



TO: Consensus Standards Approval Committee (CSAC)

FR: Sarah Sampsel and Nadine Allen

RE: Person and Family Centered Care Project, Phase 1

DA: December 9, 2014

The CSAC will review recommendations from the *Person and Family Centered Care Phase 1* project at its December 9 conference call.

This memo includes a summary of the project, recommended measures, and themes identified from and responses to the public and member comments.

Member voting on these recommended measures ended on November 21, 2014.

Accompanying this memo are the following documents:

1. [Person and Family Centered Care Phase 1 Draft Report](#). The draft report has been updated to reflect the changes made following Standing Committee discussion of public and member comments. The complete draft report and supplemental materials are available on the project page.
2. [Comment table](#). Staff has identified themes within the comments received. This table lists the seventeen comments received and the NQF/Standing Committee responses.

CSAC ACTION REQUIRED

Pursuant to the CDP, the CSAC may consider approval of 10 candidate consensus standards.

Person and Family Centered Care Phase 1 Measures Recommended for Endorsement:

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



Person and Family Centered Care Phase 1 Measures Not Recommended

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

Person and Family Centered Care Phase 1 Measures Withdrawn:

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

BACKGROUND

Ensuring person and family-centered care is a core concept embedded in the National Quality Strategy priority of ensuring that each person and family is engaged as partners in their care. Person and family-centered care encompasses patient and family engagement in care, including shared decision-making and preparation and activation for self-care management, and the outcomes of interest to patients receiving healthcare services, including health-related quality of life, functional status, symptoms and symptom burden, and experience with care. This project will primarily focus on patient-reported outcomes (PROs), but also may include some clinician-assessed functional status measures. NQF's 2012 project on PROs in performance measurement provides a basis for reviewing PRO-based performance measures, referred to as PRO-PMs.

NQF's person and family centered care portfolio consists of 56 measures in the following categories: experience with care, function/health-related quality of life (HRQoL), symptoms/symptom burden (pain), and other miscellaneous measures of language communication, culture, and staff surveys. Given the number and complexity of endorsed measures to review as well as an expectation of additional new measure submissions, NQF will undertake this project in two phases. The current phase examined experience with care measures and Phase 2 will review measures of functional status (clinician and patient-assessed) and health-related quality of life.

The Person and Family Centered Care Standing Committee reviewed 12 measures in phase 1. Ten of these measures were recommended, one was no longer recommended after the Committee chose a superior measure, and one was withdrawn.

DRAFT REPORT

The Person and Family Centered Care Draft Report presents the results of the evaluation of 11 measures considered under the CDP. Ten are recommended for endorsement as voluntary consensus standards suitable for accountability and quality improvement and one was no longer recommended after the Committee chose a superior measure. The measures were evaluated against the 2013 version of the measure evaluation criteria.

	MAINTENANCE	NEW	TOTAL
Measures considered	11	1	12
Withdrawn from consideration	1	0	1
Recommended	9	1	10

Not recommended	1	0	1
Reasons not Recommended	Competing Measure		

COMMENTS AND THEIR DISPOSITION

For this evaluation cycle, the pre-evaluation comment period was open from June 13 - June 27, 2014 for the 12 measure submissions under review. Two pre-evaluation comments were received. One of these comments noted the similarities between measure #0725 (Validated Family-Centered Questionnaire for Parents' and Patients' Experiences during Inpatient Pediatric Hospital Stay) and measure #2548 (CAHPS Hospital Survey – Child Version). The commenter was supportive of measure #2548 as it uses the rigorous methodology used by CAHPS and suggested it replace measure #0725. The second comment received regarded the specifications for measure #0726 (Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey). The developer's response about these specifications is included in the excel spreadsheet.

NQF received seventeen comments from fourteen member organizations pertaining to the general draft report and to the measures under consideration.

A [table of comments](#) submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the [Person and Family Centered Care project page](#).

Comment Themes and Committee Responses

Two major themes were identified in the post-evaluation comments:

1. Support for committee recommendation
2. Discussion of related & competing measures

Two additional comments were more general in nature and addressed future NQF work. The remaining comments were measure-specific and focused on recommendations for improved measure specifications or sought clarifications around current specifications.

Theme 1 - Support for Committee recommendations

Six of the seventeen submitted comments expressed agreement with the Committee's recommendations for measure endorsement and the project's specific focus on person and family centered care.

Theme 2 - Discussion of related & competing measures

Three comments were submitted regarding two groups of potentially competing measures, detailed below:

Measure group 1: Family survey of end-of-life care

#1623 (Bereaved Family Survey) and #0208 (Family Evaluation of Hospice Care)



- One commenter stressed that measure #0208 applied to a broader population and should not be endorsed over measure #1623.

NQF Response: NQF staff identified measures #1623 (Bereaved Family Survey) and #0208 (Family Evaluation of Hospice Care) as competing with one another at the time of the project's onset. At the time of the in-person meeting, the developer did not provide sufficient evidence to evaluate reliability at the facility level nor for the single-survey items for measure #1623. The developer submitted this additional testing data during the commenting period and the Committee reviewed it on its October 20 post-comment call. The Committee then recommended measure #1623 as suitable for endorsement.

Measure group 2: Family survey for pediatric care

#0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay" and #2458 (CAHPS Hospital Survey - Child Version)

- One commenter supported #2458 over #0725, stating it was developed in accordance with CAHPS design principles and will be supported by the Agency for Healthcare Research and Quality.

NQF Response: At the time of the project's onset, NQF staff identified measures #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay) and #2458 (CAHPS Hospital Survey - Child Version) as competing with one another. During its in-person meeting, measure #0725 did not pass the Reliability criterion. The measure developer provided additional testing data during the public comment period which was evaluated by the Committee during its October 20 post-comment call. The Committee then recommended #0725 as suitable for endorsement.

On November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that measures #1623 (Bereaved Family Survey) and #0208 (Family Evaluation of Hospice Care) were not competing and recommended that both measures continue to move forward for endorsement. They also voted that measures #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay) and #2458 (CAHPS Hospital Survey - Child Version) were competing and chose measure #2548 as the superior measure that should be recommended for endorsement and measure #0725 was no longer recommended for endorsement. [A link is provided to a side-by-side comparison of the competing measures.](#)

NQF MEMBER VOTING RESULTS

Ten of the recommended measures were approved with 80 % approval or higher. Representatives of 16 member organizations voted; no votes were received from the Public/Community Health Agency Council. One measure (#0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay) received 50% approval. [Links are provided to the full measure summary evaluation tables.](#)



Voting Comments:

**Measure #0005 Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
Clinician/Group Surveys - Adult Primary Care Pediatric Care and Specialist Care Surveys (4 adult
measures 6 child measures)**

- Pacific Business Group on Health: We support the evaluation and improvement of patient and family experience of care as an important patient outcome. The CAHPS surveys have proven to be an important mechanism for formally incorporating sound metrics of patient, family, and caregiver experience into the quality measurement landscape.

Measure #0208 Family Evaluation of Hospice Care (FEHC) (1 measure)

- Pacific Business Group on Health: This measure relies on an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. The measure is a comprehensive assessment of family members- perception of the quality of hospice care for the entire enrollment period and represents an important outcome in end-of-life care. 0208 (FEHC) is a related measure with 1623: Bereaved Family Survey. We support endorsement of both measures.

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

- Pacific Business Group on Health: We acknowledge that the PIES measure has a number of important strengths and addresses the gap in measures assessing pediatric patient experience. However, it appears that PIES is best suited to serving as an internal measurement tool to drive quality improvement and research rather than as a performance measure for public reporting and/or payment. In addition, the PIES measure appears to be competing with 2548: Child HCAHPS, and we prefer the CAHPS measure over this measure.

Measure #0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey Version 2.0 (6 measures)

- Pacific Business Group on Health: Patient experience of psychiatric care is an important area for performance improvement. This measure is well constructed to provide outcome information that can be used for quality improvement, public reporting, and/or payment purposes.

Measure #1623 Bereaved Family Survey (1 measure)

- Pacific Business Group on Health: This measure is related to 0208: Family Evaluation of Hospice Care (FEHC). However, the BFS measure is well-constructed and appropriately targets issues important to the Veteran population and VA systems, including PTSD. The measure serves a different purpose than measure 0208.

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

- Pacific Business Group on Health: We are particularly supportive of this measure and appreciate the low burden for responders using a three-item survey, and the introduction of a top box scoring methodology to align the implementation of this measure with the CAHPS measures.



Appendix A-Measure Evaluation Summary Tables

LEGEND: Y = Yes; N = No; H = High; M = Moderate; L = Low; I = Insufficient

0005 CAHPS Clinician/Group Surveys – Adult, Child
<p>Submission Specifications</p> <p>Description: The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months.</p> <p>The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed.</p> <p>CG-CAHPS Survey Version 1.0 was endorsed by NQF in July 2007 (NQF #0005). The development of the survey is through the CAHPS consortium and sponsored by the Agency for Healthcare Research and Quality. The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html.</p> <p>The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item for the following categories of care or services provided in the medical office:</p> <ol style="list-style-type: none"> 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) <p>The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item for the following categories of care or services provided in the medical office,:</p> <ol style="list-style-type: none"> 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) 5. Provider's Attention to Child's Growth and Development (6 items) 6. Provider's Advice on Keeping Your Child Safe and Healthy (5 items) <p>Numerator Statement: We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they “always” received the desired care or service for a given measure.</p> <p>The top box numerator for the Overall Rating of Provider is the number of respondents who answered 9 or 10 for the item, with 10 indicating “Best provider possible”.</p> <p>For more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf.</p> <p>Denominator Statement: The measure’s denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list</p>

0005 CAHPS Clinician/Group Surveys – Adult, Child

and not a visit-level list.

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

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

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

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: Agency for Healthcare Research and Quality

STANDING COMMITTEE MEETING [07/29/2014]

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

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

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

Rationale:

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

0005 CAHPS Clinician/Group Surveys – Adult, Child

outcome is tenuous, but stressed the importance of measuring both.

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

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

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

Rationale:

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

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

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

Rationale:

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

0005 CAHPS Clinician/Group Surveys – Adult, Child

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

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

Rationale:

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

5. Related and Competing Measures

- No related or competing measures noted.

