CAHPS® Hospital Survey (HCAHPS)

Quality Assurance Guidelines

Version 19.0

October 2024

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Version 19.0

Issued
October 2024

Effective
January 1, 2025
Patient Discharges

CAHPS® Hospital Survey (HCAHPS)

Quality Assurance Guidelines

ACKNOWLEDGMENTS

HCAHPS
Quality Assurance Guidelines
Table of Contents

Reader's Guide

New for 2025

<u>Beginning with January 1, 2025 patient discharges</u>, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

➢ Update the HCAHPS Survey to include new and updated questions and response categories

➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized

➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients

➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes

➢ Allow response by patient's proxy

➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Purpose of Quality Assurance Guidelines

The *Quality Assurance Guidelines V19.0* manual has been developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the survey data collection process and to ensure comparability of data reported through the CAHPS®[1] Hospital Survey (also known as Hospital CAHPS or HCAHPS). The Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS (pronounced "*H-caps*") Survey is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative sponsored by the Agency for Healthcare Research and Quality (AHRQ). This Reader's Guide provides survey vendors and hospitals with a high-level overview and reference for essential information presented in the *Quality Assurance Guidelines V19.0*. Readers are directed to the related chapters of the *Quality Assurance Guidelines V19.0* for more detail.

Quality Assurance Guidelines V19.0 Contents

The *Quality Assurance Guidelines V19.0* contains chapters that address HCAHPS Survey administration requirements. These include:

Introduction and Overview

This chapter includes a "New for 2025" section which highlights key changes in the HCAHPS Survey administration, a description of the HCAHPS initiative and the history of its development. It also includes an overview of the HCAHPS data collection and public reporting timeline.

Program Requirements

This chapter presents the Program Requirements, including a "New for 2025" section which highlights key changes in the HCAHPS Survey administration, the purpose of the HCAHPS Survey, use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, the roles and responsibilities for participating organizations (i.e., CMS,

---

[1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

survey vendors and hospitals), Rules of Participation, and Minimum Business Requirements to administer the HCAHPS Survey.

Communications and Technical Support

This chapter includes information about communications and technical support available to survey vendors/hospitals administering the HCAHPS Survey.

Survey Management

Survey vendors/Hospitals must establish a survey management process to administer the HCAHPS Survey. This chapter reviews guidelines that pertain to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

Sampling Protocol

This chapter includes a "New for 2025" section which highlights key changes in the HCAHPS Survey administration. It also describes the process and requirements for selecting a random sample of patients to respond to the HCAHPS Survey. Several illustrations and examples of the HCAHPS sampling protocol are included in this chapter. Sampling can be conducted one time at the end of the month or continuously throughout the month, provided that a random sample is generated for the entire month.

Modes of Survey Administration

There are six chapters that describe each of the allowed modes of survey administration: Mail Only, Phone Only, Mail with Phone follow-up, Web with Mail follow-up, Web with Phone follow-up, and Web with Mail and Phone follow-up. Each survey administration chapter begins with a "New for 2025" section which highlights important changes. These chapters address the administration of the HCAHPS Survey, data receipt and retention, and quality control guidelines for each of the six modes. Each mode of administration requires adherence to a standardized protocol and timeline.

Data Specifications and Coding

The HCAHPS Survey uses a standardized approach for the coding of all data. This chapter includes a "New for 2025" section which highlights key changes in the HCAHPS Survey administration. It also describes the random, unique, de-identified patient identification number, the file specifications, decision rules and data coding guidelines, the procedure for assigning HCAHPS disposition codes, the definition of a completed survey, and the procedure for calculating the survey response rate.

Data Preparation and Submission

This chapter reviews the processes for preparation of data for submission, survey vendor/hospital registration for data submission via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal, survey vendor authorization, data submission via the HQR system, and interpretation of the associated HCAHPS Data Submission and HCAHPS Warehouse Feedback Reports.

Oversight Activities

This chapter provides information on the oversight activities that the CMS-sponsored HCAHPS Project Team conducts to verify compliance with HCAHPS protocols. These oversight activities include, but are not limited to: review of survey vendor's/hospital's HCAHPS Quality Assurance Plan, analysis of submitted data, on-site visits/teleconference calls, additional activities related to the administration of the HCAHPS Survey, and possible outcomes of non-compliance.

Data Reporting

This chapter includes a "New for 2025" section which highlights key changes in the HCAHPS Survey administration. It also describes the process for public reporting of HCAHPS Survey results on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

Exception Request/Discrepancy Report Processes

This chapter describes the process for reviewing methodologies that vary from standard HCAHPS protocols. The Exception Request process is designed to allow for flexibility while maintaining the integrity of the data. In addition, this chapter describes the process for notifying CMS of any discrepancies from standard HCAHPS protocols during the survey administration process.

Data Quality Checks

This chapter provides an overview describing the importance of data quality checks and examples of data quality check activities.

Index

The Index provides an alphabetical listing of frequently used topics and terms in the HCAHPS *Quality Assurance Guidelines* manual.

Appendices

The Appendices include the HCAHPS Surveys and mail materials, phone scripts, and web surveys (all in multiple translations); supporting interviewing documents; data file layout specifications; the survey vendor/hospital quality assurance plan outline and survey materials checklist; the forms for applying for survey administration participation, submitting requests for protocol exception, submitting discrepancy reports, and attestation statement; and guidance for the use of HCAHPS with other hospital inpatient surveys.

For More Information

For program information and to view important updates and announcements, visit the HCAHPS Website at: https://www.hcahpsonline.org.

To Provide Comments or Ask Questions

For information and technical assistance, contact HCAHPS Information and Technical Support via email at hcahps@hsag.com or call 1-888-884-4007.

Citation

Please use the following citation when referencing material in the HCAHPS *Quality Assurance Guidelines* manual:

> HCAHPS *Quality Assurance Guidelines V19.0.* Centers for Medicare & Medicaid Services, Baltimore, MD. October 2024.

Introduction and Overview

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
➢ Update the HCAHPS Survey to include new and updated questions and response categories
➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes
➢ Allow response by patient's proxy
➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Overview of the CAHPS Hospital Survey (HCAHPS)

HCAHPS Background and Purpose

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey, better known as HCAHPS (pronounced "*H-caps*"), is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) program sponsored by the Agency for Healthcare Research and Quality (AHRQ). CAHPS was initiated by AHRQ in 1995 to establish survey and reporting products that provide consumers with information on health plan and provider performance. Since 1995, the initiative has grown to include a range of health care services at multiple levels of the delivery system. HCAHPS was developed by AHRQ in response to the Centers for Medicare & Medicaid Services' (CMS) request for a survey that supports the assessment of patients' perspectives on hospital care.

The purpose of HCAHPS is to uniformly measure and publicly report patients' perspectives on their inpatient care. While many hospitals collected information on patients' satisfaction with care, there was no national standard for collecting this information that would yield valid comparisons across all hospitals. HCAHPS represents the first national standard for the collection of information on patients' perspectives about their inpatient care. Three broad goals have shaped the HCAHPS Survey. First, the survey is designed to produce comparable data on patients' perspectives of care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful and practical. This methodology and the information it generates is made available to the public.

Official HCAHPS Survey scores are published on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). CMS emphasizes that HCAHPS scores are designed

and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Official HCAHPS scores are reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are "unofficial." This is done in two ways:

1. The introduction or executive summary of such reports must include the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results."

Hospital Quality Initiative

CMS has several efforts in progress to provide hospital quality information to consumers and others, and to improve the care provided by the nation's hospitals. These initiatives build upon previous CMS and Quality Improvement Organization/Network (QIO/QIN) strategies to identify illnesses and/or clinical conditions that affect patients in order to promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.[2]

The Hospital Quality Initiative is a subset of CMS' larger Quality Initiative. The Quality Initiative was launched nationally in November 2002 for nursing homes, and was expanded in 2003 to the nation's home health care agencies and hospitals.[3] The Hospital Quality Initiative uses a variety of tools to stimulate and support significant improvement in the quality of hospital care. This initiative aims to improve hospitals' quality of care by distributing objective, easy to understand data on hospital performance. The public availability of this information will encourage consumers and their physicians to discuss and make better informed decisions on how to get the best hospital care, create incentives for hospitals to improve care and support public accountability.[4]

---

[2] Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Overview.* Baltimore, MD. March 10, 2005. Available online at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/index.html

[3] CMS. March 10, 2005.

[4] CMS. March 10, 2005.

CMS has worked closely with the Hospital Quality Alliance (HQA), a public-private collaboration on hospital measurement and reporting, to operationalize the Hospital Quality Initiative. The HQA includes the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges. It is supported by AHRQ, CMS and other nationally recognized organizations, such as the CMS consensus-based entity, now the Battelle Memorial Institute Partnership for Quality Measurement, and previously the National Quality Forum (NQF), The Joint Commission, the American Medical Association, the Consumer-Purchaser Disclosure Project, AFL-CIO, and AARP.

In addition to the clinical measures of quality included in the Hospital Quality Initiative, CMS and its collaborators aim to provide consumers with measures that reflect patients' perspectives on hospital care and services. In order to fulfill this goal, CMS requested that AHRQ develop and test a survey that would capture hospital inpatients' perspectives on the quality of hospital care. Many hospitals were already conducting some type of patient survey. However, for public reporting purposes, CMS required a standardized instrument that would allow patients' perspectives on the quality of care to be compared fairly and reliably across hospitals. CMS also wanted an instrument that met high standards for scientific rigor and salience with consumers.[5] The HCAHPS Survey provides CMS with a standardized instrument for collecting and reporting patient perspectives on care that can be used to compare all participating hospitals nationally.

Through the Hospital Quality Initiative, a robust, prioritized set of hospital quality measures has been refined for use in public reporting. CMS and its collaborators have launched Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/), which contains HCAHPS Survey results and many other measures, and is a streamlined redesign of eight existing CMS healthcare compare tools. The tool is developed to publicly report valid, credible and user-friendly information about the quality of care delivered in the nation's hospitals. The results of the HCAHPS Survey are publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). For additional information on Care Compare, please visit https://www.medicare.gov/care-compare/.

The Development of HCAHPS

In July 2002, AHRQ published a "Call for Measures" in the Federal Register in which it asked organizations to submit items for consideration in development of the HCAHPS instrument. AHRQ reviewed each instrument submitted as part of the "Call for Measures," and found items in each one that stimulated their thinking about items that should appear in the HCAHPS questionnaire and how they might be phrased. In developing the draft HCAHPS Survey, AHRQ also drew on the following sources of information: items from the CAHPS Health Plan Survey; questions and comments from an October 24, 2002 web chat on HCAHPS; input from the Stakeholders Meeting on November 7, 2002; feedback from the Vendors Meeting on November 18, 2002; responses to the HCAHPS LISTSERV® mailbox; a literature review conducted by the CAHPS grantees; and the results of initial cognitive testing.

After reviewing these sources of information, AHRQ developed a draft HCAHPS instrument and submitted it to CMS on January 15, 2003. The draft instrument was subsequently refined based on

---

[5] Centers for Medicare & Medicaid Services. *HCAHPS Fact Sheet*. Baltimore, MD. Available online at
https://www.hcahpsonline.org/en/facts_faqs/.

a multi-step process that included consumer testing, additional stakeholder and public input, a CMS-directed three state pilot test, and additional field-testing. In the course of developing HCAHPS, CMS published several Federal Register Notices and used the public comments elicited by these notices to make revisions to the survey instrument and data collection protocols.

HCAHPS Three State Pilot Test

After obtaining clearance from the Office of Management and Budget (OMB), CMS pilot tested the January 15, 2003 version of the HCAHPS instrument through a contract with Quality Improvement Organizations (QIOs) in three states (Arizona, Maryland and New York).[6] The pilot test included 132 hospitals and resulted in over 19,000 completed surveys. Testing began in June 2003 and ended in August 2003. The results of the CMS pilot test were used to refine the survey instrument.[7] Following the pilot in these three states, the survey instrument was tested in Connecticut as an additional test state.

Focus Groups

AHRQ and CMS conducted 6 focus groups with consumers in October 2003 and another 10 in March 2004. These focus groups, conducted in four cities, included adults who had a recent experience in a hospital or were a caregiver for someone who had been in the hospital. Information obtained from the focus groups was used to further refine the survey instrument.

Additional Field Testing

Over a 6-month period beginning in fall 2003, AHRQ tested the instrument in 5 volunteer sites encompassing over 375 hospitals: Calgary Health Region; California Institute for Health System Performance; California Regions of Kaiser Permanente; Massachusetts General Hospital; and Premier Incorporated. The CAHPS team used these field tests to learn more about the hospital survey implementation process, including the survey instrument, sampling processes, data collection processes, and other related issues.[8]

Pre-Implementation Testing

In the summer of 2004, AHRQ provided an opportunity for survey vendors and hospitals to test the current instrument on their own. The purpose of this test was to help identify ways to minimize the potential burden and disruption posed by the integration of the HCAHPS Survey into existing survey efforts. Through these test sites, researchers formally and scientifically investigated various approaches to integrating the survey items with existing questionnaires, as well as alternative protocols for administering the survey.

Submission of Final Instrument to CMS and Consensus-Based Entity

In Fall 2004, having concluded the testing processes described above, AHRQ provided CMS with recommendations for the final questionnaire and national implementation administration guidelines. Based on these recommendations, CMS submitted a 25-item instrument to the

---

[6] The Three State Pilot Study analysis results are available at the CMS Hospital Quality Initiatives webpage, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital3State_Pilot_Analysis_Final200512.pdf

[7] Westat. *CAHPS-SUN Website: Development and Testing of the CAHPS Hospital Survey*. April 20, 2005. https://www.ahrq.gov/cahps/.

[8] Agency for Healthcare Research and Quality. *AHRQ Website: Voluntary Testing of HCAHPS.* December 2004. https://www.ahrq.gov/cahps/.

consensus-based entity (CBE) for consideration through their consensus process. The National Quality Form (NQF), which was the CBE until 2023, established to standardize healthcare quality measurement and reporting, as defined by the National Technology Transfer and Advancement Act of 1995 and the Office of Management and Budget Circular A-119. On December 1, 2004, the NQF Review Committee met publicly to discuss HCAHPS. Based on feedback provided at the initial committee meeting and during subsequent NQF Review Committee deliberations, the NQF recommended that CMS make a number of changes in the HCAHPS specifications, including reinstating two questions that had been deleted after the additional testing (doctors and nurses showing courtesy and respect); adding a script for the telephone version of the survey; and providing more response options for the demographic questions relating to ethnicity and race.

On May 11, 2005, upon the recommendation of its four Member Councils, the Board of Directors of the NQF formally endorsed the 27-item HCAHPS Survey. NQF endorsement represented the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. The Board of Directors' approval was the final step of vetting through the NQF's formal Consensus Development Process, which included input from multiple stakeholder groups, review and voting. HCAHPS thereby achieved special legal standing as a voluntary consensus standard.[9]

Upon the recommendation of the NQF, CMS further examined the costs and benefits of HCAHPS. Abt Associates Inc. conducted this cost-benefit analysis of HCAHPS. The report from this analysis can be found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HCAHPSCostsBenefits200512.pdf.

The NQF reviewed the HCAHPS Survey and its implementation protocols again in 2009. The HCAHPS Survey received endorsement renewal in 2010, 2015 and in 2019.

In 2023, Battelle Memorial Institute was selected by CMS to serve as the CBE to review and endorse quality measures.

Office of Management and Budget and Public Comment Process

In addition to the consensus-based entity endorsement process, CMS obtained clearance from the Office of Management and Budget (OMB) for HCAHPS in December 2005. The OMB's Paperwork Reduction Act clearance process for HCAHPS required three Federal Register Notices. The initial notice was published in December 2003. Based on feedback received through this initial notice, CMS responded to public comments and worked with AHRQ to refine the survey instrument. A second 60-day Federal Register Notice was published in November 2004, and once again, CMS responded to all public comments received. After measure endorsement was received in May 2005, a final 30-day Federal Register Notice was published in November 2005. OMB clearance was granted in December 2005, and CMS began final preparations for the National Implementation shortly thereafter. In 2008, 2018 and 2021 OMB again reviewed and approved HCAHPS.

---

[9] Pursuant to the National Technology and Transfer Advancement Act of 1995 and the OMB Circular A-119, the NQF's endorsement of HCAHPS can be found in its report entitled "Standardizing a Measure of Patient Perspectives of Hospital Care" https://www.qualityforum.org.

HCAHPS and the Hospital Inpatient Quality Reporting (Hospital IQR) Program

The Deficit Reduction Act of 2005 required the Secretary of the Department of Health and Human Services to expand the set of measures that the Secretary determines to be appropriate for the measurement of the quality of care furnished by hospitals in the inpatient setting. The statute further specified that the payment update for fiscal year (FY) 2007 and each subsequent FY will be reduced for any "subsection (d) hospital" that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

In expanding the set of measures for the Hospital IQR Program (formerly known as Reporting Hospital Quality Data for Annual Payment Update [RHQDAPU] Program), CMS began to adopt the baseline set of performance measures as set forth in the 2005 report *Performance Measurement: Accelerating Improvement*, issued by the Institute of Medicine (IOM) of the National Academy of Sciences, effective for payments beginning in FY 2007. For FY 2007, participating hospitals were required to collect and submit 21 clinical quality measures for payment purposes. For FY 2008 and subsequent fiscal years, the set of measures was expanded to include HCAHPS.

For more information about the Inpatient Hospital Update in the recent and current fiscal years, refer to: https://www.govinfo.gov/content/pkg/FR-2023-08-28/pdf/2023-16252.pdf and https://www.federalregister.gov/d/2024-07567.

HCAHPS and Hospital Value-Based Purchasing

Section 3001 of the Patient Protection and Affordable Care Act of 2010 names HCAHPS as one measure to be included in the Hospital Value-Based Purchasing (VBP) program for FY 2013. CMS introduced Hospital VBP for Inpatient Prospective Payment System (IPPS) hospitals, beginning with inpatients discharged in October 2012. HCAHPS performance accounted for 30 percent of the Hospital VBP Total Performance Score in FY 2013, FY 2014 and FY 2015. HCAHPS performance accounted for 25 percent of the Hospital VBP Total Performance Score in FY 2016 and subsequent fiscal years. In July 2011, CMS conducted an "Open Door Forum" on the Hospital VBP program. The slide set used in that presentation can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/downloads/HospVBP_ODF_072711.pdf. A summary of the "Patient Experience of Care" domain (HCAHPS) and how this score is calculated can be found on slides 35-61.

In the FY 2018 Hospital VBP program, the HCAHPS Pain Management dimension was removed and the HCAHPS Care Transition Dimension was added.

For more information about the Hospital VBP program in the current fiscal year, refer to the CMS Website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing-.html).

HCAHPS Mode Experiment I

In order to achieve the goal of fair comparisons across all hospitals that participate in HCAHPS, it is necessary to adjust for factors that are not directly related to hospital performance but do affect how patients answer HCAHPS Survey items. To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons of hospitals, in 2006 CMS undertook Mode Experiment I to

examine whether mode of survey administration, the mix of patients in participating hospitals, or survey non-response systematically affect HCAHPS Survey results and then developed necessary statistical adjustments.

Mode Experiment I addressed three important sources of potential bias in hospital-level HCAHPS results. First, hospitals participating in the HCAHPS Survey have the option of choosing among four different modes of data collection: Mail Only, Phone Only, Mail combined with Phone follow-up , and Active Interactive Voice Response (IVR). If patient responses differ systematically by mode of survey administration, it is necessary to adjust for survey mode.

Second, certain patient characteristics that are not under the control of the hospital, such as age and education, may be related to the patient's survey responses. For example, several studies have found that younger and more educated patients provide less positive evaluations of healthcare. If such differences occur in HCAHPS data, it is necessary to adjust for such respondent characteristics before comparing hospitals' HCAHPS results. Third, we examined whether the patients who respond to the HCAHPS Survey differ from those who are sampled and do not respond to the survey.

Mode Experiment I included a random nationwide sample of short-term acute care hospitals. A hospital's probability of being selected for the sample was proportional to its volume of discharges, which guaranteed that each patient would have an equal probability of being sampled for the experiment. The participating hospitals contributed patient discharges from a four-month period: February, March, April, and May 2006. Within each hospital, patients were randomly assigned to one of the four modes of survey administration.

Results from HCAHPS Mode Experiment I can be found in a report "Mode and Patient-mix Adjustments of the CAHPS® Hospital Survey (HCAHPS)," posted on the HCAHPS Website (https://www.hcahpsonline.org/en/mode--patient-mix-adj/). Documents that provide the patient-mix adjustment coefficients applicable to current and previously reported HCAHPS scores can be found on this website as well. Further information about the design and results of the HCAHPS Mode Experiment I are available in "The Effects of Survey Mode, Patient Mix and Nonresponse on CAHPS Hospital Survey (HCAHPS) Scores." M.N. Elliott, A.M. Zaslavsky, E. Goldstein, W. Lehrman, K. Hambarsoomian, M.K. Beckett, and L. Giordano. *Health Services Research*. 44:501-518.2009.

HCAHPS Mode Experiment II
In 2008, CMS recruited hospitals to voluntarily participate in a second mode experiment. Mode Experiment II was designed to evaluate the feasibility of two new candidate modes of HCAHPS Survey administration: Active Speech Enabled Interactive Voice Response (SE-IVR) and Internet. Eligible patients discharged from 29 volunteer hospitals in July, August and September 2008, were randomly assigned to an experimental mode or the existing Mail Only mode. Based on the thorough analysis of the two experimental modes, including response rates, respondent characteristics, data quality, and survey administration, CMS decided not to approve any new survey modes for HCAHPS at this time.

HCAHPS Mode Experiment III
In 2012, CMS conducted a third HCAHPS mode experiment in connection with five new survey items that are now part of the HCAHPS Survey. These items are:
- ➤ Hospital considered patient's preferences regarding post-discharge health care needs
- ➤ Patient understood own responsibilities in managing health post-discharge
- ➤ Patient understood the purpose of post-discharge medications
- ➤ Patient admitted through the emergency room
- ➤ Patient's self-rating of mental or emotional health

This mode experiment provided the information for CMS to develop survey mode adjustments for the first three items and allowed examination of the remaining two items for possible use in patient-mix adjustment. To conduct the mode experiment, CMS randomly selected a set of hospitals that agreed to voluntarily participate in this experiment.

HCAHPS Mode Experiment IV
In 2016, CMS conducted a fourth HCAHPS mode experiment to assess the effect of mode of survey administration on response propensity and response patterns, along with the testing of supplemental items and new pain management survey items. CMS randomly selected 51 hospitals that agreed to voluntarily participate in this experiment. The mode experiment helps CMS achieve the goal of fair and standardized comparisons across all hospitals that participate in the HCAHPS Survey by establishing the guidelines for survey mode adjustments across survey modes.

HCAHPS Mode Experiment V
In 2021, CMS conducted a fifth HCAHPS mode experiment to evaluate existing and new candidate survey items, evaluate revised survey protocols, evaluate possible new modes of survey administration, update mode and patient-mix adjustments for existing items and develop mode and patient-mix adjustments for candidate survey items. It was conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from 46 hospitals. The hospitals were randomly selected and were broadly representative of all hospitals participating in HCAHPS. This mode experiment provided the HCAHPS Project Team the opportunity to test and evaluate mixed modes that incorporate an emailed survey as the initial mode.

Preparation for HCAHPS Data Collection
Survey vendors interested in administering HCAHPS and hospitals interested in self-administering the survey (referred to as survey vendors/hospitals) must apply to participate in HCAHPS and must participate in HCAHPS Training sponsored by CMS. At a minimum, the survey vendor's/hospital's Project Manager must participate in the HCAHPS training sessions. In addition, subcontractor(s)/partner(s) and any other organization(s) (referred to as subcontractors) that are responsible for major functions of HCAHPS Survey administration must participate in HCAHPS training.

Newly approved survey vendors/hospitals that participate in HCAHPS are encouraged to take part in a dry run prior to the official start of HCAHPS Survey administration, to become familiar with the survey and its implementation protocols. Survey vendors/Hospitals will also have an opportunity to submit their dry run data through CMS' Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal. This will permit survey vendors/hospitals to fully test the data submission system. There will, however, be no public

reporting of a hospital's dry run data. HCAHPS dry runs take place in the last month of each calendar quarter (March, June, September, and December). The survey vendor/hospital must notify the HCAHPS Project Team of their intent to submit data as a dry run. Please note that dry run data are "real" data collected using the HCAHPS protocols.

HCAHPS Public Reporting

Official HCAHPS scores are publicly reported four times each year on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). Public reporting of HCAHPS results is comprised of a rolling four quarters of survey data, with survey vendors/hospitals submitting data on a monthly or quarterly basis through the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/). The HCAHPS data submitted by each survey vendor/hospital is reviewed, cleaned, scored, and adjusted (including adjustments for patient-mix and survey mode). HCAHPS results are available for preview by the participating hospital before public reporting on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

The first public reporting of HCAHPS results on Care Compare on Medicare.gov (previously Hospital Compare) [https://www.medicare.gov/care-compare/] occurred in March 2008 with 2,521 hospitals voluntarily reporting their HCAHPS scores, based on 1.1 million completed surveys from patients discharged between October 2006 and June 2007. The July 2024 public reporting of HCAHPS results included scores from 4,427 hospitals based on 2.31 million completed surveys from patients discharged between October 2022 and September 2023 (https://www.medicare.gov/care-compare/). The schedule of future HCAHPS public reporting can be found in the *Data Reporting* chapter.

CMS regularly publishes supplemental information about survey results on the HCAHPS Summary Analyses page of the HCAHPS Website (https://www.hcahpsonline.org), including a summary table of state and national "top-box" scores for each HCAHPS measure, HCAHPS "top-box" and "bottom-box" percentile scores, a table of patient level Pearson "top-box" correlations among HCAHPS measures, and HCAHPS Hospital Characteristics Comparison Charts.

CMS and its HCAHPS partners continually review and analyze HCAHPS data. A bibliography of published articles based on the HCAHPS Project Team's research can be found on the HCAHPS Website (https://www.hcahpsonline.org).

HCAHPS Star Ratings

HCAHPS Star Ratings appear in the Provider Data Catalog (https://data.cms.gov/provider-data/): one for each of the publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating. The HCAHPS Summary Star Rating, which combines the HCAHPS measure star ratings, is also displayed on Care Compare on Medicare.gov, where it is called the "Patient Survey Rating" (https://www.medicare.gov/care-compare/). Hospitals are able to preview their individual measure HCAHPS Star Ratings in their 30-day Public Reporting Preview Report.

HCAHPS Measures Receiving HCAHPS Star Ratings
HCAHPS Star Ratings are applied to each of the publicly reported HCAHPS measures. Measures are created from specific questions on the HCAHPS Survey, as follows:

> ➢ HCAHPS Composite Measures
>   1. Communication with Nurses (Q1, Q2, Q3)
>   2. Communication with Doctors (Q4, Q5, Q6)
>   3. Restfulness of Hospital Environment (Q8, Q9, Q18)*
>   4. Care Coordination (Q10, Q11, Q19)*
>   5. Responsiveness of Hospital Staff (Q13, Q14)*
>   6. Communication About Medicines (Q16, Q17)
>   7. Discharge Information (Q22, Q23)
> ➢ HCAHPS Individual Items
>   8. Cleanliness of Hospital Environment (Q7)
>   9. Information About Symptoms (Q20)*
> ➢ HCAHPS Global Items
>   10. Hospital Rating (Q24)
>   11. Recommend the Hospital (Q25)

New or updated items and measures beginning with the October 2026 public reporting.

100 Completed Survey Minimum for HCAHPS Star Ratings
Hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period in order to receive HCAHPS Star Ratings. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

For additional information on HCAHPS Star Ratings, including Technical Notes and Frequently Asked Questions (FAQs), please visit the HCAHPS Star Ratings page on the HCAHPS Website (https://www.hcahpsonline.org).

HCAHPS Results Beyond Care Compare
Since CMS began publicly reporting HCAHPS results in March 2008, HCAHPS scores have appeared in a wide variety of publications and have been incorporated in a number of hospital rating tools. Please note, however, that the full, complete and official HCAHPS results are those publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

CMS Expands Use of HCAHPS Results
Several CMS programs include the use of HCAHPS results. The Comprehensive Care for Joint Replacement (CJR) model aims to support better and more efficient care for beneficiaries undergoing the most common inpatient surgeries for Medicare beneficiaries. For more information please visit the following websites: https://www.cms.gov/priorities/innovation/innovation-models/cjr and https://www.federalregister.gov/articles/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals.

Established by the Affordable Care Act, the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program collects and publishes data on an announced set of quality measures, including HCAHPS. For more information, please visit:
https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/pps-exempt-cancer-hospital-quality-reporting-pchqr-program/.

HCAHPS Bulletins
As a means of quickly and directly communicating with survey vendors and hospitals participating in HCAHPS, CMS began to issue *HCAHPS Bulletins* in 2008 (these bulletins are posted on the HCAHPS Website [https://www.hcahpsonline.org]). *HCAHPS Bulletins* are released, when needed, to provide uniform guidance or clarification to all survey vendors and hospitals on HCAHPS protocols. It is incumbent upon all approved HCAHPS Survey vendors and self-administering hospitals to promptly read all *HCAHPS Bulletins*, review their procedures for handling the matters addressed and where necessary institute changes to comply with HCAHPS protocols. The *HCAHPS Bulletins* supplement training; their instructions and clarifications are subsequently incorporated into the published HCAHPS *Quality Assurance Guidelines*.

Reviewing and Revising the HCAHPS Survey
In Fall 2019, CMS initiated a multi-faceted review of HCAHPS Survey content and design. Focus groups and cognitive interviews were conducted with recent hospital inpatients, discussing their experience of care and assessment of existing, revised and potential survey items. Following this, CMS gathered input from stakeholders more broadly on potential changes to HCAHPS.

In July 2020, a Technical Expert Panel (TEP) Meeting was conducted to discuss the goals of the HCAHPS Survey revision efforts. In the Fall of 2020, nationwide hospital recruitment occurred and the HCAHPS mode experiment data collection was conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from 46 hospitals. CMS has updated the HCAHPS Survey that will be implemented beginning with January 1, 2025 patient discharges. For more information on new developments and the mode experiment, please visit the HCAHPS Website (https://www.hcahpsonline.org/en/whats-new/).

HCAHPS Survey Instrument
Components of the HCAHPS Survey Instrument
The standardized 32-question HCAHPS Survey instrument is composed of the following measures:
- ➢ Seven Composite Measures
  - Communication with Nurses (comprised of three HCAHPS Survey items)
  - Communication with Doctors (comprised of three HCAHPS Survey items)
  - Restfulness of Hospital Environment (comprised of three HCAHPS Survey items)*
  - Care Coordination (comprised of three HCAHPS Survey items)*
  - Responsiveness of Hospital Staff (comprised of two HCAHPS Survey items)*
  - Communication About Medicines (comprised of two HCAHPS Survey items)
  - Discharge Information (comprised of two HCAHPS Survey items)
- ➢ Two Individual Items
  - Cleanliness of Hospital Environment
  - Information About Symptoms*
- ➢ Two Global Items
  - Hospital Rating
  - Recommend the Hospital

* New or updated items or measures beginning with the October 2026 public reporting.

The HCAHPS Survey is available in the languages listed below. Survey vendors/Hospitals are not permitted to make or use any other language translations.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

HCAHPS Development, Data Collection and Public Reporting Timeline

The following timeline outlines major events in the HCAHPS development process, as well as anticipated dates for future national implementation events.

2002
- ➢ *July 2002* – AHRQ publishes call for measures in the Federal Register
- ➢ *Fall 2002* – The CAHPS team reviews the literature and response to the call for measures on patient assessment of hospital care related to survey content, sampling, data collection, and reporting
- ➢ *November 2002* – AHRQ and CMS hold a Stakeholders Meeting
- ➢ *November 2002* – AHRQ and CMS hold a Survey Vendors Meeting

2003
- ➢ *February 2003* – A Federal Register Notice is published soliciting comments on the draft pilot instrument
- ➢ *June 2003* – Data collection begins for the CMS Three State Pilot (Arizona, Maryland and New York)
- ➢ *June 2003* – A Federal Register Notice is published soliciting comments on the draft HCAHPS Survey and requesting input on implementation issues
- ➢ *Fall 2003* – CMS selects Health Services Advisory Group (HSAG), the Arizona Quality Improvement Organization (QIO), to coordinate the National Implementation of HCAHPS. HSAG assembles a team comprised of the National Committee for Quality Assurance (NCQA), RAND, Westat, and expert consultants from Harvard Medical School to support the National Implementation.
- ➢ *October 2003* – Six consumer focus groups are conducted in California and Maryland to obtain consumer feedback on the HCAHPS Survey content and domains
- ➢ *November 2003* – HCAHPS Stakeholders Meeting is held to provide an update on the development process and to discuss implementation issues

➤ *December 2003* – CMS publishes the draft 32-item HCAHPS instrument in the Federal Register

➤ *December 2003* – The Three State Pilot Final Report is issued

2004

➤ *January 2004* – AHRQ begins additional HCAHPS testing at five sites

➤ *February 2004* – AHRQ announces Pre-National Implementation Testing in the Federal Register

➤ *March 2004* – Additional consumer focus groups are held in Arizona and Florida to address issues raised in comments to the initial National Implementation of HCAHPS Federal Register Notice

➤ *June 2004* – AHRQ Pre-National Implementation Testing begins

➤ *November 2004* – CMS issues second 60-day Federal Register Notice announcing the National Implementation of HCAHPS (25-item HCAHPS instrument)

➤ *November 2004* – CMS submits HCAHPS to the NQF's Consensus Development process for its endorsement

➤ *December 2004* – The NQF Review Committee recommends adding the "doctors and nurses showing courtesy and respect" items back into the HCAHPS Survey, which increases the number of survey items from 25 to 27

2005

➤ *January 2005* – The second Federal Register Notice closes; CMS proceeds to respond to the public comments received through the Federal Register

➤ *March 2005* – NQF public comment period

➤ *May 2005* – The four NQF Member Councils and Executive Board formally endorse HCAHPS

➤ *November 2005* – The final Federal Register Notice, a 30-day notice, is published

➤ *December 2005* – HCAHPS receives final clearance from OMB

2006

➤ *February 2006* – The first HCAHPS *Quality Assurance Guidelines* manual is released

➤ *February 2006* – The first *HCAHPS Survey Vendor/Hospital Training* sessions are held at the CMS Central Office in Baltimore, and also via Webinar

➤ *Spring 2006* – The first HCAHPS Mode Experiment was conducted to test mode effects

➤ *April - June 2006* – The first HCAHPS dry run is conducted, which allows hospitals to test the survey and data submission process without public reporting

➤ *April 2006* – The second *HCAHPS Survey Vendor/Hospital Training* is conducted via Webinar

➤ *October 2006* – Data collection for the National Implementation of HCAHPS for Public Reporting commences

2007

➤ *January 2007* – The HCAHPS *Quality Assurance Guidelines V2.0* is released

➤ *January 2007* – The third *HCAHPS Survey Vendor/Hospital Training (Introduction to HCAHPS Training)* is conducted via Webinar

➢ *March 2007* – A second HCAHPS dry run is conducted, for survey vendors/hospitals that did not participate in 2006
➢ *May 2007* – A Chinese translation of the survey instrument is made available for Mail Only mode of survey administration
➢ *May 2007* – The first *HCAHPS Update Training* sessions are conducted via Webinar
➢ *July 1, 2007* – HCAHPS Data Collection and Public Reporting for Annual Payment Update purposes (APU era) begins
➢ *August 22, 2007* – The IPPS Final Rule is published, which stipulates that IPPS hospitals must participate in and publicly report HCAHPS in order to qualify for their full APU for FY 2008 ("pay for reporting")

2008
➢ *January 2008* – The HCAHPS *Quality Assurance Guidelines V3.0* is released
➢ *January 2008* – The fourth *Introduction to HCAHPS Training* and second *HCAHPS Update Training* sessions are conducted via Webinar
➢ *January 17 – February 15, 2008* – First preview period for HCAHPS public reporting
➢ *February 2008* – OMB re-approved HCAHPS
➢ *March 28, 2008* – The First Public Reporting of HCAHPS results (Patients discharged October 2006 – June 2007) on the Hospital Compare Website
➢ *July 2008* – Data collection begins for Mode Experiment II
➢ *August 2008* – Second Public Reporting of HCAHPS results (Patients discharged October 2006 – September 2007)
➢ *August 19, 2008* – The IPPS Final Rule is published, which stipulates that IPPS hospitals must continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (https://www.hcahpsonline.org)
➢ *September 2008* – Third Public Reporting of HCAHPS results (Patients discharged January 2007 – December 2007)
➢ *October 2008* – CMS releases *HCAHPS Bulletin 2008-01*, "Application of the HCAHPS Lag Time Variable"
➢ *December 2008* – Fourth Public Reporting of HCAHPS results (Patients discharged April 2007 – March 2008)

2009
➢ *February 2009* – The HCAHPS *Quality Assurance Guidelines V4.0* is released
➢ *February 2009* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
➢ *February 2009* – Russian and Vietnamese translations of the survey instrument are made available for Mail Only mode of survey administration
➢ *February 2009* – CMS releases HCAHPS Bulletin 2009-01, "The Use of HCAHPS in Connection with Other Hospital Inpatient Surveys," which is posted on the HCAHPS Website (https://www.hcahpsonline.org)
➢ *March 2009* – Fifth Public Reporting of HCAHPS results (Patients discharged July 2007 – June 2008). IPPS hospitals must report their HCAHPS results, and can no longer suppress public reporting.

➢ *May 2009* – CMS releases *HCAHPS Bulletin 2009-01 Revised*, "The Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys," which is posted on the HCAHPS Website (https://www.hcahpsonline.org)

➢ *July 2009* – Sixth Public Reporting of HCAHPS results (Patients discharged October 2007 – September 2008)

➢ *August 27, 2009* – The IPPS Final Rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (https://www.hcahpsonline.org)

➢ *September 2009* – Seventh Public Reporting of HCAHPS results (Patients discharged January 2008 – December 2008)

➢ *December 2009* – Eighth Public Reporting of HCAHPS results (Patients discharged April 2008 – March 2009)

2010

➢ *March 2010* – The HCAHPS *Quality Assurance Guidelines V5.0* is released

➢ *March 2010* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar

➢ *March 2010* – Ninth Public Reporting of HCAHPS results (Patients discharged July 2008 – June 2009)

➢ *April 2010* – HCAHPS is named in Section 3001 of the Patient Protection and Affordable Care Act of 2010

➢ *May 2010* – The NQF renewed its endorsement of the HCAHPS Survey

➢ *June 2010* – Tenth Public Reporting of HCAHPS results (Patients discharged October 2008 – September 2009)

➢ *August 16, 2010* – The IPPS Final Rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (https://www.hcahpsonline.org)

➢ *September 2010* – Eleventh Public Reporting of HCAHPS results (Patients discharged January 2009 – December 2009)

➢ *December 2010* – Twelfth Public Reporting of HCAHPS results (Patients discharged April 2009 – March 2010)

➢ *December 2010* – CMS releases the *HCAHPS Bulletin 2010-01* "HCAHPS and Hospital Value-Based Purchasing"

2011

➢ *March 2011* – The HCAHPS *Quality Assurance Guidelines V6.0* is released

➢ *March 2011* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar

➢ *April 2011* – Thirteenth Public Reporting of HCAHPS results (Patients discharged July 2009 – June 2010)

➢ *May 6, 2011* – The final Hospital Value-Based Purchasing rule is published *(Federal Register / Vol. 76, No. 88 / Friday, May 6, 2011 / Rules and Regulations)*

➢ *July 2011* – Fourteenth Public Reporting of HCAHPS results (Patients discharged October 2009 – September 2010)

> *August 18, 2011* – The IPPS Final Rule is published *(Federal Register / Vol. 76, No. 160 / Thursday, August 18, 2011 / Rules and Regulations)*

> *October 2011* – Fifteenth Public Reporting of HCAHPS results (Patients discharged January 2010 – December 2010)

2012

> *January 2012* – Sixteenth Public Reporting of HCAHPS results (Patients discharged April 2010 – March 2011)

> *March 2012* – The HCAHPS *Quality Assurance Guidelines V7.0* is released

> *March 2012* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar

> *Spring 2012* – Seventeenth Public Reporting of HCAHPS results (Patients discharged July 2010 – June 2011)

> *July 2012* – Eighteenth Public Reporting of HCAHPS results (Patients discharged October 2010 - September 2011)

> *July 1, 2012* – Voluntary use of the HCAHPS 32-item Expanded survey begins with July 1, 2012 discharges

> *August 31, 2012* – The IPPS Final Rule is published (*Federal Register / Vol. 77, No. 170 / Friday, August 31, 2012 / Rules and Regulations*)

> *October 1, 2012* – Hospital Value-Based Purchasing program begins; HCAHPS "top-box" scores used to create the Patient Experience of Care Domain score

> *October 2012* – Nineteenth Public Reporting of HCAHPS results (Patients discharged January 2011 – December 2011)

> *December 2012* – Twentieth Public Reporting of HCAHPS results (Patients discharged April 2011 – March 2012)

2013

> *January 2013* – Required use of the 32-item HCAHPS Survey, which includes the Care Transition Measure

> *March 2013* – The HCAHPS *Quality Assurance Guidelines V8.0* is released

> *March 2013* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar

> *April 2013* – Twenty-first Public Reporting of HCAHPS results (Patients discharged July 2011 – June 2012)

> *July 2013* – Twenty-second Public Reporting of HCAHPS results (Patients discharged October 2011 – September 2012)

> *August 19, 2013* – The IPPS Final Rule is published (*Federal Register / Vol. 78, No. 160 / Friday, August 19, 2013 / Rules and Regulations*)

> *September 2013* – CMS releases the Portuguese translation of the HCAHPS Survey for Mail Only mode of survey administration

> *October 2013* – Language spoken at home patient-mix adjustment applied to October 1, 2013 and forward discharges

> *December 2013* – Twenty-third Public Reporting of HCAHPS results (Patients discharged January 2012 – December 2012)

2014

➢ *January 2014* – Twenty-fourth Public Reporting of HCAHPS results (Patients discharged April 2012 – March 2013)
➢ *March 2014* – The HCAHPS *Quality Assurance Guidelines V9.0* is released
➢ *March 2014* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
➢ *April 2014* – Twenty-fifth Public Reporting of HCAHPS results (Patients discharged July 2012 – June 2013
➢ *July 2014* – Twenty-sixth Public Reporting of HCAHPS results (Patients discharged October 2012 – September 2013)
➢ *August 22, 2014* – The IPPS Final Rule is published (*Federal Register / Vol. 79, No. 163 / Friday, August 22, 2014 / Rules and Regulations*)
➢ *December 2014* – Twenty-seventh Public Reporting of HCAHPS results (Patients discharged January 2013 – December 2013)
  • First public reporting of Care Transition Measure composite

2015

➢ *January 2015* – The NQF renewed its endorsement of the HCAHPS Survey
➢ *March 2015* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
➢ *March 2015* – The HCAHPS *Quality Assurance Guidelines V10.0* is released
➢ *April 2015* – Twenty-eighth Public Reporting of HCAHPS results (Patients discharged July 2013 – June 2014)
  • First public reporting of HCAHPS Star Ratings
➢ *July 2015* – Twenty-ninth Public Reporting of HCAHPS results (Patients discharged October 2013 – September 2014)
➢ *August 17, 2015* – The IPPS Final Rule is published (*Federal Register / Vol. 80, No. 158 / Friday, August 17, 2015 / Rules and Regulations*)
➢ *October 2015* – Thirtieth Public Reporting of HCAHPS results (Patients discharged January 2014 – December 2014)
➢ *December 2015* – Thirty-first Public Reporting of HCAHPS results (Patients discharged April 2014 – March 2015)

2016

➢ *March 2016* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
➢ *March 2016* – The HCAHPS *Quality Assurance Guidelines V11.0* is released
➢ *April 2016* – Thirty-second Public Reporting of HCAHPS results (Patients discharged July 2014 – June 2015)
➢ *July 2016* – Thirty-third Public Reporting of HCAHPS results (Patients discharged October 2014 – September 2015)
➢ *August 22, 2016* – The IPPS Final Rule is published (*Federal Register / Vol. 81, No. 162 / Friday, August 22, 2016 / Rules and Regulations*)
➢ *October 2016* – Thirty-fourth Public Reporting of HCAHPS results (Patients discharged January 2015 – December 2015)

➢ *November 2016* – The OPPS Final Rule is published (*Federal Register / Vol. 81, No. 219 / Monday, November 14, 2016*), which stipulates that beginning in FY 2018, the HCAHPS Pain Management dimension will be removed from the Hospital VBP program. In addition, the HCAHPS Care Transition Dimension will be added to the Hospital VBP Program. (https://federalregister.gov/d/2016-26515)

➢ *December 2016* – Thirty-fifth Public Reporting of HCAHPS results (Patients discharged April 2015 – March 2016). Public reporting of HCAHPS scores restricted to hospitals with 25 or more completed surveys.

2017

➢ *February - March 2017* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar

➢ *March 2017* – The HCAHPS *Quality Assurance Guidelines V12.0* is released and CMS releases the Chinese and Russian translations of the HCAHPS Telephone Scripts

➢ *April 2017* – Thirty-sixth Public Reporting of HCAHPS results (Patients discharged July 2015 – June 2016)

➢ *July 2017* – Thirty-seventh Public Reporting of HCAHPS results (Patients discharged October 2015 – September 2016)

➢ *August 2017* – The FY 2018 IPPS Final Rule is published (*Federal Register / Vol. 82, No. 155 / Monday, August 14, 2017*), in which CMS announced plans to replace the pain management questions with three new questions that focus on Communication About Pain

➢ *October 2017* – Thirty-eighth Public Reporting of HCAHPS results (Patients discharged January 2016 – December 2016)

➢ *November 2017* – Release of the first HCAHPS Podcast entitled "Successfully Transitioning to the New *Communication About Pain* Items on the HCAHPS Survey"

➢ *December 2017* – Thirty-ninth Public Reporting of HCAHPS results (Patients discharged April 2016 – March 2017)

2018

➢ *January 2018* – The new HCAHPS pain items are required to be used for all patient discharges January 2018 and forward. These items comprise a new composite measure Communication About Pain and replace the original pain items 12, 13 and 14.

➢ *February - March 2018* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted

➢ *March 2018* – The HCAHPS *Quality Assurance Guidelines V13.0* is released

➢ *April 2018* – Fortieth Public Reporting of HCAHPS results (Patients discharged July 2016 – June 2017)

➢ *May 2018* – CMS removed the Pain Management composite from the April 2018 Hospital Compare Refresh

➢ *July 2018* – Forty-first Public Reporting of HCAHPS results (Patients discharged October 2016 – September 2017)

➢ *August 2018* – The FY 2019 IPPS Final Rule is published (Federal Register / Vol. 83, No. 160 / August 17, 2018)

➢ *October 2018* – Forty-second Public Reporting of HCAHPS results (Patients discharged January 2017 – December 2017)

➢ *November 2018* – The CY 2019 OPPS Final Rule is published (Federal Register / Vol. 83, No. 225 / *November 21, 2018*), in which CMS announced the removal of the

Communication About Pain composite measure effective with October 1, 2019 patient discharges for the FY 2021 payment determination and subsequent years
➤ *November 2018* – OMB re-approved HCAHPS with addition of the Expiration Date of November 30, 2021 displayed on the front page of the questionnaire and in the OMB Paperwork Reduction Action Language statement

2019
➤ *January 2019* – Forty-third Public Reporting of HCAHPS results (Patients discharged April 2017 – March 2018). Refreshed in February 2019.
➤ *February 2019* – The HCAHPS *Quality Assurance Guidelines V14.0* is released
➤ *February 2019* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
➤ *April 2019* – Forty-fourth Public Reporting of HCAHPS results (Patients discharged July 2017 – June 2018)
➤ *June 2019* – Release of the HCAHPS Podcast entitled "HCAHPS Linear Mean Scores and Star Ratings Calculations"
➤ *July 2019* – Forty-fifth Public Reporting of HCAHPS results (Patients discharged October 2017 – September 2018)
➤ *July 2019* – Release of three HCAHPS Podcasts entitled "Updated Patient-Mix Adjustment: Self-Rated Mental Health," "Recommended HCAHPS Data Quality Checks" and "Advanced HCAHPS Data Quality Checks"
➤ *August 2019* – The FY 2020 IPPS Final Rule is published (Federal Register / Vol. 84, No. 159 / August 16, 2019)
➤ *October 2019* – CMS releases the German translation of the HCAHPS Survey for Mail Only mode of survey administration
➤ *October 2019* – The removal of the Communication About Pain composite from the HCAHPS Survey effective with October 1, 2019 patient discharges
➤ *October 2019* – The NQF renewed its endorsement of the HCAHPS Survey
➤ *October 2019* – Forty-sixth Public Reporting of HCAHPS results (Patients discharged January 2018 – December 2018)
➤ *December 2019* – Focus Groups were conducted in the initial stage of a multi-faceted review of HCAHPS Survey content and design

2020
➤ *January 2020* – Forty-seventh Public Reporting of HCAHPS results (Patients discharged April 2018 – March 2019)
➤ *February 2020* – The HCAHPS *Quality Assurance Guidelines V15.0* is released
➤ *February 2020* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
➤ *March 2020* – CMS grants exceptions for hospitals participating in quality reporting programs in response to COVID-19. Survey vendors and self-administering hospitals could request approval to conduct survey operations from a remote location (other than their place of business), via the HCAHPS Exception Request process.
➤ *April 2020* – Forty-eighth Public Reporting of HCAHPS results (Patients discharged July 2018 – June 2019)

- ➢ *July 2020* – Forty-ninth Public Reporting of HCAHPS results (Patients discharged October 2018 – September 2019)
- ➢ *July 2020* – Release of two HCAHPS Podcasts entitled "Total Inpatient Discharges" and "Changes to QualityNet Data File Submission"
- ➢ *September 2020* – CMS launched Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/ [previously Hospital Compare]), which contains HCAHPS Survey results and many other measures, and is a streamlined redesign of eight existing CMS healthcare compare tools available on https://www.medicare.gov
- ➢ *September 2020* – The FY 2021 IPPS Final Rule is published (Federal Register / Vol. 85, No. 182 / September 18, 2020)
- ➢ *October 2020* – Fiftieth Public Reporting of HCAHPS results (Patients discharged January 2019 – December 2019)

2021

- ➢ *February 2021* – The HCAHPS *Quality Assurance Guidelines V16.0* is released
- ➢ *March 2021* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- ➢ *April 2021* – Data collection begins for Mode Experiment V
- ➢ *July 2021* – Release of HCAHPS Podcast entitled "HCAHPS Service Line Benchmarks for Top-Box Scores"
- ➢ *July 2021* – CMS releases the Tagalog translation of the HCAHPS Survey for Mail Only mode of survey administration
- ➢ *August 2021* –The FY 2022 IPPS Final Rule is published (Federal Register / Vol. 86, No. 154 / August 13, 2021)
- ➢ *September 2021* – OMB re-approved HCAHPS with the Expiration Date of September 30, 2024
- ➢ *October 2021* – Fifty-first Public Reporting displays HCAHPS results for patients discharged July 2020 – December 2020 (due to the COVID-19 Public Health Emergency)

2022

- ➢ *January 2022* – Fifty-second Public Reporting displays HCAHPS results for patients discharged July 2020 – March 2021 (due to the COVID-19 Public Health Emergency)
- ➢ *February 2022* – The HCAHPS *Quality Assurance Guidelines V17.0* is released, including Arabic translation of the survey instrument for Mail Only mode of survey administration
- ➢ *March 2022* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- ➢ *July 2022* – Fifty-third Public Reporting of HCAHPS results (Patients discharged October 2020 – September 2021)
- ➢ *July 2022* - Release of HCAHPS Podcast entitled "Improving Representativeness of the HCAHPS Survey"
- ➢ August 2022 – The FY 2023 IPPS Final Rule is published (Federal Register / Vol. 87, No. 153 / August 10, 2022)
- ➢ *October 2022* – Fifty-fourth Public Reporting of HCAHPS results (Patients discharged January 2021 – December 2021)

2023

- ➢ *January 2023* – Updated survey mode adjustments applied to January 1, 2023 and forward patient discharges
- ➢ *January 2023* – Fifty-fifth Public Reporting of HCAHPS results (Patients discharged April 2021 – March 2022)
- ➢ *February 2023* – The HCAHPS *Quality Assurance Guidelines V18.0* is released
- ➢ *March 2023* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- ➢ *April 2023* – Fifty-sixth Public Reporting of HCAHPS results (Patients discharged July 2021 – June 2022)
- ➢ *July 2023* – Fifty-seventh Public Reporting of HCAHPS results (Patients discharged October 2021 – September 2022)
- ➢ *July 2023* – Release of HCAHPS Podcast entitled "Updates to HCAHPS Survey Mode Adjustments"
- ➢ *August 2023* – The FY 2024 IPPS Final Rule is published (Federal Register / Vol. 88, No. 165 / August 28, 2023)
- ➢ *October 2023* – Fifty-eighth Public Reporting of HCAHPS results (Patients discharged January 2022 – December 2022)

2024

- ➢ *January 2024* – Fifty-ninth Public Reporting of HCAHPS results (Patients discharged April 2022 – March 2023)
- ➢ *April 2024* – Sixtieth Public Reporting of HCAHPS results (Patients discharged July 2022 – June 2023)
- ➢ *May 2024* – The Draft HCAHPS *Quality Assurance Guidelines V19.0* is released
- ➢ *May 2024* – *HCAHPS Training* is conducted
- ➢ *July 2024* – Sixty-first Public Reporting of HCAHPS results (Patients discharged October 2022 – September 2023)
- ➢ *August 2024* – The FY 2025 IPPS Final Rule is published (Federal Register / Vol. 89, No. 167 / August 28, 2024)
- ➢ *October 2024* – Sixty-second Public Reporting of HCAHPS results (Patients discharged January 2023 – December 2023)
- ➢ *October 2024* – The Final HCAHPS *Quality Assurance Guidelines V19.0* is released

Program Requirements

New for 2025

<u>Beginning with January 1, 2025 patient discharges</u>, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- ➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- ➢ Update the HCAHPS Survey to include new and updated questions and response categories
- ➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- ➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- ➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- ➢ Allow response by patient's proxy
- ➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Overview

This chapter describes the Program Requirements, which include the purpose of the CAHPS Hospital Survey (HCAHPS), use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, roles and responsibilities for participating organizations, the Rules of Participation, and Minimum Business Requirements to administer HCAHPS. The HCAHPS Rules of Participation listed below apply to survey vendors and hospitals self-administering the HCAHPS Survey. In addition, there are two different sets of Minimum Business Requirements: one for survey vendors and one for self-administering hospitals. Survey Vendors must meet the *Survey Vendor* Minimum Business Requirements. A hospital self-administering the HCAHPS Survey (without using a survey vendor) must meet the *Self-administering Hospital* Minimum Business Requirements.

Purpose of the HCAHPS Survey

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

In order to fulfill these goals, it is essential that, to the fullest extent possible:

1. Patients respond to the HCAHPS Survey, and
2. Patients' responses are informed only by the care they receive during the hospital stay

CMS carefully developed the HCAHPS Survey and its administration protocols to achieve the following outcomes:

- ➢ To increase the likelihood that patients will respond to the survey, CMS strongly recommends that HCAHPS be the first inpatient survey patients receive about their

experience of hospital care (for more information, see *Use of HCAHPS with Other Hospital Inpatient Surveys* below and Appendix HH)

➢ To ensure that the patient's responses are unbiased and reflect only their experience of care, survey vendors and hospitals (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS Survey items (for more information, see *Communicating with Patients about the HCAHPS Survey* below)

Official HCAHPS Survey scores are published on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). CMS emphasizes that HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. **CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others**. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Only the HCAHPS scores published on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/) are the "official" scores. Scores derived from any other source are "unofficial" and should be labeled as such. HCAHPS Survey results are intended to be used for quality improvement purposes, not for marketing or promotional activities.

Use of HCAHPS Outside of Official HCAHPS Purposes
The HCAHPS Survey and the questions that comprise it are in the public domain and thus can be used outside of official HCAHPS purposes (e.g., for non-HCAHPS eligible patients, etc.). When used in an unofficial capacity, the HCAHPS OMB language, HCAHPS OMB number and expiration date must not be used, and all references to HCAHPS and the "United States Department of Health and Human Services" sponsorship must be removed; however, the copyright statement must be used.

Use of HCAHPS with Other Hospital Inpatient Surveys
In this section, CMS provides guidelines to employ when asking patients questions regarding their hospital stay. CMS' intent is to minimize the burden on patients, prevent the introduction of bias to HCAHPS Survey responses and not deteriorate the likelihood that patients will complete the HCAHPS Survey.

In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how patients, or which patients, respond to HCAHPS Survey items must be avoided. If patients are asked survey questions during their inpatient stay, we strongly suggest that such questions be worded in a neutral tone and are not tilted toward a particular response. In addition, CMS strongly recommends survey questions do not resemble HCAHPS items or their response categories. Hospitals are strongly encouraged to focus on overall quality of care rather than the HCAHPS measures reported to CMS.

To increase the likelihood that patients will respond to the HCAHPS Survey, CMS strongly recommends that HCAHPS be the first inpatient survey patients receive about their experience of hospital care. The word "survey" in this instance refers to a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital's patient population.

- When asking non-HCAHPS Survey questions, do not use HCAHPS-like response categories (for instance, "Always," "Usually," "Sometimes," "Never")
- It is permissible for patients to be asked about their hospital experience during their hospital stay or during discharge calls where this is a normal part of clinical rounds, leadership rounds, or patient treatment/care activities
- Patient-initiated or hospital-initiated (including the hospital's agents) contact, comment, response, or communication, whether before, during or after the hospital stay, must not influence the likelihood of a patient receiving the HCAHPS Survey
- The following are examples of the types of questions that are **NOT** permissible:
  - "Did the nurses always answer your questions?"
  - "On a scale of 0 to 10, how would you rate your hospital stay?"
  - "Is there a way we could always….?"
  - "Did your doctor/nurse explain things in a way you could understand?"
  - "Overall, how would you rate the care you received from your doctors/nurses?"
- Alternative questions that would not violate HCAHPS protocols include:
  - "Are the nurses answering your questions?"
  - "Please share with us how we could improve your hospital stay."
  - "Tell us about your stay."
  - "Did your doctor/nurse address any communication barriers regarding information about your healthcare?"
  - "Was our staff attentive to your needs?"

CMS strongly recommends that the HCAHPS Survey be administered prior to any other inpatient survey. As noted above, it is permissible for patients to be asked about their hospital experience during their hospital stay when the focus is on the clinical care of the individual patient. The hospital or its agents must not seek to influence which patients receive the HCAHPS Survey or how patients answer HCAHPS Survey items. For additional guidance in the use of HCAHPS in conjunction with other inpatient surveys, refer to Appendix HH.

While the over-riding goal of CMS is to minimize survey burden and prevent introducing potential bias to the HCAHPS Survey responses, on occasion CMS may initiate and implement projects or studies to investigate and improve the healthcare of patients. If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS protocols, the survey vendor/hospital should complete and submit an Exception Request to alert and inform the HCAHPS Project Team of participation (see the *Exception Request/Discrepancy Report Processes* chapter).

Communicating with Patients about the HCAHPS Survey

HCAHPS guidelines allow survey vendors/hospitals to communicate about the HCAHPS Survey before or at discharge; for example, hospitals may inform patients that they may receive a survey

after discharge asking about their stay in the hospital. Patients should be encouraged to complete the survey and share their experiences. Hospitals may use posters or other written communications to notify patients that they may receive a survey and to promote participation in the survey. However, certain types of communications (oral, written or in the HCAHPS Survey materials, e.g., mail cover letters, phone scripts and web survey email invitations) are not permitted because they may introduce bias in the survey results. For instance, survey vendors/hospitals or their agents are not allowed to:

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

Other Communications with Patients

When communicating with patients while in the hospital regarding their healthcare, survey vendors/hospitals should take care to avoid introducing bias in the way a patient may answer questions on the HCAHPS Survey. Many of the guidelines above in the *Use of HCAHPS with Other Hospital Inpatient Surveys* and *Communicating with Patients about the HCAHPS Survey* sections apply to general communications with patients.

➢ Examples of statements that **comply** with HCAHPS protocols include:
• "We are looking for ways to improve your stay. Please share your comments with us."
• "What can we do to improve your care?"
• "We want to hear from you, please share your experience with us."
• "Please let us know if you have any questions about your treatment plan."
• "Let us know if your room is not comfortable."
➢ Survey vendors/Hospitals or their agents should **not**:
• Wear buttons, stickers, etc. that state "Always" or "10."
• Emphasize HCAHPS response options in posters, white boards, rounding questions, in room television, or other media accessible to patients:
  o "We expect to be the best hospital possible."
  o "Our goal is to always address your needs."
  o "Let us know if we are not listening carefully to you."

- o "We treat our patients with courtesy and respect."
- o "In order to provide the best possible care, please tell us how we can always…"
- o "Our doctors and nurses always listen carefully to you."
- o "We want to always explain things to you in a way you can understand."
- o "We want you to recommend us to family and friends."

Roles and Responsibilities
The following content clarifies the roles and responsibilities of participating organizations.

CMS Roles and Responsibilities
CMS supports the standardization of the survey administration and data collection methodologies for measuring and publicly reporting patients' perspectives on hospital care as follows:
- ➢ Provide HCAHPS Survey administration protocols through the *Quality Assurance Guidelines*
- ➢ Train survey vendors/hospitals to administer the HCAHPS Survey
- ➢ Provide technical assistance via HCAHPS Information and Technical Support and distribute information about survey administration procedures and policy updates on the HCAHPS Website (https://www.hcahpsonline.org)
- ➢ Process data files submitted by survey vendors/hospitals
- ➢ Calculate and adjust HCAHPS data for mode and patient-mix effects prior to public reporting
- ➢ Generate preview reports containing HCAHPS Survey results for participating hospitals prior to public reporting
- ➢ Report HCAHPS Survey results publicly on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)
- ➢ Provide quality oversight to ensure that the HCAHPS Survey is credible, useful and practical to allow for valid comparisons to be made across hospitals

Hospital Roles and Responsibilities
Since FY 2008, as part of the Hospital Inpatient Quality Reporting Program (formerly known as Reporting Hospital Quality Data Annual Payment Update [RHQDAPU] program), hospitals that are subject to IPPS payment provisions must collect and submit HCAHPS data in order to receive their full APU. IPPS hospitals that fail to report the required quality measures, which include the HCAHPS Survey, may receive an APU that is reduced. Short-term, acute care hospitals that are not IPPS hospitals, such as Critical Access Hospitals, Veterans Affairs hospitals or Department of Defense hospitals, may voluntarily participate in HCAHPS.

Note: IPPS Hospitals with zero eligible HCAHPS patient discharges ("zero cases") must submit monthly or quarterly, an HCAHPS Header Record (Survey Month Data) online via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal. Please visit the HCAHPS Website for more details or contact HCAHPS Information and Technical Support for more information.

Note: IPPS Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that given month. If patients are not surveyed, an HCAHPS Header Record (Survey Month Data) will still need to be submitted online via the HQR system

(https://hqr.cms.gov/). Please visit the HCAHPS Website for more details or contact HCAHPS Information and Technical Support for more information.

*Note: The zero cases and five or fewer eligible HCAHPS patient discharges submission protocols must **not** be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit discharge lists for the month to their survey vendor in a timely manner. In instances such as this, a Discrepancy Report must be completed and submitted.*

Hospitals should monitor the HCAHPS Website (https://www.hcahpsonline.org), as well as the Hospital IQR Program Website (https://qualitynet.cms.gov/inpatient/iqr/participation), for program updates, information and announcements regarding the completion/submission of required Notice of Participation and/or pledge forms.

Hospitals must ensure that their communications with patients do not violate HCAHPS requirements with regard to attempting to influence the way a patient might respond to the HCAHPS Survey. In particular, hospitals must not use HCAHPS wording and/or response categories in their communication with patients.

In addition, hospitals are responsible for ensuring the confidentiality of patients responding to the survey. While the data from HCAHPS may be used for quality improvement purposes, the patient's identity should not be shared with direct care staff.

CMS provides the HCAHPS Survey in several languages. In the FY 2024 IPPS Final Rule, CMS requires survey vendors/hospitals to collect information about the language the patient speaks while in the hospital. Survey vendors/Hospitals are required to administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, CMS strongly encourages hospitals with significant patient populations that speak any of the other official HCAHPS languages (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and/or Arabic) to offer the HCAHPS Survey in these languages. Only the official translations of the HCAHPS Survey instrument are permitted for HCAHPS Survey administration.

Hospitals participating in HCAHPS have the following options for conducting the survey: (1) contract with an approved HCAHPS Survey vendor or (2) self-administer their own HCAHPS Survey, provided they meet the Program Requirements (Rules of Participation and Minimum Business Requirements).

Hospital Contracting with a Survey Vendor to Conduct HCAHPS
 ➢ Contract with an HCAHPS-approved Survey vendor to conduct the HCAHPS Survey
 ➢ Provide a primary and secondary (backup) HCAHPS contact person to HCAHPS-approved Survey vendor
 ➢ Ascertain from the survey vendor the date the patient discharge list must be received. Survey vendors set deadlines independently based on many factors, including survey administration timelines, due date for data file submission, and time they need to draw the random sample and generate the data file.
 ➢ Submit the entire patient discharge list (strongly encouraged) to the survey vendor, excluding patients who had requested "no publicity" status or who are excluded because of State regulations. If a hospital excludes patients from the discharge list, then they must

submit the total number of inpatient discharges in the month and a count of patients by exclusion category to the survey vendor, at a minimum on a monthly basis.

➢ Deliver the patient discharge list to the survey vendor by their specified date and according to the specified file layout, which allows the survey vendor to administer the survey and submit data files to the HQR system (https://hqr.cms.gov/) by the data submission deadline

- As noted in the FY 2014 IPPS Final Rule, hospitals must provide the administrative data that is required for HCAHPS in a timely manner to their survey vendor. This includes the patient MS-DRG code at discharge, or alternative information that can be used to determine the patient's service line.

- If a hospital is unable to provide the patient discharge list by the survey vendor's specified date, the survey vendor may not be able to proceed with survey administration for that hospital according to the HCAHPS timeline. As a result, the hospital's HCAHPS scores may not be publicly reported (which could affect the hospital's APU for the fiscal year), or may be publicly reported with a footnote.

➢ Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital

- In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible patient discharges is the only acceptable reason for submitting fewer than 300 completed surveys.

➢ Authorize the survey vendor to submit data via the HQR system (https://hqr.cms.gov/) on the hospital's behalf

➢ Review the HCAHPS Warehouse Feedback Reports to verify that the survey vendor has submitted the data accurately and on time. These reports include: HCAHPS Warehouse Provider Survey Status Summary Report, HCAHPS Warehouse Data Submission Detail Report and Hospital IQR Reporting – Provider Participation Report.

➢ Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)

➢ Preview HCAHPS results prior to public reporting

Hospital Self-administering HCAHPS

The FY 2014 IPPS Final Rule codified HCAHPS Self-administering Hospital compliance with CMS oversight activities:

➢ "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

In addition, hospitals self-administering HCAHPS are subject to the following requirements:

➢ Complete the Participation Form for Hospitals Self-administering Survey and become approved to administer the HCAHPS Survey

➢ Follow the Rules of Participation to administer the HCAHPS Survey

➢ Comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security and Privacy Rules in conducting all survey administration and data collection processes

- https://www.hhs.gov/HIPAA/
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Have appropriate organizational back-up staff for coverage of key staff to administer the HCAHPS Survey
- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V19.0*
- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital
  - In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible patient discharges is the only acceptable reason for submitting fewer than 300 completed surveys.
- When updated patient information is received, prior to data submission, the hospital should update all patient administrative information available. In addition, the hospital must perform quality checks to review and verify changes from the original list.
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V19.0*
- Submit data files to the HQR system (https://hqr.cms.gov/) in accordance with the required survey file layouts by the data submission deadline
- Review HCAHPS Data Submission Reports and HCAHPS Warehouse Feedback Reports and confirm successful upload of the hospital's data files to the HQR system (https://hqr.cms.gov/)
- Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)
- Preview HCAHPS results prior to public reporting
- Perform quality checks of all survey administration processes
- Hospitals conducting a survey administration mode which includes a phone phase should use phone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during HCAHPS training and posted on the HCAHPS Website (https://www.hcahpsonline.org)

Note: If a hospital self-administering the HCAHPS Survey is non-compliant with program requirements, the hospital's HCAHPS results may not be publicly reported, which could affect the hospital's APU for the fiscal year. In addition, the hospital may lose their approved HCAHPS Survey administration status.

Survey Vendor Roles and Responsibilities

In the FY 2014 IPPS Final Rule, CMS codified requirements for HCAHPS Survey vendors. These requirements are listed below:

- "CMS approves an application for an entity to administer the HCAHPS Survey as an approved HCAHPS Survey vendor on behalf of one or more hospitals when an applicant has met the Minimum Survey Requirements and Rules of Participation that can be found on the official HCAHPS Online Website, and agrees to comply with the current survey administration protocols that can be found on the official HCAHPS Online Website. An

entity must be an approved HCAHPS Survey vendor in order to administer and submit HCAHPS data to CMS on behalf of one or more hospitals." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

The FY 2014 IPPS Final Rule also codified HCAHPS Survey vendor compliance with CMS oversight activities:

➢ "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

In addition, HCAHPS Survey vendors are subject to the following requirements:

➢ Complete the Participation Form for Survey Vendor and become approved to administer the HCAHPS Survey
➢ Follow the Rules of Participation to administer the HCAHPS Survey
➢ Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  • https://www.hhs.gov/HIPAA/
➢ Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
➢ Have appropriate organizational back-up staff for coverage of key staff to administer the HCAHPS Survey
➢ Receive and perform checks of the patient discharge list and create the sample frame to verify that it includes the entire eligible population and all required data elements
➢ When updated discharge lists are received, prior to data submission, the survey vendor should update all patient administrative information available. In addition, the survey vendor must perform quality checks to review and verify changes from the original discharge lists. If a hospital client excludes patients from the discharge list, then the hospital must submit a count of patients by each exclusion category to the survey vendor at a minimum on a monthly basis.
➢ Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V19.0*
➢ Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V19.0*
➢ Obtain a primary and secondary (backup) HCAHPS contact person from each client hospital
➢ Verify that each hospital client has authorized the survey vendor to submit data on the hospital's behalf
➢ Request that client hospitals grant their survey vendor access to the HCAHPS Warehouse Feedback Reports
➢ Submit data files to the HQR system (https://hqr.cms.gov/) in accordance with the survey file layouts by the data submission deadline
➢ Review HCAHPS Data Submission Reports for client hospital(s) and confirm successful upload of client hospitals' data files to the HQR system (https://hqr.cms.gov/)

➢ Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)
➢ Perform quality checks of all survey administration processes
➢ Maintain active contract(s) with client hospital(s) in order to retain approval status (see Minimum Business Requirements)
➢ Survey vendors conducting a survey administration mode which includes a phone phase should use phone interviewers who do not know patients either professionally or personally
➢ Complete and submit an annual Attestation Statement by the due date specified during HCAHPS training and posted on the HCAHPS Website (https://www.hcahpsonline.org)

Note: If a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the contracted hospital's HCAHPS results may not be publicly reported, which could affect the hospital's Annual Payment Update (APU) for that fiscal year. In addition, approved survey vendors that are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.

Survey Vendor/Hospital HCAHPS Rules of Participation

Survey vendors/Hospitals must agree to the following Rules of Participation as found in the HCAHPS Participation Forms:

➢ **Submit Participation Form**
New survey vendors/hospitals must complete and submit a Participation Form online within the designated open participation time period. Participation Forms are available on the HCAHPS Website (https://www.hcahpsonline.org).

Note: Approval of the survey vendors'/hospitals' participation status to administer the HCAHPS Survey is contingent upon successful completion of teleconference call(s) with the HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures; in addition to attendance at HCAHPS training and acceptance of a Quality Assurance Plan (QAP). Approved survey vendors/hospitals who are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.

- **Changes to Participation Form (Adding a Mode)**
  Currently approved HCAHPS Survey vendors/hospitals that seek to administer a mode they are not currently approved for must submit a Participation Form online within the designated open participation time period.
- **Change in Participation Status (Hospitals Only)**
  o **Contract with Survey Vendor**
    A self-administering hospital may elect to change its participation status to contract with an approved HCAHPS Survey vendor. This change can only take effect at the beginning of a quarter. Both the hospital and survey vendor must notify the HCAHPS Project Team of the change via HCAHPS Technical Assistance email at hcahps@hsag.com. The hospital must authorize the survey vendor, via the Hospital Quality Reporting (HQR) system, to submit data on the hospital's behalf; see the HQR system Website (https://hqr.cms.gov/) for details.

o **Elect to Self-administer**
A hospital that previously contracted with a survey vendor may elect to change its participation status to self-administer the HCAHPS Survey. This change can only take effect at the beginning of a quarter. In order to be eligible to self-administer the HCAHPS Survey, a hospital must take the following steps:
1. Meet the HCAHPS Minimum Business Requirements for Self-administering Hospitals
2. Submit a Participation Form for Self-administering Hospitals and be approved to administer the HCAHPS Survey
3. Participate in the HCAHPS Training sessions sponsored by CMS
4. De-authorize the survey vendor from submitting data in the HQR system (https://hqr.cms.gov/)

Note: A survey vendor/hospital must immediately notify the HCAHPS Project Team of changes in its contact person or key staff and organizational structure (i.e., changes in ownership, name, and address) via email at hcahps@hsag.com.

➢ **Participate in HCAHPS Trainings**
Approved survey vendors/hospitals must participate in the HCAHPS Training sessions sponsored by CMS. At a minimum, the survey vendor's/hospital's Project Manager must participate in the HCAHPS training sessions. **Subcontractor(s)/partner(s) and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web, XML file preparation) must participate in HCAHPS training.** Hospitals contracting with a survey vendor do not need to participate in training.

➢ **Review and Follow the HCAHPS *Quality Assurance Guidelines V19.0* and Policy Updates**
The *Quality Assurance Guidelines V19.0* manual has been developed to assure the continued standardization of the survey data collection process and the comparability of reported data. Survey vendors/Hospitals must review and follow the HCAHPS *Quality Assurance Guidelines V19.0*. In addition, survey vendors/hospitals must follow all policy updates, including *HCAHPS Bulletins*, posted on the HCAHPS Website (https://www.hcahpsonline.org).

➢ **Attest to the Accuracy of the Organization's Data Collection Process**
The survey vendor/hospital must review and attest (as determined by CMS) to the accuracy of the organization's data collection process and its conformance with the HCAHPS *Quality Assurance Guidelines V19.0*. Any variations from the survey administration protocols (except those that have been pre-approved by CMS through the Exception Request process) will be reviewed by CMS. CMS may determine that data collected in a non-approved manner may not be publicly reported.

➢ **Develop and maintain Survey Vendor/Hospital HCAHPS Quality Assurance Plan (QAP) and Survey Materials**
Survey vendors/Hospitals must develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines V19.0* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of

retaining their participation status. The QAP Outline document (included in Appendix BB) provides guidelines for developing the QAP.

The QAP must include the following:
- Organizational background and structure for the project
- Work plan for survey administration
- Role of subcontractor(s)/partner(s) and any other organization(s) that are responsible for major HCAHPS Survey administration functions (e.g., mail/phone/web operations, XML file preparation), if applicable
- Survey and data management system
- Quality controls for survey administration activities
- Confidentiality, privacy and security procedures in accordance with HIPAA
- Annual reporting of the results from quality control activities

Upon request, each survey vendor/hospital must submit their QAP and materials relevant to that year's HCAHPS Survey administration (as determined by CMS) to hcahps@hsag.com for review by the HCAHPS Project Team. Documents include mailing materials (questionnaires, cover letters and outgoing/return envelopes), phone scripts (including screen shots and skip pattern logic, if applicable), and/or web materials (email invitations, web survey screen shots and a web survey testing link(s)). Documents may be submitted via the HCAHPS Secure Access File Exchange (SAFE) application.

*Note: The HCAHPS Project Team's acceptance of a submitted QAP and/or survey materials **does not** constitute or imply approval or endorsement of the survey vendor's/hospital's HCAHPS Survey processes. Additionally, any materials submitted (e.g., questionnaires, cover letters, email invitations, tracking forms, etc.) must be templates and must **not** contain any patient protected health information (PHI).*

➢ **Become a Hospital Quality Reporting (HQR) System Registered User**
Survey vendors/Hospitals must submit HCAHPS Survey data electronically via the HQR system (https://hqr.cms.gov/) using the prescribed file specifications. All survey vendors/hospitals participating in HCAHPS must be registered users of the HQR system. In addition, hospitals contracting with a survey vendor must be registered users of the HQR system and must authorize the survey vendor to submit data on their behalf via the HQR system.

➢ **Participate in an HCAHPS Dry Run (Voluntary)**
A short "dry run" of the survey is strongly recommended for newly approved survey vendors and self-administering hospitals to become familiar with the survey and its implementation protocols prior to the official start of HCAHPS Survey administration. Dry runs are planned for the last month of each quarter (i.e., March, June, September, and January). The dry run will give survey vendors/hospitals the opportunity to gain first-hand experience collecting and transmitting "real" HCAHPS data without the public reporting of HCAHPS results. Using the official survey instrument and the approved modes of administration and data collection protocols, survey vendors/hospitals will collect "real" HCAHPS data and submit the data to the HQR system (https://hqr.cms.gov/). Data submitted for the dry run will not be publicly reported. The survey vendor/hospital must

notify the HCAHPS Project Team via email at hcahps@hsag.com of their intent to submit data as a dry run.

➢ **Participate in Oversight Activities Conducted by the HCAHPS Project Team**
Survey vendors/Hospitals, including subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as on-site visits and/or teleconference calls, as requested by the HCAHPS Project Team, to confirm that correct survey protocols are followed. ***Failure to comply with oversight activities may result in the revocation of approval to administer the HCAHPS Survey.*** All materials relevant to survey administration are subject to review. Non-compliance with HCAHPS program requirements (including, but not limited to, participation and cooperation in oversight activities), may result in the hospital's HCAHPS scores not being publicly reported, which could affect the hospital's APU, and/or other sanctions (see the *Oversight Activities* chapter for more information on non-compliance and sanctions).

- All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. All files must be made available for review during HCAHPS oversight activities such as on-site visits and/or teleconference calls. The process to review these files must be transparent and easily reproducible.

➢ **Review and Acknowledge Agreement with the Rules of Participation**
Survey vendors/Hospitals must review, agree and follow the Rules of Participation in order to submit data to the Hospital Quality Reporting (HQR) system.

HCAHPS Minimum Business Requirements

An organization must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Organizations **must** meet all of the HCAHPS Minimum Business Requirements in order to administer the HCAHPS Survey:

➢ Survey vendors and their subcontractor(s) must meet **all** of the Survey Vendor Minimum Business Requirements

- Subcontractor(s)/partner(s) and other organization(s) performing major HCAHPS Survey Administration functions (e.g., mail/phone/web operations, XML file preparation) must meet **all** HCAHPS Minimum Business Requirements that pertain to that role

➢ Hospitals that self-administer the HCAHPS Survey must meet **all** of the Self-administering Hospital Minimum Business Requirements

To become approved to administer the HCAHPS Survey, survey vendors/hospitals must submit an HCAHPS Participation Form and agree to the Rules of Participation. In reviewing Participation Forms, CMS will also consider any prior experience and past performance the applicant organization and/or subcontractor(s) may have with administering CMS surveys or other patient experience surveys. Applicants must demonstrate their recent survey experience (i.e., provide documentation of meeting survey experience requirements).

The HCAHPS Minimum Business Requirements will continually apply to all HCAHPS approved survey vendors/self-administering hospitals for as long as the organization maintains the HCAHPS approval status. This includes maintaining the adequate number of resources (e.g., staffing, system

resources, etc.) in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests.

➢ Approved HCAHPS Survey vendors **and** self-administering hospitals must fully comply with the HCAHPS oversight activities

- The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

- In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors/partners or other organizations (if applicable).

- HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.

- If a survey vendor or a self-administering hospital is non-compliant with program requirements, HCAHPS data may not be publicly reported for the hospital (or contracted hospitals), which could affect that hospital's CMS Annual Payment Update (APU) for the fiscal year. For additional information regarding APU requirements, please review the current IPPS Final Rule.

➢ Approved survey vendors are expected to maintain active contract(s) for HCAHPS Survey administration with client hospital(s). An "active contract" is one in which the HCAHPS Survey vendor is authorized by one or more hospital client(s) to submit HCAHPS data to the HCAHPS Data Warehouse. If an HCAHPS Survey vendor does not have any contracted client hospitals for HCAHPS within two years (a consecutive 24 months) from the date it received approval to administer the HCAHPS Survey, then that survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn. The HCAHPS "Approved" survey vendor has the option to apply for re-approval prior to the expiration deadline.

- A Participation Form must be submitted for consideration of re-approval. All Minimum Business Requirements (MBRs) must continue to be met, along with participation in required HCAHPS training sessions in order to be eligible for reconsideration.

- If the organization is approved to administer the HCAHPS Survey for a second term, and no hospital client(s) are obtained within two years (a consecutive 24 months), then the survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn. A 24-month wait period will be required before the organization is eligible to apply again.

- If approval status is withdrawn (i.e., not seeking re-approval for second term), a 24-month wait period will be required before the organization is eligible to apply again

The minimum business requirements for survey vendors/self-administering hospitals are as follows:

1. **Relevant Survey Experience**
   Demonstrated **recent** (e.g., 2021 – 2023) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).

   Note: HCAHPS Survey Administration includes the following modes: Mail Only, Phone Only, Mail-Phone and three Web-First modes (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone]).

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Patient-Specific Survey Experience	➢ Minimum of three continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent three-year time period ➢ Minimum of two continuous years web patient-specific survey experience for the most recent two-year time period	➢ Minimum of two continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent two-year time period ➢ Minimum of one-year continuous web patient-specific survey experience for the most recent one-year time period
Multiple Survey Languages	➢ Capacity to conduct surveys in both English and Spanish	➢ Capacity to conduct surveys in both English and Spanish
Number of Years in Business	➢ Minimum four years	➢ Minimum three years
Sampling Experience *Note: Survey vendors/hospitals are responsible for conducting the sampling process and must not subcontract this activity.*	➢ Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period ➢ Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes ➢ Adequately document sampling process	➢ One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period ➢ Adequately document sampling process

2. **Organizational Survey Capacity**
   Capability and capacity to handle a required volume of mail questionnaires, conduct standardized phone interviewing, and/or conduct web survey administration in specified time frame.

   *Note: The following survey administration tasks must **not** be subcontracted: sampling and data submission.*

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Personnel *Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.*	➢ Designated HCAHPS personnel: • Project Manager with minimum two years prior experience conducting patient-specific mail and/or phone surveys • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files • Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys • Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments	➢ Designated HCAHPS personnel: • Project Manager with minimum one year prior experience conducting patient-specific mail and/or phone surveys • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of one year prior experience for web surveys • Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments ➢ Have appropriate organizational back-up staff for coverage of key staff

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
	• Have appropriate organizational back-up staff for coverage of key staff	
System Resources *Note: All system resources are subject to oversight activities, including on-site visits to physical locations. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.*	➢ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment ➢ Electronic or alternative survey management system to: • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient ➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)	➢ Physical plant resources available to handle the volume of surveys being administered ➢ A systematic process to: • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de- identified patient identification number (Patient ID) to track each sampled patient ➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
Sample Frame Creation *Note: Survey vendors/hospitals are responsible for conducting the sampling process and must <u>not</u> subcontract this activity.*	➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria	➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Mail Administration *Note: Mail survey administration activities must <u>not be</u> conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Identify non-respondents for follow-up mailing	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Identify non-respondents for follow-up mailing
Phone Administration *Note: Phone interviews/monitoring must <u>not</u> be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.*	➢ Obtain and update all phone numbers ➢ Collect phone interview data for the survey, using electronic or alternative interviewing system; a sample of the phone script and interviewer screen shots must be submitted for review ➢ Identify non-respondents for follow-up phone calls ➢ Schedule and conduct callback appointments	➢ Obtain and update all phone numbers ➢ Collect phone interview data for the survey; a sample of the phone script and interviewer screen shots must be submitted for review ➢ Identify non-respondents for follow-up phone calls ➢ Schedule and conduct callback appointments
Mail-Phone Administration *Note: Mail survey administration activities and phone interviews/monitoring must <u>not</u> be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.*	➢ See above referenced Mail Administration requirements ➢ See above referenced Phone Administration requirements	➢ See above referenced Mail Administration requirements ➢ See above referenced Phone Administration requirements

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**

Web Administration *Note: Web survey administration activities must <u>not</u> be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*	➢ Disseminate survey invitation and follow-up emails to non-respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey
	➢ Obtain and <mark>validate</mark> patient email addresses provided by client hospital(s)
	➢ Collect web survey data
	➢ Identify non-respondents for follow-up mail and/or phone administration:
	  • See above referenced Mail Administration requirements
	  • See above referenced Phone Administration requirements
	➢ Submit a sample of survey materials for review (as applicable):
	  • Initial and Reminder Email Invitations
	  • Web survey screen shots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link
	  • Hard copy letter(s) and questionnaire
	  • Phone script and interviewer screen shots
		➢ Disseminate survey invitation and follow-up emails to non- respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey
		➢ Obtain and <mark>validate</mark> patient email addresses
		➢ Collect web survey data
		➢ Identify non-respondents for follow-up mail and/or phone administration
		  • See above referenced Mail Administration requirements
		  • See above referenced Phone Administration requirements
		➢ Submit a sample of survey materials for review (as applicable):
		  • Initial and Reminder Email Invitations
		  • Web survey screen shots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link
		  • Hard copy letter(s) and questionnaire
		  • Phone script and interviewer screen shots

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Data Submission *Note: Survey vendors/hospitals are responsible for conducting data submission and must not subcontract this process.*	➤ Two years prior experience transmitting data via secure methods (HIPAA-compliant) ➤ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➤ Obtain the HQR system survey vendor authorization from contracted hospitals ➤ Prepare final patient-level data files for submission ➤ Access and submit data electronically via the HQR system	➤ One year prior experience transmitting data via secure methods (HIPAA-compliant) ➤ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➤ Prepare final patient-level data files for submission ➤ Access and submit data electronically via the HQR system

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Data Security	➢ Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster	➢ Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Data Retention and Storage	➢ Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.	➢ Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.
Technical Assistance/ Customer Support	➢ Two years prior experience providing phone customer support ➢ Provide toll-free customer support line in all languages administered	➢ One year prior experience providing phone customer support ➢ Provide customer support line in all languages administered

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Organizational Confidentiality Requirements	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.

3. **Quality Control Procedures**
   Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve at least 300 completed HCAHPS Surveys in a rolling four-quarter period.

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Demonstrated Quality Control Procedures	➤ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities	➤ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Quality Assurance Plan (QAP) Documentation Requirements	➢ Develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status	➢ Develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status
Past Performance *Note: In determining approval, CMS will take into consideration any prior experience the applicant organization may have administering CMS or other patient experience surveys, including as a subcontractor.*	➢ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans • Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)	➢ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans • Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)

Communications and Technical Support

Overview
Survey vendors/Hospitals have access to a number of sources of information regarding HCAHPS. These sources are listed below.

HCAHPS Information and Technical Assistance
For information and technical assistance, contact HCAHPS Information and Technical Support.
- Via email at hcahps@hsag.com
- Via phone at 1-888-884-4007

When contacting the HCAHPS Project Team regarding a specific hospital, **be sure to provide** the following information in your email or phone voice mail:
- Hospital six-digit CMS Certification Number (CCN)
- Hospital name

QualityNet Help Desk
For data submission upload issues via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal, and navigating the HQR system, please contact the QualityNet Help Desk.
- Via email at qnetsupport@cms.hhs.gov
- Via phone at 1-866-288-8912

When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email (hcahps@hsag.com) for tracking purposes.

Hospital Value-Based Purchasing (Hospital VBP)
For information pertaining to Hospital Value-Based Purchasing, please visit the CMS Website.
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing.html

For questions related to your hospital's Hospital Value-Based Purchasing Percentage Payment Report, please contact the QualityNet Help Desk.
- Via email at qnetsupport@cms.hhs.gov
- Via phone at 1-866-288-8912

General Information, Announcements and Updates
To learn more about HCAHPS and to view important new updates and announcements, please visit the HCAHPS Website (https://www.hcahpsonline.org).

Survey Management

Overview

Survey vendors/Hospitals must establish a survey management process to administer the CAHPS Hospital Survey (HCAHPS). This chapter reviews content pertaining to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

System Resources

Survey vendors/Hospitals must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled patients' progress through the data collection protocol and patients' responses to the survey. All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. System resources are subject to oversight activities including on-site visits to physical locations.

At a minimum, survey vendors/hospitals must have the following features/functionality in their survey system (see *Program Requirements* chapter):

Survey Vendor	Self-administering Hospital

➢ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment
➢ Electronic or alternative survey management system to:
   • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents
   • assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
	➢ Physical plant resources available to handle the volume of surveys being administered
	➢ A systematic process to:
	   • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents
	   • assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
	➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on difference browser applications, browser sizes and platforms (mobile, tablet, computer)

Survey vendors/Hospitals must thoroughly test all system resources prior to survey implementation and on an ongoing basis thereafter.

Location of Survey Operations

Survey vendors/Hospitals and their subcontractor(s), if applicable, must perform work at their formal business address unless an approved Exception Request is in place. Business locations must comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes. For more information, please visit: https://www.hhs.gov/HIPAA/.

Customer Support Lines

Self-administering hospitals must establish customer support phone lines, and survey vendors must establish toll-free customer support phone lines, for callers who have questions about the HCAHPS Survey. Survey vendors/Hospitals conducting the Mail Only, Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) of survey administration must include contact information for customer support phone lines in the cover letters and in the web survey and email invitations. Survey vendors/Hospitals must provide customer support in each language in which they are administering the HCAHPS Survey. Survey vendors/Hospitals conducting Phone Only survey administration must have a process in place to address patients' requests to verify the legitimacy of the survey and/or answer questions about the survey.

The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in Appendix X. Customer support personnel must use the FAQs as a guide when answering patients' questions about the survey.

Survey Vendors

Survey vendors who administer the survey via Mail Only, Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) must provide toll-free customer support phone lines on behalf of contracted hospitals to answer questions about the HCAHPS Survey. Survey vendors must staff phone lines during business hours (see guidelines below), and have sufficient capacity to handle incoming calls. Voice mail is acceptable during and after core business hours, but must be regularly monitored and replied to within one business day. The voice mail recording must specify that the caller can leave a message about the HCAHPS Survey or hospital survey. Survey vendors must document questions and responses via a database or tracking log.

In addition to the above requirements, the following guidelines are recommended for customer support lines:
- Staff phone lines from 9 AM to 9 PM (survey vendor/hospital local time), Monday through Friday
- Maintain sufficient capacity so that 90 percent of incoming calls are answered "live" and the average speed of answer is 30 seconds or less
- Establish a "return call" standard of two business days for caller questions that cannot be answered at the time of the initial call

A hospital may establish a separate customer support phone line in lieu of the survey vendor; however, the survey vendor is responsible for ensuring the hospital's customer support phone line adheres to HCAHPS protocols and is operational prior to survey administration. In addition, during survey administration, the survey vendor is responsible for monitoring the hospital's customer support phone line at a minimum, on a quarterly basis. For example, blind calls are placed to each hospital client's customer support phone line to confirm that the phone number is operational and

to assess hospital compliance with HCAHPS customer support guidelines. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire. On an ongoing basis, survey vendors must verify that the hospital answers patient questions accurately and keeps a record of customer support inquiries about HCAHPS. Survey vendors must use multiple questions from Appendix X, Section I during the quarterly monitoring/assessment activity.

Self-administering Hospitals

Self-administering hospitals must provide customer support phone lines to answer questions about the survey. There is flexibility in the hours of operation and in who will staff the line. In particular, the customer support phone line does not need to be dedicated only to the HCAHPS Survey, but must be staffed by hospital personnel who are able to answer questions about the survey. Self-administering hospitals are encouraged to use a live operator for the customer support phone line. Voice mail is acceptable during and after core business hours, but must be regularly monitored and voice mail messages must be replied to within one business day. The voice mail recording must specify that the caller can leave a message regarding the HCAHPS Survey or hospital survey. Self-administering hospitals must document questions and responses via a database or tracking log.

Providing Customer Support via the Internet (Optional)

In addition to customer support phone lines, survey vendors/hospitals may also choose to implement systems to support electronic queries from surveyed patients. For example, survey vendors/hospitals may establish an email address for sampled patients to use to submit questions about the survey. Survey vendors/Hospitals must respond to email inquiries within one business day. Survey vendors/Hospitals must document questions and responses via a database or tracking log.

Personnel Training

Training of personnel in the HCAHPS Survey data collection protocols is key to successful survey administration. The following section addresses training provided to:

 ➢ Project staff
 ➢ Customer support personnel
 ➢ Mail data entry personnel
 ➢ Phone interviewers
 ➢ Subcontractors

Training of Project Staff

At a minimum, the survey vendor's/hospital's Project Manager and any subcontractor(s)/partner(s) and any other organization(s) with responsibility for major survey administration functions must participate in the HCAHPS Training sessions sponsored by CMS. Individuals who are involved and work on any aspect of HCAHPS Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers and information technology staff, etc.) must be thoroughly trained by the survey vendor/hospital on HCAHPS Survey specifications and methodology to guarantee standardization of survey administration. Survey vendors should also provide training to their hospital clients on preparation of the patient discharge files.

Survey vendors/Hospitals must establish a process for training new project team members on HCAHPS Survey administration in a timely fashion. It is strongly recommended that staff members are cross-trained in all aspects of the HCAHPS Survey administration process in case of unforeseen staffing turnover or absence. Back-up staff for HCAHPS Survey administration responsibilities must be assigned to staff employed by the survey vendor/hospital.

Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.

Training of Customer Support Personnel
Survey vendors/Hospitals must train customer support personnel (or contracted hospitals, if applicable) in HCAHPS Survey specifications and methodology to answer questions appropriately. Survey vendors/Hospitals must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed patients should be reviewed regularly to determine if there is a need to develop additional FAQs.

Training of Mail Data Entry Personnel
Survey vendors/Hospitals will address the following items when training data entry personnel:
  ➢ Use of data entry equipment and programs
  ➢ Survey specifications and protocols
  ➢ Survey instrument, question flow, and skip patterns
  ➢ Data key-entry procedures
  ➢ Validation programs
  ➢ Decision rules/ambiguous responses

Training of Phone Interviewers
Survey vendors/Hospitals are provided with standardized phone scripts that include scripted introductions and probes for standardization of interviews. Survey vendors/Hospitals will address the following items when training phone interviewers. Interviewers must:
  ➢ use the standardized phone scripts and follow the interviewing guidelines when conducting interviews
  ➢ attempt to complete the entire survey
  ➢ understand the purpose of the survey so they can encourage patients to participate
  ➢ use and understand the FAQ document in order to answer questions in a uniform manner
  ➢ be familiar with the operations of the survey vendor's/ hospital's phone program
  ➢ be able to navigate back and forth easily through the survey, without disrupting the flow of the interview
  ➢ be familiar with the process for redirecting calls to another interviewer when the patient is personally known

Training of Subcontractors
Survey vendors/Hospitals are responsible for the training and performance of any subcontractor(s) they use. In addition, during survey administration, survey vendors/hospitals are responsible for providing quality oversight and monitoring of their subcontractor's work to confirm that they are in compliance with HCAHPS guidelines.

Subcontractor(s)/partner(s) and any other organization(s) that are responsible for major HCAHPS Survey administration functions (e.g., mail/phone/web operations, XML file preparation) must participate in HCAHPS training.

Note: Survey vendors/Hospitals are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring and Quality Oversight

Survey vendors/Hospitals must establish a system for providing and documenting quality oversight and monitoring of the HCAHPS Survey administration and HCAHPS project staff, including subcontractors. Quality checking activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, survey vendors/hospitals must:

➢ perform and document quality checks of all key events in survey administration on an ongoing and continuous basis including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; backup systems; etc.
➢ perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
➢ monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from receipt and handling of returned surveys, through data entry, validation, and edit checking) on an ongoing and continuous basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
➢ ensure that staff and subcontractors are compliant with HIPAA regulations
➢ monitor the performance of all subcontractor(s), including conducting on-site verification of subcontractor processes (strongly recommended on an annual basis, at a minimum)
➢ provide performance feedback to all staff and subcontractor(s), through regular assessments, to include special emphasis placed on the detection and correction of identified performance problems

The HCAHPS Project Team will conduct on-site visits to survey vendors/hospitals and to their subcontractors, if applicable, to review survey vendors'/hospitals' operations, monitoring and quality oversight practices. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the hospital's data may not be publicly reported and/or result in a footnote.

Safeguarding Patient Confidentiality

Safeguarding the confidentiality of patients who participate in the HCAHPS Survey is essential. Survey vendors/Hospitals must take the following actions to further protect the confidentiality of patients:

➢ Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets and areas where confidential data are stored)
➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey

administration and data collection. Confidentiality agreements must be reviewed and periodically re-signed at a minimum of every three years.

➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations

➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)

➢ Establish protocols to ensure that the identity of patients who respond to the HCAHPS Survey is not shared with hospital direct care staff. Direct care staff should not be able to identify the individual patients who provided survey responses.

➢ Establish protocols to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose

➢ Social Security numbers must **not** be used to identify patients and must **not** be included in HCAHPS discharge lists

➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.

➢ Establish protocols for identifying security breaches and instituting corrective actions

➢ Establish protocols for identifying patients who are excluded from the HCAHPS Survey. For a list of exclusions, please refer to the *Sampling Protocol* chapter in this *Quality Assurance Guidelines V19.0* manual. Excluded patients are removed from the eligible patient list by the survey vendor/hospital before the HCAHPS sample is drawn. Patients found to be ineligible after sampling must not be removed or replaced in the sample.

➢ Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location

*Note: It is strongly recommended that the method used by contracted hospitals to transmit information (e.g., patient discharge files) to the survey vendor be reviewed by the hospitals' HIPAA/privacy officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor/hospital to the HCAHPS Project Team must be blank templates and must **not** contain any patient PHI.*

Data Security
Survey vendors/Hospitals must securely store patient identifying electronic data and responses to the survey. Survey vendors/Hospitals must take the following actions to secure the data. Survey vendors/Hospitals who are approved for remote operations must ensure that these actions apply to all remote activities.

➢ Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files

- Survey vendors/Hospitals must notify the HCAHPS Project Team within 24 hours upon discovery of a data breach that potentially affects HCAHPS Survey administration within their organization or at a client hospital

➢ Implement access levels and security passwords so that only authorized users have access to sensitive data

- Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored

➢ Implement daily data backup procedures that adequately safeguard system data

> ➤ Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
> ➤ Perform frequent saves to media to minimize data losses in the event of power interruption
> ➤ Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan or a detailed description of the plan, must be made available to the HCAHPS Project Team upon request.

Data Retention and Storage

Survey vendors/Hospitals must take the following actions to store files and all survey administration related data in accordance with HIPAA:

> ➤ Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable.
> ➤ Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed.
> ➤ Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires, and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Sampling Protocol

New for 2025
Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:
  - ➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes

Overview
This chapter describes the process and requirements for selecting a random sample of patients to respond to the CAHPS Hospital Survey (HCAHPS). The HCAHPS sampling protocol is designed to ensure that the patients who participate in the survey are representative of all the eligible patients who received care within general acute care hospitals. Several HCAHPS sampling protocol illustrations have been included in this chapter.

Note: The HCAHPS Survey is intended to reflect the care received by patients of all payer types, not just Medicare. Therefore, patients of all payer types are eligible for sampling.

The HCAHPS Survey sampling protocol promotes the following:
  - ➢ Standardized administration of the HCAHPS Survey by survey vendors/hospitals
  - ➢ Comparability of resulting data across all participating hospitals

The basic sampling procedure for HCAHPS requires the drawing of a random sample of eligible monthly discharges. Data will be collected from patients in each monthly sample over the 12-month reporting period, and will be aggregated on a quarterly basis to create a rolling four-quarter data file for each hospital. The most current four quarters of data are used for public reporting. Hospitals may not switch the type of sampling, mode of survey administration, or survey vendor used within a calendar quarter. These types of changes can only be made at the beginning of a calendar quarter.

The HCAHPS sampling protocol employs the patient's principal diagnosis at discharge to determine whether they fall into one of the three Service Line categories **eligible** for HCAHPS: Maternity Care, Medical, or Surgical. While Medicare Severity Diagnosis Related Group (MS-DRG) codes (V.41 effective October 1, 2023, V.42 effective October 1, 2024 and V.43 effective October 1, 2025) are the preferred methods for determining the patient's service line, CMS also allows the following methodologies to be used: V.40 MS-DRG codes; V.39 MS-DRG codes; V.38 MS-DRG codes; V.37 MS-DRG codes; V.36 MS-DRG codes; V.35 MS-DRG codes; V.34 MS-DRG codes; V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 codes based on payer source; ICD-10 codes; ICD-9 codes; hospital unit; All Patient Refined DRG (APR-DRG) codes; a mix of MS-DRG, APR-DRG codes and determination of service line based on Single Service Line (i.e., Maternity Care only, Medical only or Surgical only).

