAHPS)**

Facility

### *Setting*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Hospital/Acute Care Facility

**2548 Child Hospital CAHPS (HCAHPS)**

Hospital/Acute Care Facility

### *Numerator Statement*

**0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Rating questions can be categorized into one of following 8 measurement domains or are individual overall experience measures of parents' experiences during the last inpatient hospital stay of their child.

8 Measurement Domains:

1. Partnership with Nurses (9 questions)
2. Partnership with Doctors (9 questions)
3. Identification of Attending Physician (1 question)
4. Patient Comfort (2 questions)
5. Communication about Medications (2 questions)
6. Admission (2 questions)
7. Discharge and Home Care Preparation (6 questions)
8. Emotional Satisfaction (4 questions)

5 Individual Overall Experience Questions:

1. 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 child's stay?
2. How often did you feel confidence and trust that your child was receiving safe medical care?

3. How well did this hospital meet your expectations for the care you thought your child should receive?
4. How would you rate the overall quality of care that your child received?
5. How likely or unlikely are you to recommend this hospital to your family and friends?

#### **2548 Child Hospital CAHPS (HCAHPS)**

Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure.

For example, the top-box numerator for the communication between you and your child's nurses composite is the number of respondents who answered "Always" to questions about how well nurses communicated well with them.

#### *Numerator Details*

#### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Each domain score of the 8 following measurement domains is based on the percentage of the most positive responses, the top-box, among all answered questions in that domain (see attached spreadsheet "PIES Codebook", worksheet "Numerator – 8 Measurement Domains"):

1. Partnership with Nurses (9 questions): Q1-Q8, Q17
2. Partnership with Doctors (9 questions): Q9-Q12, Q14-Q16, Q18, Q19
3. Identification of Attending Physician (1 question): Q13
4. Patient Comfort (2 questions): Q21, Q22
5. Communication about Medications (2 questions): Q28, Q29
6. Admission (2 questions): Q31, Q32
7. Discharge and Home Care Preparation (6 questions): Q33, Q35-Q39
8. Emotional Satisfaction (4 questions): Q47-Q50

The individual overall experience questions are reported in top-box format as well (see attached Excel spreadsheet "PIES Codebook", worksheet "Ind Experience – Topbox"):

1. Q40 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 child's stay? (10 – best hospital possible)
2. Q41 How often did you feel confidence and trust that your child was receiving safe medical care? (Always)
3. Q42 How well did this hospital meet your expectations for the care you thought your child should receive? (Exceeded my expectations)
4. Q43 How would you rate the overall quality of care that your child received? (Exceptional)
5. Q44 How likely or unlikely are you to recommend this hospital to your family and friends? (Very likely)

For each of the individual rating questions, including the individual overall experience questions, this percentage is calculated as follows. This calculation is applicable to the following questions: Q1-Q19, Q21-Q26, Q28, Q29, Q31-Q33, Q35-Q44, Q47-Q50.

Percentage (P) = # responding in the top box\*100/(# of respondents who answered the question - # of respondents who checked the not-applicable response option)

There are 10 questions among those individual rating questions with a not-applicable response options and their detailed percentage calculations is described in more detail here:

1. Q5 Ease to let nurses know about any concerns you may have had about your child's care:

$P(Q5) = \# \text{ responding "Extremely easy"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns"})$

2. Q6 Frequency with which nurses addressed any concerns or complaints promptly:

$P(Q6) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns or complaints"})$

3. Q14 Ease to let doctors know about any concerns you may have had about your child's care:

$P(Q14) = \# \text{ responding "Extremely easy"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I had no concerns"})$

4. Q16 Frequency with which different doctors made you confused by telling you different things:

$P(Q16) = \# \text{ responding "Never"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "I talked to only one doctor"})$

5. Q21 Frequency with which hospital staff did everything they could to control child's pain:

$P(Q21) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child had no pain"})$

6. Q23 Overall quality of meals rating:

$P(Q23) = \# \text{ responding "Excellent"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child was not served meals"})$

7. Q26 Frequency of cleanliness of child's bed:

$P(Q26) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "My child did not have a bed"})$

8. Q32 Frequency with which staff informed you about reasons for delays during admission process:

$P(Q32) = \# \text{ responding "Always"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "We had no delays"})$