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

6. Public and Member Comment

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

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0166 HCAHPS

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

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

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

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

0166 HCAHPS

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

Denominator Statement: Eligibility for the HCAHPS Survey

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

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

- ? Non-psychiatric MS-DRG/principal diagnosis at discharge

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

- ? Alive at the time of discharge

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

Exclusions from the HCAHPS Survey

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

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

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

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

Court/Law enforcement patients (i.e., prisoners) are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner, and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/Law enforcement,” patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement,” or patient discharge status code “87 – Discharged/transferred to court/law enforcement with a

0166 HCAHPS

planned acute care hospital inpatient readmission.” This does not include patients residing in halfway houses. Patients with a foreign home address are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories - Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded).

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

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

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

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

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

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

For more details, see HCAHPS Quality Assurance Guidelines V9.0 (QAG V9.0), pp. 49-68 at

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

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

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

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

“No-Publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be

0166 HCAHPS

excluded from the HCAHPS Survey. However, documentation of patients' "no-publicity" status must be retained for a minimum of three years.

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

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

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

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

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

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

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

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

Patients Discharged to Health Care Facilities

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

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

Adjustment/Stratification:

0166 HCAHPS

Level of Analysis: Facility

Setting of Care: Hospital/Acute Care Facility

Type of Measure: Outcome

Data Source: Patient Reported Data/Survey

Measure Steward: Centers for Medicare & Medicaid Services

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

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

0166 HCAHPS

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

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

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

Rationale:

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

0166 HCAHPS

- The Committee asked the developer to explain the rationale for excluding the nursing home and observation patients. The developer cited low response rate, difficulty contacting, incorrect mailing addresses, nursing home staff refusal to allow phone contact, and small population with even smaller response rate.

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

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

Rationale:

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

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

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

Rationale:

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

5. Related and Competing Measures

- No related or competing measures noted.

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

6. Public and Member Comment

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7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0208 Family Evaluation of Hospice Care

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

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

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

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

0208 Family Evaluation of Hospice Care

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

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

Adjustment/Stratification:

Level of Analysis: Facility, Population : National

Setting of Care: Hospice

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: National Hospice and Palliative Care Organization

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

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

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

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

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

Rationale:

- The measure was tested for reliability at the patient level with a Cronbach's alpha and demonstrated strong results. Signal-to-noise reliability based on the ANOVA and IUR were also tested with strong

0208 Family Evaluation of Hospice Care

results.

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

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

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

Rationale:

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

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

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

Rationale:

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

0208 Family Evaluation of Hospice Care

- The Committee agreed that the measure meets the Use and Usability criteria.

5. Related and Competing Measures

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

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

6. Public and Member Comment

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7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

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

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

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

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

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

Exclusions: N/A

Adjustment/Stratification:

Level of Analysis: Facility

Setting of Care: Hospital/Acute Care Facility

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: University of Colorado Denver Anschutz Medical Campus

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

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

- The Committee agreed that there are care practices that influence a patient's experience with transitions of care from the hospital (acute setting) to home or step-down facility. The rationale notes relationship of discharge planning to re-hospitalization but does not discuss how the identified care practices affect patient experience of preparation for self-care. However, the Committee agreed that the evidential information presented by the developer effectively explained the linkage between procedures, processes and outcomes.
- The developer provided data for individual hospitals in the state of Maine (mean 87.95; hospital score based on patient average score ranged from 83.61 to 94.51). The developer noted that the community-based care transition program data on performance scores showed room for improvement. Furthermore, of all the subcomponents of the HCAHPS, the care transition measure scores are the lowest, with the patient experience of care demanding greater attention from the performance standpoint.
- The Committee agreed that this measure addresses a high priority in healthcare, noting that that it includes patient satisfaction, safety, and quality of care, all of which are essential items to measure and report. The developer also noted the use of focus groups of older persons and caregivers to develop the CTM-3.
- The Committee encouraged the inclusion of the pediatric population into the CTM-3 and suggested using the CTM3 in the Child HCAHPS to address this gap. Another team of developers will be working on a pediatric version of the CTM-3 to include individuals under the age of 18.

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

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

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

Rationale:

- The Committee was told that the CTM-3 has recently been incorporated into HCAHPS. Many measure revisions were therefore made to align the survey methodologies and specifications. The Committee reviewed both the individual CTM-3 measure as well as the HCAHPS measure which the CTM-3 is now a part of. The Committee continually stressed the importance of aligning the measure scoring methodology used by the CTM-3 (i.e., average scoring method) with that used by the HCAHPS measures (i.e., top box scoring method) to avoid confusion in the field. The developer has decided to adopt the HCAHPS top box approach.

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

- The Committee sought clarification on the patient-level instrument reliability (0.80 and 0.93) and hospital-level reliability (average scoring method or HCAHPS top box scoring method) presented by the developer. The developer clarified that the patient-level instrument reliability was tested with a Cronbach's alpha, resulting in 0.80. A Spearman-Brown reliability test resulted in 0.84 and was done in concert with the HCAHPS developers. Other patient-level instrument reliability showed a Cronbach's alpha of 0.94 (African Americans) and 0.93 (Hispanic American) showed the measure performance in diverse populations where the developer deliberately oversampled African American and Hispanic American in rural areas. The developer further noted that the hospital-level reliability presented in the supplemental materials utilizes the top box scoring that was shared from the HCAHPS data.
- The developer utilized known group validity testing for the patient-level instrument by comparing patients who had emergency department (ED) visits or re-hospitalization to those who did not. CTM-3 scores were lower for patients who had a subsequent ED visit or readmission for Congestive Heart Failure or Chronic Obstructive Pulmonary Disease. For the performance score level, the top box method testing from the HCAHPS assessed the correlation between the care transition measures to the other measures in the HCAHPS group. The correlation between the discharge composite and care transition, for example, was mildly positive at 29.
- The Committee suggested that the developer also adopt the HCAHPS case mix adjustment approaches for the CTM-3. The developer will submit an updated case mix adjustment write-up for the CTM-3 based on the information provided in the HCAHPS.
- The Committee discussed harmonizing the CTM-3 with the discharge section of the HCAHPS, particularly noting the forms of testing used to distinguish the potential to eliminate redundancies for the discharge questions. The developer clarified that after performing head-to-head comparison they found that the CTM-3 items and the HCAHPS discharge items were measuring different constructs. Furthermore, they found that the two former discharge planning items on the HCAHPS were different from the three CTM items upon conducting different forms of validation. The Committee requested that the developer provide the correlation between the HCAHPS discharge items and the CTM-3 or the care transition and the discharge performance measures. The HCAHPS developer provided the top box correlation (0.29) between the discharge composite and care transition which showed a moderately positive correlation, but a lot of difference between the two groups of items measured. The committee agreed that this information shows that the HCAHPS discharge questions and the CTM-3 questions are related but not duplicative and therefore not redundant.

0228 3-Item Care Transition Measure (CTM-3)
<p>3. Feasibility: H-16; M-0; L-0; I-0 <i>(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)</i> <u>Rationale:</u></p> <ul style="list-style-type: none"> The Committee agreed that the measure meets the Feasibility criteria.
<p>4. Use and Usability: H-15; M-1; L-0; I-0 <i>(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)</i> <u>Rationale:</u></p> <ul style="list-style-type: none"> The Committee had no questions or concerns about the use and usability of this measure.
<p>5. Related and Competing Measures</p> <ul style="list-style-type: none"> No related or competing measures noted.
Standing Committee Recommendation for Endorsement: Y-16; N-0
<p>6. Public and Member Comment</p> <ul style="list-style-type: none"> Commenters were supportive of the recommended endorsement of this measure and appreciate the low respondent burden of a three-item survey and the introduction of a top box scoring methodology to align the implementation of this measure with the CAHPS measures. Additional comments suggested that the patient should be surveyed as close to the discharge date as possible, citing that 30 days may be too long for clear recollection of discharge process. Comments also suggested expanding the patient population to include pediatrics.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0517 CAHPS® Home Health Care Survey (experience with care)
Submission Specifications
<p>Description: The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. AHRQ and CMS supported the development of the Home Health CAHPS to measure the experiences of those receiving home health care with these three goals in mind: (1) to produce comparable data on patients' perspectives on care that allow objective and meaningful comparisons between home health agencies on domains that are important to consumers, (2) to create incentives for agencies to improve their quality of care through public reporting of survey results, and (3) to enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public</p>

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

investment. As home health agencies begin to collect these data and as they are publicly reported, consumers will have information to make more informed decisions about care and publicly reporting the data will drive quality improvement in these areas.

Numerator Statement: The numerator statement is that each measure encompasses the responses for all questions in the particular measure. Missing data for individual survey questions are not included in the calculations. Only data from a completed survey are used in the calculations. The measures scores averages the proportion of those responding to each answer choice in all questions. Each global rating is scored based on the number of the respondents in the distribution of top responses, such as the percentage of patients rating a home health agency with a 9 or a 10, where 10 is the highest quality responses on a scale from 0 to 10.

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

Exclusions: Numerator and Denominator Exclusions:

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

Adjustment/Stratification:

Level of Analysis: Facility

Setting of Care: Home Health

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: Centers for Medicare & Medicaid Services

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

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

- The Committee used its expert opinion to assess whether home health agencies can implement specific healthcare actions that will influence outcomes and emphatically agreed that this measure has a large evidence base behind it.
- The measure was praised for its examination of medication reconciliation moving beyond the traditional one-sided question of whether or not it was done.
- Information on performance gap was provided in the testing attachment in table 8. The results demonstrated variability of performance by comparing agencies that have more than ten completed surveys. Disparities data was provided in the data dictionary attachment submitted with the measure. The developer explained that racial minorities report lower scores than white patients for the following measurement domains: care of patients and communication between providers and patients measures. The Committee agreed that there is a gap in the performance of this measure.
- Results for the measure are posted quarterly on Home Health Compare and every quarter the patient mix is recalculated and the scores are updated. If a member of the public wishes to view the adjustment information, they can access a table on the website that lists the adjustment factors.
- The Committee overwhelmingly voted this measure to be a high priority.
- Members urged the inclusion of the pediatric population in the survey as it is currently excluded. The developer explained that the majority of CAHPS measures, including this one, focus on the Medicare population. A Committee member noted that many children who are able to access home care are Medicaid patients and would be of interest to CMS. The developer stated that conversations were taking place about potentially including pediatric populations in more CMS CAHPS measures.

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

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

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

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

Rationale:

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

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

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

Rationale:

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

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

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

Rationale:

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

5. Related and Competing Measures

- No related or competing measures noted.