Regardless of the methodology used, the survey vendor/hospital must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS Service Lines. The method for determining service line must be identified in the XML file or the HCAHPS Data Form, formerly the Online Data Entry Tool. (For more information, see the *Data Specifications and Coding* chapter.)

In order to use a service line methodology other than those identified above, a survey vendor/hospital must first submit an Exception Request Form for approval. (For more information, see the *Exception Request/Discrepancy Report Processes* chapter.)

A flowchart illustrating the steps of the HCAHPS sampling protocol is provided for reference below. A more detailed illustration can be found later in this chapter.

Flowchart of HCAHPS Sampling Protocol
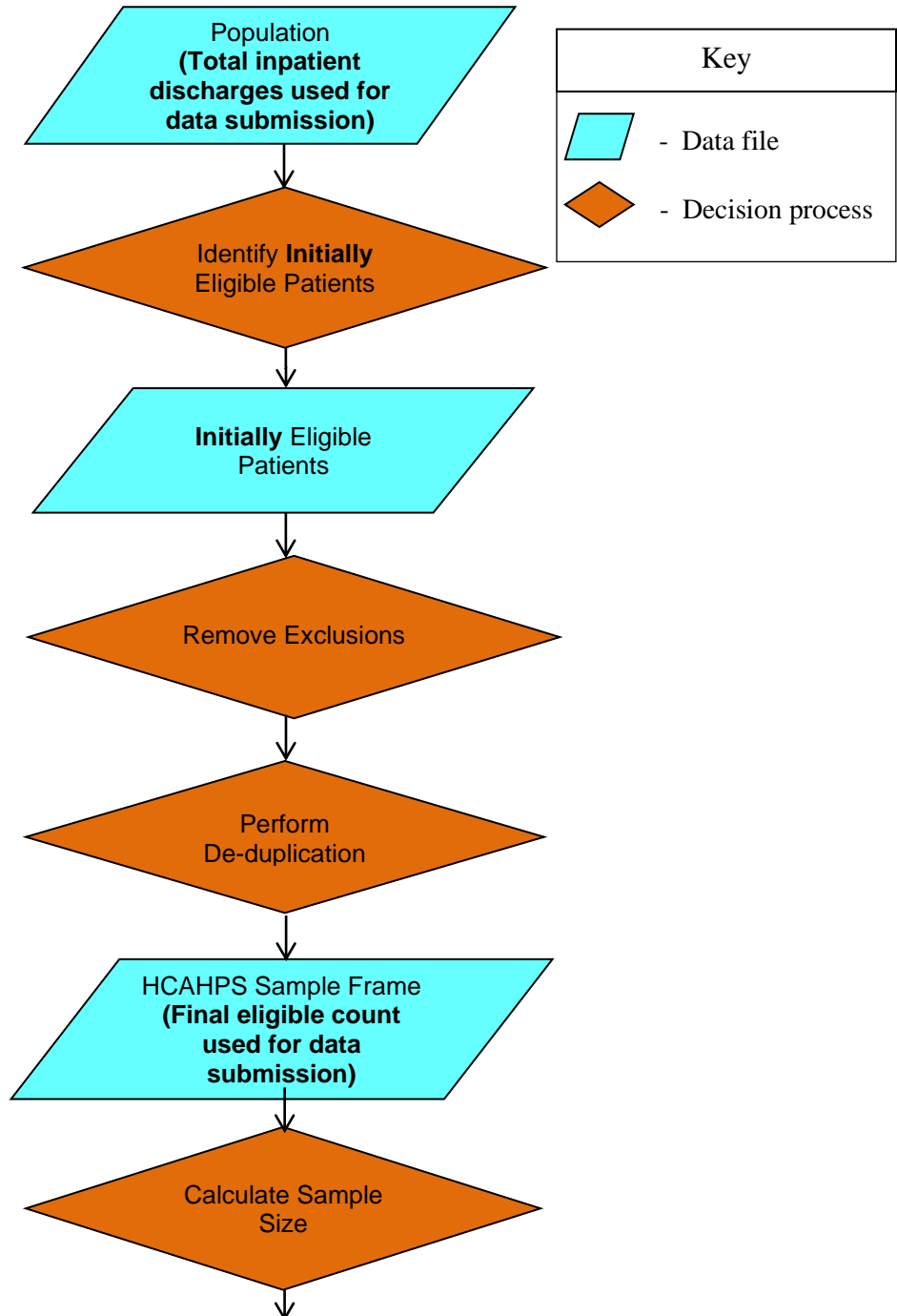
Select a **random sample** of patients to be surveyed and code using one of the following approved sample types:
"1 – Simple Random Sample (SRS)"
"2 – Proportionate Stratified Random Sample (PSRS)"
"3 – Disproportionate Stratified Random Sample (DSRS)"
Note: Selecting all patients in the sample frame is a census, which must be coded "1 – Simple Random Sample."

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 they were 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).
>
>   *Note:*
>   - *"Hospital at home" inpatients are **eligible** for the HCAHPS Survey if the hospitalization included an overnight stay in the actual hospital, and the patient meets HCAHPS eligibility requirements and does not belong to any of the categories that are excluded from the survey*
>   - *Observation patients who do **not** have an inpatient admission are **not** eligible for the HCAHPS Survey, even if they have an overnight stay*
>
> - 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*
>   - *MS-DRG codes in the **Ineligible** category include patients with MS-DRG codes for **newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRG codes with no assigned type***
>
> - Alive at the time of discharge

Note:
> - *Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric or substance abuse 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*
> - *Patients identified with "Discharge Status" (UB-04 field location 17) of "30 – Still a Patient" are **not** eligible for the HCAHPS Survey*

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) of "8 – Court/Law Enforcement" or by "Discharge Status" (UB-04 field location 17) of "21 – Discharged/Transferred to Court/Law Enforcement" or "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" (UB-04 field location 17) of "50 – Hospice-Home" or "51 – Hospice-Certified Medical Facility" would not be included in the sample frame.

Some *state regulations* place further restrictions on patients who may be contacted after discharge. It is the responsibility of the survey vendor/hospital 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 – Medicare Certified Skilled Nursing Facility"
  ➢ "61 – Medicare Approved Swing Bed Within Hospital"
  ➢ "64 – Medicaid Certified Nursing Facility"
  ➢ "83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission"

➢ "92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission"

Survey vendors/Hospitals must retain documentation that verifies <u>all</u> exclusions and ineligible patients for a minimum of three years. This documentation is subject to review.

*Note: Patients must be included in the HCAHPS Sample Frame unless the survey vendor/ hospital 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, survey vendors/hospitals 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 – Medicare Certified Skilled Nursing Facility," "61 – Medicare Approved Swing Bed Within Hospital," "64 – Medicaid Certified Nursing Facility," "83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission," and "92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission."

De-duplication

To reduce respondent burden, the survey vendor/hospital is required to de-duplicate **eligible** patients based on household and multiple discharges within the **same calendar month**. De-duplication must be performed using the **sample frame** within each calendar month, utilizing address information (or phone number for Phone Only mode) and the patient's medical record number (or other unique identifier). The de-duplication process covers the following two areas:

➢ De-duplication by Household: Only one adult member per household is included in the sample frame for a given calendar month
➢ For de-duplication purposes, halfway houses and health care facilities are not considered to be a household, and thus must not be de-duplicated. Examples of healthcare facilities include: long-term care facilities, assisted living facilities and group homes.
➢ De-duplication for Multiple Discharges within a Hospital: While patients are eligible to be included in the HCAHPS Survey in consecutive months, if a patient is discharged more than once within a given calendar month, only one discharge date is included in the sample frame

The method used for de-duplicating depends on whether sampling is conducted continuously throughout the month, or is conducted only at the end of the month.

➢ If continuous daily sampling is used, then include only the first discharge date identified in the sample frame. As the sampling frame is created daily, subsequent discharges would not

be known at the time the daily sample is drawn. Each daily discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.

➢ If weekly sampling is used, each weekly discharge list must be compared to the previous weekly discharge lists for the month. The first discharge encountered would be included in the sample frame and discharges encountered in subsequent weeks would be excluded from the sample frame. In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame. Each weekly discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.

➢ If end-of-the-month sampling is used, then include only the last discharge date of the month in the sample frame

Note: De-duplication performed several times a month due to the receipt of multiple discharge lists (weekly; two times a month) for a given hospital must look back at the hospital's previous sample frame for the month (not the hospital's previous sample).

Note: Hospitals with multiple locations under a single CCN must apply de-duplication processes across all locations at the same time. If a patient was discharged from different locations within the same month, only one inpatient stay should be included in the sample frame.

Sample Frame Creation

Survey vendors/Hospitals participating in HCAHPS are responsible for generating complete, accurate and valid sample frame data files each month that contain all administrative information on all patients who meet the eligible population criteria. Survey vendors/Hospitals should limit the use or disclosure of protected health information to the minimum necessary to accomplish the intended purpose (i.e., not using information that can trace to an individual's identity, such as Social Security number).

➢ It is recommended that hospitals contracting with an HCAHPS approved survey vendor submit their entire patient discharge list to their survey vendor, excluding "no-publicity" patients and patients excluded because of state regulations

➢ If a hospital excludes any patients from the discharge list provided to their survey vendor, they must also submit to their survey vendor the following counts by discharge month, at a minimum on a monthly basis:
   • Count of Total Inpatient Discharges, which is **required for data submission** (see the *Data Preparation and Submission* chapter for more information regarding submitting the "Total Inpatient Discharges" field)
   • Count of Ineligible patients
   • Count of Excluded patients by each Exclusion Category

Survey vendors/Hospitals use the information derived from the sample frame to administer the survey. **Prior to generating the HCAHPS Sample Frame, survey vendors/hospitals must apply the eligibility criteria, remove exclusions and perform de-duplication.** The following steps must be followed when creating the sample frame:

➢ Patients whose eligibility status is uncertain must be included in the sample frame

➢ The sample frame for a particular month must include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between the 1st and 31st)

➢ If a hospital is conducting sampling at the end of each month, they must create the sample frame in a timely manner in order to initiate contact for all sampled patients within 42 calendar days of discharge

➢ The patient contact information included in the sample frame should come from the medical record

➢ Patients with missing or incomplete mailing/email addresses and/or phone numbers must not be removed from the sample frame. Instead, every attempt must be made to find the correct contact information. If the necessary contact information is not found, the "Final Survey Status" must be coded as "9 – Bad address" or as "10 – Bad/no phone number." If no email address is provided, then the "Email Status" is coded as "2 – No." (For more information, see the *Data Specifications and Coding* chapter.)

The survey vendor/hospital must retain the sample frame (i.e., the entire list of eligible HCAHPS patients from which each hospital's sample is pulled) for a minimum of three years.

Note: Patient-identifying information within the sample frame will not be a part of the final data submitted to CMS, nor will any other PHI.

*Note: An example of a sample frame file layout and required patient information is included in Appendix Y. This is only an example; survey vendors/hospitals are not required to use this layout for their sample frame, but CMS **strongly recommends** that the survey vendors/hospitals collect **all of the data elements** from this layout.*

Calculating the Sample Size

Hospitals **must** submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period (unless the hospital is too small to obtain 300 completed surveys). **The absence of a sufficient number of HCAHPS eligible discharges is the only acceptable reason for submitting fewer than 300 completed HCAHPS Surveys in a rolling four-quarter period.**

Not all sampled patients who are contacted to complete the survey will actually do so. To calculate the number of monthly discharges needed to reach the required 300 completed surveys per four rolling quarters of data (a 12-month reporting period), it is necessary to take into account the proportion of sampled patients expected to complete the survey (represented by P, below). The number of discharges needed to obtain at least 300 completed surveys is calculated by using the proportion of sampled patients who turn out to be ineligible for the survey (I), and the expected survey response rate among eligible respondents (R). The calculation of the monthly discharges needed to produce at least 300 completes in a reporting period can be summarized in three steps:

*Note: Targeting exactly 300 completed surveys will not consistently result in 300 completed surveys. Thus, to better guarantee reaching the goal of at least 300 completed surveys, we **RECOMMEND** using a **target** of **335** completed surveys for the sample size calculations. In the sample size calculation below, a target of 335 completed surveys is used.*

Step 1:   Identify the number of completed surveys needed over the four rolling quarters of data (12-month reporting period).

In order to achieve the 300 completed surveys, a survey vendor/hospital should select a target of at least 335, but may select more if a hospital wants to achieve more than 300 completed surveys.
Define C as the number of completed surveys to target for the sample size calculation.
C = 335

Step 2:   Estimate the proportion of patients expected to complete the survey.
Let:

P = proportion of discharged patients expected to complete the survey
I = the expected proportion of discharged patients who are ineligible
R = the expected survey response rate among eligible respondents

The proportion of patients expected to complete the survey (P) is:

P = (1 - I) x R

The following is an example of how to calculate the proportion of patients expected to complete the survey. It is important to note that this is just an example. The expected proportion of discharged patients that are ineligible and the expected response rate can differ by hospital.

Based on results from the National Hospital Discharge Survey, it is estimated that, on average, 17.0 percent of a hospital's discharged patients will be ineligible for the survey. Based on results from previous studies using HCAHPS, it is estimated that, on average, 26.0 percent of eligible and sampled patients will complete the survey.

Note: The parameters I and R used here are estimates. Participating hospitals should monitor their own experience with HCAHPS and adjust the values of I and R as necessary to determine the number of discharges needed over the 12-month reporting period. However, until such experience is gained, it is suggested that I = 0.170 and R = 0.260 are suitable estimates. If a survey vendor/hospital has experienced a lower response rate, the lower rate may be used at the outset to calculate the sample size needed to achieve the minimum required number of completes.

Therefore, the proportion of discharged patients expected to complete the survey is:

P = (1 – I) x R = (1 - 0.170) x 0.260 = 0.216

Step 3:   Calculate the number of discharges needed to produce at least 300 completed surveys over the reporting period:

> **Example:** 12-month reporting period
> N12 = Number of discharges to be sampled over the entire 12-month reporting period =
>
> C / P = 335 / 0.216 = 1,551
>
> N1 = Number of discharges to be sampled each month in a 12-month reporting period =
>
> N12 / 12 = 1,551 / 12 = 129

Using our assumptions of a 26.0 percent response rate and a 17.0 percent ineligibility rate, at least 1,551 eligible discharges would need to be sampled over the entire 12-month reporting period. Some smaller hospitals will produce fewer than 1,551 eligible discharges (used in the example above) during the reporting period. In such cases, the hospital must sample all eligible discharges each month and attempt to obtain as many completes as possible.

If a hospital obtains more than 25 and fewer than 100 completed surveys, the hospital's HCAHPS scores will still be publicly reported. However, the lower precision of scores derived from less than 100 completed surveys and less than 50 completed surveys will be noted on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/). Public reporting of HCAHPS scores is restricted to hospitals with 25 or more completed surveys.

If a survey vendor/hospital falls short of the monthly goal to reach at least 300 completes for the 12-month reporting period, the survey vendor/hospital should adjust the number of patients they sample in subsequent quarters. For example, to make up for a shortfall in the number of expected completes, survey vendors/hospitals may increase the number of patients sampled over the remaining quarters in the rolling four quarters (12-month reporting period). Within a given quarter, it is strongly recommended that sampling rates be fairly consistent across the months in that quarter.

Note: If in a month, quarter, or public reporting period, a survey vendor/hospital attains at least 300 completed surveys while some surveys are yet to be administered or are in the process of being administered, the survey vendor/hospital must continue to sample and survey using the chosen protocol at the chosen rate. For example, in the case of the Mail Only mode, the second mailing must be sent to patients who did not respond to the first mailing even if the survey vendor/hospital has already attained at least 300 completed surveys for a given month, quarter or reporting period. If the number of completed surveys is greater than 300 for a reporting period, all surveys must be submitted and will be included in the publicly reported results.

If a patient is included in the sample, but is later determined to be ineligible or excludable, the patient's Administrative Data Record is included in the data file submission and is assigned the appropriate disposition code to indicate ineligibility. In the data file submission, only "3 – Ineligible: Not in eligible population" patients are subtracted from the "Eligible Discharges" field

in the Header Record. In addition, these patients will be treated as ineligible in the response rate calculations. For further information, see the *Data Specifications and Coding* chapter.

Survey Timing

Surveying of sampled patients must be initiated between 48 hours and 42 calendar days after discharge, regardless of the mode of survey administration. Distributing surveys to patients before they are discharged is not allowed. Data collection for sampled patients must be closed out no later than 49 calendar days following the date the first survey is mailed (Mail Only and Mail-Phone modes), the first phone attempt is made (Phone Only mode), or the first email invitation is sent (Web-First modes). For additional details on survey timing and administration, refer to the *Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone Survey Administration* chapters.

Note: If a patient is discharged to a swing bed (except code "61– SNF Swing Bed Within Hospital"), use the discharge date from the acute care setting, not the discharge date from the swing bed, to begin the 48 hour to six weeks (42 calendar days) window for initial contact.

Sampling Procedure

The basic sampling procedure for HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated from the entire month. If the survey vendor/hospital chooses to sample continuously, each sample must be drawn using the same sampling ratio (for instance, 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. For details on random sampling methods, see the *Methods of Sampling* section in this chapter.

Once a sample type is used within a quarter, it must be maintained throughout that quarter; "Sample Type" can only be changed at the beginning of a quarter. For more information, see the *Methods of Sampling* section in this chapter.

The required number of completed surveys for the statistical precision of the publicly reported hospital ratings is based on a reliability criterion. In brief, higher reliability means a higher ratio of "signal to noise" in the data. The reliability target for the HCAHPS global items and most composites is 0.8 or higher. Based on this reliability target, hospitals must obtain at least 300 completed HCAHPS Surveys ("completes") over each 12-month reporting period.

The HCAHPS sample must be drawn according to this uninterrupted random sampling protocol and not according to any "quota" system. Survey vendors/Hospitals must sample from every month throughout the entire 12-month reporting period and not stop sampling or curtail ongoing survey administration activities even if 300 completed surveys have been attained.

Note: Small hospitals that are unable to reach at least 300 completed surveys in a 12-month reporting period must sample ALL eligible discharges (i.e., conduct a census) and attempt to obtain as many completes as possible.

Note: Hospitals that share a common CCN (formerly known as the Medicare Provider Number [MPN]) must obtain at least 300 completes per CCN, not per individual hospital. If stratifying the sample by site, see the Methods of Sampling section in this chapter for additional guidance.

Consistent Monthly Sampling

For ease of sampling, CMS recommends that survey vendors/hospitals sample an approximate equal number of discharges each month, unless adjustments are required (at the beginning of a quarter only). Survey vendors/Hospitals have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total eligible discharges over the four rolling quarters (12-month reporting period). Survey vendors/Hospitals must sample from every month in the reporting period, even if they have already achieved 300 completed surveys. Additional information is provided in the *Data Specifications and Coding* chapter.

Final Survey Sample

The final sample drawn each month must reflect a ***random*** sample of patients from the survey sample frame. If a survey vendor or hospital is conducting two separate surveys in the same month (HCAHPS and another patient survey), the random sample for the HCAHPS Survey must be drawn first.

CMS recognizes that some small hospitals may not be able to obtain at least 300 completed surveys in a 12-month reporting period. In such cases, hospitals must sample ***all*** eligible discharges (that is, conduct a census) and attempt to obtain as many completes as possible.

Note: When a census sample is conducted, the "Type of Sampling" field in the Header Record must be coded "1 – Simple Random Sample."

Methods of Sampling

Sampling for HCAHPS is based on the eligible discharges (HCAHPS Sample Frame) for a calendar **month.** If every eligible discharge for a given month has the same probability of being sampled, then an **equiprobable** approach is being used. Stratified sampling is where eligible discharges are divided into non-overlapping subgroups referred to as **strata**, before sampling.

There are three options for sampling patients for the HCAHPS Survey: Simple Random Sampling (SRS), Proportionate Stratified Random Sampling (PSRS) and Disproportionate Stratified Random Sampling (DSRS).

- ➢ **SRS**: **S**imple **R**andom **S**ampling is the most basic sampling type; patients are randomly selected from all eligible discharges for a month. Strata are not used when employing SRS and each patient has equal opportunity of being selected into the sample, making SRS equiprobable.
- ➢ **PSRS**: **P**roportionate **S**tratified **R**andom **S**ampling uses strata definitions and random sample selection from all strata at equal rates. Since the sampling rates of the strata are "proportionate," PSRS is also considered equiprobable.
- ➢ **DSRS**: **D**isproportionate **S**tratified **R**andom **S**ampling involves sampling within strata at different rates, and thus, DSRS requires information about the strata. By definition, DSRS is not an equiprobable sampling approach as DSRS allows for dissimilar sampling rates across strata.

Note: Survey vendors/Hospitals must submit an Exception Request Form for approval to use DSRS. See the Exception Request/Discrepancy Report Processes chapter.

The table below summarizes key attributes of the three available sampling methods for HCAHPS.

Sampling Method	Strata Used	Strata Information Submitted to the HCAHPS Data Warehouse*	Equiprobable
SRS	No	No	Yes
PSRS	Yes	No	Yes
DSRS	Yes	Yes	No

Includes strata names, eligible patients in each strata and strata sample sizes.

Whether using SRS or stratified random sampling (PSRS or DSRS), caution must be exercised. For example, if strata (PSRS or DSRS) are defined as time periods, the sampling process must account for months that begin or end in the middle of a week.

Simple Random Sampling (SRS)
SRS is the most basic sampling technique. Here, a group of patients (a sample) is randomly selected from a larger group of eligible patients (sample frame). Each patient is chosen entirely by chance, and each eligible patient has an equal chance of being included in the sample. For HCAHPS, a census sample is also considered to be a simple random sample.

SRS Example 1: Daily simple random sampling
- ➢ Sampling for **Hospital A** is conducted once every day using a constant sampling rate of 40% of eligible discharges (HCAHPS Sample Frame)
  - Day 1:
    - ○ Total eligible discharges (HCAHPS Sample Frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - ○ Since **Hospital A** is using a 40% sampling rate, the first 4 patients are selected. [**1**, **2**, **3**, **4**, 5, 6, 7, 8, 9, 10]
  - Day 2:
    - ○ Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - ○ For Day 2, 40% of 8 eligible discharges is equal to 3.2. Using normal rounding rules, **Hospital A** samples 3 eligible discharges for Day 2 [**1**, **2**, **3**, 4, 5, 6, 7, 8]
  - Day 3:
    - ○ Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)
    - ○ Sampling at a 40% rate, **Hospital A** selects 3 eligible discharges (40% of 7 eligible discharges is 2.8) [**1**, **2**, **3**, 4, 5, 6, 7]

SRS Example 2: Daily simple random sampling using "skip patterns"
- ➢ Similar to Hospital A, **Hospital B** chooses to sample 40% of its eligible discharges for the month by sampling patients every day. This is executed by randomly sorting each day's eligible discharges and sampling 2 out of every 5 patients.
  - Day 1:
    - o Total eligible discharges (HCAHPS Sample Frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - o Select the first 2 patients, and then skip the next three. The cycle (select 2 and skip 3) is repeated for the eligible discharges on Day 1. Here, 4 patients would be selected [**1**, **2**, 3, 4, 5, **6**, **7**, 8, 9, 10]
  - Day 2:
    - o Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - o Again, using the same sampling rate of selecting 2 and skipping 3 patients, 4 patients would be selected [**1, 2,** 3, 4, 5, **6, 7,** 8]
  - Day 3:
    - o Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)
    - o For Day 3, 4 patients would be selected [**1, 2**, 3, 4, 5, **6, 7**]
  - In this example, using leftover patients in the next day's count is not needed, as the patients are listed in a random order prior to selecting the sample
  - The sample selection cycle would start all over at the beginning of the next day

SRS Example 3: End of month sampling
- ➢ Sampling for **Hospital C** is conducted only once for a given month at the end of the month
  - Suppose Hospital C has 150 eligible discharges for a given month and wishes to use a 50% sampling rate
    - o **Randomly sort** all 150 eligible patients prior to sampling
    - o Then select 50% of the 150 eligible discharges for a monthly sample size of 75 patients. Since the eligible discharge list is already randomly sorted, the first 75 patients may be selected to form the monthly random sample.

  Note: When sampling at the end of the month, please verify that the sample is drawn with enough time to begin survey administration before the 42 calendar days initial contact period expires for patients discharged early in the month.

SRS Example 4: Census sampling
- ➢ **Hospital D** is a small hospital and chooses to sample all eligible discharges on a daily basis
  - A census sample is SRS because each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
  - Suppose Hospital D has 80 eligible discharges for a given month. Since this hospital is using census sampling, each of the 80 eligible patients is included in the hospital's HCAHPS sample.

Note: Sampling processes illustrated in SRS Examples 1, 2 and 4 could be changed to perform simple random sampling on a weekly or bi-weekly basis.

Stratified Random Sampling (Proportionate or Disproportionate)

In stratified random sampling, the entire population is divided into non-overlapping subgroups, or strata, prior to a random sample being drawn. Commonly used definitions for strata include time period (daily, weekly or bi-weekly), hospital unit or hospital campus (for multiple hospital locations sharing a CCN). It is required that all eligible monthly discharges are contained in exactly one of the chosen strata. That is, there must not be any eligible discharges that overlap strata. Each eligible discharge must be a member of one of the defined strata. For HCAHPS, there are two methods for stratified random sampling:

➢ **PSRS** – Each subgroup, or stratum, will have the <u>same sampling ratio</u>. That is, the percentage of eligible discharges sampled is the same across all strata.
  • PSRS is similar to SRS in that each eligible patient has the same probability of being selected for inclusion in the monthly sample

➢ **DSRS** – Each subgroup, or stratum, will have <u>dissimilar sampling ratios</u>. With DSRS, the percentage of eligible discharges sampled is <u>not</u> the same across all strata.
  • Unlike SRS and PSRS, using DSRS means that all eligible discharges do not have an equal chance of being selected for inclusion in the monthly sample. To account for this, CMS requires additional information from survey vendors/hospitals who choose to use DSRS as a sampling type.
  • Survey vendors/Hospitals must submit an Exception Request Form and then be approved to use DSRS. See the *Exception Request/Discrepancy Report Processes* chapter.

Note: When using two types of strata definitions (see PSRS Example 3 and DSRS Example 3), it is important to make sure that every eligible discharge for the month is contained within exactly one of the strata.

Proportionate Stratified Random Sampling (PSRS)

In order for sampling to be proportionate, the same sampling ratio (or proportion or percentage) must be applied regardless of the number of eligible discharges in each defined stratum. In addition, the same strata names and definitions should be used each month throughout the quarter.

The following are examples of situations that warrant the use of PSRS:

➢ The monthly sample is drawn at different scheduled times (e.g., each week) throughout the month. The same percentage of discharges is sampled each week.
➢ Distinct units within a hospital (e.g., wards, floors, etc.) are sampled separately. The same percentage of discharges is sampled in each unit.
➢ Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before all of the hospital's data are combined. (Hospitals that share a CCN must obtain a combined total of at least 300 completes per reporting period.) The same percentage of patients is drawn for each hospital each month.

  Note: Hospitals that share a CCN are not required to use PSRS.

PSRS Example 1: Weeks (Strata are defined as weeks within a month)

➢ A sample is pulled each week for **Hospital A**, creating five strata: Week 1, Week 2, Week 3, Week 4, and Week 5

- Even though the number of eligible discharges differs across the five weeks, **Hospital A** takes the same proportion (or percentage) of "sampled" discharges each week
  - A 5th week is used to capture the remaining days in the month
- Twenty percent of the eligible discharges are randomly pulled for each week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 20% or 0.20.) The table below summarizes this sampling process.

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.20	20 * 0.20 = **4**
2	2	25	0.20	25 * 0.20 = **5**
3	3	30	0.20	30 * 0.20 = **6**
4	4	15	0.20	15 * 0.20 = **3**
5	5	10	0.20	10 * 0.20 = **2**

- PSRS sampling usually results in a different number of sampled patients from each week, but the same proportion (percentage) of eligible discharges each week. Thus, each eligible discharge had an equal chance of being selected for the sample.
- This Example 1 scenario could also be changed to perform the same sampling process on a daily or twice a month basis. For example, if performing PSRS twice a month, there would only be two strata from which to select eligible patients for inclusion in the monthly sample. The same sampling rate (sample size divided by eligible discharge size) must be used for both time periods in the month.

PSRS Example 2: Hospital Units (Strata are defined as units within a hospital)
- ➢ A sample is pulled each month for each of 3 units within **Hospital B**, creating three strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, **Hospital B** uses the same sampling ratio for each unit
  - As seen in the following table, the chosen sampling rate is 30%, meaning that 30% of each unit's eligible monthly discharges will be sampled

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	150	0.30	150 * 0.30 = **45**
2	2	50	0.30	50 * 0.30 = **15**
3	3	400	0.30	400 * 0.30 = **120**

- ➢ In this example, PSRS sampling results in a different number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is the same (30%). Thus, each eligible discharge had an equal chance of being chosen, regardless of unit membership.

PSRS Example 3: Combinations of Location and Time Period (Strata are defined as all combinations of hospital location [sharing the same CCN] and week within a month)

➢ A sample is pulled each week from each of 2 locations for **Hospital C**, creating 10 (2x5) strata as follows: Week 1: East campus, Week 1: West campus; Week 2: East campus, Week 2: West campus; Week 3: East campus, Week 3: West campus; Week 4: East campus, Week 4: West campus; Week 5: East campus, Week 5: West campus
  • Even though the number of eligible discharges differs across the 2 hospital locations and 5 weeks within the month, **Hospital C** takes the same proportion (or percentage) of eligible discharges for each of the 10 defined strata
  • Fifty percent of the eligible discharges are randomly pulled from each hospital location per week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 50% or 0.50.) The strata are summarized in the following table.

Stratum	Week	Location	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	East	100	0.50	100 * 0.50 = **50**
2	1	West	60	0.50	60 * 0.50 = **30**
3	2	East	110	0.50	110 * 0.50 = **55**
4	2	West	72	0.50	72 * 0.50 = **36**
5	3	East	130	0.50	130 * 0.50 = **65**
6	3	West	54	0.50	54 * 0.50 = **27**
7	4	East	96	0.50	96 * 0.50 = **48**
8	4	West	64	0.50	64 * 0.50 = **32**
9	5	East	106	0.50	106 * 0.50 = **53**
10	5	West	70	0.50	70 * 0.50 = **35**

  • The number of sampled patients differs noticeably in the two hospital campuses and among the five weeks. However, since **Hospital C** employed the same sampling ratio (50%) for each campus and each week, each eligible discharge had an equal chance of being selected for sampling, regardless of location or week.
  • Care must be exercised when combining two types of strata (Location and Time Period). If a hospital or survey vendor encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
  • A similar sampling scenario would be to use hospital unit and time as strata definitions, rather than hospital location and time, as in this Example 3

Disproportionate Stratified Random Sampling (DSRS)

DSRS occurs when dissimilar sampling ratios are used in drawing samples from different strata. If the survey vendor/hospital elects to use DSRS, there are several additional requirements that must be met:
➢ Survey vendors/Hospitals that elect to use DSRS must complete and submit an Exception Request Form. The process for identifying the strata and the number of discharges that will be sampled must be clearly stated in the request. After submitting an Exception Request Form, CMS decides whether to approve the use of DSRS by survey vendors/hospitals. See the *Exception Request/Discrepancy Report Processes* chapter.
➢ If a survey vendor or hospital uses DSRS, additional data must be submitted. These data include: the total number of inpatient discharges within a stratum; the total number of

patients within a stratum who were eligible for surveying in the month; the total number of patients within a stratum who were sampled in the month; and the name of each stratum from which a sample was drawn.

- Survey vendors/Hospitals must submit an Exception Request Form. The same strata names should be used in each month throughout the quarter.

➢ Survey vendors/Hospitals using DSRS are required to sample a minimum of ten eligible discharges in each stratum in each month. **Hospitals that are uncertain about their ability to meet this requirement should re-evaluate their strata definitions or choose not to use DSRS.**

When DSRS is used, CMS creates and employs inverse probability strata weights (using total eligible discharges and completed surveys by strata) so that responding patients are representative of all eligible patients with respect to the strata used in DSRS.

DSRS Example 1: Hospital Units (Strata are defined as units within a hospital)
➢ A sample is pulled for each of three units within **Hospital A** in each month of a quarter, creating three strata: Unit 1, Unit 2 and Unit 3
- Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges (10) is randomly selected from each unit
- As the following table shows, the number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.50	20 * 0.50 = **10**
2	2	40	0.25	40 * 0.25 = **10**
3	3	100	0.10	100 * 0.10 = **10**

➢ In this Example 1, DSRS sampling results in the same number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is different. Thus, each eligible discharge did not have an equal chance of being chosen.

DSRS Example 2: Weeks (Strata are defined as weekly time periods)
➢ A sample is pulled for **Hospital B** in each week of the month
- In particular, **Hospital B** uses sampling rates equal to 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively
    o A fifth week is used to capture the remaining days in the month
- The following table summarizes Hospital B's sampling

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	100	0.10	100 * 0.10 = **10**
2	2	108	0.50	108 * 0.50 = **54**
3	3	102	0.50	102 * 0.50 = **51**
4	4	110	0.10	110 * 0.10 = **11**
5	5	30	0.50	30 * 0.50 = **15**

DSRS Example 3: All Combinations of Hospital Unit and Time Period (Strata are defined as all combinations of hospital unit and week within a month)

> ➢ A random sample is pulled once per week (Week 1, Week 2, Week 3, Week 4, and Week 5) from each of three hospital units (Unit 1, Unit 2 and Unit 3) within **Hospital C**

- Since there are 5 weeks within the time period (month) and 3 units within **Hospital C**, this sampling scenario uses 15 strata (5 x 3)
- **Hospital C** chooses to sample 25% of eligible discharges from Unit 1, 50% from Unit 2, and 100% from Unit 3 across all 5 weeks. The following table summarizes the strata.

Stratum	Week	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	1	100	0.25	100 * 0.25 = **25**
2	1	2	60	0.50	60 * 0.50 = **30**
3	1	3	18	1.00	18 * 1.00 = **18**
4	2	1	80	0.25	80 * 0.25 = **20**
5	2	2	50	0.50	50 * 0.50 = **25**
6	2	3	12	1.00	12 * 1.00 = **12**
7	3	1	88	0.25	88 * 0.25 = **22**
8	3	2	60	0.50	60 * 0.50 = **30**
9	3	3	14	1.00	14 * 1.00 = **14**
10	4	1	96	0.25	96 * 0.25 = **24**
11	4	2	70	0.50	70 * 0.50 = **35**
12	4	3	16	1.00	16 * 1.00 = **16**
13	5	1	56	0.25	56 * 0.25 = **14**
14	5	2	20	0.50	20 * 0.50 = **10**
15	5	3	12	1.00	12 * 1.00 = **12**

- Care must be exercised when combining two types of strata (Unit and Time Period). If a survey vendor or hospital encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
- A similar sampling scenario would be to use hospital location and time as strata definitions, rather than hospital unit and time, as in this example

Note: Other sampling scenarios may exist and the survey vendor/hospital should contact HCAHPS Information and Technical Support with questions via email at hcahps@hsag.com or call 1-888-884-4007.

HCAHPS Sampling Protocol Illustration

To summarize, the following illustration is provided.

Step A: Population (All Inpatient Discharges)
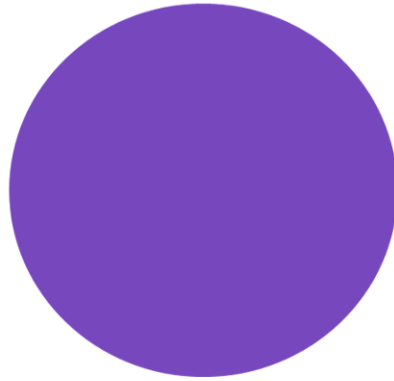
Step B: Identify Initially Eligible Patients

Ineligible Patients
- Record count of Ineligible Patients

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

Step C: Remove Exclusions

Ineligible Patients

Remaining Initially Eligible Patients

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

Step D: Perform De-Duplication

Ineligible Patients

Exclusions

De-Duplication
- **Household**
- **Multiple Discharges**

Remaining Initially Eligible Patients

Step E: HCAHPS Sample Frame

Step F: Draw Sample
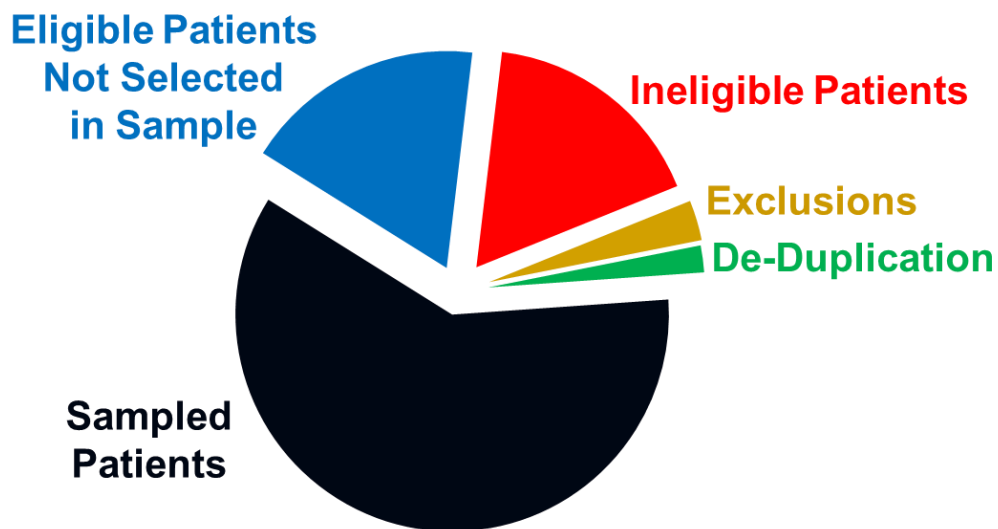
MS-DRG Codes and Service Line Categories

Each patient who is included in the HCAHPS Survey administration must be assigned to one of three HCAHPS Service Line ("Principal Reason Admission") categories: (1) Maternity Care; (2) Medical; or (3) Surgical. The preferred method of assignment to the service line categories is based on the patient's MS-DRG code (V.41 effective October 1, 2023, V.42 MS-DRG code effective October 1, 2024 and V.43 MS-DRG code effective October 1, 2025) at discharge. Alternatively, CMS allows other methods of determining service line, which include the following: V.40 MS-DRG codes; V.39 MS-DRG codes; V.38 MS-DRG codes; V.37 MS-DRG codes; V.36 MS-DRG codes; V.35 MS-DRG codes; V.34 MS-DRG codes; V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 MS-DRG codes based on payer source; ICD-10 codes/ICD-9 codes; hospital unit; APR-DRG codes; a mix of MS-DRG, APR-DRG codes and determination of service line based on Single Service Line (i.e., Maternity Care only, Medical only or Surgical only) . **Regardless of the methodology used, the survey vendor/hospital must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS Service Lines.** The HCAHPS Survey data are patient-mix adjusted by service line, though not publicly reported by service line.

A missing MS-DRG code does not exclude a patient from being drawn into the sample frame. Until the MS-DRG code is available, an interim service line designation of "Missing" should be assigned to such patients. The patient's service line should be updated as soon as the MS-DRG code becomes available. While awaiting the determination of service line (and the patient is otherwise eligible for HCAHPS), the patient should be presumed eligible for HCAHPS sampling and survey administration.

If a patient is determined to be ineligible after the sample is drawn but prior to administration of the survey, do not survey that patient, and do not remove or replace that patient in the sample. The patient is assigned HCAHPS Service Line ("Principal Reason Admission") "X – Ineligible" and "Final Survey Status" code "3 – Ineligible: Not in eligible population." If a patient is surveyed and then found to be ineligible, the patient is assigned HCAHPS Service Line ("Principal Reason Admission") "X – Ineligible" and "Final Survey Status" code "3 – Ineligible: Not in eligible population." For additional information regarding final survey status, see the *Data Specifications and Coding* chapter.

Hospitals that do not use one of the allowed methods listed above to determine service line must submit an Exception Request Form (online) requesting approval to use other means of determining patient service line categories. Survey vendors must submit the Exception Request Form (online) on behalf of their client hospitals. For further information on the process of applying for an exception, see the *Exception Request/Discrepancy Report Processes* chapter.

The following tables provide the lists of V.41 MS-DRG codes implemented with discharges occurring on or after October 1, 2023 in the IPPS Final Rule (CMS-1785-F) and V.42 MS-DRG codes implemented with discharges occurring on or after October 1, 2024 in the IPPS Final Rule (CMS–1808–F). These tables can be used to classify patients into one of the three major categories (Maternity Care, Medical or Surgical). The information in these tables is updated to reflect changes

to MS-DRG codes as published in the Federal Register Notice approximately two times per year. The V.43 MS-DRG codes to be implemented on or after October 1, 2025 will be available on the HCAHPS Website (https://www.hcahpsonline.org). Please visit the HCAHPS Website for the most current information.

Note: It is strongly recommended that survey vendors/hospitals assign the HCAHPS Service Line based on the hospital information (e.g., patient MS-DRG code at discharge).
> *Survey vendors: If client hospitals assign the HCAHPS Service Line, then the survey vendor must validate that the service line is assigned appropriately and is in accordance with the service line determination methodology identified in the "Determination of Service Line" field*

Table of V.41 MS-DRG Codes and Service Line Categories[10]

HCAHPS Sampling Protocol Service Line – MS-DRG Crosswalk for HCAHPS		
MS-DRG	**Service Line**	**Eligible for HCAHPS**
768, 783-788, 796-798, 805-807 *Note: While the Federal Register classifies these codes as medical or surgical, for HCAHPS they are to be coded as Maternity Care.*	1 = Maternity Care	Yes
14, 16-18, 52-103, 121-125, 146-159, 173, 175-208, 280-282, 286-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-684, 686-690, 693-700, 722-730, 754-761, 776, 779, 808-816, 831-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977	2 = Medical	Yes
1-8, 10-13, 19-42, 113-117, 135-145, 163-168, 212, 215-221, 228-229, 231-236, 239-245, 250-279, 319-337, 344-358, 397-399, 405-425, 453-483, 485-489, 492-522, 570-585, 614-630, 650-675, 707-718, 734-750, 769-770, 799-804, 817-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-983, 987-989	3 = Surgical	Yes
283-285, 789-795, 876, 880-887, 894-897, 945-946, 998-999	X = Ineligible	No
A missing MS-DRG code does not exclude a patient from being drawn into the sample frame.	M = Missing	Yes

---

[10] **This table of MS-DRG codes is based on Table 5 of the FY 2024 Federal Register Notice, Vol. 88, No. 165 / Monday, August 28, 2023.**

<mark>**Table of V.42 MS-DRG Codes and Service Line Categories**[11]</mark>

<mark>**MS-DRG**</mark>	<mark>**Service Line**</mark>	<mark>**Eligible for HCAHPS**</mark>
<mark>768, 783-788, 796-798, 805-807</mark> *<mark>Note: While the Federal Register classifies these codes as medical or surgical, for HCAHPS they are to be coded as Maternity Care.</mark>*	<mark>1 = Maternity Care</mark>	<mark>Yes</mark>
<mark>14, 16-18, 52-103, 121-125, 146-159, 175-208, 280-282, 286-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-684, 686-690, 693-700, 722-730, 754-761, 776, 779, 808-816, 831-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977</mark>	<mark>2 = Medical</mark>	<mark>Yes</mark>
<mark>1-8, 10-13, 19-42, 113-117, 135-145, 163-168, 173, 212, 215-221, 228-229, 231-236, 239-245, 250-279, 317, 319-337, 344-358, 397-399, 402, 405-430, 447-451, 456-458, 461-483, 485-489, 492-522, 570-585, 614-630, 650-675, 707-718, 734-750, 769-770, 799-804, 817-830, 850, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-983, 987-989</mark>	<mark>3 = Surgical</mark>	<mark>Yes</mark>
<mark>283-285, 789-795, 876, 880-887, 894-897, 945-946, 998-999</mark>	<mark>Ineligible</mark>	<mark>No</mark>
<mark>A missing MS-DRG code does not exclude a patient from being drawn into the sample frame.</mark>	<mark>M = Missing</mark>	<mark>Yes</mark>

[11] **This table of MS-DRG codes is based on Table 5 of the FY 2025 Federal Register Notice, Vol. 89, No. 167 / Wednesday, August 28, 2024.**

Note:

➢ *Ineligible MS-DRGs include patients with MS-DRGs for **newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRGs with no assigned type***

➢ *Survey vendors/Hospitals are responsible for reviewing the list of MS-DRG codes at a minimum on an annual basis to check for updates. The information in this table is updated to reflect changes to MS-DRG codes as published in the Federal Register Notice approximately two times per year. Please visit the HCAHPS Website (https://www.hcahpsonline.org) for the most current information.*

➢ *If a patient with an ineligible MS-DRG code from the above table is drawn into the sample, code the Service Line ("Principal Reason Admission") as "X – Ineligible" and "Final Survey Status" as "3 – Ineligible: Not in eligible population"*

➢ *If a patient has an invalid MS-DRG code that is not listed in the above table, then the survey vendor must confirm the accuracy of the MS-DRG code with the client hospital. If the client hospital does not provide an updated valid MS-DRG code, then the survey vendor must ask for a description or additional information about the MS-DRG code in question. If the patient still has an invalid MS-DRG code at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame.*

➢ *Verify that the hospital is not using any of the ineligible MS-DRG codes as a "filler" code (e.g., 999) prior to obtaining the final billing MS-DRG code*

➢ *If the patient's service line is unknown at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame*

Mail Only Survey Administration

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- ➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- ➢ Update the HCAHPS Survey to include new and updated questions and response categories
- ➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- ➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- ➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- ➢ Allow response by patient's proxy
- ➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Overview

This chapter describes guidelines for the **Mail Only mode** of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection using the Mail Only mode of survey administration are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	**Mail 1st survey**	Begin phone calls	Mail survey	Email 1st invitation	Email 1st invitation	Email 1st invitation
+3				Email 2nd invitation		
+4					Email 2nd invitation	Email 2nd invitation
+6				Email 3rd invitation		Mail survey
+7					Email 3rd invitation	
+8				Mail 1st survey		
+10					Begin phone calls	
+21	**Mail 2nd survey**					
+28			Begin phone calls			Begin phone calls
+30				Mail 2nd survey		
+49	**End data collection**	End data collection	End data collection	End data collection	End data collection	End data collection

The Mail Only mode protocol includes the following contacts to sampled patients:
- ➢ A first questionnaire with the Initial Cover Letter
- ➢ A second questionnaire with the Follow-up Cover Letter to all non-respondents approximately 21 calendar days after the first questionnaire mailing

Note:
- ➢ *If the scheduled day to mail the second survey falls on a weekend or holiday, it is acceptable to mail the survey packet on the business day prior to the weekend or holiday, or on the first business day following the weekend or holiday. However, the original schedule of contact attempts must then continue to be followed and data collection must still be closed out for a sampled patient 49 calendar days after the initial contact attempt.*
- ➢ *If after the first mailing the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, the survey vendor/hospital must not send the patient the second questionnaire. **After the sample has been drawn, any patients who are found to be ineligible must <u>not</u> be removed or replaced in the sample. Instead, these patients are assigned a "Final Survey Status" code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient **49 calendar days** after the mailing of the first questionnaire. Patients who receive the HCAHPS Survey must **not** be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contacts with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Production of Questionnaire and Related Materials

The Mail Only mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through I). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letters or questionnaires.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire. (See Appendices A through I for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaires, cover letters, and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Mail Questionnaire

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mail materials:

Questions and Answer Categories
- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response categories must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting (see Appendices A through I)
- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
  - It is recommended that section headers are shaded
- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

Other Requirements
- The mandatory survey title of "Hospital Experience Survey" must be printed at the top of the first page of the questionnaire
- All survey instructions written at the top of the questionnaire must be printed verbatim

➢ The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both

➢ Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes on the questionnaire for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient's discharge date (including the month and year), doctor or unit. The patient's name must not be printed on the questionnaire.

➢ The copyright statement must be included on the questionnaire on the last page, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text)

➢ The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire

➢ The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text); however, the OMB language cannot be printed on a separate piece of paper

➢ The survey vendor's/hospital's return address must be printed on the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient

• If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below.

➢ Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire

➢ It is acceptable to have a place on the survey for patients to voluntarily fill in their name/ phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See Use of Supplemental Questions section below for more detail.

➢ Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted

➢ The phrase "Use only blue or black ink" may be printed on the questionnaire

➢ The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24

• "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."

➢ Page numbers may be included on the questionnaire

• This is encouraged as a guide to assist patients in responding to all pages of the questionnaire

➢ Color may be incorporated in the questionnaire

➢ The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated

➢ Language such as one of the following may be added in the footer of the survey:
- Continue on next page
- Continue on reverse side
- Turn over to continue
- ➔ to continue
- Continue on back
- Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:
➢ Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey, following the guidelines described below:
➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
➢ Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through I for the exact text)

   Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
- *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
- *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
- *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
- *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
- ➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- ➢ may affect responses to the HCAHPS Survey
- ➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- ➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
- ➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).
- ➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- ➢ Each open-ended or free response question counts as one supplemental item

Cover Letters
Survey vendors/hospitals may adapt the sample HCAHPS Cover Letters provided (see Appendices A through I) or compose their own cover letters. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Cover Letters
Cover letters must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- ➢ Cover letters must be printed on the hospital's (preferred) or survey vendor's letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director
  - • The signature must correspond with the organization on the letterhead (it is acceptable to display two logos [e.g., client hospital and survey vendor])
  - • An electronic signature is permissible
- ➢ The following must be included in the body of the cover letter:
  - • First and last name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.
  - • The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letters.
  - • A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the

hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.

- o It is optional to include a customer support email address

➢ The following must be included verbatim:
- "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
  - o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
    - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
    - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
    - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
- "Your participation is voluntary and your answers will be kept private."
- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).
- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  - o "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

➢ The OMB language (Appendices A through I) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point

➢ Cover letters must **not**:
- be attached to the survey; doing so could compromise confidentiality
- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- offer incentives of any kind for participation in the survey

- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

Optional for the Cover Letters

➢ Use of the Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic cover letters is allowed if the survey vendor/hospital is sending a Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic questionnaire to the patient
  - Information may be added to the English cover letters that indicates that the patient may request a mail survey in these languages
➢ Any instructions that appear on the survey may be repeated in the cover letter
➢ The wording indicating the purpose of the unique identifier ("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.") must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
➢ Survey vendor's/Hospital's return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
➢ If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Required for the Envelopes

➢ The outgoing envelope **must** be printed with the survey vendor's/hospital's address as the return address
➢ A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
➢ All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

Optional for the Envelopes

➢ The outgoing envelope may be printed with the banner, "Important - Open Immediately."
  - Other messages, marketing or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) is **not** permitted
➢ The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
➢ The outgoing envelope may include, "[SURVEY VENDOR NAME] on behalf of [CLIENT HOSPITAL NAME]"

   Note: The return envelope may not include marketing or promotional text.

➢ Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Mailing of Materials

Survey vendors/Hospitals must mail materials following the guidelines described below:

➢ Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.

- Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

➢ The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
➢ All mailings must be sent to each patient by name, and to the patient's most current address listed in the hospital record or retrieved by other means
➢ For patients who request to be sent an additional questionnaire (either after the first or second mailing) survey vendors/hospitals must follow the guidelines below:
- It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update within the 49 calendar day data collection period. However, the survey administration timeline does not restart and must still be closed out 49 calendar days following the original first mailing.

Survey vendors/Hospitals are **<u>not</u>** allowed to:

➢ show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
➢ send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaires), send a second survey to the patient if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal." If the second mailing is not returned, then code the "Final Survey Status" as "8 – Non-response: Non-response after maximum attempts."

Note: When the first survey is not returned, the second survey is mailed and subsequently the second mailed survey is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal."

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt as well as key-entered or scanned in a timely manner. If a patient returns two survey questionnaires, the survey vendor/hospital must use only the first HCAHPS Survey received.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS Final Survey Status codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Mail" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "1 – Mail Only." Survey vendors/Hospitals must document the "Number Survey Attempts – Mail" for the mail wave in which the "Final Survey Status" is determined. For example, if a survey is returned from the first mailing then the "Number of Survey Attempts – Mail" would be coded "1 – First wave mailing." When a survey is returned from the second mailing, then the "Number Survey Attempts – Mail" would be coded "2 – Second wave mailing." Please see the *Data Specifications and Coding* chapter for more information regarding the calculation of lag time and coding the "Number Survey Attempts – Mail" field.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:
  ➢ *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  ➢ *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
  ➢ *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

Scanning
Survey vendors'/Hospitals' scanning software must accommodate the following:
- ➢ *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- ➢ *Valid range checks*: The software identifies invalid or out-of-range responses
- ➢ *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules
Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.
- ➢ If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- ➢ If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"
- ➢ If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.
- ➢ When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32, *"What is your race? Please choose one or more."*)

   *Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

Data Storage
Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must **not** be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*

To avoid mail administration errors and to make certain that questionnaires are delivered as required, survey vendors/hospitals must:
- ➢ perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- ➢ include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and the quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- ➢ perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - o Commercial software
    - o Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed on an ongoing and continuous basis throughout the survey administration period. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Phone Only Survey Administration

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

➢ Update the HCAHPS Survey to include new and updated questions and response categories

➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized

➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients

➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes

➢ Allow response by patient's proxy

➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Overview

This chapter describes guidelines for the **Phone Only mode** of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. The HCAHPS Survey must **not** be administered while the patient is still in the hospital.

The basic tasks and timing for conducting data collection using the Phone Only mode of survey administration are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	**Begin phone calls**	Mail survey	Email 1st invitation	Email 1st invitation	Email 1st invitation
+3				Email 2nd invitation		
+4					Email 2nd invitation	Email 2nd invitation
+6				Email 3rd invitation		Mail survey
+7					Email 3rd invitation	
+8				Mail 1st survey		
+10					Begin phone calls	
+21	Mail 2nd survey					
+28			Begin phone calls			Begin phone calls
+30				Mail 2nd survey		
+49	End data collection	**End data collection**	End data collection	End data collection	End data collection	End data collection

The Phone Only mode protocol includes the following contacts to sampled patients:
➢ Up to five phone attempts

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, the survey vendor/hospital must not make further attempts to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must <u>not</u> be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient **49 calendar days** after the first call attempt. If it is known that the patient may be available in the latter part of the 49 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 49 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Patients who receive the HCAHPS Survey must **not** be offered

incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal phone response rates by thoroughly familiarizing interviewers with the study purpose; carefully supervising interviewers; retraining those interviewers having difficulty enlisting cooperation; and re-contacting reluctant respondents with different interviewers at different times until the final data collection protocol is completed.

Phone Interviewing Systems
Phone Script

The Phone Only mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided standardized phone scripts in theses languages (Appendices J through M). These phone scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" Survey vendors/hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Phone Script

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the script.

Programming of the phone scripts must follow the guidelines described below:
  ➢ Question and response category wording must not be changed
  ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
  ➢ No changes are permitted to the order of the response categories for the HCAHPS questions
  ➢ All <u>underlined</u> content must be emphasized
  ➢ No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
  ➢ Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
  ➢ The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
  ➢ The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 10 (Q10_Intro): "The next questions are about your care in this hospital."
  ➢ Do not program a specific response category as the default option
  ➢ Survey vendors that subcontract call center services must instruct interviewers, if asked who is calling, to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey, following the guidelines described below:
  ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after <u>all</u> the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
  ➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
➢ may affect responses to the HCAHPS Survey
➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).
➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
➢ Each open-ended or free response question counts as one supplemental item

Interviewing Systems
Two methods exist for phone interviewing:
  1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone

interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.

- Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
  - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
  - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
- Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy Officer. Survey vendors must **<u>not</u>** program the caller ID to display only "[HOSPITAL NAME]."

2. Manual data collection is permitted only for hospitals that are self-administrating the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, "This call may be monitored (and/or recorded) for quality improvement purposes." This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every patient in the sample. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

➤ The phone rings six times with no answer
➤ The interviewer reaches a wrong number
➤ An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
➤ The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
➤ The interviewer reaches the patient and is asked to call back at a more convenient time

- The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).
- If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must **not** receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:
- Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

  Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).

- Patients who call back after an initial contact can be scheduled for interviews or forwarded to an available HCAHPS interviewer
- Interviewers must **not** leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals must take the following steps to contact **difficult to reach patients**:
- ➢ If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
- ➢ It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
- ➢ If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the 49 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 49 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
- ➢ If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
- ➢ If the patient is temporarily ill or readmitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- ➢ If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Proxy Respondents
- ➢ In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - • The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
  - • The interviewer obtains permission from the patient to interview the proxy
  - • The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - o either during the current call attempt
    - o or at another time as designated by the proxy
      - • The patient need not be present when the interview with the proxy is conducted
- ➢ If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
- ➢ A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.

Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every eligible patient drawn into the sample, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:
 ➢ Running update program software against the sample file just before or after uploading data to survey management systems
 ➢ Utilizing commercial software, Internet directories and/or directory assistance

   Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

Data Receipt and Retention

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Phone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "2 – Phone Only." Survey vendors/Hospitals must document the "Number Survey Attempts – Phone" for the phone attempt in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the "Number Survey Attempts – Phone" would be coded as "4 – Fourth Phone attempt." Please see the *Data Specifications and Coding* chapter for more information regarding the calculation of lag time and coding the "Number Survey Attempts – Phone" field.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

Electronic Telephone Interviewing System

The electronic telephone interviewing system employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

➢ Key-entry
- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

➢ Scanning
- *Unique record verification system*: The survey management system performs a check to confirm that the survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: The hospital must perform checks to verify that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Data Storage

The following data storage guidelines must be followed for HCAHPS phone surveys:
➢ Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
➢ Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➢ Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➢ Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper

interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

➢ Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  • During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
    o Thank you
    o Alright
    o Okay
    o I understand, or I see
    o Yes, Ma'am
    o Yes, Sir
➢ Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
➢ Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
➢ Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
➢ In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
➢ Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
➢ Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If a survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).

Phone Monitoring and Oversight

Each survey vendor/hospital employing the Phone Only mode of survey administration must institute a phone monitoring and evaluation program. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

➢ Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is

administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

Note: Phone interviews/monitoring must __not__ be conducted from a residence or non-business location unless an approved Exception Request is in place.

Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.

➢ For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews and call attempts in their entirety when silent monitoring is not an option

➢ Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

➢ Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic

telephone interviewing system competently, must be identified and retrained or, if necessary, replaced

➢ In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor

➢ Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Mail-Phone Survey Administration

New for 2025
Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:
- ➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- ➢ Update the HCAHPS Survey to include new and updated questions and response categories
- ➢ Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- ➢ Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- ➢ Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- ➢ Allow response by patient's proxy
- ➢ Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

Overview
This chapter describes guidelines for the **Mail-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which is a combination of an initial mailing of the questionnaire with phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for conducting data collection, using the Mail-Phone of survey administration, are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	Begin phone calls	**Mail survey**	Email 1st invitation	Email 1st invitation	Email 1st invitation
+3				Email 2nd invitation		
+4					Email 2nd invitation	Email 2nd invitation
+6				Email 3rd invitation		Mail survey
+7					Email 3rd invitation	
+8				Mail 1st survey		
+10					Begin phone calls	
+21	Mail 2nd survey					
+28			**Begin phone calls**			Begin phone calls
+30				Mail 2nd survey		
+49	End data collection	End data collection	**End data collection**	End data collection	End data collection	End data collection

The Mail-Phone protocol includes the following contacts to sampled patients:
- ➢ A questionnaire with the Initial Cover Letter
- ➢ Up to five phone attempts to non-respondents

Note:
- ➢ *Reversing the protocol (phone attempts followed by mail attempt) is __not__ allowed*
- ➢ *If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must __not__ be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient **49 calendar days** after the mailing of the questionnaire. If the patient did not return a mail survey and it is known that the patient may be available in the phone phase of the data collection time period and there would be an opportunity

to reach the patient closer to the end of the phone phase of the data collection time period, then survey vendors/hospitals must use the entire phone phase data collection time period to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time. Patients who receive the HCAHPS Survey must **not** be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Mail Protocol
This section describes guidelines for the mail phase of the Mail-Phone mode of survey administration.

Production of Questionnaire and Related Materials
The mail phase of the Mail-Phone mode of survey administration can be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through D). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve

patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

In the Mail-Phone mode, survey vendors/hospitals must offer the same language in both the mail and phone phase. For example, if the mail survey is offered in Chinese for a hospital's mail survey, then the phone follow-up attempts must also be offered in Chinese for that hospital.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through D for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letter and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Mail Questionnaire

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

Questions and Answer Categories
  ➢ Question and answer category wording must not be changed
  ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
  ➢ No changes are permitted to the order of answer categories for the HCAHPS questions
  ➢ Question and answer categories must remain together in the same column and on the same page
  ➢ Response categories must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
  ➢ Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting (see Appendices A through D)
  ➢ Questionnaires must be presented in the two-column format
  ➢ Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
  ➢ Arrow (i.e., ➜) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed

> ➢ Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
>   - <mark>It is recommended that section headers are shaded</mark>
> ➢ Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

Other Requirements
> ➢ The mandatory survey title of "Hospital Experience Survey" must be printed at the top of the first page of the questionnaire
> ➢ All survey instructions written at the top of the questionnaire must be printed <u>verbatim</u>
> ➢ The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
> ➢ Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient's discharge date (including the month and year), doctor or unit. The patient's name must not be printed on the questionnaire.
> ➢ The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text)
> ➢ The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
> ➢ The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text); however, the OMB language cannot be printed on a separate piece of paper
> ➢ The survey vendor's/hospital's return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
>   - If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:
> ➢ Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
> ➢ It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See Use of Supplemental Questions section below for more detail.

➢ Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted

➢ The phrase "Use only blue or black ink" may be printed on the questionnaire

➢ The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
  • "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."

➢ Page numbers may be included on the questionnaire
  • This is encouraged as a guide to assist patients in responding to all pages of the questionnaire

➢ Color may be incorporated in the questionnaire

➢ The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated

➢ Language such as one of the following may be added in the footer of the survey:
  • Continue on next page
  • Continue on reverse side
  • Turn over to continue
  • ➔ to continue
  • Continue on back
  • Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:
  ➢ Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:
  ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after <u>all</u> of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
  ➢ Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
  ➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through D for the exact text)

  Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

  ➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:

- *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
- *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*

➤ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
- *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
➤ pose a burden to the patient (e.g., length, and complexity of supplemental questions, etc.)
➤ may affect responses to the HCAHPS Survey
➤ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
➤ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
➤ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).
➤ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
➤ Each open-ended or free response question counts as one supplemental item

Cover Letter
Survey vendors/Hospitals may adapt the sample HCAHPS Initial Cover Letter provided (see Appendices A through D) or compose their own cover letter. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Cover Letter

➢ Cover letter must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

➢ Cover letter must be printed on the hospital's (preferred) or survey vendor's letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director

➢ The signature must correspond with the organization on the letterhead (it is acceptable to display two logos [e.g., client hospital and survey vendor])

➢ An electronic signature is permissible

➢ The following must be included in the body of the cover letter:

- First and last name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.

- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letter.

- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - o It is optional to include a customer support email address

➢ The following must be included verbatim:

- "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
  - o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
    - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
    - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
    - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"

- "Your participation is voluntary and your answers will be kept private."

- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."

- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).

- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  - o "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

➢ The OMB language (Appendices A through D) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point

➢ Cover letter must **not**:
- be attached to the survey; doing so could compromise confidentiality
- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

Optional for the Cover Letter
➢ Use of the Chinese or Russian cover letter is allowed if the survey vendor/hospital is sending a Chinese or Russian questionnaire to the patient
- Information may be added to the English cover letter that indicates that the patient may request a mail survey in these languages
➢ Any instructions that appear on the survey may be repeated in the cover letter
➢ The wording indicating the purpose of the unique identifier ("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.") must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both.
➢ Survey vendor's/Hospital's return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
➢ If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Required for the Envelopes
➢ The outgoing envelope **must** be printed with the survey vendor's/hospital's address as the return address

➢ A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
➢ All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

Optional for the Envelopes

➢ The outgoing envelope may be printed with the banner, "Important - Open Immediately."
- Other messages, marketing or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) is **not** permitted
➢ The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
➢ The outgoing envelope may include, "[SURVEY VENDOR NAME] on behalf of [CLIENT HOSPITAL NAME]"

Note: The return envelope may not include marketing or promotional text.

➢ Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Mailing of Materials

Survey vendors/Hospitals must mail materials following the guidelines described below:
➢ Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
- Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

➢ The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
➢ All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means

➢ For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
- It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update within the first 28 calendar days of the 49 calendar day survey administration period. However, the survey administration timeline does not restart and must still be closed out 49 calendar days following the original first mailing.

Survey vendors/Hospitals are **not** allowed to:
➢ show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
➢ send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), initiate phone phase (see the Schedule of HCAHPS Contact Attempts by Survey Mode table at the beginning of this chapter).

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention of Mailed Questionnaires

Survey vendors/Hospitals utilizing the Mail-Phone of survey administration must keep track of the mode in which each survey was completed (i.e., Mail or Phone). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must: 1) retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Mail-Phone Mode of survey administration; and, 2) assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information).

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. If a patient completes the HCAHPS Survey via the phone and a questionnaire is subsequently returned by the same patient, the survey vendor/hospital must use the phone HCAHPS Survey responses since they were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:

➤ *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system

➤ *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range

➤ *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

➤ *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system

➤ *Valid range checks*: The software identifies invalid or out-of-range responses

➤ *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

➤ If a mark falls between two response categories but is obviously closer to one than the other, then select the choice to which the mark is closest

➤ If a mark falls equidistant between two response categories, then code the value for the item as "M – Missing/Don't Know"

➤ If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.

➤ When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 *"What is your race? Please choose one or more."*)

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Note: Mail survey administration activities must __not__ be conducted from a residence or non-business location unless an approved Exception Request is in place.

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

➤ perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
➤ include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
➤ perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    o Commercial software
    o Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all*

quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.

Phone Protocol

This section describes guidelines for the phone phase of the Mail-Phone mode of survey administration. The phone phase of the Mail-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Mail Protocol* section).

If the mail questionnaire has not been returned 28 calendar days following its mail-out to sampled patients, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents from the questionnaire mailing.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

Phone Interviewing Systems

Phone Script

The phone phase of the Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Mail Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). These phone scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

<u>Required for the Phone Script</u>

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:
  ➢ Question and response category wording must not be changed
  ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
  ➢ No changes are permitted to the order of the response categories for the HCAHPS questions
  ➢ All <u>underlined</u> content must be emphasized

> ➢ No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
> ➢ Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
> ➢ The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
> ➢ The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10_Intro): "The next questions are about your care in this hospital."
> ➢ Do not program a specific response category as the default option
> ➢ Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

> ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after <u>all</u> of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
> ➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)
>
>   *Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*
>
> ➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
> ➢ *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
> ➢ *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
> ➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and

state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
- *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:

- ➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- ➢ may affect responses to the HCAHPS Survey
- ➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- ➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
- ➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

- ➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- ➢ Each open-ended or free response question counts as one supplemental item

Interviewing Systems
Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.
    - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
        - o Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
        - o Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
    - Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy

Officer. Survey vendors must **not** program the caller ID to display only "[HOSPITAL NAME]."

2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, "*This call may be monitored (and/or recorded) for quality improvement purposes.*" This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the mail survey. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

➢ The phone rings six times with no answer
➢ The interviewer reaches a wrong number
➢ An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
➢ The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
➢ The interviewer reaches the patient and is asked to call back at a more convenient time
    • The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
➢ The interviewer reaches a busy signal
    • At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
➢ The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
    • Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or permitted proxy (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

> ➢ If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must **not** receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:

> ➢ Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
> ➢ Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends
>
>   *Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).*
>
> ➢ Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
> ➢ Interviewers must **not** leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
> ➢ When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
> ➢ If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult to reach patients**:

> ➢ If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
> ➢ It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
> ➢ If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
> ➢ If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview

➢ If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey

➢ If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Proxy Respondents

➢ In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:

- The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
- The interviewer obtains permission from the patient to interview the proxy
- The proxy agrees to complete the HCAHPS Survey on behalf of the patient
  - either during the current call attempt
  - or at another time as designated by the proxy
    - The patient need not be present when the interview with the proxy is conducted

➢ If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview

➢ A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.

Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the mail survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:

➢ Running update program software against the sample file just before or after uploading data to survey management systems

➢ Utilizing commercial software, Internet directories and/or directory assistance

Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

Receipt and Retention of Phone Data

Survey vendors/Hospitals utilizing the Mail-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Mail or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- ➤ retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Mail-Phone mode of survey administration
- ➤ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
- ➤ document the phone attempt "Number Survey Attempts – Phone" in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the "Number Survey Attempts – Phone" as "4 – Fourth Phone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Phone" field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Phone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "3 – Mail-Phone" and "Survey Completion Mode" is "2 – Mail-Phone-phone." If the survey is completed/dispositioned during the phone phase of the Mail-Phone Mode, the "Number Survey Attempts – Phone" captures the phone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Phone" field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone

must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

➢ Key-entry
- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.

➢ Scanning
- *Unique record verification system:* The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks:* The software identifies invalid or out-of-range responses
- *Validation:* The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Storage of Phone Data
The following data storage guidelines must be followed for HCAHPS phone surveys:
➢ Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
➢ Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➢ Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➢ Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Phone Data Collection
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

➢ Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent

  • During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
    o Thank you
    o Alright
    o Okay
    o I understand, or I see
    o Yes, Ma'am
    o Yes, Sir

➢ Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)

➢ Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category

➢ Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices

➢ In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code

➢ Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer

➢ Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).

Phone Monitoring and Oversight

Each survey vendor/hospital employing the Mail-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

➢ Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language

of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the phone interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must **not** be conducted from a residence or non-business location unless an approved Exception Request is in place.*

Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.

➢ For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option

➢ Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

➢ Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced

➢ In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor

➢ Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review*

Web-Mail Survey Administration

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

> ➤ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

Overview

This chapter describes guidelines for the **Web-Mail mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes up to three web survey invitations and up to two survey mailings to non-respondents.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection, using the Web-Mail mode of survey administration, are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	Begin phone calls	Mail survey	**Email 1st invitation**	Email 1st invitation	Email 1st invitation
+3				**Email 2nd invitation**		
+4					Email 2nd invitation	Email 2nd invitation
+6				**Email 3rd invitation**		Mail survey
+7					Email 3rd invitation	
+8				**Mail 1st survey**		
+10					Begin phone calls	
+21	Mail 2nd survey					
+28			Begin phone calls			Begin phone calls
+30				**Mail 2nd survey**		
+49	End data collection	End data collection	End data collection	**End data collection**	End data collection	End data collection

The Web-Mail mode protocol includes the following contacts:
- ➢ Sampled patients *with an email address:*
  - Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
  - Up to two mailings of the questionnaire to non-respondents (two Follow-up Cover Letters) approximately 8 and 30 days later
- ➢ Sampled patients *without an email address:*
  - Up to two mailings of the questionnaire (one Initial Cover Letter and one Follow-up Cover letter) approximately 8 and 30 days later
    - o Sampled patients without an email address receive their first contact by mail

Note:
- ➢ *Reversing the protocol (mail attempts followed by web attempts) is __not__ allowed*
- ➢ *If the scheduled day to mail the survey falls on a weekend or holiday, it is acceptable to mail the survey packet on the business day prior to the weekend or holiday, or on the first business day following the weekend or holiday. However, the original schedule of contact*

> *attempts must then continue to be followed and data collection must still be closed out for a sampled patient 49 calendar days after the initial contact attempt.*

> ➤ *If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient.* ***After the sample has been drawn, any patients who are found to be ineligible must <u>not</u> be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient **49 calendar days** following the first email contact attempt. Patients who receive the HCAHPS Survey must <u>**not**</u> be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Web Protocol

This section describes guidelines for the web phase of the Web-Mail mode of survey administration.

Web Survey System

Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by mail following submission of a web survey.

The web survey system should:
- ➤ support capture of data from web surveys that are initiated and suspended without submission of a completed survey
- ➤ allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
- ➤ allow for the respondent to back up and change a previously selected response
- ➤ allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient's screen (whether phone, tablet, or computer).
- ➤ allow a web survey to be programmed to be 508 compliant
- ➤ support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:

➢ NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
➢ NOT allow respondent to access the web survey after submission or after the data collection window has closed

Obtaining and Validating Email Addresses

Survey vendors/Hospitals obtain email addresses from the hospital's patient discharge records. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address by re-contacting the hospital to inquire about an email address update. Survey vendors/Hospitals may only use email addresses provided by the client hospital.

Attempts must be made to contact every eligible patient drawn into the sample. A valid email address format is one that includes the following required components: a username followed by @ and a domain name. Survey vendors/Hospitals may use software to validate email addresses provided by the hospital (i.e., to check format, confirm email address is active).

Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded from the web phase. Sampled patients without a valid email address receive their first contact in the mail phase (see the *Schedule of HCAHPS Contact Attempts by Survey Mode* table at the beginning of this chapter).

Supplemental or adjunct services such as commercial software or other means to find or replace email addresses provided by the hospital must **not** be used.

Note: It is strongly recommended that survey vendors/hospitals check the completeness of sampled patients' contact information prior to survey fielding.

Web Survey and Related Materials

The web phase of the Web-Mail mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through V). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

In the Web-Mail mode, survey vendors/hospitals must offer the same language in both the web and mail phase. For example, if the web survey is offered in Chinese for a hospital's web survey, then the mail follow-up attempts must also be offered in Chinese for that hospital.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Initial and Reminder Email Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Web Survey
The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

HCAHPS Questions
  - ➢ Display only one survey item per web screen
  - ➢ When displayed, "BACK" button appears in the lower left of each web screen
  - ➢ When displayed, "NEXT" button appears in the lower right of each web screen
  - ➢ No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
  - ➢ All response categories must be listed vertically. Matrix format is not permitted.
  - ➢ All questions can be paged through without requiring a response
  - ➢ All questions are programmed to accept only one response, with the exception of Question 32

Formatting
   ➢ Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, or computer)
   ➢ [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
   ➢ Every web screen has a shaded header that must appear verbatim
   ➢ Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
   ➢ Font color and size (12-point at a minimum) must be consistent throughout the web survey
   ➢ No changes are permitted to the formatting or wording of the web screens
   ➢ Wording that is underlined must be emphasized in the same manner
   ➢ Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

Welcome Web Screen
   ➢ Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
   ➢ The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      • If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
      • If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
      • If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
   ➢ Display customer support phone number (optional to provide customer support email address)

Other Requirements
   ➢ The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
   ➢ The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey "START" button
      • The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
   ➢ The copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button
      • The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
   ➢ Skip patterns should be programmed into the web survey system
   ➢ Survey vendors/Hospitals must **not**:
      • program a specific response category as the default option
      • use a progress bar or other progress indicator on web screens

Use of Supplemental Questions
Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after <u>all</u> of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.

➢ Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions

➢ The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through V for the exact text)

Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

➢ Only one supplemental item may be displayed per web screen, with a limit of 12 total items

➢ Each supplemental item must display a header. Survey vendors/Hospitals may repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the supplemental item(s). HCAHPS question headers must **not** be repeated as supplemental item headers.

➢ Each supplemental item must display a "BACK" button in the lower left of each web screen

➢ Each supplemental item must display a "NEXT" button in the lower right of each web screen

➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
- *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)

➢ may affect responses to the HCAHPS Survey

➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)

➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)

➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

> Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
> Each open-ended or free response question counts as one supplemental item

Email Invitations

Survey vendors/Hospitals may adapt the sample HCAHPS Initial and Reminder Email Invitations provided (see Appendices N through V) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

<u>Required for the Email Invitations</u>

> Invitations must be sent from a survey vendor's/hospital's email address that is specific to the HCAHPS Survey (Hospital Experience Survey)
>   - Survey vendors/Hospitals must **<u>not</u>** use a no-reply or a do-not-reply email address
>   - Survey vendors/Hospitals must **<u>not</u>** use a sender email address that is used for other survey projects
>   - Survey vendors/Hospitals must follow industry best practices for sending mass/bulk emails
>   - It is the responsibility of the survey vendor/hospital to identify any applicable regulations and/or industry best practices for sending email
>   - Survey vendors/Hospitals must **<u>not</u>** build processes or engage in practices that would:
>   - trigger spam filters (e.g., high volume, format, etc.)
>   - cause the survey vendor/hospital to be labeled as a spam sender by any email service provider
>   - send emails in such a high volume that would trigger a forced Unsubscribe feature by an email service provider
> Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
> Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
> The following must be included in the body of the invitations:
>   - First and last name of the sampled patient "To Whom It May Concern" is not an acceptable salutation
>   - A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire;

the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.

o It is optional to include a customer support email address

➢ The following must be included verbatim:

- Subject line: "Please tell us about [HOSPITAL NAME]"
- Initial Email Invitation, first sentence: "We are asking you to complete a survey about [HOSPITAL NAME]."
- Reminder Email Invitation, first sentence: "A few days ago, we sent you an email for your feedback on [HOSPITAL NAME]."
- "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
  o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
    - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
    - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
    - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
- "Your participation is voluntary and your answers will be kept private."
- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).
- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  o "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

*Note: Email invitations must **not** include the patient's discharge date.*

➢ Email invitations and survey must **not**:

- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- offer incentives of any kind for participation in the survey

- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

<u>**Optional for the Email Invitations**</u>

➢ An Unsubscribe statement may be added to the email invitations by the survey vendor/hospital. Unsubscribing removes the sampled patient from all remaining email invitations for this hospital stay. However, unsubscribing must **not** remove the sampled patient from the secondary mail phase. The secondary mail phase must still be implemented as scheduled.
  - If the Unsubscribe option is used, the following language must be included verbatim: "*If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe.*"
  - The Unsubscribe link should direct the patient to a new web page that must include the following language verbatim, "*We will remove you from future emails for this survey about this hospital stay.*"
  - The Unsubscribe statement must be placed at the bottom of the email invitations, may appear in italics and appear smaller than the rest of the text of the email invitations

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Note: In instances where submitted web surveys have all missing responses (i.e., without any questions answered), initiate mail phase (see the Schedule of HCAHPS Contact Attempts by Survey Mode table at the beginning of this chapter).

Data Receipt and Retention of Web Surveys

Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey by *web*, then the survey vendor/hospital must:

➢ retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Mail mode of survey administration
➢ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
➢ document the web attempt "Number Survey Attempts – Web" in which the "Final Survey Status" is determined. For example, if the survey was submitted using the second email invitation link (second of three invitations) then the survey vendor/hospital must document the "Number Survey Attempts – Web" as "2 – Second Email invitation." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Web" field.

Note: At the end of the data collection period, if the patient answered any of the web survey questions, but did not "submit" the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via mail and submit the above fields.

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Web" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "4 – Web-Mail mode" and "Survey Completion Mode" is "3 – Web-Mail mode-web." If the survey is completed/dispositioned during the web phase of the Web-Mail mode, the "Number Survey Attempts – Web" captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Web" field is presented in the *Data Specifications and Coding* chapter.

Storage of Web Survey Data
The following data storage guidelines must be followed for HCAHPS web surveys:
  ➢ Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

Quality Control Guidelines for Web Survey Data Collection
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Mail Protocol
This section describes guidelines for the mail phase of the Web-Mail mode of survey administration.

If the web survey has not been submitted within 8 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS mail survey protocol. Survey vendors/Hospitals must send two mailings of the questionnaire to non-respondents and sampled patients who did not provide an email address. Patients without an email address receive the Initial Cover Letter as their first mailing.

Production of Questionnaire and Related Materials

The mail phase of the Web-Mail mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through I). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through I for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letters and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Mail Questionnaire

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

Questions and Answer Categories
- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response options must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.

➢ Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting (see Appendices A through I)
➢ Questionnaires must be presented in the two-column format
➢ Wording that is <u>underlined</u> in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
➢ Arrow (i.e., ➜) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
➢ Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
  • It is recommended that section headers are shaded
➢ Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

Other Requirements
➢ The mandatory survey title, "Hospital Experience Survey" must be included at the top of the first page of the questionnaire
➢ All survey instructions written at the top of the questionnaire must be printed <u>verbatim</u>
➢ The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
➢ Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient's discharge date (including the month and year), doctor or unit. The patient's name must not be printed on the questionnaire.
➢ The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text)
➢ The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
➢ The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text); however, the OMB language cannot be printed on a separate piece of paper
➢ The survey vendor's/hospital's return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
  • If the survey vendor's/hospital's/name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:

- ➢ Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- ➢ It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See *Use of Supplemental Questions* below for more detail.
- ➢ Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- ➢ The phrase "Use only blue or black ink" may be printed on the questionnaire
- ➢ The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
  - "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."
- ➢ Page numbers may be included on the questionnaire
  - This is encouraged as a guide to assist patients in responding to all pages of the questionnaire
- ➢ Color may be incorporated in the questionnaire
- ➢ The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated
- ➢ Language such as one of the following may be added in the footer of the survey:
  - Continue on next page
  - Continue on reverse side
  - Turn over to continue
  - ➔ to continue
  - Continue on back
  - Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- ➢ Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after <u>all</u> of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- ➢ Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert

> ➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through I for the exact text)
>
> *Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*
>
> ➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
>   • *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
>   • *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
> ➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
>   • *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
>   • *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
> ➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
> ➢ may affect responses to the HCAHPS Survey
> ➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
> ➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
> ➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).
> ➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
> ➢ Each open-ended or free response question counts as one supplemental item

Cover Letters

Survey vendors/Hospitals may adapt the sample HCAHPS Cover Letters provided (see Appendices A through I) or compose their own cover letters. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letters provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Cover Letters

➢ Cover letters must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

➢ Cover letters must be printed on the hospital's (preferred) or survey vendor's letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director

➢ The signature must correspond with the organization on the letterhead (it is acceptable to display two logos [e.g., client hospital and survey vendor])

➢ An electronic signature is permissible

➢ The following must be included in the body of the cover letters:

- First and last name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.

- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letters.

- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.

  o It is optional to include a customer support email address

➢ The following must be included verbatim:

- "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."

  o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:

    - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
    - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
    - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"

- "Your participation is voluntary and your answers will be kept private."
- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/)."
- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).
- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  - "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

➤ The OMB language (Appendices A through I) must appear verbatim on either the questionnaire (preferred) or cover letters, and may appear on both, in a readable font at a minimum of 10-point

➤ Cover letters must **not**:
- be attached to the survey; doing so could compromise confidentiality
- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

Optional for the Cover Letters
➤ Use of the Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic cover letters is allowed if the survey vendor/hospital is sending a Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic questionnaire to the patient
- Information may be added to the English cover letters, that indicates that the patient may request a mail survey in these languages
➤ Any instructions that appear on the survey may be repeated in the cover letters
➤ The wording indicating the purpose of the unique identifier ("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.") must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letters, and may appear on both.

➢ Survey vendor's/Hospital's return address may be included on the cover letters to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient

➢ If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Required for the Envelopes

➢ The outgoing envelope **must** be printed with the survey vendor's/hospital's address as the return address

➢ A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire

➢ All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

Optional for the Envelopes

➢ The outgoing envelope may be printed with the banner, "Important - Open Immediately."

- Other messages, marketing or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) is **not** permitted

➢ The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both

➢ The outgoing envelope may include "[SURVEY VENDOR NAME] on behalf of [HOSPITAL NAME]"

Note: The return envelope may not include marketing or promotional text.

➢ Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Mailing of Materials

Survey vendors/Hospitals must mail materials following the guidelines described below:

➢ Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.

- Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-

> contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

> *Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

➢ The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
➢ All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means
➢ For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
    • It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update between the first wave mailing and the end of data collection. However, the survey administration timeline does not restart and must still be closed out 49 calendar days following the first contact attempt.

Survey vendors/Hospitals are **not** allowed to:
➢ show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
➢ send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaires), send a second survey to the patient if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal." If the second mailing is not returned, then code the "Final Survey Status" as "8 – Non-response: Non-response after maximum attempts."

Note: When the first survey is not returned, the second survey is mailed and subsequently the second mailed survey is returned with all missing responses, then code the "Final Survey Status" as "7 – Non-response: Refusal."

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention of Mailed Questionnaires

Survey vendors/Hospitals utilizing the Web-Mail mode of survey administration must keep track of the mode in which each survey was completed (i.e., Web or Mail). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

➢ retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Web-Mail mode of survey administration

➢ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)

➢ document the "Number Survey Attempts – Mail" for the mail wave in which the "Final Survey Status" is determined. For example, if the survey is returned from the first mailing then the "Number of Survey Attempts – Mail" would be coded "1 – First wave mailing." When a survey is returned from the second mailing, then the "Number Survey Attempts – Mail" would be coded "2 – Second wave mailing." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Mail" field.

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. In multi-phase modes such as Web-Mail, the survey vendor/hospital must use the HCAHPS Survey responses that were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Mail" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "4 – Web-Mail" and "Survey Completion Mode" is "4 – Web-Mail mode-mail." If the survey is completed/dispositioned during the mail phase of the Web-Mail mode, the "Number Survey Attempts – Mail" captures the mail wave in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Mail" field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:

➢ *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system

➢ *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range

➢ *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to

the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

➤ *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system

➤ *Valid range checks*: The software identifies invalid or out-of-range responses

➤ *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

➤ If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest

➤ If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"

➤ If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.

➤ When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 *"What is your race? Please choose one or more."*)

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must **<u>not</u>** be conducted from a residence or non-business location unless an approved Exception Request is in place.*

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

➢ perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:

- fading, smearing and misalignment of printed materials
- appropriate survey contents, accurate address information and proper postage on the survey sample packet
- assurance that all printed materials in a mailing envelope have the same unique identifier
- inclusion of all eligible sampled patients in the sample mailing for that month

➢ include seeded mailings in mail-outs at a minimum on a quarterly basis

- Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
- Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff

➢ perform address updates for missing or incorrect information

- Attempts must be made to update address information to confirm accuracy and correct formatting
- In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
  o Commercial software
  o Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

<u>Web-Phone Survey Administration</u>

New for 2025
<u>Beginning with January 1, 2025 patient discharges</u>, updates to the HCAHPS Survey will be implemented, including but not limited to the following:
- ➤ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

Overview
This chapter describes guidelines for the **Web-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes a web survey with phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **<u>not</u>** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection, using the Web-Phone mode of survey administration, are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1ˢᵗ survey	Begin phone calls	Mail survey	Email 1ˢᵗ invitation	**Email 1ˢᵗ invitation**	Email 1ˢᵗ invitation
+3				Email 2ⁿᵈ invitation		
+4					**Email 2ⁿᵈ invitation**	Email 2ⁿᵈ invitation
+6				Email 3ʳᵈ invitation		Mail survey
+7					**Email 3ʳᵈ invitation**	
+8				Mail 1ˢᵗ survey		
+10					**Begin phone calls**	
+21	Mail 2ⁿᵈ survey					
+28			Begin phone calls			Begin phone calls
+30				Mail 2ⁿᵈ survey		
+49	End data collection	End data collection	End data collection	End data collection	**End data collection**	End data collection

The Web-Phone protocol includes the following contacts:
- ➢ Sampled patients *with an email address:*
  - Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
  - Up to five phone attempts to non-respondents
- ➢ Sampled patients *without an email address:*
  - Up to five phone attempts
    - Sampled patients without an email address receive their first contact by phone

Note:
- ➢ *Reversing the protocol (phone attempts followed by web attempts) is __not__ allowed*
- ➢ *If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must __not__ be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient **49 calendar days** following the first email contact attempt. Patients who receive the HCAHPS Survey must **not** be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Web Protocol
This section describes guidelines for the web phase of the Web-Phone mode of survey administration.

Web Survey System
Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by phone following submission of a web survey.

The web survey system should:
- ➢ support capture of data from web surveys that are initiated and suspended without submission of a completed survey
- ➢ allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
- ➢ allow for the respondent to back up and change a previously selected response
- ➢ allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient's screen (whether phone, tablet, or computer)
- ➢ allow a web survey to be programmed to be 508 compliant
- ➢ support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:
- ➢ NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
- ➢ NOT allow respondent to access the web survey after submission or after the data collection window has closed

Obtaining and Validating Email Addresses

Survey vendors/Hospitals obtain email addresses from the hospital's patient discharge records. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address by re-contacting the hospital to inquire about an email address update. Survey vendors/Hospitals may only use email addresses provided by the client hospital.

Attempts must be made to contact every eligible patient drawn into the sample. A valid email address format is one that includes the following required components: a username followed by @ and a domain name. Survey vendors/Hospitals may use software to validate email addresses provided by the hospital (i.e., to check format, confirm email address is active).

Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded from the web phase. Sampled patients without a valid email address receive their first contact in the phone phase (see the *Schedule of HCAHPS Contact Attempts by Survey Mode* table at the beginning of this chapter).

Supplemental or adjunct services such as commercial software or other means to find or replace email addresses provided by the hospital must **<u>not</u>** be used.

Note: It is strongly recommended that survey vendors/hospitals check the completeness of sampled patients' contact information prior to survey fielding.

Web Survey and Related Materials

The web phase of the Web-Phone mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through Q). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with

significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

In the Web-Phone mode, survey vendors/hospitals must offer the same language in both the web and phone phase. For example, if the web survey is offered in Chinese for a hospital's web survey, then the phone follow-up attempts must also be offered in Chinese for that hospital.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Invitation and Reminder Emails Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Web Survey
The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

HCAHPS Questions
- Display only one survey item per web screen
- When displayed, "BACK" button appears in the lower left of each web screen
- When displayed, "NEXT" button appears in the lower right of each web screen
- No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
- All response categories must be listed vertically. Matrix format is not permitted.
- All questions can be paged through without requiring a response
- All questions are programmed to accept only one response, with the exception of Question 32

Formatting
- Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, or computer)
- [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Every web screen has a shaded header that must appear verbatim
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- No changes are permitted to the formatting or wording of the web screens
- Wording that is underlined must be emphasized in the same manner
- Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

Welcome Web Screen
- ➢ Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
- ➢ The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
  - • If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
  - • If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
  - • If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
- ➢ Display customer support phone number (optional to provide customer support email address)

Other Requirements
- ➢ The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- ➢ The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey "START" button
  - • The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
- ➢ The copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button
  - • The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
- ➢ Skip patterns should be programmed into the web survey system
- ➢ Survey vendors/Hospitals must **not**:
  - • program a specific response category as the default option
  - • use a progress bar or other progress indicator on web screens

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:
- ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- ➢ Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions
- ➢ The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through Q for the exact text)

  Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

- ➢ Only one supplemental item may be displayed per web screen, with a limit of 12 total items
- ➢ Each supplemental item must display a header. Survey vendors/Hospitals may repeat the header used for the transition statement as the supplemental item header or use text that

aligns with the subject of the supplemental item(s). <mark>HCAHPS question headers must **<u>not</u>** be repeated as supplemental item headers.</mark>

➢ Each supplemental item must display a "BACK" button in the lower left of each web screen
➢ Each supplemental item must display a "NEXT" button in the lower right of each web screen
➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
- *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
➢ may affect responses to the HCAHPS Survey
➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).
➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
➢ Each open-ended or free response question counts as one supplemental item

Email Invitations
Survey vendors/Hospitals may adapt the sample HCAHPS Email Initial and Reminder Invitations provided (see Appendices N through Q) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Email Invitations

- ➢ Invitations must be sent from a survey vendor's/hospital's email address that is specific to the HCAHPS Survey (Hospital Experience Survey)
  - Survey vendors/Hospitals must **<u>not</u>** use a no-reply or a do-not-reply email address
  - Survey vendors/Hospitals must **<u>not</u>** use a sender email address that is used for other survey projects
  - Survey vendors/Hospitals must follow industry best practices for sending mass/bulk emails
  - It is the responsibility of the survey vendor/hospital to identify any applicable regulations and/or industry best practices for sending email
  - Survey vendors/Hospitals must **<u>not</u>** build processes or engage in practices that would:
    - o trigger spam filters (e.g., high volume, format, etc.)
    - o cause the survey vendor/hospital to be labeled as a spam sender by any email service provider
    - o send emails in such a high volume that would trigger a forced Unsubscribe feature by an email service provider
- ➢ Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- ➢ Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
- ➢ The following must be included in the body of the invitations:
  - First and last name of the sampled patient. "To Whom It May Concern" is not an acceptable salutation
  - A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
    - o It is optional to include a customer support email address
- ➢ The following must be included verbatim:
  - Subject line: "Please tell us about [HOSPITAL NAME]"
  - Initial Email Invitation, first sentence: "We are asking you to complete a survey about [HOSPITAL NAME]."
  - Reminder Email Invitation, first sentence: "A few days ago, we sent you an email for your feedback on [HOSPITAL NAME]."
  - "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
    - o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:

- If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
- If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
- If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"

- "Your participation is voluntary and your answers will be kept private."
- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).
- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  - "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

*Note: Email invitations must **not** include the patient's discharge date.*

- Email invitations and survey must **not**:
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
  - indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
  - offer incentives of any kind for participation in the survey
  - include any content that attempts to advertise or market the hospital's mission or services
  - offer patients the opportunity to complete the survey in another mode(s)
  - include any promotional or marketing text

Optional for the Email Invitations
- An Unsubscribe statement may be added to the email invitations. Unsubscribing removes the sampled patient from all remaining email invitations for this hospital stay. However, unsubscribing must **not** remove the sampled patient from the secondary phone phase. The secondary phone phase must be implemented as scheduled.
  - If the Unsubscribe option is used, the following language must be included verbatim: "*If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe.*"

- The Unsubscribe link should direct the patient to a new web page that must include the following language verbatim, "*We will remove you from future emails for this survey about this hospital stay.*"
- The Unsubscribe statement must be placed at the bottom of the email invitations, may appear in italics, and may appear smaller than the rest of the text of the email invitations

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Note: In instances where submitted web surveys have all missing responses (i.e., without any questions answered), initiate phone phase (see the Schedule of HCAHPS Contact Attempts by Survey Mode table at the beginning of this chapter).

Data Receipt and Retention of Web Surveys

Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey by *web*, then the survey vendor/hospital must:

- ➤ retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Phone mode of survey administration
- ➤ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
- ➤ document the web attempt "Number Survey Attempts – Web" in which the "Final Survey Status" is determined. For example, if the survey was submitted using the second email invitation link (second of three invitations) then the survey vendor/hospital must document the "Number Survey Attempts – Web" as "2 – Second Email invitation." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Web" field.

Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not "submit" the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via phone and submit the above fields.

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Web" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "5 – Web-Phone mode" and "Survey Completion Mode" is "5 – Web-Phone mode-web." If the survey is completed/dispositioned during the web phase of the Web-Phone mode, the

"Number Survey Attempts – Web" captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Web" field is presented in the *Data Specifications and Coding* chapter.

Storage of Web Survey Data
The following data storage guidelines must be followed for HCAHPS web surveys:
  ➢ Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

Quality Control Guidelines for Web Survey Data Collection
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Note: Survey vendors/Hospitals **must** *retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Phone Protocol
This section describes guidelines for the phone phase of the Web-Phone mode of survey administration. The phone phase of the Web-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section).

If the web survey has not been submitted within 10 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents and sampled patients who did not provide an email address.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

Phone Interviewing Systems
Phone Script
The phone phase of the Web-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). The phone scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Phone Script
The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:
- ➢ Question and response category wording must not be changed
- ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- ➢ No changes are permitted to the order of the response categories for the HCAHPS questions
- ➢ All underlined content must be emphasized
- ➢ No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
- ➢ Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- ➢ The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
- ➢ The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10_Intro): "The next questions are about your care in this hospital."
- ➢ Do not program a specific response category as the default option
- ➢ Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

Use of Supplemental Questions
Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:
- ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.

➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  • *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
  • *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  • *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  • *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:
➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
➢ may affect responses to the HCAHPS Survey
➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).
➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
➢ Each open-ended or free response question counts as one supplemental item

Interviewing Systems

Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.

   - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations

     o Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.

     o Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations

   - Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy Officer. Survey vendors must **<u>not</u>** program the caller ID to display only "[HOSPITAL NAME]."

2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, "*This call may be monitored (and/or recorded) for quality improvement purposes.*" This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the web survey and those without an email address. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

➢ The phone rings six times with no answer

- ➤ The interviewer reaches a wrong number
- ➤ An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- ➤ The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
- ➤ The interviewer reaches the patient and is asked to call back at a more convenient time
  - The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- ➤ The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- ➤ The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy respondent (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).
- ➤ If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must **not** receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:
- ➤ Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- ➤ Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

   Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).

- ➤ Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- ➤ Interviewers must **not** leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- ➤ When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- ➤ If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided

that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult to reach patients**:
  ➢ If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
  ➢ It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
  ➢ If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
  ➢ If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
  ➢ If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
  ➢ If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Proxy Respondents
  ➢ In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
    • The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
    • The interviewer obtains permission from the patient to interview the proxy
    • The proxy agrees to complete the HCAHPS Survey on behalf of the patient
      o either during the current call attempt
      o or at another time as designated by the proxy
        • The patient need not be present when the interview with the proxy is conducted
  ➢ If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
  ➢ A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.

Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the web survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:
  ➢ Running update program software against the sample file just before or after uploading data to survey management systems
  ➢ Utilizing commercial software, Internet directories and/or directory assistance

  Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

Receipt and Retention of Phone Data

Survey vendors/Hospitals utilizing the Web-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Web or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:
  ➢ retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Web-Phone mode of survey administration
  ➢ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
  ➢ document the phone attempt "Number Survey Attempts –Phone" in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the "Number Survey Attempts – Phone" as "4 – Fourth Phone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts –Phone" field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Phone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "5 – Web-Phone" and "Survey Completion Mode" is "6 – Web-Phone mode-phone." If the survey is completed/dispositioned during the phone phase of the Web-Phone mode, the "Number Survey Attempts – Phone" captures the phone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Phone" field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

➤ Key-entry
- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.

➤ Scanning
- *Unique record verification system:* The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks:* The software identifies invalid or out-of-range responses
- *Validation:* The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Storage of Phone Data

The following data storage guidelines must be followed for HCAHPS phone surveys:

➢ Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable

➢ Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

➢ Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable

➢ Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Phone Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

➢ Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent

- During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
  o Thank you
  o Alright
  o Okay
  o I understand, or I see
  o Yes, Ma'am
  o Yes, Sir

➢ Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)

➢ Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category

➢ Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices

➢ In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code

➢ Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer

> ➢ Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).

Phone Monitoring and Oversight

Each survey vendor/hospital employing the Web-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

> ➢ Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.
>
> *Note: Phone interviews/monitoring must __not__ be conducted from a residence or non-business location unless an approved Exception Request is in place.*
>
> *Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.*
>
> ➢ For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option
> ➢ Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

➢ Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
➢ In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
➢ Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Web-Mail-Phone Survey Administration

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

> ➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

Overview

This chapter describes guidelines for the **Web-Mail-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes a web survey with a survey mailing and phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for conducting the HCAHPS Survey, using the Web-Mail-Phone mode of survey administration, are highlighted below.

Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	Begin phone calls	Mail survey	Email 1st invitation	Email 1st invitation	**Email 1st invitation**
+3				Email 2nd invitation		
+4					Email 2nd invitation	**Email 2nd invitation**
+6				Email 3rd invitation		**Mail survey**
+7					Email 3rd invitation	
+8				Mail 1st survey		
+10					Begin phone calls	
+21	Mail 2nd survey					
+28			Begin phone calls			**Begin phone calls**
+30				Mail 2nd survey		
+49	End data collection	End data collection	End data collection	End data collection	End data collection	**End data collection**

The Web-Mail-Phone mode protocol includes the following contacts:
- ➤ Sampled patients *with an email address:*
  - • Up to two email invitations (one Initial Email Invitation and one Reminder Email Invitation)
  - • One mailing of the questionnaire to non-respondents (Follow-up Cover Letter) approximately 6 days later
  - • Up to five phone attempts to non-respondents
- ➤ Sampled patients *without an email address:*
  - • One mailing of the questionnaire (Initial Cover Letter)
    - o Sampled patients without an email address receive their first contact by mail
  - • Up to five phone attempts to non-respondents

Note:
- ➤ *Reversing the protocol (phone attempts and mailing of the questionnaire followed by web attempts) is __not__ allowed*
- ➤ *If the scheduled day to mail the survey falls on a weekend or holiday, it is acceptable to mail the survey packet on the business day prior to the weekend or holiday, or on the first*

> *business day following the weekend or holiday. However, the original schedule of contact attempts must then continue to be followed and data collection must still be closed out for a sampled patient 49 calendar days after the initial contact attempt.*

➢ *If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must <u>not</u> be removed or replaced in the sample. Instead, these patients are assigned the "Final Survey Status" code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must **be closed** out for a sampled patient **49 calendar days** following the first email contact attempt. If the patient did not submit a web survey or mail survey and it is known that the patient may be available in the latter part of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the phone phase of the data collection time period, then survey vendors/hospitals must use the entire phone phase data collection time period to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time. Patients who receive the HCAHPS Survey must **<u>not</u>** be offered incentives of any kind. Patients who do not respond to the survey are assigned a "Final Survey Status" code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Web Protocol
This section describes guidelines for the web phase of the Web-Mail-Phone mode of survey administration.

Web Survey System
Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by mail or phone following submission of a web survey.