9. Q38 Quality of how staff prepared you to deal with any pain your child might have at home:

$P(Q38) = \# \text{ responding "Very well"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "Does not apply to my child"})$

10. Q39 Quality of how staff prepared you to give your child his/her new medicines at home:

$P(Q39) = \# \text{ responding "Very well"} * 100 / (\# \text{ of respondents who answered the question} - \# \text{ of respondents who checked "Does not apply to my child"})$

Specific calculation of percentage for the individual overall experience questions:

1. Hospital Rating Q40:  $P(Q40) = \# \text{ responding with "10" to Q40} * 100 / \# \text{ responding to Q40}$
2. Safe Care Q41:  $P(Q41) = \# \text{ responding with "Always" to Q 41} * 100 / \# \text{ responding to Q41}$
3. Expectations Met Q42:  $P(Q42) = \# \text{ responding with "Exceeded my expectations" to Q 42} * 100 / \# \text{ responding to Q42}$
4. Overall Quality of Care Rating Q43:  $P(Q43) = \# \text{ responding with "Exceptional" to Q 43} * 100 / \# \text{ responding to Q43}$
5. Likelihood to Recommend Hospital Q44:  $P(Q44) = \# \text{ responding with "Very likely" to Q 44} * 100 / \# \text{ responding to Q44}$

For the domain scores:

The measure calculations of the domain scores is based on the percentage of questions with responses in the best response category possible among all questions answered for this domain and therefore represents the average top-box percentage.

Average Top-Box Percentage (AP) for domain = Sum of Ps of all questions included in domain/number of questions included in the domain

Calculation of domain scores for each different domain:

1. Partnership with Nurses:  $AP(\text{Partnership with Nurses}) = (P(Q1) + P(Q2) + P(Q3) + P(Q4) + P(Q5) + P(Q6) + P(Q7) + P(Q8) + P(Q17)) / 9$
2. Partnership with Doctors:  $AP(\text{Partnership with Doctors}) = (P(Q9) + P(Q10) + P(Q11) + P(Q12) + P(Q14) + P(Q15) + P(Q16) + P(Q18) + P(Q19)) / 9$
3. Identification of Attending Physician:  $AP(\text{Identification of Attending Physician}) = P(Q13)$
4. Patient Comfort:  $AP(\text{Patient Comfort}) = (P(Q21) + P(Q22)) / 2$
5. Communication about Medications:  $AP(\text{Communication about Medications}) = (P(Q28) + P(Q29)) / 2$
6. Admission:  $AP(\text{Admission}) = (P(Q31) + P(Q32)) / 2$
7. Discharge and Home Care Preparation:  $AP(\text{Discharge and Home Care Preparation}) = (P(Q33) + P(Q35) + P(Q36) + P(Q37) + P(Q38) + P(Q39)) / 6$
8. Emotional Satisfaction:  $AP(\text{Emotional Satisfaction}) = (P(Q47) + P(Q48) + P(Q49) + P(Q50)) / 4$

## 2548 Child Hospital CAHPS (HCAHPS)

### SURVEY

The numerator is the number of parents who return a completed survey. A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS, see Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I).

MEASURE 1: Communication between you and your child's nurses

The numerator is the percentage number of respondents who answered "Always" to questions about how well nurses communicated well with them.

MEASURE 2: Communication between you and your child's doctors

The numerator is the number of respondents who answered "Always" to questions about how well doctors communicated well with them.

MEASURE 3: Communication about your child's medicines



The numerator is the number of respondents who answered “Yes, Definitely” to questions about whether providers communicated well about their child’s medicines.

MEASURE 4: Keeping you informed about your child’s care

The numerator is the number of respondents who answered “Always” to questions about whether providers kept them informed about their child’s care.

MEASURE 5: Privacy when talking with doctors, nurses, and other providers

This numerator is the number of respondents who answered “Always” to a question about whether they were given as much privacy as they wanted when discussing their child’s care with providers.

MEASURE 6: Preparing you and your child to leave the hospital

The numerator is the number of respondents who answered “Yes, Definitely” to questions about whether providers prepared them and their child to leave the hospital.