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

6. Public and Member Comment

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

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

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

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

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

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

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

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

Measure #4: Participation in treatment- Patient's involvement in the treatment process and the coordination of discharge planning with their doctors or therapist from the community are enabling activities that strengthen patient's ability to care for themselves. Patient's report of the effectiveness of the organization in supporting this level of involvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Participation in treatment domain: Q16. I participated in planning my discharge.; Q17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.; and Q18. I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

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

Measure #6: Empowerment - The provision of mental healthcare services should be in an atmosphere where

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

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

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

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

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

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

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

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

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

Adjustment/Stratification:

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

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

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

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

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

STANDING COMMITTEE MEETING [07/29/2014]

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

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

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

Rationale:

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

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

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

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

Rationale:

- The developer clarified a number of areas of confusion: the measure is not case mix adjusted, there is no sampling of patients, and patients admitted more than once are invited to participate for each admission. [At each discharge, the patient is given the opportunity to complete a survey. Patients with multiple episodes of care are given the survey for each episode of care. Patients with multiple episodes of care are](#)

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

given the survey for each episode.

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

0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)
domains. The developers noted that the missing data for each domain of care were below the 20% threshold. The developers further added that the participants in the treatment domain had the highest missing data due to patients completing the survey as part of their annual review instead of at discharge; therefore, the questions are not required to be completed.
3. Feasibility: H-5; M-9; L-1; I-0 <i>(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified 3d. Data collection strategy can be implemented)</i> <u>Rationale:</u> <ul style="list-style-type: none"> The Committee expressed concerns about securing the anonymity of patients who complete the survey. The developer explained that the ICS is anonymous unless the hospital chooses to identify the survey or the patient self-identifies.
4. Use and Usability: H-11; M-3; L-0; I-0 <i>(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)</i> <u>Rationale:</u> <ul style="list-style-type: none"> There are ten identified facilities that publically publish their rates. No concerns related to use and usability were raised.
5. Related and Competing Measures <ul style="list-style-type: none"> No related or competing measures were identified.
Standing Committee Recommendation for Endorsement: Y-14; N-0
6. Public and Member Comment <ul style="list-style-type: none">
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
Submission Specifications
Description: The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child’s experiences with inpatient hospital care. The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

the following 18 composite and single-item measures:

Communication with Parent

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

Communication with Child

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

Attention to Safety and Comfort

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

Hospital Environment

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

Global Rating

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

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

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

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

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

Exclusions: SURVEY AND MEASURES 1-18

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

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

clinical criteria:

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

MEASURES 1-18

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

MEASURES 8-9

Exclude the following respondents from the numerator and denominator:

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

MEASURE 10

Exclude the following respondents from the numerator and denominator:

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

MEASURE 12

Exclude the following respondents from the numerator and denominator:

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

MEASURE 14

Exclude the following respondents from the numerator and denominator:

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

Adjustment/Stratification:

Level of Analysis: Facility

Setting of Care: Hospital/Acute Care Facility

Type of Measure: PRO

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

Data Source: Patient Reported Data/Survey

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

STANDING COMMITTEE MEETING [07/29/2014]

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

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

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

Rationale:

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

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

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

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

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

Rationale:

- The Committee discussed the risk adjustment model, which included variables for child age, and report of the following: child health status, relationship to child, age, education level, and language.
- The Committee discussed the sampling approach, noting the developer's decision to include large urban centers and exclude any city with fewer than one million people. The developers did not take into account racial and ethnic diversity of the hospitals sample, and required 300 surveys per hospital for validation. The developer explained that the testing attempted to account for geographic diversity (i.e., Los Angeles, Boston, St. Louis, and Miami), and cultural diversity (i.e., Spanish population in Los Angeles and Miami).
- The developer performed initial testing in 70 hospitals in 33 states. Each measure was tested for reliability of the patient-level scales with internal consistency reliability testing. The Committee questioned the three items that had internal consistency reliability below 0.70: communication about meds (0.43), mistakes and concerns (0.26), child comfort (0.63). The developer specified that the internal consistency and reliability captures how well elements in each scale come together. It is therefore possible that the items themselves are conceptually related but might not be as empirically related as thought due to the different processes of care.
- Each measure's performance score was tested for reliability using a signal-to-noise analysis. The Committee noted that the involving teens in care item with an inter-unit reliability of 0.62 was very low compared to other measures reliability ranged from 0.71 (informed in emergency room) to 0.93 (recommend hospital). The developer clarified that the involving teen hospital-level unit reliability is very close to 0.7 and is acceptable given that of the 300 random survey completes at a hospital, on average, only 20 percent would be teens who are eligible to answer the involving teens in care items.
- In the Committee discussion of exclusions there was a question raised about the ability of the measure to identify observation stays versus inpatient and outpatient stays. The Committee suggested ensuring the types of stays are clearly defined and acknowledged the lack of a consistent definition in the field itself.
- The Committee sought further clarification from the developer on the measure's validity at both the scale and performance levels, noting that many of the survey items are not empirically tested.
- The developer provided several handouts describing the individual level composite and single-item

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

correlation with the overall rating during the meeting. The Committee noted the positive correlation between the overall experience with care and rating the hospital, particularly recommending the hospital being the highest correlation with the overall rating. The committee agreed that the composite-to-composite correlation was reasonably tested. The Committee requested further clarification on the low hospital-level correlations for: informed in ER (0.16), call button (0.19), cleanliness (-0.07), and quietness (0.02). The developer explained that parents are evaluating the aforementioned aspects of care as not being as essential to their overall care. Likewise, there may be differences in experience with the ER versus with inpatient stay.

- The Committee recommended prioritizing the survey question based on what the patients find most meaningful to their overall care in order to avoid the burden of completing a lengthy survey. For example, there have been studies linking cleanliness to safety and quality, demonstrating that this information is valuable to hospitals and patients.

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

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

Rationale:

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

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

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

Rationale:

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

5. Related and Competing Measures

- NQF staff identified this measure as competing with measure #0725 (Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay). Measure #0725 was not recommended by the Committee for NQF endorsement and consequently the Committee did not vote on a superior measure. The Committee later recommended both measures as suitable for endorsement and on November 13 the Committee discussed which, if any, it believed to be superior and any potential harmonization issues. The Committee later voted that both measures were competing and

2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)

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

- The Committee commented that this measure was superior due to its consistency with the other HCAHPS tools, and because the scoring scales are more patient/family friendly.
- The measures from HCAHPS – Child Version have been tested and validated on a much wider group of hospital patients and were considered more thorough, thus considered stronger in both reliability and validity.
- There is greater likelihood of wide use and public reporting of the measures nationwide.

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

6. Public and Member Comment

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

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

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

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

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

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

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

Measure 1: Getting Needed Care (2 items)

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

Measure 2: Getting Care Quickly (2 items)

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

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

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

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

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

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

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

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

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

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

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

Adjustment/Stratification:

Level of Analysis: Health Plan

Setting of Care: Other

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: Agency for Healthcare Research and Quality

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

STANDING COMMITTEE MEETING [07/29/2014]

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

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

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

Rationale:

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

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

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

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

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

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

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

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

Rationale:

- Given the fact that this survey is administered at the health plan level, the Committee sought clarity regarding how the respondent would identify which “specialist” the question about specialist refers to. The developer explained that the patient is given a definition of specialist care and then asked if they’ve visited that a provider or physician who provides specialist care.
- The reliability testing of the patient-level instrument was determined through internal consistency reliability. The Cronbach’s alphas for three of the four adult and child scales were below .70. How well

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

doctors communicate was above .80. There was no reliability testing of the single-item measures. Reliability of the performance scores was measured by analyzing between- and within-plan variance (i.e. signal to noise). Most results were greater than .70. The developer explained that some of the specialist rating was due to the low number of respondents. Measure respondent number can be impacted by the number of health plan members that skipped certain survey items based on the services received or care utilized. For example, members may have skipped the Customer Service Rating if they had not contacted the health plan customer service department. The Committee expressed concern about the reliability of these items across health plans if this scenario was a common occurrence. The developer indicated that plans are notified that for certain questions, oversampling may need to occur in order to obtain statistically significant response rates. Based on some of the concerns raised, the Committee was given the option of separating the child measures from the adults; the Committee declined and both measures (i.e., child and adult measures) passed the reliability criteria.

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

that the correlation was too high.

- During the public commenting period, the developer provided the individual measure level validity testing results for the child measures. The information provided included item to composite correlations, composite to composite correlations and individual level composite and single item correlations with the overall rating. The information provided was consistent with the materials the committee reviewed for the adult measure components.
- On its post-comment call, the Committee verified the data submitted met the same criteria as considered for the adult measures.

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

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

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

Rationale:

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

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

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

Rationale:

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

5. Related and Competing Measures

- No related or competing measures noted.

Standing Committee Recommendation for Endorsement: Y-15; N-0 (ADULT MEASURES); Y-18; N-0 (CHILD MEASURES)

6. Public and Member Comment

- Commenter supported the Committee's decision to evaluate the validity of the adult and child measures of the CAHPS Health Plan Survey submission separately, and to reconsider the child measures when the developer submits validity testing data. In advance of the additional testing data, the commenter strongly support the direction of the child measures and the developer's use of top box scoring to the extent that it meaningfully distinguishes between health plans' performance.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0258 CAHPS In-Center Hemodialysis Survey

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

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

Three measures:

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

Three Global items:

- M4: Rating of the nephrologist

0258 CAHPS In-Center Hemodialysis Survey

b. M5: Rating of dialysis center staff

c. M6: Rating of the dialysis facility

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

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

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

Proxy respondents are not allowed.

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

Exclusions: Exclusions:

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

Adjustment/Stratification:

Level of Analysis: Facility

Setting of Care: Dialysis Facility

Type of Measure: PRO

Data Source: Patient Reported Data/Survey

Measure Steward: Centers for Medicare & Medicaid Services

0258 CAHPS In-Center Hemodialysis Survey

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

- The Committee concluded that there are possible structures, process, interventions or services put in place by a dialysis center that would influence the experience of the patient.
- Though the developer didn't include data on performance of the measures, the Committee used its expert judgment to stress the significant gap in care this area, particularly when examining the vulnerability of the ESRD population and minority populations. Comorbidities such as diabetes and heart disease are conditions that occur predominantly in the black population and therefore significant disparities exist.
- The developer conducted focus groups with ESRD patients and families to identify what items to include in the survey.
- The Committee found this measure to address a high priority.

