

# Fielding the CAHPS<sup>®</sup> Child Hospital Survey

## Day-of-Discharge Survey Administration

### Introduction

This document explains how to field the CAHPS Child Hospital Survey (Child HCAHPS) via electronic tablet on the day of discharge and gather the data needed for analysis and reporting. These instructions supplement the Child HCAHPS instructions found on the AHRQ CAHPS website by clicking [here](#).

This guidance applies to the Child version only. For information about the Adult version of the CAHPS Hospital Survey (HCAHPS), visit [CMS's Web site for the CAHPS Hospital Survey](#).

### Figure 1: Summary of Key Requirements for Administering the Child HCAHPS Survey via Electronic Tablet on the Day of Discharge

Administration	The survey is administered via electronic tablet according to the CAHPS guidelines specified in this document.
Sampling frame	Children (age 17 and under) who had at least one overnight stay in the hospital.
Collection mode	Tablet and email, mail, telephone
Sample size	The sample needs to be large enough to yield 300 completed surveys per hospital, a cost-effective method shown to produce statistically valid survey comparisons.
Target response rate	60 percent, assuming rigorous data collection efforts.

### Sampling Guidelines

These sampling guidelines will help you understand who is eligible to be included in the sample frame for the Child HCAHPS Survey. They also explain how to select a sample. We recommend census surveying for day-of-discharge tablet administration.

All of the items in this survey have been designed for the general population of children. Appropriate screening items are included for items intended to assess a specific experience or subgroup. In order to ensure that results are comparable to those produced by other vendors and sponsors, targeted sampling, such as selecting only patients with particular conditions or experiences, is not recommended.

## Defining the Sample Frame: Eligibility Criteria

In order to generate the sample frame, hospitals must apply the eligibility criteria, remove exclusions. Please review these guidelines for determining whom to include in your sample frame:

- Children age 17 and under and their parent/guardian
- Patients with 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).
- Alive at time of discharge

### Exclusions

After the list of eligible children is determined using the above criteria, the following patients should be excluded from the sample frame (more detail on these groups will follow):

- “No-Publicity” patients
  - Defined as those who voluntarily submit a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”).
- Court/Law enforcement patients
  - Excluded 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” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This does not include patients residing in halfway houses.
- Patients with foreign home address

- Excluded 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 to be discharged to hospice care (hospice-home or hospice-medical facility)
  - Excluded 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” should not be included in the sample frame. “Discharge Status” is the same as the UB-04 field location 17.
- Patients who are excluded because of state regulations
  - Some state regulations place further restrictions on patients who may be contacted after discharge. It is the responsibility of the hospitals/survey vendors 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 who are wards of the state
  - Excluded because they do not have parents/guardians to assess their experiences in the hospital.
- Patients who are emancipated minors
  - Excluded because they do not have parents/guardians to assess their experiences in the hospital.
- Healthy newborns
  - Excluded because the care that they receive can be closely associated with a mother’s obstetric care. For newborns, only those requiring a NICU stay are eligible. These individuals can be identified by the admission source “0713 – Newborn – Level 3: intermediate care” or “0714 – Newborn – Level 4: intensive care.”
- Patients with a psychiatric MS-DRG/principal diagnosis at discharge
  - Excluded due to the unique behavioral health issues pertinent to psychiatric patients.
- Maternity-stay patients

- Excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.
- Observation patients
  - Excluded because their hospital stay does not meet the criteria for an inpatient stay.
- Patients to be discharged to nursing homes and skilled nursing facilities
  - This applies to patients with a “Discharge Status” (UB-04 field location 17) of “03 – Skilled nursing facility,” “61 – SNF Swing bed within hospital,” or “64 – Certified Medicaid nursing facility.”

Patients should be included in the Child 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.

### **Timeframe**

The following timeframe should be used when generating your sampling frame:

- Include in the sampling frame any eligible patient.

### **Recommended Number of Completes**

To have a sufficient number of responses for analysis and reporting, you need to select enough individuals to obtain approximately 300 completed questionnaires per hospital. (“Questionnaires” are the survey instruments that have been administered through electronic tablet and completed online.) This is the same as other survey administration modes. This is the minimum number of completed questionnaires required to ensure that the results are statistically reliable at the hospital-level. Hospitals wanting to compare results at a level other than their own facility (e.g., department, service line, etc.) will need additional completed surveys.

Please note that the recommendations regarding the number of completed questionnaires apply to the survey with **core items only**. If your survey includes supplemental items, which often apply to a relatively small subset of the overall sample, a higher number of completed questionnaires may be needed to generate enough responses to those items for the purposes of analysis and reporting. Generally speaking, to yield a level of reliability for supplemental items that is consistent with that of the core items, at least 100 responses per item are needed.