The web survey system should:
➢ support capture of data from web surveys that are initiated and suspended without submission of a completed survey
➢ allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
➢ allow for the respondent to back up and change a previously selected response

> ➢ allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient's screen (whether phone, tablet, or computer)
> ➢ allow a web survey to be programmed to be 508 compliant
> ➢ support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:
> ➢ NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
> ➢ NOT allow respondent to access the web survey after submission or after the data collection window has closed

Obtaining and Validating Email Addresses

Survey vendors/Hospitals obtain email addresses from the hospital's patient discharge records. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address by re-contacting the hospital to inquire about an email address update. Survey vendors/Hospitals may only use email addresses provided by the client hospital.

Attempts must be made to contact every eligible patient drawn into the sample. A valid email address format is one that includes the following required components: a username followed by @ and a domain name. Survey vendors/Hospitals may use software to validate email addresses provided by the hospital (i.e., to check format, confirm email address is active).

Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded from the web phase. Sampled patients without a valid email address receive their first contact in the mail phase (see the *Schedule of HCAHPS Contact Attempts by Survey Mode* table at the beginning of this chapter).

Supplemental or adjunct services such as commercial software or other means to find or replace email addresses provided by the hospital must **not** be used.

Note: It is strongly recommended that survey vendors/hospitals check the completeness of sampled patients' contact information prior to survey fielding.

Web Survey and Related Materials

The web phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through Q). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

HCAHPS Survey Languages by Mode

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

In the Web-Mail-Phone mode, survey vendors/hospitals must offer the same language in the web, mail and phone phases. For example, if the web survey is offered in Chinese for a hospital's web survey, then the mail and phone follow-up attempts must also be offered in Chinese for that hospital.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Initial and Reminder Email Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Web Survey
The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

HCAHPS Questions
  ➢ Display only one survey item per web screen
  ➢ When displayed, "BACK" button appears in the lower left of each web screen
  ➢ When displayed, "NEXT" button appears in the lower right of each web screen
  ➢ No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
  ➢ All response categories must be listed vertically. Matrix format is not permitted.
  ➢ All questions can be paged through without requiring a response
  ➢ All questions are programmed to accept only one response, with the exception of Question 32

Formatting
- ➤ Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, or computer)
- ➤ [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- ➤ Every web screen has a shaded header that must appear verbatim
- ➤ Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- ➤ Font color and size (12-point at a minimum) must be consistent throughout the web survey
- ➤ No changes are permitted to the formatting or wording of the web screens
- ➤ Wording that is underlined must be emphasized in the same manner
- ➤ Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

Welcome Web Screen
- ➤ Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
- ➤ The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
  - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
  - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
  - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
- ➤ Display customer support phone number (optional to provide customer support email address)

Other Requirements
- ➤ The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- ➤ The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey "START" button
  - The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
- ➤ The copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button
  - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
- ➤ Skip patterns should be programmed into the web survey system
- ➤ Survey vendors/Hospitals must **not**:
  - program a specific response category as the default option
  - use a progress bar or other progress indicator on web screens

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- ➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- ➢ Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions
- ➢ The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through Q for the exact text)

   Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

- ➢ Only one supplemental item may be displayed per web screen, with a limit of 12 total items
- ➢ Each supplemental item must display a header. Survey vendors/Hospitals may repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the supplemental item(s). HCAHPS question headers must **not** be repeated as supplemental item headers.
- ➢ Each supplemental item must display a "BACK" button in the lower left of each web screen
- ➢ Each supplemental item must display a "NEXT" button in the lower right of each web screen
- ➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
  - *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
- ➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- ➢ may affect responses to the HCAHPS Survey
- ➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- ➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
- ➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

> ➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
> ➢ Each open-ended or free response question counts as one supplemental item

Email Invitations

Survey vendors/Hospitals may adapt the sample HCAHPS Email Initial and Reminder Invitations provided (see Appendices N through Q) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

<u>Required for the Email Invitations</u>

> ➢ Invitations must be sent from a survey vendor's/hospital's email address that is specific to the HCAHPS Survey (Hospital Experience Survey)
>   • Survey vendors/Hospitals must **<u>not</u>** use a no-reply or a do-not-reply email address
>   • Survey vendors/Hospitals must **<u>not</u>** use a sender email address that is used for other survey projects
>   • Survey vendors/Hospitals must follow industry best practices for sending mass/bulk emails
>   • It is the responsibility of the survey vendor/hospital to identify any applicable regulations and/or industry best practices for sending email
>   • Survey vendors/Hospitals must **<u>not</u>** build processes or engage in practices that would:
>   o trigger spam filters (e.g., high volume, format, etc.)
>   o cause the survey vendor/hospital to be labeled as a spam sender by any email service provider
>   o send emails in such a high volume that would trigger a forced Unsubscribe feature by an email service provider
> ➢ Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
> ➢ Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
> ➢ The following must be included in the body of the invitations:
>   • First and last name of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.
>   • A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire;

the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - o It is optional to include a customer support email address
- ➤ The following must be included verbatim:
  - • Subject line: "Please tell us about [HOSPITAL NAME]"
  - • Initial Email Invitation, first sentence: "We are asking you to complete a survey about [HOSPITAL NAME]."
  - • Reminder Email Invitation, first sentence: "A few days ago, we sent you an email for your feedback on [HOSPITAL NAME]."
  - • "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
    - o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - • If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
      - • If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
      - • If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"
  - • "Your participation is voluntary and your answers will be kept private."
  - • "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
  - • "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).
  - • The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - o "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

*Note: Email invitations must **not** include the patient's discharge date.*

- ➤ Email invitations and survey must **not**:
  - • attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - • imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - • ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
  - • indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
  - • offer incentives of any kind for participation in the survey

- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

<u>Optional for the Email Invitations</u>
➢ An Unsubscribe statement may be added to the email invitations. Unsubscribing removes the sampled patient from all remaining email invitations for this hospital stay. However, unsubscribing must **<u>not</u>** remove the sampled patient from the secondary mail and tertiary phone phases. The secondary mail and tertiary phone phases must be implemented as scheduled.
- If the Unsubscribe option is used, the following language must be included verbatim: "*If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe.*"
- The Unsubscribe link should direct the patient to a new web page that must include the following language verbatim, "*We will remove you from future emails for this survey about this hospital stay.*"
- The Unsubscribe statement must be placed at the bottom of the email invitations, may appear in italics, and may appear smaller than the rest of the text of the email invitations

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Note: In instances where submitted web surveys have all missing responses (i.e., without any questions answered), initiate mail phase (see the Schedule of HCAHPS Contact Attempts by Survey Mode table at the beginning of this chapter).

Data Receipt and Retention of Web Surveys
Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey questions by *web*, then the survey vendor/hospital must:
➢ retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Mail-Phone mode of survey administration
➢ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
➢ document the web attempt "Number Survey Attempts – Web" in which the "Final Survey Status" is determined. For example, if the survey was submitted using the second email invitation link then the survey vendor/hospital must document the "Number Survey Attempts – Web" as "2 – Second Email invitation." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Web" field.

Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not "submit" the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via mail or phone and submit the above fields.

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Web" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "6 – Web-Mail-Phone mode" and "Survey Completion Mode" is "7 – Web-Mail-Phone mode-web." If the survey is completed/dispositioned during the web phase of the Web-Mail-Phone mode, the "Number Survey Attempts – Web" captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Web" field is presented in the *Data Specifications and Coding* chapter.

Storage of Web Survey Data
The following data storage guidelines must be followed for HCAHPS web surveys:
 ➢ Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

Quality Control Guidelines for Web Survey Data Collection
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Mail Protocol
This section describes guidelines for the mail phase of the Web-Mail-Phone mode of survey administration.

If the web survey has not been submitted within 6 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS mail survey protocol. Survey vendors/Hospitals must send the questionnaire to non-respondents and sampled patients who did not provide an email address. Patients without an email address receive the Initial Cover Letter as their first mailing.

Production of Questionnaire and Related Materials

The mail phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through D). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through D for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letter and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Mail Questionnaire

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

Questions and Answer Categories
- ➢ Question and answer category wording must not be changed
- ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- ➢ No changes are permitted to the order of answer categories for the HCAHPS questions
- ➢ Question and answer categories must remain together in the same column and on the same page
- ➢ Response options must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- ➢ Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

Formatting (see Appendices A through D)
  - ➢ Questionnaires must be presented in the two-column format
  - ➢ Wording that is <u>underlined</u> in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
  - ➢ Arrow (i.e., ➜) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
  - ➢ Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
    - • ==It is recommended that section headers are shaded==
  - ➢ Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

Other Requirements
  - ➢ The mandatory survey title, "Hospital Experience Survey" must be included at the top of the first page of the questionnaire
  - ➢ All survey instructions written at the top of the questionnaire must be printed <u>verbatim</u>
  - ➢ The text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.")* must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
  - ➢ Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient's discharge date (including the month and year), doctor or unit. The patient's name must not be printed on the questionnaire.
  - ➢ The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text)
  - ➢ The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
  - ➢ The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text); however, the OMB language cannot be printed on a separate piece of paper
  - ➢ The survey vendor's/hospital's return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
    - • If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:
  - ➢ Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire

➢ It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See *Use of Supplemental Questions* below for more detail.

➢ Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted

➢ The phrase "Use only blue or black ink" may be printed on the questionnaire

➢ The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24

- "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."

➢ Page numbers may be included on the questionnaire

- This is encouraged as a guide to assist patients in responding to all pages of the questionnaire

➢ Color may be incorporated in the questionnaire

➢ The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated

➢ Language such as one of the following may be added in the footer of the survey:

- Continue on next page
- Continue on reverse side
- Turn over to continue
- ➔ to continue
- Continue on back
- Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

➢ Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.

➢ Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert

➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through D for the exact text)

Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

> ➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
>   - *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
>   - *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
> ➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
>   - *"If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required."*
>   - *"By providing your name and phone number, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:
> ➢ pose a burden to the patient (e.g., number, length and complexity of supplemental questions, etc.)
> ➢ may affect responses to the HCAHPS Survey
> ➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
> ➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
> ➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).
> ➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
> ➢ Each open-ended or free response question counts as one supplemental item

Follow-up Cover Letter
Survey vendors/Hospitals may adapt the sample HCAHPS Cover Letter provided (see Appendices A through D) or compose their own cover letter. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Follow-up Cover Letter

➢ Cover letter must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

➢ Cover letter must be printed on the hospital's (preferred) or survey vendor's letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director

➢ The signature must correspond with the organization on the letterhead <mark>(it is acceptable to display two logos [e.g., client hospital and survey vendor])</mark>

➢ An electronic signature is permissible

➢ The following must be included in the body of the cover letter:

- First and last name and address of the sampled patient. "To Whom It May Concern" is not an acceptable salutation.

- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term "discharged on" must be used in the cover letter.

- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - o It is optional to include a customer support email address

➢ The following must be included verbatim:

- "The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete."
  - o The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
    - If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"
    - If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"
    - If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"

- "Your participation is voluntary and your answers will be kept private."

- "Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."

- "We greatly appreciate your help in improving hospital care." This sentence should be placed directly before the signature block (preferred).

- The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
  - "Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS])."

➢ The OMB language (Appendices A through D) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point

➢ Cover letter must **not**:
- be attached to the survey; doing so could compromise confidentiality
- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
- indicate that the hospital's goal is for all patients to rate them as a "10," "Definitely yes" or an "Always"
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey in another mode(s)
- include any promotional or marketing text

Optional for the Follow-up Cover Letter

➢ Use of the Chinese or Russian, cover letter is allowed if the survey vendor/hospital is sending a Chinese or Russian questionnaire to the patient
- Information may be added to the English cover letter, that indicates that the patient may request a mail survey in these languages

➢ Any instructions that appear on the survey may be repeated in the cover letter

➢ The wording indicating the purpose of the unique identifier ("You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.") must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both.

➢ Survey vendor's/Hospital's return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient

➢ If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

Required for the Envelopes

➢ The outgoing envelope **must** be printed with the survey vendor's/hospital's address as the return address

➢ A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
➢ All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

Optional for the Envelopes

➢ The outgoing envelope may be printed with the banner, "Important - Open Immediately."
  • Other messages, marketing or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) is **not** permitted
➢ The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
➢ The outgoing envelope may include "[SURVEY VENDOR NAME] on behalf of [HOSPITAL NAME]"

Note: The return envelope may not include marketing or promotional text.

➢ Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).

Mailing of Materials

Survey vendors/Hospitals must mail materials following the guidelines described below:
➢ Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
  • Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.

➢ The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
➢ All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means

➢ For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
- It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update between the first wave mailing and the end of data collection. However, the survey administration timeline does not restart and must still be closed out 49 calendar days following the first contact attempt.

Survey vendors/Hospitals are **not** allowed to:
➢ show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
➢ send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), initiate phone phase (see the Schedule of HCAHPS Contact Attempts by Survey Mode table at the beginning of this chapter).

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Data Receipt and Retention of Mailed Questionnaires

Survey vendors/Hospitals utilizing the Web-Mail-Phone mode of survey administration must keep track of the mode in which each survey was completed (i.e., Web, Mail or Phone). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must: 1) retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Web-Mail-Phone mode of survey administration; and, 2) assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information).

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. In multi-phase modes such as Web-Mail-Phone, the survey vendor/hospital must use the HCAHPS Survey responses that were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:

➤ *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system

➤ *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range

➤ *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

➤ *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system

➤ *Valid range checks*: The software identifies invalid or out-of-range responses

➤ *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

➤ If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest

➤ If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"

➤ If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.

➤ When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 *"What is your race? Please choose one or more."*)

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must **<u>not</u>** be conducted from a residence or non-business location unless an approved Exception Request is in place.*

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

- ➢ perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- ➢ include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- ➢ perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - o Commercial software
    - o Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all*

quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.

Phone Protocol

This section describes guidelines for the phone phase of the Web-Mail-Phone mode of survey administration. The phone phase of the Web-Mail-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section).

If the web survey has not been completed within 6 calendar days following its email notifications to sampled patients, or if the mail questionnaire has not been returned within 28 calendar days, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

Phone Interviewing Systems
Phone Script

The phone phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). The phone scripts must be read verbatim without adding any other scripting or tag questions, such as "How are you?" Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

Required for the Phone Script

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:
  ➢ Question and response category wording must not be changed
  ➢ No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
  ➢ No changes are permitted to the order of the response categories for the HCAHPS questions
  ➢ All underlined content must be emphasized

➢ No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category

➢ Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen

➢ The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system

➢ The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10_Intro): "The next questions are about your care in this hospital."

➢ Do not program a specific response category as the default option

➢ Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: "…calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]…"

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

➢ Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.

➢ The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.

➢ Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:

• *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*

• *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*

➢ If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and

state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
- *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:

➢ pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
➢ may affect responses to the HCAHPS Survey
➢ may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
➢ jeopardize patient confidentiality (e.g., items that ask for the patient's Social Security number, etc.)
➢ ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

➢ Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
➢ Each open-ended or free response question counts as one supplemental item

Interviewing Systems
Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.
   - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
     o Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
     o Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
   - Survey vendors may program the caller ID to display "on behalf of [HOSPITAL NAME]," with the permission and compliance of the hospital's HIPAA/Privacy

Officer. Survey vendors must **<u>not</u>** program the caller ID to display only "[HOSPITAL NAME]."

2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, "*This call may be monitored (and/or recorded) for quality improvement purposes.*" This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the web survey and those without an email address. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

➢ The phone rings six times with no answer
➢ The interviewer reaches a wrong number
➢ An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
➢ The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
➢ The interviewer reaches the patient and is asked to call back at a more convenient time
  • The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
➢ The interviewer reaches a busy signal
  • At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
➢ The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  • Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy respondent (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).
  ➢ If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must **not** receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:
  ➢ Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
  ➢ Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends
  Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).

  ➢ Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
  ➢ Interviewers must **not** leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
  ➢ When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
  ➢ If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult to reach patients**:
  ➢ If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
  ➢ It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
  ➢ If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks phone phase of the data collection time period, and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
  ➢ If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview

> ➤ If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
> ➤ If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

Proxy Respondents

> ➤ In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
> - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
> - The interviewer obtains permission from the patient to interview the proxy
> - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
>   - either during the current call attempt
>   - or at another time as designated by the proxy
>   - The patient need not be present when the interview with the proxy is conducted
> ➤ If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
> ➤ A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.

Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the web and mail survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:
> ➤ Running update program software against the sample file just before or after uploading data to survey management systems
> ➤ Utilizing commercial software, Internet directories and/or directory assistance

> *Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

Receipt and Retention of Phone Data

Survey vendors/Hospitals utilizing the Web-Mail-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- ➢ retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Web-Mail-Phone mode of survey administration
- ➢ assign the appropriate "Survey Completion Mode" in the administrative record for this patient (see the *Data Specifications and Coding* chapter on "Survey Completion Mode" for more information)
- ➢ document the phone attempt "Number Survey Attempts – Phone" in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the "Number Survey Attempts – Phone" as "4 – Fourth Phone attempt." Please see the *Data Specifications and Coding* chapter for more information on coding the "Number Survey Attempts – Phone" field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Phone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "6 – Web-Mail-Phone" and "Survey Completion Mode" is "9 – Web-Mail-Phone mode-phone." If the survey is completed/dispositioned during the phone phase of the Web-Mail-Phone mode, the "Number Survey Attempts – Phone" captures the phone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the "Number Survey Attempts – Phone" field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone

must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

➤ Key-entry
- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.

➤ Scanning
- *Unique record verification system:* The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks:* The software identifies invalid or out-of-range responses
- *Validation:* The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

Storage of Phone Data
The following data storage guidelines must be followed for HCAHPS phone surveys:
➤ Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
➤ Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➤ Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
➤ Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

Quality Control Guidelines for Phone Data Collection
Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

> ➢ Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
>> • During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
>>> o Thank you
>>> o Alright
>>> o Okay
>>> o I understand, or I see
>>> o Yes, Ma'am
>>> o Yes, Sir
> ➢ Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
> ➢ Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
> ➢ Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
> ➢ In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
> ➢ Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
> ➢ Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).

Phone Monitoring and Oversight

Each survey vendor/hospital employing the Web-Mail-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

> ➢ Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language

of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must **not** be conducted from a residence or non-business location unless an approved Exception Request is in place.*

Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.

➤ For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option

➤ Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.

➤ Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced

➤ In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor

➢ Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

Data Specifications and Coding

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- ➢ Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- ➢ Update the HCAHPS Survey to include new and updated questions and response categories

Overview

The CAHPS Hospital Survey (HCAHPS) uses standardized protocols for file specifications, coding and submission of data. Consistent and uniform coding of all data elements by all survey vendors/hospitals is necessary in order to produce publicly reported HCAHPS scores that are comparable across all providers and time periods. This chapter provides an overview and key details on the requirements for assigning the random, unique, de-identified patient identification number; coding and interpreting ambiguous or missing data elements in returned surveys; preparing data files for submission to the HCAHPS Data Warehouse via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal; and determining the rate of response.

Random, Unique, De-identified Patient Identification Number

The survey vendor/hospital must assign each patient in the sample a random, unique, de-identified patient identification number (Patient ID). This Patient ID is used to track and report whether the patient has responded to the survey or needs a repeat email, mail or phone follow-up. Any de-identified alphanumeric combination of up to 16 letters and numbers may be used. Do not use symbols or special characters (^*@#&) of any kind as they are not valid for data submission. **The Patient ID must <u>not</u> include any combination of letters, numbers or dates that can otherwise identify the patient.** For example, the discharge date (month, date and/or year), the birth date (month, date and/or year) and hospital ID number (i.e., patient's hospital medical record number) must not be combined in any manner to generate the Patient ID. Each month, sampled patients must be assigned a new Patient ID; numbers must not be repeated from month to month, or used in a sequential numbering order unless the patient discharge list is **randomized** prior to the assignment of the Patient ID.

File Specifications

The survey vendor/hospital must organize survey data into monthly files and then submit the files to the HCAHPS Data Warehouse via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) on either a monthly or quarterly basis. Data must be submitted for all three months of the quarter. There are two methods for submitting surveys to the HCAHPS Data Warehouse via the HQR system: the XML file format or the HCAHPS Data Form, formerly the Online Data Entry Tool.

Survey vendors are required to submit data files to the HQR system in the XML file format. The HCAHPS Data Form was designed expressly for self-administering hospitals with low monthly survey volume. With the HCAHPS Data Form, data are submitted one survey at a time.

Hospitals with zero eligible HCAHPS patient discharges (zero cases) should submit a Header Record (Survey Month Data) information online via the HQR system. Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that month. If patients are not surveyed, a Header Record (Survey Month Data) still must be submitted online via the HQR system.

Note: "Zero cases" and "five or fewer eligible HCAHPS patient discharges" submissions should not be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit any discharge lists for the month to their survey vendor in a timely manner. In situations such as these, a Discrepancy Report must be completed and submitted.

XML File Specifications
The XML format allows a hospital's sampled patient records for a given month to be submitted in one file. If a hospital's monthly data file is submitted more than once, the most recent submission will completely overwrite the previous file for that month, and only the most recent submission will be stored in the data warehouse. Therefore, the final file submission must contain all of a hospital's sampled discharge cases for that month. No substitutions for valid data element values are acceptable. See Appendix Z for the listing of valid values.

Each XML file consists of three parts:
1. Header Record
2. Administrative Data Record
3. Patient Response/Survey Results Record

1. Header Record
Each monthly data file submitted by a survey vendor/hospital begins with the Header Record. The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital's name; CCN; National Provider Identifier (NPI), which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the total number of inpatient discharges in the month; the number of eligible discharges; the number of sampled discharges; and the type of sampling used.

Note: Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.

A critical component in the Header Record is the "Type of Sampling" used. See the *Sampling Protocol* chapter for information on sampling options. If a survey vendor/hospital elects to employ Disproportionate Stratified Random Sampling (DSRS), which requires an Exception Request, additional information is required in the Header Record.

For DSRS, three additional data elements of information about each stratum must be included in the Header Record in the XML file:

> ➤ "DSRS Strata Name" – The name of each stratum (at least two unique strata names should be defined and cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system)
> ➤ "DSRS Inpatient" – The total number of inpatient discharges in each stratum
> ➤ "DSRS Eligible" – The number of eligible patients in each stratum
> ➤ "DSRS Sample Size" – The number of sampled patients in each stratum (must be a minimum of 10 sampled patients per stratum)

Survey vendors/Hospitals using DSRS are required to have a minimum of 10 sampled discharges in every stratum in every month. *Survey vendors/Hospitals that are uncertain about their ability to meet this requirement should **not** use DSRS.*

Each field of the Header Record requires an entry for a valid data submission, with the exception of "NPI," which is an optional data element. It should be noted that "DSRS Strata Name," "DSRS Inpatient," "DSRS Eligible," and "DSRS Sample Size" are only required when "Type of Sampling" is "3 – Disproportionate Stratified Random Sample."

2. Administrative Data Record

The second part of the monthly data submission file is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; number of survey attempts; email status, if applicable; survey language in which the survey was administered or attempted to be administered; supplemental question count; lag time; patient sex; and age at admission. Some of this information comes from the survey vendor's/hospital's survey records, while other information is taken from the patient's hospital administrative record.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

3. Patient Response/Survey Results Record

The third part of the monthly data submission file is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

The Patient Response/Survey Results Record is required only when "Final Survey Status" in the Administrative Data Record is coded either "1 – Completed survey" or "6 – Non-Response: Break-off." Once the Patient Response/Survey Results Record is included, all response fields must have a valid value, which may include "M – Missing/Don't Know" and "8 – Not Applicable." The opening and closing <patientresponse> XML tags (which enclose the Patient Response/Survey Results Record) are not necessary when there are no survey responses to submit for a given patient.

Note: The Patient Response/Survey Results Record is not required for "Final Survey Status" of anything other than "1 – Completed survey" or "6 – Non-Response: Break-off;" however, if the Patient Response/Survey Results Record is included, then all fields must have a valid value.

For details on the XML file specifications and for a sample XML file layout, see Appendix AA.

HCAHPS Data Form, formerly the Online Data Entry Tool

The HCAHPS Data Form was expressly designed for use by self-administering hospitals with low monthly survey volume that do not have the ability to submit data in the XML file format. The HCAHPS Data Form requires hospitals to enter data one survey at a time on the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/). The monthly data submitted via the HCAHPS Data Form is comprised of three parts:

1. Header Record (Survey Month Data)
2. Administrative Data Record (Administrative Data)
3. Patient Response/Survey Results Record (Survey Results)

1. Header Record (Survey Month Data)

The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital's name; CCN; National Provider Identifier (NPI), which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the number of total inpatient discharges; the number of eligible discharges; the number of sampled discharges; survey mode; and the type of sampling used.

Note: Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.

2. Administrative Data Record (Administrative Data)

The second part of the monthly data submission is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; number of survey attempts; email status, if applicable; survey language; supplemental question count; lag time; patient sex; and age at admission. Some of this information comes from the survey vendor's/hospital's survey records, while other information is taken from the patient's hospital administrative record.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

3. Patient Response/Survey Results Record (Survey Results)

The third part of the monthly data submission is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

Patient survey responses are required for valid data submission via the HCAHPS Data Form only when "Final Survey Status" is coded either "1 – Completed survey" or "6 – Non-Response: Break-off." Once patient survey responses are included, <u>all</u> response fields must have a valid value, which may include "M – Missing/Don't Know" and "8 – Not Applicable."

For further information regarding use of the HCAHPS Data Form, see the *Data Preparation and Submission* chapter of this manual.

Decision Rules and Coding Guidelines

In order to ensure the accurate collection of all survey data, survey vendors/hospitals administering the HCAHPS Survey must develop, implement and document quality control procedures for all survey administration activities. The HCAHPS decision rules and coding guidelines were developed to address situations in which survey responses are ambiguous, missing or incorrectly provided; and to capture appropriate information for data submission. Survey vendors/Hospitals must adhere to the following guidelines to ensure valid and consistent coding of such instances.

Mail Surveys

A common problem in mail surveys is ambiguity of responses on returned questionnaires. In order to ensure uniformity in data coding, survey vendors/hospitals must strictly apply the following guidelines. Survey vendors/Hospitals that scan or key-enter mail surveys must employ the following decision rules for resolving common ambiguous situations.

➢ If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest

➢ If a mark falls equidistant between two response options, then code the value of the item as "M – Missing/Don't Know"

➢ If a value is missing, then code the response as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response; in other words, do not try to determine what the patient would have responded for the missing value based on answers to other questions.

➢ When more than one response option is marked, code the value as "M – Missing/Don't Know"

• Exception: Question 32, *"What is your race? Please choose one or more."* For Question 32, enter responses for ALL of the categories that the respondent has selected.

➢ Question 29, "*What language do you <u>mainly</u> speak at home?"*, if respondent writes American code as "1 – English"

➢ Question 32, *"What is your race? Please choose one or more."*, if respondent writes Caucasian code as "1 – White"

In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.

Skip Patterns for Mail Surveys

There are several items in the HCAHPS Survey that can and should be skipped by certain patients. These items form skip patterns. Three questions in the HCAHPS Survey serve as screener questions (Questions 12, 15, and 21) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in the coding of patient responses to skip pattern questions.

Decision Rules for Screener and Dependent Questions
Decision rules for coding **screener questions** 12, 15, and 21:
- ➢ Enter the value provided by the patient. Do not impute a response based on the patient's answers to the <u>dependent questions</u>.
- ➢ If the screener question is left blank, then code it as "M – Missing/Don't Know." Do not impute a response based on the patient's answers to the dependent questions.

Decision rules for coding **dependent questions** 13, 16, and 17:
- ➢ If the corresponding screener question is answered "Yes" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- ➢ If the corresponding screener question is answered "Yes" and the dependent question(s) is <u>not</u> left blank, then enter the value provided by the patient for the dependent questions(s)
- ➢ If the corresponding screener question is answered "No" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- ➢ If the corresponding screener question is answered "No" and the dependent question(s) is <u>not</u> left blank, then enter the value provided by the patient for the dependent question(s)
- ➢ If the corresponding screener question is left blank and the dependent question(s) is left blank, then code both the corresponding screener question and dependent question(s) as "M – Missing/Don't Know"
- ➢ If the corresponding screener question is left blank and the dependent questions(s) is <u>not</u> left blank, then code the corresponding screener question as "M – Missing/Don't Know" and enter the value provided by the patient for the dependent questions(s)

Decision rules for collecting data from **dependent questions** 22 and 23:
- ➢ If screener Question 21 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- ➢ If Question 21 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is <u>not</u> left blank, then enter the value provided by the patient for the dependent questions(s)
- ➢ If Question 21 is answered "3 – Another health facility" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- ➢ If Question 21 is answered "3 – Another health facility" and the dependent question(s) is <u>not</u> left blank, then enter the value provided by the patient for the dependent question(s)
- ➢ If Question 21 is left blank and the dependent question(s) is left blank, then code both Question 21 and the dependent question(s) as "M – Missing/Don't Know"
- ➢ If Question 21 is left blank and the dependent question(s) is <u>not</u> left blank, then code Question 21 as "M – Missing/Don't Know" and enter the value provided by the patient for the dependent question(s)

In summary, dependent questions that are appropriately skipped are coded as "8 – Not Applicable." In instances where the patient made an error in the skip pattern, dependent questions are coded with the response provided by the patient. That is, survey vendors/hospitals must not "clean" or correct skip pattern errors returned by a patient. For further information on screener and dependent questions, see Appendix Z.

Phone Surveys

It is important for phone interviewers to be able to appropriately skip dependent questions while conducting the HCAHPS Survey. In order to uniformly code HCAHPS data, survey vendors/hospitals must strictly apply the following guidelines.

Skip Patterns for Phone Surveys

For the phone survey modes, skip patterns should be programmed into the electronic telephone interviewing system.

- ➤ If screener questions 12 and 15 are answered "No," then the corresponding dependent questions must be skipped. If screener question 21 is answered "3 – Another Health Facility," the corresponding dependent question must be skipped.
  - In these instances, appropriately skipped dependent questions must be coded as "8 – Not Applicable." For example, if a respondent answers "No" to Question 12 of the HCAHPS questionnaire, the program should skip Question 13 and go to Question 14. Question 13 must then be coded as "8 – Not Applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
- ➤ If screener questions 12, 15, and 21 are not answered and therefore coded as "M – Missing/Don't Know," then the corresponding dependent questions must be skipped and coded as "M – Missing/Don't Know"
  - In instances where an interviewer is unable to obtain a response to a screener question, the screener question and any question in the skip pattern must be coded as "M – Missing/Don't Know." For example, if a respondent does not provide an answer to Question 12 of the HCAHPS questionnaire and the interviewer selects "M – Missing/Don't Know" to Question 12, then the telephone interviewing system should be programmed to skip Question 13 and go to Question 14. Question 13 must then be coded as "M – Missing/Don't Know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

Web Surveys

It is important for sampled patients to be able to skip questions while conducting the web survey. If a value is missing, then code the response as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response; in other words, do not try to determine what the patient would have responded for the missing value based on answers to other questions.

However, there are several items in the HCAHPS Survey that can and should be skipped by certain patients. The following decision rules are provided to assist in the coding of patient responses to skip pattern questions.

Skip Patterns for Web Surveys

For the Web-First modes, skip patterns should be programmed into the web survey.

- ➤ If screener questions 12 and 15 are answered "No," then the corresponding dependent questions must be skipped. If screener question 21 is answered "3 – Another Health Facility," the corresponding dependent question must be skipped.
  - In these instances, appropriately skipped dependent questions must be coded as "8 – Not Applicable" For example, if a respondent answers "No" to Question 12 of the HCAHPS questionnaire, the program should skip Question 13 and go to Question 14.

Question 13 must then be coded as "8 – Not Applicable." Coding may be done automatically by the web survey system or later during data preparation.

➢ If screener questions 12, 15, and 21 are not answered and therefore coded as "M – Missing/Don't Know," then the corresponding dependent questions must be skipped and coded as "M – Missing/Don't Know"

- For example, if a respondent does not provide an answer to Question 12 of the HCAHPS questionnaire, then the web survey system should be programmed to skip Question 13 and go to Question 14. Question 13 must then be coded as "M – Missing/Don't Know." Coding may be done automatically by the web survey system or later during data preparation.

Header Record

➢ All fields in the Header Record must have a valid value entered with the exception of "NPI," "DSRS Strata Name," "DSRS Inpatient," "DSRS Eligible," and "DSRS Sample Size" fields. The DSRS fields are required only when "Type of Sampling" is "3 – Disproportionate Stratified Random Sample."

➢ Once the "Survey Mode" field has been defined for the first month in a quarter, the survey mode for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/). "Survey Mode" cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.

➢ The "Survey Mode" field must be coded with the approved survey mode for the hospital. (See the *Patient Administrative Data Record* in this chapter for more information regarding "Survey Completion Mode.")

➢ The "Total Inpatient Discharges" field is the total number of inpatient discharges in the month, whether or not the discharges meet HCAHPS eligibility or exclusion criteria. If a hospital excludes any patients from the discharge list provided to their survey vendor, they must submit to their survey vendor a count of total inpatient discharges to be included for data submission.

Note: Do NOT include in the "Total Inpatient Discharges" field:
- *Patients who were **not** inpatients (e.g., observation, outpatient, emergency room)*
- *Newborns (i.e., age 0) as they typically do not have an inpatient discharge*

In addition, repeat inpatient records for the same inpatient hospital stay (i.e., same admission and discharge dates for the same patient) should be counted as only one discharge.

➢ In calculating the "Eligible Discharges" field, the number of eligible discharges in the sample frame in the month must not include patients who are determined to be ineligible or excluded, regardless of whether they are selected for the survey sample

- "Sample Size" can therefore be larger than the number of "Eligible Discharges." For example, if a patient was selected for the survey sample and later determined to be ineligible (i.e., "Final Survey Status" code of "3 – Ineligible: Not in eligible population"), then the patient must be subtracted from the number of eligible discharges in the month. However, this does NOT apply to "Final Survey Status" codes of "2 –

Ineligible: Deceased," "4 – Ineligible: Language barrier," or "5 – Ineligible: Mental/physical incapacity." See Example 1 below.

Example 1: Eligible Discharges Calculation		
100	=	Number of eligible patients in original sample frame (Eligible Discharges)
100	=	Number of patients selected for sample (Sample Size)
2	=	Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
5	=	Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
2	=	Number of patients with "Final Survey Status" code of "4 – Ineligible: Language barrier"
4	=	Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/physical incapacity"
95	=	Number reported in the "Eligible Discharges" field
In this example: - The initial "Eligible Discharges" is 100 and "Sample Size" is 100 (i.e., census sampling) - Five patients were subtracted from the "Eligible Discharges" because they had a "Final Survey Status" code of "3 – Ineligible: Not in eligible population," resulting in 95 "Eligible Discharges" - Patients with a "Final Survey Status" code of 2, 4 or 5 were not subtracted - In the Header Reader, "Sample Size" of 100 is larger than the number of "Eligible Discharges" of 95		

- If a patient is not selected for the survey sample and is later determined to be ineligible (for example, if the patient is later found to have an ineligible MS-DRG code), then the patient must be subtracted from the number of eligible discharges in the month. See Example 2 below.

Example 2: Eligible Discharges Calculation		
100	=	Number of eligible patients in original sample frame (Eligible discharges)
50	=	Number of patients selected for sample (Sample size)
2	=	Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
5	=	Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
2	=	Number of patients with "Final Survey Status" code of "4 – Ineligible: Language barrier"
4	=	Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/physical incapacity"
10	=	Number of patients ineligible due to an updated MS-DRG code (These patients were NOT selected for the survey sample)
85	=	Number reported in the "Eligible Discharges" field

In this example:
- The initial "Eligible Discharges" is 100 and "Sample Size" is 50
- The final "Eligible Discharges" is 85
- Five patients were subtracted from the "Eligible Discharges" because they had a "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
- Patients with Final Survey Status code of 2, 4 and 5 were not subtracted
- Ten patients were subtracted from the "Eligible Discharges" because they had an updated ineligible MS-DRG code, resulting in 85 "Eligible Discharges"

- The "Eligible Discharges" field must include the count of patients who are eligible for the HCAHPS Survey
  - Include even if the patient's information is received from the hospital with discharge dates that are beyond the 42 calendar day initial contact period; however, these patients must **not** be included in the HCAHPS Survey sample nor included in the "Sample Size" field count

  *Note: A Discrepancy Report must be filed to account for patient information received beyond the 42 calendar day initial contact period. These patients must **not** be included in the HCAHPS Survey sample and the Patient Administrative Data Record must **not** be included for these late patients who are not sampled.*

- Once the "Type of Sampling" field has been defined for the first month in a quarter, the sample type for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/). "Type of Sampling" cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.

➢ When using DSRS as "Type of Sampling," at least two strata should be defined, with a minimum of 10 sampled patients per stratum. Once the strata names are defined, they cannot be changed until the beginning of the next quarter.

➢ When small hospitals sample 100% of the eligible discharges (i.e., a census) in order to obtain as close to 300 completes as possible, the "Type of Sampling" must be coded as "1 – Simple Random Sample"

Note: Hospitals with zero cases or five or fewer eligible HCAHPS patient discharges in a month, must submit an HCAHPS Header Record (Survey Month Data) online via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/).

Administrative Data Record

➢ All fields in the Patient Administrative Data Record must have a valid value. Use code "M – Missing/Don't Know" for all missing fields, with the following exceptions:

- When "Point of Origin for Admission" is missing, it is coded as "9 – Information not available"
- The "language" field must be completed with the appropriate valid value indicating the survey language in which the survey was administered, even if a patient does not complete the survey (English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic)

➢ Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration

- If a patient is found to be ineligible or excluded after the sample is drawn, the patient should be assigned a "Final Survey Status" code of "3 – Ineligible: Not in eligible population"

➢ If a patient is discharged into a swing bed (except code "61 – SNF Swing Bed Within Hospital"), use the discharge date from the acute care setting, not the discharge date from the swing bed

➢ The "Survey Completion Mode" field must be submitted if the "Survey Mode" in the Header Record is "3 – Mail-Phone," "4 – Web-Mail," "5 – Web-Phone," or "6 – Web-Mail-Phone" **and** the "Final Survey Status" is "1 – Completed survey" or "6 – Non-response: Break-off." For other "Final Survey Status" codes, code "Survey Completion Mode" as "8 – Not Applicable."

Note: "Survey Completion Mode" is not a required field for "Survey Mode" of "1 – Mail Only" and "2 – Phone Only."

➢ The "Number Survey Attempts – Phone" field must be submitted when:

- the "Survey Mode" in the Header Record is "2 – Phone Only"
- the "Survey Mode" in the Header Record is "3 – Mail-Phone" **and** "Survey Completion Mode" is "2 – Mail-Phone mode-phone"
- the "Survey Mode" in the Header Record is "5 – Web-Phone" **and** "Survey Completion Mode" is "6 – Web-Phone mode-phone"
- the Survey Mode" in the Header Record "6 – Web-Mail-Phone" **and** "Survey Completion Mode" is "9 – Web-Mail-Phone mode-phone"

Note: The "Number Survey Attempts – Phone" field is coded with the attempt that corresponds to the time of final survey status determination. The "Number Survey Attempts – Phone" is not a required field for "Survey Mode" of "1 – Mail Only" and "4 – Web-Mail." If this field ("Number Survey Attempts – Phone") is included with "Survey Mode" of "1 – Mail Only" or "4 – Web-Mail" then code "Number Survey Attempts – Phone" as "8 – Not Applicable."

➢ The "Number Survey Attempts – Mail" field must be submitted when:
   • the "Survey Mode" in the Header Record is "1 – Mail Only"
   • the "Survey Mode" in the Header Record is "4 – Web-Mail" **and** "Survey Completion Mode" is "4 – Web-Mail mode-mail"

Note: The "Number Survey Attempts – Mail" field is coded with the attempt that corresponds to the time of final survey status determination. "Number Survey Attempts – Mail" is not a required field for "Survey Mode" of "2 – Phone Only," "3 – Mail-Phone," "5 – Web-Phone," or "6 – Web-Mail-Phone." If this field ("Number Survey Attempts – Mail") is included with "Survey Mode" of "2 – Phone Only," "3 – Mail-Phone," "5 – Web-Phone," or "6 – Web-Mail-Phone" then code "Number Survey Attempts – Mail" as "8 – Not Applicable."

Note: If a survey is returned from the first wave mailing, the mail attempt should be coded as "1 – First wave mailing" even if a second survey was mailed to the patient. If a patient does not return a first or second wave mailing, the mail attempt should be coded as "2 – Second wave mailing."

➢ The "Number Survey Attempts – Web" field must be submitted when:
   • the "Survey Mode" in the Header Record is "4 – Web-Mail" **and** "Survey Completion Mode" is "3 – Web-Mail mode-web"
   • the "Survey Mode" in the Header Record is "5 – Web-Phone" **and** "Survey Completion Mode" is "5 – Web-Phone mode-web"
   • the "Survey Mode" in the Header Record is "6 – Web-Mail-Phone" **and** "Survey Completion Mode" is "7 – Web-Mail-Phone mode-web"

Note: "Number Survey Attempts – Web" is not a required field for "Survey Mode" of "1 – Mail Only," "2 – Phone Only" or "3 – Mail-Phone." If this field ("Number Survey Attempts – Web") is included with "Survey Mode" of "1 – Mail Only," "2 – Phone Only" or "3 – Mail-Phone," then code "Number Survey Attempts – Web" as "8 – Not Applicable."

➢ The "Email Status" field must be submitted when:
   • the "Survey Mode" in the Header Record is "4 – Web-Mail," "5 – Web-Phone" or "6 – Web-Mail-Phone"

Note: The "Email Status" field indicates if a valid patient email address was provided in the discharge list. A valid email address has a username followed by @ and a domain name. The "Email Status" is not a required field for "Survey Mode" of "1 – Mail Only,"

"2 – Phone Only" or "3 – Mail-Phone." If this field ("Email Status") is included with "Survey Mode" of "Survey Mode" of "1 – Mail Only," "2 – Phone Only" or "3 – Mail-Phone," then code "Email Status" as "8 – Not Applicable."

Note: The "Number Survey Attempts" and "Email Status" fields are submitted in accordance with the requirements identified above for all HCAHPS "Final Survey Status" codes.

➢ The "Lag Time" is calculated for each patient in the sample and is defined as the number of days between the patient's discharge date from the hospital and the date that data collection activities ended for the patient
  - All surveys (i.e., "Final Survey Status" codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, or M) **must contain** the actual lag time
  - Surveys must **not** have a lag time coded as "888 – Not Applicable"

*Note: Although a completed or break-off survey may have a maximum lag time of up to 91 days, survey administration must be completed within 49 calendar days of initial contact (**first mailing of the mail survey, first phone attempt, or first email invitation**).*

- The following are brief illustrations of how to determine the Data Collection End Date for each Final Survey Status (<survey-status> or "Disposition of survey"):

Final Survey Status (<survey-status>)	Data Collection End Date
1 - Completed survey	Receipt of a completed web survey, mail survey, or the completion of a phone survey
2 - Ineligible: Deceased	Date it is determined that the patient is deceased
3 - Ineligible: Not in eligible population	Date it is determined that the patient is not eligible for the HCAHPS Survey
4 - Ineligible: Language barrier	Date it is determined that a language barrier prevents the patient from completing the HCAHPS Survey
5 - Ineligible: Mental/physical incapacity	Date it is determined that a mental or physical incapacity prevents the patient from completing the HCAHPS Survey
6 - Non-response: Break-off	Date the patient "breaks off" or fails to complete the HCAHPS Survey after the survey has started
7 - Non-response: Refusal	Date the patient (or someone on the patient's behalf) refuses to take the HCAHPS Survey
8 - Non-response: Non-response after maximum attempts	Date the maximum attempt to administer the HCAHPS Survey was reached: • Mail, Web-Mail: non-return of the second mailing of survey – 49 days after initial contact • Phone, Mail-Phone, Web-Phone, Web-Mail-Phone: fifth call attempt
9 - Non-response: Bad address	Date it is determined that the patient's actual mailing address is not viable
10 - Non-response: Bad/no phone number	Date it is determined that the patient's actual phone number is not viable

Note: For Web-First modes: If the patient answered <u>any</u> survey questions, but did not "submit" the web survey and did not respond to the survey in the subsequent mail or phone phase at the end of the data collection period, then survey vendors/hospitals must capture and submit those web responses. To calculate lag time, survey vendors/hospitals should use the date that data collection activities ended for the patient.

To illustrate the calculation of lag time, two examples are provided:

Patient A: Lag Time Calculation Mail	
Mode of Survey Administration	Mail Only
Discharge Date	July 1
Date of First Mail Attempt	August 12 (42 calendar days after discharge)
Date of Follow-up Mail Attempt	September 2 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Patient	September 30 (49 calendar days after first mail attempt) Patient never returned the HCAHPS Survey
HCAHPS Final Survey Status	Code as "8 – Non-response: Non-response after maximum attempts" because the data collection protocol of 49 calendar days has been reached and the patient has not returned the HCAHPS Survey
Lag Time	Calculated as 91 Days (number of days between the patient's discharge [July 1] from the hospital to the date data collection activities ended [September 30])

Patient B: Lag Time Calculation Phone	
Mode of Survey Administration	Phone Only
Discharge Date	July 1
Date of First Attempt	July 3 (48 hours after discharge)
Date Data Collection Activities Ended for this Patient	August 21 (49 calendar days after the first phone attempt)
HCAHPS Final Survey Status	Code as "8 – Non-response: Non-response after maximum attempts" because the data collection protocol of 49 calendar days had ended and the patient had not been reached although five attempts were made
Lag Time	Calculated as 51 Days (number of days between the patient's discharge from the hospital [July 1] to the date data collection activities ended [August 21])

➢ The "Supplemental Question Count" field must be submitted for all HCAHPS "Final Survey Status" codes. The count is the maximum number of supplemental questions, limit of 12, available for the patient regardless if the questions are asked and/or answered.

Note: For supplemental questions containing multi-response items (e.g., questions a. through e.), each response item will count as one question. For example, a supplemental question with sections a. through e. will count as five questions (a = 1, b = 2, c = 3, d = 4, e = 5) toward the total number of supplemental questions available to the patient.

➢ Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration

Patient Response/Survey Results Record
  ➢ Enter all survey responses as provided by the patient for each survey item
  ➢ All survey questions must have a valid value. For "Final Survey Status" of "1 – Completed survey" or "6 – Non-Response: Break-off," code missing answers as "M – Missing/Don't Know," unless the questions were appropriately skipped dependent questions which would be coded as "8 – Not Applicable"
  ➢ Patients may select more than one response category in Question 32, *"What is your race? Please choose one or more."*
    • Mail and Web Survey
      ○ Enter **all** of the race categories that the patient has selected. For any race category not selected, enter "0." If <u>no</u> race categories are selected, enter "M – Missing/Don't Know" for all race categories.
    • Phone Surveys
      ○ Enter **all** of the race categories that the patient has selected. If the patient responds "Yes" to a race category, enter "1." If the patient responds "No" to a race category, enter "0." If the patient does not provide a response to any of the race categories or skips the question, enter "M – Missing/Don't Know."

    Note: A valid value must be submitted for each race category.

  ➢ If the same patient completes two surveys for the same hospital visit (i.e., the patient returns both mail surveys, <mark>or completes and submits a web survey and returns a mail survey</mark>), the survey vendor/hospital <mark>must use the <u>first</u></mark> HCAHPS Survey received

Survey Disposition Codes

Maintaining up-to-date dispositions of survey codes is a required part of the HCAHPS Survey administration process. Using the random, unique, de-identified Patient ID, the survey vendor/hospital assigns each patient in the sample a survey status code, which is used to track and report whether the patient has completed a survey or requires further follow-up. Typically, survey status codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each patient surveyed at the end of data collection, that is – "Final Survey Status").

Interim disposition codes are to be used only for internal tracking purposes. The data files that are submitted to the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) must contain the HCAHPS Final Survey Status codes. Interim survey status codes allow the survey vendor/hospital to calculate and report the number of completed surveys and the response rate at any time during the data collection period. After data collection is completed, the survey vendor/hospital assigns each sampled patient a final survey status code.

The following table provides details on the assignment of the "Final Survey Status" field.

HCAHPS Final Survey Status/Disposition Codes	
Code	**Description**
1	**Completed survey**[12] Survey vendors/Hospitals assign a patient a "Final Survey Status" code of "1 – Completed survey" when the patient answers at least 50 percent of the questions applicable to all patients (questions 1-12, 14, 15, 18-21, 24, and 25). Appropriately skipped questions do not count against the required 50 percent. There must be no evidence that the patient is ineligible. The following questions are <u>not</u> included in the calculation of percentage complete: 13, 16, 17, 22, 23, and 26-32.
2	**Ineligible: Deceased** Survey vendors/Hospitals assign a "Final Survey Status" code of "2 – Ineligible: Deceased" when the patient was alive at the time of discharge but deceased by time of survey administration.

---

[12] For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this section.

HCAHPS Final Survey Status/Disposition Codes

Code	Description

3 **Ineligible: Not in eligible population**[13]

Survey vendors/Hospitals assign a "Final Survey Status" code of "3 – Ineligible: Not in eligible population" when there is evidence that the sampled patient does not meet one or more of the following eligibility criteria or is determined to fall within an exclusion category:

Eligibility Criteria
➢ 18 years old or older at the time of hospital admission
➢ Admission includes at least one overnight stay in the hospital as an inpatient
➢ Non-psychiatric principal diagnosis at discharge
➢ Alive at the time of discharge

Exclusions
➢ "No-Publicity" Patient
➢ Court/Law Enforcement patient (i.e., prisoners) with an "Admission Source" of "8 – Court/Law Enforcement," "Discharge Status" of "21 – Discharged/Transferred to Court/Law Enforcement," or "Discharge Status" of "87 – Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission." This does not include patients residing in halfway houses.
➢ Has 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)
➢ Discharged to Hospice (whether at home or another facility)
➢ Eliminated from participation based on state regulations
➢ Patients Discharged to Nursing Homes and Skilled Nursing Facility (this applies to patients with a "Discharge Status" of: "03 – Medicare Certified Skilled Nursing Facility" "61 – Medicare Approved Swing Bed Within Hospital," "64 – Medicaid Certified Nursing Facility," "83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission," and "92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission")

Note: If a patient was not discharged with discharge status codes of 3, 61, 64, 83 or 92 and the patient is drawn into the HCAHPS sample, then the survey vendor/hospital must attempt to contact that patient. Upon a minimum of one contact attempt to the facility, patients who are positively confirmed by the survey vendor/hospital to be residing in a Medicare Certified Skilled Nursing Facility (discharge code 3), Medicare Approved Skilled Nursing Facility Swing Bed Within Hospital (discharge code 61), Medicaid Certified Nursing Facility (discharge code 64), Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission (discharge code 83), or Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission (discharge code 92), are considered ineligible and coded as "3 - Ineligible: Not in eligible population."

---

[13] Refer to the Eligibility for HCAHPS and Exclusions described in the *Sampling Protocol* chapter.

HCAHPS Final Survey Status/Disposition Codes	
Code	**Description**
4	**Ineligible: Language barrier** Survey vendors/Hospitals assign a "Final Survey Status" code of "4 – Ineligible: Language barrier" when there is evidence that the patient does not read or speak the language in which the survey is being administered.
5	**Ineligible: Mental or physical incapacity** Survey vendors/Hospitals assign a "Final Survey Status" code of "5 – Ineligible: Mental/physical incapacity" when the patient is unable to complete the survey because the patient is mentally or physically incapacitated. This includes patients who are visually/hearing impaired.
6	**Non-response: Break-off**[14] Survey vendors/Hospitals assign a "Final Survey Status" code of "6 – Non-response: Break-off" when a patient provides a response to at least one HCAHPS Core question applicable to all patients (questions 1-12, 14, 15, 18-21, 24, and 25), but answered too few Core questions to meet the criteria for a completed survey.
7	**Non-response: Refusal** Survey vendors/Hospitals assign a "Final Survey Status" code of "7 – Non-response: Refusal" when a patient returns a blank survey with a note stating they do not wish to participate, or when a patient verbally refuses to begin the survey. *Note: If a survey is returned with a note or someone verbally refuses on behalf of the patient, the survey vendor/hospital should code the survey as "7 – Non-Response: Refusal."*

---

[14] For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this chapter.

HCAHPS Final Survey Status/Disposition Codes

Code	Description
8	**Non-response: Non-response after maximum attempts** Survey vendors/Hospitals assign a "Final Survey Status" code of "8 – Non-response: Non-response after maximum attempts" when one of the following occurs: ➢ There is no evidence to suggest that a patient's contact information is bad (e.g., bad address in Mail Only methodology, bad phone number in Phone Only methodology, and both bad address and bad phone number in Mail-Phone or Web-First methodologies), *or* ➢ If after the maximum number of attempts (two mail attempts for Mail Only; five phone attempts for Phone Only; one mail attempt and five phone attempts for Mail-Phone; three email invitations and two mail attempts for Web-Mail; three email invitations and five phone attempts for Web-Phone; and two email invitations, one mail attempt and five phone attempts for Web-Mail-Phone), the patient has not completed the survey by the end of the survey administration time period (i.e., within 49 calendar days from initial contact), *or* ➢ If the survey is returned by mail or completed by phone or web with a lag time greater than 91 days *Note: A Discrepancy Report must be submitted to account for patient discharge information received beyond the 42 calendar day initial contact protocol. These patients must <u>not</u> be included in the HCAHPS Survey sample and the Patient Administrative Data Record must <u>not</u> be included for these late patients who are not sampled.*
9	**Non-response: Bad address** This disposition code applies to the Mail Only and Web-Mail modes. Survey vendors/Hospitals assign a "Final Survey Status" code of "9 – Non-response: Bad Address" when there is evidence that a patient's address is bad (e.g., the post office returns the questionnaire to the survey vendor/hospital, etc.).
10	**Non-response: Bad/no phone number** This disposition code applies to the Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone modes of administration. Survey vendors/Hospitals assign a "Final Survey Status" code of "10 – Non-response: Bad/no phone number" when there is evidence that a patient's phone number is bad (e.g., no phone number available or a disconnected phone number, etc.). For the Mail-Phone and Web-Mail-Phone modes, "10 – Non-response: Bad/no phone number" is used when there is evidence that a patient's address **and** phone number are both bad.

Assigning Bad Mailing Address and Bad/No Phone Number Disposition Codes

The "Final Survey Status" codes of "8 – Non-response: Non-response after maximum attempts," "9 – Non-response: Bad address" and "10 – Non-response: Bad/no phone number" are assigned based on the viability of the mailing address and phone number for the patient. The "Final Survey Status" codes of "9 – Non-response: Bad address" and "10 – Non-response: Bad/no phone number" do NOT depend on the viability of email addresses. Survey vendors/Hospitals must track the viability of the mailing address and phone number for each patient during survey

administration. In general, the mailing address and phone number is assumed to be viable unless there is sufficient evidence to suggest otherwise. If the evidence is insufficient, the survey vendor/hospital must continue attempting to contact the patient until the required number of attempts has been exhausted.

Note: Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have complete mailing address and/or phone number. Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's mailing address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Survey vendors/Hospitals must use commercial software or other means to update mailing addresses and/or phone numbers provided by the hospital for sampled patients. If the survey vendor/hospital is unsuccessful in obtaining a viable mailing address and/or phone number, they must retain a record of the attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.

The following examples illustrate what constitutes sufficient or insufficient evidence of viability of the <u>mailing address</u> and <u>phone number</u> for the patient.

For a Mail Only and Web-Mail survey, <u>sufficient evidence</u> regarding the viability of a patient's mailing <u>address</u> includes:
  ➢ The hospital does not provide an address in the patient discharge list, and the survey vendor/hospital is unable to obtain an address for the patient
  ➢ Mail is returned marked "Address Unknown"
  ➢ Mail is returned marked "Moved – No Forwarding Address"

For a Mail Only and Web-Mail survey, *<u>insufficient evidence</u>* regarding the viability of a patient's mailing <u>address</u> includes:
  ➢ Address updating search does not result in an exact "match." If the search does not result in an exact "match," the survey vendor/hospital must attempt to mail using the address that is available.

For all modes of administration **except** Mail Only and Web-Mail, <u>sufficient evidence</u> regarding the viability of a patient's <u>phone number</u> includes:
  ➢ The hospital does not provide a phone number in the patient discharge list, and the survey vendor/hospital is unable to obtain a phone number for the patient
  ➢ The phone interviewer dials the patient's phone number and receives a message that the phone number is non-working or out of order, and no updated number is available or obtained
  ➢ The phone interviewer dials the patient's phone number, speaks to a person, and is informed that they have the wrong phone number and other attempts to obtain the correct phone number are not successful

For all modes of administration **except** Mail Only and Web-Mail, *<u>insufficient evidence</u>* regarding the viability of a patient's <u>phone number</u> includes:
  ➢ The survey vendor/hospital obtains a busy signal every time a phone attempt is made

The following table summarizes how survey vendors/hospitals assign the "Final Survey Status" codes of "8 – Non-response: Non-response after maximum attempts," "9 – Non-response: Bad address" and "10 – Non-response: Bad/no phone number" after assessing the patient's <u>mailing address</u> and/or <u>phone number</u> for viability. Due to the nature of the information available in the modes of survey administration, different coding rules apply for surveys administered in each mode.

Mail Only and Web-Mail Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Mailing Address and No Response After Maximum Attempts	**Evidence of a Bad Mailing Address**
Final Survey Status Code	**8**	**9**

Phone Only and Web-Phone Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Phone Number and No Response After Maximum Attempts	**Evidence of a Bad/No Phone Number**
Final Survey Status Code	**8**	**10**

Mail-Phone and Web-Mail-Phone Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10		
	Viable Mailing Address and/or Phone Number <u>and</u> No Response After Maximum Attempts	**Evidence of <u>Both</u> a Bad Mailing Address and a Bad/No Phone Number**
Final Survey Status Code	**8**	**10**

Definition of a Completed Survey

Survey vendors/Hospitals should be aware that a survey can be considered "complete" for HCAHPS purposes even if a patient did not answer all items. Survey vendors/Hospitals assign a patient's survey a "Final Survey Status" code of "1 – Completed survey" when at least 50 percent of the questions applicable to all patients (Questions 1-12, 14, 15, 18-21, 24, and 25) are answered. Appropriately skipped questions and the following questions are <u>not</u> included in the calculation of percentage complete: 13, 16, 17, 22, 23, and 26-32.

The following steps describe how to determine if a survey is completed:

Step 1 – Sum the number of questions that have been answered by the patient that are applicable to all patients (i.e., questions 1-12, 14, 15, 18-21, 24, and 25).

   R = total number of questions answered

Step 2 – Divide the total number of questions answered by 20, which is the total number of questions applicable to all patients, and then multiply by 100.

Percentage Complete = (R/20) x 100

Step 3 – If the Percentage Complete is at least 50 percent, then assign the survey a "Final Survey Status" code of "1 – Completed survey."

The following examples illustrate how to determine if a survey is "completed."

Determining if a Survey is Completed: Example A

A mail survey is returned to the survey vendor/hospital, a phone survey or web survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 2, 3, 4, 5, 8, 9, 12, 15, 18, and 24. The remaining items applicable to everyone were left blank or were coded as "M – Missing/Don't Know."

Step 1:

R = total number of questions answered = 11

Step 2:

Percentage Complete = (11/20) x 100 = 55%

Step 3:

Percentage Complete = 55% which meets the criteria for a completed survey ($\geq$ 50%). Survey vendor/Hospital assigns a "Final Survey Status" code of "1 – Completed survey" to this survey.

Determining if a Survey is Completed: Example B

A mail survey is returned to the survey vendor/hospital, a phone survey or web survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 3, 4, 8, 12, 15, 18, and 24. The remaining items applicable to everyone were left blank or were coded as "M – Missing/Don't Know."

Step 1:

R = total number of questions answered = 8

Step 2:

Percentage Complete = (8/20) x 100 = 40%

Step 3:

Percentage Complete = 40% which does not meet the criteria for a completed survey ($\geq$ 50%). Survey vendor/Hospital assigns a "Final Survey Status" code of "6 – Non-response: Break-off" to this survey.

Survey Response Rate

The following formula is included for informational purposes only; survey vendors/hospitals are not required to perform this calculation.

This formula is for a given four rolling quarters (12-month) public reporting period.

$$\text{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}}$$

- ➢ **Total Number of Completed Surveys** is the total number of surveys with a "Final Survey Status" of 1
- ➢ **Total Number of Surveys Fielded** is the total sample, which includes "Final Survey Status" codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and M
- ➢ **Total Number of Ineligible Surveys** is the total number of surveys with a "Final Survey Status" code of 2, 3, 4, or 5

It is important to emphasize that the remaining non-response disposition codes (i.e., "6 – Break-off," "7 – Refusal," "8 – Non-response: Non-response after maximum attempts," "9 – Bad address," and "10 – Bad/no phone number") are **not** removed from the denominator of the response rate calculation.

The following example illustrates how to calculate a survey response rate.

Calculating a Survey Response Rate

A hospital administers the HCAHPS Survey to 833 discharged patients during a one-year period. Of the 833 surveys sent to patients, there were 300 returned completed surveys and an additional 85 were determined to be ineligible. The hospital would like to determine its survey response rate.

$$\text{Response Rate} = \frac{(\text{Total Number of Completed Surveys})}{(\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys})}$$

$$= \frac{(300)}{(833-85)}$$

$$= 0.401 = 40.1\%$$

The hospital's survey response rate is **40.1**%.

Data Preparation and Submission

Overview
The CAHPS Hospital Survey (HCAHPS) uses a standardized protocol for the preparation and submission of all data. This chapter describes the preparation, registration and instructions for data submission via the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal, a CMS-approved website for the secure data transmission of healthcare quality data. Questions about HQR user sign-up, vendor management, data submission via HQR, or general inquiries about using the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at hcahps@hsag.com and including the Help Desk ticket number(s).

Preparation for Data Submission
Survey vendors/Hospitals should prepare for HCAHPS data submission by performing the following steps:
1. Ensure the user's HARP (HCQIS Access Roles and Profile) account is active by logging into the Hospital Quality Reporting (HQR) system at https://hqr.cms.gov/ or create a HARP account for new users
2. Register as a Basic User or Security Administrator in the HQR system and ensure any necessary HCAHPS data submission permissions are activated
3. Authorize HCAHPS Survey vendor via Vendor Management in HQR (for hospitals contracting with a survey vendor)
4. Submit data in HQR using the HCAHPS Data Form (Online Data Entry Tool) or File Upload (XML file submission)

Registration for Data Submission via HQR
Survey vendors/Hospitals are required to have an active HARP account to access HQR and submit HCAHPS data for public reporting. Users can ensure their account is active by logging into the HQR system at https://hqr.cms.gov/. A new user will need to create a HARP account and request the appropriate user roles. Users are classified as either HQR Security Administrators or as Basic Users. Each type of user requires a specific registration process. Basic Users must be individually approved by the HQR Security Administrator. Questions regarding Security Administrator or Basic User registration should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov).

Assignment of an HQR Security Administrator
Each approved HCAHPS Survey vendor and each hospital participating in HCAHPS is required to have an HQR Security Administrator within their organization. In addition to this primary HQR Security Administrator, survey vendors/hospitals are required to maintain a backup or secondary HQR Security Administrator. The secondary HQR Security Administrator would have the same roles as the primary and be used on the occasions the primary is unavailable. Security Administrators are the main HQR contacts for the organization. A hospital cannot delegate the

HQR Security Administrator role to any other organization, including their HCAHPS Survey vendor.

The registered survey vendor/hospital HQR Security Administrator(s) is responsible for registering and maintaining individual Basic Users within their organization. Basic Users are all individuals within a survey vendor or hospital organization who can:
   ➢ submit data, view Submission or Feedback Reports and/or authorize a survey vendor

The survey vendor/hospital HQR Security Administrator's role(s) will be to:
   ➢ register as a Security Administrator
   ➢ register or approve each new HQR Basic User within the organization
   ➢ edit users' access to specific applications or functions, such as the ability to view reports or to upload data
   ➢ suspend or restore users as needed
   ➢ remove access for their users who are no longer active or no longer require access to HQR
   ➢ monitor HQR secure access to maintain proper security and confidentiality measures
   ➢ validate the users and the type of functionality each user at their organization should have within the HQR system
   ➢ serve as a point of contact at the organization for information regarding HQR

If the survey vendor's/hospital's Project Manager does not know who the HQR Security Administrator is, they should contact the QualityNet Help Desk by calling 1-866-288-8912.

If a survey vendor's/hospital's HQR Security Administrator is leaving the organization, they must notify their back-up administrator and the QualityNet Help Desk.

HQR Security Administrator Registration
If the user is the first individual requesting to be HQR Security Administrator at the organization, contact the QualityNet Help Desk for assistance and further instruction. If there is an existing HQR Security Administrator at your organization, registering as another Security Administrator for the organization can be achieved using the "Access Management" feature as follows:
   1. Sign into the HQR system at https://hqr.cms.gov/ using a HARP account
   2. Once logged into HQR, go to "My Profile"
   3. From this page, Request Access or View Current Access
   4. Between the Basic User or Security Administrator/Official type, choose the Security Administrator/Official User type
   5. Choose which permissions are needed as a Security Administrator. Ensure the correct permissions for submitting HCAHPS data and reviewing HCAHPS submission results are selected and submitted.

HQR Basic User Registration
Once the survey vendor/hospital has an HQR Security Administrator, they may register Basic Users within the organization. Users wanting to request Basic User access must already have an organization associated with their account to follow the instructions below. New users not associated with an organization must contact their HQR Security Administrator to request access.

The steps for registering HQR Basic Users with an existing organization affiliation are as follows:

1. Sign into the HQR system at https://hqr.cms.gov/ using a HARP account. Create a HARP account if the user does not have one.
2. Once logged into HQR, go to "My Profile"
3. From this page, Request Access or View Current Access
4. Between the Basic User or Security Administrator/Official type, choose the Basic User type
5. Choose which permissions are needed as a Basic User. Ensure the correct permissions for submitting HCAHPS data and reviewing HCAHPS submission results are selected and submitted.

The organization's Security Administrator will need to approve the Basic User's access requests before the user can submit HCAHPS data or view HCAHPS reports.

HQR HCAHPS Roles

The following HCAHPS user roles are available to either survey vendors or hospitals, depending on the role:

➢ **HCAHPS File Upload** – Survey vendor or hospital personnel who have this role can upload HCAHPS XML formatted data or submit data using the HCAHPS Data Form (Online Data Entry Tool) to the HCAHPS Data Warehouse

➢ **HCAHPS Submission Results** – Hospital personnel who are assigned this role can view HCAHPS File Accuracy and Submission Results Reports

HCAHPS Survey Vendor Authorization Process

The following two sections outline the steps a hospital must complete in order to authorize, de-authorize or switch a survey vendor or a hospital acting as a survey vendor, to submit data via the HQR system on the hospital's behalf.

Survey Vendor Authorization

Hospitals that will be using a survey vendor to submit their HCAHPS data must first authorize the survey vendor before their data can be successfully submitted via the HQR system. Survey vendors should work closely with their hospital clients, who are unfamiliar with HQR, to complete the authorization at least 90 days prior to the data submission deadline. Questions pertaining to vendor authorization in the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at hcahps@hsag.com and including the Help Desk ticket number(s).

If a survey vendor attempts to submit the hospital's survey data without authorization, the data will be rejected by the data warehouse. The survey vendor must contact the hospital about the authorization and re-submit the data once authorization has been obtained. Survey vendor authorization takes effect immediately once the survey vendor authorization has been successfully submitted via the Vendor Management system on HQR.

Hospitals must use the Vendor Management System on HQR to authorize their HCAHPS Survey vendors. After logging into HQR with a HARP ID, hospitals may navigate to the Vendor Management System by clicking on "Administration" from the menu, and selecting "Vendor

Management." From the Vendor Management page, hospitals can click on "Add Vendor" and search for the desired vendor by organization name or Vendor ID. Hospitals can then select from a list of approved survey vendors and will be taken to an "Assign Access" page. Hospitals must select "Add" for the desired measure program to grant vendor access. For HCAHPS, hospitals must add the correct permissions for "HCAHPS" measure access. A pop-up will appear, and hospitals may change the access options from "No Access" to "Upload/Edit." Hospitals will also need to enter correct information for the Discharge Quarters and Submission Date fields. The definitions of the Discharge Quarters and Submission Start and End Dates are as follows:

 ➢ The Discharge Start Quarter and Start Year represent the first quarter and year the survey vendor has been contracted to work and from which eligible discharges will be sampled for surveying
 ➢ The Discharge End Quarter and End Year can be completed with the last quarter and year the hospital wishes the survey vendor to sample from eligible discharges for the purpose of administering the survey. **However, it is strongly recommended that these fields be left blank by checking the box "Do not include an end date."**
 ➢ The Submission Start Date (formerly the Transmission Start Date) represents the first calendar day the survey vendor is authorized to submit data on a hospital's behalf
 ➢ The Submission End Date (formerly the Transmission End Date) can be completed with the last date the hospital wishes the survey vendor to submit data on their behalf. **However, it is strongly recommended that this field be left blank by checking the box "Do not include an end date."**

Authorizing a New HCAHPS Survey Vendor

Discharge Start Quarter and Start Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2024	**10/01/2024**
Discharge End Quarter and End Year	**Data Submission End Date (MM/DD/YYYY)**
*(**Strongly recommend that these fields remain blank until survey vendor authorization is terminated, by checking the box "Do not include an end date"**)*	

Switching Survey Vendors

Hospitals that choose to switch from one approved survey vendor to another can only do so at the beginning of a calendar quarter. Survey vendors should work closely with their hospital clients, who are unfamiliar with the HQR platform, to complete the authorization at least 90 days prior to the data submission deadline. Questions pertaining to switching survey vendors in the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at hcahps@hsag.com and including the Help Desk ticket number(s).

In order to switch from one approved survey vendor to another, an HQR user should access the Vendor Management feature and enter or change the Submission End Date, Discharge End Quarter

and End Year associated with the current survey vendor. The following steps must be completed before a new survey vendor can be successfully authorized:

1. For the current survey vendor, the Submission End Date should be the last day for which the current survey vendor will be submitting data on the hospital's behalf

    Note: This will be the last date the HQR system will allow this vendor to upload. Make sure to provide the survey vendor with enough time to submit the data from this quarter. For example, if the survey vendor is authorized to submit 3Q24 data, the survey vendor must have a Submission End Date AFTER the submission deadline for that quarter (which is projected to be January 2, 2025 followed by the Review and Correct Period that will run until January 9, 2025). Therefore, the Submission End Date for this example should be no earlier than January 10, 2025.

2. In the current survey vendor's account, the Discharge End Quarter and End Year should be the last quarter and year the hospital will allow the current survey vendor to sample from eligible discharges

    *Note: The Discharge End Quarter and End Year is the last quarter and year the current survey vendor is under contract to collect survey data on behalf of the hospital. If the survey vendor is under contract only until the end of 3Q24, then the current survey vendor's Discharge End Quarter would be Q3 and the Discharge End Year would be 2024. The new survey vendor should have a Discharge Start Quarter of Q4 and Discharge Start Year of 2024. **The Discharge End Quarter and End Year of the existing vendor <u>CANNOT</u> overlap with the Discharge Start Quarter and Start Year of the new survey vendor.***

3. The new survey vendor's Submission Start Date must be the first day that this survey vendor will submit data for the hospital

    *Note: The Submission Start Date of the new survey vendor <u>**CAN**</u> overlap the Submission End Date of the former survey vendor. Due to the lead time between discharge quarters and submission deadlines, the new survey vendor will need the ability to begin submission of their collected HCAHPS data **before** the previous survey vendor has completed data submission. For example, if 3Q24 is the last quarter the expiring survey vendor can collect and submit data, the expiring survey vendor's submission deadline should be no earlier than January 10, 2025. However, the new survey vendor for 4Q24 should be allowed to begin HCAHPS Survey administration on October 1, 2024, the beginning of fourth quarter 2024. Therefore, the new survey vendor should have a Submission Start Date of October 1, 2024.*

4. The new survey vendor's Submission End Date can be completed with the last date that the hospital wishes the survey vendor to submit data on their behalf. **<u>However, it is strongly recommended that this field be left blank by checking the box "Do not include an end date."</u>**

5. The new survey vendor should be given a Discharge Start Quarter and Start Year corresponding with the first quarter and year for which the new survey vendor will be collecting data for the hospital

*Note: The Discharge Start Quarter and Start Year of the new survey vendor **CANNOT** overlap with the DISCHARGE END QUARTER AND END YEAR of the previous survey vendor.*

6. The new survey vendor's Discharge End Quarter and End Year should be the last quarter and year that the hospital contracts with the new survey vendor to collect data for the hospital. **<u>However, it is strongly recommended that this field be left blank by checking the box "Do not include an end date."</u>**

EXAMPLE – Switching Survey Vendors

The example below cites the current survey vendor being terminated after 3Q24 patient discharge data collection and the new survey vendor beginning with collection of 4Q24 patient discharge data.

Step 1 – Close Out "Current" HCAHPS Survey Vendor

Discharge Start Quarter and Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2023	**10/01/2023**
Discharge End Quarter and Year	**Data Submission End Date (MM/DD/YYYY)**
3Q 2024	**01/10/2025**
(Last quarter and year current Survey Vendor will collect data)	**(One day after HCAHPS data submission deadline Review and Correct Period)**

The *Discharge Quarter and Year* CANNOT overlap between current and new survey vendors.

The *Data Submission Dates* CAN overlap between current and new survey vendors.

Step 2 – Authorize "New" HCAHPS Survey Vendor

Discharge Start Quarter and Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2024	**10/01/2024**
Discharge End Quarter and Year	**Data Submission End Date (MM/DD/YYYY)**
(Strongly recommend that these fields remain blank until survey authorization is terminated)	
(Last quarter and year current Survey Vendor will collect data)	**(One day after HCAHPS data submission deadline Review and Correct Period)**

Data Submission via HQR

In order for survey vendors or hospitals to submit HCAHPS data, they must have an active HARP account and log in to HQR. Any issues encountered logging into HQR or submitting HCAHPS data should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov). Alert HCAHPS Technical Assistance (hcahps@hsag.com) when an HCAHPS-related QualityNet Help Desk ticket has been opened and provide the ticket number so the HCAHPS Project Team can track ongoing issues.

To add surveys to the HCAHPS Data Warehouse, the end user must have the appropriate HCAHPS File Upload permission. Survey vendors must submit data files using the XML format only, and each XML file should contain one month's worth of survey data (by hospital). For further information on the XML file specifications and structure, see Appendix AA. Survey vendors/Hospitals that require assistance with the XML format should contact HCAHPS Information and Technical Support at 1-888-884-4007 or via email at hcahps@hsag.com.

Data can be submitted on a monthly or quarterly basis and there are no fees associated with submitting data via HQR.

HQR Reports

Following submission of data, both XML users and Data Form users can access reports about the data submission in HQR. Appropriate HCAHPS Submission Result permissions must be active to view reports. Questions about accessing HQR reports should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email (qnetsupport@cms.hhs.gov).

HCAHPS Data Submission Reports

Three HCAHPS Data Submission Results are accessible by survey vendors or self-administering hospitals if they have been given "View" permissions for HCAHPS Submission Results.
- ➢ **Data Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages
- ➢ **Submission Summary Report** – includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID
- ➢ **HCAHPS Submission Results Report (formerly the Review and Correction Report)** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/Hospitals are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that have been submitted, survey vendors/hospitals have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline).

  Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted. No Header Record information can be modified during the Review and Correct Period.

The following information is intended to inform survey vendors/hospitals who submit survey data to the HCAHPS Data Warehouse via HQR about the most effective way to run and view the following two HCAHPS data submission reports:
- ➢ Submission Detail Report
- ➢ Submission Summary Report

Run these reports by navigating to the Data Results selection for HCAHPS on the left-hand navigation pane. Under the File Accuracy section, you will see the available reports listed in a drop-down menu. Select the desired report and the Discharge Quarter, and you will then be able to export a CSV version of the report.

HCAHPS Warehouse Feedback Reports

Three **HCAHPS Warehouse Feedback Reports** are accessible by survey vendor, hospital and health care system personnel with the "View" **HCAHPS Submission Results** role. **Survey vendor and health care system personnel are able to view HCAHPS File Accuracy and Submission Reports for their hospitals once permission is obtained from the Hospital Security Administrator.**

Note: All hospitals, including those contracting with a survey vendor, should review the Provider Survey Status Summary and HCAHPS Warehouse Data Submission Detail Reports on a regular basis.

> ➢ **Provider Survey Status Summary Report** – includes the number of surveys submitted for a provider for a discharge month. This report lists the accepted Administrative Data Records (which includes the number of respondents and non-respondents to the survey) and the accepted Survey Results Records (which includes only the respondents to the survey). This summary report displays results submitted via either the HCAHPS Online Data Form or XML format.
> ➢ **Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages
> ➢ **HCAHPS Submission Results Report (formerly the Review and Correction Report)** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/Hospitals are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that had been submitted, survey vendors/hospitals have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline).
>
> *Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted. No Header Record information can be modified during the Review and Correct Period.*

XML Data File Submission

The XML file upload is intended for use by survey vendors and self-administering hospitals that have a large volume of surveys. Survey vendors are required to submit data using the XML file format only.

The steps for XML data file submission via HQR File Upload are as follows:
1. Access the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) using HARP credentials
2. Hover over the icons on the left side of the page, click on "Data Submissions"
3. Choose the "**HCAHPS**" tab
4. Click on "File Upload"

5. Using the blue "Select Files" button, select or navigate to the appropriate files for data upload
6. After files have been uploaded, files will be listed on the page. The "Status" field indicates if a file upload is successful or has failed.
7. Access the **"Data Results"** page for HCAHPS to run **"Submission Reports."** Results in the Submission Reports can be used to verify the status of uploaded files. It also displays details of any errors found in the file.
8. Correct and resubmit files if there are data upload errors. Continue process until the upload is successful.

   Note: File names must be 50 characters or fewer and contain no special characters.

Data files in the XML file format submitted via HQR may be combined in a zip file. If a directory containing multiple XML files is uploaded, and there is an error in one or more of the files within the directory, only the invalid files will be rejected; the files that pass validation will be accepted. The rejected files will be listed in the Data Submission Reports. All the other valid files will be processed as per the validation rules.

HCAHPS Data Form Submission

Data submitted via the HCAHPS Data Form (formerly called the Online Data Entry Tool), is entered one survey at a time and should be combined into one month's worth of survey data for one hospital.

The HCAHPS Data Form was developed for hospitals that are approved to self-administer the HCAHPS Survey and submit their own data. The HCAHPS Data Form is an alternative to converting data files into the XML format.
   ➢ **A hospital cannot submit HCAHPS data via the Data Form if they have authorized a survey vendor to submit data on their behalf**
   ➢ **Survey vendors cannot submit data via the HCAHPS Data Form**

A user authorized to submit data using the **HCAHPS Data Form** can access it by clicking "Data Submissions" in the menu once the user has logged into HQR. On the "Data Submissions" page, the user should choose the "HCAHPS" tab and click on "Data Form" to enter individual surveys.

When using the HCAHPS Data Form, an individual survey should be entered in one sitting to avoid potential mistakes. After the survey is submitted, it will be listed in the table on the submission page for the month and quarter. To make changes or delete a survey after it has been submitted, first find the desired survey using the patient ID field for identification. Next click the three dots on the line associated with the desired patient ID. By clicking this, there will be options to edit or delete the survey. Make the necessary changes and carefully review and save the results. Verification of survey acceptance will be shown on the status field within the table of entered surveys.

In order to provide the end user with a record of their entered patient survey data, a PDF is available through the HCAHPS Data Form. To retrieve their data, the end user should see a button on the Data Form page to create a PDF.

QualityNet Help Desk

For assistance with navigating HQR, please contact the QualityNet Help Desk:

➢ Via email at qnetsupport@cms.hhs.gov
➢ Via telephone 1-866-288-8912

When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email (hcahps@hsag.com) for tracking purposes.

Oversight Activities

Overview
In order to verify compliance with CAHPS Hospital Survey (HCAHPS) protocols, the CMS-sponsored HCAHPS Project Team conducts oversight of participating survey vendors/hospitals. This chapter describes the oversight activities for the HCAHPS Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the HCAHPS Participation Form and Attestation Statement signifies agreement with all of the Rules of Participation, including all HCAHPS oversight activities**.

Oversight Activities
All survey vendors/hospitals that participate in the HCAHPS Survey are required to take part in all oversight activities, which include but are not limited to the following:

➢ HCAHPS Quality Assurance Plan (QAP)
The HCAHPS QAP is a comprehensive working document that is developed and maintained by survey vendors/hospitals in order to document their current administration of the survey and compliance with the HCAHPS guidelines. The QAP should also be used as a training tool for project staff and subcontractors. The HCAHPS Project Team will review survey vendor/hospital QAPs to ensure that the survey vendor's/hospital's stated processes are compliant with HCAHPS protocols. Updated QAPs must include, but are not limited to, documentation of changes in key staff, resources, operations, and/or survey mode; along with a detailed discussion of the results of quality checks and monitoring of HCAHPS Survey administration from the prior year. Any approved Exception Requests should be thoroughly discussed in the QAP.

➢ HCAHPS Survey Materials
Survey materials relevant to the HCAHPS Survey administration, including mailing materials (questionnaires, cover letters and outgoing/return envelopes), and/or phone scripts and interviewer screen shots, and/or web materials (email invitations, web survey screen shots and web survey testing link(s)) are required to be submitted (as determined by CMS) for each approved mode of survey administration in all languages employed. CMS may also request additional survey-related materials for review, including seeded mailing(s) to the HCAHPS Project Team as needed.

➢ Analysis of Submitted Data
All survey data submitted to the HCAHPS Data Warehouse by survey vendors/hospitals are reviewed by the HCAHPS Project Team. This review includes, but is not limited to, statistical and comparative analyses; preparation of data for public reporting; and other activities as required by CMS. If data anomalies are found, this will result in follow-up with the survey vendor/hospital.

➢ On-site Visits/Conference Calls
All survey vendors/hospitals (and their subcontractors, as applicable) are required to participate in on-site visits and/or teleconference calls conducted by the HCAHPS Project Team. The on-site visits allow the HCAHPS Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the HCAHPS Survey. The teleconference calls allow the HCAHPS Project Team to discuss issues related to administration of the HCAHPS Survey with the survey vendor/hospital.

➢ Additional Activities
  Additional activities as specified by CMS may be conducted in addition to the above.

Note: If the on-site visit/conference call, or any other oversight activity conducted by the HCAHPS Project Team, suggests that actual survey processes differ from HCAHPS protocols, immediate corrective actions may be required and sanctions may be applied.

HCAHPS Quality Assurance Plan (QAP)

Survey vendors/Hospitals approved to administer HCAHPS are obligated to develop and continually maintain a QAP. The QAP is a comprehensive working document that outlines the survey vendor's/hospital's implementation of, and compliance with, the HCAHPS guidelines. The main purposes of the QAP are as follows:

➢ Provide documentation of survey vendors'/hospitals' understanding, application and compliance with the HCAHPS *Quality Assurance Guidelines V19.0*. The following components must be addressed:
  1. Organizational background and structure for project
  2. Work plan for survey administration
  3. Role of subcontractor(s), if applicable
  4. Survey and data management system
  5. Quality controls for survey administration activities
  6. Confidentiality, privacy and security procedures in accordance with HIPAA
  7. Annual reporting of the results from quality control activities
➢ Serve as the organization-specific guide for administering the HCAHPS Survey, training project staff to conduct the survey and conducting quality control and oversight. The **QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations**.
➢ Ensure high quality data collection and continuity in survey processes

The QAP should be free of extraneous information and the emphasis should be on providing concise explanations of required HCAHPS processes. The QAP should reflect the survey vendor's/hospital's implemented survey administration processes.

The HCAHPS Project Team will notify survey vendors/hospitals when to submit their QAP to the HCAHPS Project Team by the specified submission due date. All QAPs must be dated and all changes from the prior version submitted **must be clearly identified** (i.e., use Microsoft Word track changes). The QAP should specifically address the following issues:

➢ Changes in survey administration processes, including any process changes due to revised HCAHPS *Quality Assurance Guidelines*
➢ A discussion of the results of the quality control checks performed in the prior year
➢ A discussion of the challenges faced by survey vendors/hospitals in survey administration in the prior year, and how those challenges were handled
➢ Changes in key staff
➢ Changes in resources

Along with the QAP update, survey vendors/hospitals may be required to submit other materials relevant to the HCAHPS Survey administration, when requested by CMS. The HCAHPS Project

Team's **acceptance** of a submitted QAP and survey materials **does** **not** constitute or imply approval or endorsement of the survey vendor's/hospital's HCAHPS Survey administration processes. The on-site visit and/or other oversight activities are used to examine, verify and approve the actual processes by which the HCAHPS Survey is administered.

The Quality Assurance Plan Outline can be found in Appendix BB. It is strongly recommended that survey vendors/hospitals use the QAP Outline as a template for developing and updating their own QAP.

HCAHPS Survey Materials

Hospitals/Survey vendors must submit survey materials, in all languages that are employed, to the HCAHPS Project Team by the date determined by CMS to include the following:
  ➢ Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone modes: copies of surveys, cover letters and outgoing/return envelopes
  ➢ Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone modes: copies of the phone scripts and interviewer screen shots
  ➢ Web-Mail, Web-Phone and Web-Mail-Phone modes: copies of the email invitations, web survey screen shots and a web survey testing link(s)

The HCAHPS Survey Materials Checklist can be found in Appendix BB. It is strongly recommended that survey vendors/hospitals use the HCAHPS Survey Materials Checklist to aid your organization in the materials submission process.

Analysis of Submitted Data

The HCAHPS Project Team reviews and analyzes all survey data submitted to the HCAHPS Data Warehouse through the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) in order to ensure the integrity of the data. If significant issues are identified, the survey vendor/hospital may be contacted. Survey vendors/Hospitals must adhere to all submission requirements as specified in the HCAHPS *Quality Assurance Guidelines V19.0;* as posted on the HQR system; and those periodically posted on the HCAHPS Website, as well as the deadline dates as posted on the HCAHPS Website. Please monitor the HCAHPS Website for additional data submission information and updates.

On-site Visits/Conference Calls

The HCAHPS Project Team will conduct on-site visits and/or teleconference calls with survey vendors/hospitals to verify compliance with the HCAHPS requirements. The size and composition of the review team will vary.

The HCAHPS Project Team conducts its on-site reviews in the presence of the survey vendor's/hospital's staff, and a confidentiality agreement is signed by all parties prior to or at the start of the on-site visit. The HCAHPS Project Team works with the visited organization to cover agenda items presented in advance to the survey vendor/hospital. The HCAHPS Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. **Survey vendors/Hospitals must make their subcontractors available to participate in the on-site visits and teleconference calls**.

In addition to other activities, the HCAHPS Project Team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The on-site review includes a review of sampling procedures. The survey vendor/hospital must retain HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sampling frame, XML files, etc.) for a minimum of three years. All files must be made available for review during HCAHPS oversight activities. The HCAHPS Project Team will review specific data records and trace the documentation of activities from the receipt of the discharge list through the uploading of the data to the HCAHPS warehouse. The process to review these files must be transparent and easily reproducible. The Project Director/Project Manager must be physically present during the on-site visit. If any HCAHPS processes are automated, then the programmer must be available during the on-site visit to review the programming. The on-site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the on-site visit review will remain confidential, as per CMS guidelines. After the on-site visit, the HCAHPS Project Team will provide the survey vendor/hospital with a summary of findings from the on-site review, and may pose follow-up questions and/or request additional information as needed.

On-site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors/Hospitals will be given a three-day window during which an unannounced site visit may be conducted.

During the on-site visit and/or conference call, the HCAHPS Project Team will review the survey vendor's/hospital's survey systems and will assess protocols based upon the HCAHPS *Quality Assurance Guidelines V19.0*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to the following:
   ➢ Survey management
   ➢ Data systems
   ➢ Sampling procedures
   ➢ Printed materials
   ➢ Printing, mailing and other related facilities
   ➢ Phone materials, interview areas and other related facilities
   ➢ Phone interviews
   ➢ Web survey systems
   ➢ Web materials
   ➢ Data receipt and entry
   ➢ Storage facilities
   ➢ Confidentiality, privacy and security
   ➢ Written documentation of survey processes
   ➢ Specific and/or randomly selected records covering a time period to include the data in the most recent public report period, or earlier

After the on-site visit or conference call, organizations will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Survey vendors/Hospitals will be subject to follow-up on-site visits and/or teleconference calls, as needed.

Non-compliance and Sanctions

Non-compliance with HCAHPS protocols, including program requirements, timely submission of the required documentation (e.g., QAP, survey materials, etc.) as requested, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospital and/or its survey vendor including:

➢ application of the appropriate footnote(s) to HCAHPS Survey results reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)
➢ adjustment to publicly reported scores, as needed
➢ increased oversight activities
➢ development and implementation of a corrective action plan, if requested
➢ loss of approved status to administer the HCAHPS Survey
➢ withholding of HCAHPS Survey results from public reporting, which could affect the hospital's Annual Payment Update (APU) and/or Hospital Value-Based Purchasing (HVBP) program payment, if applicable
➢ other sanctions as deemed appropriate by CMS

Note: Hospitals that contract with a survey vendor or self-administer the HCAHPS Survey should be aware that non-compliance by either hospitals or survey vendors could result in these, or other, sanctions.

Data Reporting

New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:
  ➢ Update the HCAHPS Survey to include new and updated questions and response categories

Overview

This chapter describes the public reporting of the CAHPS Hospital Survey (HCAHPS) results on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). HCAHPS results are published quarterly and include the hospital's most recent quarters of data.

Discharge Periods	Measures Included	Anticipated Public Reporting
Q3 2022 – Q2 2023	10 measures in the legacy HCAHPS Survey	April 2024
Q4 2022 – Q3 2023	10 measures in the legacy HCAHPS Survey	July 2024
Q1 2023 – Q4 2023	10 measures in the legacy HCAHPS Survey	October 2024
Q2 2023 – Q1 2024	10 measures in the legacy HCAHPS Survey	January 2025
Q3 2023 – Q2 2024	10 measures in the legacy HCAHPS Survey	April 2025
Q4 2023 – Q3 2024	10 measures in the legacy HCAHPS Survey	July 2025
Q1 2024 – Q4 2024	10 measures in the legacy HCAHPS Survey	October 2025
Q2 2024 – Q1 2025	8 unchanged measures in the legacy HCAHPS Survey	January 2026 [15]
Q3 2024 – Q2 2025	8 unchanged measures in the legacy HCAHPS Survey	April 2026 [154]
Q4 2024 – Q3 2025	8 unchanged measures in the legacy HCAHPS Survey	July 2026 [154]
Q1 2025 – Q4 2025	11 measures in the Updated HCAHPS Survey	October 2026 [16]

---

[15] Survey items that comprise 8 measures on the legacy HCAHPS Survey would remain unchanged on the Updated HCAHPS Survey. These measures would continue to be publicly reported for the Hospital IQR Program: "Communication with Nurses," "Communication with Doctors," "Communication About Medicines," "Discharge Information," "Overall Rating," "Recommend Hospital," "Cleanliness," and "Quietness (also will be referred as "Restfulness of Hospital Environment" in the Updated HCAHPS Survey).

[16] First quarter that the proposed Updated HCAHPS Survey data would be publicly reported under the Hospital IQR Program.

Public Reporting of HCAHPS Results

Hospital-level results are publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). This website was created through the efforts of CMS, along with the Hospital Quality Alliance (HQA). Hospitals must have 25 completed surveys in the reporting period for HCAHPS results to be publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

HCAHPS Star Ratings

HCAHPS Star Ratings appear in the Provider Data Catalog (https://data.cms.gov/provider-data/): one for each of the publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating. The HCAHPS Summary Star Rating, which combines the HCAHPS measure star ratings, is also displayed on Care Compare on Medicare.gov, where it is called the "Patient Survey Rating" (https://www.medicare.gov/care-compare/). Hospitals are able to preview the HCAHPS Star Ratings in their 30-day Public Reporting Preview Report. For more detailed information regarding the calculation of the HCAHPS Star Ratings, please visit the Star Ratings page of the HCAHPS Website (https://www.hcahpsonline.org).

100 Completed Survey Minimum for HCAHPS Star Ratings
Hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period in order to receive HCAHPS Star Ratings. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

Publicly Reported Updated HCAHPS Survey Measures

The Updated HCAHPS Survey results will be reported for seven composites, two individual items and two global items:
  - ➢ Composite Measures
    - • Communication with Nurses (comprised of three HCAHPS Survey items)
    - • Communication with Doctors (comprised of three HCAHPS Survey items)
    - • Restfulness of Hospital Environment (comprised of three HCAHPS Survey items)*
    - • Care Coordination (comprised of three HCAHPS Survey items)*
    - • Responsiveness of Hospital Staff (comprised of two HCAHPS Survey items)*
    - • Communication About Medicines (comprised of two HCAHPS Survey items)
    - • Discharge Information (comprised of two HCAHPS Survey items)
  - ➢ Individual Items
    - • Cleanliness of Hospital Environment
    - • Information About Symptoms*
  - ➢ Global Items
    - • Hospital Rating
    - • Recommend the Hospital

* New or updated items or measures beginning with the October 2026 public reporting.

Each of the composites is constructed from two or three questions from the survey and reported as one composite score. To produce composite scores, the proportion of cases in each response

category for each question is calculated. Once the proportions are calculated for each response category, the average proportion of those responding to each category is then calculated across all the questions that make up a specific composite. Only the questions answered by the patient are included in the composite calculation.

For public reporting purposes, the composite scores, individual items, and global items are displayed. Both national and state comparisons are reported for each of the HCAHPS scores. In addition, the number of surveys completed (in three broad categories) and the survey response rate are also reported for each participating hospital.

Bar graphs are displayed for the most positive response (or "top box") category. For instance, the graphic display of the "Hospital Rating" item shows the percentage of patients who gave their hospital a "9" or "10" on the "0 to 10" rating scale, or the percentage of patients who responded that their doctors "always" communicate well. The tables displayed on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/) show the "top-box," "middle-box" and "bottom-box" results for each HCAHPS item.

Users of Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/) are able to "drill down" to get more detailed information regarding this distribution for the response categories. Researchers and other interested parties are able to access a downloadable database on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/) that includes all of the hospital-level results that are publicly reported.

Adjusting Results

HCAHPS Survey results are adjusted for survey mode and patient-mix prior to public reporting. Only adjusted results are publicly reported and considered the official HCAHPS results. The adjusted results may differ from the unadjusted results.

For hospitals that obtain fewer than 100 completes and for hospitals that obtain fewer than 50 completes, results are reported, but the lower precision of the results derived from less than 100 completed surveys (and/or less than 50 completed surveys) is noted in the public reporting on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/). Please see the HCAHPS Website (https://www.hcahpsonline.org) for more information on these data adjustments, as well as additional information regarding HCAHPS scores.

A Note About HCAHPS "Boxes"

HCAHPS results are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (https://www.medicare.gov/care-compare/) as "top-box," "bottom-box" and "middle-box" scores. The **"top-box"** is the most positive response to HCAHPS Survey items. The "top-box" response is *"Always"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), *"Yes"* for the Discharge Information composite, *"'9' or '10' (high)"* for the Hospital Rating item, and *"Definitely yes"* for the Recommend the Hospital item.

The **"bottom-box"** is the least positive response category for HCAHPS Survey items. The "bottom-box" response is *"Sometimes or Never"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), *"No"* for the Discharge Information composite, *"'6' or lower (low)"* for the Hospital Rating item, and *"'Definitely No' and 'Probably No'"* for the Recommend the Hospital item.

The **"middle-box"** captures intermediate responses to HCAHPS Survey items. The "middle-box" response is *"Usually"* for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), *"'7' or '8' (medium)"* for the Hospital Rating item, and *"Probably yes"* for the Recommend the Hospital item. There is no "middle-box" response in the Discharge Information composite.

Reporting Results
Each hospital's aggregate results are compared to national and state averages. Results are reported for the six composites, the two individual items and the two global items. Survey response rates are also reported. All surveys submitted, including those over 300 completed surveys, are used in HCAHPS public reporting.

Results are reported as a rolling four quarters of data and are updated on a quarterly basis utilizing the most recent four quarters of data. For additional information on Care Compare on Medicare.gov, refer to https://www.medicare.gov/care-compare/. Summary results for both current and historical HCAHPS public reporting can be found under "Summary Analyses" on the HCAHPS Website (https://www.hcahpsonline.org).

Official HCAHPS scores are reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/). Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are "unofficial." This is done in two ways:
1. The introduction or executive summary of such reports must include the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/)."
2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
   - "This report has been produced by [Survey Vendor] and does not represent official HCAHPS results."

Hospital Preview Reports
A preview report of the HCAHPS Survey results is generated for each hospital to review prior to their data being publicly reported. This report contains aggregate results for the 12-month reporting period, and it is not possible to view selected months or quarters in the reporting period. This preview report is available for a 30-day preview period through the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/), formerly the QualityNet Secure Portal. After the 30-day

preview period has ended, the HCAHPS results are publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/), unless the hospital chooses to suppress their results. See the next section for more information on suppression of results.

Note: For hospitals that have fewer than 25 completed HCAHPS Surveys in a 12-month reporting period, the Public Reporting Preview Report will include the hospital's HCAHPS scores and number of completed surveys. However, HCAHPS scores for hospitals with less than 25 completed surveys will not be publicly reported on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

Participating critical access hospitals (CAHs) must have a completed Optional Public Reporting Notice of Participation/pledge form (https://ecqi.healthit.gov/tool/hospital-quality-reporting-hqr-system) on file in order for their HCAHPS results to be publicly reported. IPPS hospitals must have a completed Hospital Inpatient Quality Reporting Program (formerly known as the Reporting Hospital Quality Data Annual Payment Update [RHQDAPU]) Notice of Participation Form (https://qualitynet.cms.gov/inpatient/iqr/participation) on file for their HCAHPS results to be publicly reported.

Suppression of Results

Critical Access Hospitals (CAHs) have the option of suppressing the public reporting of their HCAHPS scores. If a CAH chooses to suppress its HCAHPS scores, it must suppress the complete set of HCAHPS results. Suppression of selected HCAHPS results or individual quarters is not allowed. Hospitals choosing to suppress their scores are only able to do so during the 30-day preview period. Both CAHs that choose to suppress their HCAHPS scores and IPPS hospitals that do not participate in the HCAHPS initiative, will receive a footnote on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/) that indicates that HCAHPS data are not available for the public reporting period. To suppress measures, a CAH must complete the appropriate pledge form and submit it to the QualityNet Help Desk.

Exception Request/Discrepancy Report Processes

Overview
This chapter describes two different CAHPS Hospital Survey (HCAHPS) administration processes: requesting exception to the standard HCAHPS protocols before implementing any exceptions; and notifying the HCAHPS Project Team of discrepancies which have occurred in the manner survey data have been collected or submitted.

The Exception Request process and Exception Request Form have been established to handle alternative methodologies that vary from standard HCAHPS protocols. The proposed alternative methodology(ies) must not be implemented until the submitted Exception Request Form has been approved.

The discrepancy process and the Discrepancy Report Form have been established for use by survey vendors/hospitals to notify the HCAHPS Project Team of any discrepancies in following standard HCAHPS protocols. Survey vendors/Hospitals are required to notify the HCAHPS Project Team of any discrepancies in following the standard HCAHPS protocols which have been encountered during survey administration. Survey vendors/Hospitals **must** notify the HCAHPS Project Team as soon as the discrepancy is identified.