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

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

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

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

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

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

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

Rationale:

- The Committee noted that the data provided was based on 2005 pilot data and questioned whether this information was outdated. The developer explained that the data currently submitted is the same data used in the originally endorsed measure but remarked that there would be new data in January 2015 with the first administration of the survey being reported to CMS. The Committee's review of this submission

0258 CAHPS In-Center Hemodialysis Survey

will examine the data *currently* provided.

- The Committee remarked that dialysis is now being provided in multiple settings such as nursing homes, patient homes, outpatient care and inpatient hospital treatment and questioned whether the administration limits the setting to only in-center hemodialysis. The developer confirmed that yes, the measures assess on patients receiving dialysis at in-center hemodialysis facilities, which represents the vast majority of ESRD dialysis treatment.
- The measure is composed of three multi-item measures and three single item, or global, measures. The multi-item measures were tested for reliability and validity at both the instrument and facility levels. No testing data was provided for the single-item measures. The Committee discussed the situation and determined it best to vote separately on the multi-items versus the global measures. The voting results above reflect this approach.
 - 3 multi-item measures:
 - The reliability of the multi-item measures was tested at the scale level using a Cronbach's alpha, with strong results. The reliability of the multi-item measures at the performance score level was also demonstrated to be high or moderate. The validity of the multi-item measures was determined to be insufficient due to insufficient data. The voting results leave the multi-item measures in the gray zone as they fell between 40 to 60 percent, meaning consensus was not reached according to NQF guidance. The Committee will again consider these measures following the public comment period.
 - 3 global item measures:
 - The global items were voted to have insufficient testing data.
 - Upon further discussions between NQF and the developer, the developer agreed to submit reliability and validity testing data for the global measures during the public comment period. The Committee will examine this additional data in October and make a recommendation for endorsement at that time.
- During the public commenting period, the developer provided additional results related to the reliability and validity of the three global rating items: Rating of the Nephrologist(s); Rating of the Dialysis Center Staff; and, Rating of the Dialysis Center at both the patient and facility levels. Reliability testing results were strong; and facility level validity showed higher correlations between the individual questions and the global ratings as compared to the patient level.

0258 CAHPS In-Center Hemodialysis Survey
<ul style="list-style-type: none"> The Committee asked for clarification regarding the inclusion of home-dialysis patients and the developer responded that the survey was developed and tested for in-center hemodialysis only. The Committee also asked if the measures will be included in the Five-Star Rating System for Dialysis Facilities to be released in January. The developer indicated that the measures will not be included in 2015, but will be evaluated for inclusion in future years.
<p>3. Original Votes For Feasibility: H-7; M-10; L-1; I-0 Updated Votes For Feasibility: H-9; M-9; L-0; I-0 <i>(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)</i> <u>Rationale:</u></p> <ul style="list-style-type: none"> The Committee questioned how long it takes to administer the survey. The developer explained that the survey takes an average of 15 minutes to administer over the telephone. The survey has recently been shortened in preparation for national implementation.
<p>4. Original Votes For Use and Usability: H-9; M-5; L-2; I-2 Updated Votes For Use and Usability: H-11; M-7; L-0; I-0 <i>(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)</i> <u>Rationale:</u></p> <ul style="list-style-type: none"> One member questioned how the issue of the reluctance of patients to provide negative feedback is addressed. The developer explained that the survey may not be administered within the facility and instead has to be managed by a third party vendor who will contact the patient directly. This mitigates the unease a patient might feel to report negative information directly to the facility where he or she had recently received treatment
<p>5. Related and Competing Measures</p> <ul style="list-style-type: none"> No related or competing measures noted.
<p>Original Votes For Standing Committee Recommendation for Endorsement: Y-10; N-8 Updated Votes For Standing Committee Recommendation for Endorsement: Y-18; N-0</p>
<p>6. Public and Member Comment</p> <ul style="list-style-type: none">
<p>7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X</p>
<p>8. Board of Directors Vote: Y-X; N-X</p>
<p>9. Appeals</p>

1623 Bereaved Family Survey

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

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

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

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

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

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

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

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

1623 Bereaved Family Survey

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

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

Adjustment/Stratification:

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

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

Type of Measure: Outcome

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

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

STANDING COMMITTEE MEETING [07/28/2014]

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

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

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

Rationale:

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

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

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

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

1623 Bereaved Family Survey

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

Rationale:

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

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

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

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

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

Rationale:

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

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

1623 Bereaved Family Survey

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

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

Rationale:

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

5. Related and Competing Measures

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

Original Votes For Standing Committee Recommendation for Endorsement: Y-0; N-0

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

6. Public and Member Comment

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

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

Appendix B: Related and Competing Measures

Comparison of NQF 0208 and NQF 1623

	0208 Family Evaluation of Hospice Care	1623 Bereaved Family Survey
Steward	National Hospice & Palliative Care Organization	PROMISE Center
Description	<p>Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery.</p> <p>Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year.</p>	<p>The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget. Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received.</p>
Type	Process	Outcome
Data Source	Patient Reported Data/Survey	Electronic Clinical Data : Electronic Health Record, Other
Level	Facility, Population : National	Facility, Population : National, Population : Regional
Setting	Hospice	Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility
Numerator Statement	<p>The numerator is the sum total of the weighted incidence of problem scores occurring in response to 17 specific items on each survey. The 17 questions focus on the following aspects of hospice care: symptom management, communication, provision of information, emotional support and care coordination.</p>	<p>The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.</p>

	0208 Family Evaluation of Hospice Care	1623 Bereaved Family Survey
Numerator Details	Responses to each of 17 questions are coded 0 or 1, where 0 represents the best possible response for that question and 1 represents all other responses. Each response is then multiplied by a weighting factor and summed. The sum of all 17 weighted scores is then multiplied by 14.00006. The product is then subtracted from 100 then divided by 100. This yields the Composite Score for an individual survey. The scores for each survey are added together to create the FEHC Composite Score numerator at the organization (hospice) level.	Included are those patients included in the denominator with completed surveys (at least 12 of 17 structured items completed) that receive an optimal response on the global item question.
Denominator Statement	The denominator represents the number of surveys with responses for at least 14 of the 17 questions required to compute the composite score in the FEHC survey.	The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); 3) deaths that occur in the operating room; and 4) deaths due to suicide or accidents. Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available to the family member.
Denominator Details	Total number of survey with responses to at least 14 of the 17 FEHC questions needed to calculate the composite score.	The indicator denominator is comprised of the number of Veterans who die in an inpatient VA facility (intensive care, acute care, hospice unit, nursing home care or community living center) for whom a survey is completed. Completed surveys are defined as those with at least 12 of the 17 structured items completed.
Exclusions	If a survey has responses to fewer than 14 of the 17 FEHC survey questions included in calculation of the composite score, then a composite score will not be calculated for that survey and the survey will not be included in the calculation of a composite score for the	- Veterans for whom a family member knowledgeable about their care cannot be identified (determined by family member's report)

	0208 Family Evaluation of Hospice Care	1623 Bereaved Family Survey
	hospice.	<ul style="list-style-type: none"> - Absence of a current address and/or working telephone number for a family member or emergency contact. - Deaths within 24 hours of admission without a prior hospitalization of last least 24 hours in the last 31 days of life. - Deaths that occur in the operating room during an outpatient procedure. - Deaths due to a suicide or accident <p>- Surveys in which less than 12 items were answered</p>
Exclusion Details	See S.10	Name, address, and phone number of patient's family member or emergency contact are required for determining exclusion. In addition, information regarding the patient's admission(s) during the last 31 days of life, including length of stay and circumstances of death are also required to determine exclusion.
Risk Adjustment	No risk adjustment or risk stratification N/A	No risk adjustment or risk stratification N/A Provided in response box S.15a
Stratification	No stratification	Variables necessary to stratify the measure are VISN, facility, quarter, year, outcome. VISN refers to "Veterans Integrated Service Network" and is a geographic area of the country where a facility is located. Facility is the actual VA medical center or affiliated community living center where the Veteran died. Quarter is the 3 month time period in which the patient died. Year is the VA fiscal year (runs from Oct 1 to Sept 30). Outcome refers to whether or not a survey was completed.
Type Score	Other (specify): Composite Score is a number expressed as a percent, on a range from 0% to 100% better quality = higher score	Rate/proportion better quality = higher score
Algorithm	1. Obtain data (responses to questions) for the 17 questions from the FEHC survey that comprise the Composite Score	The 17 structured items of the Bereaved Family Survey are scored as either "1" (optimal response) or "0" (all other answer choices). A

	0208 Family Evaluation of Hospice Care	1623 Bereaved Family Survey
	<p>2. Dichotomize all constituent questions into a) most desirable response; and b) all other responses for each question. "No answer" or non-valid responses = null.</p> <p>3. Calculate composite score for each of the 17 questions for each survey using the following formula: $\text{Composite_Score} = (100 - (14.00006 * (F1 * 0.4125 + F2 * 0.2331 + F3 * 0.3659 + E2 * 0.3259 + E3 * 0.4792 + E4 * 0.4059 + D3 * 0.4766 + D4 * 0.5646 + D5 * 0.5295 + D7 * 0.5433 + D8 * 0.5819 + D9 * 0.5323 + B2 * 0.3236 + B6 * 0.3629 + B10 * 0.4435 + B80.4211 + B4 * 0.44379)))) / 100$</p> <p>4. Calculate composite score for hospice by averaging the composite scores for each survey No diagram provided</p>	<p>score of "1" indicates that the family member perceived that the care they and/or the Veteran received was the best possible care (Always or Excellent). For instance, that Veteran's health care provider always communicated in a way that was understandable, or that the Veteran's pain was always controlled to a level that was comfortable in a way that was comfortable for him/her. As score of "0" reflects all other possible responses (Usually, Sometimes, or Never). Items are coded as missing if respondents cannot or refuse to answer the item. Thus, the score for each item can be expressed as a fraction corresponding to the number of families who reported that the Veteran received optimal care (numerator), divided by the number of valid, non-missing responses for that item (denominator). Similarly, the score for the 17-item survey is calculated based on the global question item (Overall, how would you rate the care received in the last month of life? - Excellent, Very Good, Good, Fair, Poor). The global item is scored as the # of optimal responses/# of valid, non missing responses for all completed surveys (12 of 17 structured items answered). This scoring system produces a facility- or VISN-level score that reflects the proportion of Veterans who received the best possible care overall (BFS score) and in specific areas corresponding to BFS items (e.g. pain management, communication, personal care, etc). URL</p>
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized?</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact:</p> <p>5b.1 If competing, why superior or rationale for additive value:</p>	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact:</p> <p>5b.1 If competing, why superior or rationale for additive value: NQF 0208 Family Evaluation of Hospice Care NQF 0308 LBP: Evaluation of Patient</p>