MEASURE 7: Keeping you informed about your child’s care in the Emergency Room

The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether they were kept informed about their child’s care in the Emergency Room.

MEASURE 8: How well nurses communicate with your child

The numerator is the number of respondents who answered “Always” to questions about whether nurses communicated well with their child.

MEASURE 9: How well doctors communicate with your child

The numerator is the number of respondents who answered “Always” to questions about whether doctors communicated well with their child.

MEASURE 10: Involving teens in their care

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers involved teens in their care.

MEASURE 11: Preventing mistakes and helping you report concerns

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers prevented mistakes and helped them report concerns.

MEASURE 12: Responsiveness to the call button

The numerator is the number of respondents who answered “Always” to a question about how often providers were responsive to the call button.

MEASURE 13: Helping your child feel comfortable

The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers helped their child feel comfortable.

MEASURE 14: Paying attention to your child’s pain

The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether providers and hospital staff paid attention to their child’s pain.

MEASURE 15: Cleanliness of hospital room

The numerator is the number of respondents who answered “Always” to a question about how often their child’s room and bathroom were kept clean.

MEASURE 16: Quietness of hospital room

The numerator is the number of respondents who answered “Always” to a question about how often their child’s room was quiet at night.

MEASURE 17: Overall rating

The numerator is the number of respondents who gave their hospital a rating of 9 or 10 on a scale from 0 (worst hospital) to 10 (best hospital).

MEASURE 18: Recommend hospital

The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether they would recommend the hospital.

### *Denominator Statement*

#### **0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay**

Calendar Month:

The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar month.

Calendar Quarter:

The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar quarter.

#### **2548 Child Hospital CAHPS (HCAHPS)**

The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.

### *Denominator Details*

#### **0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay**

An inpatient stay is defined as having spent at least one night at the hospital, excluding the emergency room.

The following patients are excluded when constructing the sampling frame.

- Parents of patients who were discharged more than 4 weeks prior to the start of the survey.
- Parents younger than 18 years old at the time of the discharge of their child from inpatient stay.
- Pediatric patients who are institutionalized (put in the care of a specialized institution) or deceased as identified by the discharge status.

#### **2548 Child Hospital CAHPS (HCAHPS)**

SURVEY

The denominator for the survey is all parents of patients who meet the following criteria:

1. Children under 18 years old
2. Admission includes at least one overnight stay in the hospital

3. Non-psychiatric MS-DRG/principal diagnosis at discharge

4. Alive at time of discharge

MEASURE 1: Communication between you and your child's nurses

The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q13, Q14, and Q15.

MEASURE 2: Communication between you and your child's doctors

The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q16, Q17, and Q18.

MEASURE 3: Communication about your child's medicines

The denominator is the total number of completed surveys with at least one response to any of the following items: Q4, Q5, Q38, and Q39.

MEASURE 4: Providers keep you informed about your child's care

The denominator is the total number of completed surveys with at least one response to either of the following items: Q22 and Q24.

MEASURE 5: Privacy when talking with providers

The denominator is the total number of surveys with a response to the following item: Q19.

MEASURE 6: Preparing you and your child to leave the hospital

The denominator is the total number of completed surveys with at least one response to any of the following items: Q35, Q36, Q40, Q41, and Q42.

MEASURE 7: Keeping you informed about your child's care in the Emergency Room

The denominator is the total number of completed surveys with a response to the following item: Q3.

MEASURE 8: How well nurses communicate with your child

The denominator is the total number of completed surveys with at least one response to any of the following items: Q7, Q8, and Q9.

MEASURE 9: How well doctors communicate with your child

The denominator is the total number of completed surveys with at least one response to any of the following items: Q10, Q11, and Q12.

MEASURE 10: Involving teens in their care

The denominator is the total number of completed surveys with at least one response to any of the following items: Q44, Q45, and Q46.

MEASURE 11: Preventing mistakes and helping you report concerns

The denominator is the total number of completed surveys with at least one response to either of the following items: Q28 and Q29.

MEASURE 12: Responsiveness to the call button

The denominator is the total number of completed surveys with a response to the following item: Q26.

MEASURE 13: Helping your child feel comfortable

The denominator is the total number of completed surveys with at least one response to any of the following items: Q20, Q21, and Q34.