### **Day-of-Discharge Mode For Data Collection**

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The CAHPS team recommends using pre-loaded, **audio-enabled electronic tablets for**

## **day-of-discharge survey administration.**

Results from the field tests of the Child HCAHPS Tablet Surveying team indicate that the tablet survey method is more effective than mail-only method. Future studies should examine the optimal approach (i.e., email, mail, and telephone) to completing the discharge items following the day-of-discharge survey administration.

## **Day of Discharge Data Collection Protocol**

This section provides a protocol for collecting responses by pre-loaded, **audio-enabled electronic tablets**, with email, mail, and telephone follow-up.

This section reviews the basic steps for collecting data through pre-loaded, audio-enabled electronic tablets on-the-day of discharge, with a short follow-up survey for discharge items, and offers some advice for making the process as effective as possible. **The Approach Script for the CAHPS Child Hospital Tablet Survey** provides a sample approach script, including instructions and an introductory statement.

- **Identify patients on hospital unit who will be discharged that day and assess eligibility**
- **Approach parent about participation**
- **Load tablet program for parent and complete eligibility screening items**
- **After parent is done, collect and clean tablet**

### **Tips for approaching parents:**

- Tailor the script message, including language that explains the purpose of your survey, the voluntary nature of participation, and the confidentiality of responses.
- Note that a refusal to participate will not affect an individual's health care.
- Personalize the approach script with the name of the intended recipient.

## **Preparing Sample Files for Post-Discharge Data Collection**

The pieces of information that are most critical to the success of data collection are accurate and complete patient, parent/guardian, and hospital names and contact information appropriate for the mode of administration (i.e., addresses for mail surveys, telephone number for telephone administration, and email addresses for online administration). When you have incomplete address information or have reason to believe that this information may be inaccurate, hospitals and/or vendors may be able to use other sources to clean or update the contact information, such as Internet directories.

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The Sample File should include all patients who started the Child HCAHPS survey

on the day of discharge. The vendor assigns a unique identification (ID) number to each sampled person. This unique ID number should **not** be based on an existing identifier such as a Social Security number or a patient ID number. This number will be used **only** to track the respondents during data collection.

## Post-Discharge Data Collection Protocol

The short follow-up survey that includes the discharge items can be administered by mail, telephone, or email as outlined in the Child HCAHPS guidance found on the AHRQ CAHPS website by clicking [here](#).

## Tracking Returned Questionnaires

Most vendors have established methods for tracking the sample. You should also set up a system to track the returned surveys by the unique ID number that is assigned to each respondent in the sample. This ID number should be placed on every post-discharge questionnaire that is mailed, or incorporated into the unique link for online surveys.

To maintain respondent confidentiality, the tracking system should not contain any of the survey responses. The survey responses should be entered in a separate data file linked to the sample file by the unique ID number. (This system will generate the weekly progress reports that sponsors and vendors should review closely.)

Each respondent in the tracking system should be assigned a survey result code that indicates whether the respondent:

- Responded to the tablet survey,
- Returned the mail survey,
- Participated in the telephone interview,
- Responded to the online survey,
- Was ineligible to participate in the study,
- Could not be located,
- Is deceased, or
- Refused to respond.

The codes should also indicate whether the questionnaire is complete, partially complete, or incomplete.

- **Complete questionnaire:** A questionnaire is considered complete if responses are available for at least half of the key survey items and at least

one reportable item.

- **Partially completed questionnaire:** A questionnaire is considered partially complete if responses are available for at least one reportable item, but less than half of the key items. It is important to keep track of partially completed questionnaires because they should be included for analysis and reporting.
- **Incomplete questionnaire:** A questionnaire is incomplete if the individual did not answer at least one reportable item.

The tracking system should also include the date the survey was returned (for mail surveys) or answered (for telephone and online surveys). The interim result code reflects the status of the case during the different rounds of data collection, and the final result code reflects the status at the end of data collection. These result codes are used to calculate response rates as shown in the next section.

## Calculating the Response Rate

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of individuals selected for the sample. Calculating your response rate is helpful in determining a more accurate starting sample size for future survey administration. For the Child HCAHPS Survey via electronic tablet on the day of discharge, the goal is a response rate of 60 percent.

To calculate the response rate, use the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of individuals surveyed} - (\text{deceased} + \text{ineligible})}$$

Listed below is an explanation of the categories included and excluded in the response rate calculation.

### **Denominator Inclusions:**

The denominator should include:

- **Respondents.** The parent or guardian of the sampled child returned a questionnaire, whether complete, incomplete, or partially complete.
- **Refusals.** The parent or guardian of the sampled child refused to participate.
- **Nonresponses.** The sampled child is presumed to be eligible, but the parent or guardian did not complete the survey for some reason (e.g. never responded, was unavailable at the time of the survey, was ill or incapable,

had a language barrier).

***Denominator Exclusions:***

- **Ineligible.** The sampled child did not have an inpatient, overnight stay from the participating hospital in the month being sampled (e.g., in the last six weeks if sampling at the end of the month) or was in one of the subgroups excluded from the survey (see pages 4-6 of this document).

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