Exception Request Process
The Exception Request process has been created to provide survey vendors/hospitals with more flexibility to meet individual organizations' need for certain variations from protocol, while still maintaining the integrity of the data for standardized public reporting. The Exception Request Form must be completed with sufficient detail, including clearly defined timeframes, for the HCAHPS Project Team to make an informed decision. The requested exception from protocol **must not be implemented prior to receiving approval** from the HCAHPS Project Team.
  ➢ Exception Requests will be limited to a two-year approval timeframe unless otherwise specified
  ➢ Approved Exception Requests may only be implemented at the beginning of a quarter
  ➢ Approved Exception Requests are for internal survey vendor/hospital use only and must not be used for marketing purposes
  ➢ Changes made to the HCAHPS *Quality Assurance Guidelines* and protocols may result in termination of an Approved Exception Request(s). In such cases survey vendors/hospitals will be required to follow the updated protocols.
  ➢ In addition, CMS reserves the right to withdraw approval at its discretion

To request an exception, survey vendors/hospitals are required to complete and submit an Exception Request Form (see Appendix EE) online via the HCAHPS Website (https://www.hcahpsonline.org). The form is designed to capture information on the proposed alternative to the standard protocols. Hospital CCNs **must be included on the form**.
  ➢ *Survey vendors must complete and submit all Exception Request Forms on behalf of their client hospitals*
  ➢ Survey vendors may submit one Exception Request Form on behalf of multiple hospitals with the same Exception Request. **Survey vendors must include a list of contracted hospitals and each hospital's CCN on whose behalf they are submitting the Exception**

Request. Please be sure to include the information in the specified section of the Exception Request Form.
➢ A new or updated Exception Request Form must be submitted for hospitals not included in the original request
➢ Do not use symbols or special characters (^*@#&) of any kind when submitting the Exception Request Form

Common Exception Requests

The HCAHPS Project Team has identified acceptable variations from established methodologies. Requested exceptions may fall into the following categories:
➢ Disproportionate Stratified Random Sampling **–** The following information **must** be included for each hospital in the Exception Request:
1. Name of each stratum to be used in the DSRS
2. Estimated total number of inpatient discharges for each stratum and number of eligible patients for each stratum
3. Estimated number of sampled patients for each stratum (minimum of 10 sampled discharges)
4. A plan describing how the DSRS sampling procedures will guarantee a minimum of 10 sampled discharges for each stratum
➢ Determination of Service Line – V.42 MS-DRG codes (effective October 1, 2024 and V.43 MS-DRG codes effective October 1, 2025) are the preferred means to establish the HCAHPS Service Line category (Maternity Care, Medical or Surgical). Survey vendors/Hospitals must submit an Exception Request Form online for approval to use a means, other than the items listed below, to establish the service line category:
1. V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 MS-DRG codes
2. V.24 CMS-DRG codes
3. Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, and V.24 DRG codes based on payer source or a mix of MS-DRG and APR-DRG codes
4. ICD-10 or ICD-9 codes
5. Hospital Unit
6. APR-DRG codes
7. Other - Approved Exception Request Only – Survey vendors/Hospitals must submit an Exception Request Form online for approval to use a means, other than those listed, to establish the service line category
   • Determination of Service Line based on a combination of service lines – If survey vendors/hospitals are requesting Determination of Service Line based on a combination of service lines (e.g., Medical/Surgical, Surgical/Maternity, Medical/Maternity), additional documentation is required:
     o Current electronic or written confirmation from the hospital that they are unable to provide MS-DRG codes or other preferred means of establishing the HCAHPS Service Line Category
     o Current electronic or written confirmation from the hospital delineating which patient populations are served (e.g., Medical/Surgical, Surgical/Maternity or Medical/Maternity)

8. Single Service Line - Maternity Care Only
9. Single Service Line - Medical Only
10. Single Service Line - Surgical Only

Note: Exception Requests for Determination of Service Line based on single service lines are no longer required; however, survey vendors must maintain current electronic or written documentation from the client hospital that confirms which patient population(s) are served. This documentation must be confirmed and or updated on an annual basis, at minimum and is subject to review by the HCAHPS Project Team. For detailed information on single service line coding, refer to the Data Specifications and Coding chapter.

➢ Participating in Another CMS or CMS-Sponsored Initiative – If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS protocols, the survey vendor/hospital should complete and submit an Exception Request to alert and inform the HCAHPS Project Team of participation
➢ Survey Materials – An Exception Request must be filed for the use of survey materials that do not align with the examples provided in the HCAHPS *Quality Assurance Guidelines V19.0* manual
➢ Conducting Survey Operations from Remote Location – An Exception Request must be filed to request approval to conduct survey operations from a remote location (other than survey vendor's/hospital's place of business)
➢ Other – Survey vendors/Hospitals must request an exception for alternative strategies not identified in the HCAHPS *Quality Assurance Guidelines V19.0* manual

No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone modes).

Review Process

Exception Requests will be reviewed by the HCAHPS Project Team. These reviews will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures and/or an on-site visit or conference call may be required. The HCAHPS Project Team will notify survey vendors/hospitals whether or not their exception has been approved. Updates to survey administration processes for approved Exception Requests must only be implemented at the start of a quarter.

If not approved, the HCAHPS Project Team will send the survey vendor/hospital an explanation. Survey vendors/Hospitals then have the option of appealing the decision. Survey vendors/Hospitals have five business days from the date of the Exception Request denial notification email to submit an appeal. To request an appeal, survey vendors/hospitals must resubmit the Exception Request Form (checking the box marked "Appeal of Exception Denial") and update it to provide further information about the nature of the exception. The appeal is then returned to the HCAHPS Project Team for re-review. The second review will take approximately 10 business days.

Discrepancy Report Process

On occasion, a survey vendor/hospital may identify discrepancies from HCAHPS protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with HCAHPS protocols. Survey vendors/Hospitals must notify CMS of these discrepancies as soon as they are identified. In its oversight role, the HCAHPS Project Team may also identify discrepancies that require correction. Examples of discrepancies include, but are not limited to, missing eligible discharges from a particular date or computer programming that caused an otherwise eligible patient to be excluded from the sample frame.

➢ *Survey vendors must complete and submit all Discrepancy Reports on behalf of their client hospitals*
- Initial Discrepancy Reports must be submitted within 24 hours after the discrepancy has been discovered
- All form fields must be completed to the extent this information is available
  - Detailed information such as hospital name and CCN, number of discharges, eligibles and sampled patients affected, specific time frame affected, total number of hospitals affected, and detailed information about what caused the discrepancy and how the discrepancy was corrected must be included
  - For information not immediately available, complete required form fields with "To be updated"
  - Do not use symbols or special characters (^*@#&) of any kind when submitting the Discrepancy Report Form
- If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information
  - Discrepancy Report updates are due within two weeks of the initial Discrepancy Report submission
➢ See Appendix FF for the Discrepancy Report Form, which must be submitted online via the HCAHPS Website (https://www.hcahpsonline.org). This report notifies the HCAHPS Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy.
➢ Hospital CCNs **must be included on the form**

Note: It is strongly recommended that survey vendors notify their client hospital prior to or upon the submission of a Discrepancy Report.

Discrepancy Report Review Process

The Discrepancy Report will be thoroughly reviewed by the HCAHPS Project Team. Notification of the outcome of the review may not be forthcoming until all the data for affected reporting periods have been submitted to the HCAHPS Data Warehouse. Email notification will be distributed to the organization submitting the Discrepancy Report once the outcome of the review has been determined.

Depending on the nature and extent of the discrepancy, a formal review of the survey vendor's/hospital's procedures, and/or an on-site visit or conference call may be undertaken.

The HCAHPS Project Team will notify survey vendors/hospitals whether additional information is required to document and correct the issue. CMS will be evaluating whether survey

vendors/hospitals follow all approved protocols in collecting and submitting HCAHPS data when determining application of footnotes. A footnote may be applied to publicly reported HCAHPS results to indicate that these results are derived from data whose collection or processing deviated from established HCAHPS protocols. The footnote will be applied until the affected data roll out of the public reporting cycle or unless otherwise determined by CMS.

Data Quality Checks

Overview

Survey vendors/Hospitals must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospital Survey (HCAHPS) data. This chapter describes suggested quality control activities that survey vendors/hospitals may implement, and should **not** be considered an exhaustive list of possible quality control activities that can be used by survey vendors/hospitals. It is important to note that quality control activities must be performed by a different staff member than the individual who originally performed the specific project task(s). The goals of conducting quality control activities are to minimize the probability of errors occurring in the handling of the data throughout the various steps of data processing; to verify that required fields are present and protocols are met; and to identify and explain unusual or unexpected changes in the data files. Therefore, quality checks must be operationalized for all of the key components or steps of survey administration and data processing on an ongoing and continuous basis. The preceding chapters in this manual contain sections that address various required quality control guidelines that must be adhered to. The emphasis in this chapter is on data quality checks that the HCAHPS Project Team strongly recommends.

Traceable Data File Trail

Survey vendors/Hospitals must save both original and processed HCAHPS data files for a minimum of three years. This allows for easier identification of issues and is an important component of the HCAHPS Project Team's external review activities. In addition to the requirements addressed in previous chapters, the information below provides suggestions regarding HCAHPS-related file retention:

➢ Preserve a copy of every file received in original form and leave unchanged (including files received from hospital clients)
➢ Record general summary information such as number of administrative records, eligible discharge size, and discharge month(s), etc.
- All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. All files must be made available for review during HCAHPS oversight activities such as on-site visits and/or teleconference calls. The process to review these files must be transparent and easily reproducible.
➢ Institute version controls for datasets, reports, and any software code and programs used for collecting and processing HCAHPS data records
- Do not delete old data files
- Keep intermediate data files, not just original and final versions

Review of Data Files

Survey vendors/Hospitals should examine their own data files and all clients' data files for any unusual or unexpected changes, including missing data. Trending or comparing data elements for individual hospitals over different time periods is one technique that can be used to determine whether any unusual or unexpected changes occurred. While the presence of such a change does not necessarily mean an error has occurred, it should prompt survey vendors/hospitals to further evaluate the data in order to verify the difference(s). Listed below are suggested activities:

➢ Verify that data are associated with the correct hospital CCN

➢ Investigate data for notable changes in the counts of patient discharges and eligible patients

➢ Prior to processing the patient discharge list, run frequency/percentage tables for all <u>administrative</u> variables received from the hospital (e.g., age, service line, discharge status, etc.), and compare to same-variable tables from previous months. If notable differences are discovered, investigate to determine the reason for the differences.

- Look for missing administrative data elements (such as MS-DRGs and patient age), and follow-up with the hospital immediately upon receipt of the discharge list

➢ Prior to preparing data files for submission to the HCAHPS Data Warehouse, run frequency/percentage tables for all <u>survey</u> variables stored for a given hospital and month. Compare to same-variable tables from previous months; if notable differences are found, investigate and determine if the data are accurate.

- Verify that the number of administrative records matches the value for sample size for the given month. If using DSRS, verify that the number of administrative records matches the value for sample size at the strata level.

- Check that Header Record variables match back to raw data summary statistics for the time period

- Review a random selection of administrative records as a quality check against original raw patient discharge data. This same activity can be performed for actual survey records.

- Verify that required data elements for all patients in the HCAHPS Sample Frame are submitted to the HCAHPS Data Warehouse

Accuracy of Data Processing Activities

In order to ensure that HCAHPS data are valid and reliable, data processing activities must be conducted in accordance with required protocols. Data quality checks should be implemented to verify that the required protocols have been followed. Examples of data quality check activities include:

➢ When drawing a sample, verify that every eligible discharge has a chance of being sampled

- For SRS and PSRS, all eligible patients must have an equal probability of being sampled

➢ If using DSRS, verify that at least 10 sampled patients from each stratum can be obtained

➢ Evaluate the frequency of break-off surveys and/or unanswered questions, and investigate possible causes

➢ Review HCAHPS Warehouse Data Submission Reports (for organizations submitting HCAHPS data) and/or HCAHPS Warehouse Feedback Reports (for hospitals contracting with an approved HCAHPS Survey vendor) to confirm data submission activity

➢ Review monthly submission results from the HCAHPS Submission Results Report (formerly the Review and Correction Report) to confirm a match with the frequency tables completed during previous quality check activities as described above

Summary

This chapter highlights a number of possible activities to assist survey vendors/hospitals in developing procedures for data quality checks. The information contained in this chapter is not meant to restrict survey vendors/hospitals only to those procedures listed in this chapter. The HCAHPS Project Team will conduct on-site visits to survey vendors/hospitals to review survey vendors'/hospitals' operations, including the types of quality control activities and documentation that demonstrates quality control activities have been performed.

Index

A

Index

Index

Index

Index

HCAHPS
Quality Assurance Guidelines
Table of Contents

HCAHPS
Quality Assurance Guidelines
Table of Contents

HCAHPS
Quality Assurance Guidelines
Table of Contents

HCAHPS
Quality Assurance Guidelines
Table of Contents

APPENDIX A

HCAHPS Mail Survey
(English)

THIS PAGE INTENTIONALLY LEFT BLANK

Hospital Experience Survey

SURVEY INSTRUCTIONS

♦ This survey asks about you and the care you received during the hospital stay named in the cover letter.

♦ Answer <u>all</u> the questions by checking the box to the left of your answer.

♦ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

□ Yes
☑ No   ➔ *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires TBD)

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

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?**

   □ Never
   □ Sometimes
   □ Usually
   □ Always

2. **During this hospital stay, how often did nurses <u>listen carefully to you</u>?**

   □ Never
   □ Sometimes
   □ Usually
   □ Always

3. **During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?**

   □ Never
   □ Sometimes
   □ Usually
   □ Always

YOUR CARE FROM DOCTORS

4. **During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?**

   □ Never
   □ Sometimes
   □ Usually
   □ Always

5. During this hospital stay, how often did doctors <u>listen carefully to you</u>?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

6. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

THE HOSPITAL ENVIRONMENT

7. During this hospital stay, how often were your room and bathroom kept clean?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

8. During this hospital stay, how often were you able to get the rest you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

☐ Yes
☐ No ➔ **If No, Go to Question 14**

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

14. **During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I never asked for help right away

15. **During this hospital stay, were you given any medicine that you had not taken before?**

☐ Yes
☐ No ➔ **If No, Go to Question 18**

16. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always

17. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always

18. **During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?**

☐ Yes, definitely
☐ Yes, somewhat
☐ No

LEAVING THE HOSPITAL

19. **Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?**

☐ Yes, definitely
☐ Yes, somewhat
☐ No

20. **Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?**

☐ Yes, definitely
☐ Yes, somewhat
☐ No
☐ I did not have family or a caregiver watch for symptoms or health problems

21. **When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?**

☐ Own home
☐ Someone else's home
☐ Another health facility ➔ **If Another, Go to Question 24**

22. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?**

☐ Yes
☐ No

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

☐ Yes
☐ No

OVERALL RATING OF HOSPITAL

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

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

☐ 0 Worst hospital possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best hospital possible

25. Would you recommend this hospital to your friends and family?

☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes

ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

27. In general, how would you rate your overall health?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

28. In general, how would you rate your overall <u>mental or emotional health</u>?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

29. What language do you <u>mainly</u> speak at home?

☐ English
☐ Spanish
☐ Chinese
☐ Another language

30. What is the highest grade or level of school that you have <u>completed</u>?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

31. Are you of Spanish, Hispanic or Latino origin?

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Cuban
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, other Spanish/Hispanic/Latino

32. What is your race? Please choose one or more.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

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

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Hospital Experience Survey

SURVEY INSTRUCTIONS

♦ This survey asks about you and the care you received during the hospital stay named in the cover letter.

♦ Answer <u>all</u> the questions by completely filling in the circle to the left of your answer.

♦ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

0 Yes
● No   ➔ *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires TBD)

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

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?**

   0 Never
   0 Sometimes
   0 Usually
   0 Always

2. **During this hospital stay, how often did nurses <u>listen carefully to you</u>?**

   0 Never
   0 Sometimes
   0 Usually
   0 Always

3. **During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?**

   0 Never
   0 Sometimes
   0 Usually
   0 Always

YOUR CARE FROM DOCTORS

4. **During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?**

   0 Never
   0 Sometimes
   0 Usually
   0 Always

5. **During this hospital stay, how often did doctors <u>listen carefully to you</u>?**

   O Never
   O Sometimes
   O Usually
   O Always

6. **During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?**

   O Never
   O Sometimes
   O Usually
   O Always

THE HOSPITAL ENVIRONMENT

7. **During this hospital stay, how often were your room and bathroom kept clean?**

   O Never
   O Sometimes
   O Usually
   O Always

8. **During this hospital stay, how often were you able to get the rest you needed?**

   O Never
   O Sometimes
   O Usually
   O Always

9. **During this hospital stay, how often was the area around your room quiet at night?**

   O Never
   O Sometimes
   O Usually
   O Always

YOUR CARE IN THIS HOSPITAL

10. **During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?**

    O Never
    O Sometimes
    O Usually
    O Always

11. **During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?**

    O Never
    O Sometimes
    O Usually
    O Always

12. **During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?**

    O Yes
    O No ➔ **If No, Go to Question 14**

13. **How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**

    O Never
    O Sometimes
    O Usually
    O Always

14. **During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?**

   O Never
   O Sometimes
   O Usually
   O Always
   O I never asked for help right away

15. **During this hospital stay, were you given any medicine that you had not taken before?**

   O Yes
   O No ➔ **If No, Go to Question 18**

16. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**

   O Never
   O Sometimes
   O Usually
   O Always

17. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**

   O Never
   O Sometimes
   O Usually
   O Always

18. **During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?**

   O Yes, definitely
   O Yes, somewhat
   O No

19. **Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?**

   O Yes, definitely
   O Yes, somewhat
   O No

20. **Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?**

   O Yes, definitely
   O Yes, somewhat
   O No
   O I did not have family or a caregiver watch for symptoms or health problems

21. **When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?**

   O Own home
   O Someone else's home
   O Another health facility ➔ **If Another, Go to Question 24**

22. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?**

   O Yes
   O No

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

O Yes
O No

OVERALL RATING OF HOSPITAL

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

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

O 0 Worst hospital possible
O 1
O 2
O 3
O 4
O 5
O 6
O 7
O 8
O 9
O 10 Best hospital possible

25. Would you recommend this hospital to your friends and family?

O Definitely no
O Probably no
O Probably yes
O Definitely yes

ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

O Yes, definitely
O Yes, somewhat
O No

27. In general, how would you rate your overall health?

O Excellent
O Very good
O Good
O Fair
O Poor

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

O Excellent
O Very good
O Good
O Fair
O Poor

29. What language do you mainly speak at home?

O English
O Spanish
O Chinese
O Another language

30. What is the highest grade or level of school that you have <u>completed</u>?

- O 8th grade or less
- O Some high school, but did not graduate
- O High school graduate or GED
- O Some college or 2-year degree
- O 4-year college graduate
- O More than 4-year college degree

31. Are you of Spanish, Hispanic or Latino origin?

- O No, not Spanish/Hispanic/Latino
- O Yes, Cuban
- O Yes, Mexican, Mexican American, Chicano
- O Yes, Puerto Rican
- O Yes, other Spanish/Hispanic/Latino

32. What is your race? Please choose one or more.

- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian or other Pacific Islander
- O White

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

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

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Our records show that you were recently a patient at **[HOSPITAL NAME]** and discharged on [**MM/DD/YYYY**]. Because you had a recent hospital stay, we are asking for your help.

The enclosed survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (www.medicare.gov/care-compare).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Earlier we asked for your feedback on your recent experience at **[NAME OF HOSPITAL]** discharged on **[MM/DD/YYYY]**. If you have already sent in the survey, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

The enclosed survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on <u>Medicare.gov</u> (<u>www.medicare.gov/care-compare</u>).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters

The following sentences must appear verbatim on each cover letter:

1. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

2. Your participation is voluntary and your answers will be kept private.

3. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (www.medicare.gov/care-compare).

4. We greatly appreciate your help in improving hospital care.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires TBD). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from **[NAME OF HOSPITAL]** to get more feedback about your hospital stay and will not be shared with HHS.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Spanish Survey Request

The following note must appear on each English cover letter to offer the HCAHPS Survey in Spanish:

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

APPENDIX B

HCAHPS Mail Survey
(Spanish)

THIS PAGE INTENTIONALLY LEFT BLANK

Encuesta sobre Atención Hospitalaria

INSTRUCCIONES

♦ Esta encuesta se refiere a usted y la atención que recibió durante la vez que estuvo en el hospital que aparece en la carta de presentación.

♦ Conteste todas las preguntas marcando el cuadrito que aparece a la izquierda de la respuesta que usted elija.

♦ A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

☐ Sí
☑ No ➔ *Si contestó "No", pase a la pregunta 1*

El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios. Por favor tenga en cuenta que las Preguntas 1-32 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981 (Fecha de vencimiento TBD)

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>?**

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

2. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>?**

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

3. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas</u> de una manera que usted pudiera entender?**

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

4. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

5. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

6. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

EL AMBIENTE EN EL HOSPITAL

7. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

8. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

9. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

SU ATENCIÓN EN ESTE HOSPITAL

10. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y actualizados sobre su atención?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

11. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

12. **Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?**

    ☐ Sí
    ☐ No ➔ **Si contestó "No", pase a la pregunta 14**

13. **¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

14. **Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre
    ☐ Nunca solicité ayuda inmediata

15. **Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?**

    ☐ Sí
    ☐ No ➔ **Si contestó "No", pase a la pregunta 18**

16. **Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

17. **Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?**

    ☐ Nunca
    ☐ A veces
    ☐ La mayoría de las veces
    ☐ Siempre

18. Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse?

☐ Sí, definitivamente
☐ Sí, hasta cierto punto
☐ No

SALIDA DEL HOSPITAL

19. ¿Los doctores, enfermeras u otro personal del hospital trabajaron con usted y su familia o la persona encargada de sus cuidados en la planificación de su atención después de haber salido del hospital?

☐ Sí, definitivamente
☐ Sí, hasta cierto punto
☐ No

20. ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?

☐ Sí, definitivamente
☐ Sí, hasta cierto punto
☐ No
☐ No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

21. Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

☐ A mi casa
☐ A la casa de otra persona
☐ A otra institución de salud ➔ **Si contestó "Otra", pase a la pregunta 24**

22. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

☐ Sí
☐ No

23. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

☐ Sí
☐ No

CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

24. **Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?**

- ☐ 0   El peor hospital posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   El mejor hospital posible

25. **¿Les recomendaría este hospital a sus amigos y familiares?**

- ☐ Definitivamente no
- ☐ Hasta cierto punto no
- ☐ Hasta cierto punto sí
- ☐ Definitivamente sí

ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. **¿Se planificó por adelantado esta vez que estuvo en el hospital?**

- ☐ Sí, definitivamente
- ☐ Sí, hasta cierto punto
- ☐ No

27. **En general, ¿cómo calificaría toda su salud?**

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

28. **En general, ¿cómo calificaría toda su <u>salud mental o emocional</u>?**

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

29. **¿<u>Principalmente</u> qué idioma habla en casa?**

- ☐ Inglés
- ☐ Español
- ☐ Chino
- ☐ Algún otro idioma

30. **¿Cuál es el grado o nivel escolar más alto que ha <u>completado</u>?**

- ☐ 8 años de escuela o menos
- ☐ 9-12 años de escuela, pero sin graduarse
- ☐ Graduado de la escuela secundaria, Diploma de escuela secundaria (*high school*), preparatoria, o su equivalente (o GED)
- ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

31. **¿Es usted de origen español, hispano o latino?**

- ☐ No, ni español/hispano/latino
- ☐ Sí, cubano
- ☐ Sí, mexicano, mexicano-americano, chicano
- ☐ Sí, puertorriqueño
- ☐ Sí, otro español/hispano/latino

32. **¿A qué raza pertenece? Por favor marque una o más.**

- ☐ Indígena americana o nativa de Alaska
- ☐ Asiática
- ☐ Negra o afroamericana
- ☐ Nativa de Hawái o de otras islas del Pacífico
- ☐ Blanca

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

¡GRACIAS!

Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

Encuesta sobre Atención Hospitalaria

INSTRUCCIONES

♦ Esta encuesta se refiere a usted y la atención que recibió durante la vez que estuvo en el hospital que aparece en la carta de presentación.

♦ Conteste <u>todas</u> las preguntas llenando completamente el círculo que aparece a la izquierda de la respuesta que usted elija.

♦ A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

0 Sí

● No → *Si contestó "No", pase a la pregunta 1*

El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios. Por favor tenga en cuenta que las Preguntas 1-32 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981 (Fecha de vencimiento TBD)

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>?**

   0 Nunca
   0 A veces
   0 La mayoría de las veces
   0 Siempre

2. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>?**

   0 Nunca
   0 A veces
   0 La mayoría de las veces
   0 Siempre

3. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas de una manera que usted pudiera entender?</u>**

   0 Nunca
   0 A veces
   0 La mayoría de las veces
   0 Siempre

LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

4. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

5. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

6. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

EL AMBIENTE EN EL HOSPITAL

7. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

8. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

9. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?**

   O Nunca
   O A veces
   O La mayoría de las veces
   O Siempre

SU ATENCIÓN EN ESTE HOSPITAL

10. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y actualizados sobre su atención?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre

11. **Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre

12. **Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?**

    O Sí
    O No ➜ **Si contestó "No", pase a la pregunta 14**

13. **¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre

14. **Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre
    O Nunca solicité ayuda inmediata

15. **Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?**

    O Sí
    O No ➜ **Si contestó "No", pase a la pregunta 18**

16. **Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre

17. **Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?**

    O Nunca
    O A veces
    O La mayoría de las veces
    O Siempre

18. **Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse?**

   0 Sí, definitivamente
   0 Sí, hasta cierto punto
   0 No

SALIDA DEL HOSPITAL

19. **¿Los doctores, enfermeras u otro personal del hospital trabajaron con usted y su familia o la persona encargada de sus cuidados en la planificación de su atención después de haber salido del hospital?**

   0 Sí, definitivamente
   0 Sí, hasta cierto punto
   0 No

20. **¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?**

   0 Sí, definitivamente
   0 Sí, hasta cierto punto
   0 No
   0 No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

21. **Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?**

   0 A mi casa
   0 A la casa de otra persona
   0 A otra institución de salud ➔ **Si contestó "Otra", pase a la pregunta 24**

22. **Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?**

   0 Sí
   0 No

23. **Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?**

   0 Sí
   0 No

CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

24. **Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?**

    O 0 El peor hospital posible
    O 1
    O 2
    O 3
    O 4
    O 5
    O 6
    O 7
    O 8
    O 9
    O 10 El mejor hospital posible

25. **¿Les recomendaría este hospital a sus amigos y familiares?**

    O Definitivamente no
    O Hasta cierto punto no
    O Hasta cierto punto sí
    O Definitivamente sí

ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. **¿Se planificó por adelantado esta vez que estuvo en el hospital?**

    O Sí, definitivamente
    O Sí, hasta cierto punto
    O No

27. **En general, ¿cómo calificaría toda su salud?**

    O Excelente
    O Muy buena
    O Buena
    O Regular
    O Mala

28. **En general, ¿cómo calificaría toda su salud mental o emocional?**

    O Excelente
    O Muy buena
    O Buena
    O Regular
    O Mala

29. **¿Principalmente qué idioma habla en casa?**

    O Inglés
    O Español
    O Chino
    O Algún otro idioma

30. ¿Cuál es el grado o nivel escolar más alto que ha <u>completado</u>?

- O 8 años de escuela o menos
- O 9-12 años de escuela, pero sin graduarse
- O Graduado de la escuela secundaria, Diploma de escuela secundaria (*high school*), preparatoria, o su equivalente (o GED)
- O Algunos cursos universitarios o un título universitario de un programa de 2 años
- O Título universitario de 4 años
- O Título universitario de más de 4 años

31. ¿Es usted de origen español, hispano o latino?

- O No, ni español/hispano/latino
- O Sí, cubano
- O Sí, mexicano, mexicano-americano, chicano
- O Sí, puertorriqueño
- O Sí, otro español/hispano/latino

32. ¿A qué raza pertenece? Por favor marque una o más.

- O Indígena americana o nativa de Alaska
- O Asiática
- O Negra o afroamericana
- O Nativa de Hawái o de otras islas del Pacífico
- O Blanca

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

¡GRACIAS!

Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Querido/Querida **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Nuestros registros indican que usted estuvo hospitalizado en **[HOSPITAL NAME]** y que le dieron de alta el [**MM/DD/YYYY**]. Como usted estuvo hospitalizado recientemente, queremos pedir su ayuda.

La encuesta adjunta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en <u>Medicare.gov</u> (<u>www.medicare.gov/care-compare</u>).

Después de que haya completado la encuesta, devuélvala en el sobre con porte prepagado. Si tiene alguna pregunta sobre la encuesta adjunta, llame (OPTIONAL TO STATE gratis) al: **[PHONE NUMBER]** (OPTIONAL TO STATE o envíe un correo electrónico a **[EMAIL ADDRESS]**).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Querido/Querida **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Anteriormente, le pedimos su opinión sobre su reciente experiencia en **[HOSPITAL NAME]** dado de alta el **[MM/DD/YYYY]**. Si ya envió la encuesta, se lo agradecemos mucho y no tiene que hacer caso de esta carta. Sin embargo, si todavía no ha contestado la encuesta, por favor dedique unos minutos a hacerlo ahora.

La encuesta adjunta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en Medicare.gov (www.medicare.gov/care-compare).

Después de que haya completado la encuesta, devuélvala en el sobre con porte prepagado. Si tiene alguna pregunta sobre la encuesta adjunta, llame (OPTIONAL TO STATE gratis) al: **[PHONE NUMBER]** (OPTIONAL TO STATE o envíe un correo electrónico a **[EMAIL ADDRESS]**).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters

The following sentences must appear verbatim on each cover letter:

1. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

2. Su participación es voluntaria y sus respuestas se mantendrán privadas.

3. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov](www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

4. Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

Según la Ley de Reducción de Trámites (Paperwork Reduction Act) de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981 (Fecha de vencimiento TBD). Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 32 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

> Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

> El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

> Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

APPENDIX C

HCAHPS Mail Survey
(Chinese)

THIS PAGE INTENTIONALLY LEFT BLANK

醫院體驗問卷調查

問卷指示

♦ 此份問卷調查詢問您在問卷說明函中所列的醫院的住院及您所得到的醫療服務等情況。

♦ 請回答所有問題，並勾選答案左邊的方格。

♦ 本問卷中有些題目您無需作答。出現這個情況時，您會看到一個箭頭指向下一個要回答的問題，如下所示：

☐ 是
☑ 否 ➔ ➔ *如回答否，請跳到#1*

> *您也許注意到了此問卷上的號碼。此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。請注意:問卷中 1-32 題是屬於測量醫院照顧品質的全國性計劃的一部份。OMB #0938-0981 (到期日TBD)*

請針對印在信函上所列的醫院回答下列問不要牽涉其他您住過的醫院。

護士對您的護理

1. 此次住院期間，護士是否常以禮貌和尊重對待您？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

2. 此次住院期間，護士是否常細心聆聽您說話？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

3. 此次住院期間，護士是否常用您聽得懂的方式來向您解釋事務？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

醫生對您的醫護

4. 此次住院期間，醫生是否常以禮貌和尊重對待您？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

5. 此次住院期間，醫生是否常細心聆聽您說話？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

6. 此次住院期間，醫生是 否常用您聽得懂的方式來向您<u>解釋事務</u>？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

醫院的環境

7. 此次住院期間，您的病房及衛浴設備是否經常保持乾淨清潔？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

8. 此次住院期間，您是否經常能得到所需的休息？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

9. 此次住院期間，您的病房周圍是否晚上經常很安靜？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

這家醫院對您提供的醫療服務

10. 此次住院期間，醫生、護士及其他醫院人員是否經常告知您有關您的療護情形並且隨時讓您知道最新狀況？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

11. 此次住院期間，醫生、護士及其他醫院工作人員是否經常能合作無間地照護您？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

12. 此次住院期間，您曾需要醫生，護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎？

☐ 是
☐ 否 ➜ 如回答否，請跳到 #14

13. 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

14. 在住院期間，當您要求立即獲得幫助時，您能夠獲得所需的幫助嗎？

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此
☐ 我從來都沒有要求立即協助

15. 此次住院期間，是否有人給您以前從沒有使用過的藥物?

☐ 是
☐ 否 ➜ 如果「否」，請跳至第18題

16. 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何?

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

17. 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用?

☐ 從未如此
☐ 有時如此
☐ 時常如此
☐ 總是如此

18. 此次住院期間，醫生、護士及其他醫院人員是否有協助您休息與復原?

☐ 有，非常積極
☐ 有，一點點
☐ 沒有

出院

19. 醫生、護士或其他醫院人員是否與您及您的家人或照護者共同為您制定出院後的照護計劃?

☐ 有，非常積極
☐ 有，一點點
☐ 沒有

20. 醫生、護士或醫院人員是否對您的家人或照護者，提供有關您出院後必須注意的症狀或健康問題方面的足夠資訊?

☐ 有，非常積極
☐ 有，一點點
☐ 沒有
☐ 我沒有能幫忙注意症狀或健康問題的家人或看護

21. 在出院 之後您是直接回家?去別人家?還是去住另外一家醫療機構?

☐ 自己的家
☐ 別人的家
☐ 另一個醫護 機構 ➜ 如回答另一個醫護機構，請跳到 #24

22. 住院時，您的醫生、護士或其他員工有沒有與您談論出院 後是否會獲得所需要的協助?

☐ 是
☐ 否

23. 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題？

- ☐ 是
- ☐ 否

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

24. 請用下列0到10中任何一個數字評價。0 是最差醫院，10 是最佳醫院。 您認為那一個數字最能代表您對此醫院的評價？

- ☐ 0 最差醫院
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 最佳醫院

25. 您是否會向您的朋友和家人推薦這間醫院？

- ☐ 絕不會
- ☐ 也許不會
- ☐ 可能會
- ☐ 絕對會

下面只剩下幾個問題。

26. 這次住院是事前規劃好的？

- ☐ 有，非常積極
- ☐ 有，一點點
- ☐ 沒有

27. 概括而言，您對個人整體的健康作如何評價？

- ☐ 特佳
- ☐ 甚好
- ☐ 好
- ☐ 可以
- ☐ 差

28. 概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？

- ☐ 特佳
- ☐ 甚好
- ☐ 好
- ☐ 可以
- ☐ 差

29. 您在家裡<u>主要</u>說哪一個語言？

- ☐ 英語
- ☐ 西班牙文
- ☐ 中文
- ☐ 其他語言

30. 您<u>完成</u>了下列那一項最高學業或學位？

- ☐ 八年級或以下
- ☐ 就讀高中,但沒有畢業
- ☐ 高中畢業或有同等學業文憑
- ☐ 大學肄業或兩年制學位
- ☐ 四年大學畢業
- ☐ 四年大學畢業以上

31. 您是西班牙裔、西語族裔、或拉丁裔嗎？

- ☐ 否，非西班牙人／西班牙語裔 ／ 拉丁裔
- ☐ 是，古巴人
- ☐ 是，墨裔、墨裔美人、美國出生的墨裔美人
- ☐ 是，波多黎各裔
- ☐ 是，其他西班牙人、西裔、拉丁裔

32. 您屬於哪一種族？請選一個或一個以上的回答。

- ☐ 美洲印第安人或阿拉斯加原住民
- ☐ 亞洲人
- ☐ 黑種人,非裔美人
- ☐ 夏威夷原住民或其他太平洋島民
- ☐ 白種人

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

謝謝您

請將填妥的問卷放入已付郵資的信封內寄回。

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

本問卷調查中的第 1-32 題為美國政府的問卷調查，因此屬於公共領域，故不受美國著作權法管轄。

醫院體驗問卷調查

問卷指示

♦ 此份問卷調查詢問您在問卷說明函中所列的醫院的住院及您所得到的醫療服務等情況。

♦ 請回答所有問題，並將答案左邊的圓圈塗滿。

♦ 本問卷中有些題目您無需作答。出現這個情況時，您會看到一個箭頭指向下一個要回答的問題，如下所示：

    0   是

    ●   否   ➔ *如回答「否」，請跳至第 1 題*

您也許注意到了此問卷上的號碼。此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。請注意：問卷中 1-32 題是屬於測量醫院照顧品質的全國性計劃的一部份。OMB #0938-0981（到期日TBD）

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

護士對您的護理

1. **此次住院期間，護士是否常以禮貌和尊重對待您?**

   O　從未如此
   O　有時如此
   O　時常如此
   O　總是如此

2. **此次住院期間，護士是否常細心聆聽您說話?**

   O　從未如此
   O　有時如此
   O　時常如此
   O　總是如此

3. **此次住院期間，護士是否常用您聽得懂的方式來向您解釋事務?**

   O　從未如此
   O　有時如此
   O　時常如此
   O　總是如此

醫生對您的醫護

4. **此次住院期間，醫生是否常以禮貌和尊重對待您?**

   O　從未如此
   O　有時如此
   O　時常如此
   O　總是如此

5. **此次住院期間，醫生是否常細心聆聽您說話?**

   O　從未如此
   O　有時如此
   O　時常如此
   O　總是如此

6. 此次住院期間，醫生是否常用您聽得懂的方式來向您解釋事務？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

醫院的環境

7. 此次住院期間，您的病房及衛浴設備是否時常保持乾淨清潔？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

8. 此次住院期間，您是否時常能得到所需的休息？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

9. 此次住院期間，您的病房周圍是否晚上時常很安靜？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

這家醫院對您提供的醫療服務

10. 此次住院期間，醫生、護士及其他醫院人員是否時常告知您有關您的療護情形並且隨時讓您知道最新狀況？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

11. 此次住院期間，醫生、護士及其他醫院工作人員是否時常能合作無間地照護您？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

12. 此次住院期間，您曾需要醫生，護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎？

O 是
O 否 ➔ 如回答「否」，請跳至第 14 題

13. 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助？

O 從未如此
O 有時如此
O 時常如此
O 總是如此

14. 在住院期間，當您要求立即獲得幫助時，您能夠獲得所需的幫助嗎？

O 從未如此

O 有時如此

O 時常如此

O 總是如此

O 我從來都沒有要求立即協助

15. 此次住院期間，是否有人給您以前從沒有使用過的藥物？

O 是

O 否 ➔ 如回答「否」，請跳至第 **18** 題

16. 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何？

O 從未如此

O 有時如此

O 時常如此

O 總是如此

17. 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用？

O 從未如此

O 有時如此

O 時常如此

O 總是如此

18. 此次住院期間，醫生、護士及其他醫院人員是否有協助您休息與復原？

O 有，非常積極

O 有，一點點

O 沒有

出院

19. 醫生、護士或其他醫院人員是否與您及您的家人或照護者共同為您制定出院後的照護計劃？

O 有，非常積極

O 有，一點點

O 沒有

20. 醫生、護士或醫院人員是否對您的家人或照護者，提供有關您出院後必須注意的症狀或健康問題方面的足夠資訊？

O 有，非常積極

O 有，一點點

O 沒有

O 我沒有能幫忙注意症狀或健康問題的家人或看護

21. 在出院之後您是直接回家？去別人家？還是去住另外一家醫療機構？

O 自己的家

O 別人的家

O 另一個醫護 機構 ➔ 如回答另一個醫護機構，請跳到第 **24** 題

22. 住院時，您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助？

O 是

O 否

23. 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題？

0　是
0　否

醫院整體評分

請針對印在信函上所列的醫院回答下列問題。不要牽涉其他您住過的醫院。

24. 請用下列0到10中任何一個數字評價。**0 是最差醫院，10 是最佳醫院。** 您認為那一個數字最能代表您對此醫院的評價？

0　0　最差的醫院
0　1
0　2
0　3
0　4
0　5
0　6
0　7
0　8
0　9
0　10　最佳醫院

25. 您是否會向您的朋友和家人推薦這間醫院？

0　絕不會
0　也許不會
0　可能會
0　絕對會

有關您個人

下面只剩下幾個問題。

26. 這次住院是事前規劃好的？

0　有，非常積極
0　有，一點點
0　沒有

27. 概括而言，您對個人整體的健康作如何評價？

0　特佳
0　甚好
0　好
0　可以
0　差

28. 概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？

0　特佳
0　甚好
0　好
0　可以
0　差

29. 您在家裡<u>主要</u>說哪一個語言？

0　英語
0　西班牙文
0　中文
0　其他語言

30. 您完成了下列那一項最高學業或學位？

O　八年級或以下

O　就讀高中，但沒有畢業

O　高中畢業或有同等學歷文憑

O　大學肄業或兩年制學位

O　四年大學畢業

O　四年大學畢業以上

31. 您是西班牙裔、西語族裔、或拉丁裔嗎？

O　否，非西班牙人／西班牙語裔 ／ 拉丁裔

O　是，古巴人

O　是，墨裔、墨裔美人、美國出生的墨裔美人

O　是，波多黎各裔

O　是，其他西班牙人／西裔／拉丁裔

32. 您屬於哪一種族？請選一個或一個以上的回答。

O　美洲印第安人或阿拉斯加原住民

O　亞洲人

O　黑種人或非裔美人

O　夏威夷原住民或其他太平洋島民

O　白種人

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

謝謝您

請將填妥的問卷放入已付郵資的信封內寄回。

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

本問卷調查中的第 1-32 題為美國政府的問卷調查，因此屬於公共領域，故不受美國著作權法管轄。

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

親愛的**[SAMPLED PATIENT FIRST AND LAST NAME]**：

我們的資料顯示**您最近是 [HOSPITAL NAME]** 的病人，在**[MM/DD/YYYY]**出院。因為**您最近住過院，所以我們懇請您幫個忙。**

隨附的意見調查是為了瞭解病人對醫院照顧品質的看法。本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要 **[NUMBER]** 分鐘。

您的參與純屬自願，您的回答將被保密。 您的信息將有助於改善醫院提供的護理，並幫助其他人選擇醫院。您可以在 Medicare.gov網站上查閱當前的調查結果和醫療護理評級（www.medicare.gov/care-compare）。

當您填完這份問卷後，請放入已付郵資的回郵信封寄回。如果您對隨附的調查有任何問題，請撥打(OPTIONAL TO STATE免費電話)：**[PHONE NUMBER]**（OPTIONAL TO STATE 或向我們發送電子郵件至 **[EMAIL ADDRESS]**).

我們非常感謝**您在改善醫院照顧方面提供的幫助。**

謹此，

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

親愛的 **[SAMPLED PATIENT FIRST AND LAST NAME]**：

我們早前曾詢問您關於在 **[NAME OF HOSPITAL]** 住院，出院日期是 **[MM/DD/YYYY]** 的住院調查。如果您已經寄回這份問卷調查，請接受我們的感謝並忽略這封信。但是如果您尚未完成這份調查，請現在花幾分鐘時間填寫。

隨附的意見調查是為了瞭解病人對醫院照顧品質的看法。本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要 **[NUMBER]** 分鐘。

您的參與純屬自願，您的回答也會保密。 您的信息將有助於改善醫院提供的護理，並幫助其他人選擇醫院。您可以在Medicare.gov網站上查閱當前的調查結果和醫療護理評級（www.medicare.gov/care-compare）。

當您填完這份問卷後，請放入已付郵資的回郵信封寄回。如果您對隨附的調查有任何問題，請撥打(OPTIONAL TO STATE免費電話)：**[PHONE NUMBER]**（OPTIONAL TO STATE 或向我們發送電子郵件至 **[EMAIL ADDRESS]**).

我們非常感謝**您在改善醫院照顧方面提供的幫助。**

謹此，

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. 本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要 **[NUMBER]**分鐘。

2. **您的參與純屬自願，您的回答也會保密。**

3. **您的信息將有助於改善醫院提供的護理，並幫助其他人選擇醫院。您可以**在 Medicare.gov網站上查閱當前的調查結果和醫療護理評級(www.medicare.gov/care-compare)。

4. 我們非常感謝**您對於改善醫院的醫療服務所作出的貢獻。**

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

根據1995年《減少文書作業法》（Paperwork Reduction Act of 1995），除非資料收集文件附有正式的OMB號碼，任何人都無須對此類文件作出回應。這**份資料收集文件的正式**OMB號碼是0938-0981 （到期日TBD）。完成這**份資料收集中** 1-32 題所需的時間估計是平均 8 分鐘，這包括閱讀指示的時間、查詢現有數據來源、收集所需資料及完成並檢查填寫的資料。如果您對估計時間的準確性有任何指教或有改進本表格的建議，請寫信到：Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850。

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

本問卷調查中的問題 1-32 來自美國衛生及公共服務部 (U.S. Department of Health and Human Services)，用於品質測量。其他問題則是來自於 **[NAME OF HOSPITAL]**，用於收集有關**您住院情況的更多反**饋，且不會與美國衛生及公共服務部分享。

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

您也許注意到了此問卷上的號碼。此號碼是讓我們知道您是否已回覆了問卷，而我們就不必再寄信提醒您。

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

本問卷調查中的第 1-32 題為美國政府的問卷調查，因此屬於公共領域，故不受美國著作權法管轄。

APPENDIX D

HCAHPS Mail Survey
(Russian)

THIS PAGE INTENTIONALLY LEFT BLANK

Опрос о впечатлениях от пребывания в больнице

ИНСТРУКЦИИ ПО ПРОВЕДЕНИЮ ОПРОСА

♦ Этот опрос содержит информацию о вас и о качестве медицинского обслуживания, которое вы получили во время пребывания в больнице, указанной в сопроводительном письме.

♦ Ответьте на <u>все</u> вопросы, отметив ячейку слева от вашего ответа.

♦ Иногда вам будет предложено пропустить некоторые вопросы данной анкеты. При этом вы увидите стрелку с примечанием о том, на какой вопрос вам следует отвечать дальше, например:

☐ Да
☑ Нет ➔ *Если «Нет», перейдите к вопросу 1*

На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания. Внимание: Вопросы 1-32 в данном опросе являются частью национальной инициативы с целью оценки качества медицинского обслуживания в больницах. OMB №0938-0981 (срок истекает TBD)

Пожалуйста, ответьте на вопросы этой анкеты о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

1. **Во время данного пребывания в больнице как часто медсестры относились к вам <u>вежливо и уважительно</u>?**

   ☐ Никогда
   ☐ Иногда
   ☐ Как правило
   ☐ Всегда

2. **Во время данного пребывания в больнице как часто медсестры <u>внимательно вас выслушивали</u>?**

   ☐ Никогда
   ☐ Иногда
   ☐ Как правило
   ☐ Всегда

3. **Во время данного пребывания в больнице как часто медсестры давали вам понятные <u>объяснения</u>?**

   ☐ Никогда
   ☐ Иногда
   ☐ Как правило
   ☐ Всегда

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

4. **Во время данного пребывания в больнице как часто врачи относились к вам вежливо и уважительно?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

5. **Во время данного пребывания в больнице как часто врачи внимательно вас выслушивали?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

6. **Во время данного пребывания в больнице как часто врачи давали вам понятные объяснения?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

БОЛЬНИЧНАЯ СРЕДА

7. **Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

8. **Во время данного пребывания в больнице как часто вам удавалось отдохнуть, когда вам это было необходимо?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

9. **Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

10. **Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал владели общей и актуальной информацией о том, какой медицинский уход вы должны получать?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

11. **Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал демонстрировали слаженную совместную работу при предоставлении вам медицинского ухода?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

12. **Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?**

☐ Да
☐ Нет ➔ **Если «Нет», перейдите к вопросу 14**

13. **Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

14. **Во время данного пребывания в больнице как часто после вашего обращения за срочной помощью вы получали ее максимально быстро?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда
☐ Я никогда не обращался(-лась) за срочной помощью

15. **Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?**

☐ Да
☐ Нет ➔ **Если «Нет», перейдите к вопросу 18**

16. **Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

17. **Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом?**

☐ Никогда
☐ Иногда
☐ Как правило
☐ Всегда

18. **Во время данного пребывания в больнице помогали ли вам отдыхать и восстанавливаться врачи, медсестры и другой персонал?**

- ☐ Определенно, да
- ☐ Да, в некоторой степени
- ☐ Нет

ВЫПИСКА ИЗ БОЛЬНИЦЫ

19. **Взаимодействовали ли ваши врачи, медсестры или другой персонал с вами и с членами вашей семьи или с ухаживающим за вами человеком, чтобы проработать программу дальнейшего ухода за вами после выписки из больницы?**

- ☐ Определенно, да
- ☐ Да, в некоторой степени
- ☐ Нет

20. **Предоставили ли ваши врачи, медсестры или другой персонал членам вашей семьи или ухаживающему за вами человеку достаточно информации о том, на какие симптомы или проблемы со здоровьем следует обращать внимание после выписки из больницы?**

- ☐ Определенно, да
- ☐ Да, в некоторой степени
- ☐ Нет
- ☐ У меня не было членов семьи или ухаживающего за мной человека, которые следили бы за моими симптомами или проблемами со здоровьем

21. **Когда вы вышли из больницы, вы сразу направились к себе домой, домой к другому человеку или в другое медицинское учреждение?**

- ☐ К себе домой
- ☐ Домой к другому человеку
- ☐ В другое медицинское учреждение ➔ **Если «В другое», перейдите к вопросу 24**

22. **Во время данного пребывания в больнице интересовались ли у вас врачи, медсестры или другие сотрудники больницы тем, будет ли вам предоставлена требуемая помощь после выписки из больницы?**

- ☐ Да
- ☐ Нет

23. **Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?**

- ☐ Да
- ☐ Нет

ОБЩИЙ РЕЙТИНГ БОЛЬНИЦЫ

Пожалуйста, ответьте на следующие вопросы опроса о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

24. **Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?**

    ☐ 0 Самая худшая больница из возможных
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5
    ☐ 6
    ☐ 7
    ☐ 8
    ☐ 9
    ☐ 10 Самая лучшая больница из возможных

25. **Рекомендовали бы вы данную больницу вашим друзьям и родственникам?**
    ☐ Определенно нет
    ☐ Возможно нет
    ☐ Возможно да
    ☐ Определенно да

О ВАС

Осталось только несколько пунктов.

26. **Планировалось ли заранее данное пребывание в больнице?**
    ☐ Определенно, да
    ☐ Да, в некоторой степени
    ☐ Нет

27. **В целом, как бы вы оценили ваше общее состояние здоровья?**
    ☐ Отличное
    ☐ Очень хорошее
    ☐ Хорошее
    ☐ Удовлетворительное
    ☐ Плохое

28. **Как бы вы в целом оценили ваше психическое или эмоциональное состояние?**
    ☐ Отличное
    ☐ Очень хорошее
    ☐ Хорошее
    ☐ Удовлетворительное
    ☐ Плохое

29. **На каком языке вы в основном говорите дома?**
    ☐ Английский
    ☐ Испанский
    ☐ Китайский
    ☐ Другой язык

30. Укажите последний класс или уровень учебного заведения, которое вы <u>закончили</u>?

☐ 8-й класс или меньше

☐ Средняя школа, не закончил (а)

☐ Выпускник средней школы либо диплом об общем образовании

☐ Колледж или диплом о двухгодичном обучении

☐ Выпускник колледжа четырехгодичного обучения

☐ Выпускник колледжа более 4-х лет обучения

31. Вы испанец, испано- или латиноамериканец по происхождению?

☐ Нет, не испанец/испано-/латиноамериканец

☐ Да, кубинец

☐ Да, мексиканец, американец мексиканского происхождения, чикано

☐ Да, пуэрториканец

☐ Да, другое, испанец/испано-/латиноамериканец

32. Ваша раса? Пожалуйста, выберите один или более пунктов.

☐ Американский индеец или уроженец Аляски

☐ Азиат

☐ Чернокожий или афроамериканец

☐ Уроженец Гавайских островов или островов Тихого океана

☐ Белый

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

БЛАГОДАРИМ ВАС

Пожалуйста, верните заполненную форму опроса в оплаченном почтовом конверте.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Вопросы 1–32 разработаны правительством США, находятся в открытом доступе и по этой причине НЕ подпадают под действие законов США об авторских правах.

Опрос о впечатлениях от пребывания в больнице

ИНСТРУКЦИИ ПО ПРОВЕДЕНИЮ ОПРОСА

♦ Этот опрос содержит информацию о вас и о качестве медицинского обслуживания, которое вы получили во время пребывания в больнице, указанной в сопроводительном письме.

♦ Ответьте на <u>все</u> вопросы, полностью зарисовав кружок слева от вашего ответа.

♦ Иногда вам будет предложено пропустить некоторые вопросы данной анкеты. При этом вы увидите стрелку с примечанием о том, на какой вопрос вам следует отвечать дальше, например:

0 Да

● Нет ➔ *Если «Нет», перейдите к вопросу 1*

На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания. Внимание: Вопросы 1-32 в данном опросе являются частью национальной инициативы с целью оценки качества медицинского обслуживания в больницах. OMB №0938-0981 (срок истекает TBD)

Пожалуйста, ответьте на вопросы этой анкеты о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

1. Во время данного пребывания в больнице как часто медсестры относились к вам <u>вежливо и уважительно</u>?

0 Никогда
0 Иногда
0 Как правило
0 Всегда

2. Во время данного пребывания в больнице как часто медсестры <u>внимательно вас выслушивали</u>?

0 Никогда
0 Иногда
0 Как правило
0 Всегда

3. Во время данного пребывания в больнице как часто медсестры давали вам понятные <u>объяснения</u>?

0 Никогда
0 Иногда
0 Как правило
0 Всегда

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

4. **Во время данного пребывания в больнице как часто врачи относились к вам вежливо и уважительно?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

5. **Во время данного пребывания в больнице как часто врачи внимательно вас выслушивали?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

6. **Во время данного пребывания в больнице как часто врачи давали вам понятные объяснения?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

БОЛЬНИЧНАЯ СРЕДА

7. **Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

8. **Во время данного пребывания в больнице как часто вам удавалось отдохнуть, когда вам это было необходимо?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

9. **Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время?**

   O Никогда

   O Иногда

   O Как правило

   O Всегда

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

10. **Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал владели общей и актуальной информацией о том, какой медицинский уход вы должны получать?**

    O Никогда

    O Иногда

    O Как правило

    O Всегда

11. **Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал демонстрировали слаженную совместную работу при предоставлении вам медицинского ухода?**

O Никогда

O Иногда

O Как правило

O Всегда

12. **Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?**

O Да

O Нет ➜ **Если «Нет», перейдите к вопросу 14**

13. **Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию?**

O Никогда

O Иногда

O Как правило

O Всегда

14. **Во время данного пребывания в больнице как часто после вашего обращения за срочной помощью вы получали ее максимально быстро?**

O Никогда

O Иногда

O Как правило

O Всегда

O Я никогда не обращался(-лась) за срочной помощью

15. **Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?**

O Да

O Нет ➜ **Если «Нет», перейдите к вопросу 18**

16. **Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно?**

O Никогда

O Иногда

O Как правило

O Всегда

17. **Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом?**

O Никогда

O Иногда

O Как правило

O Всегда

18. **Во время данного пребывания в больнице помогали ли вам отдыхать и восстанавливаться врачи, медсестры и другой персонал?**

    O   Определенно, да
    O   Да, в некоторой степени
    O   Нет

19. **Взаимодействовали ли ваши врачи, медсестры или другой персонал с вами и с членами вашей семьи или с ухаживающим за вами человеком, чтобы проработать программу дальнейшего ухода за вами после выписки из больницы?**

    O   Определенно, да
    O   Да, в некоторой степени
    O   Нет

20. **Предоставили ли ваши врачи, медсестры или другой персонал членам вашей семьи или ухаживающему за вами человеку достаточно информации о том, на какие симптомы или проблемы со здоровьем следует обращать внимание после выписки из больницы?**

    O   Определенно, да
    O   Да, в некоторой степени
    O   Нет
    O   У меня не было членов семьи или ухаживающего за мной человека, которые следили бы за моими симптомами или проблемами со здоровьем

21. **Когда вы вышли из больницы, вы сразу направились к себе домой, домой к другому человеку или в другое медицинское учреждение?**

    O   К себе домой
    O   Домой к другому человеку
    O   В другое медицинское учреждение ➔ **Если «В другое», перейдите к вопросу 24**

22. **Во время данного пребывания в больнице интересовались ли у вас врачи, медсестры или другие сотрудники больницы тем, будет ли вам предоставлена требуемая помощь после выписки из больницы?**

    O   Да
    O   Нет

23. **Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?**

    O   Да
    O   Нет

ОБЩИЙ РЕЙТИНГ БОЛЬНИЦЫ

Пожалуйста, ответьте на следующие вопросы опроса о данном пребывании в больнице, указанной в сопроводительном письме. Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

24. **Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?**

    O 0 Самая худшая больница из возможных
    O 1
    O 2
    O 3
    O 4
    O 5
    O 6
    O 7
    O 8
    O 9
    O 10 Самая лучшая больница из возможных

25. **Рекомендовали бы вы данную больницу вашим друзьям и родственникам?**

    O Определенно нет
    O Возможно нет
    O Возможно да
    O Определенно да

О ВАС

Осталось только несколько пунктов.

26. **Планировалось ли заранее данное пребывание в больнице?**

    O Определенно, да
    O Да, в некоторой степени
    O Нет

27. **В целом, как бы вы оценили ваше общее состояние здоровья?**

    O Отличное
    O Очень хорошее
    O Хорошее
    O Удовлетворительное
    O Плохое

28. **Как бы вы в целом оценили ваше психическое или эмоциональное состояние?**

    O Отличное
    O Очень хорошее
    O Хорошее
    O Удовлетворительное
    O Плохое

29. **На каком языке вы в основном говорите дома?**

    O Английский
    O Испанский
    O Китайский
    O Другой язык

30. Укажите последний класс или уровень учебного заведения, которое вы <u>закончили</u>?

O   8-й класс или меньше

O   Средняя школа, не закончил (а)

O   Выпускник средней школы либо диплом об общем образовании

O   Колледж или диплом о двухгодичном обучении

O   Выпускник колледжа четырехгодичного обучения

O   Выпускник колледжа более 4-х лет обучения

31. Вы испанец, испано- или латиноамериканец по происхождению?

O   Нет, не испанец/испано-/латиноамериканец

O   Да, кубинец

O   Да, мексиканец, американец мексиканского происхождения, чикано

O   Да, пуэрториканец

O   Да, другое, испанец/испано-/латиноамериканец

32. Ваша раса? Пожалуйста, выберите один или более пунктов.

O   Американский индеец или уроженец Аляски

O   Азиат

O   Чернокожий или афроамериканец

O   Уроженец Гавайских островов или островов Тихого океана

O   Белый

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

БЛАГОДАРИМ ВАС

Пожалуйста, верните заполненную форму опроса в оплаченном почтовом конверте.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Вопросы 1–32 разработаны правительством США, находятся в открытом доступе и по этой причине НЕ подпадают под действие законов США об авторских правах.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Уважаемый(-ая) **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Наши данные показывают, что Вы недавно были пациентом **[HOSPITAL NAME]** и были выписаны **[MM/DD/YYYY]**. Поскольку Вы недавно лечились в больнице, мы просим Вас о помощи.

Прилагаемая анкета является частью инициативы, направленной на понимание того, как пациенты относятся к полученному ими в больнице обслуживанию. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно **[NUMBER]** минут.

Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

После того как Вы заполните данную форму опроса, пожалуйста, верните ее в предварительно оплаченном конверте. Если у Вас возникнут какие-либо вопросы в отношении прилагаемой анкеты, позвоните по (OPTIONAL TO STATE бесплатному) номеру: **[PHONE NUMBER]** (OPTIONAL TO STATE или отправьте нам сообщение по адресу: **[EMAIL ADDRESS]**).

Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

С уважением,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Уважаемый(-ая) [SAMPLED PATIENT FIRST AND LAST NAME]:

Недавно мы обратились к Вам с просьбой оставить отзыв о Вашем пребывании в больнице [NAME OF HOSPITAL], из которой Вы были выписаны [MM/DD/YYYY]. Если Вы уже отправили нам заполненную анкету, примите нашу благодарность и не обращайте внимания на это письмо. Однако если Вы ее все еще не заполнили, пожалуйста, уделите несколько минут на то, чтобы сделать это сейчас.

Прилагаемая анкета является частью инициативы, направленной на понимание того, как пациенты относятся к полученному ими в больнице обслуживанию. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно [NUMBER] минут.

Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

После того как Вы заполните данную форму опроса, пожалуйста, верните ее в предварительно оплаченном конверте. Если у Вас возникнут какие-либо вопросы в отношении прилагаемой анкеты, позвоните по (OPTIONAL TO STATE бесплатному) номеру: [PHONE NUMBER] (OPTIONAL TO STATE или отправьте нам сообщение по адресу: [EMAIL ADDRESS]).

Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

С уважением,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно **[NUMBER]** минут.

2. Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов.

3. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

4. Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

В соответствии с Постановлением о сокращении документооборота от 1995 г. никто не обязан предоставлять сведения, если на форме опроса не указан действующий контрольный номер OMB. Действующий контрольный номер OMB для данного опроса — 0938-0981 (срок истекает TBD). Для того чтобы ответить на вопросы 1–32, в среднем требуется 8 минут, включая время для просмотра инструкций, поиска существующих данных, сбора необходимых данных и заполнения и проверки анкеты. Если у Вас есть какие-либо комментарии в отношении точности предлагаемого ориентировочного времени или предложения по улучшению данной анкеты, просьба написать по адресу: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Вопросы 1–32 данного опроса используются Министерством здравоохранения и социальных служб США для оценки качества. Все дополнительные вопросы включены в анкету больницей **[NAME OF HOSPITAL]** с целью получения дополнительных отзывов о Вашем пребывании в больнице, и ответы на них не будут переданы в Министерство здравоохранения и социальных служб США.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

На этой анкете вы можете увидеть номер. Этот номер используется, чтобы сообщить нам о том, что вы вернули свою анкету и нам не нужно посылать вам напоминания.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

Вопросы 1–32 разработаны правительством США, находятся в открытом доступе и по этой причине НЕ подпадают под действие законов США об авторских правах.

APPENDIX E

**HCAHPS Mail Survey
(Vietnamese)**

THIS PAGE INTENTIONALLY LEFT BLANK

Bản Thăm Dò Ý Kiến về Trải Nghiệm tại Bệnh Viện

CHỈ DẪN TRẢ LỜI BẢN THĂM DÒ Ý KIẾN

♦ Bản thăm dò ý kiến này sẽ hỏi về quý vị và sự chăm sóc quý vị nhận được trong thời gian nằm tại bệnh viện có tên trong thư đính kèm.

♦ Xin trả lời <u>tất cả</u> các câu hỏi bằng cách đánh dấu vào ô phía bên trái của câu trả lời.

♦ Đôi khi quý vị được chỉ dẫn bỏ một số câu hỏi trong bản thăm dò ý kiến này. Khi đó, quý vị sẽ thấy một mũi tên và một chỉ dẫn cho quý vị biết cần phải trả lời tiếp sang câu nào, như thế này:

☐ Có
☑ Không ➜ *Nếu Không, trả lời tiếp sang câu 1*

Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không phải gửi thư nhắc quý vị. Xin chú ý: Câu hỏi 1-32 trong bản thăm dò ý kiến này là một phần trong một dự án toàn quốc để đo lường chất lượng chăm sóc y tế tại bệnh viện. OMB #0938-0981 (Hết hạn TBD)

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

1. **Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>tôn trong và lịch sự</u> đối với quý vị không?**

   ☐ Không bao giờ
   ☐ Thỉnh thoảng
   ☐ Thường thường
   ☐ Luôn luôn

2. **Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?**

   ☐ Không bao giờ
   ☐ Thỉnh thoảng
   ☐ Thường thường
   ☐ Luôn luôn

3. **Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?**

   ☐ Không bao giờ
   ☐ Thỉnh thoảng
   ☐ Thường thường
   ☐ Luôn luôn

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

4. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

5. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

6. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

MÔI TRƯỜNG BỆNH VIỆN

7. **Trong lần nằm bệnh viện này, phòng nằm và phòng vệ sinh của quý vị có thường được lau dọn sạch sẽ không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

8. **Trong lần nằm bệnh viện này, quý vị có thường được nghỉ ngơi theo nhu cầu của bản thân mình không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

9. **Trong lần nằm bệnh viện này, những nơi chung quanh phòng của quý vị có thường được giữ yên tịnh ban đêm không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

SỰ CHĂM SÓC CHO QUÝ VỊ TẠI BỆNH VIỆN NÀY

10. **Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường nhận được thông báo và cập nhật về việc chăm sóc của quý vị không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

11. **Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường phối hợp hiệu quả với nhau để chăm sóc cho quý vị không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

12. **Trong lần nằm bệnh viện này, quý vị có cần y tá hoặc nhân viên bệnh viện giúp quý vị đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu không?**

☐ Có

☐ Không ➔ **Nếu Không, trả lời tiếp sang câu 14**

13. **Khi quý vị cần, quý vị có thường được giúp đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu một cách kịp thời không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

14. **Trong lần nằm bệnh viện này, khi quý vị yêu cầu cần trợ giúp ngay, quý vị có thường nhận được sự trợ giúp ngay khi mình cần không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

☐ Tôi chưa bao giờ nhờ trợ giúp ngay lập tức

15. **Trong lần nằm bệnh viện này, quý vị có được cho uống loại thuốc nào mà quý vị chưa hề uống không?**

☐ Có

☐ Không ➔ **Nếu Không, trả lời tiếp sang câu 18**

16. **Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường cho quý vị biết thuốc này dùng để chữa trị gì không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

17. **Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường giải thích về các phản ứng phụ của loại thuốc này một cách dễ hiểu không?**

☐ Không bao giờ

☐ Thỉnh thoảng

☐ Thường thường

☐ Luôn luôn

18. **Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có giúp quý vị nghỉ ngơi và hồi phục không?**

☐ Chắc chắn là có

☐ Có một chút

☐ Không

KHI XUẤT VIỆN

19. **Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có làm việc với quý vị và gia đình hoặc người chăm sóc của quý vị để lên kế hoạch chăm sóc cho quý vị sau khi xuất viện không?**

☐ Chắc chắn là có

☐ Có một chút

☐ Không

20. **Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có cung cấp cho gia đình hoặc người chăm sóc của quý vị đủ thông tin về những triệu chứng hoặc vấn đề sức khỏe cần chú ý sau khi quý vị xuất viện không?**

☐ Chắc chắn là có

☐ Có một chút

☐ Không

☐ Tôi không có người nhà hoặc người chăm sóc nào có thể chú ý đến những triệu chứng hoặc vấn đề sức khỏe của tôi

21. **Khi quý vị xuất viện, quý vị về thẳng nhà riêng, về nhà người khác, hay đến một trung tâm y tế khác?**

☐ Nhà riêng

☐ Nhà người khác

☐ Trung tâm y tế khác

➔ **Nếu là trung tâm khác, trả lời tiếp sang Câu 24**

22. **Trong lần nằm bệnh viện này, các bác sĩ, y tá hay các nhân viên khác ở bệnh viện có hỏi xem liệu quý vị có sẵn những người hay dịch vụ cần thiết để trợ giúp cho quý vị sau khi xuất viện không?**

☐ Có

☐ Không

23. **Trong lần nằm bệnh viện này, quý vị có được cung cấp thông tin bằng văn bản về các triệu chứng hay vấn đề y tế mà quý vị cần lưu ý sau khi xuất viện không?**

☐ Có

☐ Không

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

24. **Dùng từ số 0 đến số 10 để đánh giá bệnh viện này, số 0 dành cho bệnh viện tệ nhất và số 10 dành cho bệnh viện tốt nhất, quý vị sẽ chọn số nào để đánh giá bệnh viện trong lần nằm bệnh viện này?**

☐ 0 Bệnh viện tệ nhất

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6.

☐ 7.

☐ 8.

☐ 9.

☐ 10 Bệnh viện tốt nhất

25. **Quý vị sẽ giới thiệu bệnh viện này với gia đình và bạn hữu không?**

☐ Chắc chắn là không

☐ Có thể là không

☐ Có thể là có

☐ Chắc chắn là có

THÔNG TIN VỀ QUÝ VỊ

Sau đây chỉ còn một vài câu hỏi mà thôi.

26. **Lần nằm bệnh viện này có được lên kế hoạch từ trước hay không?**

☐ Chắc chắn là có

☐ Có một chút

☐ Không

27. Nói chung, quý vị thấy tình trạng sức khỏe của mình như thế nào?

- ☐ Xuất sắc
- ☐ Rất tốt
- ☐ Tốt
- ☐ Được
- ☐ Kém

28. Nói chung, quý vị thấy tình trạng <u>sức khỏe tâm thần hoặc tình cảm</u> của mình như thế nào?

- ☐ Xuất sắc
- ☐ Rất tốt
- ☐ Tốt
- ☐ Được
- ☐ Kém

29. Quý vị dùng ngôn ngữ nào <u>chính</u> trong nhà?

- ☐ Tiếng Anh
- ☐ Tiếng Tây Ban Nha
- ☐ Tiếng Trung
- ☐ Ngôn ngữ khác

30. Quý vị <u>đã học xong</u> đến lớp nào hoặc trình độ nào?

- ☐ Lớp 8 trở xuống
- ☐ Học trung học một thời gian, nhưng chưa tốt nghiệp
- ☐ Có bằng trung học hoặc bằng tương đương GED
- ☐ Học đại học một thời gian hoặc tốt nghiệp cao đẳng (đại học hai năm)
- ☐ Có bằng cử nhân đại học (đại học bốn năm)
- ☐ Học vấn cao hơn cử nhân đại học (đại học bốn năm)

31. Quý vị có phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic) hay gốc La tinh không?

- ☐ Không, không phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic)/gốc La tinh
- ☐ Phải, người Cuba
- ☐ Phải, người Mễ Tây Cơ, người Mỹ gốc Mễ Tây Cơ, người Chicano (người gốc Mễ Tây Cơ sinh tại Mỹ)
- ☐ Phải, người Puerto Rico
- ☐ Phải, người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh khác

32. Quý vị thuộc chủng tộc nào? Xin chọn một hay một số các chủng tộc sau đây.

- ☐ Người Mỹ bản xứ hay người bản xứ Alaska
- ☐ Người Á đông
- ☐ Người da đen hay người Mỹ gốc Phi châu
- ☐ Người bản xứ Hạ Uy Di hay người thuộc các Quần đảo Thái Bình Dương
- ☐ Người da trắng

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THÀNH THẬT CÁM ƠN QUÝ VỊ

Vui lòng dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại bản thăm dò ý kiến sau khi trả lời đầy đủ.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Câu hỏi 1-32 trong bản thăm dò ý kiến này là tài liệu do chính phủ Hoa Kỳ biên soạn và được công khai trên phạm vi công cộng, vì vậy sẽ KHÔNG phải là đối tượng áp dụng luật bản quyền của Hoa Kỳ.

Bản Thăm Dò Ý Kiến về Trải Nghiệm tại Bệnh Viện

CHỈ DẪN TRẢ LỜI BẢN THĂM DÒ Ý KIẾN

♦ Bản thăm dò ý kiến này sẽ hỏi về quý vị và sự chăm sóc quý vị nhận được trong thời gian nằm tại bệnh viện có tên trong thư đính kèm.

♦ Xin trả lời <u>tất cả</u> các câu hỏi bằng cách tô kín vào hình tròn phía bên trái của câu trả lời.

♦ Đôi khi quý vị được chỉ dẫn bỏ một số câu hỏi trong bản thăm dò ý kiến này. Khi đó, quý vị sẽ thấy một mũi tên và một chỉ dẫn cho quý vị biết cần phải trả lời tiếp sang câu nào, như thế này:

0 Có

● Không ➔ *Nếu Không, trả lời tiếp sang câu 1*

Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không phải gửi thư nhắc quý vị. Xin chú ý: Câu hỏi 1-32 trong bản thăm dò ý kiến này là một phần trong một dự án toàn quốc để đo lường chất lượng chăm sóc y tế tại bệnh viện. OMB #0938-0981 (Hết hạn TBD)

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

1. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

   0 Không bao giờ
   0 Thỉnh thoảng
   0 Thường thường
   0 Luôn luôn

2. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

   0 Không bao giờ
   0 Thỉnh thoảng
   0 Thường thường
   0 Luôn luôn

3. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

   0 Không bao giờ
   0 Thỉnh thoảng
   0 Thường thường
   0 Luôn luôn

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

4. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

5. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

6. **Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

MÔI TRƯỜNG BỆNH VIỆN

7. **Trong lần nằm bệnh viện này, phòng nằm và phòng vệ sinh của quý vị có thường được lau dọn sạch sẽ không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

8. **Trong lần nằm bệnh viện này, quý vị có thường được nghỉ ngơi theo nhu cầu của bản thân mình không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

9. **Trong lần nằm bệnh viện này, những nơi chung quanh phòng của quý vị có thường được giữ yên tịnh ban đêm không?**

   O   Không bao giờ

   O   Thỉnh thoảng

   O   Thường thường

   O   Luôn luôn

SỰ CHĂM SÓC CHO QUÝ VỊ TẠI BỆNH VIỆN NÀY

10. **Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường nhận được thông báo và cập nhật về việc chăm sóc của quý vị không?**

    O   Không bao giờ

    O   Thỉnh thoảng

    O   Thường thường

    O   Luôn luôn

11. **Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường phối hợp hiệu quả với nhau để chăm sóc cho quý vị không?**

    O   Không bao giờ

    O   Thỉnh thoảng

    O   Thường thường

    O   Luôn luôn

12. Trong lần nằm bệnh viện này, quý vị có cần y tá hoặc nhân viên bệnh viện giúp quý vị đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu không?

O   Có

O   Không ➔ **Nếu Không, trả lời tiếp sang câu 14**

13. Khi quý vị cần, quý vị có thường được giúp đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu một cách kịp thời không?

O   Không bao giờ

O   Thỉnh thoảng

O   Thường thường

O   Luôn luôn

14. Trong lần nằm bệnh viện này, khi quý vị yêu cầu cần trợ giúp ngay, quý vị có thường nhận được sự trợ giúp ngay khi mình cần không?

O   Không bao giờ

O   Thỉnh thoảng

O   Thường thường

O   Luôn luôn

O   Tôi chưa bao giờ nhờ trợ giúp ngay lập tức

15. Trong lần nằm bệnh viện này, quý vị có được cho uống loại thuốc nào mà quý vị chưa hề uống không?

O   Có

O   Không ➔ **Nếu Không, trả lời tiếp sang câu 18**

16. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường cho quý vị biết thuốc này dùng để chữa trị gì không?

O   Không bao giờ

O   Thỉnh thoảng

O   Thường thường

O   Luôn luôn

17. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường giải thích về các phản ứng phụ của loại thuốc này một cách dễ hiểu không?

O   Không bao giờ

O   Thỉnh thoảng

O   Thường thường

O   Luôn luôn

18. Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có giúp quý vị nghỉ ngơi và hồi phục không?

O   Chắc chắn là có

O   Có một chút

O   Không

KHI XUẤT VIỆN

19. Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có làm việc với quý vị và gia đình hoặc người chăm sóc của quý vị để lên kế hoạch chăm sóc cho quý vị sau khi xuất viện không?

O   Chắc chắn là có

O   Có một chút

O   Không

20. Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có cung cấp cho gia đình hoặc người chăm sóc của quý vị đủ thông tin về những triệu chứng hoặc vấn đề sức khỏe cần chú ý sau khi quý vị xuất viện không?

- O   Chắc chắn là có
- O   Có một chút
- O   Không
- O   Tôi không có người nhà hoặc người chăm sóc nào có thể chú ý đến những triệu chứng hoặc vấn đề sức khỏe của tôi

21. Khi quý vị xuất viện, quý vị về thẳng nhà riêng, về nhà người khác, hay đến một trung tâm y tế khác?

- O   Nhà riêng
- O   Nhà người khác
- O   Trung tâm y tế khác
  → **Nếu là trung tâm khác, trả lời tiếp sang Câu 24**

22. Trong lần nằm bệnh viện này, các bác sĩ, y tá hay các nhân viên khác ở bệnh viện có hỏi xem liệu quý vị có sẵn những người hay dịch vụ cần thiết để trợ giúp cho quý vị sau khi xuất viện không?

- O   Có
- O   Không

23. Trong lần nằm bệnh viện này, quý vị có được cung cấp thông tin bằng văn bản về các triệu chứng hay vấn đề y tế mà quý vị cần lưu ý sau khi xuất viện không?

- O   Có
- O   Không

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

Xin vui lòng trả lời các câu hỏi trong bản thăm dò ý kiến này về thời gian quý vị nằm tại bệnh viện có tên trên trang bìa thư. Xin đừng trả lời về những lần vào bệnh viện nào khác.

24. Dùng từ số 0 đến số 10 để đánh giá bệnh viện này, số 0 dành cho bệnh viện tệ nhất và số 10 dành cho bệnh viện tốt nhất, quý vị sẽ chọn số nào để đánh giá bệnh viện trong lần nằm bệnh viện này?

- O   0   Bệnh viện tệ nhất
- O   1
- O   2
- O   3
- O   4
- O   5
- O   6
- O   7
- O   8
- O   9
- O   10   Bệnh viện tốt nhất

25. Quý vị sẽ giới thiệu bệnh viện này với gia đình và bạn hữu không?

- O   Chắc chắn là không
- O   Có thể là không
- O   Có thể là có
- O   Chắc chắn là có

THÔNG TIN VỀ QUÝ VỊ

Sau đây chỉ còn một vài câu hỏi mà thôi.

26. Lần nằm bệnh viện này có được lên kế hoạch từ trước hay không?

- O   Chắc chắn là có
- O   Có một chút
- O   Không

27. Nói chung, quý vị thấy tình trạng sức khỏe của mình như thế nào?

O Xuất sắc

O Rất tốt

O Tốt

O Được

O Kém

28. Nói chung, quý vị thấy tình trạng <u>sức khỏe tâm thần hoặc tình cảm</u> của mình như thế nào?

O Xuất sắc

O Rất tốt

O Tốt

O Được

O Kém

29. Quý vị dùng ngôn ngữ nào <u>chính trong nhà?</u>

O Tiếng Anh

O Tiếng Tây Ban Nha

O Tiếng Trung

O Ngôn ngữ khác

30. Quý vị <u>đã học xong</u> đến lớp nào hoặc trình độ nào?

O Lớp 8 trở xuống

O Học trung học một thời gian, nhưng chưa tốt nghiệp

O Có bằng trung học hoặc bằng tương đương GED

O Học đại học một thời gian hoặc tốt nghiệp cao đẳng (đại học hai năm)

O Có bằng cử nhân đại học (đại học bốn năm)

O Học vấn cao hơn cử nhân đại học (đại học bốn năm)

31. Quý vị có phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic) hay gốc La tinh không?

O Không, không phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic)/gốc La tinh

O Phải, người Cuba

O Phải, người Mễ Tây Cơ, người Mỹ gốc Mễ Tây Cơ, người Chicano (người gốc Mễ Tây Cơ sinh tại Mỹ)

O Phải, người Puerto Rico

O Phải, người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh khác

32. Quý vị thuộc chủng tộc nào? Xin chọn một hay một số các chủng tộc sau đây.

O Người Mỹ bản xứ hay người bản xứ Alaska

O Người Á đông

O Người da đen hay người Mỹ gốc Phi châu

O Người bản xứ Hạ Uy Di hay người thuộc các Quần đảo Thái Bình Dương

O Người da trắng

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THÀNH THẬT CÁM ƠN QUÝ VỊ

Vui lòng dùng bao thư đính kèm có sẵn bưu phí và gửi trở lại bản thăm dò ý kiến sau khi trả lời đầy đủ.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Câu hỏi 1-32 trong bản thăm dò ý kiến này là tài liệu do chính phủ Hoa Kỳ biên soạn và được công khai trên phạm vi công cộng, vì vậy sẽ KHÔNG phải là đối tượng áp dụng luật bản quyền của Hoa Kỳ.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Kính chào **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Hồ sơ chúng tôi cho thấy rằng vừa qua quý vị là bệnh nhân tại **[HOSPITAL NAME]** và được xuất viện vào ngày [**MM/DD/YYYY**]. Vì quý vị vừa có kinh nghiệm nằm bệnh viện, chúng tôi mong được sự giúp đỡ của quý vị.

Bản thăm dò ý kiến đính kèm là một phần của nỗ lực tìm hiểu về cảm tưởng của bệnh nhân về sự chăm sóc của họ tại bệnh viện. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên [Medicare.gov](www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

Sau khi trả lời đầy đủ bản thăm dò ý kiến này, xin quý vị dùng bao thư đính kèm có trả sẵn bưu phí và gửi trở lại chúng tôi. Nếu có thắc mắc về bản thăm dò ý kiến đính kèm, xin quý vị vui lòng gọi số điện thoại (OPTIONAL TO STATE miễn phí) này: **[PHONE NUMBER]** (OPTIONAL TO STATE hoặc gửi email cho chúng tôi tại địa chỉ **[EMAIL ADDRESS]**).

Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

Trân trọng,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Kính chào **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Trước đây, chúng tôi có đề nghị quý vị chia sẻ ý kiến phản hồi về lần quý vị nằm viện tại **[NAME OF HOSPITAL]** và xuất viện vào ngày **[MM/DD/YYYY]**. Chúng tôi thành thật cảm ơn quý vị nếu quý vị đã gửi lại bản thăm dò ý kiến cho chúng tôi và xin quý vị bỏ qua lá thư này. Tuy nhiên, nếu quý vị chưa trả lời bản thăm dò ý kiến này, xin quý vị vui lòng bỏ chút thì giờ trả lời các câu hỏi này ngay.

Bản thăm dò ý kiến đính kèm là một phần của nỗ lực tìm hiểu về cảm tưởng của bệnh nhân về sự chăm sóc của họ tại bệnh viện. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên [Medicare.gov](www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

Sau khi trả lời đầy đủ bản thăm dò ý kiến này, xin quý vị dùng bao thư đính kèm có trả sẵn bưu phí và gửi trở lại chúng tôi. Nếu có thắc mắc về bản thăm dò ý kiến đính kèm, xin quý vị vui lòng gọi số điện thoại (OPTIONAL TO STATE miễn phí) này: **[PHONE NUMBER]** (OPTIONAL TO STATE hoặc gửi email cho chúng tôi tại địa chỉ **[EMAIL ADDRESS]**).

Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

Trân trọng,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

2. Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín.

3. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên Medicare.gov (www.medicare.gov/care-compare).

4. Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

Thể theo Đạo Luật Giảm Thiểu Thủ Tục Giấy Tờ năm 1995, không một ai bị bắt buộc phải trả lời và cung cấp thông tin trừ khi trên bản câu hỏi có ghi rõ số kiểm soát OMB có hiệu lực. Số kiểm soát OMB có hiệu lực cho bản thu thập thông tin này là 0938-0981 (Hết hạn TBD). Thời gian cần thiết để trả lời các câu hỏi này được ước tính trung bình là 8 phút cho các câu hỏi 1-32 trong bản thăm dò ý kiến này, kể cả thời gian đọc hướng dẫn, thời gian tìm kiếm, thu thập và xác nhận thông tin được yêu cầu, hoàn tất và kiểm tra lại bản trả lời. Nếu quý vị có ý kiến gì về mức chính xác của thời gian ước tính hoặc đề nghị gì trong việc đơn giản hóa bản thăm dò ý kiến này, vui lòng gửi thư về: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Câu hỏi 1-32 trong bản thăm dò ý kiến này là từ Bộ Y Tế Xã hội Hoa Kỳ được dùng để đo lường chất lượng. Bất cứ câu hỏi bổ sung nào là từ **[NAME OF HOSPITAL]** để thu thập thêm phản hồi về lần nằm bệnh viện của quý vị và sẽ không chia sẻ với Bộ Y Tế Xã hội Hoa Kỳ.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

Quý vị hẳn thấy một con số trên bản thăm dò ý kiến. Số này được dùng để cho chúng tôi biết rằng quý vị đã gửi trở lại bản thăm dò ý kiến này và chúng tôi sẽ không gửi thư nhắc quý vị nữa.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

Câu hỏi 1-32 trong bản thăm dò ý kiến này là tài liệu do chính phủ Hoa Kỳ biên soạn và được công khai trên phạm vi công cộng, vì vậy sẽ KHÔNG phải là đối tượng áp dụng luật bản quyền của Hoa Kỳ.

APPENDIX F

**HCAHPS Mail Survey
(Portuguese)**

THIS PAGE INTENTIONALLY LEFT BLANK

Pesquisa sobre a Experiência Hospitalar

INSTRUÇÕES DO ESTUDO

♦ Este estudo coloca-lhe perguntas sobre si e sobre os cuidados que recebeu durante a hospitalização indicada na carta de apresentação.

♦ Responda a <u>todas</u> as perguntas marcando o quadrado à esquerda da sua resposta.

♦ Por vezes vamos pedir-lhe que salte algumas perguntas deste estudo. Quando isto acontece, verá uma seta com uma observação que lhe indica qual a pergunta que deve responder a seguir como por exemplo:

    ☐ Sim
    ☑ Não   ➔*Se responder Não, vá para a Pergunta 1*

Poderá verificar a existência de um número no estudo. Este número é usado para nos informar se devolveu o seu estudo, para que não lhe enviemos lembretes. Nota: as perguntas 1 a 32 deste estudo fazem parte de uma iniciativa nacional que visa determinar a qualidade dos cuidados prestados nos hospitais. OMB #0938-0981 (Vence TBD)

Responda às perguntas deste estudo relativamente à hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

1. Durante esta hospitalização, com que frequência o pessoal de enfermagem o tratou com <u>cortesia e respeito</u>?

☐ Nunca
☐ Algumas vezes
☐ Habitualmente
☐ Sempre

2. Durante esta hospitalização, com que frequência o pessoal de enfermagem <u>o escutou atentamente</u>?

☐ Nunca
☐ Algumas vezes
☐ Habitualmente
☐ Sempre

3. Durante esta hospitalização, com que frequência o pessoal de enfermagem lhe <u>explicou as coisas</u> de uma forma que conseguisse entender?

☐ Nunca
☐ Algumas vezes
☐ Habitualmente
☐ Sempre

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

4. **Durante esta hospitalização, com que frequência os médicos o trataram com <u>cortesia e respeito</u>?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

5. **Durante esta hospitalização, com que frequência os médicos <u>o escutaram atentamente</u>?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

6. **Durante esta hospitalização, com que frequência os médicos lhe <u>explicaram as coisas</u> de uma forma que conseguisse entender?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

AMBIENTE HOSPITALAR

7. **Durante esta hospitalização, com que frequência o seu quarto e sanitário foram mantidos limpos?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

8. **Durante esta hospitalização, com que frequência conseguiu descansar o que precisava?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

9. **Durante esta hospitalização, com que frequência a área próxima do seu quarto se manteve silenciosa durante a noite?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

OS SEUS CUIDADOS NESTE HOSPITAL

10. **Durante esta hospitalização, com que frequência é que os médicos, enfermeiros e outro pessoal do hospital foram informados e atualizados sobre os seus cuidados?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

11. **Durante esta hospitalização, com que frequência os médicos, enfermeiros e outro pessoal do hospital trabalharam juntos, de forma bem-sucedida, para cuidar de si?**

- ☐ Nunca
- ☐ Algumas vezes
- ☐ Habitualmente
- ☐ Sempre

12. Durante esta hospitalização, necessitou de ajuda por parte do pessoal de enfermagem, ou de outro pessoal do hospital, para ir ao sanitário ou para usar uma arrastadeira (comadre)?

☐ Sim

☐ Não → **Se responder Não, vá para a Pergunta 14**

13. Com que frequência obteve ajuda para ir ao sanitário ou para usar a arrastadeira (comadre) logo que necessitava?

☐ Nunca

☐ Algumas vezes

☐ Habitualmente

☐ Sempre

14. Durante esta hospitalização, quando pediu ajuda imediata, com que frequência a obteve assim que necessária?

☐ Nunca

☐ Algumas vezes

☐ Habitualmente

☐ Sempre

☐ Nunca pedi ajuda imediata

15. Durante esta hospitalização, foi-lhe administrado algum remédio que nunca tivesse tomado anteriormente?

☐ Sim

☐ Não → **Se responder Não, vá para a Pergunta 18**

16. Antes de lhe administrarem um novo remédio, com que frequência o pessoal do hospital lhe disse para que era o remédio?

☐ Nunca

☐ Algumas vezes

☐ Habitualmente

☐ Sempre

17. Antes de lhe administrarem qualquer novo remédio, com que frequência o pessoal do hospital descreveu os possíveis efeitos secundários (colaterais) de uma forma que conseguisse entender?

☐ Nunca

☐ Algumas vezes

☐ Habitualmente

☐ Sempre

18. Durante esta hospitalização, os médicos, enfermeiros e outro pessoal do hospital ajudaram-no(a) a descansar e recuperar?

☐ Sim, sem dúvida

☐ Sim, de certo modo

☐ Não

RECEBER ALTA DO HOSPITAL

19. Os médicos, enfermeiros ou outro pessoal do hospital colaboraram consigo e com a sua família ou assistente de cuidados domiciliários (cuidador) na elaboração de planos para os seus cuidados após receber alta?

☐ Sim, sem dúvida

☐ Sim, de certo modo

☐ Não

20. **Os médicos, enfermeiros ou outro pessoal do hospital disponibilizaram aos seus familiares ou assistente de cuidados domiciliários (cuidador) informações suficientes sobre sintomas ou problemas de saúde a que deve estar atento(a) após receber alta?**

☐ Sim, sem dúvida

☐ Sim, de certo modo

☐ Não

☐ Não tinha familiares ou assistente de cuidados domiciliários (cuidador) para vigiar sintomas ou problemas de saúde

21. **Quando teve alta do hospital, foi diretamente para a sua casa, para a casa de outra pessoa ou para outra instituição de cuidados de saúde?**

☐ Própria casa

☐ Casa de outra pessoa

☐ Outra instituição de cuidados de saúde ➔ **Se responder outra instituição, vá para a Pergunta 24**

22. **Durante esta hospitalização, os médicos, pessoal de enfermagem, ou outro pessoal do hospital, falaram-lhe sobre se teria a ajuda necessária após a alta do hospital?**

☐ Sim

☐ Não

23. **Durante esta hospitalização recebeu informação, por escrito, referente a sintomas ou problemas de saúde aos quais deveria estar atento depois de ter alta do hospital?**

☐ Sim

☐ Não

CLASSIFICAÇÃO GERAL DO HOSPITAL

Responda às perguntas seguintes sobre a hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

24. **Usando um número de 0 a 10, em que 0 significa o pior hospital possível e 10 significa o melhor hospital possível, que número usaria para classificar este hospital durante a sua hospitalização?**

☐ 0 O pior hospital possível

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 O melhor hospital possível

25. **Recomendaria este hospital aos seus amigos e familiares?**

☐ Definitivamente não

☐ Provavelmente não

☐ Provavelmente sim

☐ Definitivamente sim

A SEU RESPEITO

Faltam apenas algumas perguntas.

26. **Esta hospitalização foi planeada com antecedência?**

☐ Sim, sem dúvida

☐ Sim, de certo modo

☐ Não

27. Em geral, como classificaria a sua saúde como um todo?

- ☐ Excelente
- ☐ Muito boa
- ☐ Boa
- ☐ Razoável
- ☐ Fraca

28. Em geral, como classificaria a sua <u>saúde mental ou emocional </u> como um todo?

- ☐ Excelente
- ☐ Muito boa
- ☐ Boa
- ☐ Razoável
- ☐ Fraca

29. Qual é a língua <u>mais </u>falada em casa?

- ☐ Inglês
- ☐ Espanhol
- ☐ Chinês
- ☐ Outra língua

30. Qual é o seu nível escolar?

- ☐ 8 anos de escolaridade ou menos
- ☐ Frequência do ensino secundário, sem receber o diploma
- ☐ Diploma do ensino secundário ou equivalente (GED)
- ☐ Frequência universitária ou curso universitário de 2 anos
- ☐ Curso universitário de 4 anos
- ☐ Curso universitário com duração superior a 4 anos

31. É de origem espanhola, hispânica ou latina?

- ☐ Não, não sou de origem espanhola, hispânica ou latina
- ☐ Sim, de origem cubana
- ☐ Sim, de origem mexicana, mexicana americana, chicana
- ☐ Sim, de origem porto-riquenha
- ☐ Sim, outra origem espanhola/hispânica/latina

32. Qual a sua raça? Escolha uma ou mais.

- ☐ Índia americana ou nativa do Alasca
- ☐ Asiática
- ☐ Negra ou afro-americana
- ☐ Nativa do Havai ou de outra Ilha do Pacífico
- ☐ Branca

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

OBRIGADO

Devolva, por favor, este estudo depois de preenchido, no envelope com porte pré-pago.

[NOME DO FORNECEDOR DO ESTUDO OU DO HOSPITAL QUE EFETUA A AUTOADMINISTRAÇÃO].

[ENDEREÇO DE DEVOLUÇÃO DO FORNECEDOR DO ESTUDO OU DO HOSPITAL QUE EFETUA A AUTOADMINISTRAÇÃO].

As perguntas 1 a 32 desta pesquisa são documentos do governo dos EUA e são do domínio público, pelo que NÃO estão sujeitas às leis de direitos de autor dos EUA.

Pesquisa sobre a Experiência Hospitalar

INSTRUÇÕES DO ESTUDO

♦ Este estudo coloca-lhe perguntas sobre si e sobre os cuidados que recebeu durante a hospitalização indicada na carta de apresentação.

♦ Responda a <u>todas</u> as perguntas preenchendo completamente o círculo à esquerda da sua resposta.

♦ Por vezes vamos pedir-lhe que salte algumas perguntas deste estudo. Quando isto acontece, verá uma seta com uma observação que lhe indica qual a pergunta que deve responder a seguir como por exemplo:

0 Sim

● Não ➔ *Se responder Não, vá para a Pergunta 1*

> *Poderá verificar a existência de um número no estudo. Este número é usado para nos informar se devolveu o seu estudo, para que não lhe enviemos lembretes. Nota: as perguntas 1 a 32 deste estudo fazem parte de uma iniciativa nacional que visa determinar a qualidade dos cuidados prestados nos hospitais. OMB #0938-0981 (Vence TBD)*

Responda às perguntas deste estudo relativamente à hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

1. **Durante esta hospitalização, com que frequência o pessoal de enfermagem o tratou com <u>cortesia e respeito</u>?**

   O Nunca
   O Algumas vezes
   O Habitualmente
   O Sempre

2. **Durante esta hospitalização, com que frequência o pessoal de enfermagem <u>o escutou atentamente</u>?**

   O Nunca
   O Algumas vezes
   O Habitualmente
   O Sempre

3. **Durante esta hospitalização, com que frequência o pessoal de enfermagem lhe <u>explicou as coisas</u> de uma forma que conseguisse entender?**

   O Nunca
   O Algumas vezes
   O Habitualmente
   O Sempre

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

4.   **Durante esta hospitalização, com que frequência os médicos o trataram com <u>cortesia e respeito</u>?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

5.   **Durante esta hospitalização, com que frequência os médicos <u>o escutaram atentamente</u>?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

6.   **Durante esta hospitalização, com que frequência os médicos lhe <u>explicaram as coisas</u> de uma forma que conseguisse entender?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

AMBIENTE HOSPITALAR

7.   **Durante esta hospitalização, com que frequência o seu quarto e sanitário foram mantidos limpos?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

8.   **Durante esta hospitalização, com que frequência conseguiu descansar o que precisava?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

9.   **Durante esta hospitalização, com que frequência a área próxima do seu quarto se manteve silenciosa durante a noite?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

OS SEUS CUIDADOS NESTE HOSPITAL

10.   **Durante esta hospitalização, com que frequência é que os médicos, enfermeiros e outro pessoal do hospital foram informados e atualizados sobre os seus cuidados?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

11.   **Durante esta hospitalização, com que frequência os médicos, enfermeiros e outro pessoal do hospital trabalharam juntos, de forma bem-sucedida, para cuidar de si?**

   O   Nunca
   O   Algumas vezes
   O   Habitualmente
   O   Sempre

12. Durante esta hospitalização, necessitou de ajuda por parte do pessoal de enfermagem, ou de outro pessoal do hospital, para ir ao sanitário ou para usar uma arrastadeira (comadre)?

0 Sim

0 Não ➔ **Se responder Não, vá para a Pergunta 14**

13. Com que frequência obteve ajuda para ir ao sanitário ou para usar a arrastadeira (comadre) logo que necessitava?

0 Nunca

0 Algumas vezes

0 Habitualmente

0 Sempre

14. Durante esta hospitalização, quando pediu ajuda imediata, com que frequência a obteve assim que necessária?

0 Nunca

0 Algumas vezes

0 Habitualmente

0 Sempre

0 Nunca pedi ajuda imediata

15. Durante esta hospitalização, foi-lhe administrado algum remédio que nunca tivesse tomado anteriormente?

0 Sim

0 Não ➔ **Se responder Não, vá para a Pergunta 18**

16. Antes de lhe administrarem um novo remédio, com que frequência o pessoal do hospital lhe disse para que era o remédio?

0 Nunca

0 Algumas vezes

0 Habitualmente

0 Sempre

17. Antes de lhe administrarem qualquer novo remédio, com que frequência o pessoal do hospital descreveu os possíveis efeitos secundários (colaterais) de uma forma que conseguisse entender?

0 Nunca

0 Algumas vezes

0 Habitualmente

0 Sempre

18. Durante esta hospitalização, os médicos, enfermeiros e outro pessoal do hospital ajudaram-no(a) a descansar e recuperar?

0 Sim, sem dúvida

0 Sim, de certo modo

0 Não

RECEBER ALTA DO HOSPITAL

19. Os médicos, enfermeiros ou outro pessoal do hospital colaboraram consigo e com a sua família ou assistente de cuidados domiciliários (cuidador) na elaboração de planos para os seus cuidados após receber alta?

0 Sim, sem dúvida

0 Sim, de certo modo

0 Não

20. Os médicos, enfermeiros ou outro pessoal do hospital disponibilizaram aos seus familiares ou assistente de cuidados domiciliários (cuidador) informações suficientes sobre sintomas ou problemas de saúde a que deve estar atento(a) após receber alta?

- O Sim, sem dúvida
- O Sim, de certo modo
- O Não
- O Não tinha familiares ou assistente de cuidados domiciliários (cuidador) para vigiar sintomas ou problemas de saúde

21. Quando teve alta do hospital, foi diretamente para a sua casa, para a casa de outra pessoa ou para outra instituição de cuidados de saúde?

- O Própria casa
- O Casa de outra pessoa
- O Outra instituição de cuidados de saúde ➔ **Se responder outra instituição, vá para a Pergunta 24**

22. Durante esta hospitalização, os médicos, pessoal de enfermagem, ou outro pessoal do hospital, falaram-lhe sobre se teria a ajuda necessária após a alta do hospital?

- O Sim
- O Não

23. Durante esta hospitalização recebeu informação, por escrito, referente a sintomas ou problemas de saúde aos quais deveria estar atento depois de ter alta do hospital?

- O Sim
- O Não

CLASSIFICAÇÃO GERAL DO HOSPITAL

Responda às perguntas seguintes sobre a hospitalização indicada na carta de apresentação. Não inclua qualquer outra hospitalização nas suas respostas.

24. Usando um número de 0 a 10, em que 0 significa o pior hospital possível e 10 significa o melhor hospital possível, que número usaria para classificar este hospital durante a sua hospitalização?

- O 0 O pior hospital possível
- O 1
- O 2
- O 3
- O 4
- O 5
- O 6
- O 7
- O 8
- O 9
- O 10 O melhor hospital possível

25. Recomendaria este hospital aos seus amigos e familiares?

- O Definitivamente não
- O Provavelmente não
- O Provavelmente sim
- O Definitivamente sim

A SEU RESPEITO

Faltam apenas algumas perguntas.

26. Esta hospitalização foi planeada com antecedência?

- O Sim, sem dúvida
- O Sim, de certo modo
- O Não

27. Em geral, como classificaria a sua saúde como um todo?

O Excelente
O Muito boa
O Boa
O Razoável
O Fraca

28. Em geral, como classificaria a sua saúde mental ou emocional como um todo?

O Excelente
O Muito boa
O Boa
O Razoável
O Fraca

29. Qual é a língua mais falada em casa?

O Inglês
O Espanhol
O Chinês
O Outra língua

30. Qual é o seu nível escolar?

O 8 anos de escolaridade ou menos
O Frequência do ensino secundário, sem receber o diploma
O Diploma do ensino secundário ou equivalente (GED)
O Frequência universitária ou curso universitário de 2 anos
O Curso universitário de 4 anos
O Curso universitário com duração superior a 4 anos

31. É de origem espanhola, hispânica ou latina?

O Não, não sou de origem espanhola, hispânica ou latina
O Sim, de origem cubana
O Sim, de origem mexicana, mexicana americana, chicana
O Sim, de origem porto-riquenha
O Sim, outra origem espanhola/hispânica/latina

32. Qual a sua raça? Escolha uma ou mais.

O Índia americana ou nativa do Alasca
O Asiática
O Negra ou afro-americana
O Nativa do Havai ou de outra Ilha do Pacífico
O Branca

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

OBRIGADO

Devolva, por favor, este estudo depois de preenchido, no envelope com porte pré-pago.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

As perguntas 1 a 32 desta pesquisa são documentos do governo dos EUA e são do domínio público, pelo que NÃO estão sujeitas às leis de direitos de autor dos EUA.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Exmo. Sr./Exma. Sra. **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Os nossos registos indicam que esteve recentemente hospitalizado no **[HOSPITAL NAME]**, tendo tido alta em **[MM/DD/YYYY]**. Dado que a sua hospitalização teve lugar recentemente, vimos solicitar a sua ajuda.

A pesquisa anexa é parte de uma iniciativa para compreender como os pacientes percebem o tratamento hospitalar que receberam. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

A sua participação é voluntária e as suas respostas serão mantidas confidenciais. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em [Medicare.gov](http://www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

Depois de preencher a pesquisa, devolva-a no envelope pré-pago. Se tiver alguma dúvida sobre a pesquisa em anexo, contacte este (OPTIONAL TO STATE número gratuito): **[PHONE NUMBER]** (OPTIONAL TO STATE ou envie-nos um e-mail para **[EMAIL ADDRESS]**).

Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Atenciosamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Exmo. Sr./Exma. Sra. **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Anteriormente, pedimos a sua opinião sobre a sua recente experiência no **[NAME OF HOSPITAL]**, de onde teve alta em **[DD/MM/YYYY]**. Se já nos devolveu a pesquisa, muito agradecemos, e solicitamos que ignore esta carta. No entanto, se ainda não respondeu à pesquisa, agradecemos que disponibilize agora alguns minutos para o seu preenchimento.

A pesquisa anexa é parte de uma iniciativa para compreender como os pacientes percebem o tratamento hospitalar que receberam. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

A sua participação é voluntária e as suas respostas serão mantidas confidenciais. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em Medicare.gov (www.medicare.gov/care-compare).