	0208 Family Evaluation of Hospice Care	1623 Bereaved Family Survey
		<p>Experience</p> <p>Although the Bereaved Family Survey is in many ways similar to the Family Evaluation of Hospice Care, it provides information on a specific population (Veterans) and measures the quality of care provided a single health care system. Unlike the FEHC, the BFS provides a coherent measurement strategy that allows comparisons across systems of care and sites of death in a single health care system. This measure assesses the quality of care of the largest unified health care system in the United States and cares for more than 5 million patients annually. Because it is a unified health system, the VA is uniquely situated to make use of the quality data that can be easily and quickly disseminated. The BFS also measures satisfaction of care that are unique to a Veteran population (i.e, survivor and funeral benefits, PTSD). The population of Veterans and families that the VA serves is unique in several key respects: 1) Veterans and their families may face different challenges at the end of life than non-Veterans do. The costs of hospitalization are less likely to be relevant to non-VA populations.</p>

Comparison of NQF 0725 and NQF 2548

	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
Steward	Children's Hospital Boston	Agency for Healthcare Research and Quality
Description	This family-centered survey	The Consumer Assessment of Healthcare Providers



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores.</p> <p>The 68 questions of the survey can be divided into 3 groups:</p> <ol style="list-style-type: none"> 1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups: <ol style="list-style-type: none"> a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical) b. 3 skip questions to identify eligibility of following questions c. 4 questions about the hospital environment 2. 35 questions that are part of 8 domains: <ol style="list-style-type: none"> a. Partnership with nurses (9 questions) b. Partnership with doctors (9 questions) c. Identification of Attending Physician (1 question) d. Patient Comfort (2 	<p>and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child's experiences with inpatient hospital care.</p> <p>The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures:</p> <p>Communication with Parent</p> <ol style="list-style-type: none"> 1. Communication between you and your child's nurses (3 items) 2. Communication between you and your child's doctors (3 items) 3. Communication about your child's medicines (4 items) 4. Keeping you informed about your child's care (2 items) 5. Privacy when talking with doctors, nurses, and other providers (1 item) 6. Preparing you and your child to leave the hospital (5 items) 7. Keeping you informed about your child's care in the Emergency Room (1 item) <p>Communication with Child</p> <ol style="list-style-type: none"> 8. How well nurses communicate with your child (3



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>questions)</p> <p>e. Communications about Medications (2 questions)</p> <p>f. Admission (2 questions)</p> <p>g. Discharge and Home Care Preparation (6 questions)</p> <p>h. Emotional Satisfaction (4 questions)</p> <p>3. 5 overall rating questions to be used individually</p> <p>4. 2 open-ended questions allowing parents to write individual comments</p>	<p>items)</p> <p>9. How well doctors communicate with your child (3 items)</p> <p>10. Involving teens in their care (3 items)</p> <p>Attention to Safety and Comfort</p> <p>11. Preventing mistakes and helping you report concerns (2 items)</p> <p>12. Responsiveness to the call button (1 item)</p> <p>13. Helping your child feel comfortable (3 items)</p> <p>14. Paying attention to your child's pain (1 item)</p> <p>Hospital Environment</p> <p>15. Cleanliness of hospital room (1 item)</p> <p>16. Quietness of hospital room (1 item)</p> <p>Global Rating</p> <p>17. Overall rating (1 item)</p> <p>18. Recommend hospital (1 item)</p>
Type	Process	Process
Data Source	Patient Reported Data/Survey	Patient Reported Data/Survey
Level	Facility	Facility
Setting	Hospital/Acute Care Facility	Hospital/Acute Care Facility
Numerator Statement	Rating questions can be categorized into one of following 8 measurement domains or are individual overall experience measures of parents' experiences during the last inpatient hospital stay of	Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure.



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>their child.</p> <p>8 Measurement Domains:</p> <ol style="list-style-type: none"> 1. Partnership with Nurses (9 questions) 2. Partnership with Doctors (9 questions) 3. Identification of Attending Physician (1 question) 4. Patient Comfort (2 questions) 5. Communication about Medications (2 questions) 6. Admission (2 questions) 7. Discharge and Home Care Preparation (6 questions) 8. Emotional Satisfaction (4 questions) <p>5 Individual Overall Experience Questions:</p> <ol style="list-style-type: none"> 1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay? 2. How often did you feel 	<p>For example, the top-box numerator for the communication between you and your child's nurses composite is the number of respondents who answered "Always" to questions about how well nurses communicated well with them.</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>confidence and trust that your child was receiving safe medical care?</p> <p>3. How well did this hospital meet your expectations for the care you thought your child should receive?</p> <p>4. How would you rate the overall quality of care that your child received?</p> <p>5. How likely or unlikely are you to recommend this hospital to your family and friends?</p>	
Numerator Details	<p>Each domain score of the 8 following measurement domains is based on the percentage of the most positive responses, the top-box, among all answered questions in that domain (see attached spreadsheet “PIES Codebook”, worksheet “Numerator – 8 Measurement Domains”):</p> <ol style="list-style-type: none"> Partnership with Nurses (9 questions): Q1-Q8, Q17 Partnership with Doctors (9 questions): Q9-Q12, Q14-Q16, Q18, Q19 Identification of Attending Physician (1 question): Q13 Patient Comfort (2 questions): Q21, Q22 Communication about Medications (2 questions): Q28, 	<p>SURVEY</p> <p>The numerator is the number of parents who return a completed survey. A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS, see Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I).</p> <p>MEASURE 1: Communication between you and your child’s nurses</p> <p>The numerator is the percentage number of respondents who answered “Always” to questions about how well nurses communicated well with them.</p> <p>MEASURE 2: Communication between you and your child’s doctors</p> <p>The numerator is the number of respondents who answered “Always” to questions about how well</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>Q29</p> <p>6. Admission (2 questions): Q31, Q32</p> <p>7. Discharge and Home Care Preparation (6 questions): Q33, Q35-Q39</p> <p>8. Emotional Satisfaction (4 questions): Q47-Q50</p> <p>The individual overall experience questions are reported in top-box format as well (see attached Excel spreadsheet “PIES Codebook”, worksheet “Ind Experience – Topbox”):</p> <p>1. Q40 Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child’s stay? (10 – best hospital possible)</p> <p>2. Q41 How often did you feel confidence and trust that your child was receiving safe medical care? (Always)</p> <p>3. Q42 How well did this hospital meet your expectations for the care you thought your child should receive? (Exceeded my expectations)</p> <p>4. Q43 How would you rate</p>	<p>doctors communicated well with them.</p> <p>MEASURE 3: Communication about your child’s medicines</p> <p>The numerator is the number of respondents who answered “Yes, Definitely” to questions about whether providers communicated well about their child’s medicines.</p> <p>MEASURE 4: Keeping you informed about your child’s care</p> <p>The numerator is the number of respondents who answered “Always” to questions about whether providers kept them informed about their child’s care.</p> <p>MEASURE 5: Privacy when talking with doctors, nurses, and other providers</p> <p>This numerator is the number of respondents who answered “Always” to a question about whether they were given as much privacy as they wanted when discussing their child’s care with providers.</p> <p>MEASURE 6: Preparing you and your child to leave the hospital</p> <p>The numerator is the number of respondents who answered “Yes, Definitely” to questions about whether providers prepared them and their child to leave the hospital.</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>the overall quality of care that your child received? (Exceptional)</p> <p>5. Q44 How likely or unlikely are you to recommend this hospital to your family and friends? (Very likely)</p> <p>For each of the individual rating questions, including the individual overall experience questions, this percentage is calculated as follows. This calculation is applicable to the following questions: Q1-Q19, Q21-Q26, Q28, Q29, Q31-Q33, Q35-Q44, Q47-Q50.</p> <p>Percentage (P) = # responding in the top box*100/(# of respondents who answered the question - # of respondents who checked the not-applicable response option)</p> <p>There are 10 questions among those individual rating questions with a not-applicable response options and their detailed percentage calculations is described in more detail here:</p> <p>1. Q5 Ease to let nurses know about any concerns you may have had about your child's care:</p> <p>P (Q5) = # responding</p>	<p>MEASURE 7: Keeping you informed about your child's care in the Emergency Room</p> <p>The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether they were kept informed about their child's care in the Emergency Room.</p> <p>MEASURE 8: How well nurses communicate with your child</p> <p>The numerator is the number of respondents who answered "Always" to questions about whether nurses communicated well with their child.</p> <p>MEASURE 9: How well doctors communicate with your child</p> <p>The numerator is the number of respondents who answered "Always" to questions about whether doctors communicated well with their child.</p> <p>MEASURE 10: Involving teens in their care</p> <p>The numerator is the number of respondents who answered "Always" or "Yes, Definitely" to questions about whether providers involved teens in their care.</p> <p>MEASURE 11: Preventing mistakes and helping you report concerns</p> <p>The numerator is the number of respondents who answered "Always" or "Yes, Definitely" to questions about whether providers prevented mistakes and</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>“Extremely easy”*100/(# of respondents who answered the question - # of respondents who checked “I had no concerns”)</p> <p>2. Q6 Frequency with which nurses addressed any concerns or complaints promptly:</p> <p>P (Q6) = # responding “Always”*100/(# of respondents who answered the question - # of respondents who checked “I had no concerns or complaints”)</p> <p>3. Q14 Ease to let doctors know about any concerns you may have had about your child’s care:</p> <p>P (Q14) = # responding “Extremely easy”*100/(# of respondents who answered the question - # of respondents who checked “I had no concerns”)</p> <p>4. Q16 Frequency with which different doctors made you confused by telling you different things:</p> <p>P (Q16) = # responding “Never”*100/(# of respondents who answered the question - # of respondents who checked “I talked to only one doctor”)</p> <p>5. Q21 Frequency with which hospital staff did everything they could to control child’s</p>	<p>helped them report concerns.</p> <p>MEASURE 12: Responsiveness to the call button</p> <p>The numerator is the number of respondents who answered “Always” to a question about how often providers were responsive to the call button.</p> <p>MEASURE 13: Helping your child feel comfortable</p> <p>The numerator is the number of respondents who answered “Always” or “Yes, Definitely” to questions about whether providers helped their child feel comfortable.</p> <p>MEASURE 14: Paying attention to your child’s pain</p> <p>The numerator is the number of respondents who answered “Yes, Definitely” to a question about whether providers and hospital staff paid attention to their child’s pain.</p> <p>MEASURE 15: Cleanliness of hospital room</p> <p>The numerator is the number of respondents who answered “Always” to a question about how often their child’s room and bathroom were kept clean.</p> <p>MEASURE 16: Quietness of hospital room</p> <p>The numerator is the number of respondents who answered “Always” to a question about how often</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>pain:</p> <p>P (Q21) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "My child had no pain")</p> <p>6. Q23 Overall quality of meals rating:</p> <p>P (Q23) = # responding "Excellent"*100/(# of respondents who answered the question - # of respondents who checked "My child was not served meals")</p> <p>7. Q26 Frequency of cleanliness of child's bed:</p> <p>P (Q26) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "My child did not have a bed")</p> <p>8. Q32 Frequency with which staff informed you about reasons for delays during admission process:</p> <p>P (Q32) = # responding "Always"*100/(# of respondents who answered the question - # of respondents who checked "We had no delays")</p> <p>9. Q38 Quality of how staff prepared you to deal with any pain your child might have at</p>	<p>their child's room was quiet at night.</p> <p>MEASURE 17: Overall rating</p> <p>The numerator is the number of respondents who gave their hospital a rating of 9 or 10 on a scale from 0 (worst hospital) to 10 (best hospital).</p> <p>MEASURE 18: Recommend hospital</p> <p>The numerator is the number of respondents who answered "Yes, Definitely" to a question about whether they would recommend the hospital.</p>