MEASURE 14: Paying attention to your child's pain

The denominator is the total number of completed surveys with a response to the following item: Q31.

MEASURE 15: Cleanliness of hospital room

The denominator is the total number of completed surveys with a response to the following item: Q32.

MEASURE 16: Quietness of hospital room

The denominator is the total number of completed surveys with a response to the following item: Q33.

MEASURE 17: Overall rating

The denominator is the total number of completed surveys with a response to the following item: Q47.

MEASURE 18: Recommend hospital

The denominator is the total number of completed surveys with a response to the following item: Q48.

### *Exclusions*

#### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

All surveys are accepted even if item nonresponse is present. Item nonresponse might lead to a missing measure for certain questions. If none of the questions within a domain has been answered, the respondent will not have a score for this domain. No general exclusions.

#### **2548 Child Hospital CAHPS (HCAHPS)**

SURVEY AND MEASURES 1-18

Exclude parents of certain patients from the measure (numerator and denominator) based on clinical and non-clinical criteria:

1. "No-publicity" patients
2. Court/law enforcement patients
3. Patients with a foreign home addresses
4. Patients discharged to hospice care (hospice-home or hospice-medical facility)
5. Patients who are excluded because of state regulations
6. Patients who are wards of the state
7. Healthy newborns
8. Patients admitted for obstetric care
9. Patients admitted for observation
10. Patients discharged to skilled nursing facilities

MEASURES 1-18

Exclude respondents from the numerator and denominator of a measure if they have completed survey items in the measure using multiple marks (i.e., they gave multiple answers to an individual question).

MEASURES 8-9

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” to screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?)

2. All those whose child was under 3 years old at discharge as determined using administrative data

#### MEASURE 10

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 43 (During this hospital stay, was your child

13 years old or older?)

2. All those whose child was under 13 years old at discharge as determined using administrative

data

3. All those who answered “No” in screener question 6 (Is your child able to talk with nurses and

doctors about his or her health care?)

#### MEASURE 12

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 25 (During this hospital stay, did you or your

child ever press the call button?)

#### MEASURE 14

Exclude the following respondents from the numerator and denominator:

1. All those who answered “No” in screener question 30 (During this hospital stay, did your child

have pain that needed medicine or other treatment?)

### *Exclusion Details*

#### **0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay**

No general exclusions.

#### **2548 Child Hospital CAHPS (HCAHPS)**

“No-publicity” patients are defined as those whose parents voluntarily sign a “no-publicity” request while hospitalized or directly request that a hospital or survey vendor not contact them (“Do Not Call List”).

Court/law enforcement patients (i.e., prisoners) are excluded from the sample frame because of the logistical difficulties of administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.

Patients with a foreign home address are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The US territories—

American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)

Patients discharged to hospice care are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.

Some state regulations place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.

Patients who are wards of the state are excluded because they do not have parents to assess their experiences in the hospital.

Healthy newborns are excluded because their care may be closely associated with a mother’s obstetric care and thus may not reflect a pediatric hospital’s quality of care. Healthy newborns are identified based on administrative billing codes; see Codes to Identify Healthy Newborns for Exclusion in the Data Dictionary Code Table.

Patients admitted for obstetric care are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.

Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.

### *Risk Adjustment*

#### **0725 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay**

No risk adjustment or risk stratification

N/A

#### **2548 Child Hospital CAHPS (HCAHPS)**

Statistical risk model

Case-mix adjustment via linear regression is used to adjust hospital-level scores based on patient characteristics, thus facilitating comparisons among hospitals. We recommend adjusting for child age and global health status and respondent age, relationship to child, education, and preferred language.

The case-mix data are obtained from items in the “About You” section of the survey and from hospital administrative records:

1. Child age: obtained from administrative records
2. Respondent-reported health of child: Q49
3. Respondent relationship to child: Q52
4. Respondent age: Q53
5. Respondent education level: Q54
6. Respondent preferred language: Q55

Available in attached Excel or csv file at S.2b

## Stratification

### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

N/A

### **2548 Child Hospital CAHPS (HCAHPS)**

Stratification is not required. However, users of the survey may choose to stratify scores. Variables commonly used to stratify inpatient patient experience of care measures include service (e.g., medical versus surgical) or condition (e.g., patients with the primary diagnosis of asthma).