Depois de preencher a pesquisa, devolva-a no envelope pré-pago. Se tiver alguma dúvida sobre a pesquisa em anexo, contacte este (OPTIONAL TO STATE número gratuito): **[PHONE NUMBER]** (OPTIONAL TO STATE ou envie-nos um e-mail para **[EMAIL ADDRESS]**).

Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Atenciosamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

2. A sua participação é voluntária e as suas respostas serão mantidas confidenciais.

3. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em Care Compare em [Medicare.gov](www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

4. Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

De acordo com a Lei de Redução da Burocracia de 1995, nenhuma pessoa é obrigada a responder a perguntas para a recolha de informações, a não ser que seja apresentado um número de controlo válido da Secretaria de Administração e Orçamento (Office of Management and Budget). O número de controlo válido para esta recolha de informações é 0938-0981 (Expira TBD). Estimamos que o tempo necessário para preencher esta recolha de informações seja, em média, 8 minutos para as perguntas 1 a 32 da pesquisa, incluindo o tempo necessário para ler as instruções, pesquisar recursos de dados já existentes, reunir os dados necessários, e preencher e rever a recolha de informações. Se tiver qualquer comentário relacionado com a precisão das nossas estimativas de tempo, ou se tiver sugestões para ajudar a melhorar este formulário, escreva para: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

> As perguntas 1 a 32 desta pesquisa são do Departamento de Saúde e Serviços Humanos dos Estados Unidos da América para uso na avaliação de qualidade. Quaisquer perguntas adicionais são do **[NAME OF HOSPITAL]** para obter mais informações sobre a sua hospitalização e não serão partilhadas com o Departamento de Saúde e Serviços Humanos.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

> Poderá verificar a existência de um número no estudo. Este número é usado para nos informar se devolveu o seu estudo, para que não lhe enviemos lembretes.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

> As perguntas 1 a 32 desta pesquisa são documentos do governo dos EUA e são do domínio público, pelo que NÃO estão sujeitas às leis de direitos de autor dos EUA.

APPENDIX G

**HCAHPS Mail Survey
(German)**

THIS PAGE INTENTIONALLY LEFT BLANK

Befragung Zu Krankenhauserfahrung

ANLEITUNGEN ZUR UMFRAGE

♦ Im Rahmen dieser Befragung werden wir Sie zu Ihren Erfahrungen mit der Betreuung und dem Aufenthalt in dem Krankenhaus, das im Begleitschreiben genannt wurde, befragen.

♦ Beantworten Sie <u>alle</u> Fragen, indem Sie das Kästchen links neben Ihrer Antwort ankreuzen.

♦ Sie werden manchmal aufgefordert, Fragen zu überspringen. In dem Fall wird Ihnen ein Pfeil mit dem Hinweis gezeigt, zur nächsten Frage vorzugehen, wie z. B.:

☐ Ja
☑ Nein ➔ *Falls „Nein", weiter zu Frage 1*

Oben auf dem Fragebogen befindet sich eine Nummer. An dieser Nummer können wir erkennen, ob Sie den Fragebogen zurückgeschickt haben, damit wir Ihnen keine unnötigen Erinnerungen senden. Bitte beachten: Fragen 1 bis 32 dieser Umfrage sind Teil einer landesweiten Initiative zur Qualitätsbewertung der Betreuung in Krankenhäusern. OMB #0938-0981 (Ablauf TBD)

Bitte beantworten Sie die folgenden Fragen über Ihren Aufenthalt in dem im Begleitschreiben genannten Krankenhaus. Nennen Sie bei Ihren Antworten keine anderen Krankenhausaufenthalte.

IHRE BETREUUNG DURCH DIE KRANKENPFLEGEKRÄFTE

1. **Wie oft haben die Krankenpflegekräfte Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?**

   ☐ Nie
   ☐ Manchmal
   ☐ Meistens
   ☐ Immer

2. **Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?**

   ☐ Nie
   ☐ Manchmal
   ☐ Meistens
   ☐ Immer

3. **Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?**

   ☐ Nie
   ☐ Manchmal
   ☐ Meistens
   ☐ Immer

IHRE BETREUUNG DURCH DIE ÄRZTE

4.   Wie oft haben die Ärzte und Ärztinnen Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

5.   Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

6.   Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

DIE BEDINGUNGEN IM KRANKENHAUS

7.   Wie oft wurden Ihr Zimmer und das Bad während dieses Krankenhausaufenthaltes gereinigt?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

8.   Wie häufig haben Sie während dieses Krankenhausaufenthaltes die benötigte Ruhe gefunden?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

9.   War es um Ihr Krankenhauszimmer nachts normalerweise ruhig?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

IHRE BETREUUNG IN DIESEM KRANKENHAUS

10.   Wie häufig waren die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes über Ihre Versorgung informiert und auf dem neuesten Stand?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

11.   Wie häufig haben die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes im Rahmen Ihrer Versorgung gut zusammengearbeitet?

- ☐ Nie
- ☐ Manchmal
- ☐ Meistens
- ☐ Immer

12. Brauchten Sie während dieses Krankenhausaufenthaltes Hilfe von den Krankenpflegekräften oder anderem Personal, um zur Toilette zu gehen oder die Bettpfanne zu verwenden?

☐ Ja

☐ Nein ➔ **Falls „Nein", weiter zu Frage 14**

13. Wie oft wurde Ihnen so schnell Sie wollten zur Toilette oder mit einer Bettpfanne geholfen?

☐ Nie

☐ Manchmal

☐ Meistens

☐ Immer

14. Wie häufig haben Sie, wenn Sie während Ihres Krankenhausaufenthaltes unmittelbar um Hilfe gebeten haben, so schnell wie nötig auch Hilfe bekommen?

☐ Nie

☐ Manchmal

☐ Meistens

☐ Immer

☐ Ich habe niemals unmittelbar um Hilfe gebeten

15. Haben Sie während dieses Krankenhausaufenthaltes irgendwelche Medikamente genommen, die Sie zuvor noch nie genommen hatten?

☐ Ja

☐ Nein ➔ **Falls „Nein", weiter zu Frage 18**

16. Wie oft haben Ihnen die Pflegekräfte gesagt, was der Zweck neuer Medikamente ist, bevor sie Ihnen verabreicht wurden?

☐ Nie

☐ Manchmal

☐ Meistens

☐ Immer

17. Wie oft haben die Pflegekräfte Sie auf leicht verständliche Weise über mögliche Nebenwirkungen neuer Medikamente informiert, bevor sie Ihnen verabreicht wurden?

☐ Nie

☐ Manchmal

☐ Meistens

☐ Immer

18. Wurden Sie während dieses Krankenhausaufenthaltes von Ärzten und Ärztinnen, den Krankenpflegekräften und sonstigen Mitarbeitenden dabei unterstützt, sich auszuruhen und zu genesen?

☐ Ja, auf jeden Fall

☐ Ja, in gewissem Maße

☐ Nein

ENTLASSUNG AUS DEM KRANKENHAUS

19. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende gemeinsam mit Ihnen oder Ihren Verwandten oder Betreuungspersonen an einem Plan für Ihre Versorgung nach der Entlassung aus dem Krankenhaus gearbeitet?

☐ Ja, auf jeden Fall

☐ Ja, in gewissem Maße

☐ Nein

20. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende Ihre Verwandten oder Betreuungspersonen ausreichend darüber informiert, auf welche Symptome oder anderen gesundheitlichen Probleme nach der Entlassung aus dem Krankenhaus geachtet werden sollte?

☐ Ja, auf jeden Fall

☐ Ja, in gewissem Maße

☐ Nein

☐ Ich hatte keine Verwandten oder Betreuungspersonen, die auf Symptome oder andere gesundheitliche Probleme hätten achten können

21. Sind Sie nach der Entlassung aus dem Krankenhaus direkt nach Hause oder in das Zuhause einer anderen Person zurückgekehrt, oder haben Sie sich in eine andere Krankenbetreuungseinrichtung begeben?

☐ Nach Hause

☐ Zu jemand anderem nach Hause

☐ In eine andere Krankenbetreuungseinrichtung

➜ **Falls „andere Krankenbetreuungseinrichtung", weiter zu Frage 24**

22. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende während dieses Krankenhausaufenthaltes mit Ihnen darüber gesprochen, ob Sie im Anschluss an Ihre Entlassung aus dem Krankenhaus über die Hilfe verfügen würden, die Sie möglicherweise benötigten?

☐ Ja

☐ Nein

23. Haben Sie während dieses Krankenhausaufenthaltes schriftliche Anweisungen erhalten, auf welche Symptome oder andere gesundheitliche Probleme Sie nach Entlassung aus dem Krankenhaus achten sollten?

☐ Ja

☐ Nein

ALLGEMEINE BEWERTUNG DES KRANKENHAUSES

Bitte beantworten Sie die folgenden Fragen über Ihren Aufenthalt in dem im Begleitschreiben genannten Krankenhaus. Nennen Sie bei Ihren Antworten keine anderen Krankenhausaufenthalte.

24. Bitte bewerten Sie dieses Krankenhaus auf einer Skala von 0-10, wobei 0 für das schlechteste und 10 das beste Krankenhaus steht.

☐ 0   Schlechtestes Krankenhaus

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10   Bestes Krankenhaus

25. Würden Sie dieses Krankenhaus Ihren Freunden und Verwandten empfehlen?

☐ Nein, auf keinen Fall
☐ Nein, wahrscheinlich nicht
☐ Ja, wahrscheinlich
☐ Ja, auf jeden Fall

ZU IHRER PERSON

Nur noch ein paar Fragen zu Ihrer Person.

26. Handelte es sich um einen geplanten Krankenhausaufenthalt?

☐ Ja, auf jeden Fall
☐ Ja, in gewissem Maße
☐ Nein

27. Wie würden Sie Ihre Gesundheit ganz allgemein bewerten?

☐ Ausgezeichnet
☐ Sehr gut
☐ Gut
☐ Akzeptabel
☐ Schlecht

28. Wie würden Sie Ihre geistige oder seelische Gesundheit ganz allgemein bewerten?

☐ Ausgezeichnet
☐ Sehr gut
☐ Gut
☐ Akzeptabel
☐ Schlecht

29. Welche Sprache sprechen Sie hauptsächlich zu Hause?

☐ Englisch
☐ Spanisch
☐ Chinesisch
☐ Sonstige Sprache

30. Was ist Ihr höchster Schulabschluss?

☐ 8. Klasse oder darunter
☐ Ein paar Jahre High School, aber ohne Abschluss
☐ High School Diplom oder entsprechender Abschluss
☐ Ein paar Jahre Studium oder 2-jähriger Hochschulabschluss
☐ 4-jähriger Hochschulabschluss
☐ Mehr als 4-jähriger Hochschulabschluss

31. Sind Sie spanisch, hispanoamerikanisch oder lateinamerikanisch?

☐ Nein, nicht spanisch/hispanoamerikanisch/lateinamerikanisch
☐ Ja, kubanisch
☐ Ja, mexikanisch, mexikanisch-amerikanisch, „Chicano"
☐ Ja, puertoricanisch
☐ Ja, anderer spanischer/hispanoamerikanischer/lateinamerikanischer Abstammung

32. Was ist Ihre Rasse? Bitte mind. eine auswählen.

☐ Indianer oder Ureinwohner Alaskas
☐ Asiate
☐ Schwarz oder Afro-Amerikaner
☐ Ureinwohner Hawaiis oder sonstiger Pazifikinsulaner
☐ Weiß

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

VIELEN DANK

Bitte senden Sie den ausgefüllten Fragebogen in dem frankierten Umschlag zurück.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Die Fragen 1-32 dieser Umfrage wurden von der US-Regierung verfasst. Sie sind öffentlich zugänglich und unterliegen daher NICHT den US-amerikanischen Urheberrechtsgesetzen.

Befragung Zu Krankenhauserfahrung

ANLEITUNGEN ZUR UMFRAGE

- ♦ Im Rahmen dieser Befragung werden wir Sie zu Ihren Erfahrungen mit der Betreuung und dem Aufenthalt in dem Krankenhaus, das im Begleitschreiben genannt wurde, befragen.

- ♦ Beantworten Sie <u>alle</u> Fragen, indem Sie den Kreis neben Ihrer Antwort vollständig ausfüllen.

- ♦ Sie werden manchmal aufgefordert, Fragen zu überspringen. In dem Fall wird Ihnen ein Pfeil mit dem Hinweis gezeigt, zur nächsten Frage vorzugehen, wie z. B.:

  0   Ja
  ●   Nein   ➔ *Falls „Nein", weiter zu Frage 1*

Oben auf dem Fragebogen befindet sich eine Nummer. An dieser Nummer können wir erkennen, ob Sie den Fragebogen zurückgeschickt haben, damit wir Ihnen keine unnötigen Erinnerungen senden. Bitte beachten: Fragen 1 bis 32 dieser Umfrage sind Teil einer landesweiten Initiative zur Qualitätsbewertung der Betreuung in Krankenhäusern. OMB #0938-0981 (Ablauf TBD)

Bitte beantworten Sie die folgenden Fragen über Ihren Aufenthalt in dem im Begleitschreiben genannten Krankenhaus. Nennen Sie bei Ihren Antworten keine anderen Krankenhausaufenthalte.

IHRE BETREUUNG DURCH DIE KRANKENPFLEGEKRÄFTE

1. **Wie oft haben die Krankenpflegekräfte Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?**

   0   Nie
   0   Manchmal
   0   Meistens
   0   Immer

2. **Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?**

   0   Nie
   0   Manchmal
   0   Meistens
   0   Immer

3. **Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?**

   0   Nie
   0   Manchmal
   0   Meistens
   0   Immer

IHRE BETREUUNG DURCH DIE ÄRZTE

4. Wie oft haben die Ärzte und Ärztinnen Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?

O   Nie
O   Manchmal
O   Meistens
O   Immer

5. Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?

O   Nie
O   Manchmal
O   Meistens
O   Immer

6. Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?

O   Nie
O   Manchmal
O   Meistens
O   Immer

DIE BEDINGUNGEN IM KRANKENHAUS

7. Wie oft wurden Ihr Zimmer und das Bad während dieses Krankenhausaufenthaltes gereinigt?

O   Nie
O   Manchmal
O   Meistens
O   Immer

8. Wie häufig haben Sie während dieses Krankenhausaufenthaltes die benötigte Ruhe gefunden?

O   Nie
O   Manchmal
O   Meistens
O   Immer

9. War es um Ihr Krankenhauszimmer nachts normalerweise ruhig?

O   Nie
O   Manchmal
O   Meistens
O   Immer

IHRE BETREUUNG IN DIESEM KRANKENHAUS

10. Wie häufig waren die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes über Ihre Versorgung informiert und auf dem neuesten Stand?

O   Nie
O   Manchmal
O   Meistens
O   Immer

11. Wie häufig haben die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes im Rahmen Ihrer Versorgung gut zusammengearbeitet?

O   Nie
O   Manchmal
O   Meistens
O   Immer

12. Brauchten Sie während dieses Krankenhausaufenthaltes Hilfe von den Krankenpflegekräften oder anderem Personal, um zur Toilette zu gehen oder die Bettpfanne zu verwenden?

O   Ja

O   Nein   ➔ **Falls „Nein", weiter zu Frage 14**

13. Wie oft wurde Ihnen so schnell Sie wollten zur Toilette oder mit einer Bettpfanne geholfen?

O   Nie

O   Manchmal

O   Meistens

O   Immer

14. Wie häufig haben Sie, wenn Sie während Ihres Krankenhausaufenthaltes unmittelbar um Hilfe gebeten haben, so schnell wie nötig auch Hilfe bekommen?

O   Nie

O   Manchmal

O   Meistens

O   Immer

O   Ich habe niemals unmittelbar um Hilfe gebeten

15. Haben Sie während dieses Krankenhausaufenthaltes irgendwelche Medikamente genommen, die Sie zuvor noch nie genommen hatten?

O   Ja

O   Nein   ➔ **Falls „Nein", weiter zu Frage 18**

16. Wie oft haben Ihnen die Pflegekräfte gesagt, was der Zweck neuer Medikamente ist, bevor sie Ihnen verabreicht wurden?

O   Nie

O   Manchmal

O   Meistens

O   Immer

17. Wie oft haben die Pflegekräfte Sie auf leicht verständliche Weise über mögliche Nebenwirkungen neuer Medikamente informiert, bevor sie Ihnen verabreicht wurden?

O   Nie

O   Manchmal

O   Meistens

O   Immer

18. Wurden Sie während dieses Krankenhausaufenthaltes von Ärzten und Ärztinnen, den Krankenpflegekräften und sonstigen Mitarbeitenden dabei unterstützt, sich auszuruhen und zu genesen?

O   Ja, auf jeden Fall

O   Ja, in gewissem Maße

O   Nein

ENTLASSUNG AUS DEM KRANKENHAUS

19. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende gemeinsam mit Ihnen oder Ihren Verwandten oder Betreuungspersonen an einem Plan für Ihre Versorgung nach der Entlassung aus dem Krankenhaus gearbeitet?

O   Ja, auf jeden Fall

O   Ja, in gewissem Maße

O   Nein

20. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende Ihre Verwandten oder Betreuungspersonen ausreichend darüber informiert, auf welche Symptome oder anderen gesundheitlichen Probleme nach der Entlassung aus dem Krankenhaus geachtet werden sollte?

O   Ja, auf jeden Fall

O   Ja, in gewissem Maße

O   Nein

O   Ich hatte keine Verwandten oder Betreuungspersonen, die auf Symptome oder andere gesundheitliche Probleme hätten achten können

21. Sind Sie nach der Entlassung aus dem Krankenhaus direkt nach Hause oder in das Zuhause einer anderen Person zurückgekehrt, oder haben Sie sich in eine andere Krankenbetreuungseinrichtung begeben?

O   Nach Hause

O   Zu jemand anderem nach Hause

O   In eine andere Krankenbetreuungseinrichtung ➔ **Falls „andere Krankenbetreuungsein richtung", weiter zu Frage 24**

22. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende während dieses Krankenhausaufenthaltes mit Ihnen darüber gesprochen, ob Sie im Anschluss an Ihre Entlassung aus dem Krankenhaus über die Hilfe verfügen würden, die Sie möglicherweise benötigten?

O   Ja

O   Nein

23. Haben Sie während dieses Krankenhausaufenthaltes schriftliche Anweisungen erhalten, auf welche Symptome oder andere gesundheitliche Probleme Sie nach Entlassung aus dem Krankenhaus achten sollten?

O   Ja

O   Nein

ALLGEMEINE BEWERTUNG DES KRANKENHAUSES

Bitte beantworten Sie die folgenden Fragen über Ihren Aufenthalt in dem im Begleitschreiben genannten Krankenhaus. Nennen Sie bei Ihren Antworten keine anderen Krankenhausaufenthalte.

24. Bitte bewerten Sie dieses Krankenhaus auf einer Skala von 0-10, wobei 0 für das schlechteste und 10 das beste Krankenhaus steht.

O   0   Schlechtestes Krankenhaus

O   1

O   2

O   3

O   4

O   5

O   6

O   7

O   8

O   9

O   10   Bestes Krankenhaus

25. Würden Sie dieses Krankenhaus Ihren Freunden und Verwandten empfehlen?

O   Nein, auf keinen Fall

O   Nein, wahrscheinlich nicht

O   Ja, wahrscheinlich

O   Ja, auf jeden Fall

ZU IHRER PERSON

Nur noch ein paar Fragen zu Ihrer Person.

26. Handelte es sich um einen geplanten Krankenhausaufenthalt?

- O Ja, auf jeden Fall
- O Ja, in gewissem Maße
- O Nein

27. Wie würden Sie Ihre Gesundheit ganz allgemein bewerten?

- O Ausgezeichnet
- O Sehr gut
- O Gut
- O Akzeptabel
- O Schlecht

28. Wie würden Sie Ihre geistige oder seelische Gesundheit ganz allgemein bewerten?

- O Ausgezeichnet
- O Sehr gut
- O Gut
- O Akzeptabel
- O Schlecht

29. Welche Sprache sprechen Sie hauptsächlich zu Hause?

- O Englisch
- O Spanisch
- O Chinesisch
- O Sonstige Sprache

30. Was ist Ihr höchster Schulabschluss?

- O 8. Klasse oder darunter
- O Ein paar Jahre High School, aber ohne Abschluss
- O High School Diplom oder entsprechender Abschluss
- O Ein paar Jahre Studium oder 2-jähriger Hochschulabschluss
- O 4-jähriger Hochschulabschluss
- O Mehr als 4-jähriger Hochschulabschluss

31. Sind Sie spanisch, hispanoamerikanisch oder lateinamerikanisch?

- O Nein, nicht spanisch/hispanoamerikanisch/lateinamerikanisch
- O Ja, kubanisch
- O Ja, mexikanisch, mexikanisch-amerikanisch, „Chicano"
- O Ja, puertoricanisch
- O Ja, anderer spanischer/hispanoamerikanischer/lateinamerikanischer Abstammung

32. Was ist Ihre Rasse? Bitte mind. eine auswählen.

- O Indianer oder Ureinwohner Alaskas
- O Asiate
- O Schwarz oder Afro-Amerikaner
- O Ureinwohner Hawaiis oder sonstiger Pazifikinsulaner
- O Weiß

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

VIELEN DANK

Bitte senden Sie den ausgefüllten Fragebogen in dem frankierten Umschlag zurück.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Die Fragen 1-32 dieser Umfrage wurden von der US-Regierung verfasst. Sie sind öffentlich zugänglich und unterliegen daher NICHT den US-amerikanischen Urheberrechtsgesetzen.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Sehr geehrte/r **[SAMPLED PATIENT FIRST AND LAST NAME]**,

Aus unseren Unterlagen geht hervor, dass Sie vor Kurzem ein Patient im **[HOSPITAL NAME]** waren und am **[MM/DD/YYYY]** entlassen wurden. Da Sie vor Kurzem im Krankenhaus waren, möchten wir Sie um Ihre Hilfe bitten.

Die beigefügte Umfrage soll in Erfahrung bringen, wie Patienten ihre Pflege im Krankenhaus wahrnehmen. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und wird ungefähr **[NUMBER]** Minuten Ihrer Zeit in Anspruch nehmen.

Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

Nachdem Sie den Fragebogen ausgefüllt haben, senden Sie ihn bitte im frankierten Umschlag zurück. Wenn Sie Fragen zur beiliegenden Umfrage haben, rufen Sie bitte die (OPTIONAL TO STATE gebührenfreie) Telefonnummer: **[PHONE NUMBER]** an (OPTIONAL TO STATE oder schicken Sie uns eine E-Mail an **[EMAIL ADDRESS]**).

Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

Mit freundlichen Grüßen

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Sehr geehrte/r **[SAMPLED PATIENT FIRST AND LAST NAME]**,

Aus unseren Unterlagen geht hervor, dass Sie vor Kurzem ein Patient im **[NAME OF HOSPITAL]** waren und am **[MM/DD/YYYY]** entlassen wurden. Wenn Sie den Fragebogen bereits an uns zurückgesandt haben, bedanken wir uns und Sie können diesen Brief ignorieren. Falls Sie noch nicht Gelegenheit hatten, den Fragebogen auszufüllen, so tun Sie das bitte jetzt. Es wird nur wenige Minuten dauern.

Die beigefügte Umfrage soll in Erfahrung bringen, wie Patienten ihre Pflege im Krankenhaus wahrnehmen. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und das Ausfüllen der Umfrage sollte ungefähr **[NUMBER]** Minuten dauern.

Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

Nachdem Sie den Fragebogen ausgefüllt haben, senden Sie ihn bitte im frankierten Umschlag zurück. Wenn Sie Fragen zur beiliegenden Umfrage haben, rufen Sie bitte die (OPTIONAL TO STATE gebührenfreie) Telefonnummer: **[PHONE NUMBER]** an (OPTIONAL TO STATE oder schicken Sie uns eine E-Mail an **[EMAIL ADDRESS]**).

Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

Mit freundlichen Grüßen

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und wird ungefähr **[NUMBER]** Minuten Ihrer Zeit in Anspruch nehmen.

2. Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt.

3. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

4. Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

Gemäß dem Gesetz zur Vermeidung unnötiger Formulare (Paperwork Reduction Act) von 1995 ist niemand verpflichtet, auf eine Informationserhebung zu antworten, es sei denn, sie enthält eine gültige OMB-Kontrollnummer. Die gültige OMB-Kontrollnummer für diese Informationserhebung ist 0938-0981 (verfällt am: TBD). Die zum Ausfüllen dieser Informationserhebung benötigte Zeit wird für die Fragen 1-32 der Umfrage auf durchschnittlich 8 Minuten geschätzt, einschließlich der Zeit zur Ansicht der Anleitungen, Suche nach Datenquellen, Sammlung der Informationen und dem Ausfüllen und der Überprüfung der Informationserhebung. Wenn Sie Bemerkungen bezüglich der Zeitschätzung(en) oder Vorschläge zur Verbesserung dieses Formulars haben, schreiben Sie bitte an: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Die Fragen 1 bis 32 dieser Umfrage kommen vom U.S.- Gesundheitsministerium (Department of Health and Human Services) und dienen der Qualitätsmessung. Alle weiteren Fragen stammen vom **[NAME OF HOSPITAL]** und dienen dazu, weitere Informationen zu Ihrem Krankenhausaufenthalt zu erhalten. Diese Antworten werden nicht an das Gesundheitsministerium weitergegeben.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

Oben auf dem Fragebogen befindet sich eine Nummer. An dieser Nummer können wir erkennen, ob Sie den Fragebogen zurückgeschickt haben, damit wir Ihnen keine unnötigen Erinnerungen senden.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

Die Fragen 1-32 dieser Umfrage wurden von der US-Regierung verfasst. Sie sind öffentlich zugänglich und unterliegen daher NICHT den US-amerikanischen Urheberrechtsgesetzen.

APPENDIX H

**HCAHPS Mail Survey
(Tagalog)**

THIS PAGE INTENTIONALLY LEFT BLANK

Survey sa Karanasan sa Ospital

MGA TAGUBILIN SA SURVEY

♦ Ang survey na ito ay nagtatanong tungkol sa inyo at sa pangangalaga na natanggap ninyo sa pamamalagi sa ospital na nabanggit sa pambungad na sulat.

♦ Sagutan ang <u>lahat</u> ng tanong sa pamamagitan ng paglalagay ng check sa kahon na nasa kaliwa ng inyong sagot.

♦ Minsan, hihilingan kayong laktawan ang ilang tanong sa survey na ito. Kapag nangyari ito, may makikita kayong arrow na may kasamang mensaheng nagsasabi sa inyo kung anong tanong ang susunod na sasagutan, tulad nito:

☐ Oo
☑ Hindi ➔ *Kung Hindi, Pumunta sa Tanong 1*

Mapapansin ninyo na may numero sa survey. Sinasabi sa amin ng numerong ito kung ipinadala na ninyo pabalik sa amin ang survey, at kung gayon ay hindi na namin kailangang padalhan kayo ng paalala. Pakitandaan: Ang mga tanong 1-32 sa survey na ito ay bahagi ng pambansang inisyatibo upang sukatin ang kalidad ng pangangalaga sa mga ospital. OMB #0938-0981 (Mag-e-expire sa TBD)

Pakisagutan ang mga tanong sa survey na ito tungkol sa pamamalagi ninyo sa ospital na pinangalanan sa pambungad na liham. Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital.

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA NARS

1. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga nars nang may <u>paggalang at respeto</u>?**

   ☐ Hindi kailanman
   ☐ Paminsan-minsan
   ☐ Madalas
   ☐ Palagi

2. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga nars?**

   ☐ Hindi kailanman
   ☐ Paminsan-minsan
   ☐ Madalas
   ☐ Palagi

3. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga nars ang mga bagay-bagay</u> sa paraang nauunawaan ninyo?**

   ☐ Hindi kailanman
   ☐ Paminsan-minsan
   ☐ Madalas
   ☐ Palagi

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA DOKTOR

4. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga doktor nang may <u>paggalang at respeto?</u>**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

5. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga doktor?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

6. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga doktor ang mga bagay-bagay</u> sa paraang nauunawaan ninyo?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

ANG KAPALIGIRAN NG OSPITAL

7. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas nilinis ang kuwarto at banyo ninyo?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

8. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayo nakapagpahinga na kailangan ninyo?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

9. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas na tahimik ang lugar sa paligid ng kuwarto ninyo sa gabi?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

ANG INYONG PANGANGALAGA SA OSPITAL NA ITO

10. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na binigyan kayo ng impormasyon at huling balita tungkol sa inyong pangangalaga?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

11. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na nagtrabaho nang maayos at sama-sama para pangalagaan kayo?**

    ☐ Hindi kailanman

    ☐ Paminsan-minsan

    ☐ Madalas

    ☐ Palagi

12. Sa panahon ng pamamalagi ninyo sa ospital na ito, kinailangan ba ninyo ang tulong mula sa mga nars o iba pang staff sa ospital para pumunta sa banyo o sa paggamit ng bedpan?

☐ Oo

☐ Hindi ➔ **Kung Hindi, Pumunta sa Tanong 14**

13. Gaano kadalas kayong nakakuha agad ng atensyon o tulong sa pagpunta sa banyo o paggamit ng bedpan noong kinailangan ninyo ito?

☐ Hindi kailanman

☐ Paminsan-minsan

☐ Madalas

☐ Palagi

14. Sa panahon ng pamamalagi ninyo sa ospital na ito, noong humingi kayo ng agad na agad na tulong, gaano kadalas kayo nakatanggap ng tulong sa lalong madaling panahon na kinailangan ninyo ito?

☐ Hindi kailanman

☐ Paminsan-minsan

☐ Madalas

☐ Palagi

☐ Hindi ako humingi ng agad na agad na tulong kailanman

15. Sa panahon ng pamamalagi ninyo sa ospital na ito, binigyan ba kayo ng anumang gamot na hindi pa ninyo nagamit o nainom dati?

☐ Oo

☐ Hindi ➔ **Kung Hindi, Pumunta sa Tanong 18**

16. Bago kayo bigyan ng anumang bagong gamot, gaano kadalas sinabi sa inyo ng staff ng ospital kung para saan ang ibinibigay nilang gamot?

☐ Hindi kailanman

☐ Paminsan-minsan

☐ Madalas

☐ Palagi

17. Bago kayo bigyan ng anumang bagong gamot, gaano kadalas ipinaliwanag ng staff ng ospital ang mga posibleng side effect nito sa paraang nauunawaan ninyo?

☐ Hindi kailanman

☐ Paminsan-minsan

☐ Madalas

☐ Palagi

18. Sa panahon ng pamamalagi ninyo sa ospital na ito, ang mga nars at iba pang mga staff ng ospital ba ay tumulong para makapagpahinga at gumaling kayo?

☐ Oo, sigurado

☐ Oo, medyo

☐ Hindi

PAGLABAS SA OSPITAL

19. Nagtrabaho ba na kasama kayo at inyong pamilya o tagapangalaga ang mga doktor, nars at iba pang staff ng ospital sa paggawa ng mga plano para sa inyong pangangalaga pagkatapos na lumabas kayo sa ospital?

☐ Oo, sigurado

☐ Oo, medyo

☐ Hindi

20. **Binigyan ba ng mga doktor, nars o ibang staff ng ospital ang iyong pamilya o tagapag-alaga ng sapat na impormasyon tungkol sa kung anong mga sintomas o problema sa kalusugan ang dapat bantayan pagkatapos mong lumabas sa ospital?**

☐ Oo, sigurado

☐ Oo, medyo

☐ Hindi

☐ Wala akong pamilya o tagapag-alaga na nagbabantay ng mga sintomas o problema sa kalusugan

21. **Noong lumabas kayo ng ospital, diretso po ba kayong umuwi sa sariling bahay ninyo, sa bahay ng ibang tao, o sa iba pang pasilidad na pangkalusugan?**

☐ Sariling bahay

☐ Sa bahay ng ibang tao

☐ Iba pang pasilidad ➔ **na pangkalusugan Kung Iba pa, Pumunta sa Tanong 24**

22. **Sa panahon ng pamamalagi ninyo sa ospital na ito, nakipag-usap ba sa inyo ang mga doktor, nars o iba pang staff ng ospital kung magkakaroon ka ng tulong na kailangan mo pagkatapos mong umalis sa ospital?**

☐ Oo

☐ Hindi

23. **Sa panahon ng pamamalagi ninyo sa ospital na ito, nakatanggap ba kayo ng nakasulat na impormasyon kung anong mga sintomas o problema sa kalusugan ang kailangang bantayan ninyo pagkalabas ninyo ng ospital?**

☐ Oo

☐ Hindi

PANGKALAHATANG RATING NG OSPITAL

Pakisagutan ang mga sumusunod na tanong tungkol sa pamamalagi ninyo sa ospital na pinangalanan sa pambungad na liham Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital.

24. **Gamit po ang anumang numero mula 0 hanggang 10, kung saan ang 0 ay 'pinakamasamang posibleng ospital' at ang 10 ay ang 'pinakamagandang posibleng ospital', anong score ang ibibigay ninyo para i-rate ang ospital na ito habang namalagi kayo rito?**

☐ 0 Pinakamasamang posibleng ospital

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Pinakamagandang posibleng ospital

25. Irerekomenda ba ninyo ang ospital na ito sa mga kaibigan at kapamilya ninyo?

☐ Siguradong hindi
☐ Malamang hindi
☐ Malamang oo
☐ Siguradong oo

TUNGKOL SA INYO

May ilang bagay na lang na natitira

26. Ang pamamalagi ba sa ospital na ito ay nakaplano na noon pa?

☐ Oo, sigurado
☐ Oo, medyo
☐ Hindi

27. Sa pangkalahatan, paano po ninyo ire-rate ang kabuuang kalusugan ninyo?

☐ Talagang napakahusay
☐ Napakahusay
☐ Mahusay
☐ Tama lang
☐ Hindi mahusay

28. Sa pangkalahatan, paano ninyo ire-rate ang kabuuan ng inyong <u>pangkaisipan o emosyonal na kalusugan</u>?

☐ Talagang napakahusay
☐ Napakahusay
☐ Mahusay
☐ Tama lang
☐ Hindi mahusay

29. Anong wika ang <u>pangunahing</u> sinasalita ninyo sa bahay?

☐ Ingles
☐ Spanish
☐ Chinese
☐ Ibang pang wika

30. Ano ang pinakamataas na antas ng pag-aaral na <u>natapos</u> ninyo?

☐ Grade 8 o mas mababa
☐ Ilang taon sa High School, pero hindi nakatapos
☐ Naka-graduate ng High School o GED
☐ Ilang taon sa kolehiyo o 2-year degree
☐ Naka-graduate ng 4-year na college degree
☐ Mahigit sa 4 na taong college degree

31. Mayroon ba kayong Spanish/Hispanic/Latinong pinagmulan?

☐ Wala, hindi Spanish/Hispanic/Latino
☐ Oo, Cuban
☐ Oo, Mexican, Mexican American, Chicano
☐ Oo, Puerto Rican
☐ Oo, iba pang Spanish/Hispanic/Latino

32. Ano ang inyong etnikong background? Pakipili ng isa o higit pa.

☐ American Indian o Alaska Native
☐ Asian
☐ Black o African-American
☐ Native Hawaiian o iba pang Pacific Islander
☐ White

SALAMAT

Pakibalik po ang nakumpletong survey sa postage-paid na envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Ang mga tanong 1-32 sa survey na ito ay ginawa ng Pamahalaan ng U.S at nasa pampublikong domain at kung gayon ay HINDI saklaw ng mga batas ng U.S. para sa copyright.

Survey sa Karanasan sa Ospital

MGA TAGUBILIN SA SURVEY

♦ Ang survey na ito ay nagtatanong tungkol sa inyo at sa pangangalaga na natanggap ninyo sa pamamalagi sa ospital na nabanggit sa pambungad na sulat.

♦ Sagutan ang lahat ng tanong sa pamamagitan ng kumpletong pagkulay sa bilog na nasa kaliwa ng inyong sagot.

♦ Minsan, hihilingan kayong laktawan ang ilang tanong sa survey na ito. Kapag nangyari ito, may makikita kayong arrow na may kasamang mensaheng nagsasabi sa inyo kung anong tanong ang susunod na sasagutan, tulad nito:

0 Oo
● Hindi ➔ *Kung Hindi, Pumunta sa Tanong 1*

Mapapansin ninyo na may numero sa survey. Sinasabi sa amin ng numerong ito kung ipinadala na ninyo pabalik sa amin ang survey, at kung gayon ay hindi na namin kailangang padalhan kayo ng paalala. Pakitandaan: Ang mga tanong 1-32 sa survey na ito ay bahagi ng pambansang inisyatibo upang sukatin ang kalidad ng pangangalaga sa mga ospital. OMB #0938-0981 (Mag-e-expire sa TBD)

Pakisagutan ang mga tanong sa survey na ito tungkol sa pamamalagi ninyo sa ospital na pinangalanan sa pambungad na liham. Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital.

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA NARS

1. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga nars nang may <u>paggalang at respeto</u>?**

   0 Hindi kailanman
   0 Paminsan-minsan
   0 Madalas
   0 Palagi

2. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga nars?**

   0 Hindi kailanman
   0 Paminsan-minsan
   0 Madalas
   0 Palagi

3. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga nars ang mga bagay-bagay</u> sa paraang nauunawaan ninyo?**

   0 Hindi kailanman
   0 Paminsan-minsan
   0 Madalas
   0 Palagi

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA DOKTOR

4. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga doktor nang may <u>paggalang at respeto?</u>**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

5. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga doktor?**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

6. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga doktor ang mga bagay-bagay</u>sa paraang nauunawaan ninyo?**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

ANG KAPALIGIRAN NG OSPITAL

7. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas nilinis ang kuwarto at banyo ninyo?**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

8. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayo nakapagpahinga na kailangan ninyo?**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

9. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas na tahimik ang lugar sa paligid ng kuwarto ninyo sa gabi?**

   O Hindi kailanman

   O Paminsan-minsan

   O Madalas

   O Palagi

ANG INYONG PANGANGALAGA SA OSPITAL NA ITO

10. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na binigyan kayo ng impormasyon at huling balita tungkol sa inyong pangangalaga?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

11. **Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na nagtrabaho nang maayos at sama-sama para pangalagaan kayo?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

12. **Sa panahon ng pamamalagi ninyo sa ospital na ito, kinailangan ba ninyo ang tulong mula sa mga nars o iba pang staff sa ospital para pumunta sa banyo o sa paggamit ng bedpan?**

    O Oo

    O Hindi ➔ **Kung Hindi, Pumunta sa Tanong 14**

13. **Gaano kadalas kayong nakakuha agad ng atensyon o tulong sa pagpunta sa banyo o paggamit ng bedpan noong kinailangan ninyo ito?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

14. **Sa panahon ng pamamalagi ninyo sa ospital na ito, noong humingi kayo ng agad na agad na tulong, gaano kadalas kayo nakatanggap ng tulong sa lalong madaling panahon na kinailangan ninyo ito?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

    O Hindi ako humingi ng agad na agad na tulong kailanman

15. **Sa panahon ng pamamalagi ninyo sa ospital na ito, binigyan ba kayo ng anumang gamot na hindi pa ninyo nagamit o nainom dati?**

    O Oo

    O Hindi ➔ **Kung Hindi, Pumunta sa Tanong 18**

16. **Bago kayo bigyan ng anumang bagong gamot, gaano kadalas sinabi sa inyo ng staff ng ospital kung para saan ang ibinibigay nilang gamot?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

17. **Bago kayo bigyan ng anumang bagong gamot, gaano kadalas ipinaliwanag ng staff ng ospital ang mga posibleng side effect nito sa paraang nauunawaan ninyo?**

    O Hindi kailanman

    O Paminsan-minsan

    O Madalas

    O Palagi

18. **Sa panahon ng pamamalagi ninyo sa ospital na ito, ang mga nars at iba pang mga staff ng ospital ba ay tumulong para makapagpahinga at gumaling kayo?**

    O Oo, sigurado

    O Oo, medyo

    O Hindi

PAGLABAS SA OSPITAL

19. **Nagtrabaho ba na kasama kayo at inyong pamilya o tagapangalaga ang mga doktor, nars at iba pang staff ng ospital sa paggawa ng mga plano para sa inyong pangangalaga pagkatapos na lumabas kayo sa ospital?**

    O Oo, sigurado

    O Oo, medyo

    O Hindi

20. Binigyan ba ng mga doktor, nars o ibang staff ng ospital ang iyong pamilya o tagapag-alaga ng sapat na impormasyon tungkol sa kung anong mga sintomas o problema sa kalusugan ang dapat bantayan pagkatapos mong lumabas sa ospital?

0 Oo, sigurado

0 Oo, medyo

0 Hindi

0 Wala akong pamilya o tagapag-alaga na nagbabantay ng mga sintomas o problema sa kalusugan

21. Noong lumabas kayo ng ospital, diretso po ba kayong umuwi sa sariling bahay ninyo, sa bahay ng ibang tao, o sa iba pang pasilidad na pangkalusugan?

0 Sariling bahay

0 Sa bahay ng ibang tao

0 Iba pang pasilidad ➔ **na pangkalusugan Kung Iba pa, Pumunta sa Tanong 24**

22. Sa panahon ng pamamalagi ninyo sa ospital na ito, nakipag-usap ba sa inyo ang mga doktor, nars o iba pang staff ng ospital kung magkakaroon ka ng tulong na kailangan mo pagkatapos mong umalis sa ospital?

0 Oo

0 Hindi

23. Sa panahon ng pamamalagi ninyo sa ospital na ito, nakatanggap ba kayo ng nakasulat na impormasyon kung anong mga sintomas o problema sa kalusugan ang kailangang bantayan ninyo pagkalabas ninyo ng ospital?

0 Oo

0 Hindi

PANGKALAHATANG RATING NG OSPITAL

Pakisagutan ang mga sumusunod na tanong tungkol sa pamamalagi ninyo sa ospital na pinangalanan sa pambungad na liham Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital.

24. Gamit po ang anumang numero mula 0 hanggang 10, kung saan ang 0 ay 'pinakamasamang posibleng ospital' at ang 10 ay ang 'pinakamagandang posibleng ospital', anong score ang ibibigay ninyo para i-rate ang ospital na ito habang namalagi kayo rito?

0 0 Pinakamasamang posibleng ospital

0 1

0 2

0 3

0 4

0 5

0 6

0 7

0 8

0 9

0 10 Pinakamagandang posibleng ospital

25. Irerekomenda ba ninyo ang ospital na ito sa mga kaibigan at kapamilya ninyo?

O Siguradong hindi

O Malamang hindi

O Malamang oo

O Siguradong oo

TUNGKOL SA INYO

May ilang bagay na lang na natitira

26. Ang pamamalagi ba sa ospital na ito ay nakaplano na noon pa?

O Oo, sigurado

O Oo, medyo

O Hindi

27. Sa pangkalahatan, paano po ninyo ire-rate ang kabuuang kalusugan ninyo?

O Talagang napakahusay

O Napakahusay

O Mahusay

O Tama lang

O Hindi mahusay

28. Sa pangkalahatan, paano ninyo ire-rate ang kabuuan ng inyong pangkaisipan o emosyonal na kalusugan?

O Talagang napakahusay

O Napakahusay

O Mahusay

O Tama lang

O Hindi mahusay

29. Anong wika ang pangunahing sinasalita ninyo sa bahay?

O Ingles

O Spanish

O Chinese

O Ibang pang wika

30. Ano ang pinakamataas na antas ng pag-aaral na natapos ninyo?

O Grade 8 o mas mababa

O Ilang taon sa High School, pero hindi nakatapos

O Naka-graduate ng High School o GED

O Ilang taon sa kolehiyo o 2-year degree

O Naka-graduate ng 4-year na college degree

O Mahigit sa 4 na taong college degree

31. Mayroon ba kayong Spanish/Hispanic/Latinong pinagmulan?

O Wala, hindi Spanish/Hispanic/Latino

O Oo, Cuban

O Oo, Mexican, Mexican American, Chicano

O Oo, Puerto Rican

O Oo, iba pang Spanish/Hispanic/Latino

32. Ano ang inyong etnikong background? Pakipili ng isa o higit pa.

O   American Indian o Alaska Native

O   Asian

O   Black o African-American

O   Native Hawaiian o iba pang Pacific Islander

O   White

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

SALAMAT

Pakibalik po ang nakumpletong survey sa postage-paid na envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Ang mga tanong 1-32 sa survey na ito ay ginawa ng Pamahalaan ng U.S at nasa pampublikong domain at kung gayon ay HINDI saklaw ng mga batas ng U.S. para sa copyright.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Mahal naming **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Ipinapakita ng aming mga rekord na kamakailan ay naging pasyente kayo ng **[HOSPITAL NAME]** at na-discharge noong **[MM/DD/YYYY]**. Dahil na-admit kayo kamakailan sa ospital, humihingi kami ng tulong ninyo.

Ang survey na kasama nito ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

Kapag nakumpleto na ninyo ang survey na ito, pakibalik ito sa kasamang pre-paid na envelope. Kung may mga tanong kayo tungkol sa survey na kasama nito, pakitawagan ang (OPTIONAL TO STATE toll-free) number na ito: **[PHONE NUMBER]** (OPTIONAL TO STATE o padalhan ninyo kami ng email sa **[EMAL ADDRESS]**).

Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

Lubos na sumasainyo,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Mahal naming **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Noong nakalipas humingi kami ng feedback ninyo sa pinakahuling karanasan ninyo sa **[NAME OF HOSPITAL]** at na-discharge noong **[MM/DD/YYYY]**. Kung naipadala na ninyo sa amin ang survey, nagpapasalamat po kami at maaari na ninyong balewalain ang liham na ito. Gayunman, kung hindi pa ninyo nakukumpleto ang survey, mangyaring maglaan ng ilang minuto para makumpleto ito ngayon.

Ang survey na kasama nito ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

Kapag nakumpleto na ninyo ang survey na ito, pakibalik ito sa kasamang pre-paid na envelope. Kung may mga tanong kayo tungkol sa survey na kasama nito, pakitawagan ang (OPTIONAL TO STATE toll-free) number na ito: **[PHONE NUMBER]** (OPTIONAL TO STATE o padalhan ninyo kami ng email sa **[EMAL ADDRESS]**).

Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

Lubos na sumasainyo,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

2. Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado.

3. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

4. Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*
- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

Ayon sa Paperwork Reduction Act of 1995, walang tao ang kinakailangang tumugon sa pagkolekta ng impormasyon maliban kung may ipapakita itong valid na OMB control number. Ang wastong OMB control number para sa pagkolektang ito ng impormasyon ay 0938-0981 (Mag-e-expire sa TBD). Ang kabuuang oras na kailangan para makumpleto ang pagkolekta ng impormasyon ay tinatayang 8 minuto para sa mga tanong 1-32 ng survey, kasama rito ang oras sa pagsusuri sa mga tagubilin, paghahanap sa mga kasalukuyang data resource, pagkolekta sa kinakailangang data, at pagkumpleto at pag-review sa pagkolekta ng impormasyon. Kung may mga komento kayo tungkol sa katumpakan ng (mga) tinatayang haba ng oras, o mga mungkahi para mapahusay pa ang form na ito, maaari kayong sumulat sa: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Ang mga tanong 1-32 sa survey na ito ay mula sa U.S. Department of Health and Human Services (HHS) para gamitin sa pagsukat ng kalidad. Ang anumang mga karagdagang tanong ay mula sa **[NAME OF HOSPITAL]** upang kumuha ng higit pang feedback tungkol sa pananatili ninyo sa ospital at hindi ito ibabahagi sa HHS.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

Mapapansin ninyo na may numero sa survey. Sinasabi sa amin ng numerong ito kung ipinadala na ninyo pabalik sa amin ang survey, at kung gayon ay hindi na namin kailangang padalhan kayo ng paalala.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

Ang mga tanong 1-32 sa survey na ito ay ginawa ng Pamahalaan ng U.S at nasa pampublikong domain at kung gayon ay HINDI saklaw ng mga batas ng U.S. para sa copyright.

APPENDIX I

**HCAHPS Mail Survey
(Arabic)**

THIS PAGE INTENTIONALLY LEFT BLANK

استبيان تجربة المستشفى

تعليمات الاستبيان

◆ ـ يسألك هذا الاستبيان عن الرعاية التي تلقيتها أثناء إقامتك في المستشفى المذكور في الخطاب التعريفي.

◆ أجب على جميع الأسئلة بوضع علامة في المربع الموجود على يسار إجابتك.

◆ سيُطلب منك أحيانًا تخطي بعض الأسئلة في هذا الاستبيان. عندما يحدث هذا، سترى سهمًا به ملاحظة تخبرك بالسؤال الذي يجب الإجابة عليه بعد ذلك، مثل:

☐ نعم

☑ لا ⬅ إذا كانت الإجابة "لا"، فانتقل إلى السؤال 1

قد تلاحظ وجود رقم في الاستبيان. يُستخدم هذا الرقم لإعلامنا إذا قمت بإعادة استبيانك إلينا حتى لا نضطر إلى إرسال رسائل تذكير إليك. يُرجى ملاحظة ما يلي: الأسئلة من 1 إلى 32 في هذا الاستبيان هي جزء من مبادرة وطنية لقياس جودة الرعاية في المستشفيات. رقم ضبط مكتب الإدارة والميزانية 0938-0981 (تنتهي صلاحيته في TBD)

يُرجى الإجابة على الأسئلة التالية عن إقامتك في المستشفى المذكور في الخطاب التعريفي. ولا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.

الرعاية المُقدَّمة لك من طاقم التمريض

1. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة طاقم التمريض لك <u>بلطف واحترام</u>؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

2. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع طاقم التمريض لك بعناية</u>؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

3. خلال مدة إقامتك بالمستشفى، ما معدّل <u>شرح طاقم التمريض الأمور لك</u> بأسلوب مُبسّط؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

الرعاية المُقدَّمة لك من الأطباء

4. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة الأطباء لك <u>بلطف واحترام</u>؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

5. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع الأطباء لك بعناية</u>؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

---

11. خلال مدة إقامتك بالمستشفى، كم مرة عمل الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى معًا بشكل جيد لرعايتك؟

☐ مطلقًا
☐ أحيانًا
☐ عادةً
☐ دائمًا

12. خلال مدة إقامتك بالمستشفى، هل احتجت إلى مساعدة من طاقم التمريض أو غيرهم من العاملين بالمستشفى للذهاب إلى الحمام أو في استخدام نونية السرير؟

☐ نعم
☐ لا ← إذا كانت الإجابة "لا"، فانتقل إلى السؤال 14

13. ما معدّل حصولك على مساعدة للذهاب إلى الحمام أو استخدام نونية السرير في أقرب وقت تريد فيه المساعدة؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

14. خلال مدة إقامتك بالمستشفى، عندما طلبت مساعدة فورية، كم مرة حصلت على المساعدة بمجرد حاجتك إليها؟

☐ مطلقًا
☐ أحيانًا
☐ عادةً
☐ دائمًا
☐ لم يسبق لي طلب المساعدة على الفور

15. خلال مدة إقامتك بالمستشفى، هل تلقيت أي دواء لم تتناوله من قبل؟

☐ نعم
☐ لا ← إذا كانت الإجابة "لا"، فانتقل إلى السؤال18

---

6. خلال مدة إقامتك بالمستشفى، ما معدّل قيام الأطباء بشرح الأمور لك بأسلوب مُبسّط؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

بيئة المستشفى

7. خلال مدة إقامتك بالمستشفى، ما معدّل المحافظة على نظافة غرفتك وحمامك؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

8. كم مرة تمكنت من الحصول على الراحة التي تحتاجها أثناء إقامتك في المستشفى؟

☐ أبداً
☐ أحيانًا
☐ عادة
☐ دائماً

9. خلال مدة إقامتك بالمستشفى، ما معدّل الحفاظ على الهدوء بالمنطقة المحيطة بغرفتك ليلاً؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

الرعاية الخاصة بك في هذا المستشفى

10. خلال مدة إقامتك بالمستشفى، كم مرة تم إبلاغ الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى بآخر المستجدات بشأن رعايتك؟

☐ مطلقًا
☐ أحيانًا
☐ عادةً
☐ دائمًا

16. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بإخبارك بالغرض من الدواء؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

17. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بوصف الآثار الجانبية المحتملة بأسلوب مبسّط؟

☐ مطلقًا
☐ أحيانًا
☐ عادة
☐ دائمًا

18. خلال مدة إقامتك بالمستشفى، هل ساعدك الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى على الراحة والتعافي؟

☐ نعم، بالتأكيد
☐ نعم، إلى حد ما
☐ لا

مغادرة المستشفى

19. هل عمل الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى معك ومع عائلتك أو مع مقدم الرعاية في وضع خطط لرعايتك بعد مغادرتك المستشفى؟

☐ نعم، بالتأكيد
☐ نعم، إلى حد ما
☐ لا

20. هل قام الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بإعطاء عائلتك أو مقدم الرعاية معلومات كافية بشأن الأعراض أو المشاكل الصحية التي يجب مراقبتها بعد مغادرتك المستشفى؟

☐ نعم، بالتأكيد
☐ نعم، إلى حد ما
☐ لا
☐ لا لم يكن لدي عائلة أو مقدم رعاية يراقب الأعراض أو المشاكل الصحية

21. بعد أن غادرت المستشفى، هل ذهبت مباشرة إلى منزلك، أو إلى منزل شخص آخر، أو إلى منشأة صحية أخرى؟

☐ منزلي
☐ منزل شخص آخر
☐ منشأة صحية
غير ذلك ⬅ إذا كانت الإجابة "غير ذلك"، انتقل إلى السؤال 24

22. خلال مدة إقامتك بالمستشفى، هل تحدث معك الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بشأن ما إذا كنت ستحصل على المساعدة التي تحتاج إليها بعد مغادرتك المستشفى؟

☐ نعم
☐ لا

23. خلال مدة إقامتك بالمستشفى، هل تلقيت معلومات مكتوبة حول الأعراض أو المشكلات الصحية التي يجب الانتباه لها بعد مغادرتك المستشفى؟

☐ نعم
☐ لا

التقييم العام للمستشفى

يُرجى الإجابة على الأسئلة التالية حول إقامتك في المستشفى المذكور في الخطاب التعريفي. ولا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.

24. باستخدام أي رقم من 0 إلى 10، حيث يعني الرقم 0 "أسوأ مستشفى ممكن" ويعني الرقم 10 "أفضل مستشفى ممكن"، ما هو الرقم الذي ستستخدمه لتقييم هذا المستشفى أثناء مدة إقامتك؟

☐ 0   أسوأ مستشفى
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10   أفضل مستشفى

25. هل توصي أصدقاءك وعائلتك بهذا المستشفى؟

- ☐ بالتأكيد لا
- ☐ على الأرجح لا
- ☐ على الأرجح نعم
- ☐ بالتأكيد نعم

لم يتبق سوى عدد قليل من الأسئلة.

26. هل كان هناك تخطيط مُسبق لهذه الإقامة في المستشفى؟

- ☐ نعم، بالتأكيد
- ☐ نعم، إلى حد ما
- ☐ لا

27. ما تقييمك لصحتك العامة بوجهٍ عام؟

- ☐ ممتازة
- ☐ جيدة جدًا
- ☐ جيدة
- ☐ متوسطة
- ☐ سيئة

28. ما تقييمك لصحتك العامة العقلية أو النفسية بوجهٍ عام؟

- ☐ ممتازة
- ☐ جيدة جدًا
- ☐ جيدة
- ☐ متوسطة
- ☐ سيئة

29. ما هي اللغة التي تتحدثها بصفة أساسية في منزلك؟

- ☐ الإنجليزية
- ☐ الإسبانية
- ☐ الصينية
- ☐ لغة أخرى

30. ما أعلى درجة أو مستوى دراسي أكملته؟

- ☐ الصف الثامن أو أقل
- ☐ بعض سنوات المرحلة الثانوية، ولكنني لم أكملها
- ☐ خريج المدرسة الثانوية أو حاصل على شهادة تطوير التعليم العام (GED)
- ☐ بعض سنوات التعليم الجامعي أو حاصل على مؤهل دراسة جامعية لمدة سنتين
- ☐ خريج كلية لمدة 4 سنوات
- ☐ شهادة دراسة جامعية لأكثر من 4 سنوات

31. هل أنت من أصل إسباني أو هسباني أو لاتيني؟

- ☐ لا، لست إسبانيًا/ هسبانيًا/ لاتينيًا
- ☐ نعم، كوبي
- ☐ نعم، مكسيكي، أمريكي مكسيكي، شيكانو
- ☐ نعم، بورتوريكي
- ☐ نعم، إسباني/ هسباني/ لاتيني آخر

32. ما هو عِرقك؟ يُرجى تحديد خيار واحد أو أكثر.

- ☐ أمريكي من الهنود الحُمر أو من سكان ألاسكا الأصليين
- ☐ آسيوي
- ☐ أسود أو أمريكي من أصل أفريقي
- ☐ من سكان جزر هاواي الأصليين أو غيرهم من سكان جزر المحيط الهادئ
- ☐ أبيض

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

<div dir="rtl">

شكرًا لك

يُرجى إعادة الاستبيان المكتمل إلينا بالبريد بعد وضعه في المغلّف المدفوع ثمنه.

</div>

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

<div dir="rtl">

الأسئلة من 1 إلى 32 في هذا الاستبيان هي أعمال تابعة لحكومة الولايات المتحدة وهي ضمن الملكية العامة وبالتالي لا تخضع لقوانين حقوق الطبع والنشر الأمريكية.

</div>

استبيان تجربة المستشفى

تعليمات الاستبيان

♦ ـ يسألك هذا الاستبيان عن الرعاية التي تلقيتها أثناء إقامتك في المستشفى المذكور في الخطاب التعريفي.

♦ أجب على جميع الأسئلة بملء الدائرة الموجود على يمين إجابتك بالكامل.

♦ سيُطلب منك أحيانًا تخطي بعض الأسئلة في هذا الاستبيان. عندما يحدث هذا، سترى سهمًا به ملاحظة تخبرك بالسؤال الذي يجب الإجابة عليه بعد ذلك، مثل:

0 نعم

● **0** لا ← *إذا كانت الإجابة "لا"، فانتقل إلى السؤال 1*

قد تلاحظ وجود رقم في الاستبيان. يُستخدم هذا الرقم لإعلامنا إذا قمت بإعادة استبيانك إلينا حتى لا نضطر إلى إرسال رسائل تذكير إليك. يُرجى ملاحظة ما يلي: الأسئلة من 1 إلى 32 في هذا الاستبيان هي جزء من مبادرة وطنية لقياس جودة الرعاية في المستشفيات. رقم ضبط مكتب الإدارة والميزانية 0938-0981 (تنتهي صلاحيته في TBD)

يُرجى الإجابة على الأسئلة التالية عن إقامتك في المستشفى المذكور في الخطاب التعريفي. ولا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.

الرعاية المُقَدَّمة لك من طاقم التمريض

1. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة طاقم التمريض لك <u>بلطف واحترام</u>؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

2. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع طاقم التمريض لك بعناية</u>؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

3. خلال مدة إقامتك بالمستشفى، ما معدّل <u>شرح طاقم التمريض الأمور لك</u> بأسلوب مُبسّط؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

الرعاية المُقَدَّمة لك من الأطباء

4. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة الأطباء لك <u>بلطف واحترام</u>؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

5. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع الأطباء لك بعناية</u>؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

<div dir="rtl">

11. خلال مدة إقامتك بالمستشفى، كم مرة عمل الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى معًا بشكل جيد لرعايتك؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

12. خلال مدة إقامتك بالمستشفى، هل احتجت إلى مساعدة من طاقم التمريض أو غيرهم من العاملين بالمستشفى للذهاب إلى الحمام أو في استخدام نونية السرير؟

    0   نعم

    0   لا   ← إذا كانت الإجابة "لا"، فانتقل إلى السؤال 14

13. ما معدّل حصولك على مساعدة للذهاب إلى الحمام أو استخدام نونية السرير في أقرب وقت تريد فيه المساعدة؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

14. خلال مدة إقامتك بالمستشفى، عندما طلبت مساعدة فورية، كم مرة حصلت على المساعدة بمجرد حاجتك إليها؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

    0   لم يسبق لي طلب المساعدة على الفور

15. خلال مدة إقامتك بالمستشفى، هل تلقيت أي دواء لم تتناوله من قبل؟

    0   نعم

    0   لا   ← إذا كانت الإجابة "لا"، فانتقل إلى السؤال 18

---

6. خلال مدة إقامتك بالمستشفى، ما معدّل قيام الأطباء بشرح الأمور لك بأسلوب مُبسّط؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

بيئة المستشفى

7. خلال مدة إقامتك بالمستشفى، ما معدّل المحافظة على نظافة غرفتك وحمامك؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

8. كم مرة تمكنت من الحصول على الراحة التي تحتاجها أثناء إقامتك في المستشفى؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

9. خلال مدة إقامتك بالمستشفى، ما معدّل الحفاظ على الهدوء بالمنطقة المحيطة بغرفتك ليلاً؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

الرعاية الخاصة بك في هذا المستشفى

10. خلال مدة إقامتك بالمستشفى، كم مرة تم إبلاغ الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى بآخر المستجدات بشأن رعايتك؟

    0   مطلقًا

    0   أحيانًا

    0   عادةً

    0   دائمًا

</div>

16. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بإخبارك بالغرض من الدواء؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

17. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بوصف الآثار الجانبية المحتملة بأسلوب مبسّط؟

0 مطلقًا

0 أحيانًا

0 عادةً

0 دائمًا

18. خلال مدة إقامتك بالمستشفى، هل ساعدك الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى على الراحة والتعافي؟

0 نعم، بالتأكيد

0 نعم، إلى حد ما

0 لا

مغادرة المستشفى

19. هل عمل الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى معك ومع عائلتك أو مع مقدم الرعاية في وضع خطط لرعايتك بعد مغادرتك المستشفى؟

0 نعم، بالتأكيد

0 نعم، إلى حد ما

0 لا

20. هل قام الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بإعطاء عائلتك أو مقدم الرعاية معلومات كافية بشأن الأعراض أو المشاكل الصحية التي يجب مراقبتها بعد مغادرتك المستشفى؟

0 نعم، بالتأكيد

0 نعم، إلى حد ما

0 لا

0 لا لم يكن لدي عائلة أو مقدم رعاية يراقب الأعراض أو المشاكل الصحية

21. بعد أن غادرت المستشفى، هل ذهبت مباشرة إلى منزلك، أو إلى منزل شخص آخر، أو إلى منشأة صحية أخرى؟

0 منزلي

0 منزل شخص آخر

0 منشأة صحية

غير ذلك ← إذا كانت الإجابة "غير ذلك"، انتقل إلى السؤال 24

22. خلال مدة إقامتك بالمستشفى، هل تحدث معك الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بشأن ما إذا كنت ستحصل على المساعدة التي تحتاج إليها بعد مغادرتك المستشفى؟

0 نعم

0 لا

23. خلال مدة إقامتك بالمستشفى، هل تلقيت معلومات مكتوبة حول الأعراض أو المشكلات الصحية التي يجب الانتباه لها بعد مغادرتك المستشفى؟

0 نعم

0 لا

27. ما تقييمك لصحتك العامة بوجهٍ عام؟

0 ممتازة
0 جيدة جدًا
0 جيدة
0 متوسطة
0 سيئة

28. ما تقييمك لصحتك العامة <u>العقلية أو النفسية</u> بوجهٍ عام؟

0 ممتازة
0 جيدة جدًا
0 جيدة
0 متوسطة
0 سيئة

29. ما هي اللغة التي تتحدثها <u>بصفة أساسية</u> في منزلك؟

0 الإنجليزية
0 الإسبانية
0 الصينية
0 لغة أخرى

30. ما أعلى درجة أو مستوى دراسي <u>أكملته</u>؟

0 الصف الثامن أو أقل
0 بعض سنوات المرحلة الثانوية، ولكنني لم أكملها
0 خريج المدرسة الثانوية أو حاصل على شهادة تطوير التعليم العام (GED)
0 بعض سنوات التعليم الجامعي أو حاصل على مؤهل دراسة جامعية لمدة سنتين
0 خريج كلية لمدة 4 سنوات
0 شهادة دراسة جامعية لأكثر من 4 سنوات

31. هل أنت من أصل إسباني أو هسباني أو لاتيني؟

0 لا، لست إسبانيًا/ هسبانيًا/ لاتينيًا
0 نعم، كوبي
0 نعم، مكسيكي، أمريكي مكسيكي، شيكانو
0 نعم، بورتوريكي
0 نعم، إسباني/ هسباني/ لاتيني آخر

التقييم العام للمستشفى

يُرجى الإجابة على الأسئلة التالية حول إقامتك في المستشفى المذكور في الخطاب التعريفي. ولا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.

24. باستخدام أي رقم من 0 إلى 10، حيث يعني الرقم 0 "أسوأ مستشفى ممكن" ويعني الرقم 10 "أفضل مستشفى ممكن"، ما هو الرقم الذي ستستخدمه لتقييم هذا المستشفى أثناء مدة إقامتك؟

0 0 أسوأ مستشفى
0 1
0 2
0 3
0 4
0 5
0 6
0 7
0 8
0 9
0 10 أفضل مستشفى

25. هل توصي أصدقاءك وعائلتك بهذا المستشفى؟

0 بالتأكيد لا
0 على الأرجح لا
0 على الأرجح نعم
0 بالتأكيد نعم

نبذة عنك

لم يتبق سوى عدد قليل من الأسئلة.

26. هل كان هناك تخطيط مُسبق لهذه الإقامة في المستشفى؟

0 نعم، بالتأكيد
0 نعم، إلى حد ما
0 لا

---

32. ما هو عِرقك؟ يُرجى تحديد خيار واحد أو أكثر.

O أمريكي من الهنود الحُمر أو من سكان ألاسكا الأصليين

O آسيوي

O أسود أو أمريكي من أصل أفريقي

O من سكان جزر هاواي الأصليين أو غيرهم من سكان جزر المحيط الهادئ

O أبيض

شكرًا لك

يُرجى إعادة الاستبيان المكتمل إلينا بالبريد بعد وضعه في المغلّف المدفوع ثمنه.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

الأسئلة من 1 إلى 32 في هذا الاستبيان هي أعمال تابعة لحكومة الولايات المتحدة وهي ضمن الملكية العامة وبالتالي لا تخضع لقوانين حقوق الطبع والنشر الأمريكية.

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (first survey mailing for all sampled patients)*
- *Mail-Phone (first and only survey mailing for all sampled patients)*
- *Web-Mail (first survey mailing for sampled patients with <u>no email address</u>)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients with <u>no email address</u>)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

عزيزي **[SAMPLED PATIENT FIRST AND LAST NAME]** :

تُظهر سجلاتنا أنك مؤخرًا كنت مريضًا في مستشفى **[HOSPITAL NAME]** وخرجت من المستشفى بتاريخ **[MM/DD/YYYY]**. نظرًا لإقامتك في المستشفى مؤخرًا، فإننا نطلب مساعدتك.

الاستبيان المرفق هو جزء من جهد مبذول لفهم رؤية المرضى للرعاية المقدَّمة لهم في المستشفى. هذا الاستبيان برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي **[NUMBER]** دقائق.

مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية. ستساهم إجاباتك في تحسين جودة الرعاية المقدَّمة بالمستشفى ومساعدة الأشخاص الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني <u>Medicare.gov</u> (<u>www.medicare.gov/care-compare</u>).

بعد الانتهاء من الاستبيان، يُرجى وضعه ثانيةً في المغلَّف المرفق والمدفوع ثمنه مسبقًا. إذا كانت لديك أي استفسارات عن الاستبيان، يُرجى الاتصال بهذا الرقم (OPTIONAL TO STATE **[PHONE NUMBER]** المجاني: OPTIONAL TO STATE) (أو مراسلتنا عبر البريد الإلكتروني على العنوان الإلكتروني **[EMAIL ADDRESS]**).

نحن نقدّر بشدة مساعدتك في تحسين الرعاية في المستشفى.

مع خالص التحيات،

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:
- *Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)*
- *Web-Mail (first survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)*
- *Web-Mail-Phone (first and only survey mailing for sampled patients <u>with email address</u> who did not previously complete the web survey)*

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

عزيزي **[SAMPLED PATIENT FIRST AND LAST NAME]**:

طلبنا منك سابقًا تقديم ملاحظاتك التقييمية بشأن تجربتك الأخيرة في **[NAME OF HOSPITAL]** التي خرجت منها بتاريخ **[MM/DD/YYYY]**. إذا كنت قد أرسلت الاستبيان بالفعل، فيُرجى قبول شكرنا وتجاهُل هذه الرسالة. ولكن إذا لم تكن قد أكملت الاستبيان بعد، فيُرجى تخصيص بضع دقائق لإكماله الآن.

الاستبيان المرفق هو جزء من جهد مبذول لفهم رؤية المرضى للرعاية المقدَّمة لهم في المستشفى. هذا الاستبيان برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي **[NUMBER]** دقائق.

مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية. ستساهم إجاباتك في تحسين جودة الرعاية المقدَّمة بالمستشفى ومساعدة الأشخاص الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني Medicare.gov (www.medicare.gov/care-compare).

بعد الانتهاء من الاستبيان، يُرجى وضعه ثانيةً في المغلّف المرفق والمدفوع ثمنه مسبقًا. إذا كانت لديك أي استفسارات عن الاستبيان، يُرجى الاتصال بهذا الرقم (OPTIONAL TO STATE **[PHONE NUMBER]** المجاني: OPTIONAL TO STATE) (أو مراسلتنا عبر البريد الإلكتروني على العنوان الإلكتروني **[EMAIL ADDRESS]**).

نحن نقدّر بشدة مساعدتك في تحسين الرعاية في المستشفى.

مع خالص التحيات،

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters
The following sentences must appear verbatim on each cover letter:

1. هذا الاستبيان برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي [**NUMBER**] دقائق.

2. مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية.

3. ستساهم إجاباتك في تحسين جودة الرعاية المقدَّمة بالمستشفى ومساعدة الأشخاص الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني Medicare.gov (www.medicare.gov/care-compare).

4. نحن نقدّر مساعدتك في تحسين الرعاية المقدَّمة في المستشفى تقديرًا بالغًا.

*Note: The [**NUMBER**] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [**NUMBER**] of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "[**NUMBER**]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[**NUMBER**]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[**NUMBER**]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

وفقًا لقانون تخفيض الأعمال الورقية لعام 1995، لا يُلزم شخص بالرد على مجموعة من المعلومات ما لم تحمل رقم ضبط صحيحًا من مكتب الإدارة والميزانية. رقم ضبط مكتب الإدارة والميزانية الصحيح لعملية جمع المعلومات هذه هو 0938-0981 (تنتهي صلاحيته في TBD). يُقدَّر الوقت اللازم لإكمال هذه المعلومات التي تم جمعها بمتوسط 8 دقائق للأسئلة من 1 إلى 32 في الاستبيان، بما في ذلك الوقت اللازم لمراجعة التعليمات والبحث في موارد البيانات الحالية وجمع البيانات المطلوبة وإكمال جمع المعلومات ومراجعتها. إذا كانت لديك أي تعليقات فيما يتعلق بدقة تقدير (تقديرات) الوقت أو أي اقتراحات لتحسين هذا النموذج، يُرجى إرسال رسالة إلى: مراكز Medicare وخدمات Medicaid الواقعة في 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

الأسئلة من 1 إلى 32 في هذا الاستبيان مقدَّمة من وزارة الصحة والخدمات الإنسانية الأمريكية لاستخدامها في قياس الجودة. أي أسئلة إضافية مقدَّمة من مستشفى [NAME OF HOSPITAL] للحصول على مزيدٍ من الملاحظات التقييمية عن إقامتك بالمستشفى ولن تتم مشاركتها مع وزارة الصحة والخدمات الإنسانية.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

قد تلاحظ وجود رقم في الاستبيان. يُستخدم هذا الرقم لإعلامنا إذا قمت بإعادة استبيانك إلينا حتى لا نضطر إلى إرسال رسائل تذكير إليك.

Copyright Statement

The following copyright statement must be included on the last page of the questionnaire:

الأسئلة من 1 إلى 32 في هذا الاستبيان هي أعمال تابعة لحكومة الولايات المتحدة وهي ضمن الملكية العامة وبالتالي لا تخضع لقوانين حقوق الطبع والنشر الأمريكية.

APPENDIX J

HCAHPS Phone Script
(English)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Phone Script (English)

Script Conventions and Programming Instructions

Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is <u>underlined</u> must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - o *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - o *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

HCAHPS Survey Questions:

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters <u>must</u> be read out loud*
- *Text in UPPERCASE letters must <u>not</u> be read out loud*
    - *However, YES and NO response categories are to be read if necessary*

Supplemental Items:

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8"*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
    - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
    - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
    - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

    Note: See the Phone Only Survey Administration chapter for all guidelines on the use of supplemental items.

Proxy Respondents:

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
    - *The sampled patient proactively requests that a proxy answer the survey*
    - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
    - *The interviewer obtains permission from the patient to interview the proxy*
    - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
        - *either during the current call attempt*
        - *or at another time as designated by the proxy*
            - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient's permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

See Appendix W "Interviewing Guidelines" for further phone interviewing techniques and guidance, including refusal avoidance and probing.

INITIATING CONTACT

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

OPTIONAL START:
Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT NAME]?

<1>   YES [GO TO INTRO]
<2>   NO [REFUSAL]
<3>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
Yes, but I need to speak with [SAMPLED PATIENT NAME] to obtain their permission.

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
Can you tell me a convenient time to call back to speak with them?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":
I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE]. Is that person available?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY PICK UP.

SPEAKING WITH SAMPLED PATIENT

INTRO   Hello, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:
I'd like to begin the survey now, is this a good time for us to continue?

    <1>   SPEAKING WITH SAMPLED PATIENT [GO TO S1]
    <2>   [REFUSAL]
    <3>   NOT AVAILABLE RIGHT NOW [SET CALLBACK]
    <4>   PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
    <5>   PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELF OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

CONFIRMING USE OF PROXY

PROXY1   If you need help in completing this survey, you can have someone help you or do the survey for you. This person should be able to accurately answer questions about this hospital stay.

Is there someone who could help you answer the survey, or who could do the survey for you?

<1>   PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
<2>   NO [REFUSAL]

PROXY2   What is the name of the person who can help you? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

Is that person available to come to the phone now?

<1>   YES [GO TO PROXY_INTRO]
<2>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

SPEAKING WITH PROXY

PROXY_INTRO
Hello, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. [SAMPLED PATIENT NAME] has given permission for you to answer this interview on their behalf. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:
I'd like to begin the survey now, is this a good time for us to continue?

<1>   SPEAKING WITH PROXY [GO TO S1]
<2>   [REFUSAL]
<3>   NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY

RESUME   Hello, may I please speak to [SAMPLED PATIENT/PROXY NAME]?

OPTIONAL START:
Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT/PROXY NAME]?

<1>   YES [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]
<2>   NO [REFUSAL]
<3>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT/PROXY NAME] available to complete a survey that they started at an earlier date?

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY:
This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT/PROXY FOR A CALL BACK:
This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling back at the time you requested to take the survey.

CONFIRMING DISCHARGE DATE

S1   IF SPEAKING WITH SAMPLED PATIENT:
Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

IF SPEAKING WITH PROXY:
Our records show that [SAMPLED PATIENT NAME] was discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

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

CONFIRMING INELIGIBLE PATIENTS

INEL1   IF SPEAKING WITH SAMPLED PATIENT:
Were you ever at this hospital?

IF SPEAKING WITH PROXY:
Was [SAMPLED PATIENT NAME] ever at this hospital?

    <1> YES [GO TO INEL2]
    <2> NO [GO TO INEL_END]

INEL2   IF SPEAKING WITH SAMPLED PATIENT:
Were you a patient at this hospital in the last year?

IF SPEAKING WITH PROXY:
Was [SAMPLED PATIENT NAME] a patient at this hospital in the last year?

    <1> YES [GO TO INEL3]
    <2> NO [GO TO INEL_END]

INEL3   When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END   Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

BEGIN HCAHPS QUESTIONS

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

IF SPEAKING WITH PROXY:
As you answer the questions in this interview, please remember that you are answering the questions for [SAMPLED PATIENT NAME] and their stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care received from nurses during this hospital stay.

BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.

Q1   During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>? Would you say…

    <1>   Never,
    <2>   Sometimes,
    <3>   Usually, or
    <4>   Always?

    <M>   MISSING/DK

Q2   During this hospital stay, how often did nurses <u>listen carefully to you</u>? Would you say…

    <1>   Never,
    <2>   Sometimes,
    <3>   Usually, or
    <4>   Always?

    <M>   MISSING/DK

Q3   During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand? Would you say…

         <1>   Never,
         <2>   Sometimes,
         <3>   Usually, or
         <4>   Always?

         <M>   MISSING/DK

Q4_INTRO   The next questions are about the care you received from doctors during this hospital stay.

Q4   During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>? Would you say…

         <1>   Never,
         <2>   Sometimes,
         <3>   Usually, or
         <4>   Always?

         <M>   MISSING/DK

Q5   During this hospital stay, how often did doctors <u>listen carefully to you</u>? Would you say…

         <1>   Never,
         <2>   Sometimes,
         <3>   Usually, or
         <4>   Always?

         <M>   MISSING/DK

Q6   During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand? Would you say…

         <1>   Never,
         <2>   Sometimes,
         <3>   Usually, or
         <4>   Always?

         <M>   MISSING/DK

Q7_INTRO   The next set of questions is about the hospital environment.

Q7   During this hospital stay, how often were your room and bathroom kept clean? Would you say…

            <1>   Never,
            <2>   Sometimes,
            <3>   Usually, or
            <4>   Always?

            <M>   MISSING/DK

Q8   During this hospital stay, how often were you able to get the rest you needed? Would you say…

            <1>   Never,
            <2>   Sometimes,
            <3>   Usually, or
            <4>   Always?

            <M>   MISSING/DK

Q9   During this hospital stay, how often was the area around your room quiet at night? Would you say…

            <1>   Never,
            <2>   Sometimes,
            <3>   Usually, or
            <4>   Always?

            <M>   MISSING/DK

Q10_INTRO   The next questions are about your care in this hospital.

Q10   During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care? Would you say…

            <1>   Never,
            <2>   Sometimes,
            <3>   Usually, or
            <4>   Always?

            <M>   MISSING/DK

Q11   During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you? Would you say…

                                         <1>   Never,
                                           <2>   Sometimes,
                                           <3>   Usually, or
                                           <4>   Always?

                                           <M>   MISSING/DK

Q12   During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

                            READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

                                           <1>   YES
                                           <2>   NO [GO TO Q14]

                                           <M>   MISSING/DK [GO TO Q14]

Q13   How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say…

                                           <1>   Never,
                                           <2>   Sometimes,
                                           <3>   Usually, or
                                           <4>   Always?

                                         [<8>   NOT APPLICABLE]
                                         <M>   MISSING/DK

                            [NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14   During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed? Would you say…

                                           <1>   Never,
                                           <2>   Sometimes,
                                           <3>   Usually,
                                           <4>   Always, or
                                           <9>   I never asked for help right away?

                                           <M>   MISSING/DK

Q15   During this hospital stay, were you given any medicine that you had not taken before?

           READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

           <1>   YES
           <2>   NO [GO TO Q18]

           <M>   MISSING/DK [GO TO Q18]

Q16   Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say…

           <1>   Never,
           <2>   Sometimes,
           <3>   Usually, or
           <4>   Always?

           [<8>   NOT APPLICABLE]
           <M>   MISSING/DK

           [NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17   Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say…

           <1>   Never,
           <2>   Sometimes,
           <3>   Usually, or
           <4>   Always?

           [<8>   NOT APPLICABLE]
           <M>   MISSING/DK

           [NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18   During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover? Would you say…

           <1>   Yes, definitely,
           <2>   Yes, somewhat, or
           <3>   No?

           <M>   MISSING/DK

Q19_INTRO   The next questions are about when you left the hospital.

Q19   Did doctors, nurses or other hospital staff work with you and your family or
             caregiver in making plans for your care after you left the hospital? Would you say…

             <1>   Yes, definitely,
             <2>   Yes, somewhat, or
             <3>   No?

             <M>   MISSING/DK

Q20   Did doctors, nurses or other hospital staff give your family or caregiver enough
             information about what symptoms or health problems to watch for after you left the
             hospital? Would you say…

             <1>   Yes, definitely,
             <2>   Yes, somewhat,
             <3>   No, or
             <9>   I did not have family or a caregiver watch for symptoms or health
                    problems?

             <M>   MISSING/DK

Q21   When you left the hospital, did you go directly to your own home, to someone else's
             home, or to another health facility?

             READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

             <1>   OWN HOME
             <2>   SOMEONE ELSE'S HOME
             <3>   ANOTHER HEALTH FACILITY [GO TO Q24]

             <M>   MISSING/DK [GO TO Q24]

Q22   During this hospital stay, did doctors, nurses, or other hospital staff talk with you
             about whether you would have the help you needed after you left the hospital?

             READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

             <1>   YES
             <2>   NO

             [<8>   NOT APPLICABLE]
             <M>   MISSING/DK

             [NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT
             APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23   During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   YES
<2>   NO

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24   We want to know your overall rating of your stay at [HOSPITAL NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. Please do not include any other hospital stays in your answer.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING:
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

<0>   0
<1>   1
<2>   2
<3>   3
<4>   4
<5>   5
<6>   6
<7>   7
<8>   8
<9>   9
<10>   10

<M>   MISSING/DK

Q25   Would you recommend this hospital to your friends and family? Would you say…

                        <1>   Definitely no,
                        <2>   Probably no,
                        <3>   Probably yes, or
                        <4>   Definitely yes?

                        <M> MISSING/DK

Q26_INTRO This next set of questions is about you. (IF SPEAKING WITH PROXY: Please keep in mind that you are answering the questions on behalf of the patient.)

Q26   Was this hospital stay planned in advance? Would you say…

                        <1>   Yes, definitely,
                        <2>   Yes, somewhat, or
                        <3>   No?

                        <M> MISSING/DK

Q27   In general, how would you rate your overall health? Would you say that it is…

                        <1>   Excellent,
                        <2>   Very good,
                        <3>   Good,
                        <4>   Fair, or
                        <5>   Poor?

                        <M> MISSING/DK

Q28   In general, how would you rate your overall <u>mental or emotional health</u>? Would you say that it is…

                        <1>   Excellent,
                        <2>   Very good,
                        <3>   Good,
                        <4>   Fair, or
                        <5>   Poor?

                        <M> MISSING/DK

Q29   What language do you <u>mainly</u> speak at home?

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: Would you say that you <u>mainly</u> speak…

<1> English,
<2> Spanish,
<3> Chinese, or
<20> Another language?

<M> MISSING/DK

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: Would you say that you <u>mainly</u> speak [LANGUAGE A] or [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30   What is the highest grade or level of school that you have <u>completed</u>? Please listen to all six response choices before you answer. Did you…

<1> Complete the 8th grade or less,
<2> Complete some high school, but did not graduate,
<3> Graduate from high school or earn a GED,
<4> Complete some college or earn a 2-year degree,
<5> Graduate from a 4-year college, or
<6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q31   Are you of Spanish, Hispanic or Latino origin?

           READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

           <X>   YES
           <1>   NO

           <M>   MISSING/DK

           IF YES: Would you say you are… (READ ALL RESPONSE CHOICES)

           <2>   Cuban,
           <3>   Mexican, Mexican American, Chicano,
           <4>   Puerto Rican, or
           <5>   Other Spanish/Hispanic/Latino?

           <M>   MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW
PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":
We ask about your race for demographic purposes. We want to be sure that the people we survey
accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":
I understand, however the survey requires me to ask about all races so results can include people
who are multiracial. If the race does not apply to you please answer "No." Thanks for your
patience.

Q32   When I read the following, please tell me if the category describes your race. I am
           required to read all five categories. Please answer "Yes" or "No" to each of the
           categories.

Q32A   Are you American Indian or Alaska Native?

           <1>   YES/AMERICAN INDIAN OR ALASKA NATIVE
           <0>   NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

           <M>   MISSING/DK

Q32B   Are you Asian?

            <1>   YES/ASIAN
            <0>   NO/NOT ASIAN

            <M>   MISSING/DK

Q32C   Are you Black or African American?

            <1>   YES/BLACK OR AFRICAN AMERICAN
            <0>   NO/NOT BLACK OR AFRICAN AMERICAN

            <M>   MISSING/DK

Q32D   Are you Native Hawaiian or other Pacific Islander?

            <1>   YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
            <0>   NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

            <M>   MISSING/DK

Q32E   Are you White?

            <1>   YES/WHITE
            <0>   NO/NOT WHITE

            <M>   MISSING/DK [GO TO END]

            IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS
            WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF
12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY
BEFORE THE SUPPLEMENTAL QUESTION(S).]

            Questions 1-32 in this survey are from the U.S. Department of Health and Human
            Services or HHS, for use in quality measurement. Any additional questions are
            from [NAME OF HOSPITAL] to get more feedback about your hospital stay and
            will not be shared with HHS.

END   Those are all the questions I have. Thank you for your time. Have a good
            (day/evening).

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL
PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTE: Questions 1-32 in this survey are works of the U.S. Government and are in the public
domain and therefore are NOT subject to U.S. copyright laws.>

APPENDIX K

HCAHPS Phone Script
(Spanish)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Phone Script (Spanish)

Script Conventions and Programming Instructions

Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is <u>underlined</u> must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

HCAHPS Survey Questions:

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters <u>must</u> be read out loud*
- *Text in UPPERCASE letters must <u>not</u> be read out loud*
  - *However, YES and NO response categories are to be read if necessary*

Supplemental Items:

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8"*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

  Note: See the Phone Only Survey Administration chapter for all guidelines on the use of supplemental items.

Proxy Respondents:

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
  - *The sampled patient proactively requests that a proxy answer the survey*
  - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
  - *The interviewer obtains permission from the patient to interview the proxy*
  - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
    - *either during the current call attempt*
    - *or at another time as designated by the proxy*
      - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient's permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

See Appendix W "Interviewing Guidelines" for further phone interviewing techniques and guidance, including refusal avoidance and probing.

INITIATING CONTACT

START   Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT NAME]?

OPTIONAL START:
Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

<1>   SÍ [GO TO INTRO]
<2>   NO [REFUSAL]
<3>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
Sí, pero necesito hablar con [SAMPLED PATIENT NAME] para obtener su permiso.

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
¿Puede decirme usted un tiempo conveniente para volver a llamar y hablarle?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
¿Si usted no tiene el tiempo ahora, cuándo es un tiempo más conveniente para llamarle?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":
Me gustaría hablar con [PATIENT NAME] que es de aproximadamente [AGE RANGE]. ¿Podría hablar con esa persona?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY PICK UP.

SPEAKING WITH SAMPLED PATIENT

INTRO   Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME], y estoy llamando (OPTIONAL TO STATE de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que reciben las personas en el hospital. Su información ayudará a mejorar la calidad de atención que ofrece el hospital y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica.

Su participación en la encuesta es completamente voluntaria y sus respuestas se mantendrán privadas. La encuesta debe de tomar más o menos [NUMBER] minutos para completar. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

Esta llamada puede ser supervisada (OPTIONAL TO STATE y/o grabada) para propósitos de control de calidad.

OPTIONAL QUESTION TO INCLUDE:
Me gustaría empezar la encuesta ahora. ¿Es un buen momento para continuar?

<1>   SPEAKING WITH SAMPLED PATIENT [GO TO S1]
<2>   [REFUSAL]
<3>   NOT AVAILABLE RIGHT NOW [SET CALLBACK]
<4>   PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
<5>   PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELF OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

CONFIRMING USE OF PROXY

PROXY1   Si necesita ayuda para completar esta encuesta, puede pedirle a alguien que le ayude o responda la encuesta por usted. Esta persona debe ser capaz de responder con precisión las preguntas sobre esta estadía en el hospital.

¿Hay alguien que pueda ayudarle a responder la encuesta o responderla por usted?

    <1> PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
    <2> NO [REFUSAL]

PROXY2   ¿Cómo se llama la persona que puede ayudarle? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

¿Esta persona está disponible para hablar por teléfono ahora?

    <1> SÍ [GO TO PROXY_INTRO]
    <2> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

SPEAKING WITH PROXY

PROXY_INTRO

Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME], y estoy llamando (OPTIONAL TO STATE de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que reciben las personas en el hospital. [SAMPLED PATIENT NAME] le ha otorgado permiso para que pueda responder esta entrevista en su nombre. Su información ayudará a mejorar la calidad de atención que ofrece el hospital y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica.

Su participación en la encuesta es completamente voluntaria y sus respuestas se mantendrán privadas. La encuesta debe de tomar más o menos [NUMBER] minutos para completar. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

Esta llamada puede ser supervisada (OPTIONAL TO STATE y/o grabada) para propósitos de control de calidad.

OPTIONAL QUESTION TO INCLUDE:
Me gustaría empezar la encuesta ahora. ¿Es un buen momento para continuar?

    <1> SPEAKING WITH PROXY [GO TO S1]
    <2> [REFUSAL]
    <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY

RESUME   Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT/PROXY NAME]?

OPTIONAL START:
Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT/PROXY NAME]?

<1>   SÍ [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]
<2>   NO [REFUSAL]
<3>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. ¿Está disponible [SAMPLED PATIENT/PROXY NAME] para completar una encuesta que comenzó anteriormente?

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY: Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Quisiera confirmar que estoy hablando con [SAMPLED PATIENT/PROXY NAME]. Estoy llamando para continuar la encuesta que comenzó anteriormente. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT/PROXY FOR A CALL BACK:
Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Quisiera confirmar que estoy hablando con [SAMPLED PATIENT/PROXY NAME]. Le estoy llamando de nuevo a la hora que solicitó para completar la encuesta.

CONFIRMING DISCHARGE DATE

S1   IF SPEAKING WITH SAMPLED PATIENT:
Nuestros registros muestran que usted salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o en una fecha aproximada. ¿Es correcto?

IF SPEAKING WITH PROXY:
Nuestros registros muestran que [SAMPLED PATIENT NAME] salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o en una fecha aproximada. ¿Es correcto?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

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

CONFIRMING INELIGIBLE PATIENTS

INEL1   IF SPEAKING WITH SAMPLED PATIENT:
¿Estuvo usted alguna vez en este hospital?

IF SPEAKING WITH PROXY:
¿Estuvo [SAMPLED PATIENT NAME] alguna vez en este hospital?

<1> SÍ [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2   IF SPEAKING WITH SAMPLED PATIENT:
¿Fue usted paciente de este hospital en el último año?

IF SPEAKING WITH PROXY:
¿Fue [SAMPLED PATIENT NAME] paciente de este hospital en el último año?

<1> SÍ [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3   ¿Cuándo?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END Gracias por su tiempo. Parece que hemos cometido un error. Que tenga un buen día/una buena noche.

BEGIN HCAHPS QUESTIONS

Q1_INTRO   IF SPEAKING WITH SAMPLED PATIENT:
Por favor conteste las preguntas en esta encuesta sobre la vez que estuvo en el hospital [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención que recibió de las enfermeras durante esta vez que estuvo en el hospital.

IF SPEAKING WITH PROXY:
Al contestar las preguntas de esta entrevista, recuerde que está respondiendo las preguntas de [SAMPLED PATIENT NAME] y su estadía en [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención recibida de las enfermeras durante esta estadía en el hospital.

BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.

Q1   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>? ¿Diría que...

<1>   Nunca,
<2>   A veces,
<3>   La mayoría de las veces, o
<4>   Siempre?

<M>   MISSING/DK

Q2   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>? ¿Diría que...

<1>   Nunca,
<2>   A veces,
<3>   La mayoría de las veces, o
<4>   Siempre?

<M>   MISSING/DK

Q3   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas</u> de una manera que usted pudiera entender? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q4_INTRO   Las siguientes preguntas son acerca de la atención que usted recibió de los doctores durante esta vez que estuvo en el hospital.

Q4   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q5   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q6   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q7_INTRO   Las siguientes preguntas son acerca del ambiente en el hospital.

Q7   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto
            y su baño limpios? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q8   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo
            necesario? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q9   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el
            área alrededor de su habitación por la noche? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q10_INTRO   Las siguientes preguntas son sobre la atención que recibió en este hospital.

Q10   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las
            enfermeras y otro personal del hospital estaban informados y actualizados sobre su
            atención? ¿Diría que...

            <1>   Nunca,
            <2>   A veces,
            <3>   La mayoría de las veces, o
            <4>   Siempre?

            <M>   MISSING/DK

Q11   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención? ¿Diría que...

                <1>   Nunca,
                <2>   A veces,
                <3>   La mayoría de las veces, o
                <4>   Siempre?

                <M>   MISSING/DK

Q12   Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

          READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

                <1>   SÍ
                <2>   NO [GO TO Q14]

                <M>   MISSING/DK [GO TO Q14]

Q13   ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería? ¿Diría que...

                <1>   Nunca,
                <2>   A veces,
                <3>   La mayoría de las veces, o
                <4>   Siempre?

                [<8>   NOT APPLICABLE]
                <M>   MISSING/DK

          [NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14   Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba? ¿Diría que...

                <1>   Nunca,
                <2>   A veces,
                <3>   La mayoría de las veces,
                <4>   Siempre, o
                <9>   Nunca solicité ayuda inmediata?

                <M>   MISSING/DK

Q15   Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   SÍ
<2>   NO [GO TO Q18]

<M>   MISSING/DK [GO TO Q18]

Q16   Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina? ¿Diría que...

<1>   Nunca,
<2>   A veces,
<3>   La mayoría de las veces, o
<4>   Siempre?

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17   Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender? ¿Diría que...

<1>   Nunca,
<2>   A veces,
<3>   La mayoría de las veces, o
<4>   Siempre?

[<8>   NOT APPLICABLE]
<M>   MISSING/DK
[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18   Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse? ¿Diría que...

<1>   Sí, definitivamente,
<2>   Sí, hasta cierto punto, o
<3>   No?

<M>   MISSING/DK

Q19_INTRO Las siguientes preguntas son acerca de cuando salió del hospital.

Q19 ¿Los doctores, enfermeras u otro personal del hospital trabajaron con usted y su familia o la persona encargada de sus cuidados en la planificación de su atención después de haber salido del hospital? ¿Diría que...

     <1> Sí, definitivamente,
     <2> Sí, hasta cierto punto, o
     <3> No?

     <M> MISSING/DK

Q20 ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital? ¿Diría que...

     <1> Sí, definitivamente,
     <2> Sí, hasta cierto punto,
     <3> No, o
     <9> No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud?

     <M> MISSING/DK

Q21 Cuando salió del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

     <1> A SU PROPIA CASA
     <2> A LA CASA DE OTRA PERSONA
     <3> A OTRA INSTITUCIÓN DE SALUD [GO TO Q24]

     <M> MISSING/DK [GO TO Q24]

Q22   Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

            READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

            <1>   SÍ
            <2>   NO

            [<8>   NOT APPLICABLE]
            <M>   MISSING/DK

            [NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23   Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

            READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

            <1>   SÍ
            <2>   NO

            [<8>   NOT APPLICABLE]
            <M>   MISSING/DK

            [NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24   Queremos saber la calificación en general que le daría a [HOSPITAL NAME] durante esta vez que estuvo allí. Esta sería la vez que estuvo allí, más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. No incluya información sobre otras veces que estuvo en un hospital.

Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING:
Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

<0>   0
<1>   1
<2>   2
<3>   3
<4>   4
<5>   5
<6>   6
<7>   7
<8>   8
<9>   9
<10> 10

<M> MISSING/DK

Q25   ¿Les recomendaría este hospital a sus amigos y familiares? ¿Diría que...

<1>   Definitivamente no,
<2>   Hasta cierto punto no,
<3>   Hasta cierto punto sí, o
<4>   Definitivamente sí?

<M> MISSING/DK

Q26_INTRO   Las siguientes preguntas son sobre usted. (IF SPEAKING WITH PROXY: Recuerde que está respondiendo las preguntas en nombre del/de la paciente.)

Q26   ¿Se planificó por adelantado esta vez que estuvo en el hospital? ¿Diría que...

<1>   Sí, definitivamente,
<2>   Sí, hasta cierto punto, o
<3>   No?

<M>   MISSING/DK

Q27   En general, ¿cómo calificaría toda su salud? ¿Diría que es...

<1>   Excelente,
<2>   Muy buena,
<3>   Buena,
<4>   Regular, o
<5>   Mala?

<M>   MISSING/DK

Q28   En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría que es...

<1>   Excelente,
<2>   Muy buena,
<3>   Buena,
<4>   Regular, o
<5>   Mala?

Q29   ¿Principalmente qué idioma habla en casa?

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: ¿Diría que habla principalmente...

<1>   Inglés,
<2>   Español,
<3>   Chino, o
<20>   Algún otro idioma?

<M>   MISSING/DK

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: ¿Diría que habla principalmente [LANGUAGE A] o [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30   ¿Cuál es el grado o nivel escolar más alto que ha <u>completado</u>? Por favor, escuche todas las seis respuestas completas antes de contestar la siguiente pregunta. Completó...

                                                                         <1>   8 años de escuela o menos,
- <2>   9-12 años de escuela, pero sin graduarse,
- <3>   Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED),
- <4>   Algunos cursos universitarios o un título universitario de un programa de 2 años,
- <5>   Título universitario de 4 años, o
- <6>   Título universitario de más de 4 años?

<M>   MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q31   ¿Es usted de origen español, hispano o latino?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<X>   SÍ
<1>   NO

<M>   MISSING/DK

IF YES: ¿Diría usted que es…? (READ ALL RESPONSE CHOICES)

- <2>   Cubano/a,
- <3>   Mexicano/a, mexicano/a americano/a, chicano/a,
- <4>   Puertorriqueño/a, o
- <5>   Otro/a español/a/ hispano/a /latino/a?

<M>   MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":

Preguntamos por su raza para propósitos demográficos. Queremos estar seguros de que las personas que responden a esta encuesta representan con precisión la diversidad racial de este país.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":

Comprendo, sin embargo la encuesta requiere que yo pregunte sobre todas las razas para que los resultados puedan incluir a personas que son multirraciales. Si la raza no le corresponde a usted por favor conteste "No." Gracias por su paciencia.

Q32   Cuándo le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Responda "Sí" o "No" a cada una de las categorías.

Q32A   ¿Es usted indígena americano/a o nativo/a de Alaska?

           <1>   SÍ/INDÍGENA AMERICANO/A O NATIVO/A DE ALASKA
           <0>   NO/NO ES INDÍGENA AMERICANO/A NI NATIVO/A DE ALASKA

           <M>   MISSING/DK

Q32B   ¿Es usted asiático/a?

           <1>   SÍ/ASIÁTICO/A
           <0>   NO/NO ES ASIÁTICO/A

           <M>   MISSING/DK

Q32C   ¿Es usted negro/a o afroamericano/a?

           <1>   SÍ/NEGRO/A O AFROAMERICANO/A
           <0>   NO/NO ES NEGRO/A NI AFROAMERICANO/A

           <M>   MISSING/DK

Q32D   ¿Es usted nativo/a de Hawái o de otras Islas del Pacífico?

           <1>   SÍ/NATIVO/A DE HAWAÍ O DE OTRAS ISLAS DEL PACÍFICO
           <0>   NO/NO ES NATIVO/A DE HAWAÍ NI DE OTRAS ISLAS DEL
                 PACÍFICO

           <M>   MISSING/DK

Q32E   ¿Es usted blanco/a?

        <1>   SÍ/BLANCO/A
        <0>   NO/NO ES BLANCO/A

        <M>   MISSING/DK [GO TO END]

        IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS
        WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF
12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY
BEFORE THE SUPPLEMENTAL QUESTION(S).]

        Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios
        Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir
        la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para
        recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá
        con el HHS.

END   Esas son todas las preguntas que tengo. Muchas gracias por su tiempo. Que tenga
        un buen día/una buena noche.

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL
PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTE: Questions 1-32 in this survey are works of the U.S. Government and are in the public
domain and therefore are NOT subject to U.S. copyright laws.>

APPENDIX L

**HCAHPS Phone Script
(Chinese)**

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS

Phone Script (Chinese)

Script Conventions and Programming Instructions

Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is <u>underlined</u> must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

HCAHPS Survey Questions:

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters must be read out loud*
- *Text in UPPERCASE letters must not be read out loud*
  - *However, YES and NO response categories are to be read if necessary*

Supplemental Items:

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8"*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

  Note: See the Phone Only Survey Administration chapter for all guidelines on the use of supplemental items.

Proxy Respondents:

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
  - *The sampled patient proactively requests that a proxy answer the survey*
  - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
  - *The interviewer obtains permission from the patient to interview the proxy*
  - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
    - *either during the current call attempt*
    - *or at another time as designated by the proxy*
      - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient's permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

See Appendix W "Interviewing Guidelines" for further phone interviewing techniques and guidance, including refusal avoidance and probing.