	<p>0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p>	<p>2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)</p>
	<p>home:</p> <p>P (Q38) = # responding “Very well”*100/(# of respondents who answered the question - # of respondents who checked “Does not apply to my child”)</p> <p>10. Q39 Quality of how staff prepared you to give your child his/her new medicines at home:</p> <p>P (Q39) = # responding “Very well”*100/(# of respondents who answered the question - # of respondents who checked “Does not apply to my child”)</p> <p>Specific calculation of percentage for the individual overall experience questions:</p> <p>1. Hospital Rating Q40: P (Q40) = # responding with “10” to Q40 * 100/# responding to Q40</p> <p>2. Safe Care Q41: P (Q41) = # responding with “Always” to Q 41 *100/# responding to Q41</p> <p>3. Expectations Met Q42: P (Q42) = # responding with “Exceeded my expectations” to Q 42 *100/# responding to Q42</p> <p>4. Overall Quality of Care Rating Q43: P (Q43) = # responding with “Exceptional” to Q 43 *100/# responding to</p>	



	<p>0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p>	<p>2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)</p>
	<p>Q43</p> <p>5. Likelihood to Recommend Hospital Q44: $P(Q44) = \frac{\# \text{ responding with "Very likely"} to Q44}{\# \text{ responding to Q44}} * 100$</p> <p>For the domain scores:</p> <p>The measure calculations of the domain scores is based on the percentage of questions with responses in the best response category possible among all questions answered for this domain and therefore represents the average top-box percentage.</p> <p>Average Top-Box Percentage (AP) for domain = $\frac{\text{Sum of Ps of all questions included in domain}}{\text{number of questions included in the domain}}$</p> <p>Calculation of domain scores for each different domain:</p> <p>1. Partnership with Nurses: AP (Partnership with Nurses) = $\frac{P(Q1) + P(Q2) + P(Q3) + P(Q4) + P(Q5) + P(Q6) + P(Q7) + P(Q8) + P(Q17)}{9}$</p> <p>2. Partnership with Doctors: AP (Partnership with Doctors) = $P(Q9) + P(Q10) + P(Q11) + P(Q12) + P(Q13) + P(Q14) + P(Q15) + P(Q16)$</p>	



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	$(Q12) + P(Q14) + P(Q15) + P(Q16) + P(Q18) + P(Q19))/9$ <p>3. Identification of Attending Physician: AP (Identification of Attending Physician) = $P(Q13)$</p> <p>4. Patient Comfort: AP (Patient Comfort) = $(P(Q21) + P(Q22))/2$</p> <p>5. Communication about Medications: AP (Communication about Medications) = $(P(Q28) + P(Q29))/2$</p> <p>6. Admission: AP (Admission) = $(P(Q31) + P(Q32))/2$</p> <p>7. Discharge and Home Care Preparation: AP (Discharge and Home Care Preparation) = $(P(Q33) + P(Q35) + P(Q36) + P(Q37) + P(Q38) + P(Q39))/6$</p> <p>8. Emotional Satisfaction: AP (Emotional Satisfaction) = $P(Q47) + P(Q48) + P(Q49) + P(Q50)/4$</p>	



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
Denominator Statement	<p>Calendar Month:</p> <p>The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar month.</p> <p>Calendar Quarter:</p> <p>The target population includes parents 18 years or older of children who were discharged from an inpatient stay during a calendar quarter.</p>	<p>The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.</p>
Denominator Details	<p>An inpatient stay is defined as having spent at least one night at the hospital, excluding the emergency room.</p> <p>The following patients are excluded when constructing the sampling frame.</p> <ul style="list-style-type: none"> • Parents of patients who were discharged more than 4 weeks prior to the start of the survey. • Parents younger than 18 years old at the time of the discharge of their child from inpatient stay. • Pediatric patients who are institutionalized (put in the care of a specialized institution) or deceased as identified by the discharge status. 	<p>SURVEY</p> <p>The denominator for the survey is all parents of patients who meet the following criteria:</p> <ol style="list-style-type: none"> 1. Children under 18 years old 2. Admission includes at least one overnight stay in the hospital 3. Non-psychiatric MS-DRG/principal diagnosis at discharge 4. Alive at time of discharge <p>MEASURE 1: Communication between you and your child's nurses</p> <p>The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q13, Q14, and</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>Q15.</p> <p>MEASURE 2: Communication between you and your child's doctors</p> <p>The denominator is the total number of respondents with completed surveys who have given a response to at least one of the following items: Q16, Q17, and Q18.</p> <p>MEASURE 3: Communication about your child's medicines</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q4, Q5, Q38, and Q39.</p> <p>MEASURE 4: Providers keep you informed about your child's care</p> <p>The denominator is the total number of completed surveys with at least one response to either of the following items: Q22 and Q24.</p> <p>MEASURE 5: Privacy when talking with providers</p> <p>The denominator is the total number of surveys with a response to the following item: Q19.</p> <p>MEASURE 6: Preparing you and your child to leave the hospital</p> <p>The denominator is the total number of completed</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>surveys with at least one response to any of the following items: Q35, Q36, Q40, Q41, and Q42.</p> <p>MEASURE 7: Keeping you informed about your child's care in the Emergency Room</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q3.</p> <p>MEASURE 8: How well nurses communicate with your child</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q7, Q8, and Q9.</p> <p>MEASURE 9: How well doctors communicate with your child</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q10, Q11, and Q12.</p> <p>MEASURE 10: Involving teens in their care</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q44, Q45, and Q46.</p> <p>MEASURE 11: Preventing mistakes and helping you report concerns</p> <p>The denominator is the total number of completed</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>surveys with at least one response to either of the following items: Q28 and Q29.</p> <p>MEASURE 12: Responsiveness to the call button</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q26.</p> <p>MEASURE 13: Helping your child feel comfortable</p> <p>The denominator is the total number of completed surveys with at least one response to any of the following items: Q20, Q21, and Q34.</p> <p>MEASURE 14: Paying attention to your child's pain</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q31.</p> <p>MEASURE 15: Cleanliness of hospital room</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q32.</p> <p>MEASURE 16: Quietness of hospital room</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q33.</p> <p>MEASURE 17: Overall rating</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>The denominator is the total number of completed surveys with a response to the following item: Q47.</p> <p>MEASURE 18: Recommend hospital</p> <p>The denominator is the total number of completed surveys with a response to the following item: Q48.</p>
Exclusions	All surveys are accepted even if item nonresponse is present. Item nonresponse might lead to a missing measure for certain questions. If none of the questions within a domain has been answered, the respondent will not have a score for this domain. No general exclusions.	<p>SURVEY AND MEASURES 1-18</p> <p>Exclude parents of certain patients from the measure (numerator and denominator) based on clinical and non-clinical criteria:</p> <ol style="list-style-type: none"> 1. “No-publicity” patients 2. Court/law enforcement patients 3. Patients with a foreign home addresses 4. Patients discharged to hospice care (hospice-home or hospice-medical facility) 5. Patients who are excluded because of state regulations 6. Patients who are wards of the state 7. Healthy newborns 8. Patients admitted for obstetric care 9. Patients admitted for observation 10. Patients discharged to skilled nursing facilities



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>MEASURES 1-18</p> <p>Exclude respondents from the numerator and denominator of a measure if they have completed survey items in the measure using multiple marks (i.e., they gave multiple answers to an individual question).</p> <p>MEASURES 8-9</p> <p>Exclude the following respondents from the numerator and denominator:</p> <ol style="list-style-type: none"> 1. All those who answered “No” to screener question 6 (Is your child able to talk with nurses and doctors about his or her health care?) 2. All those whose child was under 3 years old at discharge as determined using administrative data <p>MEASURE 10</p> <p>Exclude the following respondents from the numerator and denominator:</p> <ol style="list-style-type: none"> 1. All those who answered “No” in screener question 43 (During this hospital stay, was your child 13 years old or older?) 2. All those whose child was under 13 years old at discharge as determined using administrative data 3. All those who answered “No” in screener question 6 (Is your child able to talk with nurses and