## Type Score

### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

Rate/proportion better quality = higher score

### **2548 Child Hospital CAHPS (HCAHPS)**

Rate/proportion better quality = higher score

## Algorithm

### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

There is one step for individual questions:

1. Calculate the percentage of patient responses in the most positive response category, the top-box

There are two basic steps to this approach for domains:

1. Calculate the percentage of patient responses in the most positive response category, the top-box, for each item in a domain.
2. Average these percentage for all items in a domain. No diagram provided

### **2548 Child Hospital CAHPS (HCAHPS)**

The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items. The production of unadjusted hospital scores for each measure and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.

#### **ASSIGN APPROPRIATE SAMPLING WEIGHT TO EACH CASE**

Prior to calculating any of the measure scores, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month, in which case sampling weights are not needed. Alternatively, some hospitals will sample a fixed number of discharges each month to reach the annual target of 300 completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the

total population of annual discharges. This is done using the approach below. For a more detailed description, see the production of hospital scores section of the Detailed Measure Specifications (Appendix A).

Step 1 – Calculate the expansion weight for each month

Expansion weight = (Population size for the month) / (Sample size for the month)

Step 2 – Calculate the mean expansion weight for the number of months covered by the score (e.g., 12 months)

Step 3 – Calculate the relative weight for each month as the expansion weight for the month divided by the mean expansion weight

Step 4 – Assign a sampling weight to each case based on the month in which the person was discharged and the corresponding value of the mean expansion weight

#### GLOBAL MEASURES

The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The approach for producing scores for these items is below.

Overall Rating of the Hospital.

For this item, respondents are asked, “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 child’s stay?” The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.

The steps to calculate a hospital’s score, including the top-box score, are as follows:

Step 1 – Identify relevant cases

Include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category

(1) Proportion of respondents who gave the hospital an overall rating of 0-6 (P1):

The numerator is the number of respondents for whom the overall rating is 0-6. Each case is

weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling

weight for the discharge month.

(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10 (P3):

The numerator is the number of respondents for whom the overall rating is 9 or 10. Each case is

weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling

weight for the discharge month.

(3) Proportion of respondents who gave the hospital an overall rating of 7 or 8 (P2)

The proportion can be defined as follows:

$$P2 = 1 - P1 - P3$$



A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories may be informative for hospitals' quality improvement efforts.

#### Willingness to Recommend the Hospital

For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which the response is "definitely yes." Production of a hospital's score on this item follows the same steps discussed above.

#### DOMAIN-LEVEL COMPOSITES

There are 10 domain-level composites included in Child HCAHPS; see the Data Dictionary Code Table for survey items in domain-level composite measures. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.

Composite example: Communication between you and your child's doctors

This composite is produced by combining responses to three questions:

- "During this hospital stay, how often did your child's doctors listen carefully to you?"
- "During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?"
- "During this hospital stay, how often did your child's doctors treat you with courtesy and respect?"

Response options for each question are "never," "sometimes," "usually," or "always." The basic steps to calculate a hospital's composite score are as follows:

Step 1 – Calculate the proportion of cases in the "always" response category for each question:

- P11 = Proportion of respondents who said "always" to the first question
- P12 = Proportion of respondents who said "always" to the second question
- P13 = Proportion of respondents who said "always" to the third question

Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:

- $PC1 = \text{Composite proportion who said "always"} = (P11 + P12 + P13) / 3$

The most positive response categories for the composites are listed below:

1. Nurse-parent communication: Always
2. Doctor-parent communication: Always
3. Communication about medicines: Yes, definitely
4. Informed about child's care: Always
5. Preparing to leave hospital: Yes, definitely
6. Nurse-child communication: Always
7. Doctor-child communication: Always
8. Involving teens in care: Always/Yes, definitely

9. Mistakes and concerns: Always/Yes, definitely

10. Child comfort: Always/Yes, definitely

Production of a hospital's scores on these composites follows the same steps discussed above; see Survey Items in the Data Dictionary Code Table for the list of items that comprise each composite.

