

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Room 352-G  
200 Independence Avenue, SW  
Washington, DC 20201



**Office of Media Affairs**

---

# CMS FACT SHEET

FOR IMMEDIATE RELEASE  
March 28, 2008

CONTACT: CMS Office of Media Affairs  
(202) 690-6145

## HCAHPS FACTS

(CAHPS<sup>®</sup> Hospital Survey)

### Overview

HCAHPS (pronounced “*H-caps*”) is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*; also known as the CAHPS<sup>®</sup> Hospital Survey) is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals already collect information on patient satisfaction for their own use, until HCAHPS there was no national standard for collecting and publicly reporting information about patients' experiences that allowed valid comparisons to be made across hospitals locally, regionally or nationally.

Three broad goals have shaped HCAHPS. First, the survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Second, public reporting of the survey results creates new incentives for hospitals to improve quality of care. Third, public reporting serves to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey will be credible, useful, and practical.

### HCAHPS Development

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop the HCAHPS survey. Hospitals implement HCAHPS under the auspices of the Hospital Quality Alliance (HQA), a private/public partnership that includes major hospital and medical associations, consumer groups, measurement and accrediting bodies, government, and other groups who share an interest in improving hospital quality. In May 2005, the HCAHPS survey was endorsed by the National Quality Forum (NQF), a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research

-- More --

and quality organizations. In December 2005, the federal Office of Management and Budget (OMB) gave its final approval for the national implementation of HCAHPS for public reporting purposes. The HQA has also endorsed HCAHPS. The survey, its methodology and its results are in the public domain.

### **HCAHPS Content and Administration**

The HCAHPS survey asks patients 27 questions about their hospital experience, including 18 items about key aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and recommendation of hospital). The survey also includes four items to direct patients to relevant questions, three to adjust for the mix of patients across hospitals, and two items that support congressionally-mandated reports.

The HCAHPS survey is administered 48 hours to six weeks after discharge to a random sample of adult patients across medical conditions. Participating hospitals may either use an approved survey vendor, or collect their own HCAHPS data (if approved by CMS to do so). To accommodate hospitals, HCAHPS can be implemented in four different survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR). Hospitals can either integrate the HCAHPS survey with their own patient satisfaction survey, or use HCAHPS by itself. Hospitals must survey patients throughout each month of the year. Detailed information on implementing HCAHPS, including sampling, data coding, and file submission, can be found in the HCAHPS Quality Assurance Guidelines, Version 3.0, which can be found at [www.hcahpsonline.org](http://www.hcahpsonline.org).

### **HCAHPS National Implementation and Public Reporting**

CMS first began collecting HCAHPS data for public reporting purposes in October 2006. In March 2008, CMS began to report HCAHPS results, using surveys of patients discharged from October 2006 through June 2007. Subsequently, HCAHPS results will be published quarterly and will be comprised of the most recent four quarters of data. Hospitals' HCAHPS results will be posted on the *Hospital Compare* website, found at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov), or through a link on [www.medicare.gov](http://www.medicare.gov). A downloadable version of the HCAHPS results will also be available.

To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons across hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but do affect how patients answer HCAHPS survey items. CMS performs adjustments that eliminate any advantage or disadvantage in scores that might result from which method was used to survey the patients, or characteristics of patients that are beyond a hospital's control. To assure that HCAHPS data are collected properly, CMS undertakes a series of quality oversight activities, including inspection of survey administration procedures, analysis of submitted data, and site visits of approved HCAHPS survey vendors and self-administering hospitals.

Since July 2007, with the enactment of the Deficit Reduction Act of 2005, there has been an additional incentive for acute care hospitals to participate in HCAHPS. As part of CMS' *Reporting Hospital Quality Data Annual Payment Update* (RHQDAPU) program, hospitals subject to IPPS payment provisions ("subsection (d) hospitals") must collect and submit HCAHPS data in order to receive their full Inpatient Prospective Payment System (IPPS) annual payment update (APU). IPPS hospitals that fail to report the required quality measures, which include the HCAHPS survey, may receive an annual payment update that is reduced by 2.0 percentage points. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS – there is no incentive payment since these hospitals are not paid under the IPPS.

### **HCAHPS Publicly Reported Measures**

On Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)), HCAHPS results are reported for 10 measures (six summary measures, two individual items and two global ratings). The six summary measures include how well nurses and doctors in the hospitals communicate with patients, how responsive the hospital staff are to patient needs, how well the hospital staff helps the patient manage pain, how well the staff communicates with the patient about medicines, and whether pertinent information was provided when the patient was discharged. The two individual items address the cleanliness and quietness of the patient's room, and the two global ratings are the overall rating of the hospital and whether the patient would recommend the hospital to others.

Each of the six summary measures consists of two or three questions from the survey and is reported as one measure. By combining related questions into summary measures, similar questions are tied together so consumers can quickly review the patients' perspective of care data. Additionally, the statistical reliability of these measures increases by use of summaries.

Each of the 27 survey questions is used in the following ways:

- Summary measures
  - Communication with nurses (Questions 1, 2, and 3)
  - Communication with doctors (Questions 5, 6, and 7)
  - Responsiveness of hospital staff (Questions 4 and 11)
  - Pain management (Questions 13 and 14)
  - Communication about medicines (Questions 16 and 17)
  - Discharge information (Questions 19 and 20)
- Individual measures
  - Cleanliness of hospital environment (Question 8)
  - Quietness of hospital environment (Question 9)
- Global measures
  - Overall rating of hospital (Question 21)
  - Willingness to recommend hospital (Question 22)

Questions 10, 12, 15 and 18 are screener questions that direct the respondent to answer specific questions in a section.

Questions 23, 24 and 27 are used with items from hospital administrative records to adjust for differences in patient mix across hospitals.

Questions 25 and 26 are related to race and ethnicity and will be used for work related to healthcare disparities. They will also provide information for AHRQ's congressionally mandated reports on health care disparities.

### **For More Information**

To learn more about HCAHPS, please visit the following Web sites:

- For information and policy updates about the survey, administration procedures, training, and participating in HCAHPS: [www.hcahpsonline.org](http://www.hcahpsonline.org)
- For background information: [www.cms.hhs.gov/HospitalQualityInits/](http://www.cms.hhs.gov/HospitalQualityInits/)

### **To Provide Comments or Ask Questions:**

- To communicate with CMS staff about HCAHPS: [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov)
- For technical assistance, contact the HCAHPS Project Team: [hcahps@azqio.sdps.org](mailto:hcahps@azqio.sdps.org) or 1-888-884-4007

###