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>doctors about his or her health care?)</p> <p>MEASURE 12</p> <p>Exclude the following respondents from the numerator and denominator:</p> <p>1. All those who answered “No” in screener question 25 (During this hospital stay, did you or your child ever press the call button?)</p> <p>MEASURE 14</p> <p>Exclude the following respondents from the numerator and denominator:</p> <p>1. All those who answered “No” in screener question 30 (During this hospital stay, did your child have pain that needed medicine or other treatment?)</p>
Exclusion Details	No general exclusions.	<p>“No-publicity” patients are defined as those whose parents voluntarily sign a “no-publicity” request while hospitalized or directly request that a hospital or survey vendor not contact them (“Do Not Call List”).</p> <p>Court/law enforcement patients (i.e., prisoners) are excluded from the sample frame because of the logistical difficulties of administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.</p> <p>Patients with a foreign home address are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The US</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)</p> <p>Patients discharged to hospice care are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.</p> <p>Some state regulations place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.</p> <p>Patients who are wards of the state are excluded because they do not have parents to assess their experiences in the hospital.</p> <p>Healthy newborns are excluded because their care may be closely associated with a mother’s obstetric care and thus may not reflect a pediatric hospital’s quality of care. Healthy newborns are identified based on administrative billing codes; see Codes to Identify Healthy Newborns for Exclusion in the Data Dictionary Code Table.</p> <p>Patients admitted for obstetric care are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.</p> <p>Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
Risk Adjustment	No risk adjustment or risk stratification N/A	<p>Statistical risk model</p> <p>Case-mix adjustment via linear regression is used to adjust hospital-level scores based on patient characteristics, thus facilitating comparisons among hospitals. We recommend adjusting for child age and global health status and respondent age, relationship to child, education, and preferred language.</p> <p>The case-mix data are obtained from items in the “About You” section of the survey and from hospital administrative records:</p> <ol style="list-style-type: none"> 1. Child age: obtained from administrative records 2. Respondent-reported health of child: Q49 3. Respondent relationship to child: Q52 4. Respondent age: Q53 5. Respondent education level: Q54 6. Respondent preferred language: Q55 <p>Available in attached Excel or csv file at S.2b</p>
Stratification	N/A	<p>Stratification is not required. However, users of the survey may choose to stratify scores. Variables commonly used to stratify inpatient patient experience of care measures include service (e.g., medical versus surgical) or condition (e.g., patients with the primary diagnosis of asthma).</p>
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>There is one step for individual questions:</p> <ol style="list-style-type: none"> 1. Calculate the percentage of patient responses in the most positive response category, the top-box <p>There are two basic steps to this approach for domains:</p> <ol style="list-style-type: none"> 1. Calculate the percentage of patient responses in the most positive response category, the top-box, for each item in a domain. 2. Average these percentage 	<p>The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items. The production of unadjusted hospital scores for each measure and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.</p> <p>ASSIGN APPROPRIATE SAMPLING WEIGHT TO EACH CASE</p> <p>Prior to calculating any of the measure scores, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month, in which case sampling weights are not needed. Alternatively, some hospitals will sample a fixed number of discharges each month to reach the annual target of</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	for all items in a domain. No diagram provided	<p>300 completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This is done using the approach below. For a more detailed description, see the production of hospital scores section of the Detailed Measure Specifications (Appendix A).</p> <p>Step 1 – Calculate the expansion weight for each month $\text{Expansion weight} = (\text{Population size for the month}) / (\text{Sample size for the month})$</p> <p>Step 2 – Calculate the mean expansion weight for the number of months covered by the score (e.g., 12 months)</p> <p>Step 3 – Calculate the relative weight for each month as the expansion weight for the month divided by the mean expansion weight</p> <p>Step 4 – Assign a sampling weight to each case based on the month in which the person was discharged and the corresponding value of the mean expansion weight</p> <p>GLOBAL MEASURES</p> <p>The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The approach for producing scores for these items is below.</p> <p>Overall Rating of the Hospital.</p> <p>For this item, respondents are asked, “Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child’s stay?” The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.</p> <p>The steps to calculate a hospital’s score, including the top-box score, are as follows:</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>Step 1 – Identify relevant cases</p> <p>Include only cases with non-missing values on the overall rating question.</p> <p>Step 2 – Calculate the proportion of cases in each response category</p> <p>(1) Proportion of respondents who gave the hospital an overall rating of 0-6 (P1):</p> <p>The numerator is the number of respondents for whom the overall rating is 0-6. Each case is weighted by the appropriate sampling weight for the discharge month.</p> <p>The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.</p> <p>(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10 (P3):</p> <p>The numerator is the number of respondents for whom the overall rating is 9 or 10. Each case is weighted by the appropriate sampling weight for the discharge month.</p> <p>The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.</p> <p>(3) Proportion of respondents who gave the hospital an overall rating of 7 or 8 (P2)</p> <p>The proportion can be defined as follows:</p> $P2 = 1 - P1 - P3$ <p>A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories may be informative for hospitals' quality improvement efforts.</p> <p>Willingness to Recommend the Hospital</p> <p>For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which</p>



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		<p>the response is “definitely yes.” Production of a hospital’s score on this item follows the same steps discussed above.</p> <p>DOMAIN-LEVEL COMPOSITES</p> <p>There are 10 domain-level composites included in Child HCAHPS; see the Data Dictionary Code Table for survey items in domain-level composite measures. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.</p> <p>Composite example: Communication between you and your child’s doctors</p> <p>This composite is produced by combining responses to three questions:</p> <ul style="list-style-type: none"> • “During this hospital stay, how often did your child’s doctors listen carefully to you?” • “During this hospital stay, how often did your child’s doctors explain things to you in a way that was easy to understand?” • “During this hospital stay, how often did your child’s doctors treat you with courtesy and respect?” <p>Response options for each question are “never,” “sometimes,” “usually,” or “always.” The basic steps to calculate a hospital’s composite score are as follows:</p> <p>Step 1 – Calculate the proportion of cases in the “always” response category for each question:</p> <ul style="list-style-type: none"> • P11 = Proportion of respondents who said “always” to the first question • P12 = Proportion of respondents who said “always” to the second question • P13 = Proportion of respondents who said “always” to the third question <p>Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:</p> <ul style="list-style-type: none"> • PC1 = Composite proportion who said “always” = $(P11 + P12 + P13) / 3$ <p>The most positive response categories for the composites are listed below:</p> <ol style="list-style-type: none"> 1. Nurse-parent communication: Always



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		<p>2. Doctor-parent communication: Always</p> <p>3. Communication about medicines: Yes, definitely</p> <p>4. Informed about child's care: Always</p> <p>5. Preparing to leave hospital: Yes, definitely</p> <p>6. Nurse-child communication: Always</p> <p>7. Doctor-child communication: Always</p> <p>8. Involving teens in care: Always/Yes, definitely</p> <p>9. Mistakes and concerns: Always/Yes, definitely</p> <p>10. Child comfort: Always/Yes, definitely</p> <p>Production of a hospital's scores on these composites follows the same steps discussed above; see Survey Items in the Data Dictionary Code Table for the list of items that comprise each composite.</p> <p>DOMAIN-LEVEL SINGLE ITEMS</p> <p>There are eight domain-level single items included in Child HCAHPS; see Survey Items in the Data Dictionary Code Table for single-item measures. Scores are generated by calculating top-box proportions. Production of item scores is described below.</p> <p>Example of domain-level single item: "During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?"</p> <p>Response options are "never," "sometimes," "usually," or "always". To determine a hospital's score, calculate the proportion of cases in the "always" response category for this question.</p> <p>The most positive response categories for the single items are listed below:</p> <ol style="list-style-type: none"> 1. Privacy with providers: Always 2. Informed in emergency room: Always 3. Call button: Always 4. Child pain: Always 5. Cleanliness: Always 6. Quietness: Always <p>Production of a hospital's scores on these items follows the same approach described above.</p> <p>The discussion above describes the steps used to produce unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.</p>



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		<p>CASE-MIX ADJUSTMENT</p> <p>One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect measures of outcomes or processes. Systematic effects of this sort create the potential for a hospital's ratings to be higher or lower because of the characteristics of its patient population, rather than because of the quality of care it provides, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients. Detailed instructions regarding how to use the case-mix adjustment model can be found in Case-Mix Adjustment Methodology (Appendix K). No diagram provided</p>
Submission items	<p>5.1 Identified measures: 0166 : HCAHPS</p> <p>0005 : CAHPS Clinician & Group Survey, Version 2.0</p> <p>0724 : Measure of Medical Home for Children and Adolescents</p> <p>0010 : Young Adult Health Care Survey (YAHCS)</p> <p>0166 : HCAHPS</p> <p>0005 : CAHPS Clinician & Group Survey, Version 2.0</p> <p>0166 : HCAHPS</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: # 0166: HCAHPS HCAHPS focuses on inpatient experience of an adult population. We used some of the same measurement concepts in our survey and also incorporated</p>	<p>5.1 Identified measures: 0725 : Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</p> <p>0166 : HCAHPS</p> <p>0005 : CAHPS Clinician & Group Survey, Version 2.0</p> <p>0005 : CAHPS Clinician & Group Survey, Version 2.0</p> <p>0166</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: *NOTE: THE SUBMISSION FORM WOULD NOT ALLOW FOR FORMATTING. FOR THE FORMATTED VERSION, SEE MEASURE HARMONIZATION (APPENDIX P).*</p> <p>Our candidate survey fills a gap in pediatric quality measurement by addressing the current dearth of quality measures that assess inpatient care. Child HCAHPS addresses the need for a pediatric inpatient patient experience of care survey. We have harmonized our survey with the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Adult Version (Adult HCAHPS) (NQF # 0166), which was endorsed by</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
	<p>some of the data collection methodology. Slight wording changes compared to HCAHPS and additional items not included in HCAHPS can be explained because of the pediatric population PIES targets and its different needs. # 0005: CAHPS Clinician/Group Surveys – (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) This survey has a pediatric version and focuses on patient experience but in an outpatient setting while PIES focuses on parents' experiences with pediatric inpatient care. # 0724: Measure of Medical Home for Children and Adolescents While conceptually related, this survey focuses on outpatient settings while PIES focuses on parents' experiences with pediatric inpatient care # 0010: Young Adult Health Care Survey (YACHS) While conceptually related, this survey focuses exclusively on young adults while PIES focuses on parents' experiences with pediatric inpatient care of all children less than 18 years of age.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>NQF in 2005, and the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey – Child Version (Child CG CAHPS) (NQF # 0005), which was endorsed by NQF in 2007. The Centers for Medicare & Medicaid Services (CMS) uses Adult HCAHPS results to inform consumer choice through public reporting on the Hospital Compare website and to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.[1] Like the Adult HCAHPS survey, Child HCAHPS could be used as a national standard for collecting or publicly reporting information on patients' perspectives of care that would enable valid comparisons to be made across all hospitals.[2] In developing Child HCAHPS, we followed the same rigorous survey development methodology that other CAHPS survey development teams have employed, including, but not limited to, conducting focus groups, cognitive interviews and end-user testing. We also built upon CAHPS patient experience domains and items when developing our survey. Additionally, the CAHPS Consortium collaborated with us on the development of Child HCAHPS. Child HCAHPS covers the pediatric population, with an age eligibility criterion that is identical to that of Child CG CAHPS (under 18 years old) and complementary to that of the Adult HCAHPS survey (18 years or older). While Child HCAHPS and Child CG CAHPS have the same age eligibility criterion, Child HCAHPS has been developed for inpatient pediatric populations, while Child CG CAHPS is targeted to the outpatient pediatric population. Like the Adult HCAHPS and Child CG CAHPS surveys, Child HCAHPS also uses a statistical model to case-mix adjust scores, but our model was specifically developed for inpatient pediatric patients. Various aspects of the Child HCAHPS survey, such as item wording and response categories, have been harmonized with the Adult HCAHPS and Child CG CAHPS surveys. The Child HCAHPS survey assesses many of the same domains as the Adult HCAHPS survey, and where appropriate, also addresses similar domains to those found in the Child CG CAHPS survey, such as communication with providers. Additional domains shared by the Adult and Child HCAHPS surveys include experiences with nurses, experiences with doctors, pain management, the hospital environment, discharge</p>