#### DOMAIN-LEVEL SINGLE ITEMS

There are eight domain-level single items included in Child HCAHPS; see Survey Items in the Data Dictionary Code Table for single-item measures. Scores are generated by calculating top-box proportions. Production of item scores is described below.

Example of domain-level single item: "During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?"

Response options are "never," "sometimes," "usually," or "always". To determine a hospital's score, calculate the proportion of cases in the "always" response category for this question.

The most positive response categories for the single items are listed below:

1. Privacy with providers: Always
2. Informed in emergency room: Always
3. Call button: Always
4. Child pain: Always
5. Cleanliness: Always
6. Quietness: Always

Production of a hospital's scores on these items follows the same approach described above.

The discussion above describes the steps used to produce unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.

#### CASE-MIX ADJUSTMENT

One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect measures of outcomes or processes. Systematic effects of this sort create the potential for a hospital's ratings to be higher or lower because of the characteristics of its patient population, rather than because of the quality of care it provides, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients. Detailed instructions regarding how to use the case-mix adjustment model can be found in Case-Mix Adjustment Methodology (Appendix K). No diagram provided

#### *Submission items*

##### **0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay**

5.1 Identified measures: 0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0724 : Measure of Medical Home for Children and Adolescents

0010 : Young Adult Health Care Survey (YAHCS)

0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0166 : HCAHPS

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: # 0166: HCAHPS

HCAHPS focuses on inpatient experience of an adult population. We used some of the same measurement concepts in our survey and also incorporated some of the data collection methodology. Slight wording changes compared to HCAHPS and additional items not included in HCAHPS can be explained because of the pediatric population PIES targets and its different needs. # 0005: CAHPS Clinician/Group Surveys – (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) This survey has a pediatric version and focuses on patient experience but in an outpatient setting while PIES focuses on parents' experiences with pediatric inpatient care. # 0724: Measure of Medical Home for Children and Adolescents While conceptually related, this survey focuses on outpatient settings while PIES focuses on parents' experiences with pediatric inpatient care # 0010: Young Adult Health Care Survey (YACHS) While conceptually related, this survey focuses exclusively on young adults while PIES focuses on parents' experiences with pediatric inpatient care of all children less than 18 years of age.

5b.1 If competing, why superior or rationale for additive value: N/A

#### **2548 Child Hospital CAHPS (HCAHPS)**

5.1 Identified measures: 0725 : Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay

0166 : HCAHPS

0005 : CAHPS Clinician & Group Survey, Version 2.0

0005 : CAHPS Clinician & Group Survey, Version 2.0

0166

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: \*NOTE: THE SUBMISSION FORM WOULD NOT ALLOW FOR FORMATTING. FOR THE FORMATTED VERSION, SEE MEASURE HARMONIZATION (APPENDIX P).\*

Our candidate survey fills a gap in pediatric quality measurement by addressing the current dearth of quality measures that assess inpatient care. Child HCAHPS addresses the need for a pediatric inpatient patient experience of care survey. We have harmonized our survey with the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Adult Version (Adult HCAHPS) (NQF # 0166), which was endorsed by NQF in 2005, and the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey – Child Version (Child CG CAHPS) (NQF # 0005), which was endorsed by NQF in 2007. The Centers for Medicare & Medicaid Services (CMS) uses Adult HCAHPS results to inform consumer choice through public reporting on the Hospital Compare website and to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.[1] Like the Adult HCAHPS survey, Child HCAHPS could be used as a national standard for collecting or publicly reporting information on patients' perspectives of care that would

enable valid comparisons to be made across all hospitals.[2] In developing Child HCAHPS, we followed the same rigorous survey development methodology that other CAHPS survey development teams have employed, including, but not limited to, conducting focus groups, cognitive interviews and end-user testing. We also built upon CAHPS patient experience domains and items when developing our survey. Additionally, the CAHPS Consortium collaborated with us on the development of Child HCAHPS.