INITIATING CONTACT

START 您好，我可以和[SAMPLED PATIENT NAME]說話嗎？

OPTIONAL START:
您好，我是[INTERVIEWER NAME]. 我可以和[SAMPLED PATIENT NAME]
說話嗎？

<1> 是 [GO TO INTRO]
<2> 否 [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
我是[INTERVIEWER NAME]，從[DATA COLLECTION CONTRACTOR] 代
表 [HOSPITAL NAME] 打電話來。我們正在進行一項關於醫療保健的調查。
請問[SAMPLED PATIENT NAME]有空嗎？

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED
PATIENT:
可以，但我需要先詢問[SAMPLED PATIENT NAME]一下，以得到他的同意。

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
您能告訴我什麼時候打給他比較方便？

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
如果您現在沒有空，什麼時候打電話給您比較方便？

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":
我想要和大約 [AGE RANGE] 歲的 [PATIENT NAME] 說話。 他是可用的？

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE
RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY
PICK UP.

SPEAKING WITH SAMPLED PATIENT

INTRO 您好，我是 [INTERVIEWER NAME], (OPTIONAL TO STATE: 從 [DATA COLLECTION CONTRACTOR]) 代表 [HOSPITAL NAME] 打電話來。[HOSPITAL NAME] 目前正在參與一項關於患者在醫院接受的照顧調查。您的回答有助於改善醫院提供的照護品質，並幫助其他人做出更明智的照護選擇。

參與這項調查完全自願，您的回答也會保密。完成問卷約需[NUMBER]分鐘。[SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

為了品質改善目的，這通電話可能會被監聽（OPTIONAL TO STATE 及（或）錄音)。

OPTIONAL QUESTION TO INCLUDE:
我想要現在開始調查，我們現在方便繼續嗎？

<1> SPEAKING WITH SAMPLED PATIENT [GO TO S1]
<2> [REFUSAL]
<3> NOT AVAILABLE RIGHT NOW [SET CALLBACK]
<4> PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
<5> PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELF OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

PROXY1   如果您需要協助才可完成這項調查，您可以請別人協助您或代您完成調查。
          這個人必須可以正確回答關於本次住院的問題。

          請問您是否有人可以協助您回答或代您做這項調查？

          <1>   PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER
                 SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
          <2>   NO [REFUSAL]

PROXY2   請問這位可以協助您的人叫什麼名字？[COLLECT NAME OF THE PROXY
          AND PHONE NUMBER, IF NECESSARY]

          <ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

          請問他現在方便聽電話嗎？

          <1>   是 [GO TO PROXY_INTRO]
          <2>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

SPEAKING WITH PROXY

PROXY_INTRO
          您好，我是[INTERVIEWER NAME]，(OPTIONAL TO STATE: 從 [DATA
          COLLECTION CONTRACTOR]) 代 表 [HOSPITAL NAME] 打 電 話 來 。
          [HOSPITAL NAME]目前正在參與一項關於患者在醫院接受的照顧調查。
          [SAMPLED PATIENT NAME]同意您代表他進行本次訪談。您的答案有助於
          改善醫院提供的照護品質，並幫助其他人做出更明智的照護選擇。

          參與這項調查完全自願，您的回答也會保密。完成問卷約需[NUMBER]
          [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE
          PROGRAMMING INSTRUCTIONS]分鐘。

          為了品質改善目的，這通電話可能會被監聽（OPTIONAL   TO   STATE
          及（或）錄音）。

          OPTIONAL QUESTION TO INCLUDE:
          我想要現在開始調查，我們現在方便繼續嗎？

          <1>   SPEAKING WITH PROXY [GO TO S1]
          <2>   [REFUSAL]
          <3>   NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY

RESUME   您好，請問我可以和[SAMPLED PATIENT/PROXY NAME]說話嗎？

OPTIONAL START:
您好, 我是[INTERVIEWER NAME], 請問我可以和 [SAMPLED PATIENT/PROXY NAME]說話嗎？

<1> 是 [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]
<2> 否 [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
我是[INTERVIEWER NAME] ，從[DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。請問 [SAMPLED PATIENT/PROXY NAME]是否方便完成他先前已經開始的調查？

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY: 我是[INTERVIEWER NAME] ，從[DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。請問我可以和[SAMPLED PATIENT/PROXY NAME]說話嗎？我打電話是要繼續在稍早日期開始的調查。
CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT/PROXY FOR A CALL BACK:
我是[INTERVIEWER NAME] ，從[DATA COLLECTION CONTRACTOR] 代表 [HOSPITAL NAME] 打電話來。請問我可以和 [SAMPLED PATIENT/PROXY NAME]說話嗎？您之前要我在這個時間給您打電話，以便完成調查。

CONFIRMING DISCHARGE DATE

S1   IF SPEAKING WITH SAMPLED PATIENT:
我們的記錄顯示您在 [DISCHARGE DATE (mm/dd/yyyy)] 前後從 [HOSPITAL NAME] 出院。請問對嗎？

IF SPEAKING WITH PROXY:
我們的記錄顯示[SAMPLED PATIENT NAME]在 [DISCHARGE DATE (mm/dd/yyyy)]前後從[HOSPITAL NAME]出院。請問對嗎？請問對嗎？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> 是 [GO TO Q1_INTRO]
<2> 否 [GO TO INEL1]
<3> DON'T KNOW [GO TO INEL1]
<4> REFUSAL [GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1   IF SPEAKING WITH SAMPLED PATIENT:
您曾經去過這家醫院嗎？

IF SPEAKING WITH PROXY:
請問[SAMPLED PATIENT NAME]是否曾經住過這家醫院？

<1> 是 [GO TO INEL2]
<2> 否 [GO TO INEL_END]

INEL2   IF SPEAKING WITH SAMPLED PATIENT:
您去年曾是這家醫院的病人嗎？

IF SPEAKING WITH PROXY:
[SAMPLED PATIENT NAME]在過去一年曾經住過這家醫院嗎？

<1> 是 [GO TO INEL3]
<2> 否 [GO TO INEL_END]

INEL3   是什麼時候？

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END   謝謝您的寶貴時間。看起來我們有錯誤。祝您愉快。

BEGIN HCAHPS QUESTIONS

Q1_INTRO   IF SPEAKING WITH SAMPLED PATIENT:
請針對您這次在　　[HOSPITAL　　NAME]　　的住院回答本調查的問題。
當您思考答案時，請不要包括其他住院經驗。最初幾個問題是關於您在這次
住院期間從護士那裡得到的護理。

IF SPEAKING WITH PROXY:
想提醒您一下，在回答本次訪談的問題時，您代表　[SAMPLED　PATIENT
NAME]　回答在[HOSPITAL　NAME]　住院的問題。　因此在回答問題時，
請不要考慮其他醫院的住院經驗。前面幾個問題是針對住院期間，護士所提
供的護理。

BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.

Q1   此次住院期間，護士是否常以<u>禮貌和尊重</u>對待您? 您會說…

    <1>　　**從未如此,**
    <2>　　**有時如此,**
    <3>　　**時常如此，還是**
    <4>　　**總是如此？**

    <M>　 MISSING/DK

Q2   此次住院期間，護士是否常<u>細心聆聽您說話</u>? 您會說…

    <1>　　**從未如此,**
    <2>　　**有時如此,**
    <3>　　**時常如此，還是**
    <4>　　**總是如此？**

    <M>　 MISSING/DK

Q3　　　　　此次住院期間，護士是否常用您聽得懂的方式來向您解釋事務? 您會說…

　　　　　<1>　從未如此,
　　　　　<2>　有時如此,
　　　　　<3>　時常如此，還是
　　　　　<4>　總是如此？

　　　　　<M>　MISSING/DK

Q4_INTRO　接下來的問題是關於您在此次住院期間接受的醫生護理。

Q4　　　　　此次住院期間，醫生是否常以禮貌和尊重對待您? 您會說…

　　　　　<1>　從未如此,
　　　　　<2>　有時如此,
　　　　　<3>　時常如此，還是
　　　　　<4>　總是如此？

　　　　　<M>　MISSING/DK

Q5　　　　　此次住院期間，醫生是否常細心聆聽您說話？您會說…

　　　　　<1>　從未如此,
　　　　　<2>　有時如此,
　　　　　<3>　時常如此，還是
　　　　　<4>　總是如此？

　　　　　<M>　MISSING/DK

Q6　　　　　此次住院期間，醫生是否常用您聽得懂的方式來向您解釋事務? 您會說…

　　　　　<1>　從未如此,
　　　　　<2>　有時如此,
　　　　　<3>　時常如此，還是
　　　　　<4>　總是如此？

　　　　　<M>　MISSING/DK

Q7_INTRO 下一組問題是關於醫院的環境。

Q7 此次住院期間，您的病房及衛浴設備是否經常保持乾淨清潔? 您會說…

           <1> **從未如此,**
           <2> **有時如此,**
           <3> **時常如此，還是**
           <4> **總是如此？**

           <M> MISSING/DK

Q8 此次住院期間，您是否經常能得到所需的休息？您會說…

           <1> **從未如此,**
           <2> **有時如此,**
           <3> **時常如此，還是**
           <4> **總是如此？**

           <M> MISSING/DK

Q9 此次住院期間，您的病房周圍是否晚上經常很安靜? 您會說…

           <1> **從未如此,**
           <2> **有時如此,**
           <3> **時常如此，還是**
           <4> **總是如此？**

           <M> MISSING/DK

Q10_INTRO 下一組問題是關於這家醫院的護理。

Q10 此次住院期間，醫生、護士及其他醫院人員是否經常告知**您有關您的療護情形並且隨時讓您知道最新狀況？您會**說…

           <1> **從未如此,**
           <2> **有時如此,**
           <3> **時常如此，還是**
           <4> **總是如此？**

           <M> MISSING/DK

Q11 此次住院期間，醫生、護士及其他醫院工作人員是否經常能合作無間地照護**您？您會說…**

　　　　<1>　**從未如此,**
　　　　<2>　**有時如此,**
　　　　<3>　**時常如此，還是**
　　　　<4>　**總是如此？**

　　　　<M>　MISSING/DK

Q12 此次住院期間，**您曾需要護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎**?

　　　　READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

　　　　<1>　是
　　　　<2>　否 [GO TO Q14]

　　　　<M>　MISSING/DK [GO TO Q14]

Q13 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助? 您會說…

　　　　<1>　**從未如此,**
　　　　<2>　**有時如此,**
　　　　<3>　**時常如此，還是**
　　　　<4>　**總是如此？**

　　　　[<8>　NOT APPLICABLE]
　　　　<M>　MISSING/DK

　　　　[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14   在住院期間，當**您要求立即獲得幫助時，您能**夠獲得所需的幫助嗎？您會
說…

   <1>   **從未如此,**
   <2>   **有時如此,**
   <3>   **時常如此,**
   <4>   **總是如此，還是**
   <9>   **我從來都沒有要求立即協助？**

   <M>   MISSING/DK

Q15   此次住院期間，是否有人給您以前從沒有使用過的藥物?

   READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

   <1>   是
   <2>   否 [GO TO Q18]

   <M>   MISSING/DK [GO TO Q18]

Q16   在提供您新藥之前，醫院員工是否告訴您新藥的功能為何? 您會說…

   <1>   **從未如此,**
   <2>   **有時如此,**
   <3>   **時常如此，還是**
   <4>   **總是如此？**

   [<8>   NOT APPLICABLE]
   <M>   MISSING/DK

   [NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 =
   "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17   在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用?**您會說**…

           <1>   **從未如此,**
           <2>   **有時如此,**
           <3>   **時常如此, 還是**
           <4>   **總是如此?**

           [<8>   NOT APPLICABLE]
           <M>   MISSING/DK

           [NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18   此次住院期間，醫生、護士及其他醫院人員是否有協助**您休息與復原?您會說**…

           <1>   有，非常積極，
           <2>   有，一點點，還是
           <3>   沒有?

           <M>   MISSING/DK

Q19_INTRO 接下來的問題是關於您離開醫院以後。

Q19   醫生、護士或其他醫院人員是否與**您及您的家人或照護者共同為您制定出院後的照護計劃?您會**說…

           <1>   有，非常積極，
           <2>   有，一點點，還是
           <3>   沒有?

           <M>   MISSING/DK

Q20   醫生、護士或醫院人員是否對**您的家人或照護者，提供有關您出院後必須注意的症狀或健康問題方面的足**夠資訊?您會說…

           <1>   有，非常積極，
           <2>   有，一點點，
           <3>   沒有，**還是**
           <9>   我沒有能幫忙注意症狀或健康問題的家人或看護?

           <M>   MISSING/DK

Q21   在出院 之後您是直接回家？去別人家？還是去住另外一家醫療機構？

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

<1>   自己的家
<2>   別人的家
<3>   另一個醫護機構 [GO TO Q24]

<M>   MISSING/DK [GO TO Q24]

Q22   住院時，**您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助**？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   是
<2>   否

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23   此次住院期間，**您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題**？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   是
<2>   否

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24   我們希望知道您對於住在　[HOSPITAL　　NAME]　的整體評價。這是您在
           [DISCHARGE　　　　　DATE　　　(mm/dd/yyyy)]　　　左右結束的住院。
           請不要在回答中包括其他任何住院。

           請用下列0到10中任何一個數字評價。0　　　是最差醫院，10　　　是最佳醫院。
           您認為那一個數字最能代表您對此醫院的評價？

           IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE,
           PROBE BY REPEATING:
           請用下列0到10中任何一個數字評價。0　　　　是最差醫院，10是最佳醫院。
           您認為那一個數字最能代表您對此醫院的評價？

           <0>   0
           <1>   1
           <2>   2
           <3>   3
           <4>   4
           <5>   5
           <6>   6
           <7>   7
           <8>   8
           <9>   9
           <10>   10

           <M>   MISSING/DK

Q25   您是否會向您的朋友和家人推薦這間醫院？您會說…

           <1>   絕不會，
           <2>   也許不會，
           <3>   可能會，**還是**
           <4>   絕對會？

           <M> MISSING/DK

Q26_INTRO 下一組問題是關於您本人。（**IF SPEAKING WITH PROXY:** 想提醒您一下，
           您是代表患者回答問題。）

Q26   這次住院是事前規劃好的？您會說…

           <1>   有，非常積極，
           <2>   有，一點點，還是
           <3>   沒有？

           <M>   MISSING/DK

Q27   概括而言，您對個人整體的健康作如何評價？您會說...

　　　　　　　<1>　特佳，
　　　　　　　<2>　甚好，
　　　　　　　<3>　好，
　　　　　　　<4>　可以，**還是**
　　　　　　　<5>　差？

　　　　　　　<M>　MISSING/DK

Q28   概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？您會說...

　　　　　　　<1>　特佳，
　　　　　　　<2>　甚好，
　　　　　　　<3>　好，
　　　　　　　<4>　可以，**還是**
　　　　　　　<5>　差？

　　　　　　　<M>　MISSING/DK

Q29   您在家裡<u>主要</u>說哪一個語言？

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE：您會說您<u>主要</u>是說…

　　　　　　　<1>　英語，
　　　　　　　<2>　西班牙文，
　　　　　　　<3>　中文，**還是**
　　　　　　　<20>　其他語言？

　　　　　　　<M>　MISSING/DK

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: 您會說您<u>主要</u>是說[LANGUAGE A]或 [LANGUAGE B]？

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30   您<u>完成</u>了下列哪一項最高學業或學位？請先聽完所有六個答案再 回答。您是否…

<1>   讀完八年級或以下,
<2>   讀了一些高中, 但沒有畢業,
<3>   高中畢業或有同等學業文憑,
<4>   讀了一些大學或二年制學位,
<5>   四年大學畢業, 還是
<6>   四年大學畢業以上？

<M>   MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS **4**. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q31   您是西班牙裔、西語族裔、或拉丁裔嗎？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<X>   是
<1>   否

<M>   MISSING/DK

IF YES: 您會說您是 (READ ALL RESPONSE CHOICES)

<2>   古巴人,
<3>   墨裔、墨裔美國人、美國出生的墨裔美國人,
<4>   波多黎各人，或
<5>   其他西班牙人／西裔／拉丁裔？

<M>   MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":
我們詢問您的種族是為了人口統計目的。我們想要確保我們調查的民眾準確代表了我國的種族多元性。

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":
我知道，可是調查需要我詢問所有種族，以便調查結果可以包含多種族的人。如果種族不適用您的情況，請回答「否」。感謝您的耐心。

Q32   當我唸出以下項目時，請告訴我哪一個類別可以描述您的種族。我必須唸出所有五個類別。請對每個類別回答「是」或「否」。

Q32A   您是美洲印第安人或阿拉斯加原住民嗎？

        <1>   是／美洲印第安人或阿拉斯加原住民
        <0>   否／非美洲印第安人或阿拉斯加原住民

        <M>   MISSING/DK

Q32B   您是亞洲人嗎？

        <1>   是／亞洲人
        <0>   否／非亞洲人

        <M>   MISSING/DK

Q32C   您是黑種人或非裔美國人嗎？

        <1>   是／黑種人或非裔美國人
        <0>   否／非黑種人或非裔美國人

        <M>   MISSING/DK

Q32D   您是夏威夷原住民或其他太平洋島民嗎？

        <1>   是／夏威夷原住民或其他太平洋島民
        <0>   否／非夏威夷原住民或其他太平洋島民

        <M>   MISSING/DK

Q32E   您是白種人嗎？

            <1>   是／白種人
            <0>   否／非白種人

            <M>   MISSING/DK [GO TO END]

            IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS
            WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF
12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY
BEFORE THE SUPPLEMENTAL QUESTION(S).]

            本問卷調查中的問題 1-32 來自美國衛生及公共服務部 (U.S. Department of
            Health and Human Services)，用於品質測量。其他問題則是來自於 **[NAME
            OF HOSPITAL]**，用於收集有關您住院情況的更多反饋，且不會與美國衛
            生及公共服務部分享。

END   我的問題問完了。謝謝您花費的時間。祝您愉快。

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL
PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTE: Questions 1-32 in this survey are works of the U.S. Government and are in the public
domain and therefore are NOT subject to U.S. copyright laws.>

APPENDIX M

HCAHPS Phone Script
(Russian)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Phone Script (Russian)

Script Conventions and Programming Instructions

Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is <u>underlined</u> must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

HCAHPS Survey Questions:

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters <u>must</u> be read out loud*
- *Text in UPPERCASE letters must <u>not</u> be read out loud*
  - *However, YES and NO response categories are to be read if necessary*

Supplemental Items:

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8"*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

  Note: See the Phone Only Survey Administration chapter for all guidelines on the use of supplemental items.

Proxy Respondents:

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
  - *The sampled patient proactively requests that a proxy answer the survey*
  - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
  - *The interviewer obtains permission from the patient to interview the proxy*
  - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
    - *either during the current call attempt*
    - *or at another time as designated by the proxy*
      - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient's permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

See Appendix W "Interviewing Guidelines" for further phone interviewing techniques and guidance, including refusal avoidance and probing.

INITIATING CONTACT

START Здравствуйте, могу ли я поговорить с [SAMPLED PATIENT NAME]?

OPTIONAL START:
Здравствуйте, меня зовут [INTERVIEWER NAME]. Могу ли я поговорить с [SAMPLED PATIENT NAME]?

<1> Да [GO TO INTRO]
<2> НЕТ [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню Вам по поручению [HOSPITAL NAME]. Мы проводим опрос для оценки медицинского обслуживания. Могу ли я поговорить с [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:
Да, но мне нужно поговорить с [SAMPLED PATIENT NAME], чтобы получить его/ее разрешение.

IF THE SAMPLED PATIENT IS NOT AVAILABLE:
Можете ли Вы назвать мне удобное время, когда можно перезвонить, чтобы поговорить с ним/ней?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:
Если у Вас сейчас нет времени, когда Вам будет удобно со мной поговорить?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":
Мне необходимо поговорить с [PATIENT NAME], ему/ей около [AGE RANGE] лет. Могу ли я поговорить с ним/ней?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY PICK UP.

SPEAKING WITH SAMPLED PATIENT

INTRO   Здравствуйте! Меня зовут [INTERVIEWER NAME], и я звоню Вам по поручению [HOSPITAL NAME]. (OPTIONAL TO STATE Я работаю в [DATA COLLECTION CONTRACTOR]). [HOSPITAL NAME] участвует в опросе для оценки медицинского обслуживания в больнице. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг.

Участие в опросе носит полностью добровольный характер. Мы гарантируем полную конфиденциальность Ваших ответов. Прохождение опроса займет примерно [NUMBER] минут [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS].

С целью повышения качества данный разговор может прослушиваться (OPTIONAL TO STATE и/или записываться).

OPTIONAL QUESTION TO INCLUDE:
Давайте начнем опрос. Вам удобно пройти его сейчас?

<1> SPEAKING WITH SAMPLED PATIENT [GO TO S1]
<2> [REFUSAL]
<3> NOT AVAILABLE RIGHT NOW [SET CALLBACK]
<4> PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
<5> PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELF OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.
.

CONFIRMING USE OF PROXY

PROXY1   Если Вам нужна помощь в прохождении этого опроса, Вы можете попросить кого-нибудь помочь Вам или пройти опрос за Вас. Необходимо, чтобы такой человек смог дать точные ответы на вопросы о Вашем пребывании в больнице.

Есть ли кто-нибудь, кто мог бы помочь Вам ответить на мои вопросы или пройти опрос за Вас?

<1>   PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
<2>   NO [REFUSAL]

PROXY2   Как зовут человека, который может Вам помочь? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

Может ли этот человек сейчас подойти к телефону?

<1>   Да [GO TO PROXY_INTRO]
<2>   NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

SPEAKING WITH PROXY

PROXY_INTRO
Здравствуйте! Меня зовут [INTERVIEWER NAME], и я звоню Вам по поручению [HOSPITAL NAME]. (OPTIONAL TO STATE Я работаю в [DATA COLLECTION CONTRACTOR]). [HOSPITAL NAME] участвует в опросе для оценки медицинского обслуживания в больнице. [SAMPLED PATIENT NAME] разрешает Вам отвечать на вопросы этого интервью от его/ее имени. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг.

Участие в опросе носит полностью добровольный характер. Мы гарантируем полную конфиденциальность Ваших ответов. Прохождение опроса займет примерно [NUMBER] минут [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS].

С целью повышения качества данный разговор может прослушиваться (OPTIONAL TO STATE и/или записываться).

OPTIONAL QUESTION TO INCLUDE:
Давайте начнем опрос. Вам удобно пройти его сейчас?

<1>   SPEAKING WITH PROXY [GO TO S1]
<2>   [REFUSAL]
<3>   NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY

RESUME   Здравствуйте! Могу ли я поговорить с [SAMPLED PATIENT/PROXY NAME]?

OPTIONAL START:
Здравствуйте! Меня зовут [INTERVIEWER NAME]. Могу ли я поговорить с [SAMPLED PATIENT/PROXY NAME]?

<1> Да [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]
<2> НЕТ [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:
Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню Вам по поручению [HOSPITAL NAME]. Может ли [SAMPLED PATIENT/PROXY NAME] завершить начатый ранее опрос?

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY:
Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню вам по поручению [HOSPITAL NAME]. Подтвердите, пожалуйста, что я говорю с [SAMPLED PATIENT/PROXY NAME]. Я звоню, чтобы продолжить ранее начатый опрос. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT/PROXY FOR A CALL BACK:
Меня зовут [INTERVIEWER NAME], я работаю в [DATA COLLECTION CONTRACTOR] и звоню вам по поручению [HOSPITAL NAME]. Подтвердите, пожалуйста, что я говорю с [SAMPLED PATIENT/PROXY NAME]. Это час вы запросили обратный вызов для ответа на опросе.

CONFIRMING DISCHARGE DATE

S1   IF SPEAKING WITH SAMPLED PATIENT:
Согласно нашим данным, Вы были выписаны из больницы [HOSPITAL NAME] [DISCHARGE DATE (mm/dd/yyyy)] или примерно в этот день. Верно ли это?

IF SPEAKING WITH PROXY:
Согласно нашим данным, [SAMPLED PATIENT NAME] был(-а) выписан(-а) из больницы [HOSPITAL NAME] [DISCHARGE DATE (mm/dd/yyyy)] или примерно в этот день. Верно ли это?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> ДА [GO TO Q1_INTRO]
<2> НЕТ [GO TO INEL1]
<3> DON'T KNOW [GO TO INEL1]
<4> REFUSAL [GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1   IF SPEAKING WITH SAMPLED PATIENT:
Обращались ли вы когда-либо в эту больницу?

IF SPEAKING WITH PROXY:
[SAMPLED PATIENT NAME] был(-а) в этой больнице раньше?

<1> Да [GO TO INEL2]
<2> НЕТ [GO TO INEL_END]

INEL2   IF SPEAKING WITH SAMPLED PATIENT:
Были ли Вы пациентом этой больницы в течение последнего года?

IF SPEAKING WITH PROXY:
Был(-а) ли [SAMPLED PATIENT NAME] пациентом этой больницы в течение последнего года?

<1> Да [GO TO INEL3]
<2> НЕТ [GO TO INEL_END]

INEL3   Когда именно?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END   Благодарю Вас за внимание. Похоже, мы допустили ошибку. Хорошего (дня/вечера).

BEGIN HCAHPS QUESTIONS

Q1_INTRO   IF SPEAKING WITH SAMPLED PATIENT:
Пожалуйста, ответьте на вопросы данного опроса об этом пребывании в [HOSPITAL NAME]. При ответе на вопросы не включайте в свои ответы информацию о каких-либо других пребываниях в больнице. Первая часть вопросов посвящена сестринскому уходу во время этого пребывания в больнице.

IF SPEAKING WITH PROXY:
Отвечая на вопросы этого опроса, помните о том, что Вы отвечаете на вопросы от имени [SAMPLED PATIENT NAME] и его/ее пребывании в [HOSPITAL NAME]. Обдумывая ответы, не учитывайте другие случаи госпитализации. Первые вопросы будут об уходе сестринского персонала за пациентом во время этого пребывания в больнице.

BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.

Q1   Во время данного пребывания в больнице как часто медсестры относились к Вам <u>вежливо и уважительно</u>? Вы бы сказали…

                                               <1>   Никогда,
                                               <2>   Иногда,
                                               <3>   Как правило, или
                                               <4>   Всегда?

                                               <M>   MISSING/DK

Q2   Во время данного пребывания в больнице как часто медсестры <u>внимательно Вас выслушивали</u>? Вы бы сказали…

                                               <1>   Никогда,
                                               <2>   Иногда,
                                               <3>   Как правило, или
                                               <4>   Всегда?

                                               <M>   MISSING/DK

Q3   Во время данного пребывания в больнице как часто медсестры давали Вам понятные <u>объяснения</u>? Вы бы сказали…

<1>   Никогда,
<2>   Иногда,
<3>   Как правило, или
<4>   Всегда?

<M>   MISSING/DK

Q4_INTRO Следующие   вопросы   касаются   медицинского   обслуживания, предоставленного Вам врачами во время данного пребывания в больнице.

Q4   Во время данного пребывания в больнице как часто врачи относились к Вам <u>вежливо и уважительно</u>? Вы бы сказали…

<1>   Никогда,
<2>   Иногда,
<3>   Как правило, или
<4>   Всегда?

<M>   MISSING/DK

Q5   Во время данного пребывания в больнице как часто врачи <u>внимательно Вас выслушивали</u>? Вы бы сказали…

<1>   Никогда,
<2>   Иногда,
<3>   Как правило, или
<4>   Всегда?

<M>   MISSING/DK

Q6   Во время данного пребывания в больнице как часто врачи давали Вам понятные <u>объяснения</u>? Вы бы сказали…

<1>   Никогда,
<2>   Иногда,
<3>   Как правило, или
<4>   Всегда?

<M>   MISSING/DK

Q7_INTRO Следующая часть вопросов касается больничной обстановки.

Q7 Во время данного пребывания в больнице как часто в Вашей комнате и туалете проводили уборку? Вы бы сказали…

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q8 Во время данного пребывания в больнице как часто Вам удавалось отдохнуть, когда Вам это было необходимо? Вы бы сказали…

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q9 Во время данного пребывания в больнице как часто возле Вашей комнаты соблюдалась тишина в ночное время? Вы бы сказали…

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q10_INTRO Следующие вопросы посвящены уходу, который Вы получили в этой больнице.

Q10 Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал владели общей и актуальной информацией о том, какой медицинский уход Вы должны получать? Вы бы сказали…

<1> Никогда,
<2> Иногда,
<3> Как правило, или
<4> Всегда?

<M> MISSING/DK

Q11   Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал демонстрировали слаженную совместную работу при предоставлении Вам медицинского ухода? Вы бы сказали…

        <1>   Никогда,
        <2>   Иногда,
        <3>   Как правило, или
        <4>   Всегда?

        <M>   MISSING/DK

Q12   Во время данного пребывания в больнице требовалась ли Вам помощь медсестер или другого персонала больницы для сопровождения Вас в туалет или при использовании подкладного судна?

        READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

        <1>   ДА
        <2>   НЕТ [GO TO Q14]

        <M>   MISSING/DK [GO TO Q14]

Q13   Как часто Вы получали помощь для сопровождения Вас в туалет или при использовании подкладного судна по первому требованию? Вы бы сказали…

        <1>   Никогда,
        <2>   Иногда,
        <3>   Как правило, или
        <4>   Всегда?

        [<8>   NOT APPLICABLE]
        <M>   MISSING/DK

        [NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14   Во время данного пребывания в больнице как часто после Вашего обращения за срочной помощью Вы получали ее максимально быстро? Вы бы сказали…

        <1>   Никогда,
        <2>   Иногда,
        <3>   Как правило,
        <4>   Всегда, или
        <9>   Я никогда не обращался(-лась) за срочной помощью?

        <M>   MISSING/DK

Q15   Во время данного пребывания в больнице давали ли Вам какие-либо лекарства, которые Вы не принимали до этого?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

              <1>   ДА
              <2>   НЕТ [GO TO Q18]

              <M>   MISSING/DK [GO TO Q18]

Q16   Прежде чем дать Вам новое лекарство, как часто персонал больницы объяснял Вам, для чего оно? Вы бы сказали…

              <1>   Никогда,
              <2>   Иногда,
              <3>   Как правило, или
              <4>   Всегда?

              [<8>   NOT APPLICABLE]
              <M>   MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17   Прежде чем дать Вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным Вам способом? Вы бы сказали…

              <1>   Никогда,
              <2>   Иногда,
              <3>   Как правило, или
              <4>   Всегда?

              [<8>   NOT APPLICABLE]
              <M>   MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18   Во время данного пребывания в больнице помогали ли Вам отдыхать и восстанавливаться врачи, медсестры и другой персонал? Вы бы сказали…

              <1>   Определенно, да,
              <2>   Да, в некоторой степени, или
              <3>   Нет?

              <M>   MISSING/DK

Q19_INTRO   Следующие вопросы касаются периода после выписки из больницы.

Q19   Взаимодействовали ли Ваши врачи, медсестры или другой персонал с Вами и с членами Вашей семьи или с ухаживающим за Вами человеком, чтобы проработать программу дальнейшего ухода за Вами после выписки из больницы? Вы бы сказали…

   <1>   Определенно, да,
   <2>   Да, в некоторой степени, или
   <3>   Нет?

   <M>   MISSING/DK

Q20   Предоставили ли Ваши врачи, медсестры или другой персонал членам Вашей семьи или ухаживающему за Вами человеку достаточно информации о том, на какие симптомы или проблемы со здоровьем следует обращать внимание после выписки из больницы? Вы бы сказали…

   <1>   Определенно, да,
   <2>   Да, в некоторой степени,
   <3>   Нет, или
   <9>   У меня не было членов семьи или ухаживающего за мной человека, которые следили бы за моими симптомами или проблемами со здоровьем?

   <M>   MISSING/DK

Q21   Когда Вы вышли из больницы, Вы сразу направились к себе домой, домой к другому человеку или в другое медицинское учреждение?

   READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

   <1>   ДОМОЙ
   <2>   К КОМУ-ЛИБО ЕЩЕ
   <3>   В ДРУГОЕ МЕДИЦИНСКОЕ УЧРЕЖДЕНИЕ [GO TO Q24]

   <M>   MISSING/DK [GO TO Q24]

Q22   Во время данного пребывания в больнице интересовались ли у Вас врачи, медсестры или другие сотрудники больницы тем, будет ли Вам предоставлена требуемая помощь после выписки из больницы?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   ДА
<2>   НЕТ

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23   Во время данного пребывания в больнице получали ли Вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые Вам следует обратить внимание после выписки из больницы?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1>   ДА
<2>   НЕТ

[<8>   NOT APPLICABLE]
<M>   MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24   Как бы Вы оценили свое пребывание в [HOSPITAL NAME] в целом? Мы говорим о том пребывании, которое завершилось приблизительно [DISCHARGE DATE (mm/dd/yyyy)]. Просьба не указывать в Ваших ответах информацию о каких-либо других Ваших пребываниях в больнице.

Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру Вы бы поставили для оценки данной больницы во время Вашего пребывания в ней?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING:
Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру Вы бы поставили для оценки данной больницы во время Вашего пребывания в ней?

                <0>   0
                <1>   1
                <2>   2
                <3>   3
                <4>   4
                <5>   5
                <6>   6
                <7>   7
                <8>   8
                <9>   9
                <10> 10

                <M>   MISSING/DK

Q25   Рекомендовали бы Вы данную больницу Вашим друзьям и родственникам? Вы бы сказали…

                <1>   Определенно нет,
                <2>   Возможно нет,
                <3>   Возможно да, или
                <4>   Определенно да?

                <M>   MISSING/DK

Q26_INTRO Следующий ряд вопросов посвящен лично Вам. (IF SPEAKING WITH PROXY: Не забывайте о том, что Вы отвечаете на вопросы от имени пациента.)

Q26   Планировалось ли заранее данное пребывание в больнице? Вы бы сказали…

            <1>   Определенно, да,
            <2>   Да, в некоторой степени, или
            <3>   Нет?

            <M>   MISSING/DK

Q27   В целом, как бы Вы оценили Ваше общее состояние здоровья? Вы бы сказали,
            что оно...

            <1>   Отличное,
            <2>   Очень хорошее,
            <3>   Хорошее,
            <4>   Удовлетворительное или
            <5>   Плохое?

            <M>   MISSING/DK

Q28   Как бы Вы в целом оценили Ваше психическое или эмоциональное
            состояние? Вы бы сказали, что оно...

            <1>   Отличное,
            <2>   Очень хорошее,
            <3>   Хорошее,
            <4>   Удовлетворительное, или
            <5>   Плохое?

            <M>   MISSING/DK

Q29   На каком языке Вы в основном говорите дома?

            READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT
            PROVIDES A RESPONSE: Вы бы сказали, что в основном это…

            <1>   Английский,
            <2>   Испанский,
            <3>   Китайский, или
            <20>   Другой язык?

            <M>   MISSING/DK

            IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, УТОЧНИТЕ:
            Вы бы сказали, что в основном говорите на [LANGUAGE A] или на
            [LANGUAGE B]?

            IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 –
            ENGLISH.

Q30   Укажите последний класс или уровень учебного заведения, которое Вы
        закончили? Прослушайте все шесть вариантов ответа, прежде чем ответить.
        Вы...

        <1>   Закончили 8 классов или меньше,
        <2>   Учились в средней школе, но не закончили ее,
        <3>   Закончили среднюю школу или получили диплом об общем
                образовании,
        <4>   Учились в колледже или получили диплом о двухгодичном
                обучении,
        <5>   Являетесь выпускником колледжа четырехгодичного обучения, или
        <6>   Являетесь выпускником колледжа более 4-х лет обучения?

        <M> MISSING/DK

        ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES
        NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS **4**. IF THE
        PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE
        SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL
        DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q31   Вы испанец, испано- или латиноамериканец по происхождению?

        READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

        <X>   ДА
        <1>   НЕТ

        <M>   MISSING/DK

        IF YES: Вы бы сказали, что Вы... (READ ALL RESPONSE CHOICES)

        <2>   кубинского,
        <3>   мексиканского, американо-мексиканского, чикано,
        <4>   пуэрториканского, или
        <5>   другого латиноамериканского, южноамериканского или испанского
                происхождения?

        <M>   MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":

Мы просим указать Вашу расовую принадлежность для демографических целей. Мы хотим быть уверены, что опрос точно отражает расовое разнообразие нашей страны.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":

Я понимаю, однако в рамках данного опроса мне нужно спросить обо всех вариантах расовой принадлежности, поскольку среди участников могут быть люди, принадлежащие к нескольким расам одновременно. Если названная раса к Вам не относится, пожалуйста, отвечайте «Нет». Благодарю Вас за терпение.

Q32	Когда я начну читать следующие возможные варианты ответа, скажите мне, когда Вы услышите название своей расы. Мне необходимо прочитать названия всех пяти рас. <u>Пожалуйста, ответьте «Да» или «Нет» по каждой расе</u>.
Q32A	Вы американский индеец или уроженец Аляски?

        <1>   ДА/АМЕРИКАНСКИЙ ИНДЕЕЦ ИЛИ УРОЖЕНЕЦ АЛЯСКИ
        <0>   НЕТ/НЕ АМЕРИКАНСКИЙ ИНДЕЕЦ ИЛИ УРОЖЕНЕЦ АЛЯСКИ

        <M> MISSING/DK

Q32B	Вы азиат?

        <1>   ДА/АЗИАТ
        <0>   НЕТ/НЕ АЗИАТ

        <M> MISSING/DK

Q32C	Вы чернокожий или афроамериканец?

        <1>   ДА/ЧЕРНОКОЖИЙ ИЛИ АФРОАМЕРИКАНЕЦ
        <0>   НЕТ/НЕ ЧЕРНОКОЖИЙ ИЛИ АФРОАМЕРИКАНЕЦ

        <M> MISSING/DK

Q32D   Вы уроженец Гавайских островов или островов Тихого океана?

            <1>   ДА/УРОЖЕНЕЦ ГАВАЙСКИХ ОСТРОВОВ ИЛИ ОСТРОВОВ
                   ТИХОГО ОКЕАНА
            <0>   НЕТ/НЕ УРОЖЕНЕЦ ГАВАЙСКИХ ОСТРОВОВ ИЛИ ОСТРОВОВ
                   ТИХОГО ОКЕАНА

            <M>   MISSING/DK

Q32E   Вы белый?

            <1>   ДА/БЕЛЫЙ
            <0>   НЕТ/НЕ БЕЛЫЙ

            <M>   MISSING/DK [GO TO END]

            IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS
            WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF
12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY
BEFORE THE SUPPLEMENTAL QUESTION(S).]

            Вопросы   1–32   данного   опроса   используются   Министерством
            здравоохранения и социальных служб США для оценки качества. Все
            дополнительные вопросы включены в анкету больницей **[NAME OF
            HOSPITAL]** с целью получения дополнительных отзывов о Вашем
            пребывании в больнице, и ответы на них не будут переданы в Министерство
            здравоохранения и социальных служб США.

END   На этом опрос закончен. Благодарю Вас за внимание. Хорошего (дня/вечера).

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL
PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTE: Questions 1-32 in this survey are works of the U.S. Government and are in the public
domain and therefore are NOT subject to U.S. copyright laws.>

APPENDIX N

HCAHPS Web Survey
(English)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (English)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - o *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - o *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - o *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - o *Only one supplemental item may be displayed per web screen*
  - o *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must __not__ repeat the HCAHPS question headers.*
  - o *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - o *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

WELCOME TO THE HOSPITAL EXPERIENCE SURVEY

Please tell us about your recent hospital stay at **[NAME OF HOSPITAL]** ending on **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- You will need about **[NUMBER]** minutes to answer the survey questions [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Participation in the survey is voluntary
- Do not include any other hospital stays in your answers
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please call us (OPTIONAL TO STATE toll-free) at **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**). Thank you.

Click START to begin the survey.

START

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires TBD). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE FROM NURSES

2. During this hospital stay, how often did nurses <u>listen carefully to you</u>?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE FROM NURSES

3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE FROM DOCTORS

5.   During this hospital stay, how often did doctors <u>listen carefully to you</u>?

      ○ Never
      ○ Sometimes
      ○ Usually
      ○ Always

BACK   NEXT

YOUR CARE FROM DOCTORS

6.   During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?

      ○ Never
      ○ Sometimes
      ○ Usually
      ○ Always

BACK   NEXT

THE HOSPITAL ENVIRONMENT

7.   During this hospital stay, how often were your room and bathroom kept clean?

      ○ Never
      ○ Sometimes
      ○ Usually
      ○ Always

BACK   NEXT

THE HOSPITAL ENVIRONMENT

8.   During this hospital stay, how often were you able to get the rest you needed?

      ○ Never
      ○ Sometimes
      ○ Usually
      ○ Always

BACK   NEXT

9. During this hospital stay, how often was the area around your room quiet at night?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE IN THIS HOSPITAL

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK   NEXT

YOUR CARE IN THIS HOSPITAL

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

   ○ Yes

   ○ No

BACK   NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

YOUR CARE IN THIS HOSPITAL

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

   ○ Never

   ○ Sometimes

   ○ Usually

   ○ Always

BACK   NEXT

YOUR CARE IN THIS HOSPITAL

14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

   ○ Never

   ○ Sometimes

   ○ Usually

   ○ Always

   ○ I never asked for help right away

BACK   NEXT

15. During this hospital stay, were you given any medicine that you had not taken before?

   ○ Yes
   ○ No

BACK   NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

BACK   NEXT

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

BACK   NEXT

YOUR CARE IN THIS HOSPITAL

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?

      ○ Yes, definitely

      ○ Yes, somewhat

      ○ No

BACK   NEXT

LEAVING THE HOSPITAL

19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

      ○ Yes, definitely

      ○ Yes, somewhat

      ○ No

BACK   NEXT

LEAVING THE HOSPITAL

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

      ○ Yes, definitely

      ○ Yes, somewhat

      ○ No

      ○ I did not have family or a caregiver watch for symptoms or health problems

BACK   NEXT

21. When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

      ○ Own home

      ○ Someone else's home

      ○ Another health facility

BACK   NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

---

22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

      ○ Yes

      ○ No

BACK   NEXT

---

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

      ○ Yes

      ○ No

BACK   NEXT

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at **[HOSPITAL NAME]** ending on **[DISCHARGE MM/DD/YYYY].** Do not include any other hospital stays in your answers.

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- ○ 0 Worst hospital possible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Best hospital possible

BACK   NEXT

OVERALL RATING OF HOSPITAL

25. Would you recommend this hospital to your friends and family?

- ○ Definitely no
- ○ Probably no
- ○ Probably yes
- ○ Definitely yes

BACK   NEXT

ABOUT YOU

26. Was this hospital stay planned in advance?

- ○ Yes, definitely
- ○ Yes, somewhat
- ○ No

BACK   NEXT

27. In general, how would you rate your overall health?

      ○ Excellent
      ○ Very good
      ○ Good
      ○ Fair
      ○ Poor

BACK   NEXT

ABOUT YOU

28. In general, how would you rate your overall <u>mental or emotional health</u>?

      ○ Excellent
      ○ Very good
      ○ Good
      ○ Fair
      ○ Poor

BACK   NEXT

ABOUT YOU

29. What language do you <u>mainly</u> speak at home?

      ○ English
      ○ Spanish
      ○ Chinese
      ○ Another language

BACK   NEXT

ABOUT YOU

30. What is the highest grade or level of school that you have <u>completed</u>?

○ 8th grade or less
○ Some high school, but did not graduate
○ High school graduate or GED
○ Some college or 2-year degree
○ 4-year college graduate
○ More than 4-year college degree

BACK   NEXT

ABOUT YOU

31. Are you of Spanish, Hispanic or Latino origin?

○ No, not Spanish/Hispanic/Latino
○ Yes, Cuban
○ Yes, Mexican, Mexican American, Chicano
○ Yes, Puerto Rican
○ Yes, other Spanish/Hispanic/Latino

BACK   NEXT

ABOUT YOU

32. What is your race? Please choose one or more.

○ American Indian or Alaska Native
○ Asian
○ Black or African American
○ Native Hawaiian or other Pacific Islander
○ White

BACK   NEXT

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from **[NAME OF HOSPITAL]** to get more feedback about your hospital stay and will not be shared with HHS.

BACK   NEXT

THANK YOU

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to end the survey. Thank you for your time.

BACK   SUBMIT

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Please tell us about **[HOSPITAL NAME]**

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

We are asking you to complete a survey about **[HOSPITAL NAME]**.

To answer the survey, please click here. **[PERSONALIZED LINK TO SURVEY]**

The survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (www.medicare.gov/care-compare).

If you have any questions about this survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Please tell us about **[HOSPITAL NAME]**

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

A few days ago, we sent you an email asking for your feedback on **[HOSPITAL NAME]**. If you have already completed the survey, please accept our thanks and disregard this message. However, if you have not yet completed the survey, please take a few minutes and complete it now.

To answer the survey, please click here. **[PERSONALIZED LINK TO SURVEY]**

The survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (www.medicare.gov/care-compare).

If you have any questions about this survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations
The following sentences must appear verbatim on each email invitation:
1. *Subject line:* Please tell us about **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* We are asking you to complete a survey about **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* A few days ago, we sent you an email for your feedback on **[HOSPITAL NAME]**.

4. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

5. Your participation is voluntary and your answers will be kept private.

6. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (www.medicare.gov/care-compare).

7. We greatly appreciate your help in improving hospital care.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*
- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires TBD). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:
MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

Statement:
Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from **[NAME OF HOSPITAL]** to get more feedback about your hospital stay and will not be shared with HHS.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:
Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Spanish Survey Request

The following note must appear on each English email invitation beneath the signature to offer the HCAHPS Survey in Spanish:
Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is <u>not</u> required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:
If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:
We will remove you from future emails for this survey about this hospital stay.

APPENDIX O

HCAHPS Web Survey
(Spanish)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Spanish)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - o *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - o *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - o *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - o *Only one supplemental item may be displayed per web screen*
  - o *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must **not** repeat the HCAHPS question headers.*
  - o *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - o *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the **[NUMBER]** of minutes based on the count of supplemental items added*

BIENVENIDOS A LA ENCUESTA SOBRE ATENCIÓN HOSPITALARIA

Le pedimos que nos cuente sobre la vez reciente que estuvo en el hospital **[NAME OF HOSPITAL]** que finalizó el **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Necesitará alrededor de **[NUMBER]** minutos para responder a las preguntas de la encuesta [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- La participación en la encuesta es voluntaria
- No incluya información sobre otras veces que estuvo en un hospital
- Puede saltarse cualquier pregunta(s) que no desee responder
- Puede salir de la encuesta en cualquier momento
- Sus respuestas se mantendrán confidenciales

Si tiene alguna pregunta sobre esta encuesta, llámenos (OPTIONAL TO STATE gratis) al **[PHONE NUMBER]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**). Gracias.

Haga clic en COMENZAR para empezar la encuesta.

COMENZAR

Según la Ley de Reducción de Trámites (Paperwork Reduction Act) de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981 (Fecha de vencimiento TBD). Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 32 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con <u>cortesía y respeto</u>?

  - ○ Nunca
  - ○ A veces
  - ○ La mayoría de las veces
  - ○ Siempre

ATRÁS   SIGUIENTE

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le escuchaban con atención</u>?

  - ○ Nunca
  - ○ A veces
  - ○ La mayoría de las veces
  - ○ Siempre

ATRÁS   SIGUIENTE

LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

  - ○ Nunca
  - ○ A veces
  - ○ La mayoría de las veces
  - ○ Siempre

ATRÁS   SIGUIENTE

4. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con <u>cortesía y respeto</u>?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRÁS   SIGUIENTE

---

5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le escuchaban con atención</u>?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRÁS   SIGUIENTE

---

6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores <u>le explicaban las cosas</u> de una manera que usted pudiera entender?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRÁS   SIGUIENTE

7.   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?

  ○ Nunca
  ○ A veces
  ○ La mayoría de las veces
  ○ Siempre

ATRÁS   SIGUIENTE

8.   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?

  ○ Nunca
  ○ A veces
  ○ La mayoría de las veces
  ○ Siempre

ATRÁS   SIGUIENTE

EL AMBIENTE EN EL HOSPITAL

9.   Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?

  ○ Nunca
  ○ A veces
  ○ La mayoría de las veces
  ○ Siempre

ATRÁS   SIGUIENTE

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y actualizados sobre su atención?

      ○ Nunca
      ○ A veces
      ○ La mayoría de las veces
      ○ Siempre

ATRÁS   SIGUIENTE

11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención?

      ○ Nunca
      ○ A veces
      ○ La mayoría de las veces
      ○ Siempre

ATRÁS   SIGUIENTE

12. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

      ○ Sí
      ○ No

ATRÁS   SIGUIENTE

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- SKIP TO Q14
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]

13. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?

      ○ Nunca

      ○ A veces

      ○ La mayoría de las veces

      ○ Siempre

ATRÁS   SIGUIENTE

14. Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?

      ○ Nunca

      ○ A veces

      ○ La mayoría de las veces

      ○ Siempre

      ○ Nunca solicité ayuda inmediata

ATRÁS   SIGUIENTE

15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

      ○ Sí

      ○ No

ATRÁS   SIGUIENTE

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

SU ATENCIÓN EN ESTE HOSPITAL

16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?

   ○ Nunca
   ○ A veces
   ○ La mayoría de las veces
   ○ Siempre

ATRÁS   SIGUIENTE

SU ATENCIÓN EN ESTE HOSPITAL

17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?

   ○ Nunca
   ○ A veces
   ○ La mayoría de las veces
   ○ Siempre

ATRÁS   SIGUIENTE

SU ATENCIÓN EN ESTE HOSPITAL

18. Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse?

   ○ Sí, definitivamente
   ○ Sí, hasta cierto punto
   ○ No

ATRÁS   SIGUIENTE

19. ¿Los doctores, enfermeras u otro personal del hospital trabajaron con usted y su familia o la persona encargada de sus cuidados en la planificación de su atención después de haber salido del hospital?

     ○ Sí, definitivamente

     ○ Sí, hasta cierto punto

     ○ No

ATRÁS   SIGUIENTE

SALIDA DEL HOSPITAL

20. ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?

     ○ Sí, definitivamente

     ○ Sí, hasta cierto punto

     ○ No

     ○ No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

ATRÁS   SIGUIENTE

SALIDA DEL HOSPITAL

21. Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

     ○ A mi casa

     ○ A la casa de otra persona

     ○ A otra institución de salud

ATRÁS   SIGUIENTE

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

SALIDA DEL HOSPITAL

22. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

   ○ Sí
   ○ No

ATRÁS   SIGUIENTE

SALIDA DEL HOSPITAL

23. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

   ○ Sí
   ○ No

ATRÁS   SIGUIENTE

CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre su hospitalización en **[HOSPITAL NAME]** que finalizó el **[DISCHARGE MM/DD/YYYY].** No incluya información sobre otras veces que estuvo en un hospital.

24. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

   ○ 0 El peor hospital posible
   ○ 1
   ○ 2
   ○ 3
   ○ 4
   ○ 5
   ○ 6
   ○ 7
   ○ 8
   ○ 9
   ○ 10 El mejor hospital posible

ATRÁS   SIGUIENTE

CALIFICACIÓN GENERAL DEL HOSPITAL

25. ¿Les recomendaría este hospital a sus amigos y familiares?

      ○ Definitivamente no
      ○ Hasta cierto punto no
      ○ Hasta cierto punto sí
      ○ Definitivamente sí

ATRÁS   SIGUIENTE

ACERCA DE USTED

26. ¿Se planificó por adelantado esta vez que estuvo en el hospital?

      ○ Sí, definitivamente
      ○ Sí, hasta cierto punto
      ○ No

ATRÁS   SIGUIENTE

ACERCA DE USTED

27. En general, ¿cómo calificaría toda su salud?

      ○ Excelente
      ○ Muy buena
      ○ Buena
      ○ Regular
      ○ Mala

ATRÁS   SIGUIENTE

ACERCA DE USTED

28. En general, ¿cómo calificaría toda su <u>salud mental o emocional</u>?

      ○ Excelente
      ○ Muy buena
      ○ Buena
      ○ Regular
      ○ Mala

ATRÁS   SIGUIENTE

ACERCA DE USTED

29. ¿<u>Principalmente</u> qué idioma habla en casa?

○ Inglés
○ Español
○ Chino
○ Algún otro idioma

ATRÁS   SIGUIENTE

ACERCA DE USTED

30. ¿Cuál es el grado o nivel escolar más alto que ha <u>completado</u>?

○ 8 años de escuela o menos
○ 9-12 años de escuela, pero sin graduarse
○ Graduado de la escuela secundaria, Diploma de escuela secundaria *(high school)*, preparatoria, o su equivalente (o GED)
○ Algunos cursos universitarios o un título universitario de un programa de 2 años
○ Título universitario de 4 años
○ Título universitario de más de 4 años

ATRÁS   SIGUIENTE

ACERCA DE USTED

31. ¿Es usted de origen español, hispano o latino?

○ No, ni español/hispano/latino
○ Sí, cubano
○ Sí, mexicano, mexicano-americano, chicano
○ Sí, puertorriqueño
○ Sí, otro español/hispano/latino

ATRÁS   SIGUIENTE

ACERCA DE USTED

32. ¿A qué raza pertenece? Por favor marque una o más.

   ○ Indígena americana o nativa de Alaska
   ○ Asiática
   ○ Negra o afroamericana
   ○ Nativa de Hawái o de otras islas del Pacífico
   ○ Blanca

ATRÁS   SIGUIENTE

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

MÁS PREGUNTAS SOBRE SUS EXPERIENCIAS EN ESTE HOSPITAL

Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

ATRÁS   SIGUIENTE

GRACIAS

Usted ha llegado al final de la encuesta. Si ha terminado de responder las preguntas, haga clic en ENVIAR para finalizar la encuesta. Muchas gracias por su tiempo.

ATRÁS   ENVIAR

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Cuéntenos sobre **[HOSPITAL NAME]**

Querido/Querida **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Le pedimos que complete una encuesta sobre [**NAME OF HOSPITAL**].

Para completar la encuesta, haga clic aquí. **[PERSONALIZED LINK TO SURVEY]**

La encuesta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en Medicare.gov (www.medicare.gov/care-compare).

Si tiene alguna pregunta sobre esta encuesta, llame (OPTIONAL TO STATE gratis) al **[PHONE NUMBER]** (OPTIONAL TO STATE o envíe un correo electrónico a **[EMAIL ADDRESS]**).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Cuéntenos sobre **[HOSPITAL NAME]**

Querido/Querida **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Hace unos días, le enviamos un correo electrónico para pedirle su opinión sobre **[HOSPITAL NAME].** Si ya completó la encuesta, se lo agradecemos mucho y no tiene que hacer caso de este mensaje. Sin embargo, si todavía no ha contestado la encuesta, por favor dedique unos minutos a hacerlo ahora.

Para completar la encuesta, haga clic aquí. **[PERSONALIZED LINK TO SURVEY]**

La encuesta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en Medicare.gov (www.medicare.gov/care-compare).

Si tiene alguna pregunta sobre esta encuesta, llame (OPTIONAL TO STATE gratis) al **[PHONE NUMBER]** (OPTIONAL TO STATE o envíe un correo electrónico a **[EMAIL ADDRESS]**).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations
The following sentences must appear verbatim on each email invitation:
1. *Subject line:* Cuéntenos sobre **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Le pedimos que complete una encuesta sobre **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* Hace unos días, le enviamos un correo electrónico para pedirle su opinión sobre **[HOSPITAL NAME]**.

4. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de **[NUMBER]** minutos.

5. Su participación es voluntaria y sus respuestas se mantendrán privadas.

6. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en Medicare.gov (www.medicare.gov/care-compare).

7. Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:
- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

Según la Ley de Reducción de Trámites (Paperwork Reduction Act) de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981 (Fecha de vencimiento TBD). Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 32 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

MÁS PREGUNTAS SOBRE SUS EXPERIENCIAS EN ESTE HOSPITAL

Statement:

Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is <u>not</u> required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Si prefiere no recibir más correos electrónicos pidiéndole que responda a la encuesta sobre esta estadía en el hospital, haga clic en Cancelar suscripción.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Le removeremos de futuros correos electrónicos para la encuesta sobre esta estadía en el hospital.

APPENDIX P

HCAHPS Web Survey
(Chinese)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Chinese)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must __not__ repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

請告訴我們有關您最近在**[NAME OF HOSPITAL]**住院，出院日期是**[DATE OF DISCHARGE (MM/DD/YYYY)]**的住院體驗。

- 回答這份問卷大於需要**[NUMBER]**分鐘 [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- 參與本問卷調查純屬自願
- 回答時，請勿包括任何其他您住過的醫院
- 您可跳過您不想回答的問題
- 您可隨時退出本問卷調查
- 您的答案將會被保密

如果您對本問卷調查有任何疑問，請來電聯絡我們（OPTIONAL TO STATE 免費電話）：**[PHONE NUMBER]** (OPTIONAL TO STATE 或向我們發送電子郵件：**[EMAIL ADDRESS]**）。感謝您！

點擊「開始」即可開始作答。

開始

根據 1995 年《減少文書作業法》（Paperwork Reduction Act of 1995），除非資料收集文件附有正式的 OMB 號碼，任何人都無須對此類文件作出回應。這份資料收集文件的正式 OMB 號碼是 0938-0981 （到期日 TBD）。完成這份資料收集中 1-32 題所需的時間估計是平均 8 分鐘，這包括閱讀指示的時間、查詢現有數據來源、收集所需資料及完成並檢查填寫的資料。如果您對估計時間的準確性有任何指教或有改進本表格的建議，請寫信到：Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850。

護士對您的護理

1. 此次住院期間，護士是否常以<u>禮貌和尊重</u>對待您?

    ○ 從未如此
    ○ 有時如此
    ○ 時常如此
    ○ 總是如此

    返回上一頁　　　　　　　　　　　　　　　　　　**前往下一頁**

護士對您的護理

2. 此次住院期間，護士是否常<u>細心聆聽您說話</u>?

    ○ 從未如此
    ○ 有時如此
    ○ 時常如此
    ○ 總是如此

    返回上一頁　　　　　　　　　　　　　　　　　　前往下一頁

護士對您的護理

3. 此次住院期間，護士是否常用您聽得懂的方式來向您<u>解釋事務</u>?

    ○ 從未如此
    ○ 有時如此
    ○ 時常如此
    ○ 總是如此

    返回上一頁　　　　　　　　　　　　　　　　　　**前往下一頁**

醫生對您的醫護

4.　此次住院期間，醫生是否常以<u>禮貌和尊重</u>對待您?

　　　　○　從未如此
　　　　○　有時如此
　　　　○　時常如此
　　　　○　總是如此

　　返回上一頁　　　　　　　　　　　　　　　　前往下一頁

醫生對您的醫護

5.　此次住院期間，醫生是否常<u>細心聆聽您說話</u>?

　　　　○　從未如此
　　　　○　有時如此
　　　　○　時常如此
　　　　○　總是如此

　　返回上一頁　　　　　　　　　　　　　　　　前往下一頁

醫生對您的醫護

6.　此次住院期間，醫生是否常用您聽得懂的方式來向您<u>解釋事務</u>?

　　　　○　從未如此
　　　　○　有時如此
　　　　○　時常如此
　　　　○　總是如此

　　返回上一頁　　　　　　　　　　　　　　　　前往下一頁

醫院的環境

7.　此次住院期間，您的病房及衛浴設備是否時常保持乾淨清潔?

       ○ 從未如此

       ○ 有時如此

       ○ 時常如此

       ○ 總是如此

返回上一頁　　　　　　　　　　　　　　　　　　前往下一頁

醫院的環境

8.　此次住院期間，您是否時常能得到所需的休息？

       ○ 從未如此

       ○ 有時如此

       ○ 時常如此

       ○ 總是如此

返回上一頁　　　　　　　　　　　　　　　　　　前往下一頁

醫院的環境

9.　此次住院期間，您的病房周圍是否晚上時常很安靜?

       ○ 從未如此

       ○ 有時如此

       ○ 時常如此

       ○ 總是如此

返回上一頁　　　　　　　　　　　　　　　　　　前往下一頁

這家醫院對您提供的醫療服務

10. 此次住院期間，醫生、護士及其他醫院人員是否經常告知您有關您的療護情形並且隨時讓您知道最新狀況？

- ○ 從未如此
- ○ 有時如此
- ○ 時常如此
- ○ 總是如此

返回上一頁　　　　　　　　　　　　　　　　　前往下一頁

這家醫院對您提供的醫療服務

11. 此次住院期間，醫生、護士及其他醫院工作人員是否經常能合作無間地照護您？

- ○ 從未如此
- ○ 有時如此
- ○ 時常如此
- ○ 總是如此

返回上一頁　　　　　　　　　　　　　　　　　前往下一頁

這家醫院對您提供的醫療服務

12. 此次住院期間，您曾需要醫生，護士或其他醫院員工來協助您使用廁所或床上尿便盆嗎？

- ○ 是
- ○ 否

返回上一頁　　　　　　　　　　　　　　　　　前往下一頁

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. 在您需要使用廁所或床上尿便盆時，您是否常能及時得到協助?

   ○ 從未如此
   ○ 有時如此
   ○ 時常如此
   ○ 總是如此

 返回上一頁   前往下一頁

14. 在住院期間，當您要求立即獲得幫助時，您能夠獲得所需的幫助嗎？

   ○ 從未如此
   ○ 有時如此
   ○ 時常如此
   ○ 總是如此
   ○ 我從來都沒有要求立即協助

 返回上一頁   前往下一頁

15. 此次住院期間，是否有人給您以前從沒有使用過的藥物?

   ○ 是
   ○ 否

 返回上一頁   前往下一頁

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

16. 在提供您新藥之前，醫院員工是否告訴您新藥的功能為何?

      ○ 從未如此
      ○ 有時如此
      ○ 時常如此
      ○ 總是如此

返回上一頁   前往下一頁

17. 在給您新藥之前，醫院員工是否用您能了解的方式來解釋有關藥物可能產生的副作用?

      ○ 從未如此
      ○ 有時如此
      ○ 時常如此
      ○ 總是如此

返回上一頁   前往下一頁

18. 此次住院期間，醫生、護士及其他醫院人員是否有協助您休息與復原？

      ○ 有，非常積極
      ○ 有，一點點
      ○ 沒有

返回上一頁   前往下一頁

出院

19. 醫生、護士或其他醫院人員是否與您及您的家人或照護者共同為您制定出院後的照護計劃？

      ○ 有，非常積極
      ○ 有，一點點
      ○ 沒有

返回上一頁   前往下一頁

20. 醫生、護士或醫院人員是否對您的家人或照護者，提供有關您出院後必須注意的症狀或健康問題方面的足夠資訊？

   ○ 有，非常積極
   ○ 有，一點點
   ○ 沒有
   ○ 我沒有能幫忙注意症狀或健康問題的家人或看護

返回上一頁   前往下一頁

21. 在出院 之後您是直接回家？去別人家？還是去住另外一家醫療機構？

   ○ 自己的家
   ○ 別人的家
   ○ 另一個醫護機構

返回上一頁   前往下一頁

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- SKIP TO Q24
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]

22. 住院時，您的醫生、護士或其他員工有沒有與您談論出院後是否會獲得所需要的協助？

   ○ 是
   ○ 否

返回上一頁   前往下一頁

23. 此次住院期間，您是否得到書面資料來解釋有關您離開醫院以後應如何觀察病狀或健康的問題?

    ○ 是
    ○ 否

返回上一頁   前往下一頁

医院整體評分

請根據您住在**[HOSPITAL NAME]**，且於**[DISCHARGE MM/DD/YYYY].**出院的體驗回答下列問題。不要牽涉其他您住過的醫院。

24. 請用下列 0 到 10 中任何一個數字評價。 0 是最差醫院，10 是最佳醫院。 您認為那一個數字最能代表您對此醫院的評價?

    ○ 0 最差醫院
    ○ 1
    ○ 2
    ○ 3
    ○ 4
    ○ 5
    ○ 6
    ○ 7
    ○ 8
    ○ 9
    ○ 10 最佳醫院

返回上一頁   前往下一頁

醫院整體評分

25. 您是否會向您的朋友和家人推薦這間醫院?

    ○ 絕不會
    ○ 也許不會
    ○ 可能會
    ○ 絕對會

返回上一頁   前往下一頁

---

26. 這次住院是事前規劃好的？

      ○ **有，非常積極**

      ○ **有，一點點**

      ○ **沒有**

返回上一頁   **前往下一頁**

有關您個人

27. 概括而言，您對個人整體的健康作如何評價？

      ○ 特佳

      ○ 甚好

      ○ 好

      ○ 可以

      ○ 差

返回上一頁   前往下一頁

有關您個人

28. 概括而言，您對個人整體的<u>精神或情緒健康</u>作如何評價？

      ○ 特佳

      ○ 甚好

      ○ 好

      ○ 可以

      ○ 差

返回上一頁   前往下一頁

29. 您在家裡主要說哪一個語言？

     ○ 英語
     ○ 西班牙文
     ○ 中文
     ○ 其他語言

返回上一頁   前往下一頁

30. 您完成了下列那一項最高學業或學位?

     ○ 八年級或以下
     ○ 就讀高中，但沒有畢業
     ○ 高中畢業或有同等學業文憑
     ○ 大學肄業或兩年制學位
     ○ 四年大學畢業
     ○ 四年大學畢業以上

返回上一頁   前往下一頁

31. 您是西班牙裔、西語族裔、或拉丁裔嗎?

     ○ 否，非西班牙人／西班牙語裔／拉丁裔
     ○ 是，古巴人
     ○ 是，墨裔、墨裔美人、美國出生的墨裔美人
     ○ 是，波多黎各裔
     ○ 是，其他西班牙人、西裔、拉丁裔

返回上一頁   前往下一頁

有關您個人

32. 您屬於哪一種族？請選一個或一個以上的回答。

- ○ 美洲印第安人或阿拉斯加原住民
- ○ 亞洲人
- ○ 黑種人，非裔美人
- ○ 夏威夷原住民或其他太平洋島民
- ○ 白種人

返回上一頁   前往下一頁

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

更多關於您在這家醫院的體驗方面的問題

本問卷調查中的問題 1-32 來自美國衛生及公共服務部 (U.S. Department of Health and Human Services)，用於品質測量。其他問題則是來自於 **[NAME OF HOSPITAL]**，用於收集有關您住院情況的更多反饋，且不會與美國衛生及公共服務部分享。

返回上一頁   前往下一頁

感謝您

您已來到本問卷調查結尾部分。如果您已經回答完畢這些問題，請點擊「提交」以結束本調查。感謝您撥冗參與。

返回上一頁   提交

本問卷調查中的第 1-32 題為美國政府的問卷調查，因此屬於公共領域，故不受美國著作權法管轄。

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: 請告訴我們**您對[HOSPITAL NAME]**的看法

親愛的**[SAMPLED PATIENT FIRST AND LAST NAME]**：

我們想請**您填寫一份有關[HOSPITAL NAME]**的問卷調查。

若要參與此份問卷調查，請點擊這裡。**[PERSONALIZED LINK TO SURVEY]**

本意見調查是為了瞭解病人對醫院照顧品質的看法。本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要**[NUMBER]**分鐘。

您的參與純屬自願，您的回答也會保密。 您的信息將有助於改善醫院提供的護理，並幫助其他人選擇醫院。您可以在 Medicare.gov 網站上查閱當前的調查結果和醫療護理評級 (www.medicare.gov/care-compare)。

如果您對本問卷調查有任何疑問，請撥打（OPTIONAL TO STATE 免費電話）：**[PHONE NUMBER]**（OPTIONAL TO STATE 或向我們發送電子郵件至：**[EMAIL ADDRESS]**）。

我們非常感謝您在改善醫院照顧方面提供的幫助。

謹此，
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: 請告訴我們**您對[HOSPITAL NAME]**的看法

親愛的**[SAMPLED PATIENT FIRST AND LAST NAME]**：

我們在幾天前曾向**您發送一份電子郵件，請您提供關於[HOSPITAL NAME]**的反饋。如果**您已經完成此項問卷調**查，謹此向您致謝；您可不要理會本訊息。但是如果您尚未完成這份調查，請現在花幾分鐘時間填寫。

若要參與此份問卷調查，請點擊這裡。**[PERSONALIZED LINK TO SURVEY]**

本意見調查是為了瞭解病人對醫院照顧品質的看法。本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要**[NUMBER]**分鐘。

您的參與純屬自願，您的回答也會保密。 您的信息將有助於改善醫院提供的護理，並幫助其他人選擇醫院。您可以在 Medicare.gov 網站上查閱當前的調查結果和醫療護理評級 (www.medicare.gov/care-compare)。

如果您對本問卷調查有任何疑問，請撥打（OPTIONAL TO STATE 免費電話）：**[PHONE NUMBER]**（OPTIONAL TO STATE 或向我們發送電子郵件至：**[EMAIL ADDRESS]**）。

我們非常感謝您在改善醫院照顧方面提供的幫助。

謹此，
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

   The following sentences must appear verbatim on each email invitation:

1. *Subject line:* 請告訴我們**您對[HOSPITAL NAME]**的看法

2. *Initial Email Invitation first sentence:* 我們想請**您填寫一份有關[HOSPITAL NAME]**的問卷調查。

3. *Reminder Email Invitation first sentence:* 我們在幾天前曾向**您發送一份電子郵件，請您提供關於[HOSPITAL NAME]**的反饋。

4. 本問卷調查是由美國衛生與公共服務部（the United States Department of Health and Human Services）贊助，完成調查大約需要 **[NUMBER]**分鐘。

5. **您**的參與純屬自願，**您**的回答也會保密。

6. **您**的信息將有助於改善醫院提供的護理，並**幫**助其他人選擇醫院。**您**可以在 [Medicare.gov](www.medicare.gov/care-compare) 網站上查閱當前的調查結果和醫療護理評級（www.medicare.gov/care-compare）。

7. **我們非常感謝您在改善醫院照顧方面提供的幫助。**

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

根據 1995 年《減少文書作業法》（Paperwork Reduction Act of 1995），除非資料收集文件附有正式的 OMB 號碼，任何人都無須對此類文件作出回應。這**份**資料收集文件的正式 OMB 號碼是 0938-0981 （到期日 TBD）。完成這**份**資料收集中 1-32 題所需的時間估計是平均 8 分鐘，這包括閱讀指示的時間、查詢現有數據來源、收集所需資料及完成並檢查填寫的資料。如果您對估計時間的準確性有任何指教或有改進本表格的建議，請寫信到：Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850。

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

更多關於**您**在這家醫院的體驗方面的問題

Statement:

本問卷調查中的問題 1-32 來自美國衛生及公共服務部 (U.S. Department of Health and Human Services)，用於品質測量。其他問題則是來自於 **[NAME OF HOSPITAL]**，用於收集有關**您**住院情況的更多反饋，且不會與美國衛生及公共服務部分享。

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

本問卷調查中的第 1-32 題為美國政府的問卷調查，因此屬於公共領域，故不受美國著作權法管轄。

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

如果您不希望再收到關於本次住院問卷調查的電子郵件，請點擊「取消訂閱。

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

我們會將您從未來有關本次住院調查的電子郵件列表中移除。

APPENDIX Q

HCAHPS Web Survey
(Russian)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Russian)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must **not** repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the **[NUMBER]** of minutes based on the count of supplemental items added*

ДОБРО ПОЖАЛОВАТЬ В ОПРОС О ВПЕЧАТЛЕНИЯХ ОТ ПРЕБЫВАНИЯ В БОЛЬНИЦЕ

Мы хотели бы узнать о вашем недавнем пребывании в больнице **[NAME OF HOSPITAL]**, из которой вы были выписаны **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Участие в опросе займет приблизительно **[NUMBER]** минут [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Участие в опросе является добровольным
- Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице
- Вы можете пропустить любой вопрос, на который не хотите отвечать
- Вы можете выйти из опроса в любой момент
- Ваши ответы останутся конфиденциальными

Если у вас возникнут какие-либо вопросы в отношении этого опроса, позвоните по (OPTIONAL TO STATE бесплатному) номеру: **[PHONE NUMBER]** (OPTIONAL TO STATE или отправьте нам сообщение по адресу: **[EMAIL ADDRESS]**). Спасибо!

Нажмите «НАЧАТЬ», чтобы приступить к опросу.

НАЧАТЬ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

1. Во время данного пребывания в больнице как часто медсестры относились к вам <u>вежливо и уважительно</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

2. Во время данного пребывания в больнице как часто медсестры <u>внимательно вас выслушивали</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ МЕДСЕСТРАМИ

3. Во время данного пребывания в больнице как часто медсестры давали вам понятные <u>объяснения</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

4. Во время данного пребывания в больнице как часто врачи относились к вам <u>вежливо и уважительно</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

5. Во время данного пребывания в больнице как часто врачи <u>внимательно вас выслушивали</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКОЕ ОБСЛУЖИВАНИЕ, ПРЕДОСТАВЛЯЕМОЕ ВАМ ВРАЧАМИ

6. Во время данного пребывания в больнице как часто врачи давали вам понятные <u>объяснения</u>?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

БОЛЬНИЧНАЯ СРЕДА

7. Во время данного пребывания в больнице как часто в вашей комнате и туалете проводили уборку?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

БОЛЬНИЧНАЯ СРЕДА

8. Во время данного пребывания в больнице как часто вам удавалось отдохнуть, когда вам это было необходимо?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

БОЛЬНИЧНАЯ СРЕДА

9. Во время данного пребывания в больнице как часто возле вашей комнаты соблюдалась тишина в ночное время?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

10. Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал владели общей и актуальной информацией о том, какой медицинский уход вы должны получать?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

11. Во время данного пребывания в больнице как часто врачи, медсестры и другой персонал демонстрировали слаженную совместную работу при предоставлении вам медицинского ухода?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

12. Во время данного пребывания в больнице требовалась ли вам помощь медсестер или другого персонала больницы для сопровождения вас в туалет или при использовании подкладного судна?

- ○ Да
- ○ Нет

НАЗАД   ДАЛЕЕ

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

13. Как часто вы получали помощь для сопровождения вас в туалет или при использовании подкладного судна по первому требованию?

   ○ Никогда
   ○ Иногда
   ○ Как правило
   ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

14. Во время данного пребывания в больнице как часто после вашего обращения за срочной помощью вы получали ее максимально быстро?

   ○ Никогда
   ○ Иногда
   ○ Как правило
   ○ Всегда
   ○ Я никогда не обращался(-лась) за срочной помощью

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

15. Во время данного пребывания в больнице давали ли вам какие-либо лекарства, которые вы не принимали до этого?

   ○ Да
   ○ Нет

НАЗАД   ДАЛЕЕ

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- SKIP TO Q18
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

16. Прежде чем дать вам новое лекарство, как часто персонал больницы объяснял вам, для чего оно?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

17. Прежде чем дать вам новое лекарство, как часто персонал больницы описывал возможные побочные действия понятным вам способом?

- ○ Никогда
- ○ Иногда
- ○ Как правило
- ○ Всегда

НАЗАД   ДАЛЕЕ

МЕДИЦИНСКИЙ УХОД, ПРЕДОСТАВЛЕННЫЙ ВАМ В ДАННОЙ БОЛЬНИЦЕ

18. Во время данного пребывания в больнице помогали ли вам отдыхать и восстанавливаться врачи, медсестры и другой персонал?

- ○ Определенно, да
- ○ Да, в некоторой степени
- ○ Нет

НАЗАД   ДАЛЕЕ

19. Взаимодействовали ли ваши врачи, медсестры или другой персонал с вами и с членами вашей семьи или с ухаживающим за вами человеком, чтобы проработать программу дальнейшего ухода за вами после выписки из больницы?

- ○ Определенно, да
- ○ Да, в некоторой степени
- ○ Нет

НАЗАД   ДАЛЕЕ

20. Предоставили ли ваши врачи, медсестры или другой персонал членам вашей семьи или ухаживающему за вами человеку достаточно информации о том, на какие симптомы или проблемы со здоровьем следует обращать внимание после выписки из больницы?

- ○ Определенно, да
- ○ Да, в некоторой степени
- ○ Нет
- ○ У меня не было членов семьи или ухаживающего за мной человека, которые следили бы за моими симптомами или проблемами со здоровьем

НАЗАД   ДАЛЕЕ

21. Когда вы вышли из больницы, вы сразу направились к себе домой, домой к другому человеку или в другое медицинское учреждение?

- ○ К себе домой
- ○ Домой к другому человеку
- ○ В другое медицинское учреждение

НАЗАД   ДАЛЕЕ

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

ВЫПИСКА ИЗ БОЛЬНИЦЫ

22. Во время данного пребывания в больнице интересовались ли у вас врачи, медсестры или другие сотрудники больницы тем, будет ли вам предоставлена требуемая помощь после выписки из больницы?

    ○ Да
    ○ Нет

НАЗАД   ДАЛЕЕ

ВЫПИСКА ИЗ БОЛЬНИЦЫ

23. Во время данного пребывания в больнице получали ли вы информацию в письменной форме о симптомах и возможных проблемах со здоровьем, на которые вам следует обратить внимание после выписки из больницы?

    ○ Да
    ○ Нет

НАЗАД   ДАЛЕЕ

Пожалуйста, ответьте на следующие вопросы опроса о данном пребывании в больнице **[HOSPITAL NAME**], из которой вы были выписаны **[DISCHARGE MM/DD/YYYY].** Не включайте в свои ответы информацию о каких-либо других пребываниях в больнице.

24. Используя цифры от 0 до 10, где 0 обозначает самую худшую больницу, а 10 – самую лучшую больницу, какую цифру вы бы поставили для оценки данной больницы во время вашего пребывания в ней?

      ○ 0 Самая худшая больница из возможных
      ○ 1
      ○ 2
      ○ 3
      ○ 4
      ○ 5
      ○ 6
      ○ 7
      ○ 8
      ○ 9
      ○ 10 Самая лучшая больница из возможных

НАЗАД   ДАЛЕЕ

25. Рекомендовали бы вы данную больницу вашим друзьям и родственникам?

      ○ Определенно нет
      ○ Возможно нет
      ○ Возможно да
      ○ Определенно да

НАЗАД   ДАЛЕЕ

О ВАС

26. Планировалось ли заранее данное пребывание в больнице?

- ○ Определенно, да
- ○ Да, в некоторой степени
- ○ Нет

НАЗАД   ДАЛЕЕ

О ВАС

27. В целом, как бы вы оценили ваше общее состояние здоровья?

- ○ Отличное
- ○ Очень хорошее
- ○ Хорошее
- ○ Удовлетворительное
- ○ Плохое

НАЗАД   ДАЛЕЕ

О ВАС

28. Как бы вы в целом оценили ваше психическое или эмоциональное состояние?

- ○ Отличное
- ○ Очень хорошее
- ○ Хорошее
- ○ Удовлетворительное
- ○ Плохое

НАЗАД   ДАЛЕЕ

29. На каком языке вы в основном говорите дома?

- ○ Английский
- ○ Испанский
- ○ Китайский
- ○ Другой язык

НАЗАД   ДАЛЕЕ

30. Укажите последний класс или уровень учебного заведения, которое вы закончили?

- ○ 8-й класс или меньше
- ○ Средняя школа, не закончил (а)
- ○ Выпускник средней школы либо диплом об общем образовании
- ○ Колледж или диплом о двухгодичном обучении
- ○ Выпускник колледжа четырехгодичного обучения
- ○ Выпускник колледжа более 4-х лет обучения

НАЗАД   ДАЛЕЕ

31. Вы испанец, испано- или латиноамериканец по происхождению?

- ○ Нет, не испанец/испано-/латиноамериканец
- ○ Да, кубинец
- ○ Да, мексиканец, американец мексиканского происхождения, чикано
- ○ Да, пуэрториканец
- ○ Да, другое, испанец/испано-/латиноамериканец

НАЗАД   ДАЛЕЕ

О ВАС

32. Ваша раса? Пожалуйста, выберите один или более пунктов.

○ Американский индеец или уроженец Аляски
○ Азиат
○ Чернокожий или афроамериканец
○ Уроженец Гавайских островов или островов Тихого океана
○ Белый

НАЗАД   ДАЛЕЕ

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

ДОПОЛНИТЕЛЬНЫЕ ВОПРОСЫ О ВАШИХ ВПЕЧАТЛЕНИЯХ ОТ ПРЕБЫВАНИЯ В ЭТОЙ БОЛЬНИЦЕ

Вопросы 1–32 данного опроса используются Министерством здравоохранения и социальных служб США для оценки качества. Все дополнительные вопросы включены в анкету больницей **[NAME OF HOSPITAL]** с целью получения дополнительных отзывов о Вашем пребывании в больнице, и ответы на них не будут переданы в Министерство здравоохранения и социальных служб США.

НАЗАД   ДАЛЕЕ

БЛАГОДАРИМ ВАС

Наш опрос подошел к концу. Если вы закончили отвечать на предложенные вопросы, нажмите «ОТПРАВИТЬ», чтобы завершить опрос. Спасибо за уделенное время!

НАЗАД   ОТПРАВИТЬ

Вопросы 1–32 разработаны правительством США, находятся в открытом доступе и по этой причине НЕ подпадают под действие законов США об авторских правах.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- ***Web-Mail***
- ***Web-Phone***
- ***Web-Mail-Phone***

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Расскажите нам о больнице **[HOSPITAL NAME]**

Уважаемый(-ая) **[SAMPLED PATIENT FIRST AND LAST NAME]**!

Просим Вас пройти опрос, посвященный больнице **[HOSPITAL NAME]**.

Чтобы принять участие в опросе, нажмите здесь. **[PERSONALIZED LINK TO SURVEY]**

Данная анкета является частью инициативы, направленной на понимание того, как пациенты относятся к полученному ими в больнице обслуживанию. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно **[NUMBER]** минут.

Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

Если у Вас возникнут какие-либо вопросы в отношении этой анкеты, позвоните по этому (OPTIONAL TO STATE бесплатному) номеру: **[PHONE NUMBER]** (OPTIONAL TO STATE или отправьте нам сообщение по адресу: **[EMAIL ADDRESS]**).

Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

С уважением,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Расскажите нам о больнице **[HOSPITAL NAME]**

Уважаемый(-ая) **[SAMPLED PATIENT FIRST AND LAST NAME]**!

Недавно мы обратились к Вам с просьбой оставить отзыв о больнице **[HOSPITAL NAME]**. Если Вы уже прошли этот опрос, примите нашу благодарность и не обращайте внимания на это письмо. Однако если Вы его еще не прошли, пожалуйста, уделите несколько минут на то, чтобы сделать это сейчас.

Чтобы принять участие в опросе, нажмите здесь. **[PERSONALIZED LINK TO SURVEY]**

Данная анкета является частью инициативы, направленной на понимание того, как пациенты относятся к полученному ими в больнице обслуживанию. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно **[NUMBER]** минут.

Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

Если у Вас возникнут какие-либо вопросы в отношении этой анкеты, позвоните по этому (OPTIONAL TO STATE бесплатному) номеру: **[PHONE NUMBER]** (OPTIONAL TO STATE или отправьте нам сообщение по адресу: **[EMAIL ADDRESS]**).

Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

С уважением,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Расскажите нам о больнице **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Просим Вас пройти опрос, посвященный больнице **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* Недавно мы обратились к Вам с просьбой оставить отзыв о больнице **[HOSPITAL NAME]**.

4. Опрос проводится при финансовой поддержке Министерства здравоохранения и социальных служб США (United States Department of Health and Human Services). Участие в опросе займет у Вас приблизительно **[NUMBER]** минут.

5. Ваше участие в данном опросе является добровольным. Мы гарантируем полную конфиденциальность Ваших ответов.

6. Результаты данного опроса помогут другим людям в выборе больницы, а больницам — в улучшении качества предоставляемых услуг. Результаты опроса будут опубликованы в Интернете в открытом доступе в разделе Care Compare на портале Medicare.gov (www.medicare.gov/care-compare).

7. Мы очень признательны за Вашу помощь в улучшении качества медицинского обслуживания.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

В соответствии с Постановлением о сокращении документооборота от 1995 г. никто не обязан предоставлять сведения, если на форме опроса не указан действующий контрольный номер OMB. Действующий контрольный номер OMB для данного опроса — 0938-0981 (срок истекает TBD). Для того чтобы ответить на вопросы 1–32, в среднем требуется 8 минут, включая время для просмотра инструкций, поиска существующих данных, сбора необходимых данных и заполнения и проверки анкеты. Если у Вас есть какие-либо комментарии в отношении точности предлагаемого ориентировочного времени или предложения по улучшению данной анкеты, просьба написать по адресу: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

ДОПОЛНИТЕЛЬНЫЕ ВОПРОСЫ О ВАШИХ ВПЕЧАТЛЕНИЯХ ОТ ПРЕБЫВАНИЯ В ЭТОЙ БОЛЬНИЦЕ

Statement:

Вопросы 1–32 данного опроса используются Министерством здравоохранения и социальных служб США для оценки качества. Все дополнительные вопросы включены в анкету больницей [NAME OF HOSPITAL] с целью получения дополнительных отзывов о Вашем пребывании в больнице, и ответы на них не будут переданы в Министерство здравоохранения и социальных служб США.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

Вопросы 1–32 разработаны правительством США, находятся в открытом доступе и по этой причине НЕ подпадают под действие законов США об авторских правах.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Если Вы не хотите получать новые электронные письма с предложением принять участие в опросе об этом пребывании в больнице, нажмите Отписаться.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Мы удалим Ваш адрес из рассылки, связанной с этим опросом о пребывании в больнице.

APPENDIX R

HCAHPS Web Survey
(Vietnamese)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Vietnamese)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must __not__ repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

Vui lòng cho chúng tôi biết về lần nằm viện vừa rồi của quý vị tại **[NAME OF HOSPITAL]**, kết thúc vào ngày **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Bản thăm dò ý kiến này sẽ mất khoảng **[NUMBER]** phút để trả lời [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Việc tham gia trả lời bản thăm dò ý kiến là hoàn toàn tự nguyện
- Xin đừng trả lời về những lần nằm viện nào khác
- Quý vị có thể bỏ qua bất kỳ câu hỏi nào mà quý vị không muốn trả lời
- Quý vị có thể thoát khỏi cuộc bản thăm dò ý kiến này bất kỳ lúc nào
- Câu trả lời của quý vị sẽ được giữ bí mật

Nếu có thắc mắc về bản thăm dò ý kiến này, xin quý vị vui lòng gọi cho chúng tôi qua số điện thoại (OPTIONAL TO STATE miễn phí): **[PHONE NUMBER]** (OPTIONAL TO STATE hoặc gửi email cho chúng tôi tại địa chỉ **[EMAIL ADDRESS]**). Cảm ơn Quý vị.

Hãy nhấp vào BẮT ĐẦU để bắt đầu cuộc bản thăm dò ý kiến.

BẮT ĐẦU

Thể theo Đạo Luật Giảm Thiểu Thủ Tục Giấy Tờ năm 1995, không một ai bị bắt buộc phải trả lời và cung cấp thông tin trừ khi trên bản câu hỏi có ghi rõ số kiểm soát OMB có hiệu lực. Số kiểm soát OMB có hiệu lực cho bản thu thập thông tin này là 0938-0981 (Hết hạn TBD). Thời gian cần thiết để trả lời các câu hỏi này được ước tính trung bình là 8 phút cho các câu hỏi 1-32 trong bản thăm dò ý kiến này, kể cả thời gian đọc hướng dẫn, thời gian tìm kiếm, thu thập và xác nhận thông tin được yêu cầu, hoàn tất và kiểm tra lại bản trả lời. Nếu quý vị có ý kiến gì về mức chính xác của thời gian ước tính hoặc đề nghị gì trong việc đơn giản hóa bản thăm dò ý kiến này, vui lòng gửi thư về: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

1. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

    - ○ Không bao giờ
    - ○ Thỉnh thoảng
    - ○ Thường thường
    - ○ Luôn luôn

    TRƯỚC   TIẾP

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

2. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

    - ○ Không bao giờ
    - ○ Thỉnh thoảng
    - ○ Thường thường
    - ○ Luôn luôn

    TRƯỚC   TIẾP

VIỆC CHĂM SÓC CỦA Y TÁ ĐỐI VỚI QUÝ VỊ

3. Trong lần nằm bệnh viện này, y tá trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

    - ○ Không bao giờ
    - ○ Thỉnh thoảng
    - ○ Thường thường
    - ○ Luôn luôn

    TRƯỚC   TIẾP

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

4. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>tôn trọng và lịch sự</u> đối với quý vị không?

- ○ Không bao giờ
- ○ Thỉnh thoảng
- ○ Thường thường
- ○ Luôn luôn

TRƯỚC   TIẾP

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

5. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>lắng nghe những điều quý vị bày tỏ</u> không?

- ○ Không bao giờ
- ○ Thỉnh thoảng
- ○ Thường thường
- ○ Luôn luôn

TRƯỚC   TIẾP

VIỆC CHĂM SÓC CỦA BÁC SĨ ĐỐI VỚI QUÝ VỊ

6. Trong lần nằm bệnh viện này, bác sĩ trong bệnh viện có thường <u>giải thích</u> một cách dễ hiểu những điều quý vị cần biết không?

- ○ Không bao giờ
- ○ Thỉnh thoảng
- ○ Thường thường
- ○ Luôn luôn

TRƯỚC   TIẾP

MÔI TRƯỜNG BỆNH VIỆN

7. Trong lần nằm bệnh viện này, phòng nằm và phòng vệ sinh của quý vị có thường được lau dọn sạch sẽ không?

   - ○ Không bao giờ
   - ○ Thỉnh thoảng
   - ○ Thường thường
   - ○ Luôn luôn

   TRƯỚC   TIẾP

MÔI TRƯỜNG BỆNH VIỆN

8. Trong lần nằm bệnh viện này, quý vị có thường được nghỉ ngơi theo nhu cầu của bản thân mình không?

   - ○ Không bao giờ
   - ○ Thỉnh thoảng
   - ○ Thường thường
   - ○ Luôn luôn

   TRƯỚC   TIẾP

MÔI TRƯỜNG BỆNH VIỆN

9. Trong lần nằm bệnh viện này, những nơi chung quanh phòng của quý vị có thường được giữ yên tịnh ban đêm không?

   - ○ Không bao giờ
   - ○ Thỉnh thoảng
   - ○ Thường thường
   - ○ Luôn luôn

   TRƯỚC   TIẾP

10. Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường nhận được thông báo và cập nhật về việc chăm sóc của quý vị không?

- ○ Không bao giờ
- ○ Thỉnh thoảng
- ○ Thường thường
- ○ Luôn luôn

TRƯỚC   TIẾP

11. Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có thường phối hợp hiệu quả với nhau để chăm sóc cho quý vị không?

- ○ Không bao giờ
- ○ Thỉnh thoảng
- ○ Thường thường
- ○ Luôn luôn

TRƯỚC   TIẾP

12. Trong lần nằm bệnh viện này, quý vị có cần y tá hoặc nhân viên bệnh viện giúp quý vị đi vào phòng vệ sinh hoặc giúp dùng bô tiêu tiểu không?

- ○ Có
- ○ Không

TRƯỚC   TIẾP

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. Khi quý vị cần, quý vị có thường được giúp đi vào phòng vệ sinh hoặc giúp dùng bô tiểu tiểu một cách kịp thời không?

       ○ Không bao giờ

       ○ Thỉnh thoảng

       ○ Thường thường

       ○ Luôn luôn

TRƯỚC   TIẾP

14. Trong lần nằm bệnh viện này, khi quý vị yêu cầu cần trợ giúp ngay, quý vị có thường nhận được sự trợ giúp ngay khi mình cần không?

       ○ Không bao giờ

       ○ Thỉnh thoảng

       ○ Thường thường

       ○ Luôn luôn

       ○ Tôi chưa bao giờ nhờ trợ giúp ngay lập tức

TRƯỚC   TIẾP

15. Trong lần nằm bệnh viện này, quý vị có được cho uống loại thuốc nào mà quý vị chưa hề uống không?

       ○ Có

       ○ Không

TRƯỚC   TIẾP

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

SỰ CHĂM SÓC CHO QUÝ VỊ TẠI BỆNH VIỆN NÀY

16. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường cho quý vị biết thuốc này dùng để chữa trị gì không?

    ○ Không bao giờ
    ○ Thỉnh thoảng
    ○ Thường thường
    ○ Luôn luôn

    TRƯỚC   TIẾP

SỰ CHĂM SÓC CHO QUÝ VỊ TẠI BỆNH VIỆN NÀY

17. Trước khi cho quý vị uống một loại thuốc mới, nhân viên bệnh viện có thường giải thích về các phản ứng phụ của loại thuốc này một cách dễ hiểu không?

    ○ Không bao giờ
    ○ Thỉnh thoảng
    ○ Thường thường
    ○ Luôn luôn

    TRƯỚC   TIẾP

SỰ CHĂM SÓC CHO QUÝ VỊ TẠI BỆNH VIỆN NÀY

18. Trong lần nằm bệnh viện này, các bác sĩ, y tá và các nhân viên khác ở bệnh viện có giúp quý vị nghỉ ngơi và hồi phục không?

    ○ Chắc chắn là có
    ○ Có một chút
    ○ Không

    TRƯỚC   TIẾP

19. Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có làm việc với quý vị và gia đình hoặc người chăm sóc của quý vị để lên kế hoạch chăm sóc cho quý vị sau khi xuất viện không?

    ○ Chắc chắn là có

    ○ Có một chút

    ○ Không

TRƯỚC   TIẾP

KHI XUẤT VIỆN

20. Các bác sĩ, y tá hoặc các nhân viên khác ở bệnh viện có cung cấp cho gia đình hoặc người chăm sóc của quý vị đủ thông tin về những triệu chứng hoặc vấn đề sức khỏe cần chú ý sau khi quý vị xuất viện không?

    ○ Chắc chắn là có

    ○ Có một chút

    ○ Không

    ○ Tôi không có người nhà hoặc người chăm sóc nào có thể chú ý đến những triệu chứng hoặc vấn đề sức khỏe của tôi

TRƯỚC   TIẾP

KHI XUẤT VIỆN

21. Khi quý vị xuất viện, quý vị về thẳng nhà riêng, về nhà người khác, hay đến một trung tâm y tế khác?

    ○ Nhà riêng

    ○ Nhà người khác

    ○ Trung tâm y tế khác

TRƯỚC   TIẾP

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

22. Trong lần nằm bệnh viện này, các bác sĩ, y tá hay các nhân viên khác ở bệnh viện có hỏi xem liệu quý vị có sẵn những người hay dịch vụ cần thiết để trợ giúp cho quý vị sau khi xuất viện không?

     ○ Có
     ○ Không

TRƯỚC   TIẾP

KHI XUẤT VIỆN

23. Trong lần nằm bệnh viện này, quý vị có được cung cấp thông tin bằng văn bản về các triệu chứng hay vấn đề y tế mà quý vị cần lưu ý sau khi xuất viện không?

     ○ Có
     ○ Không

TRƯỚC   TIẾP

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

Xin vui lòng trả lời các câu hỏi sau về lần nằm viện của quý vị tại **[HOSPITAL NAME]** , kết thúc vào ngày **[DISCHARGE MM/DD/YYYY].** Xin đừng trả lời về những lần vào bệnh viện nào khác.

24. Dùng từ số 0 đến số 10 để đánh giá bệnh viện này, số 0 dành cho bệnh viện tệ nhất và số 10 dành cho bệnh viện tốt nhất, quý vị sẽ chọn số nào để đánh giá bệnh viện trong lần nằm bệnh viện này?

     ○ 0 Bệnh viện tệ nhất
     ○ 1
     ○ 2
     ○ 3
     ○ 4
     ○ 5
     ○ 6
     ○ 7
     ○ 8
     ○ 9
     ○ 10 Bệnh viện tốt nhất

TRƯỚC   TIẾP

NHẬN XÉT VÀ ĐÁNH GIÁ TỔNG QUÁT VỀ BỆNH VIỆN

25. Quý vị sẽ giới thiệu bệnh viện này với gia đình và bạn hữu không?

   ○ Chắc chắn là không
   ○ Có thể là không
   ○ Có thể là có
   ○ Chắc chắn là có

TRƯỚC   TIẾP

THÔNG TIN VỀ QUÝ VỊ

26. Lần nằm bệnh viện này có được lên kế hoạch từ trước hay không?

   ○ Chắc chắn là có
   ○ Có một chút
   ○ Không

TRƯỚC   TIẾP

THÔNG TIN VỀ QUÝ VỊ

27. Nói chung, quý vị thấy tình trạng sức khỏe của mình như thế nào?

   ○ Xuất sắc
   ○ Rất tốt
   ○ Tốt
   ○ Được
   ○ Kém

TRƯỚC   TIẾP

28. Nói chung, quý vị thấy tình trạng <u>sức khỏe tâm thần hoặc tình cảm</u> của mình như thế nào?

- ○ Xuất sắc
- ○ Rất tốt
- ○ Tốt
- ○ Được
- ○ Kém

TRƯỚC   TIẾP

---

29. Quý vị dùng ngôn ngữ nào <u>chính</u> trong nhà?

- ○ Tiếng Anh
- ○ Tiếng Tây Ban Nha
- ○ Tiếng Trung
- ○ Ngôn ngữ khác

TRƯỚC   TIẾP

---

30. Quý vị <u>đã học xong</u> đến lớp nào hoặc trình độ nào?

- ○ Lớp 8 trở xuống
- ○ Học trung học một thời gian, nhưng chưa tốt nghiệp
- ○ Có bằng trung học hoặc bằng tương đương GED
- ○ Học đại học một thời gian hoặc tốt nghiệp cao đẳng (đại học hai năm)
- ○ Có bằng cử nhân đại học (đại học bốn năm)
- ○ Học vấn cao hơn cử nhân đại học (đại học bốn năm)

TRƯỚC   TIẾP

---

31. Quý vị có phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic) hay gốc La tinh không?

   ○ Không, không phải là người Tây Ban Nha, xuất thân từ nước nói tiếng Tây Ban Nha (Hispanic)/gốc La tinh

   ○ Phải, người Cuba

   ○ Phải, người Mễ Tây Cơ, người Mỹ gốc Mễ Tây Cơ, người Chicano (người gốc Mễ Tây Cơ sinh tại Mỹ)

   ○ Phải, người Puerto Rico

   ○ Phải, người gốc Tây Ban Nha/Bán đảo Iberia (Hispanic)/Châu Mỹ La tinh khác

   TRƯỚC   TIẾP

THÔNG TIN VỀ QUÝ VỊ

32. Quý vị thuộc chủng tộc nào? Xin chọn một hay một số các chủng tộc sau đây.

   ○ Người Mỹ bản xứ hay người bản xứ Alaska

   ○ Người Á đông

   ○ Người da đen hay người Mỹ gốc Phi châu

   ○ Người bản xứ Hạ Uy Di hay người thuộc các Quần đảo Thái Bình Dương

   ○ Người da trắng

   TRƯỚC   TIẾP

   [Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

   [IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

CÂU HỎI KHÁC VỀ TRẢI NGHIỆM CỦA QUÝ VỊ TẠI BỆNH VIỆN NÀY

Câu hỏi 1-32 trong bản thăm dò ý kiến này là từ Bộ Y Tế Xã hội Hoa Kỳ được dùng để đo lường chất lượng. Bất cứ câu hỏi bổ sung nào là từ **[NAME OF HOSPITAL]** để thu thập thêm phản hồi về lần nằm bệnh viện của quý vị và sẽ không chia sẻ với Bộ Y Tế Xã hội Hoa Kỳ.

   TRƯỚC   TIẾP

XIN CẢM ƠN QUÝ VỊ

Quý vị đã đến phần cuối bản thăm dò ý kiến. Nếu quý vị đã hoàn tất việc trả lời các câu hỏi, vui lòng nhấp vào GỬI để kết thúc bản thăm dò ý kiến. Cảm ơn quý vị đã dành thời gian tham gia.

TRƯỚC   GỬI

Câu hỏi 1-32 trong bản thăm dò ý kiến này là tài liệu do chính phủ Hoa Kỳ biên soạn và được công khai trên phạm vi công cộng, vì vậy sẽ KHÔNG phải là đối tượng áp dụng luật bản quyền của Hoa Kỳ.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Vui lòng cho chúng tôi biết về **[HOSPITAL NAME]**

Kính chào **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Chúng tôi muốn mời quý vị trả lời bản thăm dò ý kiến về **[HOSPITAL NAME]**.

Để trả lời bản thăm dò ý kiến, xin quý vị vui lòng nhấp vào đây. **[PERSONALIZED LINK TO SURVEY]**

Bản thăm dò ý kiến là một phần của nỗ lực tìm hiểu về cảm tưởng của bệnh nhân về sự chăm sóc của họ tại bệnh viện. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên Medicare.gov (www.medicare.gov/care-compare).

Nếu có thắc mắc về bản thăm dò ý kiến này, xin quý vị vui lòng gọi số điện thoại (OPTIONAL TO STATE miễn phí) này: **[PHONE NUMBER]** (OPTIONAL TO STATE hoặc gửi email cho chúng tôi tại địa chỉ **[EMAIL ADDRESS]**).

Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

Trân trọng,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Vui lòng cho chúng tôi biết về **[HOSPITAL NAME]**

Kính chào **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Cách đây vài hôm, chúng tôi có gởi email mời quý vị chia sẻ ý kiến phản hồi về **[HOSPITAL NAME]**. Chúng tôi thành thật cảm ơn nếu quý vị đã hoàn thành bản thăm dò ý kiến và xin quý vị bỏ qua lá thư này. Tuy nhiên, nếu quý vị chưa trả lời bản thăm dò ý kiến này, xin quý vị vui lòng bỏ chút thì giờ trả lời các câu hỏi này ngay.

Để trả lời bản thăm dò ý kiến, xin quý vị vui lòng nhấp vào đây. **[PERSONALIZED LINK TO SURVEY]**

Bản thăm dò ý kiến là một phần của nỗ lực tìm hiểu về cảm tưởng của bệnh nhân về sự chăm sóc của họ tại bệnh viện. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên Medicare.gov (www.medicare.gov/care-compare).

Nếu có thắc mắc về bản thăm dò ý kiến này, xin quý vị vui lòng gọi số điện thoại (OPTIONAL TO STATE miễn phí) này: **[PHONE NUMBER]** (OPTIONAL TO STATE hoặc gửi email cho chúng tôi tại địa chỉ **[EMAIL ADDRESS]**).

Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

Trân trọng,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Vui lòng cho chúng tôi biết về **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Chúng tôi muốn mời quý vị trả lời bản thăm dò ý kiến về **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* Cách đây vài hôm, chúng tôi có gởi email mời quý vị chia sẻ ý kiến phản hồi về **[HOSPITAL NAME]**.

4. Bản thăm dò ý kiến là một phần của nỗ lực tìm hiểu về cảm tưởng của bệnh nhân về sự chăm sóc của họ tại bệnh viện. Bộ Y tế Xã hội Hoa Kỳ tài trợ bản thăm dò này và sẽ chỉ mất khoảng **[NUMBER]** phút để trả lời.

5. Sự tham gia của quý vị là tự nguyện và các câu trả lời của quý vị sẽ được giữ kín.

6. Thông tin của quý vị sẽ giúp cải thiện dịch vụ chăm sóc do bệnh viện cung cấp và giúp những người khác chọn bệnh viện. Quý vị có thể xem các kết quả và tìm thấy thông tin đánh giá bệnh viện ở Care Compare trên [Medicare.gov](http://www.medicare.gov) (www.medicare.gov/care-compare).

7. Chúng tôi vô cùng cám ơn quý vị đã giúp đỡ trong việc cải tiến sự chăm sóc y tế tại bệnh viện.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

Thể theo Đạo Luật Giảm Thiểu Thủ Tục Giấy Tờ năm 1995, không một ai bị bắt buộc phải trả lời và cung cấp thông tin trừ khi trên bản câu hỏi có ghi rõ số kiểm soát OMB có hiệu lực. Số kiểm soát OMB có hiệu lực cho bản thu thập thông tin này là 0938-0981 (Hết hạn TBD). Thời gian cần thiết để trả lời các câu hỏi này được ước tính trung bình là 8 phút cho các câu hỏi 1-32 trong bản thăm dò ý kiến này, kể cả thời gian đọc hướng dẫn, thời gian tìm kiếm, thu thập và xác nhận thông tin được yêu cầu, hoàn tất và kiểm tra lại bản trả lời. Nếu quý vị có ý kiến gì về mức chính xác của thời gian ước tính hoặc đề nghị gì trong việc đơn giản hóa bản thăm dò ý kiến này, vui lòng gửi thư về: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

CÂU HỎI KHÁC VỀ TRẢI NGHIỆM CỦA QUÝ VỊ TẠI BỆNH VIỆN NÀY

Statement:

Câu hỏi 1-32 trong bản thăm dò ý kiến này là từ Bộ Y Tế Xã hội Hoa Kỳ được dùng để đo lường chất lượng. Bất cứ câu hỏi bổ sung nào là từ **[NAME OF HOSPITAL]** để thu thập thêm phản hồi về lần nằm bệnh viện của quý vị và sẽ không chia sẻ với Bộ Y Tế Xã hội Hoa Kỳ.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

Câu hỏi 1-32 trong bản thăm dò ý kiến này là tài liệu do chính phủ Hoa Kỳ biên soạn và được công khai trên phạm vi công cộng, vì vậy sẽ KHÔNG phải là đối tượng áp dụng luật bản quyền của Hoa Kỳ.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Nếu quý vị không muốn nhận thêm email đề nghị thực hiện khảo sát này về khoảng thời gian nằm viện, vui lòng nhấp vào nút Hủy Đăng ký.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Chúng tôi sẽ xóa quý vị khỏi danh sách người nhận các email tiếp theo liên quan đến khảo sát về khoảng thời gian nằm viện này.

APPENDIX S

**HCAHPS Web Survey
(Portuguese)**

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Portuguese)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must __not__ repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

Fale-nos da sua recente hospitalização no **[NAME OF HOSPITAL]** que terminou a **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Precisará de aproximadamente **[NUMBER]** minutos para responder às perguntas da pesquisa [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- A participação na pesquisa é voluntária
- Não inclua qualquer outra hospitalização nas suas respostas
- Pode ignorar alguma(s) pergunta(s) a que não queira responder
- Pode sair da pesquisa em qualquer altura
- As suas respostas serão mantidas confidenciais

Se tiver alguma dúvida sobre esta pesquisa, contacte-nos através do (OPTIONAL TO STATE número gratuito) **[PHONE NUMBER]** (OPTIONAL TO STATE) ou envie-nos um e-mail para **[EMAIL ADDRESS]**). Obrigado.

Clique em INICIAR para começar a pesquisa.

INICIAR

De acordo com a Lei de Redução da Burocracia de 1995, nenhuma pessoa é obrigada a responder a perguntas para a recolha de informações, a não ser que seja apresentado um número de controlo válido da Secretaria de Administração e Orçamento (Office of Management and Budget). O número de controlo válido para esta recolha de informações é 0938-0981 (Expires TBD). Estimamos que o tempo necessário para preencher esta recolha de informações seja, em média, 8 minutos para as perguntas 1 a 32 da pesquisa, incluindo o tempo necessário para ler as instruções, pesquisar recursos de dados já existentes, reunir os dados necessários, e preencher e rever a recolha de informações. Se tiver qualquer comentário relacionado com a precisão das nossas estimativas de tempo, ou se tiver sugestões para ajudar a melhorar este formulário, escreva para: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

1. Durante esta hospitalização, com que frequência o pessoal de enfermagem o tratou com <u>cortesia e respeito</u>?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

2. Durante esta hospitalização, com que frequência o pessoal de enfermagem <u>o escutou atentamente</u>?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

OS CUIDADOS QUE RECEBEU DO PESSOAL DE ENFERMAGEM

3. Durante esta hospitalização, com que frequência o pessoal de enfermagem lhe <u>explicou as coisas</u> de uma forma que conseguisse entender?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

4. Durante esta hospitalização, com que frequência os médicos o trataram com <u>cortesia e respeito</u>?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

5. Durante esta hospitalização, com que frequência os médicos <u>o escutaram atentamente</u>?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

OS CUIDADOS QUE RECEBEU DOS MÉDICOS

6. Durante esta hospitalização, com que frequência os médicos lhe <u>explicaram as coisas</u> de uma forma que conseguisse entender?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

AMBIENTE HOSPITALAR

7.   Durante esta hospitalização, com que frequência o seu quarto e sanitário foram mantidos limpos?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

AMBIENTE HOSPITALAR

8.   Durante esta hospitalização, com que frequência conseguiu descansar o que precisava?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

AMBIENTE HOSPITALAR

9.   Durante esta hospitalização, com que frequência a área próxima do seu quarto se manteve silenciosa durante a noite?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

10. Durante esta hospitalização, com que frequência é que os médicos, enfermeiros e outro pessoal do hospital foram informados e atualizados sobre os seus cuidados?

○ Nunca
○ Algumas vezes
○ Habitualmente
○ Sempre

ANTERIOR   SEGUINTE

11. Durante esta hospitalização, com que frequência os médicos, enfermeiros e outro pessoal do hospital trabalharam juntos, de forma bem-sucedida, para cuidar de si?

○ Nunca
○ Algumas vezes
○ Habitualmente
○ Sempre

ANTERIOR   SEGUINTE

12. Durante esta hospitalização, necessitou de ajuda por parte do pessoal de enfermagem, ou de outro pessoal do hospital, para ir ao sanitário ou para usar uma arrastadeira (comadre)?

○ Sim
○ Não

ANTERIOR   SEGUINTE

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. Com que frequência obteve ajuda para ir ao sanitário ou para usar a arrastadeira (comadre) logo que necessitava?

     ○ Nunca
     ○ Algumas vezes
     ○ Habitualmente
     ○ Sempre

ANTERIOR   SEGUINTE

14. Durante esta hospitalização, quando pediu ajuda imediata, com que frequência a obteve assim que necessária?

     ○ Nunca
     ○ Algumas vezes
     ○ Habitualmente
     ○ Sempre
     ○ Nunca pedi ajuda imediata

ANTERIOR   SEGUINTE

15. Durante esta hospitalização, foi-lhe administrado algum remédio que nunca tivesse tomado anteriormente?

     ○ Sim
     ○ Não

ANTERIOR   SEGUINTE

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

16. Antes de lhe administrarem um novo remédio, com que frequência o pessoal do hospital lhe disse para que era o remédio?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

17. Antes de lhe administrarem qualquer novo remédio, com que frequência o pessoal do hospital descreveu os possíveis efeitos secundários (colaterais) de uma forma que conseguisse entender?

- ○ Nunca
- ○ Algumas vezes
- ○ Habitualmente
- ○ Sempre

ANTERIOR   SEGUINTE

18. Durante esta hospitalização, os médicos, enfermeiros e outro pessoal do hospital ajudaram-no(a) a descansar e recuperar?

- ○ Sim, sem dúvida
- ○ Sim, de certo modo
- ○ Não

ANTERIOR   SEGUINTE

19. Os médicos, enfermeiros ou outro pessoal do hospital colaboraram consigo e com a sua família ou assistente de cuidados domiciliários (cuidador) na elaboração de planos para os seus cuidados após receber alta?

  ○ Sim, sem dúvida
  ○ Sim, de certo modo
  ○ Não

ANTERIOR   SEGUINTE

20. Os médicos, enfermeiros ou outro pessoal do hospital disponibilizaram aos seus familiares ou assistente de cuidados domiciliários (cuidador) informações suficientes sobre sintomas ou problemas de saúde a que deve estar atento(a) após receber alta?

  ○ Sim, sem dúvida
  ○ Sim, de certo modo
  ○ Não
  ○ Não tinha familiares ou assistente de cuidados domiciliários (cuidador) para vigiar sintomas ou problemas de saúde

ANTERIOR   SEGUINTE

21. Quando teve alta do hospital, foi diretamente para a sua casa, para a casa de outra pessoa ou para outra instituição de cuidados de saúde?

  ○ Própria casa
  ○ Casa de outra pessoa
  ○ Outra instituição de cuidados de saúde

ANTERIOR   SEGUINTE

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
  - *SKIP TO Q24*
  - *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

RECEBER ALTA DO HOSPITAL

22. Durante esta hospitalização, os médicos, pessoal de enfermagem, ou outro pessoal do hospital, falaram-lhe sobre se teria a ajuda necessária após a alta do hospital?

   ○ Sim
   ○ Não

ANTERIOR   SEGUINTE

RECEBER ALTA DO HOSPITAL

23. Durante esta hospitalização recebeu informação, por escrito, referente a sintomas ou problemas de saúde aos quais deveria estar atento depois de ter alta do hospital?

   ○ Sim
   ○ Não

ANTERIOR   SEGUINTE

CLASSIFICAÇÃO GERAL DO HOSPITAL

Responda às perguntas seguintes sobre a hospitalização no **[HOSPITAL NAME]** que terminou a **[DISCHARGE MM/DD/YYYY].** Não inclua qualquer outra hospitalização nas suas respostas.

24. Usando um número de 0 a 10, em que 0 significa o pior hospital possível e 10 significa o melhor hospital possível, que número usaria para classificar este hospital durante a sua hospitalização?

   ○ 0   O pior hospital possível
   ○ 1
   ○ 2
   ○ 3
   ○ 4
   ○ 5
   ○ 6
   ○ 7
   ○ 8
   ○ 9
   ○ 10 O melhor hospital possível

ANTERIOR   SEGUINTE

CLASSIFICAÇÃO GERAL DO HOSPITAL

25. Recomendaria este hospital aos seus amigos e familiares?

○ Definitivamente não
○ Provavelmente não
○ Provavelmente sim
○ Definitivamente sim

ANTERIOR   SEGUINTE

A SEU RESPEITO

26. Esta hospitalização foi planeada com antecedência?

○ Sim, sem dúvida
○ Sim, de certo modo
○ Não

ANTERIOR   SEGUINTE

A SEU RESPEITO

27. Em geral, como classificaria a sua saúde como um todo?

○ Excelente
○ Muito boa
○ Boa
○ Razoável
○ Fraca

ANTERIOR   SEGUINTE

A SEU RESPEITO

28. Em geral, como classificaria a sua saúde mental ou emocional como um todo?

○ Excelente
○ Muito boa
○ Boa
○ Razoável
○ Fraca

ANTERIOR   SEGUINTE

A SEU RESPEITO

29. Qual é a língua <u>mais</u> falada em casa?

- ○ Inglês
- ○ Espanhol
- ○ Chinês
- ○ Outra língua

ANTERIOR   SEGUINTE

A SEU RESPEITO

30. Qual é o seu nível escolar?

- ○ 8 anos de escolaridade ou menos
- ○ Frequência do ensino secundário, sem receber o diploma
- ○ Diploma do ensino secundário ou equivalente (GED)
- ○ Frequência universitária ou curso universitário de 2 anos
- ○ Curso universitário de 4 anos
- ○ Curso universitário com duração superior a 4 anos

ANTERIOR   SEGUINTE

A SEU RESPEITO

31. É de origem espanhola, hispânica ou latina?

- ○ Não, não sou de origem espanhola, hispânica ou latina
- ○ Sim, de origem cubana
- ○ Sim, de origem mexicana, mexicana americana, chicana
- ○ Sim, de origem porto-riquenha
- ○ Sim, outra origem espanhola/hispânica/latina

ANTERIOR   SEGUINTE

A SEU RESPEITO

32. Qual a sua raça? Escolha uma ou mais.

   ○ Índia americana ou nativa do Alasca
   ○ Asiática
   ○ Negra ou afro-americana
   ○ Nativa do Havai ou de outra Ilha do Pacífico
   ○ Branca

ANTERIOR   SEGUINTE

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

MAIS PERGUNTAS SOBRE A SUA EXPERIÊNCIA NESTE HOSPITAL

As perguntas 1 a 32 desta pesquisa são do Departamento de Saúde e Serviços Humanos dos Estados Unidos da América para uso na avaliação de qualidade. Quaisquer perguntas adicionais são do **[NAME OF HOSPITAL]** para obter mais informações sobre a sua hospitalização e não serão partilhadas com o Departamento de Saúde e Serviços Humanos.

ANTERIOR   SEGUINTE

OBRIGADO

Concluiu a pesquisa. Se tiver terminado de responder às perguntas, clique em ENVIAR para concluir a pesquisa. Obrigado pelo seu tempo.

ANTERIOR   ENVIAR

As perguntas 1 a 32 desta pesquisa são documentos do governo dos EUA e são do domínio público, pelo que NÃO estão sujeitas às leis de direitos de autor dos EUA.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS:

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- ***Web-Mail***
- ***Web-Phone***
- ***Web-Mail-Phone***

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Fale-nos sobre o **[HOSPITAL NAME]**

Exmo. Sr./Exma. Sra. **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Vimos solicitar-lhe que responda a uma pesquisa sobre o **[HOSPITAL NAME]**.

Para responder à pesquisa, clique aqui. **[PERSONALIZED LINK TO SURVEY]**

A pesquisa é parte de uma iniciativa para compreender como os pacientes percebem o tratamento hospitalar que receberam. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

A sua participação é voluntária e as suas respostas serão mantidas confidenciais. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em Care Compare em Medicare.gov (www.medicare.gov/care-compare).

Se tiver alguma dúvida sobre esta pesquisa, contacte este (OPTIONAL TO STATE número gratuito): **[PHONE NUMBER]** (OPTIONAL TO STATE ou envie-nos um e-mail para **[EMAIL ADDRESS]**).

Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Atenciosamente,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS:

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Fale-nos sobre o **[HOSPITAL NAME]**

Exmo. Sr./Exma. Sra. **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Há alguns dias, enviámos-lhe um e-mail a pedir a sua opinião sobre o **[HOSPITAL NAME]**. Se já preencheu a pesquisa, muito agradecemos, e solicitamos que ignore esta mensagem. No entanto, se ainda não respondeu à pesquisa, agradecemos que disponibilize agora alguns minutos para o seu preenchimento.

Para responder à pesquisa, clique aqui. **[PERSONALIZED LINK TO SURVEY]**

A pesquisa é parte de uma iniciativa para compreender como os pacientes percebem o tratamento hospitalar que receberam. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

A sua participação é voluntária e as suas respostas serão mantidas confidenciais. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em Care Compare em Medicare.gov (www.medicare.gov/care-compare).

Se tiver alguma dúvida sobre esta pesquisa, contacte este (OPTIONAL TO STATE número gratuito): **[PHONE NUMBER]** (OPTIONAL TO STATE ou envie-nos um e-mail para **[EMAIL ADDRESS]**).

Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Atenciosamente,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Fale-nos sobre o **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Vimos solicitar-lhe que responda a uma pesquisa sobre o **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* Há alguns dias, enviámos-lhe um e-mail a pedir a sua opinião sobre o **[HOSPITAL NAME]**.

4. A pesquisa é patrocinada pelo Departamento de Saúde e Serviços Humanos dos Estados Unidos (United States Department of Health and Human Services) e esta deve levar aproximadamente **[NUMBER]** minutos a preencher.

5. A sua participação é voluntária e as suas respostas serão mantidas confidenciais.

6. As suas informações ajudarão a melhorar o atendimento oferecido pelos hospitais e a ajudar outras pessoas a escolher um hospital. Os resultados dos hospitais serão divulgados publicamente na Internet em Care Compare em Medicare.gov (www.medicare.gov/care-compare).

7. Agradecemos muito a sua ajuda na melhoria dos cuidados hospitalares.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

De acordo com a Lei de Redução da Burocracia de 1995, nenhuma pessoa é obrigada a responder a perguntas para a recolha de informações, a não ser que seja apresentado um número de controlo válido da Secretaria de Administração e Orçamento (Office of Management and Budget). O número de controlo válido para esta recolha de informações é 0938-0981 (Expira TBD). Estimamos que o tempo necessário para preencher esta recolha de informações seja, em média, 8 minutos para as perguntas 1 a 32 da pesquisa, incluindo o tempo necessário para ler as instruções, pesquisar recursos de dados já existentes, reunir os dados necessários, e preencher e rever a recolha de informações. Se tiver qualquer comentário relacionado com a precisão das nossas estimativas de tempo, ou se tiver sugestões para ajudar a melhorar este formulário, escreva para: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

MAIS PERGUNTAS SOBRE A SUA EXPERIÊNCIA NESTE HOSPITAL

Statement:

As perguntas 1 a 32 desta pesquisa são do Departamento de Saúde e Serviços Humanos dos Estados Unidos da América para uso na avaliação de qualidade. Quaisquer perguntas adicionais são do **[NAME OF HOSPITAL]** para obter mais informações sobre a sua hospitalização e não serão partilhadas com o Departamento de Saúde e Serviços Humanos.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

As perguntas 1 a 32 desta pesquisa são documentos do governo dos EUA e são do domínio público, pelo que NÃO estão sujeitas às leis de direitos de autor dos EUA.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is <u>not</u> required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Se preferir não receber mais e-mails a pedir-lhe para responder ao presente inquérito sobre esta hospitalização, clique em Cancelar subscrição.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Não lhe serão enviados mais e-mails relativos ao presente inquérito sobre esta hospitalização.

APPENDIX T

**HCAHPS Web Survey
(German)**

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (German)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must **not** repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the **[NUMBER]** of minutes based on the count of supplemental items added*

Bitte berichten Sie uns über Ihren Krankenhausaufenthalt vor Kurzem im **[NAME OF HOSPITAL]**, endend am **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Sie werden nur **[NUMBER]** Minuten benötgen, um die Fragen zu beantworten [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Die Teilnahme an dieser Umfrage ist freiwillig
- Schließen Sie in Ihren Antworten keine anderen Krankenhausaufenthalte ein
- Sie können jede Frage/alle Fragen überspringen, die Sie nicht beantworten möchten
- Sie können die Umfrage zu jeder Zeit verlassen
- Ihre Antworten werden vertraulich behandelt

Falls Sie Fragen bezüglich dieser Umfrage haben, rufen Sie uns bitte an (OPTIONAL TO STATE gebührenfrei) unter **[PHONE NUMBER]** (OPTIONAL TO STATE oder schicken Sie uns eine E-Mail an **[EMAIL ADDRESS]**). Vielen Dank.

Klicken Sie auf START, um mit der Umfrage zu beginnen.

START

Gemäß dem Gesetz zur Vermeidung unnötiger Formulare (Paperwork Reduction Act) von 1995 ist niemand verpflichtet, auf eine Informationserhebung zu antworten, es sei denn, sie enthält eine gültige OMB-Kontrollnummer. Die gültige OMB-Kontrollnummer für diese Informationserhebung ist 0938-0981 (verfällt am: TBD). Die zum Ausfüllen dieser Informationserhebung benötigte Zeit wird für die Fragen 1-32 der Umfrage auf durchschnittlich 8 Minuten geschätzt, einschließlich der Zeit zur Ansicht der Anleitungen, Suche nach Datenquellen, Sammlung der Informationen und dem Ausfüllen und der Überprüfung der Informationserhebung. Wenn Sie Bemerkungen bezüglich der Zeitschätzung(en) oder Vorschläge zur Verbesserung dieses Formulars haben, schreiben Sie bitte an: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

IHRE BETREUUNG DURCH DIE KRANKENPFLEGEKRÄFTE

1. Wie oft haben die Krankenpflegekräfte Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?

   ○ Nie
   ○ Manchmal
   ○ Meistens
   ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG DURCH DIE KRANKENPFLEGEKRÄFTE

2. Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?

   ○ Nie
   ○ Manchmal
   ○ Meistens
   ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG DURCH DIE KRANKENPFLEGEKRÄFTE

3. Wie oft haben die Krankenpflegekräfte Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?

   ○ Nie
   ○ Manchmal
   ○ Meistens
   ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG DURCH DIE ÄRZTE

4. Wie oft haben die Ärzte und Ärztinnen Sie während dieses Krankenhausaufenthaltes <u>höflich und mit Respekt</u> behandelt?

    ○ Nie
    ○ Manchmal
    ○ Meistens
    ○ Immer

    ZURÜCK   WEITER

IHRE BETREUUNG DURCH DIE ÄRZTE

5. Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>aufmerksam zugehört</u>?

    ○ Nie
    ○ Manchmal
    ○ Meistens
    ○ Immer

    ZURÜCK   WEITER

IHRE BETREUUNG DURCH DIE ÄRZTE

6. Wie oft haben die Ärzte und Ärztinnen Ihnen während dieses Krankenhausaufenthaltes <u>Dinge so erklärt</u>, dass Sie sie verstehen konnten?

    ○ Nie
    ○ Manchmal
    ○ Meistens
    ○ Immer

    ZURÜCK   WEITER

DIE BEDINGUNGEN IM KRANKENHAUS

7. Wie oft wurden Ihr Zimmer und das Bad während dieses Krankenhausaufenthaltes gereinigt?

- ○ Nie
- ○ Manchmal
- ○ Meistens
- ○ Immer

ZURÜCK   WEITER

DIE BEDINGUNGEN IM KRANKENHAUS

8. Wie häufig haben Sie während dieses Krankenhausaufenthaltes die benötigte Ruhe gefunden?

- ○ Nie
- ○ Manchmal
- ○ Meistens
- ○ Immer

ZURÜCK   WEITER

DIE BEDINGUNGEN IM KRANKENHAUS

9. War es um Ihr Krankenhauszimmer nachts normalerweise ruhig?

- ○ Nie
- ○ Manchmal
- ○ Meistens
- ○ Immer

ZURÜCK   WEITER

10. Wie häufig waren die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes über Ihre Versorgung informiert und auf dem neuesten Stand?

- ○ Nie
- ○ Manchmal
- ○ Meistens
- ○ Immer

ZURÜCK   WEITER

11. Wie häufig haben die Ärzte und Ärztinnen, Krankenpflegekräfte und andere Mitarbeitende während Ihres Krankenhausaufenthaltes im Rahmen Ihrer Versorgung gut zusammengearbeitet?

- ○ Nie
- ○ Manchmal
- ○ Meistens
- ○ Immer

ZURÜCK   WEITER

12. Brauchten Sie während dieses Krankenhausaufenthaltes Hilfe von den Krankenpflegekräften oder anderem Personal, um zur Toilette zu gehen oder die Bettpfanne zu verwenden?

- ○ Ja
- ○ Nein

ZURÜCK   WEITER

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. Wie oft wurde Ihnen so schnell Sie wollten zur Toilette oder mit einer Bettpfanne geholfen?

  - ○ Nie
  - ○ Manchmal
  - ○ Meistens
  - ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG IN DIESEM KRANKENHAUS

14. Wie häufig haben Sie, wenn Sie während Ihres Krankenhausaufenthaltes unmittelbar um Hilfe gebeten haben, so schnell wie nötig auch Hilfe bekommen?

  - ○ Nie
  - ○ Manchmal
  - ○ Meistens
  - ○ Immer
  - ○ Ich habe niemals unmittelbar um Hilfe gebeten

ZURÜCK   WEITER

IHRE BETREUUNG IN DIESEM KRANKENHAUS

15. Haben Sie während dieses Krankenhausaufenthaltes irgendwelche Medikamente genommen, die Sie zuvor noch nie genommen hatten?

  - ○ Ja
  - ○ Nein

ZURÜCK   WEITER

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
  - *SKIP TO Q18*
  - *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

IHRE BETREUUNG IN DIESEM KRANKENHAUS

16. Wie oft haben Ihnen die Pflegekräfte gesagt, was der Zweck neuer Medikamente ist, bevor sie Ihnen verabreicht wurden?

   ○ Nie
   ○ Manchmal
   ○ Meistens
   ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG IN DIESEM KRANKENHAUS

17. Wie oft haben die Pflegekräfte Sie auf leicht verständliche Weise über mögliche Nebenwirkungen neuer Medikamente informiert, bevor sie Ihnen verabreicht wurden?

   ○ Nie
   ○ Manchmal
   ○ Meistens
   ○ Immer

ZURÜCK   WEITER

IHRE BETREUUNG IN DIESEM KRANKENHAUS

18. Wurden Sie während dieses Krankenhausaufenthaltes von Ärzten und Ärztinnen, den Krankenpflegekräften und sonstigen Mitarbeitenden dabei unterstützt, sich auszuruhen und zu genesen?

   ○ Ja, auf jeden Fall
   ○ Ja, in gewissem Maße
   ○ Nein

ZURÜCK   WEITER

ENTLASSUNG AUS DEM KRANKENHAUS

19. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende gemeinsam mit Ihnen oder Ihren Verwandten oder Betreuungspersonen an einem Plan für Ihre Versorgung nach der Entlassung aus dem Krankenhaus gearbeitet?

○ Ja, auf jeden Fall
○ Ja, in gewissem Maße
○ Nein

ZURÜCK   WEITER

ENTLASSUNG AUS DEM KRANKENHAUS

20. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende Ihre Verwandten oder Betreuungspersonen ausreichend darüber informiert, auf welche Symptome oder anderen gesundheitlichen Probleme nach der Entlassung aus dem Krankenhaus geachtet werden sollte?

○ Ja, auf jeden Fall
○ Ja, in gewissem Maße
○ Nein
○ Ich hatte keine Verwandten oder Betreuungspersonen, die auf Symptome oder andere gesundheitliche Probleme hätten achten können

ZURÜCK   WEITER

ENTLASSUNG AUS DEM KRANKENHAUS

21. Sind Sie nach der Entlassung aus dem Krankenhaus direkt nach Hause oder in das Zuhause einer anderen Person zurückgekehrt, oder haben Sie sich in eine andere Krankenbetreuungseinrichtung begeben?

○ Nach Hause
○ Zu jemand anderem nach Hause
○ In eine andere Krankenbetreuungseinrichtung

ZURÜCK   WEITER

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- SKIP TO Q24
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]

ENTLASSUNG AUS DEM KRANKENHAUS

22. Haben die Ärzte und Ärztinnen, die Krankenpflegekräfte und andere Mitarbeitende während dieses Krankenhausaufenthaltes mit Ihnen darüber gesprochen, ob Sie im Anschluss an Ihre Entlassung aus dem Krankenhaus über die Hilfe verfügen würden, die Sie möglicherweise benötigten?

     ○ Ja
     ○ Nein

ZURÜCK   WEITER

ENTLASSUNG AUS DEM KRANKENHAUS

23. Haben Sie während dieses Krankenhausaufenthaltes schriftliche Anweisungen erhalten, auf welche Symptome oder andere gesundheitliche Probleme Sie nach Entlassung aus dem Krankenhaus achten sollten?

     ○ Ja
     ○ Nein

ZURÜCK   WEITER

ALLGEMEINE BEWERTUNG DES KRANKENHAUSES

Bitte beantworten Sie die folgenden Fragen über Ihren Aufenthalt im **[HOSPITAL NAME]**, endend am **[DISCHARGE MM/DD/YYYY].** Nennen Sie bei Ihren Antworten keine anderen Krankenhausaufenthalte.

24. Bitte bewerten Sie dieses Krankenhaus auf einer Skala von 0-10, wobei 0 für das schlechteste und 10 das beste Krankenhaus steht.

     ○ 0 Schlechtestes Krankenhaus
     ○ 1
     ○ 2
     ○ 3
     ○ 4
     ○ 5
     ○ 6
     ○ 7
     ○ 8
     ○ 9
     ○ 10 Bestes Krankenhaus

ZURÜCK   WEITER

ALLGEMEINE BEWERTUNG DES KRANKENHAUSES

25. Würden Sie dieses Krankenhaus Ihren Freunden und Verwandten empfehlen?

○ Nein, auf keinen Fall
○ Nein, wahrscheinlich nicht
○ Ja, wahrscheinlich
○ Ja, auf jeden Fall

ZURÜCK   WEITER

ZU IHRER PERSON

26. Handelte es sich um einen geplanten Krankenhausaufenthalt?

○ Ja, auf jeden Fall
○ Ja, in gewissem Maße
○ Nein

ZURÜCK   WEITER

ZU IHRER PERSON

27. Wie würden Sie Ihre Gesundheit ganz allgemein bewerten?

○ Ausgezeichnet
○ Sehr gut
○ Gut
○ Akzeptabel
○ Schlecht

ZURÜCK   WEITER

ZU IHRER PERSON

28. Wie würden Sie Ihre geistige oder seelische Gesundheit ganz allgemein bewerten?

○ Ausgezeichnet
○ Sehr gut
○ Gut
○ Akzeptabel
○ Schlecht

ZURÜCK   WEITER

ZU IHRER PERSON

29. Welche Sprache sprechen Sie hauptsächlich zu Hause?

  ○ Englisch
  ○ Spanisch
  ○ Chinesisch
  ○ Sonstige Sprache

ZURÜCK   WEITER

ZU IHRER PERSON

30. Was ist Ihr höchster Schulabschluss?

  ○ 8. Klasse oder darunter
  ○ Ein paar Jahre High School, aber ohne Abschluss
  ○ High School Diplom oder entsprechender Abschluss
  ○ Ein paar Jahre Studium oder 2-jähriger Hochschulabschluss
  ○ 4-jähriger Hochschulabschluss
  ○ Mehr als 4-jähriger Hochschulabschluss

ZURÜCK   WEITER

ZU IHRER PERSON

31. Sind Sie spanisch, hispanoamerikanisch oder lateinamerikanisch?

  ○ Nein, nicht spanisch/hispanoamerikanisch/lateinamerikanisch
  ○ Ja, kubanisch
  ○ Ja, mexikanisch, mexikanisch-amerikanisch, „Chicano"
  ○ Ja, puertoricanisch
  ○ Ja, anderer spanischer/hispanoamerikanischer/lateinamerikanischer Abstammung

ZURÜCK   WEITER

32. Was ist Ihre Rasse? Bitte mind. eine auswählen.

- ○ Indianer oder Ureinwohner Alaskas
- ○ Asiate
- ○ Schwarz oder Afro-Amerikaner
- ○ Ureinwohner Hawaiis oder sonstiger Pazifikinsulaner
- ○ Weiß

ZURÜCK   WEITER

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

MEHR FRAGEN ÜBER IHRE ERFAHRUNGEN IN DIESEM KRANKENHAUS

Die Fragen 1 bis 32 dieser Umfrage kommen vom U.S.- Gesundheitsministerium (Department of Health and Human Services) und dienen der Qualitätsmessung. Alle weiteren Fragen stammen vom **[NAME OF HOSPITAL]** und dienen dazu, weitere Informationen zu Ihrem Krankenhausaufenthalt zu erhalten. Diese Antworten werden nicht an das Gesundheitsministerium weitergegeben.

ZURÜCK   WEITER

VIELEN DANK

Sie haben das Ende dieser Befragung erreicht. Wenn Sie mit der Beantwortung der Fragen fertig sind, clicken Sie bitte auf EINREICHEN am Ende der Befragung. Vielen Dank für Ihre Zeit.

ZURÜCK   EINREICHEN

Die Fragen 1-32 dieser Umfrage wurden von der US-Regierung verfasst. Sie sind öffentlich zugänglich und unterliegen daher NICHT den US-amerikanischen Urheberrechtsgesetzen.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS:

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Bitte berichten Sie uns über [**HOSPITAL NAME**]

Sehr geehrte/r **[SAMPLED PATIENT FIRST AND LAST NAME]**,

Wir möchten Sie bitten, eine Befragung über [**HOSPITAL NAME**] auszufüllen.

Um die Umfrage auszufüllen, klicken Sie bitte hier. **[PERSONALIZED LINK TO SURVEY]**

Die Umfrage soll in Erfahrung bringen, wie Patienten ihre Pflege im Krankenhaus wahrnehmen. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und das Ausfüllen der Umfrage sollte ungefähr **[NUMBER]** Minuten dauern.

Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

Wenn Sie Fragen zur beiliegenden Umfrage haben, rufen Sie bitte die (OPTIONAL TO STATE gebührenfreie) Telefonnummer an: **[PHONE NUMBER]** (OPTIONAL TO STATE oder schicken Sie uns eine E-Mail an **[EMAIL ADDRESS]**).

Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

Mit freundlichen Grüßen
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS:

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Bitte berichten Sie uns über [**HOSPITAL NAME**]

Sehr geehrte/r **[SAMPLED PATIENT FIRST AND LAST NAME]**,

Vor einigen Tagen haben wir Ihnen eine E-Mail geschickt, in welcher wir Sie um Informationen über **[HOSPITAL NAME]** bitten. Wenn Sie den Fragebogen bereits an uns zurückgesandt haben, bedanken wir uns und Sie können diesen Brief ignorieren. Falls Sie noch nicht Gelegenheit hatten, den Fragebogen auszufüllen, so tun Sie das bitte jetzt. Es wird nur wenige Minuten dauern.

Um die Umfrage auszufüllen, klicken Sie bitte hier. **[PERSONALIZED LINK TO SURVEY]**

Die Umfrage soll in Erfahrung bringen, wie Patienten ihre Pflege im Krankenhaus wahrnehmen. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und das Ausfüllen der Umfrage sollte ungefähr **[NUMBER]** Minuten dauern.

Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

Wenn Sie Fragen zur beiliegenden Umfrage haben, rufen Sie bitte die (OPTIONAL TO STATE gebührenfreie) Telefonnummer an: **[PHONE NUMBER]** (OPTIONAL TO STATE oder schicken Sie uns eine E-Mail an **[EMAIL ADDRESS]**).

Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

Mit freundlichen Grüßen
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Bitte berichten Sie uns über **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Wir möchten Sie bitten, eine Befragung über **[HOSPITAL NAME]** auszufüllen.

3. *Reminder Email Invitation first sentence:* Vor einigen Tagen haben wir Ihnen eine E-Mail geschickt, in welcher wir Sie um Informationen über **[HOSPITAL NAME]** bitten.

4. Die Umfrage wird vom US-Gesundheitsministerium (United States Department of Health and Human Services) in Auftrag gegeben und das Ausfüllen der Umfrage sollte ungefähr **[NUMBER]** Minuten dauern.

5. Ihre Teilnahme ist freiwillig und Ihre Antworten werden vertraulich behandelt.

6. Ihre Informationen helfen dabei, das Angebot der Krankenhäuser zu verbessern und anderen Menschen bei der Auswahl eines Krankenhauses zu helfen. Die Ergebnisse der aktuellen Befragung und Krankenhausbewertungen finden Sie unter Care Compare auf Medicare.gov (www.medicare.gov/care-compare).

7. Wir wissen Ihre Hilfe zur Verbesserung der Krankenhausversorgung sehr zu schätzen.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

Gemäß dem Gesetz zur Vermeidung unnötiger Formulare (Paperwork Reduction Act) von 1995 ist niemand verpflichtet, auf eine Informationserhebung zu antworten, es sei denn, sie enthält eine gültige OMB-Kontrollnummer. Die gültige OMB-Kontrollnummer für diese Informationserhebung ist 0938-0981 (verfällt am: TBD). Die zum Ausfüllen dieser Informationserhebung benötigte Zeit wird für die Fragen 1-32 der Umfrage auf durchschnittlich 8 Minuten geschätzt, einschließlich der Zeit zur Ansicht der Anleitungen, Suche nach Datenquellen, Sammlung der Informationen und dem Ausfüllen und der Überprüfung der Informationserhebung. Wenn Sie Bemerkungen bezüglich der Zeitschätzung(en) oder Vorschläge zur Verbesserung dieses Formulars haben, schreiben Sie bitte an: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

MEHR FRAGEN ÜBER IHRE ERFAHRUNGEN IN DIESEM KRANKENHAUS

Statement:

Die Fragen 1 bis 32 dieser Umfrage kommen vom U.S.- Gesundheitsministerium (Department of Health and Human Services) und dienen der Qualitätsmessung. Alle weiteren Fragen stammen vom **[NAME OF HOSPITAL]** und dienen dazu, weitere Informationen zu Ihrem Krankenhausaufenthalt zu erhalten. Diese Antworten werden nicht an das Gesundheitsministerium weitergegeben.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

Die Fragen 1-32 dieser Umfrage wurden von der US-Regierung verfasst. Sie sind öffentlich zugänglich und unterliegen daher NICHT den US-amerikanischen Urheberrechtsgesetzen.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Wenn Sie keine weiteren E-Mails mit der Bitte um Teilnahme an dieser Befragung über diesen Krankenhausaufenthalt mehr erhalten möchten, klicken Sie bitte auf Abmelden.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Wir werden Sie dann aus dem Verteiler für künftige E-Mails zu dieser Befragung über diesen Krankenhausaufenthalt entfernen.

APPENDIX U

**HCAHPS Web Survey
(Tagalog)**

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS
Web Survey (Tagalog)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - o *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - o *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - o *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - o *Only one supplemental item may be displayed per web screen*
  - o *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must __not__ repeat the HCAHPS question headers.*
  - o *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - o *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

MALIGAYANG PAGDATING SA SURVEY SA KARANASAN SA OSPITAL

Mangyaring sabihin sa amin ang kamakailang pamamalagi ninyo sa ospital sa **[NAME OF HOSPITAL]** na natapos noong **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- Kakailanganin ninyo ng **[NUMBER]** minuto para sagutan ang mga tanong ng survey [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Boluntaryo ang pagsali sa survey
- Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital
- Maaari ninyong laktawan ang anumang (mga) tanong na ayaw ninyong sagutin
- Maaari kayong lumabas sa survey sa anumang oras
- Ang mga sagot mo ay pananatilihing kompidensyal

Kung may mga tanong kayo tungkol sa survey na kasama nito, pakitawagan ang (OPTIONAL TO STATE toll-free) na ito: [**PHONE NUMBER**] (OPTIONAL TO STATE o padalhan ninyo kami ng email sa **[EMAIL ADDRESS]**). Salamat po.

I-click ang MAGSIMULA para simulan ang survey.

MAGSIMULA

1. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga nars nang may <u>paggalang at respeto</u>?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA NARS

2. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga nars?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

PANGANGALAGANG NATANGGAP NINYO MULA SA MGA NARS

3. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga nars ang mga bagay-bagay</u> sa paraang nauunawaan ninyo?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

Centers for Medicare & Medicaid Services
                                                     HCAHPS Quality Assurance Guidelines V19.0

4. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong tinrato ng mga doktor nang may <u>paggalang at respeto?</u>

    ○ Hindi kailanman

    ○ Paminsan-minsan

    ○ Madalas

    ○ Palagi

BUMALIK   SUSUNOD

5. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayong <u>pinakinggan nang mabuti</u> ng mga doktor?

    ○ Hindi kailanman

    ○ Paminsan-minsan

    ○ Madalas

    ○ Palagi

BUMALIK   SUSUNOD

6. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas <u>ipinaliwanag ng mga doktor ang mga bagay-bagay</u> sa paraang nauunawaan ninyo?

    ○ Hindi kailanman

    ○ Paminsan-minsan

    ○ Madalas

    ○ Palagi

BUMALIK   SUSUNOD

ANG KAPALIGIRAN NG OSPITAL

7. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas nilinis ang kuwarto at banyo ninyo?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

ANG KAPALIGIRAN NG OSPITAL

8. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas kayo nakapagpahinga na kailangan ninyo?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

ANG KAPALIGIRAN NG OSPITAL

9. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas na tahimik ang lugar sa paligid ng kuwarto ninyo sa gabi?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

ANG INYONG PANGANGALAGA SA OSPITAL NA ITO

10. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na binigyan kayo ng impormasyon at huling balita tungkol sa inyong pangangalaga?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

ANG INYONG PANGANGALAGA SA OSPITAL NA ITO

11. Sa panahon ng pamamalagi ninyo sa ospital na ito, gaano kadalas ang mga doktor, nars at iba pang staff ng ospital na nagtrabaho nang maayos at sama-sama para pangalagaan kayo?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

ANG INYONG PANGANGALAGA SA OSPITAL NA ITO

12. Sa panahon ng pamamalagi ninyo sa ospital na ito, kinailangan ba ninyo ang tulong mula sa mga nars o iba pang staff sa ospital para pumunta sa banyo o sa paggamit ng bedpan?

- ○ Oo
- ○ Hindi

BUMALIK   SUSUNOD

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
   - *SKIP TO Q14*
   - *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. Gaano kadalas kayong nakakuha agad ng atensyon o tulong sa pagpunta sa banyo o paggamit ng bedpan noong kinailangan ninyo ito?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

14. Sa panahon ng pamamalagi ninyo sa ospital na ito, noong humingi kayo ng agad na agad na tulong, gaano kadalas kayo nakatanggap ng tulong sa lalong madaling panahon na kinailangan ninyo ito?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi
- ○ Hindi ako humingi ng agad na agad na tulong kailanman

BUMALIK   SUSUNOD

15. Sa panahon ng pamamalagi ninyo sa ospital na ito, binigyan ba kayo ng anumang gamot na hindi pa ninyo nagamit o nainom dati?

- ○ Oo
- ○ Hindi

BUMALIK   SUSUNOD

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

16. Bago kayo bigyan ng anumang bagong gamot, gaano kadalas sinabi sa inyo ng staff ng ospital kung para saan ang ibinibigay nilang gamot?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

17. Bago kayo bigyan ng anumang bagong gamot, gaano kadalas ipinaliwanag ng staff ng ospital ang mga posibleng side effect nito sa paraang nauunawaan ninyo?

- ○ Hindi kailanman
- ○ Paminsan-minsan
- ○ Madalas
- ○ Palagi

BUMALIK   SUSUNOD

18. Sa panahon ng pamamalagi ninyo sa ospital na ito, ang mga nars at iba pang mga staff ng ospital ba ay tumulong para makapagpahinga at gumaling kayo?

- ○ Oo, sigurado
- ○ Oo, medyo
- ○ Hindi

BUMALIK   SUSUNOD

19. Nagtrabaho ba na kasama kayo at inyong pamilya o tagapangalaga ang mga doktor, nars at iba pang staff ng ospital sa paggawa ng mga plano para sa inyong pangangalaga pagkatapos na lumabas kayo sa ospital?

- ○ Oo, sigurado
- ○ Oo, medyo
- ○ Hindi

BUMALIK   SUSUNOD

20. Binigyan ba ng mga doktor, nars o ibang staff ng ospital ang iyong pamilya o tagapag-alaga ng sapat na impormasyon tungkol sa kung anong mga sintomas o problema sa kalusugan ang dapat bantayan pagkatapos mong lumabas sa ospital?

- ○ Oo, sigurado
- ○ Oo, medyo
- ○ Hindi
- ○ Wala akong pamilya o tagapag-alaga na nagbabantay ng mga sintomas o problema sa kalusugan

BUMALIK   SUSUNOD

21. Noong lumabas kayo ng ospital, diretso po ba kayong umuwi sa sariling bahay ninyo, sa bahay ng ibang tao, o sa iba pang pasilidad na pangkalusugan?

- ○ Sariling bahay
- ○ Sa bahay ng ibang tao
- ○ Iba pang pasilidad na pangkalusugan

BUMALIK   SUSUNOD

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

PAGLABAS SA OSPITAL

22. Sa panahon ng pamamalagi ninyo sa ospital na ito, nakipag-usap ba sa inyo ang mga doktor, nars o iba pang staff ng ospital kung magkakaroon ka ng tulong na kailangan mo pagkatapos mong umalis sa ospital?

      ○ Oo

      ○ Hindi

BUMALIK   SUSUNOD

PAGLABAS SA OSPITAL

23. Sa panahon ng pamamalagi ninyo sa ospital na ito, nakatanggap ba kayo ng nakasulat na impormasyon kung anong mga sintomas o problema sa kalusugan ang kailangang bantayan ninyo pagkalabas ninyo ng ospital?

      ○ Oo

      ○ Hindi

BUMALIK   SUSUNOD

Pakisagutan ang mga sumusunod na tanong tungkol sa pamamalagi ninyo sa **[HOSPITAL NAME]** na natapos noong **[DISCHARGE MM/DD/YYYY].** Huwag isama sa sagot ninyo ang iba pang sitwasyon ng pamamalagi ninyo sa ospital.

24. Gamit po ang anumang numero mula 0 hanggang 10, kung saan ang 0 ay 'pinakamasamang posibleng ospital' at ang 10 ay ang 'pinakamagandang posibleng ospital', anong score ang ibibigay ninyo para i-rate ang ospital na ito habang namalagi kayo rito?

- ○ 0   Pinakamasamang posibleng ospital
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10   Pinakamagandang posibleng ospital

BUMALIK   SUSUNOD

25. Irerekomenda ba ninyo ang ospital na ito sa mga kaibigan at kapamilya ninyo?

- ○ Siguradong hindi
- ○ Malamang hindi
- ○ Malamang oo
- ○ Siguradong oo

BUMALIK   SUSUNOD

TUNGKOL SA INYO

26. Ang pamamalagi ba sa ospital na ito ay nakaplano na noon pa?

    ○ Oo, sigurado

    ○ Oo, medyo

    ○ Hindi

BUMALIK   SUSUNOD

TUNGKOL SA INYO

27. Sa pangkalahatan, paano po ninyo ire-rate ang kabuuang kalusugan ninyo?

    ○ Talagang napakahusay

    ○ Napakahusay

    ○ Mahusay

    ○ Tama lang

    ○ Hindi mahusay

BUMALIK   SUSUNOD

TUNGKOL SA INYO

28. Sa pangkalahatan, paano ninyo ire-rate ang kabuuan ng inyong <u>pangkaisipan o emosyonal na kalusugan</u>?

    ○ Talagang napakahusay

    ○ Napakahusay

    ○ Mahusay

    ○ Tama lang

    ○ Hindi mahusay

BUMALIK   SUSUNOD

29. Anong wika ang <u>pangunahing</u> sinasalita ninyo sa bahay?

    ○ Ingles
    ○ Spanish
    ○ Chinese
    ○ Ibang pang wika

BUMALIK   **SUSUNOD**

30. Ano ang pinakamataas na antas ng pag-aaral na <u>natapos</u> ninyo?

    ○ Grade 8 o mas mababa
    ○ Ilang taon sa High School, pero hindi nakatapos
    ○ Naka-graduate ng High School o GED
    ○ Ilang taon sa kolehiyo o 2-year degree
    ○ Naka-graduate ng 4-year na college degree
    ○ Mahigit sa 4 na taong college degree

BUMALIK   **SUSUNOD**

31. Mayroon ba kayong Spanish/Hispanic/Latinong pinagmulan?

    ○ Wala, hindi Spanish/Hispanic/Latino
    ○ Oo, Cuban
    ○ Oo, Mexican, Mexican American, Chicano
    ○ Oo, Puerto Rican
    ○ Oo, iba pang Spanish/Hispanic/Latino

BUMALIK   **SUSUNOD**

TUNGKOL SA INYO

32. Ano ang inyong etnikong background? Pakipili ng isa o higit pa.

   ○ American Indian o Alaska Native
   ○ Asian
   ○ Black o African-American
   ○ Native Hawaiian o iba pang Pacific Islander
   ○ White

BUMALIK   SUSUNOD

   [Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

IBA PANG MGA TANONG TUNGKOL SA
KARANASAN NINYO SA OSPITAL NA ITO

Ang mga tanong 1-32 sa survey na ito ay mula sa U.S. Department of Health and Human Services (HHS) para gamitin sa pagsukat ng kalidad. Ang anumang mga karagdagang tanong ay mula sa **[NAME OF HOSPITAL]** upang kumuha ng higit pang feedback tungkol sa pananatili ninyo sa ospital at hindi ito ibabahagi sa HHS.

BUMALIK   SUSUNOD

SALAMAT

Naabot na ninyo ang dulo ng survey. Kung tapos ka na sa pagsagot sa mga tanong, paki-click ang ISUMITE para tapusin ang survey. Maraming salamat po sa panahon ninyo.

BUMALIK   ISUMITE

Ang mga tanong 1-32 sa survey na ito ay ginawa ng Pamahalaan ng U.S at nasa pampublikong domain at kung gayon ay HINDI saklaw ng mga batas ng U.S. para sa copyright.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- ***Web-Mail***
- ***Web-Phone***
- ***Web-Mail-Phone***

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Mangyaring sabihin sa amin ang tungkol sa [**HOSPITAL NAME]**

Mahal naming **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Hinihiling namin sa inyo na kumpletuhin ang survey tungkol sa [**HOSPITAL NAME**].

Para sagutan ang survey, paki-click dito. **[PERSONALIZED LINK TO SURVEY]**

Ang survey ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

Kung may mga tanong kayo tungkol sa survey na kasama nito, pakitawagan ang (OPTIONAL TO STATE toll-free) number na ito: **[PHONE NUMBER]** (OPTIONAL TO STATE o padalhan ninyo kami ng email sa **[EMAL ADDRESS]**).

Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

Lubos na sumasainyo,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Mangyaring sabihin sa amin ang tungkol sa **[HOSPITAL NAME]**

Mahal naming **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Noong nakalilipas, ipinadala namin sa inyo ang isang email na humihiling ng inyong feedback sa **[HOSPITAL NAME]**. Kung naipadala na ninyo sa amin ang survey, nagpapasalamat kami at maaari na ninyong balewalain ang mensaheng ito. Gayunpaman, kung hindi pa ninyo nakukumpleto ang survey, mangyaring maglaan ng ilang minuto para makumpleto ito ngayon.

Para sagutan ang survey, paki-click dito. **[PERSONALIZED LINK TO SURVEY]**

Ang survey ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

Kung may mga tanong kayo tungkol sa survey na kasama nito, pakitawagan ang (OPTIONAL TO STATE toll-free) number na ito: **[PHONE NUMBER]** (OPTIONAL TO STATE o padalhan ninyo kami ng email sa **[EMAL ADDRESS]**).

Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

Lubos na sumasainyo,
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Mangyaring sabihin sa amin ang tungkol sa **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* Hinihiling namin sa inyo na kumpletuhin ang survey tungkol sa **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* Noong nakalilipas, ipinadala namin sa inyo ang isang email na humihiling ng inyong feedback sa **[HOSPITAL NAME]**.

4. Ang survey ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang survey ay sponsored ng United States Department of Health and Human Services at ang survey ay aabutin ng humigit-kumulang **[NUMBER]** minuto para makumpleto.

5. Boluntaryo ang pagsali ninyo at ang inyong mga sagot ay pananatilihing pribado.

6. Makakatulong ang inyong mga sagot sa pagpapahusay sa kalidad ng pangangalagang natatanggap sa mga ospital at matutulungan ang ibang tao na gumawa ng mga may-kaalamang desisyon tungkol sa pangangalagang natatanggap nila. Makikita ninyo ang mga resulta ng kasalukuyang survey at mahahanap ang mga rating ng ospital sa Care Compare sa Medicare.gov (www.medicare.gov/care-compare).

7. Lubusan po naming pinasasalamatan ang tulong ninyo sa pagpapahusay ng pangangalagang natatanggap sa ospital.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

Ayon sa Paperwork Reduction Act of 1995, walang tao ang kinakailangang tumugon sa pagkolekta ng impormasyon maliban kung may ipapakita itong valid na OMB control number. Ang wastong OMB control number para sa pagkolektang ito ng impormasyon ay 0938-0981 (Mag-e-expire sa TBD). Ang kabuuang oras na kailangan para makumpleto ang pagkolekta ng impormasyon ay tinatayang 8 minuto para sa mga tanong 1-32 ng survey, kasama rito ang oras sa pagsusuri sa mga tagubilin, paghahanap sa mga kasalukuyang data resource, pagkolekta sa kinakailangang data, at pagkumpleto at pag-review sa pagkolekta ng impormasyon. Kung may mga komento kayo tungkol sa katumpakan ng (mga) tinatayang haba ng oras, o mga mungkahi para mapahusay pa ang form na ito, maaari kayong sumulat sa: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

IBA PANG MGA TANONG TUNGKOL SA KARANASAN NINYO SA OSPITAL NA ITO

Statement:

Ang mga tanong 1-32 sa survey na ito ay mula sa U.S. Department of Health and Human Services (HHS) para gamitin sa pagsukat ng kalidad. Ang anumang mga karagdagang tanong ay mula sa **[NAME OF HOSPITAL]** upang kumuha ng higit pang feedback tungkol sa pananatili ninyo sa ospital at hindi ito ibabahagi sa HHS.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

Ang mga tanong 1-32 sa survey na ito ay ginawa ng Pamahalaan ng U.S at nasa pampublikong domain at kung gayon ay HINDI saklaw ng mga batas ng U.S. para sa copyright.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

Kung mas gusto mong hindi makatanggap ng mga karagdagang email na humihiling sa iyo na kunin ang survey na ito tungkol sa pamamalagi sa ospital na ito, mangyaring i-click ang Mag-unsubscribe.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

Aalisin ka namin sa mga hinaharap na email para sa survey tungkol sa pamamalagi sa ospital na ito.

APPENDIX V

HCAHPS Web Survey
(Arabic)

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS

Web Survey (Arabic)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:
- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:
- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:
- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal "8"*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
  - *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
  - *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must **not** repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [**NUMBER**] of minutes based on the count of supplemental items added*

يرجى إفادتنا عن إقامتك مؤخرًا في مستشفى **[NAME OF HOSPITAL]** التي انتهت في **[DATE OF
DISCHARGE (MM/DD/YYYY)]**.

- ستحتاج إلى حوالي **[NUMBER]** دقيقة للإجابة على أسئلة **[SURVEY VENDOR/HOSPITAL TO
SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME
WEB SCREEN]**
- المشاركة في الاستبيان تطوعية
- لا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.
- يمكنك تخطي أي سؤال (أسئلة) لا ترغب في الإجابة عليها
- يمكنك الخروج من الاستبيان في أي وقت
- سنحافظ على سرية إجاباتك

إذا كانت لديك أي أسئلة عن هذا الاستبيان، يرجى الاتصال بنا (OPTIONAL TO STATE) المجاني على **[PHONE
NUMBER]** (OPTIONAL TO STATE) أو مراسلتنا عبر البريد الإلكتروني **[EMAIL ADDRESS]**). شكرًا لك.

اضغط على ابدأ لبدء الاستبيان.

ابدأ

وفقًا لقانون تخفيض الأعمال الورقية لعام 1995، لا يُلزم شخص بالرد على مجموعة من المعلومات ما لم تحمل رقم ضبط صحيحًا من مكتب الإدارة والميزانية. رقم ضبط مكتب الإدارة والميزانية الصحيح لعملية جمع المعلومات هذه هو 0938-0981 (تنتهي صلاحيته في TBD). يُقدَّر الوقت اللازم لإكمال هذه المعلومات التي تم جمعها بمتوسط 8 دقائق للأسئلة من 1 إلى 32 في الاستبيان، بما في ذلك الوقت اللازم لمراجعة التعليمات والبحث في موارد البيانات الحالية وجمع البيانات المطلوبة وإكمال جمع المعلومات ومراجعتها. إذا كانت لديك أي تعليقات فيما يتعلق بدقة تقدير (تقديرات) الوقت أو أي اقتراحات لتحسين هذا النموذج، يُرجى إرسال رسالة إلى: مراكز Medicare وخدمات Medicaid الواقعة في 7500 **C1-25-05** Security Boulevard, Baltimore, MD 21244-1850.

الرعاية المُقدَّمة لك من طاقم التمريض

1. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة طاقم التمريض لك <u>بلطف واحترام</u>؟

- ○ مطلقًا
- ○ أحيانًا
- ○ عادة
- ○ دائمًا

السابق   التالي

الرعاية المُقدَّمة لك من طاقم التمريض

2. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع طاقم التمريض لك بعناية</u>؟

- ○ مطلقًا
- ○ أحيانًا
- ○ عادة
- ○ دائمًا

السابق   التالي

الرعاية المُقدَّمة لك من طاقم التمريض

3. خلال مدة إقامتك بالمستشفى، ما معدّل <u>شرح طاقم التمريض الأمور لك بأسلوب مُبسّط</u>؟

- ○ مطلقًا
- ○ أحيانًا
- ○ عادة
- ○ دائمًا

السابق   التالي

الرعاية المُقدَّمة لك من الأطباء

4. خلال مدة إقامتك بالمستشفى، ما معدّل معاملة الأطباء لك <u>بلطف واحترام</u>؟

- ○ مطلقًا
- ○ أحيانًا
- ○ عادة
- ○ دائمًا

السابق   التالي

الرعاية المُقدَّمة لك من الأطباء

5. خلال مدة إقامتك بالمستشفى، ما معدّل <u>استماع الأطباء لك بعناية</u>؟

   ○ مطلقًا
   ○ أحيانًا
   ○ عادة
   ○ دائمًا

   السابق   التالي

الرعاية المُقدَّمة لك من الأطباء

6. خلال مدة إقامتك بالمستشفى، ما معدّل قيام الأطباء <u>بشرح الأمور لك</u> بأسلوب مُبسَّط؟

   ○ مطلقًا
   ○ أحيانًا
   ○ عادة
   ○ دائمًا

   السابق   التالي

بيئة المستشفى

7. خلال مدة إقامتك بالمستشفى، ما معدّل المحافظة على نظافة غرفتك وحمامك؟

   ○ مطلقًا
   ○ أحيانًا
   ○ عادة
   ○ دائمًا

   السابق   التالي

بيئة المستشفى

8. كم مرة تمكنت من الحصول على الراحة التي تحتاجها أثناء إقامتك في المستشفى؟

   ○ مطلقًا
   ○ أحيانًا
   ○ عادة
   ○ دائمًا

   السابق   التالي

بيئة المستشفى

9. خلال مدة إقامتك بالمستشفى، ما معدّل الحفاظ على الهدوء في المنطقة المحيطة بغرفتك ليلاً؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

السابق   التالي

الرعاية الخاصة بك في هذا المستشفى

10. خلال مدة إقامتك بالمستشفى، كم مرة تم إبلاغ الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى بآخر المستجدات بشأن رعايتك؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

السابق   التالي

الرعاية الخاصة بك في هذا المستشفى

11. خلال مدة إقامتك بالمستشفى، كم مرة عمل الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى معًا بشكل جيد لرعايتك؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

السابق   التالي

12. خلال مدة إقامتك بالمستشفى، هل احتجت إلى مساعدة من طاقم التمريض أو غيرهم من العاملين بالمستشفى للذهاب إلى الحمام أو في استخدام نونية السرير؟

○ نعم
○ لا

التالي السابق

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

13. ما معدّل حصولك على مساعدة للذهاب إلى الحمام أو استخدام نونية السرير في أقرب وقت تريد فيه المساعدة؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

التالي السابق

14. خلال مدة إقامتك بالمستشفى، عندما طلبت مساعدة فورية، كم مرة حصلت على المساعدة بمجرد حاجتك إليها؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا
○ لم يسبق لي طلب المساعدة على الفور

التالي السابق

15. خلال مدة إقامتك بالمستشفى، هل تلقيت أي دواء لم تتناوله من قبل؟

○ نعم
○ لا

السابق   التالي

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

16. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بإخبارك بالغرض من الدواء؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

السابق   التالي

17. قبل إعطائك أي دواء جديد، ما معدّل قيام طاقم المستشفى بوصف الآثار الجانبية المحتملة بأسلوب مبسّط؟

○ مطلقًا
○ أحيانًا
○ عادة
○ دائمًا

السابق   التالي

18. خلال مدة إقامتك بالمستشفى، هل ساعدك الأطباء وطاقم التمريض وغيرهم من العاملين بالمستشفى على الراحة والتعافي؟

○ نعم، بالتأكيد
○ نعم، إلى حد ما
○ لا

التالي   السابق

| مغادرة المستشفى |

19. هل عمل الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى معك ومع عائلتك أو مع مقدم الرعاية في وضع خطط لرعايتك بعد مغادرتك المستشفى؟

○ نعم، بالتأكيد
○ نعم، إلى حد ما
○ لا

التالي   السابق

| مغادرة المستشفى |

20. هل قام الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بإعطاء عائلتك أو مقدم الرعاية معلومات كافية بشأن الأعراض أو المشاكل الصحية التي يجب مراقبتها بعد مغادرتك المستشفى؟

○ نعم، بالتأكيد
○ نعم، إلى حد ما
○ لا
○ لم يكن لدي عائلة أو مقدم رعاية يراقب الأعراض أو المشاكل الصحية

التالي   السابق

مغادرة المستشفى

21.   بعد أن غادرت المستشفى، هل ذهبت مباشرة إلى منزلك، أو إلى منزل شخص آخر، أو إلى منشأة صحية أخرى؟

○   منزلي
○   منزل شخص آخر
○   منشأة صحية أخرى

التالي   السابق

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH
   FACILITY"
   -   SKIP TO Q24
   -   STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]

مغادرة المستشفى

22.   خلال مدة إقامتك بالمستشفى، هل تحدث معك الأطباء أو طاقم التمريض أو غيرهم من العاملين بالمستشفى بشأن ما إذا
كنت ستحصل على المساعدة التي تحتاج إليها بعد مغادرتك المستشفى؟

○   نعم
○   لا

التالي   السابق

مغادرة المستشفى

23.   خلال مدة إقامتك بالمستشفى، هل تلقيت معلومات مكتوبة حول الأعراض أو المشكلات الصحية التي يجب الانتباه لها بعد
مغادرتك المستشفى؟

○   نعم
○   لا

التالي   السابق

يُرجى الإجابة على الأسئلة التالية حول إقامتك في [HOSPITAL NAME] التي انتهت في [DISCHARGE MM/DD/YYYY]. ولا تقم بتضمين أي إقامات بمستشفيات أخرى في إجاباتك.

24. باستخدام أي رقم من 0 إلى 10، حيث يعني الرقم 0 "أسوأ مستشفى ممكن" ويعني الرقم 10 "أفضل مستشفى ممكن"، ما هو الرقم الذي ستستخدمه لتقييم هذا المستشفى أثناء مدة إقامتك؟

- ○ 0 أسوأ مستشفى
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 أفضل مستشفى

التالي   السابق

---

25. هل توصي أصدقاءك وعائلتك بهذا المستشفى؟

- ○ بالتأكيد لا
- ○ على الأرجح لا
- ○ على الأرجح نعم
- ○ بالتأكيد نعم

التالي   السابق

---

26. هل كان هناك تخطيط مُسبق لهذه الإقامة في المستشفى؟

- ○ نعم، بالتأكيد
- ○ نعم، إلى حد ما
- ○ لا

التالي   السابق

---

27. ما تقييمك لصحتك العامة بوجهٍ عام؟

○ ممتازة
○ جيدة جدًا
○ جيدة
○ متوسطة
○ سيئة

التالي   السابق

---

28. ما تقييمك لصحتك العامة العقلية أو النفسية بوجهٍ عام؟

○ ممتازة
○ جيدة جدًا
○ جيدة
○ متوسطة
○ سيئة

التالي   السابق

---

29. ما هي اللغة التي تتحدثها بصفة أساسية في منزلك؟

○ الإنجليزية
○ الإسبانية
○ الصينية
○ لغة أخرى

التالي   السابق

30. ما أعلى درجة أو مستوى دراسي <u>أكملته</u>؟

○ الصف الثامن أو أقل
○ بعض سنوات المرحلة الثانوية، ولكنني لم أكملها
○ خريج المدرسة الثانوية أو حاصل على شهادة تطوير التعليم العام (GED)
○ بعض سنوات التعليم الجامعي أو حاصل على مؤهل دراسة جامعية لمدة سنتين
○ خريج كلية لمدة 4 سنوات
○ شهادة دراسة جامعية لأكثر من 4 سنوات

التالي   السابق

---

31. هل أنت من أصل إسباني أو هسباني أو لاتيني؟

○ لا، لست إسبانيًا/ هسبانيًا/ لاتينيًا
○ نعم، كوبي
○ نعم، مكسيكي، أمريكي مكسيكي، شيكانو
○ نعم، بورتوريكي
○ نعم، إسباني/ هسباني/ لاتيني آخر

التالي   السابق

---

32. ما هو عِرقك؟ يُرجى تحديد خيار واحد أو أكثر.

○ أمريكي من الهنود الحُمر أو من سكان ألاسكا الأصليين
○ آسيوي
○ أسود أو أمريكي من أصل أفريقي
○ من سكان جزر هاواي الأصليين أو غيرهم من سكان جزر المحيط الهادئ
○ أبيض

التالي   السابق

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

المزيد من الأسئلة عن تجاربك في هذا المستشفى

الأسئلة من 1 إلى 32 في هذا الاستبيان مقدَّمة من وزارة الصحة والخدمات الإنسانية الأمريكية لاستخدامها في قياس الجودة. أي أسئلة إضافية مقدَّمة من مستشفى [NAME OF HOSPITAL] للحصول على مزيدٍ من الملاحظات التقييمية عن إقامتك بالمستشفى ولن تتم مشاركتها مع وزارة الصحة والخدمات الإنسانية.

التالي   السابق

شكرًا لك

لقد وصلت إلى نهاية الاستبيان. إذا انتهيت من الإجابة على الأسئلة، يُرجى الضغط على إرسال لإنهاء الاستبيان. شكرا لك على وقتك.

إرسال   السابق

الأسئلة من 1 إلى 32 في هذا الاستبيان هي أعمال تابعة لحكومة الولايات المتحدة وهي ضمن الملكية العامة وبالتالي لا تخضع لقوانين حقوق الطبع والنشر الأمريكية.

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:
- *Web-Mail*
- *Web-Phone*
- *Web-Mail-Phone*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: يُرجى إفادتنا عن **[HOSPITAL NAME]**

عزيزي **[SAMPLED PATIENT FIRST AND LAST NAME]** :

نودّ منك أن تُكمل استبيانًا عن **[HOSPITAL NAME]**.

للإجابة على الاستبيان، يُرجى الضغط هنا. **[PERSONALIZED LINK TO SURVEY]**

يعد الاستبيان جزءًا من محاولة لفهم رؤية المرضى للرعاية التي يتلقونها في المستشفى. هذا الاستبيان برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي **[NUMBER]** دقائق.

مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية. ستساهم إجاباتك في تحسين جودة الرعاية المقدَّمة بالمستشفى ومساعدة الأشخاص الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني Medicare.gov (www.medicare.gov/care-compare).

إذا كان لديك أي أسئلة عن هذا الاستبيان، يُرجى الاتصال بهذا الرقم OPTIONAL TO **[PHONE NUMBER]** : STATEالمجاني OPTIONAL TO STATE (أو مراسلتنا عبر البريد الإلكتروني على العنوان الإلكتروني **[EMAIL ADDRESS]**).

نحن نقدّر مساعدتك في تحسين الرعاية المقدَّمة في المستشفى تقديرًا بالغًا.

مع خالص التحيات،
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

SAMPLE REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:
- *Web-Mail (second and third email invitation)*
- *Web-Phone (second and third email invitation)*
- *Web-Mail-Phone (second email invitation)*

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: يُرجى إفادتنا عن **[HOSPITAL NAME]**

عزيزي **[SAMPLED PATIENT FIRST AND LAST NAME]** :

لقد أرسلنا إليك قبل بضعة أيام رسالة بالبريد الإلكتروني نطلب منك تقديم ملاحظاتك التقييمية بشأن **[HOSPITAL NAME].** إذا كنت قد أكملت الاستبيان بالفعل، فيُرجى قبول شكرنا وتجاهل هذه الرسالة. ولكن إذا لم تكن قد أكملت الاستبيان بعد، فيُرجى تخصيص بضع دقائق لإكماله الآن.

للإجابة على الاستبيان، يُرجى الضغط هنا. **[PERSONALIZED LINK TO SURVEY]**

يعد الاستبيان جزءًا من محاولة لفهم رؤية المرضى للرعاية التي يتلقونها في المستشفى. هذا الاستبيان برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي **[NUMBER]** دقائق.

مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية. ستساهم إجاباتك في تحسين جودة الرعاية المقدَّمة بالمستشفى ومساعدة الأشخاص الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني Medicare.gov (www.medicare.gov/care-compare).

إذا كان لديك أي أسئلة عن هذا الاستبيان، يُرجى الاتصال بهذا الرقم (OPTIONAL TO STATE) **[PHONE NUMBER]** : المجاني (OPTIONAL TO STATE) (أو مراسلتنا عبر البريد الإلكتروني على العنوان الإلكتروني **[EMAIL ADDRESS]**).

نحن نقدّر مساعدتك في تحسين الرعاية المقدَّمة في المستشفى تقديرًا بالغًا.

مع خالص التحيات،
[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations
The following sentences must appear verbatim on each email invitation:

1. *Subject line:* يُرجى إفادتنا عن **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* نودّ منك أن تُكمل استبيانًا عن **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* لقد أرسلنا إليك قبل بضعة أيام رسالة بالبريد الإلكتروني نطلب منك تقديم ملاحظاتك التقييمية بشأن **[HOSPITAL NAME]**.

4. **[NUMBER]** برعاية وزارة الصحة والخدمات الإنسانية الأمريكية وينبغي أن يستغرق إكمال الاستبيان حوالي دقائق.

5. مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية.

6. مشاركتك تطوعية وإجاباتك ستحظى بالخصوصية الآخرين على اتخاذ خيارات أكثر استنارة بشأن رعايتهم. يمكنك رؤية نتائج الاستبيان الحالية والاطلاع على تقييمات المستشفى على Care Compare على الموقع الإلكتروني [Medicare.gov](www.medicare.gov/care-compare) (www.medicare.gov/care-compare).

7. نحن نقدّر بشدة مساعدتك في تحسين الرعاية في المستشفى.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- *If 1 to 5 supplemental items are added, "[NUMBER]" should equal "9"*
- *If 6 to 9 supplemental items are added, "[NUMBER]" should equal "10"*
- *If 10 to 12 supplemental items are added, "[NUMBER]" should equal "11"*

OMB Paperwork Reduction Act Language
The OMB Paperwork Reduction Act language must appear verbatim on the Welcome web screen and appear below the survey "START" button. The following is the language that must be used:

وفقًا لقانون تخفيض الأعمال الورقية لعام 1995، لا يُلزم شخص بالرد على مجموعة من المعلومات ما لم تحمل رقم ضبط صحيحًا من مكتب الإدارة والميزانية. رقم ضبط مكتب الإدارة والميزانية الصحيح لعملية جمع المعلومات هذه هو 0938-0981 (تنتهي صلاحيته في TBD). يُقدَّر الوقت اللازم لإكمال هذه المعلومات التي تم جمعها بمتوسط 8 دقائق للأسئلة من 1 إلى 32 في الاستبيان، بما في ذلك الوقت اللازم لمراجعة التعليمات والبحث في موارد البيانات الحالية وجمع البيانات المطلوبة وإكمال جمع المعلومات ومراجعتها. إذا كانت لديك أي تعليقات فيما يتعلّق بدقة تقدير (تقديرات) الوقت أو أي اقتراحات لتحسين هذا النموذج، يُرجى إرسال رسالة إلى: مراكز خدمات Medicare وMedicaid الواقعة في 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

المزيد من الأسئلة عن تجاربك في هذا المستشفى

Statement:

الأسئلة من 1 إلى 32 في هذا الاستبيان مقدَّمة من وزارة الصحة والخدمات الإنسانية الأمريكية لاستخدامها في قياس الجودة. أي أسئلة إضافية مقدَّمة من مستشفى [NAME OF HOSPITAL] للحصول على مزيدٍ من الملاحظات التقييمية عن إقامتك بالمستشفى ولن تتم مشاركتها مع وزارة الصحة والخدمات الإنسانية.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

الأسئلة من 1 إلى 32 في هذا الاستبيان هي أعمال تابعة لحكومة الولايات المتحدة وهي ضمن الملكية العامة وبالتالي لا تخضع لقوانين حقوق الطبع والنشر الأمريكية.

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is not required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

إذا كنت تفضل عدم تلقي رسائل بريد إلكتروني أخرى تطلب منك المشاركة في هذا الاستبيان الذي يتناول إقامتك في المستشفى، فيُرجى النقر على إلغاء الاشتراك.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

سنحذف اسمك من قائمة رسائل البريد الإلكتروني المستقبلية لهذا الاستبيان الذي يتناول إقامتك في المستشفى.

APPENDIX W

Interviewing Guidelines for Phone Surveys

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey
Interviewing Guidelines

Overview
These guidelines address expectations for interviewers conducting the CAHPS Hospital Survey (HCAHPS) by phone. To collect the highest quality data possible, phone interviewers must follow these guidelines while conducting phone interviews.

General Interviewing Techniques
Interviewers must:
> - study and thoroughly familiarize themselves with the HCAHPS Frequently Asked Questions (FAQs) document before they begin conducting phone interviews so that they are knowledgeable about the HCAHPS Survey
> - read all questions in the indicated order and <u>exactly</u> as worded, so that all patients are answering the same question. Questions that are re-worded can bias the patient's response and the overall survey results.
> - read all response choices in the indicated order and <u>exactly</u> as worded, or as directed.
>   - Question 29, "What language do you <u>mainly</u> speak at home?" Interviewers read response choices if necessary and stop when patient provides a response. Not all response choices need to be read.
> - not attempt to increase the likelihood of the patient providing one answer over another answer
> - read all transitional phrases
>   - An example of a transitional phrase that must be read can be found before Question 10 (Q10_Intro): "The next questions are about your care in this hospital."
> - never skip over a question because they think the patient has answered it already
> - speak in an upbeat and courteous tone
>   - During the course of the survey, the use of **neutral** acknowledgment words such as the following is permitted:
>   - Thank you
>   - Alright
>   - Okay
>   - I understand, or I see
>   - Yes, Ma'am
>   - Yes, Sir
> - read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
> - adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
> - maintain a professional and neutral relationship with the patient at all times
> - not provide personal information or opinions about the survey
> - listen carefully to patient questions and offer concise responses. Interviewers may not provide extra information or lengthy explanations.
> - not leave messages on answering machines or with household members. Interviewers should attempt to re-contact the patient to complete the HCAHPS Survey.
> - tell the patient that there are no more questions and thank the patient for their time at the end of the survey
> - not administer the HCAHPS Survey to any patient whom they know personally

Introduction and Refusal Avoidance

For optimal response rates, it is important that phone interviewers attempt to avoid phone refusals from patients. The introduction and initial moments of the interview are critical to gaining cooperation from the patient.

Interviewers must:
- ➤ read the phone script introduction verbatim, unless the patient interrupts to ask a question or voices a concern
- ➤ speak clearly and politely to establish a rapport with the patient
- ➤ avoid long pauses
- ➤ not rush through the introduction
- ➤ be prepared to answer questions about the survey by familiarizing themselves with the survey and the HCAHPS FAQs document
- ➤ attempt to gain cooperation, but if the patient refuses, the interviewer should politely end the call. The interviewer should not argue with or antagonize the patient.

    Note: Under no circumstances are interviewers allowed to invite a patient to discontinue the survey. However, when it is clear a respondent is likely to discontinue the survey it is permissible for the interviewer to acknowledge the patient's difficulty and offer a few words of encouragement such as "we have just a few more questions to go."

- ➤ If the interviewer reaches a health care facility staff member, the interviewer must request to get in touch with the sampled patient. Reiterate to the health care facility staff member the importance of the HCAHPS Survey, which is being administered on behalf of [HOSPITAL NAME] and that the HCAHPS Survey is part of a national initiative sponsored by the United States Department of Health and Human Services. If necessary, provide the staff member with the contact information at [HOSPITAL NAME] to verify this survey is legitimate.
- ➤ In instances where the patient is reluctant to answer "Yes" or "No" to the HCAHPS Survey question(s) and the patient's intended response(s), either positive or negative is <u>clear</u>, the patient's response should be accepted.

Note: Patients, if otherwise eligible, residing in health care facilities such as an assisted living facility or group home, are to be included in the HCAHPS Sample Frame and attempts to contact the patient to administer the survey must be made to those patients drawn into the sample.

Note: Health care facility phone numbers cannot be placed on the survey vendor's/hospital's do-not-call list, even if requested by the health care facility staff.

Proxy Respondents:
- ➤ In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
    - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
    - The interviewer obtains permission from the patient to interview the proxy*
    - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
        - either during the current call attempt
        - or at another time as designated by the proxy

- The patient need not be present when the interview with the proxy is conducted
➢ If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview*
➢ A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.

Answering Questions and Probing

Interviewers need to probe when a patient fails to give a complete or an adequate answer to the HCAHPS questions. Interviewers must never interpret patient answers. Interviewers must not ask the patient probing questions about their health such as "How are you feeling today?" or "Are you having any pain?"

➢ Interviewer probes must be neutral and must not increase the likelihood of the patient providing one answer over another answer. Probes should stimulate the patient to give answers that meet the question objectives.
➢ Types of probes:
- Interviewer repeats the question or the answer categories
- Interviewer says:
  o "Take a minute to think about it." REPEAT QUESTION, IF APPROPRIATE
  o "So, would you say that it is…" REPEAT ANSWER CATEGORIES
  o "Which would be closer?" REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE PATIENT'S RESPONSE
➢ Interviewers must not interpret survey questions for the patient. However, if the patient uses a word that clearly indicates yes/no, then the interviewer can accept those responses.

Instructions on Phone Scripts

➢ MISSING/DON'T KNOW is a valid response option for each item in the electronic telephone interviewing system scripts; however, this option must <u>not</u> be read out loud to the patient. MISSING/DON'T KNOW response options allow the interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DON'T KNOW is coded as "M – Missing/Don't know."
➢ Skip patterns should be programmed into the electronic telephone system
- o Appropriately skipped questions should be coded as "8 – Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 – Not applicable." Coding may be done automatically by the telephone system or later during data preparation.
- o When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M – Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.
➢ There must be only one language (i.e., English, Spanish, Chinese, or Russian) that appears on the electronic telephone interviewing system screen

---

APPENDIX X

Frequently Asked Questions for Customer Support

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

Frequently Asked Questions

Overview

This document provides survey customer support personnel for all six modes of survey administration guidance on responding to frequently asked questions (FAQs) from patients answering the CAHPS Hospital Survey (HCAHPS). It provides answers to general questions about the survey, concerns about participating in the survey and questions about completing/returning the survey. Survey vendors/Hospitals may amend the document to be specific to their organization's operations, and/or revise individual responses for clarity.

Note: Survey vendors/Hospitals conducting the HCAHPS Survey must NOT attempt to influence or encourage patients to answer items in a particular way. For example, the survey vendor/ hospital conducting the HCAHPS Survey must NOT say, imply or persuade patients to respond to items in a particular way. In addition, survey vendors/hospitals must NOT indicate or imply in any manner that the hospital, its personnel or its agents will appreciate or gain benefits if patients respond to the items in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines for more information on communicating with patients.

I. General Questions About the Survey

➢ Who is conducting this survey? Who is sponsoring this survey?

[SURVEY VENDOR:] I'm an interviewer from the research organization [SURVEY VENDOR NAME]. [HOSPITAL NAME] has asked our organization to help conduct this survey to enable them to get feedback from their patients. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

[HOSPITAL:] [HOSPITAL NAME] is conducting this survey to get feedback from patients who were recently hospitalized. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

➢ What is the purpose of the survey? How will the data be used?

The survey is part of a national initiative sponsored by the United States Department of Health and Human Services. Your participation is important, as this survey is designed to measure patients' perspectives on hospital care for public reporting. The data collected from the survey will be provided to consumers to help them make informed choices when selecting a hospital. It will also be used to help improve the quality of care provided by hospitals. You can see current survey results and find hospital ratings on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare).

➢ How can I verify this survey is legitimate?

You can contact [HOSPITAL NAME] at [PHONE NUMBER] for information about the survey.

NOTE: SURVEY VENDORS OBTAIN CONTACT INFORMATION FROM THE HOSPITAL ABOUT WHO TO CONTACT TO VERIFY THE LEGITIMACY OF THE SURVEY.

➢ **Is there a government agency that I can contact to find out more about this survey?**

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services through the HCAHPS Technical Assistance telephone number at 1-888-884-4007 or by email at hcahps@hsag.com.

➢ **On the cover letter/email invitation, there is a website listed where I can access information on hospital results. I do not have access to the Internet. How can I obtain information on the results for my hospital?**

If you do not have access to the internet, you can call 1-800-MEDICARE (1-800-633-4227) to obtain information on your hospital's results.

➢ **Are my answers confidential? Who will see my answers?**

[SURVEY VENDOR:] Your answers will be seen by the research staff, and may be shared with the hospital for purposes of quality improvement.

[HOSPITAL:] Your answers will be seen by the hospital staff administering the survey, and may be shared for purposes of quality improvement.

➢ **How long will this take?**

The survey takes about 8 minutes.

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF HOSPITAL-SPECIFIC SUPPLEMENTAL ITEMS ARE ADDED, THE NUMBER OF MINUTES SHOULD BE INCREASED AS FOLLOWS:
- *IF 1 TO 5 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "9"*
- *IF 6 TO 9 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "10"*
- *IF 10 TO 12 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "11"*

➢ **What questions will be asked?**

The survey asks questions about the experiences you had receiving care and services from the hospital. There will be questions asking you about any problems you may have had receiving care or services. It asks you to rate different types of care and services you may have received.

➢ **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all recent patient discharges from [HOSPITAL NAME].

> **Where can I find the results of the survey?**

HCAHPS Survey results are published on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare) (https://www.medicare.gov/care-compare). These results are updated quarterly.

II. Concerns About Participating in the Survey

> **I don't do surveys.**

I understand; however, I hope you will consider participating. This is a very important study for [HOSPITAL NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.

> **I'm not interested.**

[HOSPITAL NAME] could really use your help. Could you tell me why you're not interested in participating?

> **I'm concerned the survey might be a "scam."**

Any alternative positive or negative response will be accepted.

> **I'm extremely busy. I don't really have the time.**

I know your time is limited; however, it is a very important survey, and I really appreciate your help.

[FOR MAIL/WEB-FIRST SURVEY:] The survey will take about [NUMBER] minutes to complete. Since we need to contact so many people, it would really help if you could return the survey within the next several days.

[FOR PHONE SURVEY:] Perhaps we could get started, and you can see what the questions are like. We can stop any time you like.

> *[IF NECESSARY:]* The interview can be broken into parts, if necessary; you don't have to do the whole thing in one sitting.

> *[IF NECESSARY:]* I can schedule it for any time that is convenient for you, including evenings or weekends if you prefer.

> **You called my cell phone. Can you call back after [PATIENT SPECIFY TIME]?**

Yes, can we call you back at [PATIENT SPECIFY]?

[*IF "NO":* SET FUTURE DATE/TIME.]

NOTE: PHONE CALL ATTEMPTS ARE TO BE MADE BETWEEN THE HOURS OF 9 AM AND 9 PM, RESPONDENT TIME, UNLESS AN ALTERNATIVE TIME IS REQUESTED BY PATIENT.

➢ **I don't want to answer a lot of personal questions.**

I understand your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

➢ **I'm very unhappy with [HOSPITAL NAME] and I don't see why I should help them with this survey.**

I'm sorry you're unhappy. This is a good reason for you to participate. Your responses will help the hospital understand what improvements are needed.

➢ **Do I have to complete the survey? What happens if I do not? Why should I?**

Your participation is voluntary. There are no penalties for not participating. But, it is a very important survey, and your answers will help us improve the quality of care [HOSPITAL NAME] provides and will also help other consumers make informed decisions when they choose a hospital.

➢ **Will I get junk mail if I answer this survey?**

No, you will not get any junk mail as a result of answering this survey.

➢ **I am on the *Do Not Call List*. Are you supposed to be calling me?**

The *Do Not Call List* prohibits sales and telemarketing calls. We're not selling anything nor asking for money. We are a survey research firm. Your hospital has asked us to help conduct this survey.

➢ **I don't want to buy anything.**

We're not selling anything or asking for money. We want to ask you some questions about the care and services provided by [HOSPITAL NAME].

III.   Questions About Completing/Returning the Survey

➢ **Is there a deadline to fill out the survey?**

[FOR MAIL/WEB-FIRST SURVEY:] Since we need to contact so many people, it would really help if you could return it within the next several days.

[FOR PHONE SURVEY:] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have the time, maybe I could schedule an appointment for some time within the next several days.

➢ **Where do I put my name and address on the questionnaire?**

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire.

➢ **Can someone else complete the survey on behalf of the patient?**

Yes, someone may complete the survey for the patient with the patient's permission; however, it's preferred that the patient complete the survey.

➢ **As someone with Power of Attorney for the patient, may I complete the survey?**

Yes, you may complete the survey on behalf of the patient. [*FOR PHONE SURVEY:* RESUME PHONE SCRIPT AND READ PROXY SCRIPT OR SET CALLBACK TO PROXY, AS APPLICABLE.]

➢ **This patient you have reached is in a health care facility.**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about health care. For this survey, we need to speak to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

[IF NECESSARY:] We are doing a very important study for [HOSPITAL NAME]. Survey results will help consumers choose a hospital and help hospitals improve the care they provide. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

[IF NECESSARY:] You can contact [HOSPITAL NAME] at [PHONE NUMBER] for information about the survey.

NOTE: PATIENTS IN HEALTH CARE FACILITIES SUCH AS LONG-TERM CARE FACILITIES, ASSISTED LIVING FACILITIES AND GROUP HOMES ARE ELIGIBLE FOR THE SURVEY.

APPENDIX Y

Sample Frame Layout

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey
Sample Frame File Layout

Below is an example of a sample frame file layout. **Please note the following:**

1. The Sample Frame file is for internal survey vendor/hospital use only. The file is used to facilitate the standardized administration of the CAHPS Hospital Survey (HCAHPS) and includes the data elements necessary for data submission, sampling and proper record keeping. The patient identifying information and other *italicized* Data Element fields will **not** be submitted to CMS.

2. Survey vendors/Hospitals interested in producing a Sample Frame file as a fixed-width ASCII text file may, if they choose, utilize the provided field lengths as a guide.

3. **CMS strongly recommends that survey vendors/hospitals collect all data elements whether or not they are required for data submission.**

Sample Frame File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Provider Name	100	Name of the Hospital	Yes
Provider ID	6	CMS Certification Number (formerly known as Medicare Provider Number)	Yes
NPI	10	National Provider Identifier (optional)	No
Total Number of Ineligibles	10	Number of patients who are ineligible for the HCAHPS Survey	No
Total Number of Exclusions	10	Number of patients who were excluded from the HCAHPS Survey	No
"No-Publicity" Patients	10	Number of "no-publicity" patients who were excluded by hospital (i.e., removed from the discharge file)	No
Court/Law Enforcement Patients	10	Number of Court/Law Enforcement patients who were excluded by hospital (i.e., removed from the discharge file) *(This applies to patients with Admission Source code UB-04 field location 15 of "8 – Court/Law Enforcement" or Discharge Status code UB-04 field location 17 of "21 – Discharged/Transferred to Court/Law Enforcement" and "87 – Discharge/ Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission.")*	No

Data Element	Length	Value Labels and Use	Required for Data Submission
Patients with Foreign Home Address	10	Number of patients with foreign home address who were excluded by hospital (i.e., removed from the discharge file) (the Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign home address and therefore must not be excluded)	No
Patients Discharged to Hospice Care	10	Number of patients discharged to hospice care who were excluded by hospital (i.e., removed from the discharge file) *(This applies to patients with Discharge Status code UB-04 field location 17 of "50 – Hospice – Home" and "51 – Hospice – Medical Facility.")*	No
Patients who are Excluded because of State Regulations	10	Number of patients who were excluded by hospital (i.e., removed from the discharge file) because of state regulations	No
Patients Discharged to Nursing Home	10	Number of patients discharged to nursing homes who were excluded by hospital (i.e., removed from the discharge file) *(This applies to patients with Discharge Status codes UB-04 field location 17 of "3 – Medicare Certified Skilled Nursing Facility," "61 – Medicare Approved Swing Bed within Hospital," "64 – Medicaid Certified Nursing Facility," "83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission," and "92 –Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission.")*	No
Patient Discharges	10	Number of patient discharges in the file	No
Total **Inpatient** Discharges	10	Number of **inpatient** discharges in the file	Yes, by month
Inpatient Indicator		0 = Not an Inpatient Discharge 1 = Inpatient Discharge	No
Eligible Discharges	10	Number of eligible discharges in the file *Note: This number may be the same as Patient Discharges if File Content is "2 – HCAHPS Sample Frame (Eligible Patient Discharges)"*	Yes, by month
Sample Size	10	Number of discharges to be sampled	Yes, by month

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient Unique ID	16	Survey vendor/Hospital generated, random, unique, de-identified Patient ID used to de-duplicate the file, and to track the patient's survey status through the survey administration process	Yes
Patient First Name	30	Name information used to personalize materials to patient	No
Patient Middle Initial	1		
Patient Last Name	30		
Patient Sex	1	1 = Male 2 = Female M = Unknown/Missing *Same as UB-04, Field Location 11*	Yes
Patient Preferred Language	2	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Vietnamese 6 = Portuguese 7 = German 8 = Tagalog 9 = Arabic 20 = Some other language M = Missing/Don't Know	No
Patient Date of Birth	8	MMDDYYYY Used by survey vendor/hospital to calculate patient's age at admission to confirm patient meets eligibility criteria ***Note: Not required for data submission; however, this data element is required for HCAHPS eligibility verification***	No
Patient Mailing Address 1	50	Street address or post office box (Address information used in protocols that have a mail mode of survey administration)	No
Patient Mailing Address 2	50	Mailing address 2nd line (if needed)	No
Patient Mailing City	50	Mailing city	No
Patient Mailing State	2	2-character state abbreviation	No
Patient Mailing Zip Code	9	9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4 digit extension)	No

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient Phone Number 1	10	3-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (Phone information used in protocols that involve a phone component as part of the mode of administration)	No
Patient Phone Number 2	10	3-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (Phone information used in protocols that involve a phone component as part of the mode of administration)	No
Patient Email Address	60	Username@domainname	No
Patient Hospital Admission Date	8	MMDDYYYY Used by survey vendor/hospital to confirm patient meets eligibility criteria	No
Patient Hospital Discharge Date	8	MMDDYYYY Used by survey vendor/hospital to confirm patient meets eligibility criteria	Only Discharge Month and Year are required
Point of Origin for Admission or Visit (Admission Source)	1	1 = Nonhealthcare Facility Point of Origin 2 = Clinic or Physician's Office 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF, ICF or ALF 6 = Transfer from another Healthcare Facility 8 = Court/Law Enforcement *(Exclude)* 9 = Information Not Available D = Transfer From One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E = Transfer from Ambulatory Surgery Center F = Transfer From Hospice Facility G = Transfer from a Designated Disaster Alternate Care Site (ACS) *Source of inpatient admission for the patient same as UB-04 Field Location 15*	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient Discharge Status	2	1 = Home or Self-Care 2 = Short-Term General Hospital for Inpatient Care 3 = Medicare Certified Skilled Nursing Facility *(Exclude)* 4 = Intermediate Care Facility 5 = Designated Cancer Center or Children's Hospital 6 = Home with Home Health Services 7 = Left Against Medical Advice 9 = Admitted As an Inpatient to This Hospital 20 = Expired *(Exclude)* 21 = Discharged/Transferred to Court/Law Enforcement *(Exclude)* 30 = Still a Patient *(Exclude)* 40 = Expired at Home *(Exclude)* 41 = Expired in Medical Facility *(Exclude)* 42 = Expired, Place Unknown *(Exclude)* 43 = Federal Health Care Facility 50 = Hospice – Home *(Exclude)* 51 = Hospice – Medical Facility *(Exclude)* 61 = Medicare Approved Swing Bed Within Hospital *(Exclude)* 62 = Inpatient Rehabilitation Facility 63 = Long-Term Care Hospital 64 = Medicaid Certified Nursing Facility *(Exclude)* 65 = Psychiatric Hospital or Psychiatric Unit 66 = Critical Access Hospital 69 = Discharged/Transferred to a Designated Disaster Alternative Care Site (An alternate care site [ACS] provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.) 70 = Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
		81 = Discharged to Home or Self-Care with a Planned Acute Care Hospital Inpatient Readmission	
		82 = Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission	
		83 = Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission *(Exclude)*	
		84 = Discharged/Transferred to a Facility That Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission	
		85 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission	
		86 = Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission	
		87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission *(Exclude)*	
		88 = Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission	
		89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission	
		90 = Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission	
		91 = Discharged/Transferred to a Medicare Certified Long-term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission	

Data Element	Length	Value Labels and Use	Required for Data Submission
		92 = Discharged/Transferred to a Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission *(Exclude)* 93 = Discharged/Transferred to a Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission 94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission 95 = Discharged/Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission M = Missing *Patient's discharge disposition same as UB-04 Field Location 17*	
Patient MS-DRG at Discharge	3	Principal Reason for Hospital Stay MS-DRG at **Discharge**	No
Determination of Service Line	2	1 = V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes 2 = CMS V.24 DRG codes 3 = Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 = ICD-10 or ICD-9 codes 5 = Hospital unit 6 = APR-DRG codes 7 = Other – Approved Exception Request only 8 = Single Service Line – Maternity Care Only 9 = Single Service Line – Medical Only 10 = Single Service Line – Surgical Only	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Service Line	1	1 = Maternity Care 2 = Medical 3 = Surgical X = Ineligible M = Missing Assigned by utilizing information contained in the MS-DRG Codes and Service Line Categories Table (see *Sampling Protocol* section), or from other approved sources *Note: It is strongly recommended that the survey vendor/hospital assign the HCAHPS Service Line based on the information provided by the client hospital (e.g., Patient MS-DRG at Discharge). If client hospitals assign the service line, then survey vendors must validate that the service line is assigned appropriately and is in accordance with the method identified in the "Determination of Service Line" field.*	Yes
Type of Sampling Utilized	1	1 = Simple Random Sample ("1" should also be used when 100% of the eligible population is sampled) 2 = Proportionate Stratified Random Sample 3 = Disproportionate Stratified Random Sample	Yes
NOTE: If Type of Sampling utilized is "3 – Disproportionate Stratified Random Sample" (DSRS) the following four fields are required: Name of Stratum, Total Number of Inpatient Discharges in this Stratum, Total Number of Eligible Patients in this Stratum, and Number of Patients Sampled from this Stratum. These four variables will be repeated for each stratum in the sample. Also, at least two strata names should be defined, and strata names should be the same within a quarter. In addition, each stratum must contain a minimum of ten sampled discharges, in every stratum in every month.			
DSRS Strata Name *(If DSRS is used)*	45	Name of stratum	Yes, if DSRS
DSRS Inpatient *(If DSRS is used)*	10	Total number of **Inpatient** discharges in this stratum	Yes, if DSRS
DSRS Eligible *(If DSRS is used)*	10	Total number of **Eligible** patients in this stratum (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS

Data Element	Length	Value Labels and Use	Required for Data Submission
DSRS Sample Size *(If DSRS is used)*	10	Number of **Sampled** patients in this stratum *(Note: There must be a minimum of 10 eligible discharges sampled in each stratum in each month)* (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS

APPENDIX Z

Data File Structure Version 4.7

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey
Data File Structure Version 4.7

This Data File Structure applies to **1Q 2025 discharges and forward**, and corresponds to the XML File Specifications Version 4.7.

Data Type: A = Alphanumeric
   N = Numeric

HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Provider Name <provider-name>	Name of the Hospital	A	100	Yes	
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number)
NPI <npi>	National Provider Identifier	N	10	No	No dashes or spaces Valid 10-digit National Provider Identifier. This is an optional data element.
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2025 or greater; cannot be 9999) *Note: Use of version 4.7 requires a 1Q 2025 or greater discharge.*
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)
Survey Mode <survey-mode>	Mode of survey administration	A	1	Yes	Mail only 1 Phone only 2 Mail-Phone 3 Web-Mail 4 Web-Phone 5 Web-Mail-Phone 6 *Note: The Survey Mode must be the same for all three months within a quarter.*

HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Determination of Service Line <determination-of-service-line>	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS Survey	N	2	Yes	V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26 or V.25 MS-DRG codes 1 CMS V.24 DRG codes 2 Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 3 ICD-10 or ICD-9 codes 4 Hospital unit 5 APR DRG codes 6 Other—Approved Exception Request only 7 Single Service Line - Maternity Care Only 8 Single Service Line - Medical Only 9 Single Service Line - Surgical Only 10 *Note: The Determination of Service Line must be the same for all three months within a quarter.*
Total Inpatient Discharges <number-inpatient-discharge>	Total number of inpatient discharges in the month	N	10	Yes	
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	*Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count.*
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	
Type of Sampling <sample-type>	Type of sampling utilized	N	1	Yes	Simple Random Sample (SRS) 1 ("1" should be used when 100% of the eligible population is sampled.) Proportionate Stratified Random Sample (PSRS) 2 Disproportionate Stratified Random Sample (DSRS) 3 *Note: Sample Type must be the same for all three months within a quarter.*

HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
DSRS Strata Name <strata-name>	If Disproportionate Stratified Random Sample (DSRS) is used, the name of stratum	A	45	Yes, if DSRS	If DSRS, then at least two strata names should be defined. Strata names should be the same within a quarter. If not DSRS, do not include tag in the XML file.
DSRS Inpatient <dsrs-inpatient>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of inpatient discharges within the stratum	N	10	Yes, if DSRS	If not DSRS, do not include tag in the XML file.
DSRS Eligible <dsrs-eligible>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of eligible patients within the stratum	N	10	Yes, if DSRS	If not DSRS, do not include tag in the XML file.
DSRS Sample Size <dsrs-samplesize>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of sampled patients within the stratum	N	10	Yes, if DSRS	If DSRS, then must have a minimum of ten sampled discharges in every stratum in every month. If not DSRS, do not include tag in the XML file.

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number)
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2025 or greater; cannot be 9999) *Note: Use of version 4.7 requires a 1Q 2025 or greater discharge.*
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Patient ID <patient-id>	Random, unique, de-identified, patient ID assigned by hospital/survey vendor	A	16	Yes	Maximum of 16 characters	
Point of Origin for Admission or Visit <admission-source>	Source of inpatient admission for the patient (same as UB-04 field location 15)	A	1	Yes	Nonhealthcare Facility Point of Origin	1
					Clinic or Physician's Office	2
					Transfer from a Hospital (Different Facility)	4
					Transfer from a SNF, ICF, or ALF	5
					Transfer from Another Healthcare Facility	6
					Court/Law Enforcement	8
					Information Not Available	9
					Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer	D
					Transfer from Ambulatory Surgery Center	E
					Transfer from a Hospice Facility	F
					Transfer from a Designated Disaster Alternate Care Site (ACS)	G
Reason Admission <principal-reason-admission>	Service line (Based on *discharge* MS-DRG)	A	1	Yes	Maternity Care	1
					Medical	2
					Surgical	3
					Ineligible	X
					Missing	M
					Note: It is anticipated that the Service Line will not be coded as "Missing." Male patients should not be reported in the Maternity Service Line.	