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		<p>planning from the hospital, and overall hospital rating. Furthermore, the Child HCAHPS survey assesses aspects of care that are particularly relevant to children. For example, Child HCAHPS assesses whether providers talk and interact with the child in a way that is age-appropriate. Child HCAHPS also gathers information from parents on their teenagers who have experienced a hospitalization. These items are not included in the Adult HCAHPS survey but are valuable to the Child HCAHPS survey because they assess the unique experiences of adolescents, an important population that previously has not been heavily targeted for quality improvement initiatives.[3,4] Lastly, the Child HCAHPS survey assesses new domains not mentioned above that are not found in the other CAHPS surveys include communication in the emergency room, family involvement, privacy, and safety. The Child HCAHPS survey is a parent-reported survey, a notable difference from the self-reported Adult HCAHPS survey. While most items are of the parent's experience of their child's care, similar to Child CG CAHPS, Child HCAHPS also assesses the experiences of the child for a subset of items by relying on a parent's assessment of the child's experience of care. In pediatrics, parents' assessment of their child's care is commonly accepted for a variety of methodological and logistical reasons.[5] We do not anticipate that differences between the Child HCAHPS survey and the Adult HCAHPS or Child CG CAHPS survey would affect the interpretability or data collection burden of Child HCAHPS.</p> <p>REFERENCES 1. Centers for Medicare & Medicaid. HospitalHCAHPS. 2013. Available at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html. Accessed November 29, 2013. 2. HCAHPS - Hospital Survey. Available at: http://www.hcahponline.org/home.aspx. Accessed February 12, 2014. 3. Van Staa A, Jedeloo S, van der Stege H, On Your Own Feet Research Group. "What we want": chronically ill adolescents' preferences and priorities for improving health care. Patient Prefer Adherence. 2011;5:291-305. doi:10.2147/PPA.S17184. 4. Chesney M, Lindeke L, Johnson L, Jukkala A, Lynch S. Comparison of</p>



	0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS)
		<p>child and parent satisfaction ratings of ambulatory pediatric subspecialty care. J Pediatr Health Care Off Publ Natl Assoc Pediatr Nurse Assoc Pract. 2005;19(4):221-229. doi:10.1016/j.pedhc.2005.02.003. 5. Shaul JA, Fowler FJ Jr, Zaslavsky AM, Homer CJ, Gallagher PM, Cleary PD. The impact of having parents report about both their own and their children's experiences with health insurance plans. Med Care. 1999;37(3 Suppl):MS59-68.</p> <p>5b.1 If competing, why superior or rationale for additive value: The Child HCAHPS survey and the Children's Hospital Boston Inpatient Experience Survey (CHB-IES) both aim to assess the experiences of parents and their children with inpatient hospital care. Although both surveys fill a gap in the measurement of inpatient pediatric patient experience, the Child HCAHPS survey has advantages. Its development in accordance with CAHPS design principles ensures that this tool is well-harmonized with patient experience measurement instruments that are widely accepted and implemented in a variety of healthcare settings (e.g., CAHPS Hospital Survey – Adult Version and Clinician and Group CAHPS Survey – Child Version). The following points of comparison illustrate some of the advantages of the Child HCAHPS survey. We are basing our comments on the CHB-IES instrument and on the NQF forms that are currently available online. Overall, there are multiple ways in which it has better validity, reliability, and usability than the CHB-IES measure.</p> <p>VALIDITY:</p> <p>CASE-MIX ADJUSTMENT</p> <p>Child HCAHPS case-mix adjusts scores. Case-mix refers to patient characteristics such as demographic characteristics and health status that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case-mix is to estimate how different hospitals would score if they all provided care to</p>



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		<p>comparable groups of patients. Because CHB-IES does not adjust for case-mix, the differences in hospital performance for the measure may be strongly influenced by the characteristics of the patient population and not only by the quality of the care provided. The Child HCAHPS survey accounts for these differences by case-mix adjusting for child age and global health status, and respondent age, education, relationship to child, and language preference. In addition, it is standard practice for patient experience surveys to adjust for respondent age; CHB-IES does not ask for respondent age in the survey and hospitals do not collect parent age, therefore, unlike Child HCAHPS, CHB-IES would be unable to adjust for this characteristic. The case-mix adjustment strategy used in the Child HCAHPS survey ensures that hospital performance scores are a more accurate reflection of quality of care. Ultimately, by not case-mix adjusting, CHB-IES measures are likely to produce less valid results as the differences found could be due to differences in hospital patient population rather than the quality of the care.</p> <p>SCREENER ITEMS</p> <p>The Child HCAHPS Survey generally makes use of screener questions to identify the respondents for whom items are relevant to their child's inpatient hospitalization in situations when the experience is not universal. Rather than consistently using screener items throughout the survey, CHB-IES includes an additional response category indicating that the question does not apply. In doing so, there is a greater opportunity for respondents to incorrectly answer an item that is not relevant to their child's hospitalization. This could result in a more difficult data cleaning process and increases the possibility that performance scores will be skewed by inappropriately answered items. Additionally, screener items may allow the respondent to complete the survey in a shorter time period, decreasing the time burden of the survey for the respondent.</p> <p>RESPONSE SCALES</p> <p>The Child HCAHPS survey uses fewer response scales than CHB-IES. Child HCAHPS consistently uses two response scales throughout the survey in addition to the two scales used for the global rating item and the recommend item. CHB-IES uses seven different response scales throughout</p>



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		<p>the survey in addition to the two scales used for the global rating and recommend items. Also, the response scales used in CHB-IES can be confusing to respondents because there are survey items that have similar, but not identical, response scales. For example, the survey contains three different variations of a poor to good rating scale (i.e., a 5-point very poorly to very well scale, a 5-point poor to excellent scale, and a 6-point poor to exceptional scale). Furthermore, some of the scales use wording that is difficult for respondents. For instance, CHB-IES uses “average” in one of the response scales; for a respondents to give an “average” rating on a measure of patient experience at a hospital, he or she would have to have had additional experiences at other hospitals with which to compare. When a survey has multiple response scales, especially when some of them are similar, it is possible that respondents will be more likely to give erroneous answers because respondents are confused or do not notice that the response scales have changed. Moreover, the cognitive burden does not affect everyone equally.[1] It is easier for respondents to complete the Child HCAHPS survey due to the consistency of response options. Additionally, when combining individual items into composite measures, having the same or similar response forms within a composite makes calculating and communicating multi-item indices easier. A recent study supported the use of the main response scale used in Child HCAHPS.[2]</p> <p>RELIABILITY:</p> <p>HOSPITAL-LEVEL RELIABILITY</p> <p>According to the CHB-IES' NQF submission, CHB-IES' reliability testing included test-retest reliability and internal consistency reliability. However, these analyses are not the most important form of reliability testing for patient experience measures. Unit-level reliability is critical as it demonstrates whether a measure is able to distinguish performance among different units of analysis. In the case of an inpatient measure, the unit of analysis is the hospital. We conducted hospital-level reliability analyses for Child HCAHPS and demonstrated that Child HCAHPS has sufficient reliability to distinguish performance among different hospitals; see Measure Testing Form 2a2: Reliability Testing. Because CHB-IES</p>



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		<p>does not appear to have done a unit-level reliability analysis, it is unclear whether CHB-IES can be used for comparison across hospitals.</p> <p>USABILITY:</p> <p>END-USER TESTING</p> <p>It is important to assess the understandability of reported measure results to ensure that these results will be useful to patients and their families. We assessed the clarity and usefulness of labels and descriptions used to name and report composite and single-item measures from the Child HCAHPS survey through end-user testing. End-user testing involves conducting cognitive interviews with the intended “end users” of the survey (e.g., parents/guardians of pediatric patients) to ensure the understandability of the reporting format. After finalizing the Child HCAHPS survey instrument, two rounds of cognitive interviews were held to test proposed Child HCAHPS measure concepts and labels. Item groupings and measure labels were modified to reflect the information learned through these interviews, resulting in 18 composite and single-item measures (see Survey Items in the Data Dictionary Code Table). However, CHB-IES composite measures did not undergo end-user cognitive testing. Although these measures may be appropriately grouped on the basis of statistical analyses, additional testing is needed to ensure that patients and their families view the items within each measure as conceptually related and that measure titles adequately reflect the measured construct.</p> <p>REFERENCES</p> <ol style="list-style-type: none"> 1. Klein DJ, Elliott MN, Haviland AM, Saliba D, Burkhart Q, Edwards C, Zaslavsky AM. Understanding nonresponse to the 2007 Medicare CAHPS survey. <i>The Gerontologist</i>. 2011;51(6):843-855. doi:10.1093/geront/gnr046. 2. Drake KM, Hargraves JL, Lloyd S, Gallagher PM, Cleary PD. The Effect of Response Scale, Administration Mode, and Format on Responses to the CAHPS Clinician and Group Survey. <i>Health Serv Res</i>. 2014:n/a-n/a. doi:10.1111/1475-6773.12160.