Child HCAHPS covers the pediatric population, with an age eligibility criterion that is identical to that of Child CG CAHPS (under 18 years old) and complementary to that of the Adult HCAHPS survey (18 years or older). While Child HCAHPS and Child CG CAHPS have the same age eligibility criterion, Child HCAHPS has been developed for inpatient pediatric populations, while Child CG CAHPS is targeted to the outpatient pediatric population. Like the Adult HCAHPS and Child CG CAHPS surveys, Child HCAHPS also uses a statistical model to case-mix adjust scores, but our model was specifically developed for inpatient pediatric patients. Various aspects of the Child HCAHPS survey, such as item wording and response categories, have been harmonized with the Adult HCAHPS and Child CG CAHPS surveys. The Child HCAHPS survey assesses many of the same domains as the Adult HCAHPS survey, and where appropriate, also addresses similar domains to those found in the Child CG CAHPS survey, such as communication with providers. Additional domains shared by the Adult and Child HCAHPS surveys include experiences with nurses, experiences with doctors, pain management, the hospital environment, discharge planning from the hospital, and overall hospital rating. Furthermore, the Child HCAHPS survey assesses aspects of care that are particularly relevant to children. For example, Child HCAHPS assesses whether providers talk and interact with the child in a way that is age-appropriate. Child HCAHPS also gathers information from parents on their teenagers who have experienced a hospitalization. These items are not included in the Adult HCAHPS survey but are valuable to the Child HCAHPS survey because they assess the unique experiences of adolescents, an important population that previously has not been heavily targeted for quality improvement initiatives.[3,4] Lastly, the Child HCAHPS survey assesses new domains not mentioned above that are not found in the other CAHPS surveys include communication in the emergency room, family involvement, privacy, and safety.

The Child HCAHPS survey is a parent-reported survey, a notable difference from the self-reported Adult HCAHPS survey. While most items are of the parent's experience of their child's care, similar to Child CG CAHPS, Child HCAHPS also assesses the experiences of the child for a subset of items by relying on a parent's assessment of the child's experience of care. In pediatrics, parents' assessment of their child's care is commonly accepted for a variety of methodological and logistical reasons.[5] We do not anticipate that differences between the Child HCAHPS survey and the Adult HCAHPS or Child CG CAHPS survey would affect the interpretability or data collection burden of Child HCAHPS.

REFERENCES 1. Centers for Medicare & Medicaid. HospitalHCAHPS. 2013. Available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>. Accessed November 29, 2013. 2. HCAHPS - Hospital Survey. Available at: <http://www.hcahponline.org/home.aspx>. Accessed February 12, 2014. 3. Van Staa A, Jedeloo S, van der Stege H, On Your Own Feet Research Group. "What we want": chronically ill adolescents' preferences and priorities for improving health care. *Patient Prefer Adherence*. 2011;5:291-305. doi:10.2147/PPA.S17184. 4. Chesney M, Lindeke L, Johnson L, Jukkala A, Lynch S. Comparison of child and parent satisfaction ratings of ambulatory pediatric subspecialty

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5b.1 If competing, why superior or rationale for additive value: The Child HCAHPS survey and the Children's Hospital Boston Inpatient Experience Survey (CHB-IES) both aim to assess the experiences of parents and their children with inpatient hospital care. Although both surveys fill a gap in the measurement of inpatient pediatric patient experience, the Child HCAHPS survey has advantages. Its development in accordance with CAHPS design principles ensures that this tool is well-harmonized with patient experience measurement instruments that are widely accepted and implemented in a variety of healthcare settings (e.g., CAHPS Hospital Survey – Adult Version and Clinician and Group CAHPS Survey – Child Version). The following points of comparison illustrate some of the advantages of the Child HCAHPS survey. We are basing our comments on the CHB-IES instrument and on the NQF forms that are currently available online. Overall, there are multiple ways in which it has better validity, reliability, and usability than the CHB-IES measure.

#### VALIDITY:

##### CASE-MIX ADJUSTMENT

Child HCAHPS case-mix adjusts scores. Case-mix refers to patient characteristics such as demographic characteristics and health status that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would score if they all provided care to comparable groups of patients. Because CHB-IES does not adjust for case-mix, the differences in hospital performance for the measure may be strongly influenced by the characteristics of the patient population and not only by the quality of the care provided. The Child HCAHPS survey accounts for these differences by case-mix adjusting for child age and global health status, and respondent age, education, relationship to child, and language preference. In addition, it is standard practice for patient experience surveys to adjust for respondent age; CHB-IES does not ask for respondent age in the survey and hospitals do not collect parent age, therefore, unlike Child HCAHPS, CHB-IES would be unable to adjust for this characteristic. The case-mix adjustment strategy used in the Child HCAHPS survey ensures that hospital performance scores are a more accurate reflection of quality of care. Ultimately, by not case-mix adjusting, CHB-IES measures are likely to produce less valid results as the differences found could be due to differences in hospital patient population rather than the quality of the care.

