
Lessons Learned

From the *Dry Run and National Implementation* of the HCAHPS Survey



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Overview of Presentation

1. Premises of HCAHPS
2. Challenges of HCAHPS
3. Participation in HCAHPS
4. Lessons learned and findings
5. Next steps

1: Premises of HCAHPS

- 1. Compatibility:** HCAHPS must be compatible with patient surveys currently conducted by hospitals
- 2. Comparability:** HCAHPS must produce publicly reported scores that permit fair and valid comparisons among all participating hospitals

2: Challenges of HCAHPS

How can valid results be achieved when HCAHPS permits diversity in:

- Participation by spectrum of hospitals and survey vendors
- Four modes of survey administration
- Both stand-alone and integrated formats
- Two methods of data submission

2: Challenges of HCAHPS, *cont'd*

Solutions:

- Dry run (practice) the survey
- Standardization of protocols
- Training and technical assistance
- Oversight

Purpose of Dry Run

- Opportunity for hospitals and survey vendors to **gain experience** in HCAHPS administration, data collection and data submission
- Allow CMS to **evaluate and refine**:
 - Implementation protocols and policy
 - Guidelines for survey administration
 - Data submission and retrieval processes

Standardization of Protocols

Survey vendors and self-administering hospitals follow standardized procedures for:

- Survey modes (*four*)
- Generating frame of eligible discharges
- Survey administration (*timing, etc.*)
- Data collection (*protocols, etc.*)
- Data submission (*XML or On-line tool*)

Training and Technical Assistance

All participating survey vendors and self-administering hospitals are required to:

- Attend introductory and update training
- Apply and receive approval to participate
- Follow *Quality Assurance Guidelines, V2.0* and policy updates posted on www.hcahpsonline.org

Oversight

All participating survey vendors and self-administering hospitals required to:

- Develop & implement *Quality Assurance Plans*
- Participate in on-site visits, as scheduled
 - Both random and targeted
- Successfully submit HCAHPS survey data to warehouse by due dates
 - Data then analyzed for errors, anomalies, outliers

3: Participation in HCAHPS

- The information presented on slides 11, 12 and 13 is based on the most recent quarter of available data (April - June 2007):
 - Approximately 3,075 hospitals submitted data
 - 97% of hospitals contracted with a survey vendor
 - 3% of hospitals self-administered
 - 88% of hospitals are acute care

3: Participation in HCAHPS, *cont'd*

- Approximately 1,495,656 patients surveyed
 - 79% by mail mode
 - 17% by telephone mode
 - 1% by mixed mode
 - 3% by active IVR

3: Participation in HCAHPS, *cont'd*

– Age categories of patients surveyed

- 15% 18-29 years of age
- 17% 30-44 years of age
- 20% 45-59 years of age
- 23% 60-74 years of age
- 25% 75+ years of age

4: Lessons Learned and Principal Findings

- Wide range of technical knowledge and resources among survey vendors & self-administering hospitals
- Rural hospital challenges
- Zero eligible discharges
- Roles and responsibilities of hospitals and survey vendors

4: Lessons Learned and Principal Findings, *cont'd*

- Sampling
 - Use of appropriate sampling types
 - Nursing home/group home residents
 - Ineligibles/exclusions

4: Lessons Learned and Principal Findings, *cont'd*

- Survey administration
 - Lag time
- Data submission and coding
 - Timely submission of data files
 - Hospitals monitoring vendor data submissions

5: Next Steps

- *Quality Assurance Guidelines, Version 3.0*
- *Conduct Introduction to HCAHPS and HCAHPS Update Training in January 2008*
- *March 2008 Public Reporting*
- *Conduct additional on-site visits*

Contact Us

HCAHPS Information and Technical Support

- Website: www.hcahpsonline.org
- E-mail: hcahps@azqio.sdps.org
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Comments?

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