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Discharge Status <discharge-status>	Patient's discharge status (same as UB-04 field location 17)	A	2	Yes	Home or Self-Care	1
					Short-Term General Hospital for Inpatient Care	2
					Medicare Certified Skilled Nursing Facility	3
					Intermediate Care Facility	4
					Designated Cancer Center or Children's Hospital	5
					Home with Home Health Services	6
					Left Against Medical Advice	7
					Admitted As an Inpatient to This Hospital	9
					Expired	20
					Discharged/Transferred to Court/Law Enforcement	21
					Still a Patient	30
					Expired at Home	40
					Expired in a Medical Facility	41
					Expired, Place Unknown	42
					Federal Health Care Facility	43
					Hospice—Home	50
					Hospice—Medical Facility	51
					Medicare Approved Swing Bed Within Hospital	61
					Inpatient Rehabilitation Facility	62
					Long-Term Care Hospital	63
					Medicaid Certified Nursing Facility	64
					Psychiatric Hospital or Psychiatric Unit	65
					Critical Access Hospital	66
					Discharged/Transferred to a Designated Disaster Alternative Care Site (An Alternate Care Site (ACS) Provides Basic Patient Care During a Disaster Response to a Population that Would Otherwise Be Hospitalized or in a Similar Level of Dependent Care if Those Resources Were Available During the Disaster. The Federal Government or State Government Must Declare the Disaster. ACS is Not An Institution; Most Likely it Would Be An Armory or Stadium.	69
					Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List	70

PATIENT ADMINISTRATIVE DATA RECORD					
Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
					Discharged to Home or Self-Care with a Planned Acute Care Hospital Inpatient Readmission 81
					Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission 82
					Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission 83
					Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission 84
					Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission 85
					Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission 86
					Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission 87
					Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission 88
					Discharged/Transferred to a Hospital-based Medicare-Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission 89

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
					Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission	90
					Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission	91
					Discharged/Transferred to a Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission	92
					Discharged/Transferred to a Psychiatric Distinct Part unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission	93
					Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission	94
					Discharged/Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission	95
					Missing	M
					Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not have their Final Survey Status coded as "1-Completed survey" or "6-Non-response: Break off." Their Final Survey Status should be coded as "2-Ineligible: Deceased."	
Strata Name <strata-name>	If sampling type is DSRS, this is the name of the stratum the patient belongs to	A	45	Yes, if DSRS	If not DSRS, do not include this tag in XML file. If DSRS, use one of the names previously defined in the header record.	

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Final Survey Status <survey-status>	Disposition of survey	A	2	Yes	Completed survey	1
					Ineligible: Deceased	2
					Ineligible: Not in eligible population	3
					Ineligible: Language barrier	4
					Ineligible: Mental/physical incapacity	5
					Non-response: Break off	6
					Non-response: Refusal	7
					Non-response: Non-response after maximum attempts	8
					Non-response: Bad address	9
					Non-response: Bad/no phone number	10
					Missing	M
					Note: It is anticipated that the Final Survey Status will not be coded as "Missing."	
Survey Completion Mode <survey-completion-mode>	Survey Mode used to complete a survey administered in the Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone modes	N	2	Yes, *if Survey Mode is Mail-Phone , Web-Mail, Web-Phone, or Web-Mail-Phone and Survey Status is "1-Completed Survey" or "6-Non-response: Break off"*	Mail-Phone mode-mail	1
					Mail-Phone mode-phone	2
					Web-Mail mode-web	3
					Web-Mail mode-mail	4
					Web-Phone mode-web	5
					Web-Phone mode-phone	6
					Web-Mail-Phone mode-web	7
					Web-Mail-Phone mode-mail	8
					Web-Mail-Phone mode-phone	9
					Not applicable	10

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Survey Attempts Phone <number-survey-attempts-phone>	Number of phone attempts	N	1	Yes, *if Survey Mode is Phone Only, Mail-Phone if "Survey Completion Mode" field is "2-Mail-Phone mode-phone," Web-Phone if "Survey Completion Mode" field is "6 – Web-Phone mode-phone," or Web-Mail-Phone if "Survey Completion Mode" field is "9 – Web-Mail-Phone mode-phone"*	First Phone attempt 1 Second Phone attempt 2 Third Phone attempt 3 Fourth Phone attempt 4 Fifth Phone attempt 5 Not applicable 8

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Survey Attempts Mail <number-survey-attempts-mail>	Mail wave for which the survey was completed or final survey status determined	N	1	Yes, *if Survey Mode is Mail Only or Survey Mode is Web-Mail if "Survey Completion Mode" field is "4 – Web-Mail mode-mail"*	First wave mailing Second wave mailing Not applicable	1 2 8
Survey Attempts Web <number-survey-attempts-web>	Email invitation for which the survey was completed or final survey status code is determined	N	1	Yes, *if Survey Mode is Web-Mail if "Survey Completion Mode" field is "3 – Web-Mail mode-web," Survey Mode is Web-Phone if "Survey Completion Mode" field is "5 – Web-Phone mode-web," or Survey Mode is Web-Mail-Phone if "Survey Completion Mode" field is "7 – Web-Mail-Phone mode-web"*	First email invitation Second email invitation Third email invitation Not applicable	1 2 3 8

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Email Status <email-status>	Indicates if a valid patient email address was provided	N	1	*Yes, if Survey Mode is Web-Mail, Web-Phone, or Web-Mail-Phone*	Yes No Not applicable	1 2 8
Survey Language <language>	Identify survey language in which the survey was administered (or attempted to be administered)	N	2	Yes	English Spanish Chinese Russian Vietnamese Portuguese German Tagalog Arabic Not applicable	1 2 3 4 5 6 7 8 9 20
Lag Time <lag-time>	Number of days between the patient's discharge date and the end of data collection for that patient	N	3	Yes	000–365 888 = Not applicable *Note: The Lag Time must be included for all HCAHPS Final Survey Status codes. It is anticipated that the Lag Time will not be coded as "Missing or 888."*	
Supplemental Question Count <supplemental-question-count>	The count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered	A	2	Yes for all HCAHPS Final Survey Status Codes	0–12 M – Missing *Note: It is anticipated that the Supplemental Question Count will not be coded as "Missing."*	
Patient Sex <patient-sex>	Patient's sex (same as UB-04 field location 11)	A	1	Yes	Male Female Missing	1 2 M

PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Age at Admission <patient-age>	Patient's age at hospital admission	A	2	Yes	Under 18	0
					18–24	1
					25–29	2
					30–34	3
					35–39	4
					40–44	5
					45–49	6
					50–54	7
					55–59	8
					60–64	9
					65–69	10
					70–74	11
					75–79	12
					80–84	13
					85–89	14
					90 or older	15
					Missing/Unknown	M
					Note: Sampled patients must be age 18 or above at the time of admission.	

PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q1 <nurse-courtesy-respect>	"During this hospital stay, how often did nurses treat you with courtesy and respect?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q2 <nurse-listen>	"During this hospital stay, how often did nurses listen carefully to you?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q3 <nurse-explain>	"During this hospital stay, how often did nurses explain things in a way you could understand?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q4 <dr-courtesy-respect>	"During this hospital stay, how often did doctors treat you with courtesy and respect?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q5 <dr-listen>	"During this hospital stay, how often did doctors listen carefully to you?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q6 <dr-explain>	"During this hospital stay, how often did doctors explain things in a way you could understand?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q7 <cleanliness>	"During this hospital stay, how often were your room and bathroom kept clean?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q8 <rest>	"During this hospital stay, how often were you able to get the rest you needed?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M

PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q9 <quiet>	"During this hospital stay, how often was the area around your room quiet at night?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q10 <informed-care>	"During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q11 <hosp-staff>	"During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?"	A	1	Yes	Never Sometimes Usually Always Missing/Don't Know	1 2 3 4 M
Q12 <bathroom-screener>	"During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?" **(Screener 1)**	A	1	Yes	Yes No Missing/Don't Know	1 2 M
Q13 <bathroom-help>	"How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?"	A	1	Yes	Never Sometimes Usually Always Not applicable Missing/Don't Know	1 2 3 4 8 M
Q14 <help-right-away>	"During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?"	A	1	Yes	Never Sometimes Usually Always I never asked for help right away Missing/Don't Know	1 2 3 4 9 M
Q15 <new-med-screener>	"During this hospital stay, were you given any medicine that you had not taken before?" **(Screener 2)**	A	1	Yes	Yes No Missing/Don't Know	1 2 M

PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q16 <med-for>	"Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"	A	1	Yes	Never Sometimes Usually Always Not applicable Missing/Don't Know	1 2 3 4 8 M
Q17 <side-effects>	"Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"	A	1	Yes	Never Sometimes Usually Always Not applicable Missing/Don't Know	1 2 3 4 8 M
Q18 <rest-recovery>	"During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?"	A	1	Yes	Yes, definitely Yes, somewhat No Missing/Don't Know	1 2 3 M
Q19 <care-after-stay>	"Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?"	A	1	Yes	Yes, definitely Yes, somewhat No Missing/Don't Know	1 2 3 M
Q20 <information-about-symptoms>	"Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?"	A	1	Yes	Yes, definitely Yes, somewhat No I did not have family or a caregiver watch for symptoms or health problems Missing/Don't Know	1 2 3 9 M
Q21 <discharge-screener>	"When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?" **(Screener 3)**	A	1	Yes	Own Home Someone else's home Another health facility Missing/Don't Know	1 2 3 M

PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q22 <help-after-discharge>	"During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?"	A	1	Yes	Yes No Not Applicable Missing/Don't Know	1 2 8 M
Q23 <symptoms>	"During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?"	A	1	Yes	Yes No Not Applicable Missing/Don't Know	1 2 8 M
Q24 <overall-rate>	"Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"	A	2	Yes	Worst hospital possible Best hospital possible Missing/Don't Know	0 1 2 3 4 5 6 7 8 9 10 M
Q25 <recommend>	"Would you recommend this hospital to your friends and family?"	A	1	Yes	Definitely no Probably no Probably yes Definitely yes Missing/Don't Know	1 2 3 4 M
Q26 <planned-stay>	"Was this hospital stay planned in advance?"	A	1	Yes	Yes, definitely Yes, somewhat No Missing/Don't Know	1 2 3 M
Q27 <overall-health>	"In general, how would you rate your overall health?"	A	1	Yes	Excellent Very good Good Fair Poor Missing/Don't Know	1 2 3 4 5 M

PATIENT RESPONSE RECORD						
Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q28 <mental-health>	"In general, how would you rate your overall mental or emotional health?"	A	1	Yes	Excellent Very good Good Fair Poor Missing/Don't Know	1 2 3 4 5 M
Q29 <language-speak>	"What language do you mainly speak at home?"	A	2	Yes	English Spanish Chinese Another language Missing/Don't Know	1 2 3 20 M
Q30 <education>	"What is the highest grade or level of school that you have completed?"	A	1	Yes	8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than a 4-year college degree Missing/Don't Know	1 2 3 4 5 6 M
Q31 <ethnic>	"Are you of Spanish, Hispanic, or Latino origin?"	A	1	Yes	No, not Spanish/Hispanic/ Latino Yes, Cuban Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, other Spanish/Hispanic/ Latino Missing/Don't Know	1 2 3 4 5 M
Q32 <race-amer-indian-ak>	"What is your race? Please choose one or more."	A	1	Yes	American Indian or Alaska Native Not American Indian or Alaska Native Missing/Don't Know	1 0 M
Q32 <race-asian>	"What is your race? Please choose one or more."	A	1	Yes	Asian Not Asian Missing/Don't Know	1 0 M
Q32 <race-african-amer>	"What is your race? Please choose one or more."	A	1	Yes	Black or African American Not Black or African American Missing/Don't Know	1 0 M

PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Q32 <race-hi-pacific-islander>	"What is your race? Please choose one or more."	A	1	Yes	Native Hawaiian or Other Pacific Islander Not Native Hawaiian or Other Pacific Islander Missing/Don't Know	1 0 M
Q32 <race-white>	"What is your race? Please choose one or more."	A	1	Yes	White Not White Missing/Don't Know	1 0 M

APPENDIX AA

XML File Layout Version 4.7

THIS PAGE INTENTIONALLY LEFT BLANK

Hospital CAHPS XML File Specification
Version 4.7

This XML file specification (Version 4.7) applies to **1Q 2025 discharges and forward**.

Each file submission will represent one month of survey data for each hospital.

An HCAHPS XML file is made up of 3 parts: **1) header record 2) administrative data record 3) survey results record.**
There should be only one header record for each HCAHPS XML file. Each patient within the HCAHPS XML file should have an administrative data record, and if survey results are being submitted for the patient, they should have the survey results record.

Each field (except fields **strata-name, dsrs-inpatient, dsrs-eligible, dsrs-samplesize** and **npi** - see data element description for more details) of the header record and administrative data requires an entry for a valid data submission.

Survey results records are not required for a valid data submission but if survey results are included, then all answers must have an entry. Survey results records are required if the final <survey-status> is "1 - Completed survey" or "6 - Non-response: Break off".

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<monthlydata\> Opening Tag, defines the monthly survey data	This is the opening element of the file. The closing tag for this element will be at the end of the file. Attributes describe the element and are included within the opening and closing \<\> This XML tag should be defined with its attributes as shown below - **\<monthlydata xmlns="http://hcahps.ifmc.org" xmlns:xsi="http://www.w3.org/2025/XMLSchema-instance"\>**					
	See example.	N/A	N/A	NA	N/A	Yes
The following section defines the format of the header record.						
\<header\> Opening Tag, defines the header record of monthly survey data	This is the opening element of the header record. The closing tag for this element will be at the end of the header record. **Note:** This tag is required in the XML document, however, it contains no data. This header element should only occur once per file.					
	None	N/A	N/A	NA	N/A	Yes
\<provider-name\> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: \<provider-name\>Sample Hospital\</provider-name\>**					
	None	Name of the hospital represented by the survey.	N/A	Alphanumeric Character	100	Yes
\<provider-id\> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: \<provider-id\>123456\</provider-id\>**					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
\<npi\> Sub-element of header	Each element must have a closing tag that is the same as the opening tag, but with a forward slash. This header element should only occur once per file. This is an optional data element at this time but may be required in the future. **Example: \<npi\>1234567890\</npi\>**					
	None	National Provider Identifier	Valid 10 digit National Provider Identifier.	Numeric	10	No
\<discharge-yr\> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: \<discharge-yr\>2025\</discharge-yr\>**					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-month> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. **Example: <discharge-month>1</discharge-month>**					
	None	Month patient was discharged from the hospital.	MM MM = (1-12) (cannot be 00, 13-99)	Numeric	2	Yes
<survey-mode> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. *Note: The Survey Mode must be the same for all three months within a quarter.* **Example: <survey-mode>1</survey-mode>**					
	None	Mode of survey administration. Survey Mode must be the same for all three months within a quarter. Survey Mode cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - Mail Only 2 - Phone Only 3 - Mail-Phone 4 - Web-Mail 5 - Web-Phone 6 - Web-Mail-Phone	Numeric	1	Yes
<determination-of-service-line> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. *Note: The Determination of Service Line must be the same for all three months within a quarter.* **Example: <determination-of-service-line>1</determination-of-service-line>**					
	None	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS Survey. Determination of Service Line must be the same for all three months within a quarter. Determination of Service Line cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes 2 - CMS V.24 DRG codes 3 - Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 - ICD-10 or ICD-9 codes 5 - Hospital unit 6 - APR-DRG codes 7 - Other - Approved Exception Request only 8 - Single Service Line - Maternity Care Only 9 - Single Service Line - Medical Only 10 - Single Service Line - Surgical Only	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<number-inpatient-discharge\> Sub-element of header		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: \<number-inpatient-discharge\>800\</number-inpatient-discharge\>**				
	None	Number of inpatients discharged from the hospital for the month.	N/A	Numeric	10	Yes
\<number-eligible-discharge\> Sub-element of header		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: \<number-eligible-discharge\>650\</number-eligible-discharge\>**				
	None	Number of eligible patients discharged from the hospital for the month.	N/A	Numeric	10	Yes
\<sample-size\> Sub-element of header		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. **Example: \<sample-size\>600\</sample-size\>**				
	None	Number of eligible patients drawn into the sample for survey administration.	N/A	Numeric	10	Yes
\<sample-type\> Sub-element of header		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. *Note: Sample Type must be the same for all three months within a quarter.* **Example: \<sample-type\>3\</sample-type\>**				
	None	Sample type must be the same for all three months within a quarter. Sample Type cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - Simple random sample 2 - Proportionate stratified random sample 3 - Disproportionate stratified random sample	Numeric	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required

\<dsrs-strata>
 	
Sub-element of header
		This is the beginning tag for the section that is used to collect data elements for sample type of Disproportionate Stratified Random Sample (DSRS). This tag is only used if the sampling type is DSRS (sample-type = 3). If the sampling type is DSRS, the XML file must include one **\<dsrs-strata>** tag for each strata being defined. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.**
		
		Each \<dsrs-strata> section, must have one each of the following associated data elements as shown below -
		
		Example: The following is an example that displays two strata being defined -
		\<dsrs-strata>
		        \<strata-name>example strata one\</strata-name>
		        \<dsrs-inpatient>800\</dsrs-inpatient>
		        \<dsrs-eligible>200\</dsrs-eligible>
		        \<dsrs-samplesize>125\</dsrs-samplesize>
		\</dsrs-strata>
		\<dsrs-strata>
		        \<strata-name>example strata two\</strata-name>
		        \<dsrs-inpatient>500\</dsrs-inpatient>
		        \<dsrs-eligible>300\</dsrs-eligible>
		        \<dsrs-samplesize>170\</dsrs-samplesize>
		\</dsrs-strata>				

	None	If sample type selected is Disproportionate Stratified Random Sample (DSRS), **there should be at least two \<dsrs-strata> sections**. Additional strata can be defined as needed. There should be one \<dsrs-strata> tag for each strata defined.	N/A	NA	N/A	No. Required only if sample-type is DSRS.
\<strata-name> Sub-element of dsrs-strata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one \<strata-name> tag for each strata defined. This data element, which belongs to the \<dsrs-strata> section, should only occur once per \<dsrs strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** **Example: \<strata-name>strata one\</strata-name>**				
	None	If sample type selected is Disproportionate Stratified Random Sample, **then at least two strata names should be defined.** No two strata names can be the same within one file. Strata names must be the same for all three months within a quarter. Strata names cannot be modified once two months of data in the quarter have been submitted and accepted. Strata names can be changed, added or deleted in subsequent quarters.	NA	Alphanumeric Character	45	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<dsrs-inpatient> Sub-element of dsrs-strata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-inpatient> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** Example: **<dsrs-inpatient>800</dsrs-inpatient>**				
	None	If disproportionate stratified random sample is utilized, this is the number of inpatient discharges within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<dsrs-eligible> Sub-element of dsrs-strata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-eligible> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** Example: **<dsrs-eligible>650</dsrs-eligible>**				
	None	If disproportionate stratified random sample is utilized, this is the number of eligible patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<dsrs-samplesize> Sub-element of dsrs-strata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-samplesize> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. **This tag should not be included in the XML file if the sampling type utilized is not DSRS.** Example: **<dsrs-samplesize>650</dsrs-samplesize>**				
	None	If disproportionate stratified random sample is utilized, this is the number of sampled patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
</dsrs-strata> Closing tag for dsrs-strata	None	**Note:** This closing tag is required in the XML document, if the sample type utilized is "3 - Disproportionate stratified random sample," however, it contains no data. This closing tag should occur once for each <dsrs-strata> section.				
</header> Closing tag for header	None	**Note:** This closing element for the header is required in the XML document, however, it contains no data. This header element should only occur once per file.				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
The following section defines the format of the patient level data record.						
\<patientleveldata\> Opening Tag, defines the patient level data record of monthly survey data		This is the opening element of the patient level data record. The closing tag for this element will be at the end of the patient level data record. **Note:** The \<patientleveldata\> section includes the opening and closing \<patientleveldata\> tags and all the tags between these two tags. The \<patientleveldata\> section is required in the XML file, if at least one patient is being submitted. If the \<sample-size\> is 0, and no patient data are being submitted, the \<patientleveldata\> section should not be included in the XML file. This patient level data element should only occur once per patient.				
	None	N/A	N/A	NA	N/A	Yes
An administrative data record is required for each patient as follows:						
\<administration\> Opening Tag, defines the administrative data record within the patient level data record of monthly survey data		This is the opening element of the administrative record. The closing tag for this element will be at the end of the administrative data record. **Note:** There will be one \<administration\> section for each patient. The \<administration\> section includes the opening and closing \<administration\> tags and all the tags between these two tags. This \<administration\> section is required in the XML file for each patient being submitted. This \<administration\> element should only occur once per patient.				
	None	N/A	N/A	NA	N/A	Yes
\<provider-id\> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the previous header record. **Example: \<provider-id\>123456\</provider-id\>**				
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
\<discharge-yr\> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. **Example: \<discharge-yr\>2025\</discharge-yr\>**				
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes
\<discharge-month\> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. **Example: \<discharge-month\>1\</discharge-month\>**				
	None	Month patient was discharged from the hospital.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<patient-id\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element should only occur once per patient. **Example: \<patient-id\>12345\</patient-id\>**					
	None	Unique de-identified patient id assigned by the provider to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes
\<admission-source\> Point of Origin for Admission or Visit	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: \<admission-source\>1\</admission-source\>**					
	None	Source of inpatient admission for the patient. (same as UB-04 field location 15)	1 - Nonhealthcare Facility Point of Origin	Alphanumeric Character	1	Yes
			2 - Clinic or Physician's Office			
			4 - Transfer from a Hospital (Different Facility)			
			5 - Transfer from a SNF, ICF or ALF			
			6 - Transfer from Another Healthcare Facility			
			8 - Court/Law Enforcement			
			9 - Information Not Available			
			D - Transfer From One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer			
			E - Transfer from Ambulatory Surgery Center			
			F - Transfer from Hospice Facility			
			G - Transfer from a Designated Disaster Alternate Care Site (ACS)			
\<principal-reason-admission\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: If possible the Service Line should not be coded as "Missing."** **Example: \<principal-reason-admission\>1\</principal-reason-admission\>**					
	None	Assignment of HCAHPS Service Line category.	1 - Maternity Care	Alphanumeric Character	1	Yes
			2 - Medical			
			3 - Surgical			
			X - Ineligible			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not be coded as having "Complete" surveys."** Example: **<discharge-status>66</discharge-status>**				
	None	Status of patient's discharge. (same as UB-04 field location 17)	1 - Home Care or Self-Care	Alphanumeric Character	2	Yes
			2 - Short-Term General Hospital for Inpatient Care			
			3 - Medicare Certified Skilled Nursing Facility			
			4 - Intermediate Care Facility			
			5 - Designated Cancer Center or Children's Hospital			
			6 - Home with Home Health Services			
			7 - Left Against Medical Advice			
			9 - Admitted As an Inpatient to This Hospital			
			20 - Expired			
			21 - Discharged/Transferred to Court/Law Enforcement			
			30 - Still a Patient			
			40 - Expired at Home			
			41 - Expired in Medical Facility			
			42 - Expired, Place Unknown			
			43 - Federal Healthcare Facility			
			50 - Hospice - Home			
			51 - Hospice - Medical Facility			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> Sub-element of patientleveldata:administration (cont'd)	None	Status of patient's discharge. (same as UB-04 field location 17)	61 - Medicare Approved Swing Bed within Hospital	Alphanumeric Character	2	Yes
			62 - Inpatient Rehabilitation Facility			
			63 - Long Term Care Hospital			
			64 - Medicaid Certified Nursing Facility			
			65 - Psychiatric Hospital or Psychiatric Unit			
			66 - Critical Access Hospital			
			69 - Discharged/Transferred to a Designated Disaster Alternative Care Site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those rescores were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.)			
			70 - Discharged/Transferred to a Healthcare Institution Not Defined Elsewhere in the Code List			
			81 - Discharged to home or self care with a planned acute care hospital inpatient readmission			
			82 - Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission			
			83 - Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<discharge-status\> Sub-element of patientleveldata:administration (cont'd)	None	Status of patient's discharge. (same as UB-04 field location 17)	84 - Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission	Alphanumeric Character	2	Yes
			85 - Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission			
			86 - Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission			
			87 - Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission			
			88 - Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission			
			89 - Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission			
			90 - Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission			
			91 - Discharged/Transferred to a Medicare Certified Long-term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<discharge-status> Sub-element of patientleveldata:administration (cont'd)	None	Status of patient's discharge. (same as UB-04 field location 17)	92 - Discharged/Transferred to a Medicaid Certified Nursing Facility Not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission	Alphanumeric Character	2	Yes
			93 - Discharged/Transferred to a Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission			
			94 - Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission			
			95 - Discharged/Transferred to Another Type of Health-care Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<strata-name> Sub-element of patientleveldata:administration		This tag is required if the sampling type is DSRS (sample type 3). Name of the strata this patient belongs to. This name must match one of the strata defined in the header section of the XML file. If the sampling type is other than 3, this tag doesn't need to be included in the XML file. **Example: <strata-name>strata one</strata-name>**				
	None	This is the name of the strata the patient belongs to. You can only use one of the valid strata names defined in the header for the data element <strata-name>	You can only use one of the valid strata names defined in the header for the data element <strata-name>	Alphanumeric Character	45	Yes
<survey-status> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. *Note: It is anticipated that Survey Status should not be coded as "Missing."* **Example: <survey-status>10</survey-status>**				
	None	Disposition of survey.	1 - Completed survey	Alphanumeric Character	2	Yes
			2 - Ineligible: Deceased			
			3 - Ineligible: Not in eligible population			
			4 - Ineligible: Language barrier			
			5 - Ineligible: Mental/physical incapacity			
			6 - Non-response: Break off			
			7 - Non-response: Refusal			
			8 - Non-response: Non-response after maximum attempts			
			9 - Non-response: Bad address			
			10 - Non-response: Bad/no phone number			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<survey-completion-mode> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone and the Survey Status is 1 - Completed Survey or 6 - Non-response: Break off. The values entered must match a value corresponding to the Survey Mode defined in the header section of the XML file. If the XML Element <Survey Mode> is other than Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone, this tag should not be included in the XML file. **Example: <survey-completion-mode>1</survey-completion-mode>**					
	None	Survey Mode used to complete a survey administered via the Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode.	1 - Mail-Phone mode-mail 2 - Mail-Phone mode-phone 3 - Web-Mail mode-web 4 - Web-Mail mode-mail 5 - Web-Phone mode-web 6 - Web-Phone mode-phone 7 - Web-Mail-Phone mode-web 8 - Web-Mail-Phone mode-mail 9 - Web-Mail-Phone mode-phone 10 - Not applicable	Numeric	2	Yes, if Survey Mode is Mail-Phone, Web-Mail, Web-Phone or Web-Mail-Phone and Survey Status is 1-Completed Survey or 6-Non-response: Break off.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<number-survey-attempts-phone\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Phone Only, Mail-Phone with a Survey Completion Mode answer of 2 - Mail-Phone-phone, Web-Phone with a Survey Completion Mode answer of 6 - Web-Phone mode-phone, or Web-Mail-Phone with a Survey Completion Mode answer of 9 - Web-Mail-Phone mode-phone. If the XML Element \<Survey Mode\> is other than Phone Only, Mail-Phone (phone), Web-Phone (phone), or Web-Mail-Phone (phone) this tag does not need to be included in the XML file. **Example: \<number-survey-attempts-phone\>1\</number-survey-attempts-phone\>**					
	None	Number of phone contact attempt for which the survey was completed or final survey status code is determined. Phone Only, Mail-Phone, Web-Phone, or Web-Mail-Phone mode.	1 - First Phone attempt 2 - Second Phone attempt 3 - Third Phone attempt 4 - Fourth Phone attempt 5 - Fifth Phone attempt 8 - Not applicable	Numeric	1	Yes, if the Survey Mode is Phone Only mode, Mail-Phone mode with Survey Completion Mode = 2- Mail-Phone mode-phone, Web-Phone mode with Survey Completion Mode = 6-Web-Phone mode-phone, or Web-Mail-Phone mode with Survey Completion Mode = 9-Web-Mail-Phone mode-phone.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<number-survey-attempts-mail\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail Only or Web-Mail with a Survey Completion Mode answer of 4 - Web-Mail mode-mail. If the XML Element \<Survey Mode\> is other than Mail Only or Web-Mail (mail), this tag does not need to be included in the XML file. **Example: \<number-survey-attempts-mail\>1\</number-survey-attempts-mail\>**					
	None	Mail wave for which the survey was completed or final survey status code is determined. Mail Only or Web-Mail mode.	1 - First wave mailing 2 - Second wave mailing 8 - Not applicable	Numeric	1	Yes, if the Survey Mode is Mail Only mode or Survey Mode is Web-Mail mode with Survey Completion Mode = 4-Web-Mail mode-mail.
\<number-survey-attempts-web\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Web-Mail with a Survey Completion Mode answer of 3 - Web-Mail mode-web, Web-Phone with a Survey Completion Mode answer of 5 - Web-Phone mode-web, or Web-Mail-Phone with a Survey Completion Mode answer of 7 - Web-Mail-Phone mode-web. If the XML Element \<Survey Mode\> is other than Web-Mail (web), Web-Phone (web) or Web-Mail-Phone (web), this tag does not need to be included in the XML file. **Example: \<number-survey-attempts-web\>1\</number-survey-attempts-web\>**					
	None	Email invitation for which the survey was completed or final survey status code is determined. Web-Mail, Web-Phone or Web-Mail-Phone mode.	1 - First email invitation 2 - Second email invitation 3 - Third email invitation 8 - Not applicable	Numeric	1	Yes, if the Survey Mode is Web-Mail mode with Survey Completion Mode = 3-Web-Mail mode-web, Survey Mode is Web-Phone mode with Survey Completion Mode = 5-Web-Phone mode-web, or Web-Mail-Phone mode with Survey Completion Mode = 7-Web-Mail-Phone mode-web.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<email-status\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Web-Mail, Web-Phone or Web-Mail-Phone. If the XML Element \<Survey Mode\> is other than Web-Mail, Web-Phone or Web-Mail-Phone this tag does not need to be included in the XML file. **Example: \<email-status\>1\</email-status\>**					
	None	Indicates if a patient email address was provided.	1 - Yes	Numeric	1	Yes, if Survey Mode is Web-Mail, Web-Phone, or Web-Mail-Phone.
			2 - No			
			8 - Not applicable			
\<language\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: \<language\>1\</language\>**					
	None	Identify survey language in which the survey was administered (or attempted to be administered) (English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic)	1 - English	Numeric	2	Yes
			2 - Spanish			
			3 - Chinese			
			4 - Russian			
			5 - Vietnamese			
			6 - Portuguese			
			7 - German			
			8 - Tagalog			
			9 - Arabic			
			20 - Not applicable			
\<lag-time\> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: The Lag Time should not be coded as "Missing" or "888."** **Example: \<lag-time\>91\</lag-time\>**					
	None	Number of days between patient's discharge date from the hospital and the date that data collection activities ended for the patient.	0-365	Numeric	3	Yes
			888 - Not applicable			
\<supplemental-question-count\>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Note: The "Supplemental Question Count" should not be coded as "Missing."** **Example: \<supplemental-question-count\>4\</supplemental-question-count\>**					
	None	The count is the maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	0-12 M - Missing	Alphanumeric Character	2	Yes. Required for all HCAHPS Final Survey Status Codes.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<patient-sex> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <patient-sex>1</patient-sex>**				
	None	Patient sex.	1 - Male	Alphanumeric Character	1	Yes
			2 - Female			
			M - Missing			
<patient-age> Sub-element of patientleveldata:administration		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. **Example: <patient-age>1</patient-age>**				
	None	Patient age at admission.	0 - Under 18	Alphanumeric Character	2	Yes
			1 - 18 to 24			
			2 - 25 to 29			
			3 - 30 to 34			
			4 - 35 to 39			
			5 - 40 to 44			
			6 - 45 to 49			
			7 - 50 to 54			
			8 - 55 to 59			
			9 - 60 to 64			
			10 - 65 to 69			
			11 - 70 to 74			
			12 - 75 to 79			
			13 - 80 to 84			
			14 - 85 to 89			
			15 - 90 or older			
			M - Missing/Unknown			
</administration> Closing tag for administration	None	**Note:** This tag is required in the XML file, however, it contains no data. This administration element should only occur once per patient.				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
A survey results (patient response) record is defined as the <patient response> and is defined as follows: **(Note: Survey results (patient response) records are not required for a valid data submission, however if survey results are included then all answers must have an entry. Survey results (patient response) record is required, if the final <survey-status> is "1 - Completed survey" or "6 - Nonresponse: Break off".)**						
<patientresponse> Opening Tag, defines the patient response data record within the patient level data record of monthly survey data		This is the opening element of the patient response record. The closing tag for this element will be at the end of the patient response record. **Note:** There will be one <patientresponse> section for each patient if survey results are being submitted for the patient. The <patientresponse> section includes the opening and closing <patientresponse> tags and all the tags between these two tags. This <patientresponse> section is required in the XML file only if survey results are being submitted for the patient. If survey results are not being submitted for the patient, the <patientresponse> section should not be submitted. This patient response element should only occur once per patient.				
	None	N/A	N/A	NA	N/A	Yes
<nurse-courtesy-respect> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-courtesy-respect>4</nurse-courtesy-respect>**				
	None	Question 1: Nurses courtesy and respect	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<nurse-listen> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-listen>4</nurse-listen>**				
	None	Question 2: Nurses listen.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<nurse-explain> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <nurse-explain>4</nurse-explain>**				
	None	Question 3: Nurses explain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<dr-courtesy-respect> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-courtesy-respect>4</dr-courtesy-respect>**				
	None	Question 4: Doctors courtesy and respect.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<dr-listen> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-listen>4</dr-listen>**				
	None	Question 5: Doctors listen.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<dr-explain> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <dr-explain>4</dr-explain>**				
	None	Question 6: Doctors explain.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<cleanliness\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<cleanliness\>4\</cleanliness\>**				
	None	Question 7: Cleanliness	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
\<rest\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<rest\>4\</rest\>**				
	None	Question 8: Restfulness	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
\<quiet\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<quiet\>4\</quiet\>**				
	None	Question 9: Quiet.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
\<informed-care\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<informed-care\>4\</informed-care\>**				
	None	Question 10: Informed Care	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<hosp-staff\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<hosp-staff\>4\<hosp-staff\>**
	None	Question 11: Hospital Staff	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
\<bathroom-screener\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<bathroom-screener\>1\</bathroom-screener\>**
	None	Question 12: Bathroom (screener 1).	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
\<bathroom-help\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<bathroom-help\>4\</bathroom-help\>**
	None	Question 13: Bathroom help.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
\<help-right-away\> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<help-right-away\>4\</help-right-away\>**
	None	Question 14: Help right away	1 - Never 2 - Sometimes 3 - Usually 4 - Always 9 - I never asked for help right away M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<new-med-screener> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<new-med-screener>1\</new-med-screener>**				
	None	Question 15: New meds (screener 2).	1 - Yes 2 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
\<med-for> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<med-for>4\</med-for>**				
	None	Question 16: Medicine for.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
\<side-effects> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<side-effects>4\</side-effects>**				
	None	Question 17: Side effects.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes
\<rest-recovery> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<rest-recovery>4\</rest-recovery>**				
	None	Question 18: Rest and recovery	1 - Yes, definitely 2 - Yes, somewhat 3 - No M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<care-after-stay> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <care-after-stay>4</care-after-stay>**				
	None	Question 19: Care After Stay	1 - Yes, definitely 2 - Yes, somewhat 3 - No M - Missing/Don't know	Alphanumeric Character	1	Yes
<information-about-symptoms> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example:<information-about-symptoms>4</information-about-symptoms>**				
	None	Question 20: Information about Symptoms	1 - Yes, definitely 2 - Yes, somewhat 3 - No 9 - I did not have family or a caregiver watch for symptoms or health problems M - Missing/Don't know	Alphanumeric Character	1	Yes
<discharge-screener> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <discharge-screener>1</discharge-screener>**				
	None	Question 21: Discharge (screener 3).	1 - Own home 2 - Someone else's home 3 - Another health facility M - Missing/Don't know	Alphanumeric Character	1	Yes
<help-after-discharge> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <help-after-discharge>1</help-after-discharge>**				
	None	Question 22: Help after discharge.	1 - Yes 2 - No 8 - Not applicable M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<symptoms> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <symptoms>1</symptoms>**				
	None	Question 23: Symptoms.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			8 - Not applicable			
			M - Missing/Don't know			
<overall-rate> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <overall-rate>5</overall-rate>**				
	None	Question 24: Overall rating.	0 - Worst hospital possible	Alphanumeric Character	2	Yes
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10 - Best hospital possible			
			M - Missing/Don't know			
<recommend> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <recommend>4</recommend>**				
	None	Question 25: Recommend.	1 - Definitely no	Alphanumeric Character	1	Yes
			2 - Probably no			
			3 - Probably yes			
			4 - Definitely yes			
			M - Missing/Don't know			

CMS
Centers for Medicare and Medicaid Services

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<planned-stay> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <planned-stay>4</planned-stay>**				
	None	Question 26: Stay planned in advance	1 - Yes, definitely	Alphanumeric Character	1	Yes
			2 - Yes, somewhat			
			3 - No			
			M - Missing/Don't know			
<overall-health> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <overall-health>4</overall-health>**				
	None	Question 27: Overall health.	1 - Excellent	Alphanumeric Character	1	Yes
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			
<mental-health> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <mental-health>4</mental-health>**				
	None	Question 28: Mental health.	1 - Excellent	Alphanumeric Character	1	Yes
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<language-speak> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <language-speak>1</language-speak>**				
	None	Question 29: Language.	1 - English	Alphanumeric Character	2	Yes
			2 - Spanish			
			3 - Chinese			
			20 - Another language			
			M - Missing/Don't know			
<education> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <education>4</education>**				
	None	Question 30: Education.	1 - 8th grade or less	Alphanumeric Character	1	Yes
			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			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<ethnic> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <ethnic>1</ethnic>**					
	None	Question 31: Ethnicity.	1 - No, not Spanish/Hispanic/Latino	Alphanumeric Character	1	Yes
			2 - Yes, Cuban			
			3 - Yes, Mexican, Mexican American, Chicano			
			4 - Yes, Puerto Rican			
			5 - Yes, other Spanish/Hispanic/Latino			
			M - Missing/Don't know			
<race-amer-indian-ak> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-amer-indian-ak>0</race-amer-indian-ak>** If the check box for the race '**American Indian or Alaska native**' is selected, enter value '1' for this data element If the check box for the race '**American Indian or Alaska native**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 32: Race, American Indian/Alaska Native.	1 - American Indian or Alaska native	Alphanumeric Character	1	Yes
			0 - Not American Indian or Alaska native			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
\<race-asian\> Sub-element of patientleveldata: patientresponse	\multicolumn{6}{l}{Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<race-asian\>0\</race-asian\>** If the check box for the race '**Asian**' is selected, enter value '1' for this data element If the check box for the race '**Asian**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements					
	None	Question 32: Race, Asian.	1 - Asian	Alphanumeric Character	1	Yes
			0 - Not Asian			
			M - Missing/Don't know			
\<race-african-amer\> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: \<race-african-amer\>0\</race-african-amer\>** If the check box for the race '**Black or African-American**' is selected, enter value '1' for this data element If the check box for the race '**Black or African-American**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements}					
	None	Question 32: Race, African-American.	1 - Black or African-American	Alphanumeric Character	1	Yes
			0 - Not Black or African-American			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<race-hi-pacific-islander> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-hi-pacific-islander>0</race-hi-pacific-islander>** If the check box for the race '**Native Hawaiian or Pacific Islander**' is selected, enter value '1' for this data element If the check box for the race '**Native Hawaiian or Pacific Islander**' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements				
	None	Question 32: Race, Pacific Islander.	1 - Native Hawaiian or Pacific Islander	Alphanumeric Character	1	Yes
			0 - Not Native Hawaiian or Pacific Islander			
			M - Missing/Don't know			
<race-white> Sub-element of patientleveldata: patientresponse		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. **Example: <race-white>1</race-white>** If the check box for the race '**White**' is selected, enter value '1' for this data element If the check box for the race '**White**' is **not** selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements				
	None	Question 32: Race, White.	1 - White	Alphanumeric Character	1	Yes
			0 - Not White			
			M - Missing/Don't know			
</patientresponse> Closing tag for patientresponse	None	**Note:** This tag is required in the XML file, however, it contains no data. This patient response element should only occur once per patient.				
</patientleveldata> Closing tag for patientleveldata	None	**Note:** This tag is required in the XML file, however, it contains no data. This patient level data element should only occur once per patient.				
</monthlydata> Closing tag, defines the monthly survey data	None	**Note:** This tag is required in the XML file, however, it contains no data. This monthly data element should only occur once per patient.				

HCAHPS Survey
Sample XML File Layout

Sample XML File Layout without DSRS V4.7

```
- <monthlydata xmlns="http://hcahps.ifmc.org"
     xmlns:xsi="http://www.w3.org/2025/XMLSchema-instance">
  - <header>
      <provider-name>Some Hospital</provider-name>
      <provider-id>160035</provider-id>
      <npi>1234567893</npi>
      <discharge-yr>2025</discharge-yr>
      <discharge-month>1</discharge-month>
      <survey-mode>1/survey-mode>
      <determination-of-service-line>1</determination-of-service-line>
      <number-inpatient-discharge>150</number-inpatient-discharge>
      <number-eligible-discharge>100</number-eligible-discharge>
      <sample-size>35</sample-size>
      <sample-type>2</sample-type>
    </header>
  - <patientleveldata>
    - <administration>
        <provider-id>160035</provider-id>
        <discharge-yr>2025</discharge-yr>
        <discharge-month>1</discharge-month>
        <patient-id>12345</patient-id>
        <admission-source>1</admission-source>
        <principal-reason-admission>3</principal-reason-admission>
        <discharge-status>1</discharge-status>
        <survey-status>1</survey-status>
        <survey-completion-mode>1<survey-completion-mode>
        <number-survey-attempts-mail>1</number-survey-attempts-mail>
        <email-status>1</email-status>
        <language>1</language>
        <lag-time>10</lag-time>
        <supplemental-question-count>4</supplemental-question-count>
        <patient-sex>1</patient-sex>
        <patient-age>1</patient-age>
      </administration>
    - <patientresponse>
        <nurse-courtesy-respect>1</nurse-courtesy-respect>
        <nurse-listen>1</nurse-listen>
        <nurse-explain>1</nurse-explain>
        <dr-courtesy-respect>1</dr-courtesy-respect>
        <dr-listen>1</dr-listen>
        <dr-explain>1</dr-explain>
        <cleanliness>1</cleanliness>
        <rest>1</rest>
        <quiet>1</quiet>
```

```xml
        <informed-care>1</informed-care>
        <hosp-staff>1</hosp-staff>
        <bathroom-screener>1</bathroom-screener>
        <bathroom-help>1</bathroom-help>
        <help-right-away>1</help-right-away>
        <new-med-screener>1</new-med-screener>
        <med-for>1</med-for>
        <side-effects>1</side-effects>
        <rest-recovery>1</rest-recovery>
        <care-after-stay>1</care-after-stay>
        <information-about-symptoms>1</information-about-symptoms>
        <discharge-screener>1</discharge-screener>
        <help-after-discharge>1</help-after-discharge>
        <symptoms>1</symptoms>
        <overall-rate>1</overall-rate>
        <recommend>1</recommend>
        <planned-stay>1</planned-stay>
        <overall-health>1</overall-health>
        <mental-health>1</mental-health>
        <language-speak>1</language-speak>
        <education>1</education>
        <ethnic>1</ethnic>
        <race-amer-indian-ak>0</race-amer-indian-ak>
        <race-asian>0</race-asian>
        <race-african-amer>0</race-african-amer>
        <race-hi-pacific-islander>0</race-hi-pacific-islander>
        <race-white>1</race-white>
      </patientresponse>
   </patientleveldata>
 - <patientleveldata>
   - <administration>
        <provider-id>160035</provider-id>
        <discharge-yr>2025</discharge-yr>
        <discharge-month>1</discharge-month>
        <patient-id>24556</patient-id>
        <admission-source>1</admission-source>
        <principal-reason-admission>3</principal-reason-admission>
        <discharge-status>1</discharge-status>
        <survey-status>1</survey-status>
        <survey-completion-mode>1<survey-completion-mode>
        <number-survey-attempts-mail>1</number-survey-attempts-mail>
        <email-status>1</email-status>
        <language>1</language>
        <lag-time>10</lag-time>
        <supplemental-question-count>4</supplemental-question-count>
        <patient-sex>1</patient-sex>
```

```
        <patient-age>1</patient-age>
    </administration>
 - <patientresponse>
        <nurse-courtesy-respect>1</nurse-courtesy-respect>
        <nurse-listen>1</nurse-listen>
        <nurse-explain>1</nurse-explain>
        <dr-courtesy-respect>1</dr-courtesy-respect>
        <dr-listen>1</dr-listen>
        <dr-explain>1</dr-explain>
        <cleanliness>1</cleanliness>
        <rest>1</rest>
        <quiet>1</quiet>
        <informed-care>1</informed-care>
        <hosp-staff>1</hosp-staff>
        <bathroom-screener>1</bathroom-screener>
        <bathroom-help>1</bathroom-help>
        <help-right-away>1</help-right-away>
        <new-med-screener>1</new-med-screener>
        <med-for>1</med-for>
        <side-effects>1</side-effects>
        <rest-recovery>1</rest-recovery>
        <care-after-stay>1</care-after-stay>
        <information-about-symptoms>1</information-about-symptoms>
        <discharge-screener>1</discharge-screener>
        <help-after-discharge>1</help-after-discharge>
        <symptoms>1</symptoms>
        <overall-rate>1</overall-rate>
        <recommend>1</recommend>
        <planned-stay>1</planned-stay>
        <overall-health>1</overall-health>
        <mental-health>1</mental-health>
        <language-speak>1</language-speak>
        <education>1</education>
        <ethnic>1</ethnic>
        <race-amer-indian-ak>0</race-amer-indian-ak>
        <race-asian>0</race-asian>
        <race-african-amer>0</race-african-amer>
        <race-hi-pacific-islander>0</race-hi-pacific-islander>
        <race-white>1</race-white>
    </patientresponse>
  </patientleveldata>
</monthlydata>
```

HCAHPS Survey
Sample XML File Layout

Sample XML File Layout with DSRS V4.7

```
- <monthlydata xmlns="http://hcahps.ifmc.org"
     xmlns:xsi="http://www.w3.org/2025/XMLSchema-instance">
  - <header>
      <provider-name>Some Hospital</provider-name>
      <provider-id>160035</provider-id>
      <npi>1234567893</npi>
      <discharge-yr>2025</discharge-yr>
      <discharge-month>1</discharge-month>
      <survey-mode>1</survey-mode>
      <determination-of-service-line>1</determination-of-service-line>
      <number-inpatient-discharge>900</number-inpatient-discharge>
      <number-eligible-discharge>700</number-eligible-discharge>
      <sample-size>600</sample-size>
      <sample-type>3</sample-type>
    - <dsrs-strata>
        <strata-name>strata one</strata-name>
        <dsrs-inpatient>300</dsrs-inpatient>
        <dsrs-eligible>250</dsrs-eligible>
        <dsrs-samplesize>240</dsrs-samplesize>
      </dsrs-strata>
    - <dsrs-strata>
        <strata-name>strata two</strata-name>
        <dsrs-inpatient>315</dsrs-inpatient>
        <dsrs-eligible>240</dsrs-eligible>
        <dsrs-samplesize>240</dsrs-samplesize>
      </dsrs-strata>
    - <dsrs-strata>
        <strata-name>strata three</strata-name>
        <dsrs-inpatient>270</dsrs-inpatient>
        <dsrs-eligible>210</dsrs-eligible>
        <dsrs-samplesize>120</dsrs-samplesize>
      </dsrs-strata>
    </header>
  - <patientleveldata>
    - <administration>
        <provider-id>160035</provider-id>
        <discharge-yr>2025</discharge-yr>
        <discharge-month>1</discharge-month>
        <patient-id>12345</patient-id>
        <admission-source>1</admission-source>
        <principal-reason-admission>3</principal-reason-admission>
        <discharge-status>1</discharge-status>
        <strata-name>strata one</strata-name>
        <survey-status>1</survey-status>
```

```
        <survey-completion-mode>1<survey-completion-mode>
        <number-survey-attempts-mail>1</number-survey-attempts-mail>
        <email-status>1</email-status>
        <language>1</language>
        <lag-time>10</lag-time>
        <supplemental-question-count>4</supplemental-question-count>
        <patient-sex>1</patient-sex>
        <patient-age>1</patient-age>
    </administration>
  - <patientresponse>
        <nurse-courtesy-respect>1</nurse-courtesy-respect>
        <nurse-listen>1</nurse-listen>
        <nurse-explain>1</nurse-explain>
        <dr-courtesy-respect>1</dr-courtesy-respect>
        <dr-listen>1</dr-listen>
        <dr-explain>1</dr-explain>
        <cleanliness>1</cleanliness>
        <rest>1</rest>
        <quiet>1</quiet>
        <informed-care>1</informed-care>
        <hosp-staff>1</hosp-staff>
        <bathroom-screener>1</bathroom-screener>
        <bathroom-help>1</bathroom-help>
        <help-right-away>1</help-right-away>
        <new-med-screener>1</new-med-screener>
        <med-for>1</med-for>
        <side-effects>1</side-effects>
        <rest-recovery>1</rest-recovery>
        <care-after-stay>1</care-after-stay>
        <information-about-symptoms>1</information-about-symptoms>
        <discharge-screener>1</discharge-screener>
        <help-after-discharge>1</help-after-discharge>
        <symptoms>1</symptoms>
        <overall-rate>1</overall-rate>
        <recommend>1</recommend>
        <planned-stay>1</planned-stay>
        <overall-health>1</overall-health>
        <mental-health>1</mental-health>
        <language-speak>1</language-speak>
        <education>1</education>
        <ethnic>1</ethnic>
        <race-amer-indian-ak>0</race-amer-indian-ak>
        <race-asian>0</race-asian>
        <race-african-amer>0</race-african-amer>
        <race-hi-pacific-islander>0</race-hi-pacific-islander>
        <race-white>1</race-white>
```

HCAHPS Survey
Sample XML File Layout

```xml
        </patientresponse>
      </patientleveldata>
  - <patientleveldata>
    - <administration>
        <provider-id>160035</provider-id>
        <discharge-yr>2025/discharge-yr>
        <discharge-month>1</discharge-month>
        <patient-id>22256</patient-id>
        <admission-source>1</admission-source>
        <principal-reason-admission>3</principal-reason-admission>
        <discharge-status>1</discharge-status>
        <strata-name>strata two</strata-name>
        <survey-status>1</survey-status>
        <survey-completion-mode>1<survey-completion-mode>
        <number-survey-attempts-mail>1</number-survey-attempts-mail>
        <email-status>1</email-status>
        <language>1</language>
        <lag-time>10</lag-time>
        <supplemental-question-count>4</supplemental-question-count>
        <patient-sex>1</patient-sex>
        <patient-age>1</patient-age>
      </administration>
  - <patientresponse>
        <nurse-courtesy-respect>1</nurse-courtesy-respect>
        <nurse-listen>1</nurse-listen>
        <nurse-explain>1</nurse-explain>
        <dr-courtesy-respect>1</dr-courtesy-respect>
        <dr-listen>1</dr-listen>
        <dr-explain>1</dr-explain>
        <cleanliness>1</cleanliness>
        <rest>1</rest>
        <quiet>1</quiet>
        <informed-care>1</informed-care>
        <hosp-staff>1</hosp-staff>
        <bathroom-screener>1</bathroom-screener>
        <bathroom-help>1</bathroom-help>
        <help-right-away>1</help-right-away>
        <new-med-screener>1</new-med-screener>
        <med-for>1</med-for>
        <side-effects>1</side-effects>
        <rest-recovery>1</rest-recovery>
        <care-after-stay>1</care-after-stay>
        <information-about-symptoms>1</information-about-symptoms>
        <discharge-screener>1</discharge-screener>
        <help-after-discharge>1</help-after-discharge>
        <symptoms>1</symptoms>
```

```
        <overall-rate>1</overall-rate>
        <recommend>1</recommend>
        <planned-stay>1</planned-stay>
        <overall-health>1</overall-health>
        <mental-health>1</mental-health>
        <language-speak>1</language-speak>
        <education>1</education>
        <ethnic>1</ethnic>
        <race-amer-indian-ak>0</race-amer-indian-ak>
        <race-asian>0</race-asian>
        <race-african-amer>0</race-african-amer>
        <race-hi-pacific-islander>0</race-hi-pacific-islander>
        <race-white>1</race-white>
     </patientresponse>
   </patientleveldata>
 - <patientleveldata>
   - <administration>
        <provider-id>160035</provider-id>
        <discharge-yr>2025</discharge-yr>
        <discharge-month>1</discharge-month>
        <patient-id>12666</patient-id>
        <admission-source>1</admission-source>
        <principal-reason-admission>3</principal-reason-admission>
        <discharge-status>1</discharge-status>
        <strata-name>strata three</strata-name>
        <survey-status>1</survey-status>
        <survey-completion-mode>1<survey-completion-mode>
        <number-survey-attempts-mail>1</number-survey-attempts-mail>
        <email-status>1</email-status>
        <language>1</language>
        <supplemental-question-count>4</supplemental-question-count>
        <patient-sex>1</patient-sex>
        <patient-age>1</patient-age>
     </administration>
   - <patientresponse>
        <nurse-courtesy-respect>1</nurse-courtesy-respect>
        <nurse-listen>1</nurse-listen>
        <nurse-explain>1</nurse-explain>
        <dr-courtesy-respect>1</dr-courtesy-respect>
        <dr-listen>1</dr-listen>
        <dr-explain>1</dr-explain>
        <cleanliness>1</cleanliness>
        <rest>1</rest>
        <quiet>1</quiet>
        <informed-care>1</informed-care>
        <hosp-staff>1</hosp-staff>
```

```
            <bathroom-screener>1</bathroom-screener>
            <bathroom-help>1</bathroom-help>
            <help-right-away>1</help-right-away>
            <new-med-screener>1</new-med-screener>
            <med-for>1</med-for>
            <side-effects>1</side-effects>
            <rest-recovery>1</rest-recovery>
            <care-after-stay>1</care-after-stay>
            <information-about-symptoms>1</information-about-symptoms>
            <discharge-screener>1</discharge-screener>
            <help-after-discharge>1</help-after-discharge>
            <symptoms>1</symptoms>
            <overall-rate>1</overall-rate>
            <recommend>1</recommend>
            <planned-stay>1</planned-stay>
            <overall-health>1</overall-health>
            <mental-health>1</mental-health>
            <language-speak>1</language-speak>
            <education>1</education>
            <ethnic>1</ethnic>
            <race-amer-indian-ak>0</race-amer-indian-ak>
            <race-asian>0</race-asian>
            <race-african-amer>0</race-african-amer>
            <race-hi-pacific-islander>0</race-hi-pacific-islander>
            <race-white>1</race-white>
        </patientresponse>
    </patientleveldata>
</monthlydata>
```

APPENDIX BB

HCAHPS Quality Assurance Plan Outline and Survey Materials Checklist

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

Quality Assurance Plan Outline and
Survey Materials Checklist

Quality Assurance Plan Outline

The Quality Assurance Plan (QAP) is a comprehensive working document that is prepared by survey vendors and self-administering hospitals. The QAP documents the implementation and administration of the HCAHPS Survey, and compliance with HCAHPS protocols and guidelines. The QAP also serves as a key resource in the training of staff and subcontractors.

The QAP must specify who will do what, when they will do it, and how they will get it done.

The HCAHPS Project Team provides this outline to assist survey vendors/hospitals in the development of the organization's QAP. New items added to the V19.0 QAP outline can be found in red. **The HCAHPS Project Team strongly recommends that survey vendors/hospitals use this outline as a template for developing and updating the organization's QAP. All submissions of the QAP must be dated, and changes from previous versions must be clearly highlighted (i.e., use of Track Changes in Microsoft Word. *Accept the prior years' Track Changes before updating for current year*).**

Contact the HCAHPS Project Team with any questions.

Organizational Background and Structure

1. *Provide survey vendor/hospital contact information, including:*
    A. Survey vendor/Hospital name
    B. Hospital CMS Certification Number (formerly known as Medicare Provider Number) for self-administering hospitals
    C. Number of beds, if applicable (self-administering hospitals)
    D. Number of contracted client hospitals, if applicable (survey vendors)
    E. Subcontractor name(s) and role(s), if applicable
    F. Approved survey mode(s)
    G. Language(s) survey administered in by mode
    H. Names of primary and secondary contact persons, including direct phone numbers and email addresses
    I. Survey vendor's/Hospital's mailing address
    J. Physical location (the QAP must also contain the survey vendor's/hospital's mailing address, if different)
    K. Website address, if applicable
    L. Date of the QAP revision/update

2. *Briefly describe the survey vendor's/hospital's history and affiliations, including the scope of business and number of years in business.*

3. *Describe the survey vendor's/hospital's survey experience with all patient populations, including a description of each mode of HCAHPS Survey administration that the survey vendor/hospital is approved to administer, including the number of years they have administered surveys in each mode.*

4. *Provide an HCAHPS organizational chart that identifies (by name, title and location, if applicable) the staff, subcontractors and any other organizations, if applicable, responsible for each of the major project tasks. Include the reporting relationships for all HCAHPS project staff and identify any key staff who work from remote locations. Also, specify the name and title of the staff members (primary and secondary/backup) who perform the following project tasks:*
   A. Overall project management, including training and supervision
   B. Tracking of key survey events
   C. Creation of the sample frame
   D. Drawing the sample
   E. Assignment of the random, unique de-identified patient identification numbers
   F. Administering the survey by the approved mode (Mail, Phone, Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone)
   G. Data receipt and data entry
   H. Data submission; list all staff members authorized to upload data to the HCAHPS Data Warehouse as well as members with the QualityNet Administrator role for HCAHPS
   I. Review of HCAHPS Data Submission and/or HCAHPS Feedback Reports
   J. Quality checks of all key events including, but not limited to, survey administration, sample frame creation, data entry, data submission, electronic backup systems, etc.

5. *Describe the background and qualifications of all key personnel involved in the HCAHPS Survey administration, including a description of the capabilities of all subcontractors and the survey vendor's/hospital's experience with current subcontractors, if applicable. Background and qualifications of all key personnel and subcontractor(s) should include experience in conducting patient surveys and experience in the appropriate project task(s) assigned to the project staff. Staff resumes are not required; however, these resumes may be requested during oversight activities.*

6. *Identify who participated in HCAHPS training in the current year. Describe the training that has been or will be provided to all personnel involved in HCAHPS Survey administration, including subcontractors and any other organizations, if subcontractors or other organizations are used during the HCAHPS Survey administration process. Survey vendors should also describe the training provided to client hospitals.*

Work Plan for Survey Administration

This section of the QAP should be written in a manner so that a new member of the organization's project team could carry out the processes necessary to administer the HCAHPS Survey. **The QAP should provide sufficient detail for this person to completely understand and accurately follow the processes to administer the survey, and <u>should include a comprehensive timeline of key events (number of days between key events), showing who will do what, when they will do it, and how they will get it done</u>.** The QAP should be free of extraneous information. The emphasis should be on providing concise explanations of required HCAHPS processes.

Note: If approved for multiple modes of survey administration, list responses separately for each mode.

7. *Provide the information requested below for the survey vendor's/hospital's approved mode(s) of survey administration, including a timeline of key survey administration events.*
   A. Mail Only mode – describe the process for updating addresses, producing mailing materials, and process for mailing out the surveys (Mail Only Survey Administration chapter)
   B. Phone Only mode – describe the process for updating phone numbers, programming and operating the interviewing systems, and contacting sampled patients (Phone Only Survey Administration chapter)
      1. Describe how interviews are redirected if the interviewer is known personally by the patient
      2. Describe how patients with multiple phone numbers are handled, including how the phone numbers are prioritized
   C. Mail-Phone mode – see above for Mail Only and Phone Only (Mail-Phone Survey Administration chapter)
   D. Web-First modes – describe the process for obtaining and validating patient email addresses, programming and administering web surveys, and process for sending out email invitations. See above for Mail Only and Phone Only (Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters).
      1. Describe the process for tracking surveys throughout the web, mail and/or phone phases of survey administration, and identifying non-respondents for mail and/or phone follow-up
      2. Describe the quality checks and testing to ensure the web survey presents similarly across different browser applications, browser sizes and platforms (mobile, tablet, computer)

8. *Describe the steps involved in creating the sample frame and selecting the sample size. (Do not include programming code.)*
   A. Describe the process for receiving and updating the patient discharge information, including electronic security utilized for exchange of patient discharge files between client hospitals and survey vendors. For survey vendors, describe what the hospital will provide for sample frame creation.
      1. Include a list of all data elements the hospital provides
   B. Describe the database(s)/document(s) used to identify the eligible patients
   C. Describe the method of sampling to be used, including the process for selecting the sample size (Sampling Protocol chapter)

D. Describe the procedure for ensuring hospitals with sufficient eligible population sizes achieve at least 300 completed surveys in a 12-month time frame
E. List the HCAHPS eligibility and exclusion criteria and describe the process for applying them to determine patient eligibility for inclusion in the HCAHPS Sample Frame (Sampling Protocol chapter)
F. Describe the method used to determine HCAHPS Service Line (Sampling Protocol chapter)
   1. If determining service line based on a single service line, include the process for maintaining documentation from client hospitals that confirms which patient populations are served on an annual basis, at minimum
G. Describe the process of de-duplicating by multiple discharges and by household (Sampling Protocol chapter)
H. Describe the process for administering the HCAHPS Survey in Spanish to Spanish language-preferring patients
I. If administering the survey in other HCAHPS official languages (beyond English and Spanish), identify the language(s) and describe how the survey language that will be administered to the eligible patient is chosen

9. *Describe the process and steps used to assign the random, unique de-identified patient identification numbers (Patient ID). Note: Identification numbers must not be based on a coding structure that could potentially reveal patient identities, such as those that incorporate the patient's last name, initials, date of birth, date of discharge, hospital account number, month, date, and/or year, etc. Do not use symbols or special characters (^*@#&) of any kind as they are not valid for data submission. Patient identification numbers should not be assigned sequentially, unless the patient discharge list is randomized prior to assigning the Patient ID.*

10. *Describe the data receipt and data entry procedures. (Do not include programming code.)*
   A. Describe how the surveys are handled and recorded when they are responded to by mail, phone or web, as applicable
   B. Describe the use of the decision rules, if applicable
   C. Describe the scanning procedure, if applicable
   D. Describe how and when in the process the final survey status code is assigned
   E. Provide the crosswalk of the organization's interim disposition codes to final HCAHPS disposition codes, if applicable
   F. Describe any unique processes for accepting proxy respondents, if applicable

11. *Describe the data preparation and submission procedures. (Do not include programming code.)*
   A. Describe the calculation of lag time
   B. Describe the process of updating the eligibility status of patients (i.e., process for updating any missing fields in the patient discharge file received from the client hospital), if applicable
   C. Describe the process for converting data into XML files and uploading the data to the HCAHPS Data Warehouse, if applicable
   D. Describe the process for online data entry, if applicable (only available for self-administering hospitals)
   E. Describe the time frames for completing data submission

Survey and Data Management System and Quality Controls

12. *Describe the system resources (hardware and software) available, **if not previously** described in sections above, such as:*
    A. Telephone or electronic (CATI) interviewing system
    B. Web survey system
    C. Mailing equipment
    D. Scanning systems
    E. Software used for tracking, assigning de-identifying numbers, generating sample frame, producing mail survey packets, phone survey administration, web survey administration and XML file generation
    F. Address, phone number and email address updating resources

13. *Describe how the customer support line (and email, if applicable) will be operated.*
    A. Identify who is responsible for responding to phone and email questions regarding HCAHPS
    B. Specify the customer support phone number and email address, if applicable
    C. Include a written transcript of the voice mail message that specifies the caller can leave a message about the HCAHPS or hospital survey
    D. Describe the process for training and monitoring of English and Spanish-language customer support staff
    E. Include the hours of live/voice mail operations for the customer support line and the time frame for returning voice mail messages and email inquiries within one business day
    F. Describe the process for how customer support calls (and emails, if applicable) are documented

14. *Tracking of key events should be part of a survey vendor's/hospital's quality oversight processes. Describe how key events are tracked throughout the survey process, including, but not limited to:*
    A. Receipt of the patient discharge list
    B. Creation of the sample frame
    C. Drawing the sample
    D. Assignment of random, unique de-identified patient identification numbers
    E. Administering the survey by the approved mode(s) of administration
    F. Data receipt
    G. Data entry
    H. Data submission
    I. Data retention

For items 16 – 21, include the following in each description:
♦ **Identify who performs the checks**
♦ **Identify what checks are performed**
♦ **Identify how the checks are performed**
♦ **Identify how frequently the checks occur**
♦ **Identify the number or percentage of records that are checked**
♦ **Identify the documentation that provides evidence that the checks are performed**

15. *Describe the process for monitoring on-site work and subcontractors' work (if applicable) to ensure high quality results. Include monitoring of phone interviewers, checks of printed mailing materials, and checks of web survey systems.*

16. *Describe the quality control checks implemented to validate that eligibility and exclusion criteria are applied correctly and that sample frame creation is accurate.*
    A. Describe the method used to verify the sample is a random selection (unless using 100% census sampling)

17. *Describe the quality control process to validate the accuracy of manual data entry and/or electronic scanning procedures. Include the quality control process to verify the accuracy of the application of HCAHPS decision rules (mail surveys).*

18. *Describe the quality control checks of telephone or electronic (CATI) procedures to confirm that programming is accurate and in accordance with HCAHPS protocols, and that data integrity is maintained (if applicable).*

19. *Describe the quality control checks of web survey procedures to confirm that programming is accurate and in accordance with HCAHPS protocols, and that data integrity is maintained (if applicable).*

20. *Describe the quality control process to validate the accuracy of data submission including the review of the HCAHPS Warehouse Submission Reports and HCAHPS Submission Results Reports (formerly the Review and Correction Reports).*

21. *Describe the backup process of patient files, including the quality control checks, conducted at a minimum on a quarterly basis, that are in place to ensure the backup files are easily retrievable and working.*

Disaster Recovery, Confidentiality, Privacy and Security Procedures

22. *Describe the disaster recovery plan for conducting ongoing business operations in the event of a disaster.*

23. *Provide templates of any confidentiality agreements and business associate agreements, which include language related to HIPAA regulations and the protection of patient information, used for staff, subcontractors and any other organizations involved in any aspect of survey administration. Specify the frequency in which agreements are reviewed and re-signed.*

24. *Describe the physical and electronic security and storage procedures to protect patient-identified files, survey questionnaires, recorded interviews, web survey data and sample files, including the length of time that the survey materials will be retained. In addition, describe the destruction process for HCAHPS materials, if applicable.*

QAP Update: Discussion of Results of Quality Control Activities

This section must be completed as part of the QAP submission for all survey vendors and self-administering hospitals.

25. *Discuss the results and "lessons learned" from the quality review activities listed below. Describe in detail the outcomes of these reviews.*
    A. Describe HCAHPS Survey administration challenges and how these were handled
    B. Describe the discovery of any variations from HCAHPS protocols and how these variations were corrected
    C. Describe the process for communicating the results of quality checks to upper management
    D. Describe any opportunities for improvement to the organization's HCAHPS Survey administration processes that were identified
    E. Document in the QAP any changes in survey administration resulting from quality process improvement activities

Other

26. *Any forms used in HCAHPS administration that may assist the HCAHPS Project Team in reviewing the survey vendor's/hospital's processes (e.g., tracking logs, sample frame format, etc.).* **Note: These items should be templates only and must not contain any Protected Health Information (PHI).**

27. *Identify the specific timeline for incorporating the* **current Quality Assurance Guidelines** *changes into the survey vendor's/hospital's survey administration process or confirm that the QAP has been updated per the current Quality Assurance Guidelines V19.0 changes.*

HCAHPS Survey Materials Checklist

Survey vendors/Hospitals must submit HCAHPS Survey materials that will be used for January 1, 2025 patient discharges and forward for review to HCAHPS Technical Assistance via email at hcahps@hsag.com by the date determined by CMS**.**

This checklist is intended to aid the organization in the submission process by listing all relevant survey material elements that should be included. **Survey vendors/Hospitals must follow the guidelines described in the HCAHPS *QAG V19.0* when developing survey materials.** This checklist is not intended to replace a survey vendor's or self-administering hospital's internal quality control processes for review of survey materials.

HCAHPS Survey Materials by Mode

Survey Material Element (see details in tables below)	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Mail Questionnaire	✓		✓	✓		✓
Initial Cover Letter	✓		✓	✓		✓
Follow-up Cover Letter	✓			✓		✓
Outgoing and Return Envelopes	✓		✓	✓		✓
Phone Script		✓	✓		✓	✓
Interviewer Screen Shots (if using an electronic interviewing system)		✓	✓		✓	✓
Web Survey Screen Shots				✓	✓	✓
Web Survey Link for Testing				✓	✓	✓
Initial Email Invitation				✓	✓	✓
Reminder Email Invitation				✓	✓	✓

Note: The HCAHPS Project Team will check for the key items below when reviewing survey vendors'/hospitals' submitted survey materials.

Mail Administration	
Survey questionnaire template in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	
• Font size of 12-point at minimum	☐
• Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added	☐
• Include a placeholder or example of the de-identified patient identification number	☐
• Include mandatory survey title (Hospital Experience Survey)	☐
• Include the copyright statement on the last page of the questionnaire, no smaller than 10-point minimum	☐
Initial Cover Letter template in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	
Follow-Up Cover Letter template in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	
• Font size of 12-point at a minimum	☐
• Include required verbatim language	☐
• Include a customer support phone number (and email address, if applicable)	☐
• Include a signature of the hospital administrator (preferred) or hospital/survey vendor project director. A placeholder or electronic signature is acceptable.	☐
• The signature must correspond with the organization on the letterhead (it is acceptable to display two logos [e.g., client hospital and survey vendor])	☐
• Include a note in Spanish for the patient to request a survey in Spanish	☐
Outgoing and Return Envelopes	☐
• Font size of 10-point at a minimum	☐
• Include survey vendor's/hospital's return address and banner, if applicable (Outgoing)	☐
• Specify use of a window envelope and how the patient address is displayed, if applicable	☐
• Postage indicia or postage placeholder is included (Return)	☐
Include OMB verbatim, no smaller than 10-point minimum, on either the questionnaire (preferred) or cover letters	☐
Include relevant Exception Request number(s) for survey materials, if applicable	☐

Phone Administration	
Phone Script (Interviewer screen shots if using an electronic interviewing system) in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	☐
• Display all interviewer instructions clearly and completely	☐
• Include skip pattern logic clearly and completely	☐
• Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added	☐

Web Administration	
Web Survey template/screen shots in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	☐
• Font size of 12-point at minimum	☐
• Include OMB language (Welcome web screen) and copyright statement (Thank You screen) in no smaller than 10-point at minimum	☐
• Include skip pattern logic clearly and completely	☐
• Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added	☐
• Include mandatory survey title (Hospital Experience Survey) on Welcome web screen	☐
• Hospital logo may be included on the Welcome web screen	☐
Initial Email Invitation template in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	☐
Reminder Email Invitation template in each official HCAHPS translation the organization plans to administer (**English and Spanish, at minimum**)	☐
• Font size of 12-point at a minimum	☐
• Include required verbatim language	☐
• Include a customer support phone number (and email address, if applicable)	☐
• Include an electronic signature of the hospital administrator (preferred) or hospital/survey vendor project director	☐
• Include a note in Spanish for the patient to request a survey in Spanish	☐
Web Survey link(s) for testing	☐

APPENDIX CC

**Participation Form for Hospitals
Self-administering Survey**

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

Participation Form
For Hospitals
Self-administering Survey

This Participation Form is to be completed <u>only</u> by hospitals requesting to become approved to self-administer the CAHPS® Hospital Survey (HCAHPS) (without using a survey vendor) or by hospitals self-administering the HCAHPS Survey who have significant changes to their survey administration process (e.g., adding an administration mode). To submit the Participation Form online, visit the HCAHPS Website at https://www.hcahpsonline.org.

PARTICIPATION FORM TYPE (Check One)	DATE SUBMITTED
☐ New Participation Form ☐ Update to Previous Participation Form	

I. General Participation Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION		
1a. ORGANIZATION NAME		
1b. CMS CERTIFICATION NUMBER (CCN) - *Formerly known as Medicare Provider Number*		
1c. MAILING ADDRESS 1		
1d. MAILING ADDRESS 2		
1e. CITY	1f. STATE	1g. ZIP CODE
1h. TELEPHONE *(Area code, number and extension)*	1i. WEBSITE	

2. APPLICANT PRIMARY CONTACT PERSON		
2a. First Name	2b. Middle Initial	2c. Last Name
2d. TITLE	2e. DEGREE (e.g., RN, MD, PhD)	
2f. CITY	2g. STATE	2h. ZIP CODE
2i. TELEPHONE *(Area code, number and extension)*	2j. EMAIL ADDRESS	

3. TYPE(S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply): [1]		
☐ Mail Only	☐ Phone Only	☐ Mail-Phone
☐ Web-Mail	☐ Web-Phone	☐ Web-Mail-Phone

II. CAHPS Hospital Survey Minimum Business Requirements

A hospital must be approved by CMS in order to self-administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Hospitals self-administering the HCAHPS Survey and their subcontractor(s)/partner(s), and any other organization(s) performing major HCAHPS Survey administration functions, if applicable, must meet **all** of the following Minimum Business Requirements.

To become approved to self-administer the HCAHPS Survey, hospitals must submit this HCAHPS Participation Form and agree to the Rules of Participation (See section V). In reviewing Participation Forms, CMS will also consider any prior experience and past performance the applicant organization and/or subcontractor(s) may have with administering CMS surveys or other patient experience surveys. Applicants must demonstrate their recent survey experience (i.e., provide documentation of meeting survey experience requirements). HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.

In addition, approved HCAHPS self-administering hospitals must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." Federal Register/Vol. 78, No. 160/Monday, August 19, 2013/Rules and Regulations, Section. 412.140. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, as applicable for requested mode(s).

1. Relevant Survey Experience *Demonstrated* **recent** *(e.g., 2021 – 2023) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).*	
Patient-Specific Survey Experience: • Minimum of two continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent two-year time period • Minimum of one year continuous web patient-specific survey experience for the most recent one-year time period	☐ Yes ☐ No
Multiple Survey Languages: • Capacity to conduct surveys in both English and Spanish	☐ Yes ☐ No
Number of Years in Business: • Minimum of three years	☐ Yes ☐ No
Sampling Experience *(Must not be subcontracted)***:** • One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period • Adequately document sampling process *Note: Hospitals are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No

[1] No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone).

2. **Organizational Survey Capacity** *Capability and capacity to handle a required volume of mail questionnaires, conduct standardized phone interviewing, and/or conduct web survey administration in specified time frame.*	
Personnel: Designated personnel: • HCAHPS Project Manager with minimum one year prior experience conducting patient-specific mail and/or phone surveys • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of one-year prior experience for web surveys • Web Programmer (subcontractor designee, if applicable) with a minimum of one-year prior experience programming, testing, and collecting data via web survey instruments • Have appropriate organizational back-up staff for coverage of key staff *Note: Hospitals must not use volunteers in any capacity for HCAHPS Survey administration.*	☐ Yes ☐ No

System Resources:
• Physical plant resources available to handle the volume of surveys being administered
• A systematic process to:
    o track fielded surveys through the protocol, avoiding respondent burden and losing respondents
    o assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
• Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
Note: All System Resources are subject to oversight activities including on-site visits to physical locations.
	☐ Yes ☐ No

Sample Frame Creation*(Must not be subcontracted)***:** • Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria • Draw the sample of discharges for the survey, who meet the eligible population criteria *Note: Hospitals are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No
Mail Survey Administration (if applicable): • Obtain and update addresses • Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review • Mail out of survey materials • Process survey data (including key-entry or scanning) • Identify non-respondents for follow-up mailing *Note: Mail survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*	☐ Yes ☐ No ☐ Not Requested

Phone Survey Administration (if applicable): • Obtain and update all phone numbers • Collect phone interview data for the survey; a sample of the phone script and interviewer screen shots must be submitted for review • Identify non-respondents for follow-up phone calls • Schedule and conduct callback appointments *Note: Phone interviews/monitoring must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.*	☐ Yes ☐ No ☐ Not Requested
Mail-Phone Survey Administration (if applicable): See both of the above referenced Mail Mode of Survey Administration and Phone Mode of Survey Administration requirements.	☐ Yes ☐ No ☐ Not Requested

Web Survey Administration (if applicable):
• Disseminate survey invitation and follow-up emails to non-respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey
• Obtain and validate patient email addresses
• Collect web survey data
• Identify non-respondents for follow-up mail and/or phone administration
    ○ See above referenced Mail Administration and Phone Administration requirements
• Submit a sample of survey materials for review, if applicable:
    ○ Invitation and reminder emails
    ○ Web survey screenshots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link
    ○ Hard copy letter(s) and questionnaire
    ○ Phone script and interviewer screenshots
Note: Web survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.
	☐ Yes ☐ No
	
	☐ Not Requested

Data Submission *(Must not be subcontracted)***:** • One year prior experience transmitting data via secure methods (HIPAA-compliant) • Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) • Prepare final patient-level data files for submission • Access and submit data electronically via the HQR system *Note: Hospitals are responsible for data submission and must not subcontract this process.*	☐ Yes ☐ No

Data Security: Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster	☐ Yes ☐ No
Data Retention and Storage: Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location; obtain a certificate of the destruction of data	☐ Yes ☐ No
Technical Assistance/Customer Support: • One year prior experience providing phone customer support • Provide a customer support line in all languages administered	☐ Yes ☐ No
Organizational Confidentiality Requirements: • Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection • Execute Business Associate Agreement(s) in accordance with HIPAA regulations • Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) • Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	☐ Yes ☐ No

3. Quality Control Procedures *Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve at least 300 completed HCAHPS Surveys in a rolling four-quarter period.*	
Demonstrated Quality Control Procedures: Established systems for conducting and documenting quality control activities including: • In-house training of staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording of receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing or keying in survey data • Preparing of final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities	☐ Yes ☐ No
Quality Assurance Plan (QAP) Documentation Requirements: • Develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status, following approval	☐ Yes ☐ No
Past Performance: The HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans • Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.) *Note: In determining approval, CMS will take into consideration any prior experience the applicant organization may have administering CMS or other patient experience surveys, including as a subcontractor.*	☐ Agree

4. Survey Experience *Provide a brief description of your organization's experience in conducting patient-specific surveys in each of the requested mode(s) of survey administration. Please limit to patient-specific surveys conducted within the most recent time period (e.g., 2021 – 2023).*

III. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	**Role**	**Email**	**Telephone**
1.	Project Director		
2.	Project Manager		
3.	Web Subject Matter Expert		
4.	Web Programmer		

IV. List of Subcontractors

Check here ☐ if you currently do not use subcontractors. Go to Section V.

LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). *Note: HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS subcontractors, the HCAHPS Project Team must be notified immediately.*

Subcontractor Name	Role	Organization Address	Contact Name	Contact Email Address
1.				
2.				
3.				

V. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in HCAHPS training and all subsequent HCAHPS trainings. At a minimum, the organization's Project Manager must participate in training as a representative of the organization. The organization's subcontractors/partners and any other organizations that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web operations) must also participate in HCAHPS training.
2. Participate in teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
4. Attest to the accuracy of the organization's data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks will be conducted.
5. Develop and maintain an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing/return envelopes), phone scripts, and/or web materials (e.g., invitation and reminder emails and web survey screenshots).
6. Create a HARP (HCQIS Access Roles and Profile) account or ensure that the account is active by logging into the Hospital Quality Reporting (HQR) system at https://hqr.cms.gov/.
7. Become a registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) for Data Collection.
8. Participate and cooperate (including subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
9. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
    a. https://www.hhs.gov/HIPAA/
10. Meet all HCAHPS due dates including data submission.
11. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

VI. Applicant Organization Certification and Acceptance:

I certify that:	AUTHORIZED REPRESENTATIVE:
• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS). • The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) *Minimum Business Requirements*.	Name:_____ Title:_____ Organization:_____ _____ Date: _____

If not submitting this form online at **https://www.hcahpsonline.org**, please email or fax form back to:

Email
hcahps@hsag.com

Fax
(602) 308-7105
Attn: HCAHPS

APPENDIX DD

Participation Form for
Survey Vendors

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

Participation Form
For Survey Vendors

This Participation Form is to be completed by survey vendors requesting to become approved to administer the CAHPS® Hospital Survey (HCAHPS) or by approved HCAHPS Survey vendors who have significant changes to their survey administration process (e.g., adding an administration mode). To submit the Participation Form online, visit the HCAHPS Website at https://www.hcahpsonline.org.

PARTICIPATION FORM TYPE (Check One)	DATE SUBMITTED
☐ New Participation Form ☐ Update to Previous Participation Form	

I. General Participation Information
This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION		
1a. ORGANIZATION NAME		
1b. MAILING ADDRESS 1		
1c. MAILING ADDRESS 2		
1d. CITY	1e. STATE	1f. ZIP CODE
1g. TELEPHONE *(Area code, number and extension)*	1h. WEBSITE	

2. APPLICANT PRIMARY CONTACT PERSON		
2a. FIRST NAME	2b. MIDDLE INITIAL	2c. LAST NAME
2d. TITLE	2e. DEGREE (e.g., RN, MD, PhD)	
2f. CITY	2g. STATE	2h. ZIP CODE
2i. TELEPHONE *(Area code, number and extension)*	2j. EMAIL ADDRESS	

3. TYPE(S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply): [1]

☐ Mail Only ☐ Phone Only ☐ Mail-Phone
☐ Web-Mail ☐ Web-Phone ☐ Web-Mail-Phone

---

[1] No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone).

II. CAHPS Hospital Survey Minimum Business Requirements

An organization must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Survey vendors and their subcontractor(s) must meet **all** of the following Survey Vendor Minimum Business Requirements. Subcontractor(s)/partner(s) and other organization(s) performing major HCAHPS Survey Administration functions (e.g., mail/phone/web operations, XML file preparation) must meet **all** HCAHPS Minimum Business Requirements that pertain to that role.

To become approved to administer the HCAHPS Survey, survey vendors must submit this HCAHPS Participation Form and agree to the Rules of Participation (See section VI). In reviewing Participation Forms, CMS will also consider any prior experience and past performance the applicant organization and/or subcontractor(s) may have with administering CMS surveys or other patient experience surveys. Applicants must demonstrate their recent survey experience (i.e., provide documentation of meeting survey experience requirements). HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.

In addition, approved HCAHPS Survey vendors must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." Federal Register/Vol. 78, No. 160/Monday, August 19, 2013/Rules and Regulations, Section. 412.140. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, as applicable for requested mode(s).

1. Relevant Survey Experience *Demonstrated **recent** (e.g., 2021 – 2023) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).*	
Patient-Specific Survey Experience: • Minimum of three continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent three-year time period • Minimum of two continuous years web patient-specific survey experience for the most recent two-year time period	☐ Yes ☐ No
Multiple Survey Languages: • Capacity to conduct surveys in both English and Spanish	☐ Yes ☐ No
Number of Years in Business: • Minimum of four years	☐ Yes ☐ No
Sampling Experience *(Must not be subcontracted):* • Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period • Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes • Adequately document the sampling process *Note: Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No

2. Organizational Survey Capacity *Capability and capacity to handle a required volume of mail questionnaires, conduct standardized phone interviewing, and/or conduct web survey administration in specified time frame.*	
Personnel: Designated HCAHPS personnel: • Project Manager with minimum two years prior experience conducting patient-specific mail and/or phone surveys • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files • Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys • Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments • Have appropriate organizational staff back-up for coverage of key staff *Note: Survey vendors must not use volunteers in any capacity for HCAHPS Survey administration.*	☐ Yes ☐ No

System Resources:
• Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment
• Electronic survey management system to
    ○ track fielded surveys through the protocol, avoiding respondent burden and losing respondents
    ○ assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
• Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
Note: All System Resources are subject to oversight activities including on-site visits to physical locations.
	☐ Yes ☐ No

Sample Frame Creation *(Must not be subcontracted)*: • Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria • Draw the sample of discharges for the survey, who meet the eligible population criteria *Note: Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.*	☐ Yes ☐ No
Mail Survey Administration (if applicable): • Obtain and update addresses • Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review • Mail out of survey materials • Process survey data (including key-entry or scanning) • Identify non-respondents for follow-up mailing *Note: Mail survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*	☐ Yes ☐ No ☐ Not Requested

Phone Survey Administration (if applicable): • Obtain and update all phone numbers • Collect phone interview data for the survey, using electronic or alternative interviewing system; a sample of the phone script and interviewer screen shots must be submitted for review • Identify non-respondents for follow-up phone calls • Schedule and conduct callback appointments *Note: Phone interviews/monitoring must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.*	☐ Yes ☐ No ☐ Not Requested
Mail-Phone Survey Administration (if applicable): See both of the above referenced Mail Mode of Survey Administration and Phone Mode of Survey Administration requirements.	☐ Yes ☐ No ☐ Not Requested

Web Survey Administration (if applicable):
• Disseminate survey invitation and follow-up emails to non-respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey
• Obtain and validate patient email addresses provided by client hospital(s)
• Collect web survey data
• Identify non-respondents for follow-up mail and/or phone administration
    o See above referenced Mail Administration and Phone Administration requirements
• Submit a sample of survey materials for review, if applicable:
    o Invitation and reminder emails
    o Web survey screenshots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link
    o Hard copy letter(s) and questionnaire
    o Phone script and interviewer screenshots
Note: Web survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.
	☐ Yes ☐ No
	
	☐ Not Requested

Data Submission *(Must not be subcontracted)***:** • Two years prior experience transmitting data via secure methods (HIPAA-compliant) • Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) • Obtain the HQR system survey vendor authorization from contracted hospitals • Prepare final patient-level data files for submission • Access and submit data electronically via the HQR system *Note: Survey vendors are responsible for conducting data submission and must not subcontract this process.*	☐ Yes ☐ No

Data Security: Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster	☐ Yes ☐ No
Data Retention and Storage: Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location; obtain a certificate of the destruction of data	☐ Yes ☐ No
Technical Assistance/Customer Support: • Two years prior experience providing phone customer support • Provide a toll-free customer support line in all languages administered	☐ Yes ☐ No
Organizational Confidentiality Requirements: • Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection • Execute Business Associate Agreement(s) in accordance with HIPAA regulations • Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) • Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	☐ Yes ☐ No

3. Quality Control Procedures *Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve at least 300 completed HCAHPS Surveys in a rolling four-quarter period.*	
Demonstrated Quality Control Procedures: Established systems for conducting and documenting quality control activities including: • In-house training of staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording of receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing; scanning or keying in survey data • Preparing of final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities	☐ Yes ☐ No
Quality Assurance Plan (QAP) Documentation Requirements: • Develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status, following approval	☐ Yes ☐ No
Past Performance: The HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans • Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.) *Note: In determining approval, CMS will take into consideration any prior experience the applicant organization may have administering CMS or other patient experience surveys, including as a subcontractor.*	☐ Agree

4. Survey Experience *Provide a brief description of your organization's experience in conducting patient-specific surveys in each of the requested mode(s) of survey administration. Please limit to patient-specific surveys conducted within the most recent time period (e.g., 2021 – 2023).*

III. CMS Surveys or Other Patient Experience Surveys

1.	Have you been approved as a vendor to implement other CMS or CAHPS Surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of the survey(s) for which you have been approved as a vendor.		
2.	Have you been a subcontractor to an approved vendor for other CMS or CAHPS Surveys in the past five years?	☐ Yes ☐ No
If Yes, please provide the name of survey(s) for which you have been approved as a subcontractor to a vendor.		

IV. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	Role	Email	Telephone
1.	Project Director		
2.	Project Manager		
3.	Sampling Manager		
4.	Programmer		
5.	Call Center/Mail Center Supervisor		
6.	Web Subject Matter Expert		
7.	Web Programmer		

V. List of Subcontractors

Check here ☐ if you currently do not use subcontractors. Go to Section VI.

LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). *Note: HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS subcontractors, the HCAHPS Project Team must be notified immediately.*				
Subcontractor Name	Role	Organization Address	Contact Name	Contact Email Address
1.				
2.				
3.				

VI. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in HCAHPS training and all subsequent HCAHPS trainings. At a minimum, the organization's Project Manager must participate in training as a representative of the organization. The organization's subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web operations) must also participate in HCAHPS training.
2. Participate in a teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
4. Attest to the accuracy of the organization's data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks will be conducted.
5. Develop and maintain an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, upon contracting with a client hospital, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing/return envelopes), phone scripts, and/or web materials (e.g., invitation and reminder emails and web survey screenshots).
6. Create a HARP (HCQIS Access Roles and Profile) account in the Hospital Quality Reporting (HQR) system at https://hqr.cms.gov/.
7. Become a registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) for Data Collection (survey vendors will not be listed on the HCAHPS Website until this step is completed and the QAP has been submitted and accepted in step 5 above).
8. Participate in an HCAHPS Dry Run and/or successfully submit one quarter's data to the Hospital Quality Reporting (HQR) system.
9. Participate and cooperate (including subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
10. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
    a. https://www.hhs.gov/HIPAA/
11. Meet all HCAHPS due dates including data submission.
12. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Care Compare on Medicare.gov (https://www.medicare.gov/care-compare/).

VII. Applicant Organization Qualification and Acceptance:

I certify that: • I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS). • The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) *Minimum Business Requirements*.	AUTHORIZED REPRESENTATIVE: Name:_____ Title:_____ Organization:_____ _____ Date: _____

If not submitting this form online at **https://www.hcahpsonline.org**, please email form back to:

Email
hcahps@hsag.com

APPENDIX EE

Exception Request Form

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey
EXCEPTION REQUEST FORM

**To complete and submit the Exception Request Form online, visit the HCAHPS Website at
https://www.hcahpsonline.org. Survey vendors must complete and submit all Exception Request
Forms on behalf of their client hospitals. The hospital(s) for which the Exception Request relates to
must be listed along with each hospital's CMS Certification Number (CCN). All required fields are
indicated with an asterisk (*).**

I. Exception Request
Please complete items 1 and 2 below for each requested exception.

1. Exception Request For (Check one in each box):

☐ **New Exception**
☐ **Renewal Exception**
    [_____] **Previous Exception Request ID Number**
☐ **Update of List of Applicable Hospitals**
    [_____] **Previous Exception Request ID Number**
☐ **Appeal of Exception Denial**
    [_____] **Exception Request ID Number***

☐ **Disproportionate Stratified Random Sampling**
☐ **Determination of Service Line** (Exception Requests for single service lines are no longer required)
    You must select <u>one</u> of the following.
    Please Note: CAH and IPPS hospitals must be submitted on separate Exception Request Forms.
    ☐ **CAH**
    ☐ **IPPS**
☐ **Participating in Another CMS or CMS-sponsored Inpatient Initiative**
☐ **Survey Materials**
☐ **Conducting Survey Operations from Remote Location**
☐ **Other Exception (specify)**
    [_____]

---

2. List of Hospitals Applicable to this Exception Request

Do you currently have hospitals applicable to this Exception Request? ○ Yes   ○ No

Name of Hospital *	CCN *

II. General Information

1. Organization (Survey vendor or self-administering hospital)

1a. Organization Name: *

1b. Organization Type: *
(Survey Vendor, Self-Administering Hospital or Other)

1c. Medical Provider Number, if applicable (CCN):

1d. Mailing Address 1: *

1e. Mailing Address 2:

1f. City: *

1g. State: *

1h. Zip Code: *

1i. Telephone: * (xxx-xxx-xxxx)

1j. Website:

---

2. Contact Person for this Exception Request (Confirmation email will be sent to the Contact Person)

2a. First Name: *

2b. Middle Initial:

2c. Last Name: *

2d. Title: *

2e. Degree (e.g., RN, MD, PhD):

---

3. Description of Exception Request

3a. Purpose of Proposed Exception Requested (e.g., sampling, other): *

3b. Rationale for Proposed Exception Requested: *

3c. Explanation of Implementation of Proposed Exception Requested: *

3d. Evidence that Exception Will Not Affect Results: *

The Exception Request Form must be completed and submitted online at https://www.hcahpsonline.org.

APPENDIX FF

Discrepancy Report Form

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

DISCREPANCY REPORT FORM

Section 1 is to be completed by the organization submitting this form. The requested information regarding the affected hospitals must be provided in Section 4 in order to complete the HCAHPS Discrepancy Report. THIS FORM MUST BE SUBMITTED ONLINE (https://www.hcahpsonline.org). All required fields are indicated with an asterisk (*). Enter "To be updated" in "*" required fields, only if an updated Discrepancy Report submission will be necessary.

> *Note: Do not use symbols or special characters (^*@#&) of any kind when submitting the Discrepancy Report Form.*

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

☐ **Initial Discrepancy Report *** (Must be submitted within 24 hours after the discrepancy has been discovered.)

☐ **Updated Discrepancy Report *** (If needed, must be submitted within two weeks of initial Discrepancy Report.)

Date of initial Discrepancy Report submission: * [_____]   Initial Discrepancy Report ID: * [_____]

1. General Information

Unique ID
[_____]

Submission Date
[_____]

1a. Name of Organization submitting Discrepancy Report *
[_____]

1b. Type of Organization: *
    Check one:
    ☐ **Survey Vendor**
    ☐ **Self-Administering Hospital**
    ☐ **Other**
        Other: [_____]

2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name: *
[_____]

2b. Last Name: *
[_____]

2c. Organization Mailing Address 1: *
[_____]

2d. Organization Mailing Address 2:
[_____]

2e. City: *
[_____]

2f. State: *
[_____]

2g. Zip Code: *
[_____]

2h. Telephone: * (xxx-xxx-xxxx)
[_____]

EXT:
[_____]

2i. Email Address: *
[_____]

3. Information about the Discrepancy

3a. Description of the discrepancy: *

3b. Description of how the discrepancy was identified: *

3c. Description of the corrective action to fix the discrepancy, including estimated time for implementation: *

3d. Additional information that would be helpful that has not been included above: *

4. List of Hospitals Applicable to this Discrepancy

4a. Total number of Affected Hospitals: *

4b. Add the information for the affected hospitals by populating the following 10 fields. A hospital may be added more than once if there are multiple time frames for the hospital. It is important that the effects of the Discrepancy Report are quantified; however, "unknown" will be accepted as a valid response.

Name of Hospital*	CCN*	Hospital Contact Person*	Email Address*	Number of Eligible Discharges Affected*	Avg. Number of Eligible Discharges/ Month*	Count of Sampled Patients Affected*	Avg. Number of Surveys Admin/ Month*	Time Frame Affected: Begin Date* xx/xx/xx	Time Frame Affected: End Date* xx/xx/xx

This Discrepancy Report Form must be completed and submitted online at https://www.hcahpsonline.org.

APPENDIX GG

Attestation Statement Form

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey

Attestation Statement

All of the data collected and submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by _____ **[NAME OF ORGANIZATION]** and all subcontractors/partners and other organizations engaged in survey activities are accurate and complete. This includes the following:

1. Meet and comply with the Minimum Business Requirements specified in the current HCAHPS *Quality Assurance Guidelines* (QAG)
2. Review and adhere to the HCAHPS QAG and policy updates
3. Updates to annual Quality Assurance Plan (QAP) are complete, comprehensive and accurate
4. Attest to the accuracy of data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks have been conducted
5. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities
6. Maintain confidentiality and security of all HCAHPS patient-related and survey-related data
7. Meet all HCAHPS due dates (including data submission)
8. Report any problems or discrepancies to CMS in a timely manner
9. Participate in annual HCAHPS training
10. Participate and cooperate (including subcontractors/partners and other organizations) in all oversight activities conducted by the HCAHPS Project Team

The statements herein are true, complete and accurate to the best of my knowledge.

Organization Name: _____

Project Director or Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

APPENDIX HH

Use of HCAHPS with Other Hospital Inpatient Surveys

THIS PAGE INTENTIONALLY LEFT BLANK

HCAHPS Survey
Use of HCAHPS with Other Hospital Inpatient Surveys

Overview
In an effort to promote clinical quality of care, enhance internal quality improvement (QI) activities, conduct internal studies, or meet the requirements of various accrediting bodies, hospitals are increasingly adopting survey-like questions that they would like to ask of their inpatients prior to, around the time of, or shortly after discharge. These survey-like questions frequently pose a potential conflict with the administration of the HCAHPS Survey.

In an effort to mitigate any potential conflicts and promote opportunities for hospitals to initiate QI activities and/or studies, CMS has developed guidelines specifically for the implementation of administering survey-like questions in conjunction with or prior to the administration of the HCAHPS Survey. These guidelines are strong recommendations from CMS. For further clarification, contact HCAHPS Technical Assistance via email at hcahps@hsag.com.

In general, questions that are asked in the course of conducting activities that are intended to assess clinical care/promote patient well-being are permissible. However, CMS strongly recommends such questions do not resemble HCAHPS items or their response categories, and be worded in a neutral tone and not be slanted towards a particular response. Hospitals are encouraged to focus on overall quality of care rather than on the questions/measures reported to CMS through HCAHPS. Activities and interactions that influence how patients, or which patients, respond to HCAHPS Survey items must be avoided.

To increase the likelihood that patients will respond to the HCAHPS Survey, CMS strongly recommends HCAHPS be the first inpatient survey patients receive about their experience of hospital care. "Survey" in this instance refers to a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the survey mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital's patient population.

What Activities are Permissible?
The following types of activities are allowable and do not require approval from the HCAHPS Project Team (HPT):
- ➤ Clinical rounding questions that assess the patient's well-being, needs and comfort level while the patient is in the hospital and are asked as part of clinical or leadership rounds
- ➤ Discharge-related questions about clinical status
- ➤ Post-discharge questions that focus on the patient's **clinical status** and **discharge instructions** following discharge from the hospital and are administered within the first 72 hours from the time of discharge
- ➤ Surveys required by accrediting agencies regarding clinical conditions or medical education

Examples of Acceptable Questions

CMS strongly recommends survey questions asked of inpatients during their hospital stay do not resemble HCAHPS items or their response categories, be worded in a neutral tone, and not be slanted toward a particular response. However, certain types of questions, if phrased carefully, are permissible. **Listed below are some examples of survey questions on topics covered by the HCAHPS Survey that may be posed prior to the administration of HCAHPS.** Please note that these questions (and their responses) must not be used in any marketing or promotional activities on behalf of the hospital. Please also note that this list is not intended to be all-inclusive.

➢ **Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff**
  • Did the staff address any communication barriers?
  • Did your healthcare professionals respond to your questions about your treatment plan?
  • Do you have suggestions on how we can improve the communication about your care?
  • Did your health care team include your preferences and wishes in the design of your care plan?
  • Did you ask questions about your condition or treatment plan and feel satisfied with the answers you received?
  • Were you satisfied that your needs were met while in the hospital?
  • Did your healthcare professionals respond to your concerns?
  • Are you receiving assistance from our staff when requested?
➢ **Communication About Medicines**
  • Did you leave the hospital with any unanswered questions about your medication(s)?
  • Do you have any questions regarding your medications?
  • Did the nurses/doctors address questions you may have had about new medications?
➢ **Discharge Information**
  • Do you have any questions about your discharge instructions?
  • Have questions about planning for your care at home been addressed?
  • Did you leave the hospital with any unanswered questions about managing your health?
➢ **Hospital Environment**
  • Is your room comfortable?
  • How is your sleep at night?
  • Did you feel that your room was sanitary?
➢ **Hospital Stay**
  • What can we do to make your stay more comfortable?
  • Please share with us how we could improve your hospital stay.
  • Do you have any comments on how your stay at this hospital might have been improved?
  • Tell us about your stay.
  • Do you have any comments about your hospital stay?
  • In general, how would you describe your experience at _____?
➢ **Recommend the Hospital**
  • Would you refer other people to _____?

Information for Hospitals Conducting Internal Inpatient Studies

CMS and the HPT understand that hospitals may want to perform studies that include HCAHPS-like items that focus on a particular unit, ward, patient population, diagnosis, procedure, or surgery, and utilize a set of standardized questions that are administered to patients while they are still in the hospital or after discharge but prior to the administration of the HCAHPS Survey. In these instances, the HPT requests that hospitals submit an Exception Request prior to implementation with specific details describing the topic, scope, methodology, survey mode, and the timing and duration, along with the set of questions and response categories that will be asked. These requests are reviewed on a case by case basis and should be submitted for approval a minimum of eight (8) weeks prior to implementation.

The review or acceptance of an Exception Request does not constitute formal CMS endorsement of those items, and the review or the outcome of the review must not be used for marketing or promotional purposes.

Other Requests for Review

Please note, the HPT does not review questions, materials and processes **not** directly associated with the implementation of a planned quality improvement activity. The HPT does not review materials for the development of marketable products or services.