##### SCREENER ITEMS

The Child HCAHPS Survey generally makes use of screener questions to identify the respondents for whom items are relevant to their child's inpatient hospitalization in situations when the experience is not universal. Rather than consistently using screener items throughout the survey, CHB-IES includes an additional response category indicating that the question does not apply. In doing so, there is a greater opportunity for respondents to incorrectly answer an item that is not relevant to their child's

hospitalization. This could result in a more difficult data cleaning process and increases the possibility that performance scores will be skewed by inappropriately answered items. Additionally, screener items may allow the respondent to complete the survey in a shorter time period, decreasing the time burden of the survey for the respondent.

#### RESPONSE SCALES

The Child HCAHPS survey uses fewer response scales than CHB-IES. Child HCAHPS consistently uses two response scales throughout the survey in addition to the two scales used for the global rating item and the recommend item. CHB-IES uses seven different response scales throughout the survey in addition to the two scales used for the global rating and recommend items. Also, the response scales used in CHB-IES can be confusing to respondents because there are survey items that have similar, but not identical, response scales. For example, the survey contains three different variations of a poor to good rating scale (i.e., a 5-point very poorly to very well scale, a 5-point poor to excellent scale, and a 6-point poor to exceptional scale). Furthermore, some of the scales use wording that is difficult for respondents. For instance, CHB-IES uses “average” in one of the response scales; for a respondents to give an “average” rating on a measure of patient experience at a hospital, he or she would have to have had additional experiences at other hospitals with which to compare. When a survey has multiple response scales, especially when some of them are similar, it is possible that respondents will be more likely to give erroneous answers because respondents are confused or do not notice that the response scales have changed. Moreover, the cognitive burden does not affect everyone equally.[1] It is easier for respondents to complete the Child HCAHPS survey due to the consistency of response options. Additionally, when combining individual items into composite measures, having the same or similar response forms within a composite makes calculating and communicating multi-item indices easier. A recent study supported the use of the main response scale used in Child HCAHPS.[2]

#### RELIABILITY:

##### HOSPITAL-LEVEL RELIABILITY

According to the CHB-IES’ NQF submission, CHB-IES’ reliability testing included test-retest reliability and internal consistency reliability. However, these analyses are not the most important form of reliability testing for patient experience measures. Unit-level reliability is critical as it demonstrates whether a measure is able to distinguish performance among different units of analysis. In the case of an inpatient measure, the unit of analysis is the hospital. We conducted hospital-level reliability analyses for Child HCAHPS and demonstrated that Child HCAHPS has sufficient reliability to distinguish performance among different hospitals; see Measure Testing Form 2a2: Reliability Testing. Because CHB-IES does not appear to have done a unit-level reliability analysis, it is unclear whether CHB-IES can be used for comparison across hospitals.

#### USABILITY:

##### END-USER TESTING

It is important to assess the understandability of reported measure results to ensure that these results will be useful to patients and their families. We assessed the clarity and usefulness of labels and descriptions used to name and report composite and single-item measures from the Child HCAHPS survey through end-user testing. End-user testing involves conducting cognitive interviews with the intended “end users” of the survey (e.g., parents/guardians of pediatric patients) to ensure the understandability of the reporting

format. After finalizing the Child HCAHPS survey instrument, two rounds of cognitive interviews were held to test proposed Child HCAHPS measure concepts and labels. Item groupings and measure labels were modified to reflect the information learned through these interviews, resulting in 18 composite and single-item measures (see Survey Items in the Data Dictionary Code Table). However, CHB-IES composite measures did not undergo end-user cognitive testing. Although these measures may be appropriately grouped on the basis of statistical analyses, additional testing is needed to ensure that patients and their families view the items within each measure as conceptually related and that measure titles adequately reflect the measured construct.

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